

9th December 2021

The Pae Ora (Healthy Futures) Bill

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The New Zealand College of Midwives is the professional organisation for midwifery. Our members are employed and self-employed and collectively represent over 90% of the practising midwives in this country. There are approximately 3,000 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to, on average, 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby.

Midwives undertake a four-year equivalent undergraduate degree to become registered followed by a first year of practice program that includes full mentoring by senior midwives. The undergraduate curriculum meets all international regulatory and education standards. Midwives are authorised prescribers in relation to their Scope of Practice as determined by the Midwifery Council.

Midwives provide an accessible and primary health care service for women in the community within a continuity of carer model as Lead Maternity Carers. Midwives can also choose to work within secondary and tertiary maternity facilities, providing essential care to women with complex maternity needs.

The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and wellbeing



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Committee Secretariat
Committee Secretariat
Pae Ora Legislation Committee
Parliament Buildings
Wellington

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Tēnā koutou

The New Zealand College of Midwives (the College) welcomes the opportunity to provide feedback on the Pae Ora (Healthy Futures) Bill.

Midwifery is a profession concerned with the protection, promotion and support of women's health. Midwifery care plays an important role in health, wellness promotion, and education for women, their families and the community. There is a growing body of evidence showing maternity care is a critical building block for the foundation of health and public health significance. Giving every baby the very best beginning in life is crucial to preventative health care and health equity across the life course - and the best beginning for a baby starts in pregnancy. Midwifery and midwifery care have the potential to reduce some of the significant inequities that continue to threaten health and wellbeing, and make a significant valuable contribution to the pathway to health and wellbeing in Aotearoa New Zealand.

Although the College focus is on women's health and wellbeing we also understand the broader population health issues in Aotearoa New Zealand and we have provided feedback on a range of what we consider to be important key issues.

The World Health Organisation's Commission on the social determinants of health (2018)¹ outlined three key principles of action:

¹ World Health Organisation. (2018). *Closing the gap in a generation: Health equity through action on the social determinants of health*. Commission on Social Determinants of Health. Geneva, WHO.

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- 1. Improve the conditions of daily life – the circumstances in which people are born, grow, live, work, and age.**
- 2. Tackle the inequitable distribution of power, money, and resources – the structural drivers of those conditions of daily life – globally, nationally, and locally.**
- 3. Measure the problem, evaluate action, expand the knowledge base, develop a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.**

The College congratulates the Government on the restructure of the health system and we feel positive about proposed changes to the health system that aim to improve the health of all New Zealanders now and in the future, and which aim to achieve equity by reducing health disparities, particularly for Māori.

It is essential that this restructure of the health system takes into account the World Health Organisation's principles of action outlined above. The World Health Organisation in 2021 reinforced the message that opportunities to be healthy are closely linked to the conditions where people grow up, learn, live, work and age, and health inequities are avoidable, preventable and unjust.²

Feedback from the College is below

Key points & recommendations

Recommendation 1

The Pae Ora Bill must be underpinned by public health, health promoting settings and equity as key priorities.

This means that the environments that many people live in need to be transformed to support their emotional, social, and environmental health and wellbeing. A broad preventative health care approach will improve population health now and in the future.

1.1 A social determinants of health framework needs to recognise the structural barriers to health that colonisation and systemic racism have created. A transformative health strategy requires a primary focus on equity. It also requires a broader approach that takes into account the commercial determinants of health.

² World Health Organisation. (2021). *It's time to build a fairer, healthier world for everyone everywhere by taking social action on the social determinants of health to advance equity*. Geneva, WHO.

1.2 Influencing the societal determinants of health to strengthen the health agency's ability to improve population health is necessary. Health strategies will be ineffective where there are conditions of serious inequity, hardship and poverty. The COVID-19 pandemic has highlighted the importance of public health, and how people living in hardship and/or with non-communicable diseases are at higher risk of severe illness and death.

1.3 Health impact assessments of policy, legislation, regulation, strategies and plans across all government sectors are necessary.

1.4 A focus on individual behaviour change promotion as a panacea to solve public health challenges represents an inadequate response by government. It is the same issue that plagues meaningful climate action – the reluctance to regulate industry. Without industry regulation health reform will not achieve its goals.

1.5 Infants and children need to be a primary focus - policies, legislation, regulations, strategies and plans must include consideration of their impact on infant and child health and wellbeing.

1.6 Non-governmental organisations are part of the health system and should be included in the health system definitions.

Recommendation 2

Te Tiriti obligations must be strengthened within the new health system.

2.1 Inequity and institutional racism in the health system is persistent. The College fully supports engagement in decolonisation processes in Aotearoa.

2.2 Tino rangatiratanga / Māori control over Māori lives, and mātauranga Māori means that feedback about the Bill from Māori on how Te Tiriti should be honoured, and how the Māori Health Authority can be empowered need to be key parts of transformational change.

2.3 The Waitangi Tribunal Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry includes a claim from Ngāti Kiore and Te Kohatutaka hapū of Mangataipa who allege that the Crown acted in a way inconsistent with kāwanatanga obligations by failing to protect hapū hauora (health and wellbeing).³ Failure to act with urgency to address inequity would be a further failure to protect hapū hauora.

2.4 Acknowledging te Tiriti o Waitangi as different to the Treaty is essential. The Tiriti clause (clause 6) must be reformulated so it is based on Tiriti articles and principles.

2.5 The Māori Health Agency must be on the same level as the Ministry of Health, in terms of policy advice to the Minister, and other Ministries and agencies on all matters of health.

2.6 Eliminating health inequities (rather than just reducing) must be written into the Purpose of the Act, (clause 3b).

³ Waitangi Tribunal Report. (2019). *Hauora Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry*. 1.2.3.3 The Ngāti Kiore and Te Kohatutaka hapū of Mangataipa claim (Wai 1732). Wellington, Waitangi Tribunal.
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Recommendation 3

The right to health

This was described in a Ministry of Health report in 2018.⁴ This statement recognised the accountability of governments to provide equal opportunities for “*all people to be healthy, meaning that all people attain the highest possible level of mental and physical wellbeing.*” The statement is underpinned by human rights principles, and the government has an obligation to work towards an end to poverty, an end to racial discrimination in health care, to remove barriers to health care access, to actively promote and support the wellbeing of all people in Aotearoa, to eliminate all health inequities, and to move towards a full recognition of what the statement “giving every child the best start in life” means in its entirety.

3.1 The Global Initiative, the ‘First 1,000 days’, has the stated mission of making the wellbeing of women and children in the first 1,000 days a priority. The College supports all the key indicators described in the ‘First 1,000 days’ framework which includes social investment in infants and children, and the statement which draws attention to the need to care for pregnant women and mothers.⁵

3.2 The G20 initiative for Early Childhood Development, which is aimed at building human capital to break the cycle of poverty and inequality, provides a template for action.⁶ Point 10 specifically mentions quality primary healthcare, and the importance of pregnancy, childbirth and breastfeeding. Point 11 highlights nutrition in pregnancy and early childhood and again emphasises the importance of breastfeeding, “*as an essential means of ensuring food security and nutrition for infants.*”

3.3 The College has a particular focus on the health and wellbeing of women and babies. A ‘fingerprint of climate change’ has been described as beginning before a baby is born due to pregnant women already enduring environmental crises that their children will be exposed to after birth.⁷ A ‘fingerprint’ caused by poverty, deprivation, racism, and inequity also begins before a baby is born, and addressing climate change and the social determinants of health is critically important.

3.4 Aotearoa New Zealand now has an updated and comprehensive National Breastfeeding Strategy which was launched in late 2020. One year later and there has not been any meaningful action related to this strategy. Increasing the exclusivity and duration of breastfeeding is a key component of public health and one of the most significant and cost-effective ways to improve equity and increase the health and wellbeing of a population. The College recommends that addressing infant and young child feeding

⁴ Ministry of Health. (2018) *Achieving equity in health outcomes: highlights of important national and international papers*. Wellington, MOH.

⁵ The First 1,000 Days. *An urgent opportunity: a healthy first 1,000 days for mothers and children everywhere*. <https://thousanddays.org/the-issues/>

⁶ G20. (2018). *Initiative for Early Childhood Development: Building human capital to break the cycle of poverty and inequality*. Argentina. https://www.g20.org/sites/default/files/documentos_producidos/g20_initiative_for_early_childhood_development.pdf

⁷ Pacheco, S. (2020). Catastrophic effects of climate change on children’s health start before birth. *The Journal of Clinical Investigation*, 130(2):562-564.

issues with the re-establishment of the National Breastfeeding Committee (National Breastfeeding/ Infant & Young Child Feeding Committee) must be a priority action for health.

Recommendation 4

A Women's Health Strategy.

The College strongly recommends an integrated women's health strategy be established as a statutory requirement within the health system reform. A women's strategy must focus on preventive, public health approaches, recognise women's rights and inequities between different groups of women, guide an equitable and holistic health system approach, and be informed by evidence and research, while being responsive to gaps in services and emerging issues. Key priorities are:

- Maternal, sexual and reproductive health – this includes preconception health.
- The impact of violence against women and girls – prevention, safe, accessible services.
- Mental health services.
- Healthy aging.

4.1 Development of a women's health taskforce to undertake a scoping review and a needs assessment of contemporary issues related to women's health is recommended.

Recommendation 5

The Commercial Determinants of Health.

Efforts to prevent non-communicable diseases and improve population health are in direct opposition to business interests.⁸

5.1 Corporate influence is exerted through four channels; marketing to enhance the desirability and acceptability of unhealthy commodities; lobbying which can impede policy barriers; corporate responsibility strategies which can deflect attention and whitewash reputations; and extensive supply chains which amplify corporate influence.⁹

5.2 Work to counter corporate influence is necessary to achieve health and wellbeing, and needs to be a key part of the health system mandate, but cross-ministry and cross-agency collaboration is also essential.

5.3 The regulation of both climate and health-harming industries are priority actions. The reluctance to draft law and to regulate industry is having ongoing serious negative impacts on health and the environment.

5.4 A BMJ editorial in 2021 describes the inequity in access to healthy food, and the failure of industry

⁸ WHO. (2016). WHO Director-General address, 8th Global Conference on Health Promotion, Helsinki. Geneva, WHO.

⁹ Kickbusch, I., Allen, L., & Franz, C. (2016). The commercial determinants of health. *Lancet Glob Health*, 4(12):e895-e896. 376 Manchester Street / PO Box 21106 Edgeware Christchurch / Telephone (03) 377 2732 / Facsimile (03) 377 5662 / Email nzcom@nzcom.org.nz

self-regulation and recommends government regulation as an important part of any health plan.¹⁰ An example of where Aotearoa New Zealand has been failing is in the area of trans-fats. Food manufacturers are not required to label the trans-fatty acid content of their products.

5.5 Corporate social responsibility initiatives have been used as a strategy to “neutralise opposition” and have the potential to ‘pacify’ opposition.¹¹ Awareness and analysis of corporate tactics such as coercion, which can be explicit and visible, and appeasement, which may be more subtle, need consideration in terms of health law.¹²

5.6 A public health analysis of market power and corporate wealth and income distribution in the global soft drink market (Wood, Baker et al. 2021)¹³ found that this market was incompatible with the pursuit of achieving a number of the United Nation’s (UN) Sustainable Development Goals, including ensuring healthy lives and promoting well-being for all at all ages.

5.7 Failure to address these issues means that gains in some areas of short and long-term population health will not be achieved.

Recommendation 6

A human rights approach.

Aotearoa New Zealand is signatory to a number of international treaties and agreements with implications for public health, and the College considers that these can be utilised effectively within laws and policies.

For example -

- ***The United Nations Convention on the Rights of the Child***

States that the best interests of the child shall be the primary consideration, that State parties shall ensure to the maximum extent possible the survival and development of the child, and children have the right to the enjoyment of the highest attainable standard of health.

- ***UN Convention on the Rights of Persons with Disabilities***

Principles include the right to full and effective participation and inclusion in society, equality of opportunity, non-discrimination and accessibility.

- ***The International Code of Marketing of Breast-milk Substitutes (and subsequent, relevant World Health Assembly Resolutions)***

The International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions spell out key legal safeguards against industry practices that undermine breastfeeding. Legal measures to implement the Code are necessary. Sustained, high-level political will

¹⁰ Seferidi, P., Millett, C., & Laverty, A. A. (2021). Industry self-regulation fails to deliver healthier diets, again. *BMJ*, editorial, 372:

¹¹ Lacy-Nichols, J., & Marten, R. (2021). Power and the commercial determinants of health: ideas for a research agenda. *BMJ Global Health*, 6:e003850. Doi:10.1136/bmjgh-2020-003850

¹² Ibid.

¹³ Wood, B., Baker, P., Scrinis, G. et al. (2021). Maximising the wealth of few at the expense of the health of many: a public health analysis of market power and corporate wealth and income distribution in the global soft drink market. *Global Health*, 17, 138 <https://doi.org/10.1186/s12992-021-00781-6>

and accountability are essential and legislation has to be supported by allocation of adequate budgets and human resources.

- ***United Nations Declaration on the Rights of Indigenous Peoples***

Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realisation of this right.

- ***Convention on the elimination of all forms of discrimination against women (CEDAW)***

Advocating for gender equality and the need for the unification of women's rights globally.

- ***UN Sustainable Development Goals***

Promotion of prosperity while protecting the planet and addressing a range of social needs including education, health, social protection, and job opportunities, while tackling climate change and environmental protection.

Recommendation 7

Climate action

Although action on climate change is woven through many the points we have made, it is a significant global life and death issue and needs to be discussed in more detail.

7.1 Planetary health and environmental outcomes are inseparable from health concerns and health action. Therefore a cross sector and cross Ministry approach is necessary for meaningful change to occur.

7.2 The ability of any health system to deliver care will be disrupted, and public health gains will be undermined due to climate change. A health in all climate policies scenario (HPS) approach, which places health in the design, assessment, and implementation of policy all responses to climate change, is recommended.

7.3 The climate crisis will affect the health of indigenous peoples due to a range of factors already recognised, and which include their relationship with the natural environment, socioeconomic deprivation, issues with access to quality health care and political marginalisation.¹⁴

Recommendation 8

Population health workforce planning

¹⁴ Jones, R. (2019). Climate change and Indigenous health promotion. *Global Health Promotion*, 26(3):73-81.
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8.1 Workforce development, which includes not only recruitment but retention strategies for health professionals, must be a specific function of a new health agency.

8.2 Historically there has been inequitable resourcing for health workforce development, from undergraduate through to post-graduate settings. The education sector, which provides undergraduate health professional education programmes, operates separately from health, from a resourcing perspective. Although within small professions such as midwifery there is close integration between undergraduate programmes and the sector, chronic under-resourcing, or inequitable resourcing, has led to an inadequate number of midwifery graduates. In comparison, the number of medical students has increased, and the resources available to support these students (including financial support), is considerable in comparison to what is available for midwifery students.

8.3 Health workforce planning and investment has been ad hoc and based on historic paradigms and arrangements to date. This must be addressed at a strategic level by placing legislative accountabilities onto agencies such as Health New Zealand and the Māori Health Authority to oversee and resource health professional education and workforce development.

8.4 Building public health capacity, workforce stability, pandemic preparedness, and climate change resilience – including infant feeding in emergencies operational guidance.

Recommendation 9 - summary

System changes critical to support healthcare services.

Specific provisions to address a number of population health issues must be made in the Bill.

We recommend that the Bill's objectives and functions, strategies, outcome measures and plans must include these issues –

- Equity of health outcomes – especially for Māori
- A women's health strategy
- A first 1000 days focus which includes action on the National Breastfeeding Strategy and allocation of funding and resources
- Societal determinants of health
- Commercial determinants of health
- Intergenerational wellbeing
- A human rights and health treaties commitment
- Specific health strategies for population groups – for example people with disabilities, former refugees and asylum seekers
- Planetary health and environmental sustainability – a need for health systems to be climate resilient /consider their environmental footprint

Conclusion

The long-term consequences of health-related decisions made today will be far reaching and systemic, and now is the time to make decisions about whether these consequences will be meaningful, just, fair and positive, or whether they will be detrimental to population health now and for future generations.

Pandemics will continue to be a risk globally, and to avoid future catastrophe Aotearoa New Zealand must urgently address factors that exacerbate ill health such as institutionalised racism, poverty, and the social, political and commercial determinants of health, fairness and justice. A transformational health system reform needs to consider all these issues.

The College looks forward to a transformational change for the health system in Aotearoa.

Ngā mihi

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Te Kāreti O Nga Kaiwhakawhanau Ki Aotearoa