

## McGuinness Institute Submission

### Healthy Futures (Pae Ora) Amendment Bill Health Committee 18 August 2025

#### 1.0 Introduction

The McGuinness Institute (the Institute) welcomes the opportunity to submit on the *Healthy Futures (Pae Ora) Amendment Bill* (the Bill). We would like to thank the Health Committee for inviting feedback on the Bill.

The Institute would welcome the opportunity to make an oral submission in support of this submission.

We recommend that the Bill is not passed as it currently stands. We make a number of recommendations below.

#### 1.1 About the Institute

The Institute was founded in 2004 as a non-partisan think tank working towards a sustainable future for Aotearoa New Zealand. The 13 [research projects](#) include: *BiodiversityNZ*, *CivicsNZ*, *ClimateChangeNZ*, *ForesightNZ*, *OneOceanNZ*, *PandemicNZ*, *PublicScienceNZ*, *ReportingNZ*, *SecurityNZ*, *StrategyNZ*, *TacklingPovertyNZ*, *TalentNZ* and *WaterFuturesNZ*.

The Institute has undertaken extensive work on pandemics, including COVID-19, under the research title [PandemicNZ](#). Our signature book is *COVID-19 Nation Dates: A New Zealand timeline of significant events during the COVID-19 pandemic*. Our work on pandemics began in 2005, and a complete list of our publications on the subject can be found in Appendix 1.

Please do not hesitate to contact us if you would like any clarification or further information on the issues discussed in this submission.

#### 1.2 Why this Bill is important

The Estimates of Appropriations 2025/26 notes: 'Vote Health ('the Vote'), \$31,052 million in 2025/26, is a significant public investment in the wellbeing of New Zealanders and their families.'<sup>1</sup>

The Bill seeks to improve the effectiveness of health service delivery to patients by:

- Amending the purpose, objectives, and functions of Health New Zealand.
- Increasing Health New Zealand's focus on infrastructure.
- Changing the roles and responsibilities of iwi Māori in relation to the delivery of health services.
- Strengthening governance, strategic direction setting, planning, and monitoring arrangements.<sup>2</sup>

## 2.0 Key topics and recommendations

The McGuinness Institute's key concerns include the below:

- the Bill fails to distinguish between strategy and plans, creating unnecessary confusion.
- the Bill fails to ensure the Minister (and the country) gain health intelligence through the failure to collect timely information on the status of the system, and
- health legislation has not been updated in response to the lessons learned from the COVID-19 pandemic.

We also have wider concerns over the general direction of amendments proposed under this Bill. Given the Ministry of Health – Manatū Hauora (MOH) and Health New Zealand – Te Whatu Ora (HNZ) are both involved in New Zealand's health system, one would expect more alignment between the two organisations and more clarity over the two different roles that are being proposed. If MOH is the 'planner' and HNZ is the 'doer', those distinctions should be clearly defined in legislation. Instead, the legislation and roles appear unclear. It is also extremely difficult to understand how existing strategies and plans will work together and, in particular, which strategies and plans link to each other, and how one strategy might operate at a different hierarchy than another. The terms should be carefully used to provide a systematic and easy-to-understand hierarchy of key documents.

Finally, we note there is no discussion of AI. We wonder how AI and the pace of its development might impact and ideally be used to improve the health system. In this regard, the Institute considers a great deal more research and stakeholder engagement is necessary before this Bill should be passed.

We discuss these topics in more detail below.

### 2.1 Distinguish between strategy and plans

The way it is portrayed in existing legislation and supporting documents is that the Health Act 1956 (the key organisation being MOH) deals with the strategic direction and the Pae Ora (Healthy Futures) Act 2022 (the key organisation being HNZ) deals with implementing that strategic direction. One would expect this distinction to be clear in law, but in our view, it is not.

Below we outline the difference between the two types of documents:

**Strategy:** A strategy should set out the strategic direction, and the best way to test it is whether another direction has been considered but not progressed. The strategy is about finding the best approach. A strategy document should be relatively short, although it often takes a long time to develop, as it requires a lot of resource and energy to select the most appropriate strategic approach.

**Plan:** A plan is operational and therefore should set out specific details including the dates, times and resources required for implementing the strategy. A planning document is long and detailed. Appendix 5 of this submission includes the McGuinness Institute's strategy pyramid. It aims to show the distinction between purpose, strategy and execution and, for the purposes of this discussion, where strategy stops and execution (as in planning) begins.

The current legislation muddies the waters between a strategy and a plan, and unfortunately, the amendment amplifies this messiness. There needs to be a clear hierarchy of strategies and plans in place, and clear roles and responsibilities assigned to the entities involved.

If the Pae Ora (Healthy Futures) Act 2022 is to become the home for strategy and operational plans, those distinctions need to be clear and consistent.

We therefore propose:

Recommendation 1: Clauses 34-40 Government Policy Statement on Health should be renamed to add priorities to the title, so it reads ‘Government Policy Statement on Health Priorities’.

Recommendation 2: Clause 50 New Zealand Health Plan, should be renamed ‘Health New Zealand Strategy’.

This is because it only relates to goods and services provided by HNZ (see Clause 50 (2): ‘The purpose of the plan is to provide a 3-year costed plan for the delivery of publicly funded services by Health New Zealand’).

Recommendation 3: Clause 55 Locality Plans, should be renamed ‘Health New Zealand Local Strategies’.

Recommendation 4: Clause 41 New Zealand Health Strategy and Clauses 50–53 New Zealand Health Plan should be merged into one document – ‘Health New Zealand Strategy’ – as the distinction between the two is unclear.

If a separate plan is needed to distinguish between the whole health system and the HNZ responsibilities, we suggest titles like ‘New Zealand Health Strategy’ rather than ‘HNZ Health Strategy’ would be a significant improvement.

When systems are complicated, definitions and titles are critical. Furthermore, plans should never sit above a strategy, so we want to emphasise again that hierarchies must also be clearly defined. Therefore the below statement in the 2022 law should change:

It currently reads: ‘Health New Zealand must give effect to the GPS [Government Policy Statement] and the New Zealand Health Plan when performing its functions’.

It should become: ‘Health New Zealand must give effect to the Government Policy Statement on Health Priorities and the New Zealand Health Strategy when performing its functions’. [underline shows new terms added]

## **2.2 Provide more clarity over who is responsible for which strategies**

The Institute prepares the *GDS Index* every calendar year. Our focus is to include all strategy documents produced by government departments. Given HNZ is not a government department, new strategies published by HNZ will not be assessed in the GDS Index going forward. Once the many MOH published strategies are replaced by HNZ strategies, the GDS Index will reduce in size quite significantly. See Appendix 4 for a

list of GDS Index strategies published by the Ministry of Health, and Appendix 6 for an extract of the relevant strategy *GDS Index* scorecards.

In this regard, we make the following observations:

- The Health sector budget is very significant,<sup>3</sup> yet it is not broken down into smaller budget units. This means strategies and plans are the key instrument for managing the delivery of this sector. Arguably it requires a higher level of control over deciding strategies and plans and reviewing their implementation and execution.
- According to the Institute’s GDS Index (which ranks strategy documents for transparency), MOH strategies rank highly, with four of the 27 strategies ranking in the top 12 (see Figure 1 below).
- We are aware many of the replacement plans published by MOH will move to HNZ and therefore will not be assessed under the GDS Index. We hope the legislation will build in a transparency approach to producing strategy documents. This may be something the committee considers should be embedded in law, for example, that the purpose and strategy (i.e. the strategic approach) must be clearly set out to show what a successful strategy, executed well, will deliver New Zealanders. This could, for example, be a template/cover sheet that goes with each HNZ strategy showing the lineage from the Government Goals, to the Government Policy Statement (GPS) priorities, to the New Zealand Health Plan (which we suggest should become a strategy). Alignment across and down the system is extremely important for those executing the strategy and/or monitoring/reporting on progress.
- If MOH sets policy and strategy and HNZ is responsible for the delivery of health services, why do strategies exist in the Pae Ora (Healthy Futures) Act 2022 but not in the Health Act 1956? We wonder if the current narrative is actually an accurate portrayal of current system.

**Figure 1: GDS Index Top 12 GDSs by the Transparency Scorecard**

Source: McGuinness Institute<sup>4</sup>

List A: GDSs in operation by rank order [195]							
Rank (out of 195 GDSs)	Score (out of 96)	GDS number	GDS title	Department	Sector	Publication date	Index when GDS added
1	90	GDS14-05	<i>Aotearoa New Zealand's First Emissions Reduction Plan</i>	14. Ministry for the Environment	Natural Resources Sector	May 2022	2023 GDS Index
2	87	GDS11-01	<i>Pacific Languages Strategy 2022-2032</i>	11. Ministry for Pacific Peoples	Social Services and Community Sector	August 2022	2023 GDS Index
3	85	GDS14-08	<i>Te Rautaki Para   Waste Strategy</i>	14. Ministry for the Environment	Natural Resources Sector	March 2023	2023 GDS Index
4	83	GDS04-06	<i>Te Rautaki Matihiko mō Aotearoa   The Digital Strategy for Aotearoa</i>	04. Department of Internal Affairs	Finance and Government Administration Sector	September 2022	2023 GDS Index
5	82	GDS21-24	<i>Rural Health Strategy</i>	21. Ministry of Health	Health Sector	July 2023	2023 GDS Index
6=	81	GDS21-20	<i>Health Strategy</i>	21. Ministry of Health	Health Sector	July 2023	2023 GDS Index
6=	81	GDS21-22	<i>Provisional Health of Disabled People Strategy</i>	21. Ministry of Health	Health Sector	July 2023	2023 GDS Index
8=	80	GDS02-13	<i>Climate Change Adaptation Plan   He Whakamahere Hātepe Urutau mō te Huringa Āhuarangi</i>	02. Department of Conservation	Natural Resources Sector	June 2020	2023 GDS Index
8=	80	GDS22-03	<i>MAIHI Ka Ora: The national Māori housing strategy</i>	22. Ministry of Housing and Urban Development	Social Services and Community Sector	December 2021	2023 GDS Index
8=	80	GDS23-01	<i>Te Aorerekura: The national strategy to eliminate family violence and sexual violence</i>	23. Ministry of Justice	Justice Sector	December 2021	2023 GDS Index
8=	80	GDS23-09	<i>Te Aorerekura: The national strategy to eliminate family violence and sexual violence</i>	25. Ministry of Social Development	Social Services and Community Sector	December 2021	2023 GDS Index
12=	78	GDS20-06	<i>International Climate Finance Strategy: Tuiā te Waka a Kiwa</i>	20. Ministry of Foreign Affairs and Trade	External Sector	August 2022	2023 GDS Index
12=	78	GDS21-25	<i>Women's Health Strategy</i>	21. Ministry of Health	Health Sector	July 2023	2023 GDS Index

Recommendation 5: Expand Schedule 1, Clause 51.

Schedule 1, Clause 51's requirement that the Minister must prepare and determine new health strategies within 24 months is exceedingly ambitious (and potentially unrealistic). Effective strategies take considerable time and effort in order to understand the problem, assess the landscape, identify trends and design a strategy to achieve its purpose. The timeline proposed in the Bill is likely to overwhelm officials and may lead to strategies that are not effective. We would instead recommend that many existing MOH strategies could be republished under the HNZ banner, and be revisited in three to five years' time. This would enable strategies that currently do not exist to be given priority.

For this reason, we recommend the below:

- a. Replace 24 months with 36 months, or reduce the number of strategies to those that are considered more critical and/or very out of date within the 24-month period.
- b. Make the Mental Health and Wellbeing Strategy (under Clause 46A) a requirement to be published in 18 months (as we currently do not have a strategy on this topic).
- c. Add Schedule 1, Clause 51(g) *New Zealand Pandemic Plan* to the list and require it to be published in 12 months' time. (We currently only have an interim plan, see bottom of table in Appendix 4.) We strongly suggest that, going forward, this be retitled as the 'New Zealand Pandemic Strategy'. From our understanding, this document is not specified in any law (we have checked the Health Act 1956, the Epidemic Preparedness Act 2006 and the new 2022 Act). Given the impact of the pandemic, we consider this is a critical document that should be embedded and co-exist in the suite of health strategies. Pandemics should be seen as the normal business of MOH and HNZ. Integration is key.
- d. Add Schedule 1, Clause 51(h) *AI and Robots health care strategy* to the list and require it to be published in 18 months (as we currently do not have a strategy on this topic).
- e. There are a number of strategies in Appendix 4 that come under MOH. Some of these may be better placed under HNZ. We suggest a review is undertaken of each to see where they best sit. If we want cost-effective deliverables to New Zealanders, we need to ensure we have an integrated health care system. There is no doubt in our minds that this ad hoc and unsystematic system of strategy and planning is costing New Zealanders money and delivering less effective health care. We need to systemise the health care system so that it pulls together rather than pushes the system apart.

**Figure 2: Excerpts from the Bill**

<p><b>50 Minister must issue new GPS within 18 months</b> The Minister must issue a new GPS under section 34 within 18 months after the commencement date.</p>
<p><b>51 Minister must prepare and determine new health strategies within 24 months</b> The Minister must prepare and determine the following within 24 months after the commencement date:</p> <ol style="list-style-type: none"><li>(a) a New Zealand Health Strategy under section 41:</li><li>(b) a Hauora Māori Strategy under section 42:</li><li>(c) a Pacific Health Strategy under section 43:</li><li>(d) a Health of Disabled People Strategy under section 44:</li><li>(e) a Women's Health Strategy under section 45:</li><li>(f) a Rural Health Strategy under section 46:</li><li>(g) a Mental Health and Wellbeing Strategy under section 46A.</li></ol>
<p><b>52 Health New Zealand must develop new New Zealand Health Plan within 24 months</b> Health New Zealand must develop a new New Zealand Health Plan within 24 months after the commencement date.</p>

### 2.3 Integrate pandemic preparedness

Recommendation 5(d) above suggests that Schedule 1, Clause 51(g) *New Zealand Pandemic Plan* should be added to the list and be required to be published in 24 months' time.

Overall, we have a concern that, given it is now five years since the COVID-19 pandemic, we have failed to learn the lessons and put in place changes to strengthen our ability to withstand the next pandemic. In the last five years we have seen a significant decrease in expertise in the House (see Appendix 3 for more detail). Only 40% of MPs who were in the House in 2020 now remain; 36% of the Epidemic Response Committee remain; and 25% of the COVID-19 Ministerial Group remain. This means that Parliament, next time around, will be new to a pandemic and will be reliant on the changes this Government put into legislation to guide the next Government to deal with a pandemic. This places a significant responsibility on the committee and it is one we ask you to consider urgently.

To confirm, the need for a New Zealand Pandemic Plan is not currently mentioned in legislation at all.

Notably, the term pandemic itself is not mentioned in legislation either. Epidemics are largely mentioned in the Epidemic Preparedness Act 2006, and are only mentioned in the Health Act 1956 in regard to the epidemic notice. Most critically, neither the Pae Ora (Healthy Futures) Act 2022, nor the amendment, mentions the terms 'pandemic' or 'epidemic'. We find this quite shocking and expect other members of the public would also be surprised, and in some cases very frustrated and disappointed.

During the Institute's research we were concerned to note:

- The Health Act 1956 mentions epidemics briefly (17 times), but largely in terms of the Epidemic Preparedness Act 2006, and more specifically how and when to apply epidemic notice.
- The Pae Ora (Healthy Futures) Act 2022 (administered by MOH) and the proposed amendment do not mention pandemics or epidemics.
- The latest version of the Epidemic Preparedness Act 2006 is dated 4 November 2021.

Government, MOH and HNZ may argue that they are awaiting the results of Phase 2 of the COVID-19 Inquiry, but the second phase of the Inquiry is very narrow and will not comment on the response to the early stages of the pandemic. These stages and the subsequent lessons are covered in the first report which is already published.

Further, there is an assumption that we can afford to wait for the second report, but time may not be on our side. A new pandemic or epidemic will not wait for the results of the second phase of the Inquiry to be published and implemented. We should be acting on the findings of the Phase 1 Inquiry and they should be being integrated into this legislation.

It is important to acknowledge that the most critical document, the New Zealand Pandemic Plan, was tweaked slightly in 2024, however, a full review was promised. The Institute has no knowledge on progress to date and we have prepared an OIA on this (see OIA 2025/11).<sup>5</sup>

It is relevant to note the 2024 New Zealand Pandemic Plan refers to actions authorised by statute. These statutes include the Health Act 1956, the Civil Defence Emergency Management Act 2002 and the Epidemic Preparedness Act 2006. The 2024 plan states:

The New Zealand Pandemic Plan refers to actions authorised by statute. These statutes include the Health Act 1956, the Civil Defence Emergency Management Act 2002 and the Epidemic Preparedness Act 2006.

The Health Act is the primary statute focused on the need to contain communicable diseases, within the country and at the border, and works alongside the more general Civil Defence Emergency Management Act. The Epidemic Preparedness Act provides additional legislative provisions prompted in part by emerging diseases such as SARS and influenza A (H5N1) and by the limitations of existing law.<sup>6</sup>

MOH prepared and published the 2024 *New Zealand Pandemic Plan A framework for action (Interim update – July 2024)*, which updates the 2017 *New Zealand Influenza Pandemic Plan: A framework for action*. It states:

The update is part of a wider review of pandemic preparedness taking place in two stages. This two-stage approach means the interim plan can reflect the changes in who does what in the health system since the 2022 health reforms and ensure those changed roles and responsibilities are clear if a new pandemic was to occur tomorrow. It focuses on goals, principles, key considerations and high-level roles and responsibilities.

Key changes include:

- Broadening the scope to cover respiratory-type pathogens of pandemic potential.
- Ensuring it is consistent with recent legislative changes, notably the 2022 health reforms.
- Reflecting Health New Zealand's role in leading the operational health response, the Ministry of Health's role in providing strategic and policy advice.
- Embedding some early lessons learnt from COVID-19 response, including the process for doing regular public health risk assessments and adopting a flexible testing approach.

The updated pandemic plan covers the health system response. It does not cover the all-of-government or wider societal response to a pandemic. **It is also only one tool for developing the health system's preparedness and complements preparedness work across health services and wider society.** [bold added]<sup>7</sup>

As noted, this Bill does not recognise the pandemic plan/strategy as a strategy in Schedule 1, Clause 51(g) of the Bill. This would be an easy outcome for the committee to help ensure the plan integrates with other strategy documents. However, our hope is that the committee places pandemic preparedness at the top of the agenda for future amendments.

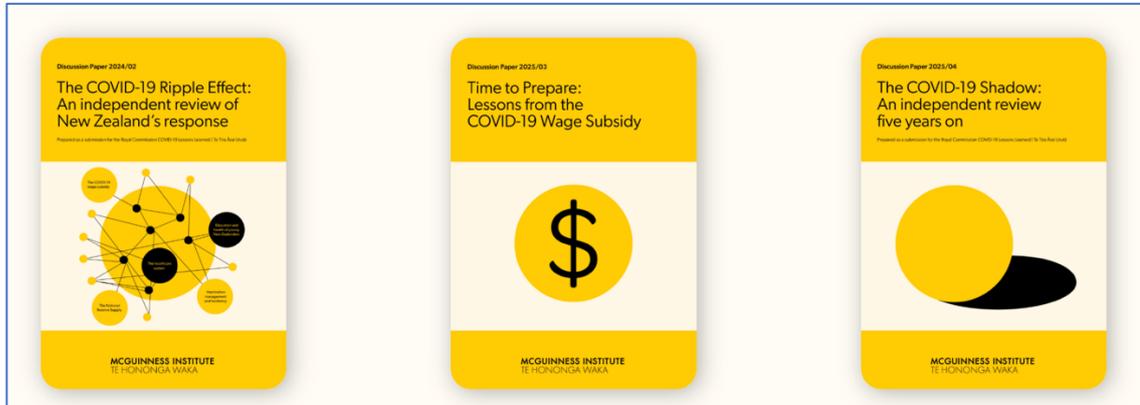
Furthermore, it brings into question why the New Zealand Influenza Pandemic Plan is not sitting in legislation at all, particularly given the significant impact it will have on society, now and in the future. See the table from Treasury's Long-term Insights Briefing in Appendix 3.<sup>8</sup>

Although this does not directly relate to the Bill before the committee, the Institute has consistently recommended that a separate Cabinet committee be established to review all the pandemic and epidemic material, including preparedness exercises and the Phase 1 and 2 Inquiries, and put in place an annual review process in the House. This is to ensure a small number of members across the House have a clear understanding of the process, and are able to influence and improve the processes and policies that they may need to implement or support during a pandemic in the future.

To this end the Institute is in the process of preparing three reports that aim to contribute to this discussion. See Figure 3.

**Figure 3: Upcoming COVID-19 reports**

Source: McGuinness Institute<sup>9</sup>



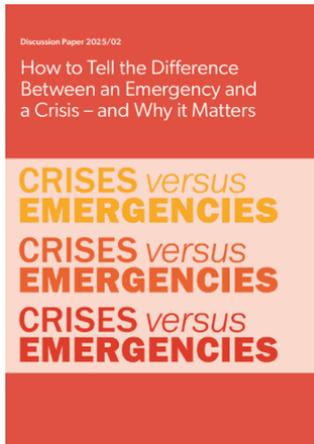
The Institute has also requested that the MOH publish a stocktake of critical items of supply for emergencies and crises. This is known as the National Reserve Stocktake (NRS). Although a report on stocks has been published by the MOH over three times (at least once before and twice during the pandemic), the MOH has said they will not publish it currently and MOH report they 'have no intention of inviting public consultation or making the contents of the National Reserve Supply public.'<sup>10</sup> Given the stress that a strain on resources caused those on the frontline (e.g. nurses and doctors), we consider it is good practice to be transparent and invite feedback on its content. The Institute currently has a complaint with the Ombudsman on this matter.<sup>11</sup>

There is also considerable work that needs to be done to draw a distinction between the emergency response and the crisis response during the pandemic. This means that the work that is currently being progressed on emergency management needs to be considered by the Health Committee. Cabinet has recently agreed to a new Bill titled the Emergency Management Bill. It has currently been sent to the Parliamentary Counsel Office (PCO) for drafting and will replace the Civil Defence Emergency Management Act 2002.<sup>12</sup>

We have some research on this which is explored in an upcoming discussion paper, titled: *Discussion Paper 2025/02 – How to Tell the Difference Between an Emergency and a Crisis and Why it Matters*. See Figure 4. We will send the committee a copy of the paper next week, however, a diagram from the paper is useful for asking whether we have the right infrastructure for the type of events we are likely to face in the future.

## Figure 4: Upcoming COVID-19 reports

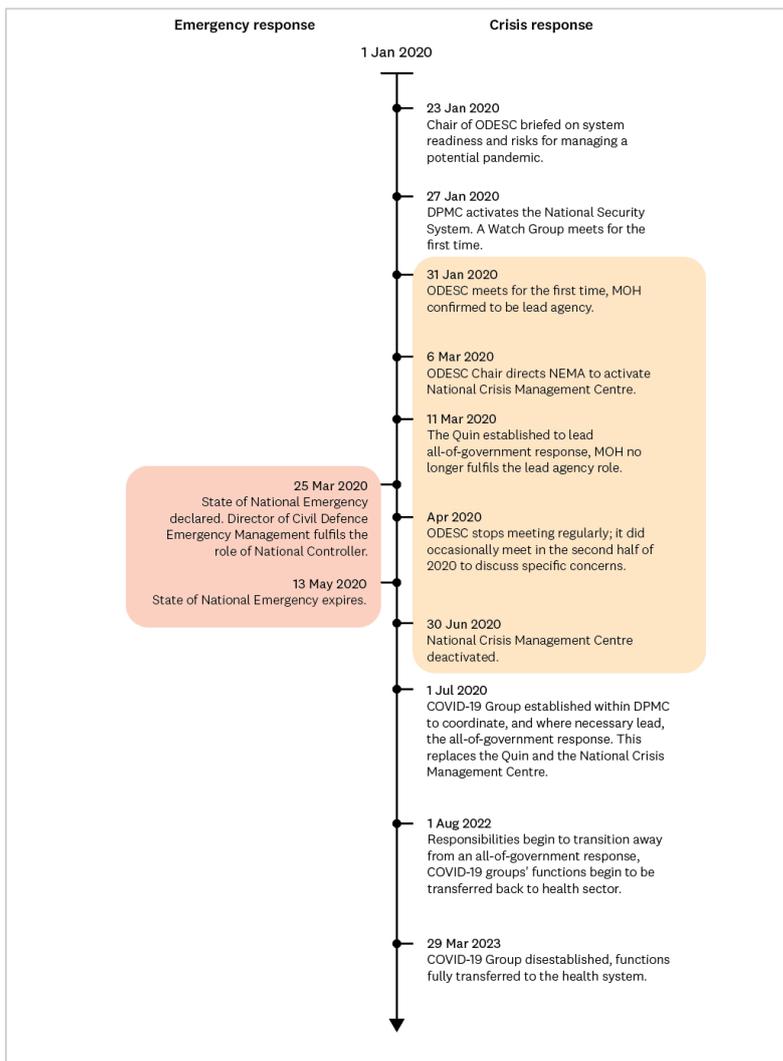
Source: McGuinness Institute<sup>13</sup>



## Figure 5: Excerpt from upcoming COVID-19 reports on the emergency and crisis responses to the COVID-19 pandemic

Source: McGuinness Institute<sup>14</sup>

**Figure 9: Emergency and crisis responses to the COVID-19 pandemic**  
 Source: McGuinness Institute, COVID-19 Nation Dates, 2nd edition, September 2024<sup>15</sup>



The Government's emergency powers are currently written up in the Clerk of the House of Representatives *Parliamentary Practice in New Zealand* online publication. The latest version is dated 29 September 2023.<sup>15</sup> Chapter 54, Emergency Powers, recognises that the:

Government may be required to exercise extraordinary powers when responding to an emergency situation. It is therefore essential that Parliament has oversight of the use of such extensive powers.<sup>16</sup>

The chapter explains how an emergency is managed in practice and has sections on both the Christchurch earthquakes and the COVID-19 pandemic. The definition of emergency in this context is that same as s 4 of the Civil Defence Emergency Management Act 2002.

Understandably, it is the Government's prerogative to lead the response to emergency.

States of national emergency are declared by the relevant Minister and expire after seven days. There is no limit on the number of renewals available to the Minister in charge. The House's agreement is not required for the declaration or extension of a state of national emergency, and it has no power to revoke a state of national emergency. However, the requirement to inform the House stands for each renewal.<sup>17</sup>

We consider more work needs to be done in terms of how we deal with a crisis, which has many different characteristics from an emergency.

Recommendation 6: Embed pandemic preparedness and crisis management, publish monthly stocktakes of our National Reserve Supply (NRS), and establish a separate Epidemic/Pandemic Cabinet Committee to regularly review our preparedness.

#### **2.4 Clarify the relationship between Government and officials and remove repetition of public service principles and obligations**

There is wording in the Bill that indicates Government does not trust officials, and this has resulted in repetition of public service principles which should not be in this Bill. For example, Clause 11A in the proposed amendment, stipulates not just the need to adopt the public service principles (which in our view is a given), but also, specifically, the principle of political neutrality (which also should be a given). We remain unsure why this is needed in this legislation if it is not required in other legislation that deals with other government departments and agencies. It is unclear why the Bill includes repetition of a standard public service principle. If this principle already exists once in law, it should be sufficient. HNZ is already in the list on the Public Service Commission website that says that the public service principles must be adopted (they are not exempt).<sup>18</sup>

We also note, regarding s 20 of the Public Service Act 2020, that if political neutrality is required, there is an allowance in law for an official to express the right to express an opinion and an obligation to their profession. This would seem an acceptable way of dealing with those that have specific expertise. Creating a space for an opinion seems prudent, especially when dealing with health issues.

**Figure 6: Excerpts from the Bill**

<p><i>Clause 11</i> inserts <i>new section 11A</i>, which clarifies that the provisions of subparts 2 and 4 of Part 1 of the Public Service Act 2020 apply to Health New Zealand, its employees, board members, the chief executive, contractors, and secondees. These provisions include requirements for—</p> <ul style="list-style-type: none"><li>• Health New Zealand to uphold the public service principles, including the principle of political neutrality, when carrying out its functions; and</li><li>• Health New Zealand, and the groups and individuals in it, to comply with minimum standards of integrity and conduct relating to those public service principles.</li></ul>
<p><b>11A Obligations as Crown agent, including in relation to political neutrality</b></p> <p>See subparts 2 and 4 of Part 1 of the Public Service Act 2020, which—</p> <ul style="list-style-type: none"><li>(a) apply to Health New Zealand as a Crown agent and to groups and individuals in Health New Zealand, including its employees, board members, the chief executive, contractors, and secondees; and</li><li>(b) include requirements for—<ul style="list-style-type: none"><li>(i) Health New Zealand to uphold the public service principles, including the principle of political neutrality, when carrying out its functions; and</li><li>(ii) Health New Zealand, and the groups and individuals in it, to comply with minimum standards of integrity and conduct relating to those public service principles.</li></ul></li></ul>

**Figure 7: Excerpts from s 20 of the Public Service Act 2020**

<p><b>17 Commissioner may set minimum standards of integrity and conduct</b></p> <ul style="list-style-type: none"><li>(1) The Commissioner may set minimum standards of integrity and conduct, including standards relating to—<ul style="list-style-type: none"><li>(a) the public service values;</li><li>(b) the public service principles.</li></ul></li><li>(2) Those minimum standards may apply in or to—<ul style="list-style-type: none"><li>(a) the public service (including Crown agents);</li><li>(b) Crown entities (other than Crown agents and excluding tertiary education institutions, and Crown Research Institutes and their subsidiaries);</li><li>(c) companies named in Schedule 4A of the Public Finance Act 1989;</li><li>(d) the Parliamentary Counsel Office.</li></ul></li></ul>
<p><b>20 Required content of guidance on political neutrality</b></p> <ul style="list-style-type: none"><li>(1) If guidance issued under section 19 includes guidance on the public service principle of political neutrality, the guidance must address—<ul style="list-style-type: none"><li>(a) the right to freedom of expression; and</li><li>(b) the responsibilities of individuals who have obligations as a member of a profession.</li></ul></li><li>(2) In this section, <b>profession</b> means an occupational group with a registration requirement under an Act for the individuals who work or practise in the occupational group.</li></ul>

Recommendation 7: Remove Clause 11A as it is repetitive and unconstructive.

## 2.5 Keep equity as a guiding principle

It is of a significant concern that the Bill proposes to remove equity as a guiding principle of healthcare in New Zealand. This Bill removes legal obligations to address health inequities and dismantles proven mechanisms for improving Māori health outcomes. It is also concerning that removing equity is likely to have negative impacts on people with physical and intellectual disabilities who need special support in the healthcare system. We need to provide health support to everyone, and especially to support those who need it most.

There is already a gap between those who can access healthcare and those who cannot, and minority groups suffer from this gap the most. As the *Regulatory Impact Statement* says, 'It is widely recognised that Māori generally experience poorer health outcomes compared to non-Māori with disparities evident in health indicators concerning mortality rates, prevalence of chronic diseases and access to health care.'<sup>19</sup>

This Bill risks further increasing the gap, and a shared value of New Zealanders is that all people should be able to receive quality, affordable (ideally free) healthcare.

The Bill has received criticism from a number of groups, including the Western Bay of Plenty Primary Health Organisation (a non-profit) as it 'disregards the recommendations from Wai 2575 (Waitangi Tribunal) Report and also reduces the decision-making role of Māori in the health system, downgrading Iwi-Māori Partnership Boards (IMPB) to advisory-only status.'<sup>20</sup>

Providing healthcare for those in need is an important part of health policy in New Zealand; it is not about race but about meeting the unique needs of citizens and supporting those who need it. For example children, older people or those with disabilities will have unique needs that need to be identified and addressed. Some of those children or adults will need more support than others because they do not have the skills, capabilities or resources to support themselves. Including this principle deals with that disparity.

Life is not fair sometimes and we need to ensure the health system recognises that there are situations where New Zealanders are unlucky or have had to deal with a significant tragedy. At a time when the majority of New Zealanders are suffering from a cost of living crisis and increasing levels of unemployment, it is important healthcare is not limited to those who can afford to pay for private. We need a health system that supports these people.

Our view is that MPs do not become MPs without wanting to make the country a better place for current and future New Zealanders. For this reason, we expect the committee will find a way to include a sentiment for equity and compassion for others less fortunate. This principle must sit within the wider health care system – caring for people in need – but recognising those needs are different depending on the recipient (rather than from the perspective of the provider). Needs must be targeted to the needs of the individual.

Recommendation 8: Keep equity as a guiding principle.

## 2.6 Remove emphasis on outsourcing care to the private sector and support public healthcare systems

This Bill facilitates outsourcing of healthcare to the private sector, which is concerning for a number of reasons. New Zealand's strained public healthcare systems should be supported rather than shifting work to the private sector. Healthcare should be available to all New Zealanders, not just those who can afford it. New Zealand already has a relatively small healthcare system when compared internationally, and outsourcing care to the private sector will only fragment this already small system.

In May 2024, RNZ reported on a Health NZ memo to the minister, warning that the high level of outsourcing would hasten an exodus of medical professionals from the public system.<sup>21</sup>

Healthcare professionals have expressed serious concern about the implications of outsourcing significant numbers of surgeries to the private sector.<sup>22</sup> The Australian and New Zealand College of Anaesthetists warns that 'outsourcing would worsen medical workforce shortages and could create a two-tier health system.' As well as this, the chair of the college's New Zealand national committee, Graham Roper, said outsourcing will have negative impacts on trainee anaesthetists as they need access to the surgeries that were outsourced.<sup>23</sup> Roper said, 'If the trainees don't get what we call a volume of practise, so a number of cases in particular areas of work, then their training gets extended until they reach that number. So potentially the training will become longer and that will make it less attractive for junior doctors that are looking for a career.'<sup>24</sup>

### Figure 8: Excerpt from the Bill (under the Explanatory Note General Policy Statement)

*Refocusing purpose, objectives, and functions of Health New Zealand*

To refocus the purpose, objectives, and functions of Health New Zealand, the Bill makes the following changes:

- adding a new purpose of the Act, which is to ensure that patients get quality and timely access to health services:
- repealing the health sector principles and the New Zealand Health Charter:
- adding a new objective for Health New Zealand to deliver effective and timely services:
- **clarifying that a function of Health New Zealand is to work with private healthcare providers.**

Recommendation 9: Support the public healthcare system rather than outsourcing care to the private sector.

## 2.7 Ensure the health system is a learning system

There is a lack of any international examples to show where similar legislation has worked to provide positive healthcare benefits, to identify what hasn't worked, and how New Zealand can incorporate these lessons. It is prudent to see what our trading partners are doing in this space, and this information should be publicly available. Good research is sorely needed, including understanding what is working (or not working) in other similar countries (e.g. UK, Australia and Canada).

Recommendation 10: Undertake and share international analysis so our Bill can be consistent with international standards, and so that we can learn from our international partners.

## 2.8 Prepare for the impacts of AI in legislation and on our health system

The Institute recommends that all new legislation should be designed in ways that anticipate and prepare for how AI can be implemented in digital systems. For example, digital implementation assets (such as data structures, reporting templates, or decision trees) can be published alongside legislation to illustrate its intended effect. Any legislative system that requires reporting digital data presents particularly significant opportunities. The below are three aspects of AI that we consider relevant to this submission:

### **1. Developments in AI should be included any new legislation.**

Developments in technology, especially AI, will have significant impacts on the healthcare system and our legislation should prepare for this. AI (and robots using AI) will significantly impact healthcare in the near future. There will be risks and benefits, and we need to understand how to ensure the healthcare system uses AI and robots to deliver optimal outcomes for New Zealanders.

### **2. Government documents should be verified independently.**

For instance, in terms of regulation, this may mean that government documents need to be verified through AI processes. In May 2025, the Institute published *Think Piece 43: Unlocking Government documents with AI*.<sup>25</sup> This think piece explores what AI could look like when applied to Government documents, and in particular, how AI might provide taxpayers more value in terms of delivering quality products and services. Improvements are possible not just in terms of delivering goods and services to citizens, but also delivering a more interconnected and aligned policy ecosystem, and any new legislation should consider this.

### **3. How AI is used in the submission process should be clarified and shared with the public.**

Further, we emphasise there are serious concerns with a lack of information on how AI is used in the submission process. If Parliament wishes to assure citizens that democratic processes are in place to deal with complex issues, it is important to be transparent about how technology is used in public processes.

Going forward, the Institute recommends that all Cabinet Committees and government departments using AI to collate and analyse submissions should be required to:

- declare their intention to use AI in advance, and
- clarify how AI will be used (to let submitters prepare submissions in ways that are accessible to AI systems, or choose not to submit if they do not want to, or choose alternative submission methods).

Some further recommendations on the use of AI in designing policy include:

1. AI should not be used to identify duplicate submissions without rigorous assurance mechanisms in place. The summary should clarify whether duplicate submissions were identified using AI (based on statistical similarity) or programmatic methods (exact duplication of files). The risk of false positives using AI to identify duplicate submissions is unacceptably high.
2. Where AI systems are used (for example to classify whether a submission is from an individual or organisation, or whether it is a duplicate) standard transparency procedures should require that the exact model used and the date of the analysis is recorded and published. This is because AI systems can change and develop over

time, particularly where they are hosted remotely, and it may be necessary to revisit analyses later.

3. Data quality and formats are particularly important when it comes to the use of AI systems. For example, submitting a PDF that requires OCR (optical character recognition) will result in transformation and interpretation of the source document into other formats. This presents a risk of error that must be controlled for. By contrast, submissions received as text files or emails (or as structured datasets) are directly accessible to AI systems, and risks associated with OCR and PDF interpretation are mitigated. The summary of how submissions were processed should include a breakdown of the formats used and whether these included the use of OCR before they were submitted to the relevant AI system.

Parliament and officials need to work a lot harder in this space to maintain the public's trust in democracy.

Recommendation 11: Design legislation which incorporates futures-thinking, including AI.

## **2.9 Improve public accountability in healthcare with a Monthly Healthcare Dashboard of key metrics.**

To clearly communicate with the public the state of the healthcare system, we recommend that a Monthly Healthcare Dashboard is shared publicly. A dashboard would include key metrics, such as the state of the workforce (including number of people entering and exiting the workforce), health system resources, and quality of care (e.g the number of surgeries, waiting times, etc).

We can only manage what we measure. Including a policy requirement for a Monthly Healthcare Dashboard will allow for comparison between governments and will help us learn how to improve our healthcare system. More information will allow us to analyze the past and prepare for the future.

Recommendation 12: Require the creation of a Monthly Healthcare Dashboard that sets out the status of the healthcare system.

### 3.0 Conclusion

This Bill is unclear on how it will solve any healthcare problems in New Zealand and, in fact, has the potential to cause problems through a lack of clarity and potential unintended consequences, meaning those who need healthcare may not be able to access it.

The McGuinness Institute recommends this Bill should not be passed as it currently stands. It requires much more detailed research and analysis before the policy framework can be designed to deliver benefits to New Zealanders. We outline below our 12 recommendations:

- Recommendation 1: Clauses 34-40 Government Policy Statement on Health should be renamed to add priorities to the title, so it reads ‘Government Policy Statement on Health Priorities’.
- Recommendation 2: Clause 50 New Zealand Health Plan, should be renamed ‘Health New Zealand Strategy’.
- Recommendation 3: Clause 55 Locality Plans, should be renamed ‘Health New Zealand Local Strategies’.
- Recommendation 4: Clause 41 New Zealand Health Strategy and Clauses 50–53 New Zealand Health Plan should be merged into one document – ‘Health New Zealand Strategy’ – as the distinction between the two is unclear.
- Recommendation 5: Expand Schedule 1, Clause 51.
- Recommendation 6: Embed pandemic preparedness and crisis management, publish monthly stocktakes of our National Reserve Supply (NRS), and establish a separate Epidemic/Pandemic Cabinet Committee to regularly review our preparedness.
- Recommendation 7: Remove Clause 11A as it is repetitive and unconstructive.
- Recommendation 8: Keep equity as a guiding principle.
- Recommendation 9: Support the public healthcare system rather than outsourcing care to the private sector.
- Recommendation 10: Undertake and share international analysis so our Bill can be consistent with international standards, and so that we can learn from our international partners.
- Recommendation 11: Design legislation which incorporates futures-thinking, including AI.
- Recommendation 12: Require the creation of a Monthly Healthcare Dashboard that sets out the status of the healthcare system.

## Appendix 1: List of McGuinness Institute pandemic documents, 2005–2025

Date	Title	Document type
December 2005	<a href="#">Managing the risk of a 'bird flu' pandemic – a Chartered Accountant's perspective</a>	Article
June 2006	<a href="#">Managing the Business Risk of a Pandemic: Lessons from the Past and a Checklist for the Future</a>	Early report
May 2015	<a href="#">Lessons from the West African Ebola Outbreak in Relation to New Zealand's Supply Chain Resilience</a>	Contributing paper by Roger Dennis, Wendy McGuinness and Rick Boven
March 2020	<a href="#">OIA to MOH: Virus outbreak (ICU beds and more) Response</a>	Correspondence
March 2020	<a href="#">OIA to DHBs: Open Letter to District Health Boards</a>	Correspondence
March 2020	<a href="#">Letter to MOH: Thank you</a>	Correspondence
March 2020	<a href="#">Distancing strategy: Flattening the COVID-19 curve</a>	Infographic
March 2020	<a href="#">COVID-19 Phase 1: Instagram poll results</a>	Infographic
March 2020	<a href="#">Worksheet 2020/01: COVID-19 Exploring certainties and uncertainties</a>	Worksheet
April 2020	<a href="#">OIA to MOH: Intensive Care Drugs</a>	Correspondence
April 2020	<a href="#">OIA to MOH: National Reserve Supply</a>	Correspondence
April 2020	<a href="#">OIA to MOH: Vaccinations</a>	Correspondence
April 2020	<a href="#">OIA to DPMC: COVID-19: Moving from Level 4 to Level 3</a>	Correspondence
April 2020	<a href="#">Unlocking Strategy: the COVID-19 dilemma</a>	Infographic
April 2020	<a href="#">Country graphs: Mapping the COVID-19 curves</a>	Infographic
April 2020	<a href="#">Think Piece 33 – The Long Normal: Preparing the National Reserve Supply (NRS) for pandemic cycles</a>	Think piece by Wendy McGuinness
April 2020	<a href="#">Think Piece 34 – I am hungry for a vision for our country</a>	Think piece by Phil Royal
April 2020	<a href="#">Working Paper 2020/01 – Analysis of options if P2/N95 masks are no longer available</a>	Working paper
March/May 2020	<a href="#">OIA to DHBs: Open Letter to District Health Boards (Responses)</a>	Correspondence
May 2020	<a href="#">Survey Insights: An analysis of the 2020 NZNO PPE Survey</a>	Survey
June 2020	<a href="#">Think Piece 35 – Where next? A Garden of Eden or a Slough of Despond?</a>	Think piece by Sir Michael Cullen
July 2020	<a href="#">OIA to AgResearch</a>	Correspondence
July 2020	<a href="#">Working Paper 2020/06 – Letter to the Minister on AgResearch's approval for GM animals in light of pandemic risk</a>	Working paper
January 2021	<a href="#">OIA to MPI: Pandemic Risk: AgResearch Approval for GM animals (continued)</a>	Correspondence

January 2021	<a href="#">OIA to EPA: Pandemic Risk: AgResearch Approval for GM animals (continued)</a>	OIA
March 2021	<a href="#">OIA to MOH: Risk Management</a>	OIA
April 2021	<a href="#">Working Paper 2020/12: - An analysis of the responses to the 'Open Letter to District Health Boards (dated 25 March 2020)'</a>	Working paper
June 2021	<a href="#">Think Piece 37: The gap between doses matters!</a>	Think piece by Wendy McGuinness
July 2021	<a href="#">OIA to MOH: Risk Management (continued)</a>	OIA
September 2021	<a href="#">Discussion Points: Discussion Paper 2021/03 – A COVID-19 Situational Report: Beyond Aotearoa New Zealand's Fortress</a>	Slideshow
September 2021	<a href="#">Discussion Paper 2021/03 – A COVID-19 Situational Report: Beyond Aotearoa New Zealand's Fortress as at 1 September 2021</a>	Discussion paper
October 2021	<a href="#">A Suppression Strategy: Living with COVID-19 in the Year 2022</a>	Infographic
March 2022	<a href="#">OIA 2022/01 to MOH: Composition of the National Reserve Supply</a>	OIA
April 2022	<a href="#">OIA 2022/03 to MOH: Number of staff employed (FTE) by MOH</a>	OIA
March 2023	<a href="#">OIA 2023/02 to MSD: COVID-19 wage subsidy information on NZSX-listed companies</a>	OIA
March 2023	<a href="#">COVID-19 Nation Dates: A timeline of significant events in Aotearoa New Zealand's COVID-19 pandemic</a>	Book
April 2024	<a href="#">The Ripple Effect: An independent review of New Zealand's response to COVID-19 – <i>Submission to the Phase One Inquiry</i></a>	Submission/Discussion Paper
September 2024	<a href="#">COVID-19 Nation Dates: A timeline of significant events in Aotearoa New Zealand's COVID-19 pandemic (2<sup>nd</sup> ed)</a>	<b>Book</b>
2025 WIP	<a href="#">Working Paper 2025/08 – Analysing COVID-19 Wage Subsidy Information Disclosed in 2020–2024 Annual Reports of NZSX-listed Companies</a>	Working paper

## Appendix 2: Institutional memory in the House regarding a new pandemic

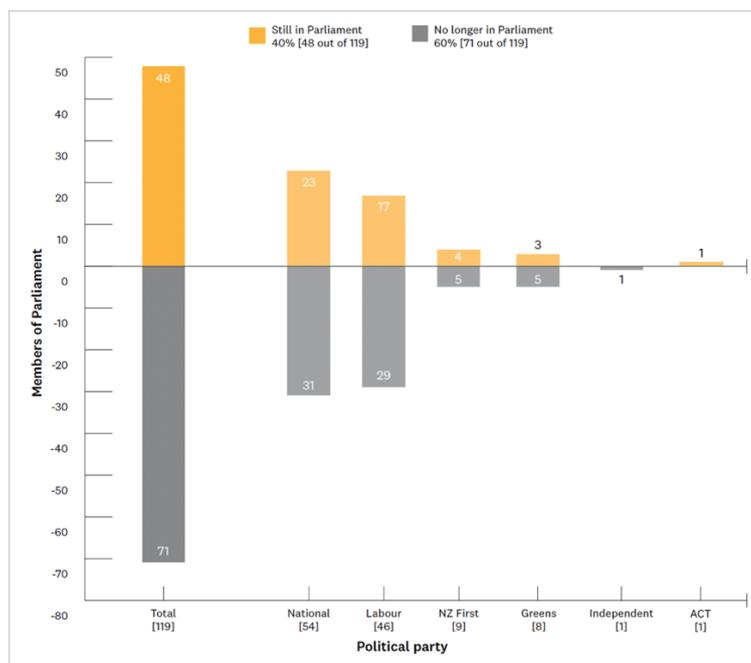
Parliament is losing its collective knowledge and experience resulting from the COVID-19 pandemic. This refers to both documented information and the accumulated knowledge of MPs. Figures 1–3 suggest that over time this institutional knowledge has already significantly eroded.

The Institute believes that the MPs that went through those early years of Parliament’s response to COVID-19 have a responsibility to ensure Parliament puts in place a framework that is ready-to-go for the next pandemic. The MPs that remained will know not only how the system operated at that time but how it could be improved. Their collective knowledge, experience and learnings matter. Within a few short years, all that experience and knowledge will be lost.

Our recommendation is that there should be a select committee responsible for reviewing epidemic and pandemic preparations annually; this includes reviewing all strategies, plans, stocks (e.g. National Reserve Supply), exercises and independent reviews. In particular, the select committee should seek independent medical advice from domestic and international epidemiologists, virologists, vaccinologists, and broaden the scope to include not just the health of humans but also livestock (e.g. in the case of H5N11).<sup>26</sup> Lastly, the proposed select committee should hold the public service accountable against key recommendations, including those made by Office of the Auditor-General (OAG) and Royal Commission of Inquiry reports. There was significant investment in our two-stage Inquiry; we need to make sure the recommendations are implemented. The select committee should prepare an annual report to MPs to be tabled in the House and made public.

**Figure A2.1: Members of Parliament in March 2020 who remain in or have left Parliament as at June 2025**

Source: McGuinness Institute<sup>27</sup>



**Figure A2.2: Members of the Epidemic Response Committee in March 2020 who remain in or have left Parliament as at June 2025**

Source: McGuinness Institute<sup>28</sup>

Political party					
National	Labour	NZ First	Greens	Independent	ACT
Paul Goldsmith Dr Shane Reti			Marama Davidson		David Seymour
Simon Bridges (Chair) Paula Bennett Michael Woodhouse	Kiritapu Allan Ruth Dyson Michael Wood	Fletcher Tabuteau			

**Figure A2.3: Members of the COVID-19 Ministerial Group in March 2020 who remain in or have left Parliament as at June 2025**

Source: McGuinness Institute<sup>29</sup>

Political party					
National	Labour	NZ First	Greens	Independent	ACT
	Chris Hipkins Damien O'Connor Carmel Sepuloni				
	Jacinda Ardern Nanaia Mahuta Stuart Nash Grant Robertson Andrew Little David Parker Kris Faafoi Kelvin Davis		James Shaw		

## Appendix 3: Treasury’s 2025 Long-term Insights Briefing

Table A3.1: Identifiable estimates of cost of shocks in New Zealand 1987-2023

Source: Treasury 2025<sup>30</sup>

Event	Cost of identifiable direct fiscal response (% of starting year’s GDP)	Key fiscal costs	Selected wider non-fiscal costs (to the private sector or total economy)
<b>North Island weather events (2023)</b>	1.7%	Estimated \$6.65 billion allocated to fund operating and capital expenditure including Natural Hazards Commission costs and Crown reimbursement of local authority response and recovery costs.	Estimated physical asset damage to the total economy of (\$9-14.5 billion), equal to around 3% of GDP.
<b>COVID-19 pandemic (2020-2022)</b>	20.4%	Estimated \$66 billion of fiscal costs over the 2020-2026 fiscal years.	No comprehensive study yet available for New Zealand.
<b><i>Mycoplasma bovis</i> (2017-2024)</b>	0.3%	\$0.7 billion costs to government, predominantly eradication costs and compensation payments.	\$0.2 billion eradication costs to industry.
<b>Kaikōura earthquake</b>	0.9%	\$2-3 billion total costs to the Crown including Earthquake Commission (EQC) costs.	Gross costs to private insurers estimated at \$2.3 billion.
<b>2013 drought</b>	<i>Not available</i>	-	Drought lowered 2013 GDP by 0.6%.
<b>Canterbury earthquakes (2010-11)</b>	11.3%	EQC costs gross of reinsurance (\$12 billion), other costs to the government (\$11 billion).	Gross costs to private insurers estimated at \$22.9 billion.
<b>Finance company failures (2006-11)</b>	0.4%	\$0.6 billion retail deposit scheme payouts, net of expected receivership proceeds and fees.	Estimated \$3.0 billion gross losses for deposit holders.
<b>2008 drought</b>	<i>Not available</i>	-	Drought lowered annual GDP by 0.5%.
<b>1998 drought</b>	<i>Not available</i>	-	Drought lowered annual GDP by 0.9%.
<b>1992 drought</b>	<i>Not available</i>	-	Drought contributed to 1991-92 downturn.
<b>BNZ bank failure (1989-91)</b>	1.0%	Gross cost of recapitalising BNZ.	
<b>Edgecumbe earthquake (1987)</b>	0.2%	Approximately \$120 million EQC payouts.	Total losses estimated at \$430 million.
<b>Total losses from floods/storms aside from the North Island weather events (1987-2023)</b>	<i>Not available</i>	-	Estimated total economy property damage averaging 0.03% of GDP per year.
<b>Annual average 1987-2023</b>	<b>1.0%</b>		

<sup>14</sup> This table covers shocks with quantifiable fiscal and wider economic costs. It does not cover recessions, which are expected to be offset by periods of economic expansions.

## Appendix 4: List of GDS Index strategies published by the Ministry of Health

**Table A4.1: List of GDS Index strategies published by the Ministry of Health**

Source: McGuinness Institute GDS Index<sup>31</sup>

2024 GDS Index	GDS Title	Publication Date	Duration	Number of pages	Required in law
GDS21-01	<a href="#">He Korowai Oranga – Māori Health Strategy 2014</a>	June 2014	2014–NK	16	Not applicable
GDS21-02	<a href="#">Cancer Plan: Better, faster cancer care 2015–2018</a>	December 2014	2015–NK (was initially 2018)	40	Not applicable
GDS21-03	<a href="#">Implementing Medicines New Zealand 2015 to 2020</a>	June 2015	2015–NK (was initially 2020)	20	Not applicable
GDS21-04	<a href="#">Cancer Health Information Strategy</a>	July 2015	2015–NK (was initially 2020)	21	Not applicable
GDS21-05	<a href="#">Health Research Strategy</a>	June 2017	2017–2027	52	Required under the Health Research Council Act 1990
GDS21-06	<a href="#">Faiva Ora 2016–2021 – National Pasifika Disability Plan</a>	August 2017	2016–NK (was initially 2021)	27	Not applicable
GDS21-07	<a href="#">National Syphilis Action Plan: An action plan to stop the syphilis epidemic in New Zealand</a>	June 2019	2019–NK (was initially 2024)	16	Not applicable

GDS21-08	Every Life Matters   He Tapu te Oranga o ia Tangata: Suicide prevention strategy 2019–2029 and suicide prevention action plan 2019–2024 for Aotearoa New Zealand	September 2019	2019–2029	48	Not applicable
GDS21-09	COVID-19 Health and Disability System Response Plan	April 2020	2020–NK	37	Not applicable
GDS21-10	Ola Manuia – Pacific Health and Wellbeing Action Plan 2020–2025	June 2020	2020–2025	48	Not applicable
GDS21-11	Whakamaua – Māori Health Action Plan 2020–2025	July 2020	2020–2025	78	Not applicable
GDS21-12	Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing	August 2021	2021–2031	76	Not applicable
GDS21-13	COVID-19 Māori Health Protection Plan	December 2021	2021–NK	48	Not applicable
GDS21-14	Smokefree Aotearoa 2025 Action Plan	December 2021	2021–2025	36	Not applicable
GDS21-15	Te Aorerekura: The national strategy to eliminate family violence and sexual violence	December 2021	2021–2046	128 (merged)	Not applicable
GDS21-16	Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25	June 2022	2022–2025	99	[May issue], see Gambling Act 2003

GDS21-17	<a href="#">National HIV Action Plan for Aotearoa New Zealand 2023-2030</a>	March 2023	2023-2030	44	Not applicable
GDS21-18	<a href="#">Ngā Pokenga Paipai me ngā Pokenga Huaketo mā te Toto: Te rautaki o Aotearoa 2023-2030   Aotearoa New Zealand Sexually Transmitted and Blood Borne Infection Strategy 2023-2030</a>	March 2023	2023-2030	44	Not applicable
GDS21-19	<a href="#">Oranga Hinengaro System and Service Framework</a>	April 2023	2023-2033	92	Not applicable
GDS21-20	<a href="#">Health Strategy</a>	July 2023	2023-2033	116	Required [Pae Ora (Healthy Futures) Act 2022]
GDS21-21	<a href="#">Pae Tū – Hauora Māori Strategy</a>	July 2023	2023-2025	76	Required [Pae Ora (Healthy Futures) Act 2022]
GDS21-22	<a href="#">Provisional Health of Disabled People Strategy</a>	July 2023	2023-2033	62	Required [Pae Ora (Healthy Futures) Act 2022]
GDS21-23	<a href="#">Te Mana Ola – The Pacific Health Strategy</a>	July 2023	2023-2033	79	Required [Pae Ora (Healthy Futures) Act 2022]
GDS21-24	<a href="#">Rural Health Strategy</a>	July 2023	2023-2033	100	Required [Pae Ora (Healthy Futures) Act 2022]
GDS21-25	<a href="#">Women’s Health Strategy</a>	July 2023	2023-2033	72	Required [Pae Ora (Healthy Futures) Act 2022]

GDS21-26	Strategic Framework for Managing COVID-19	September 2023	2023-NK	30	Not applicable
GDS21-27	New Zealand Pandemic Plan: A framework for action (Interim update – July 2024)	July 2024	2024-NK	219	Not applicable

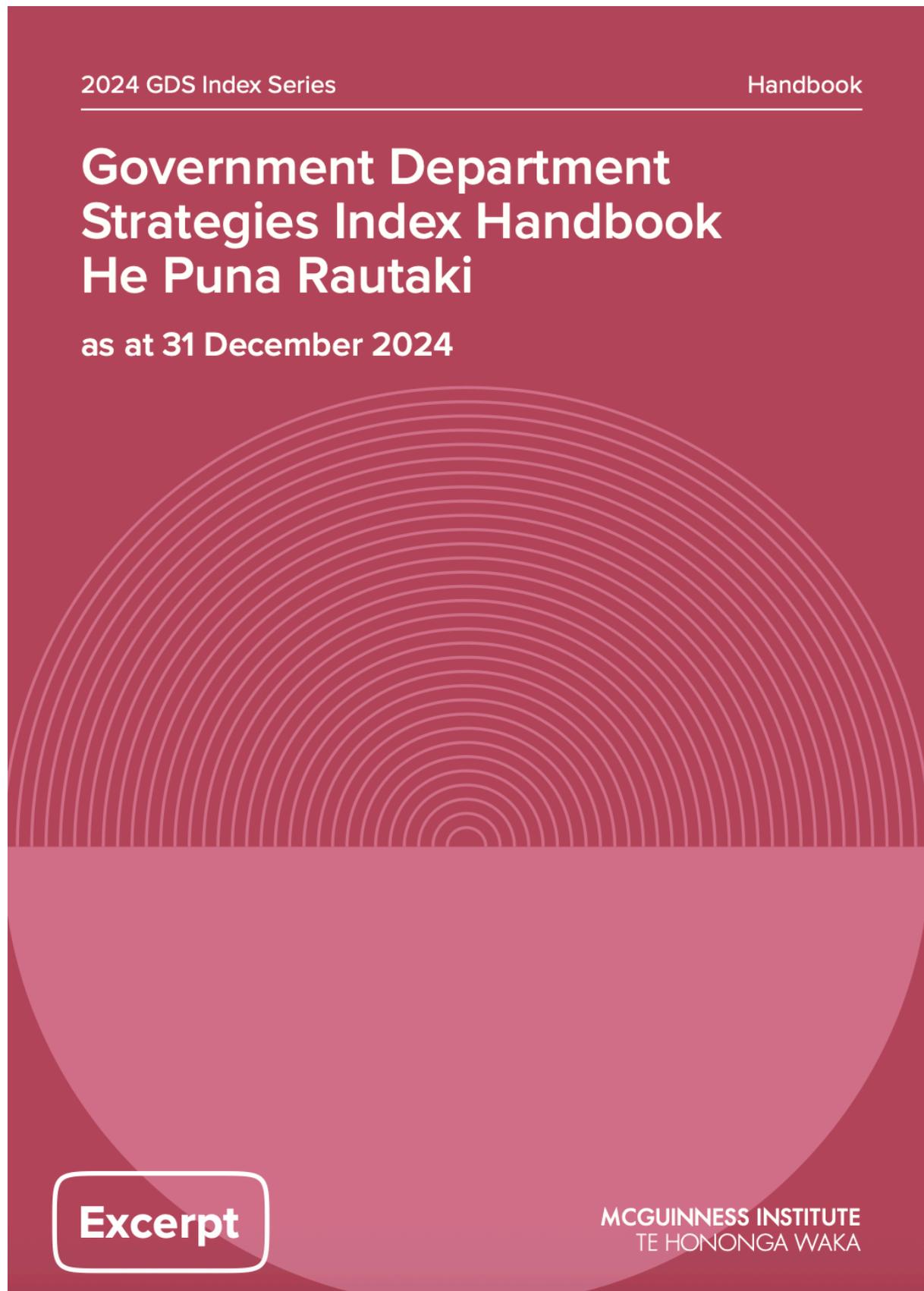
## Appendix 5: McGuinness Institute Strategy Pyramid

Figure A5.1 The link between the Institute's strategy pyramid and the Transparency Scorecard  
Source: McGuinness Institute GDS Index<sup>32</sup>



## Appendix 6: Government Department Strategies Index Handbook He Puna Rautaki as at 31 December 2024

Below are excerpts from the 2024 *GDS Index* of the relevant strategy scorecards.



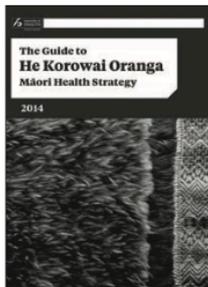


21

Ministry of Health –  
Manatū Hauora

21. Ministry of Health:  
GDS21-01 to GDS21-27

# He Korowai Oranga – Māori Health Strategy 2014



### Purpose

'[T]o drive continuous quality improvement in the development, design and delivery of services for Māori.' (p.12)

### Strategy (to achieve the purpose):

The approach is to focus on effective leadership, planning and measurement. For example, measurement includes the collection of high-quality ethnicity data so that all areas of health can measure performance at national, regional and local levels. (p.13)

### Key data

Publication date:	June 2014
Duration:	2014–NK
Number of pages:	16
Signed by:	Not signed
This GDS replaces:	<i>He Korowai Oranga: Māori Health Strategy (2002)</i>
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.4
Legislation:	Not applicable

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

128= out of 195 GDSs  
 22 out of the 27 GDSs in MOH  
 22 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2.5	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	4	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	3	4
2.2 Identifies capabilities it does not have but needs	1	4
2.3 Identifies current and future resources	1.5	4
2.4 Identifies resources it does not have but needs	0	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	5	8
3.2 Identifies who the beneficiaries are	3	4
3.3 Describes how success will be measured	0.5	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	1.5	4
4.2 Identifies a range of strategic options	0.5	4
4.3 Describes the chosen approach	1.5	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	1	4
5.2 Identifies who will report on its progress	0.5	4
5.3 Explains how progress will be reported	3	4
5.4 Discusses whether the GDS will undergo a review	1	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	3	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>40.5</b>	<b>96</b>



# Implementing Medicines New Zealand 2015 to 2020



**Purpose**

'We want New Zealanders, regardless of their ability to pay, to have access to safe, high-quality, effective medicines, and we want those medicines to be used in the best possible way. ... Implementing Medicines New Zealand (the Plan) is about the changes required to deliver on Medicines New Zealand [2007] (the Strategy).' (pp.iii, 1)

**Strategy (to achieve the purpose):**

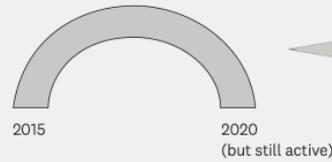
The approach is to focus on advancing seven impact areas. Impact areas include enabling shared care through an integrated health care team; optimal use of antimicrobials; and competent and responsive prescribers. The aim is to implement a range of actions but be open to continuously changing priorities and actions as new ideas emerge. (pp.2-11)

**Key data**

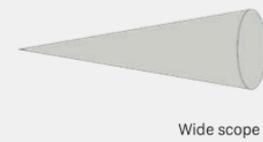
Publication date:	June 2015
Duration:	2015-NK (was initially 2020)
Number of pages:	20
Signed by:	Crown (Associate Minister of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Not found
Legislation:	Not applicable

McGuinness Institute analysis

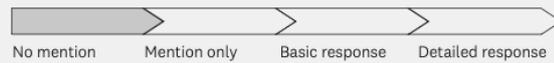
**Duration**



**Scope of subject matter**



**Climate intelligence**



**Transparency Scorecard**

140= out of 195 GDSs  
 23= out of the 27 GDSs in MOH  
 23= out of the 27 GDSs in the Health Sector

		Score	Out of
<b>1: Opportunities and Threats</b>			
1.1	Identifies potential opportunities	3	4
1.2	Identifies potential threats	2.5	4
1.3	Contains a clear statement describing the problem	4	8
<b>2: Capabilities and Resources</b>			
2.1	Identifies current and future capabilities	3	4
2.2	Identifies capabilities it does not have but needs	1.5	4
2.3	Identifies current and future resources	1	4
2.4	Identifies resources it does not have but needs	0	4
<b>3: Vision and Benefits (Purpose)</b>			
3.1	Provides a clear aspirational statement as to what success would look like	4	8
3.2	Identifies who the beneficiaries are	1	4
3.3	Describes how success will be measured	2.5	4
<b>4: Approach and Focus (Strategy)</b>			
4.1	Breaks down the purpose into a number of strategic goals/objectives	3	4
4.2	Identifies a range of strategic options	1.5	4
4.3	Describes the chosen approach	2	4
4.4	Highlights the risks, costs and benefits	0.5	4
<b>5: Implementation and Accountability</b>			
5.1	Identifies who is responsible for implementation	2.5	4
5.2	Identifies who will report on its progress	1	4
5.3	Explains how progress will be reported	1	4
5.4	Discusses whether the GDS will undergo a review	0	4
<b>6: Alignment and Authority</b>			
6.1	Discusses predecessors to the strategy and identifies any lessons learnt	2	4
6.2	Aligns with its department's SOI	0	6
6.3	Aligns with its department's annual report	0	6
<b>Total</b>		<b>36</b>	<b>96</b>

# Cancer Health Information Strategy



**Purpose**  
 '[T]o deliver comprehensive, accessible and accurate information to support the delivery of quality care across the cancer patient pathway' and to 'align with the National Health IT Plan and enable the New Zealand Cancer Plan 2015-2018'. (pp.1, 6)

### Strategy (to achieve the purpose):

The approach is to focus on four interventions:

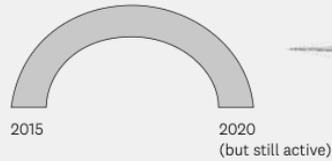
- To establish a national framework for managing cancer data
- To standardise, digitise and make accessible cancer data at point of care
- To aggregate relevant patient and cancer service data into cancer information
- To analyse, produce and communicate cancer intelligence to stakeholders. (p.7)

### Key data

Publication date:	July 2015
Duration:	2015-NK (was initially 2020)
Number of pages:	21
Signed by:	Department staff (other than CE) (National Clinical Director Cancer and Director of National Health IT Board and Information Group)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.9
Legislation:	Not applicable

### McGuinness Institute analysis

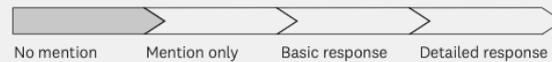
#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

140= out of 195 GDSs  
 23= out of the 27 GDSs in MOH  
 23= out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	4	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	2	4
2.2 Identifies capabilities it does not have but needs	1.5	4
2.3 Identifies current and future resources	0	4
2.4 Identifies resources it does not have but needs	1.5	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	5.5	8
3.2 Identifies who the beneficiaries are	2.5	4
3.3 Describes how success will be measured	2	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	2	4
4.2 Identifies a range of strategic options	0	4
4.3 Describes the chosen approach	2.5	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2.5	4
5.2 Identifies who will report on its progress	2	4
5.3 Explains how progress will be reported	2	4
5.4 Discusses whether the GDS will undergo a review	0	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	2	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>36</b>	<b>96</b>

# Health Research Strategy



### Purpose

'By 2027, New Zealand will have a world-leading health research and innovation system that, through excellent research, improves the health and wellbeing of all New Zealanders.' (p.6)

### Strategy (to achieve the purpose):

The approach is to focus on four strategic priorities (and implement specific actions):

- Invest in excellent health research
- Create a vibrant research environment in the health sector
- Build and strengthen pathways for translating research findings into policy and practice
- Advance innovative ideas and commercial opportunities. (p.10)

### Key data

Publication date:	June 2017
Duration:	2017-2027
Number of pages:	52
Signed by:	Crown (Minister of Health and Minister of Science and Innovation)
This GDS replaces:	Not applicable
Jointly held with:	MBIE
Transferred from:	Not applicable
Strategy map:	Yes, pp.4-5
Legislation:	Required (see Health Research Council Act 1990, s 34(2)) but not cited in the GDS

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence

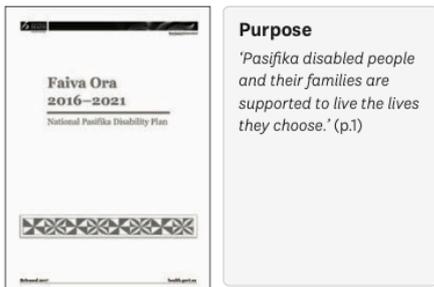


#### Transparency Scorecard

123= out of 195 GDSs  
 21 out of the 27 GDSs in MOH  
 21 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	0	4
1.2 Identifies potential threats	0	4
1.3 Contains a clear statement describing the problem	3	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	3	4
2.2 Identifies capabilities it does not have but needs	1	4
2.3 Identifies current and future resources	2.5	4
2.4 Identifies resources it does not have but needs	0	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	7	8
3.2 Identifies who the beneficiaries are	3	4
3.3 Describes how success will be measured	3	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	0	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	4	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	3.5	4
5.4 Discusses whether the GDS will undergo a review	0	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	2	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>42</b>	<b>96</b>

# Faiva Ora 2016–2021 – National Pasifika Disability Plan



### Strategy (to achieve the purpose):

The approach is to focus on four priorities:

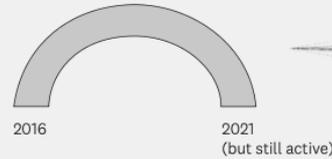
- Outcomes improve for Pasifika disabled children, youth and their families
- Pasifika communities are able to better engage with and support individuals with disabilities and their families to participate in their communities
- Disability services and supports meet the needs of Pasifika disabled people and their families
- Stakeholders work in partnership to address challenges experienced by Pasifika disabled people and their families. (pp.15–19)

### Key data

Publication date:	August 2017
Duration:	2016–NK (was initially 2021)
Number of pages:	27
Signed by:	Not signed
This GDS replaces:	<i>Faiva Ora National Pasifika Disability Plan</i> (2014)
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Not found
Legislation:	Not applicable

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



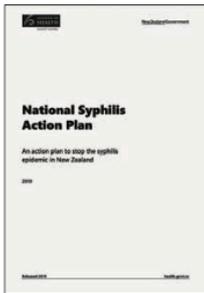
#### Transparency Scorecard

63 out of 195 GDSs  
14 out of the 27 GDSs in MOH  
14 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	4	4
1.2 Identifies potential threats	4	4
1.3 Contains a clear statement describing the problem	6	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	3.5	4
2.2 Identifies capabilities it does not have but needs	2.5	4
2.3 Identifies current and future resources	2	4
2.4 Identifies resources it does not have but needs	0.5	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	4	8
3.2 Identifies who the beneficiaries are	3.5	4
3.3 Describes how success will be measured	3.5	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	3	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	3.5	4
5.3 Explains how progress will be reported	2.5	4
5.4 Discusses whether the GDS will undergo a review	1	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	3	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>52.5</b>	<b>96</b>

GDS21-07

# National Syphilis Action Plan: An action plan to stop the syphilis epidemic in New Zealand



**Purpose**  
 '[G]uide a coordinated and systematic response to interrupt ongoing transmission of infectious syphilis and to prevent congenital syphilis.' (p.4)

### Strategy (to achieve the purpose):

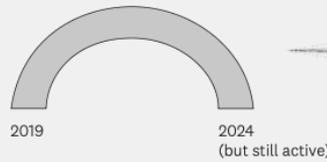
The approach is to collaborate with stakeholders across the health sector to respond to a syphilis epidemic through a combination of national actions led by MOH, and regional actions led by DHBs and specialist sexual health services. (p.5)

### Key data

Publication date:	June 2019
Duration:	2019–NK (was initially 2024)
Number of pages:	16
Signed by:	Not signed
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Not found
Legislation:	Not applicable

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

150= out of 195 GDSs  
 26 out of the 27 GDSs in MOH  
 26 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	1.5	4
1.2 Identifies potential threats	2.5	4
1.3 Contains a clear statement describing the problem	7	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	1.5	4
2.2 Identifies capabilities it does not have but needs	0.5	4
2.3 Identifies current and future resources	1	4
2.4 Identifies resources it does not have but needs	1	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	2	8
3.2 Identifies who the beneficiaries are	2.5	4
3.3 Describes how success will be measured	2	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	2	4
4.2 Identifies a range of strategic options	0.5	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0.5	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	0.5	4
5.3 Explains how progress will be reported	1	4
5.4 Discusses whether the GDS will undergo a review	2	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	1	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>33</b>	<b>96</b>

GDS21-08

# Every Life Matters | He Tapu te Oranga o ia Tangata: Suicide prevention strategy 2019-2029 and suicide prevention action plan 2019-2024 for Aotearoa New Zealand



**Purpose**  
 'Reduced suicide rate ... Wellbeing for all.' (p.2)

### Strategy (to achieve the purpose):

Building a strong system for suicide prevention includes focusing on four areas:

- Strengthening national leadership
- Using evidence and collective knowledge to make a difference
- Developing the suicide prevention workforce to have capacity and capability to respond
- Evaluating and monitoring Every Life Matters.

Key to supporting wellbeing is working to increase protective factors and reduce risk factors across the suicide prevention continuum, including promotion, prevention, intervention and postvention. (p.10)

### Key data

Publication date:	September 2019
Duration:	2019-2029
Number of pages:	48
Signed by:	Crown (Minister of Health) and CE (Director-General of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.2
Legislation:	Not applicable

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence

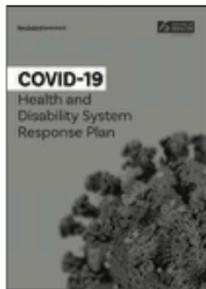


#### Transparency Scorecard

94= out of 195 GDSs  
 18 out of the 27 GDSs in MOH  
 18 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2.5	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	6	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	3	4
2.2 Identifies capabilities it does not have but needs	2	4
2.3 Identifies current and future resources	1.5	4
2.4 Identifies resources it does not have but needs	0.5	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	8	8
3.2 Identifies who the beneficiaries are	2.5	4
3.3 Describes how success will be measured	1	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	2.5	4
4.2 Identifies a range of strategic options	1.5	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0.5	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	3	4
5.2 Identifies who will report on its progress	2.5	4
5.3 Explains how progress will be reported	2.5	4
5.4 Discusses whether the GDS will undergo a review	1.5	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	2	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>47</b>	<b>96</b>

# COVID-19 Health and Disability System Response Plan



### Purpose

'Success under this strategy means that COVID-19 is eliminated in New Zealand or reduced to a small number of cases, the large majority of which are "imported" and linked to international travel.' (p.2)

### Strategy (to achieve the purpose):

The approach is to focus on eight priority populations (including Māori, Pacific peoples, older people, people with long-term conditions, people with disabilities, people with mental health conditions, people living in residential facilities and refugees and migrant community members) and eight planning areas (workforce, public health, hospitals, care in the community, laboratories, infection prevention and control, health and disability supply chain, and support for priority population) in accordance with the Government's COVID-19 elimination strategy. (pp.2, 12, 19)

### Key data

Publication date:	April 2020
Duration:	2020-NK
Number of pages:	37
Signed by:	Not signed
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Not found
Legislation:	Not applicable

### McGuinness Institute analysis

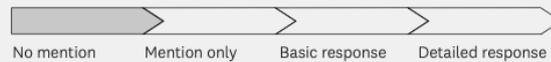
#### Duration



#### Scope of subject matter



#### Climate intelligence

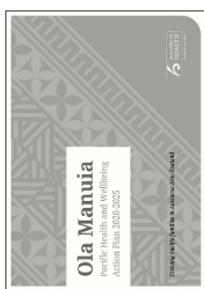


#### Transparency Scorecard

140= out of 195 GDSs  
 23= out of the 27 GDSs in MOH  
 23= out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	1.5	4
1.2 Identifies potential threats	3.5	4
1.3 Contains a clear statement describing the problem	6	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	2	4
2.2 Identifies capabilities it does not have but needs	0.5	4
2.3 Identifies current and future resources	1	4
2.4 Identifies resources it does not have but needs	0.5	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	2	8
3.2 Identifies who the beneficiaries are	3	4
3.3 Describes how success will be measured	0.5	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	2.5	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	2	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	1	4
5.3 Explains how progress will be reported	1.5	4
5.4 Discusses whether the GDS will undergo a review	1	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	1.5	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>36</b>	<b>96</b>

# Ola Manuia – Pacific Health and Wellbeing Action Plan 2020–2025



**Purpose**  
*'Pacific people lead independent and resilient lives ... live longer in good health ... [and] have equitable health outcomes.'* (p.17)

### Strategy (to achieve the purpose):

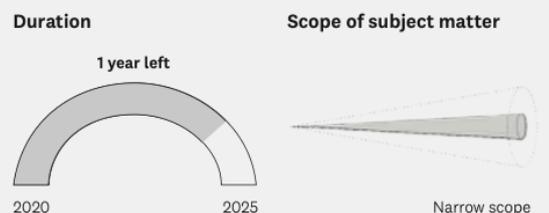
The approach is threefold:

- To strengthen health knowledge and skills of Pacific people to support informed choices about their health and wellbeing
- To change the health and disability system to deliver more responsive, more accessible and high-quality services for Pacific families
- To strengthen actions to create environments that improve health equity for Pacific families. (p.18)

### Key data

Publication date:	June 2020
Duration:	2020–2025
Number of pages:	48
Signed by:	Crown (Associate Minister of Health) and CE (Director-General of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.18
Legislation:	Not applicable

### McGuinness Institute analysis



### Transparency Scorecard

68= out of 195 GDSs  
 15 out of the 27 GDSs in MOH  
 15 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2.5	4
1.2 Identifies potential threats	3.5	4
1.3 Contains a clear statement describing the problem	7	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	3	4
2.2 Identifies capabilities it does not have but needs	2	4
2.3 Identifies current and future resources	2.5	4
2.4 Identifies resources it does not have but needs	1.5	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	7	8
3.2 Identifies who the beneficiaries are	3.5	4
3.3 Describes how success will be measured	2.5	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	3	4
4.2 Identifies a range of strategic options	1	4
4.3 Describes the chosen approach	1	4
4.4 Highlights the risks, costs and benefits	0.5	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	3	4
5.2 Identifies who will report on its progress	1.5	4
5.3 Explains how progress will be reported	3	4
5.4 Discusses whether the GDS will undergo a review	0	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	3	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>51</b>	<b>96</b>

# Whakamaua – Māori Health Action Plan 2020–2025



## Purpose

*"The overall aim of He Korowai Oranga is Pae ora – healthy futures for Māori ... Whānau ora, healthy families ... Mauri ora, healthy individuals ... Wai ora, healthy environment." (p.18)*

## Strategy (to achieve the purpose):

The approach is to focus on eight priority areas for action:

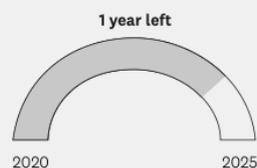
- Māori–Crown partnerships
- Māori leadership
- Māori health and disability workforce
- Māori health sector development
- Cross-sector action
- Quality and safety
- Insights and evidence
- Performance and accountability. (p.27)

## Key data

Publication date:	July 2020
Duration:	2020–2025
Number of pages:	78
Signed by:	Crown (Associate Minister of Health) and CE (Director-General of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.66
Legislation:	Not applicable

## McGuinness Institute analysis

### Duration



### Scope of subject matter



### Climate intelligence



### Transparency Scorecard

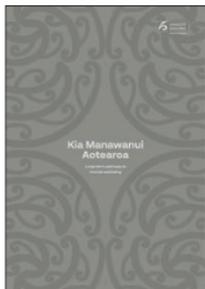
59= out of 195 GDSs

13 out of the 27 GDSs in MOH

13 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2.5	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	3.5	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	2.5	4
2.2 Identifies capabilities it does not have but needs	2	4
2.3 Identifies current and future resources	1.5	4
2.4 Identifies resources it does not have but needs	1	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	6	8
3.2 Identifies who the beneficiaries are	3	4
3.3 Describes how success will be measured	3	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	3	4
4.2 Identifies a range of strategic options	1.5	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	3	4
5.2 Identifies who will report on its progress	2	4
5.3 Explains how progress will be reported	3.5	4
5.4 Discusses whether the GDS will undergo a review	1.5	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	3.5	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>53</b>	<b>96</b>

# Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing



**Purpose**

*'[P]eople and whānau have their basic needs met, know how to strengthen their own mental wellbeing, and live in communities with diverse, well-integrated avenues for support when and where it is needed.'* (p.8)

**Strategy (to achieve the purpose):**

The approach is threefold:

- A strong government mandate and commitment to transformation
- A commitment to a collective approach and joint effort towards a shared vision
- A set of guiding principles that underpin how the Ministry will work, including a strong focus on achieving equity. (pp.32-34)

**Key data**

Publication date:	August 2021
Duration:	2021-2031
Number of pages:	76
Signed by:	Crown (Minister of Health) and CE (Director-General of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.24
Legislation:	Not applicable

McGuinness Institute analysis

**Duration**



**Scope of subject matter**



**Climate intelligence**



**Transparency Scorecard**

56 out of 195 GDSs  
12 out of the 27 GDSs in MOH  
12 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2.5	4
1.2 Identifies potential threats	3.5	4
1.3 Contains a clear statement describing the problem	6	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	2	4
2.2 Identifies capabilities it does not have but needs	2	4
2.3 Identifies current and future resources	2.5	4
2.4 Identifies resources it does not have but needs	1.5	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	8	8
3.2 Identifies who the beneficiaries are	3.5	4
3.3 Describes how success will be measured	2.5	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	2.5	4
4.2 Identifies a range of strategic options	3.5	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	3	4
5.2 Identifies who will report on its progress	3	4
5.3 Explains how progress will be reported	2	4
5.4 Discusses whether the GDS will undergo a review	1.5	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	3	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>54.5</b>	<b>96</b>

# COVID-19 Māori Health Protection Plan



**Purpose**

'[T]o protect the health and wellbeing of whānau, hapū, iwi, and hapori Māori by preventing and mitigating the impacts of COVID-19 on their health and wellbeing.' (p.13)

**Strategy (to achieve the purpose):**

The approach is to focus on increasing vaccination coverage among Māori, and building resilience of Māori health and disability service providers to respond to the Delta variant and manage ongoing impacts of COVID-19. (p.2)

**Key data**

Publication date:	December 2021
Duration:	2021-NK
Number of pages:	48
Signed by:	Not signed
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Not found
Legislation:	Not applicable

McGuinness Institute analysis

**Duration**



**Scope of subject matter**



**Climate intelligence**

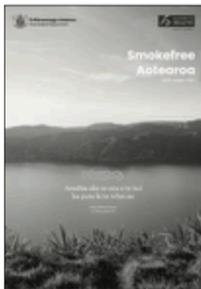


**Transparency Scorecard**

82= out of 195 GDSs  
 16 out of the 27 GDSs in MOH  
 16 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2	4
1.2 Identifies potential threats	3	4
1.3 Contains a clear statement describing the problem	6	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	2.5	4
2.2 Identifies capabilities it does not have but needs	1.5	4
2.3 Identifies current and future resources	3.5	4
2.4 Identifies resources it does not have but needs	0.5	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	4	8
3.2 Identifies who the beneficiaries are	3.5	4
3.3 Describes how success will be measured	1	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	2	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	2.5	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	1	4
5.2 Identifies who will report on its progress	3.5	4
5.3 Explains how progress will be reported	2	4
5.4 Discusses whether the GDS will undergo a review	2.5	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	4	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>49</b>	<b>96</b>

# Smokefree Aotearoa 2025 Action Plan



**Purpose**

'By 2025, daily smoking prevalence is less than five percent for all population groups in New Zealand.' (p.6)

**Strategy (to achieve the purpose):**

The approach is to focus on six areas:

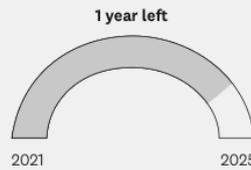
- Ensuring Māori leadership and decision-making at all levels
- Increasing health promotion and community mobilisation
- Increasing evidence-based stop-smoking services
- Reducing the addictiveness and appeal of smoked tobacco products
- Reducing the availability of smoked tobacco products
- Ensuring manufacturers, importers and retailers meet their legal obligations. (pp.16-27)

**Key data**

Publication date:	December 2021
Duration:	2021-2025
Number of pages:	36
Signed by:	Crown (Associate Minister of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.6
Legislation:	Not applicable

McGuinness Institute analysis

**Duration**



**Scope of subject matter**



**Climate intelligence**



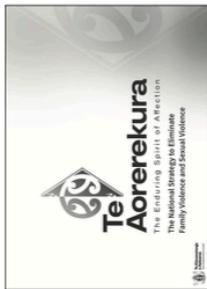
**Transparency Scorecard**

49 out of 195 GDSs  
 11 out of the 27 GDSs in MOH  
 11 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2.5	4
1.2 Identifies potential threats	4	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	2	4
2.2 Identifies capabilities it does not have but needs	2.5	4
2.3 Identifies current and future resources	3	4
2.4 Identifies resources it does not have but needs	0	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	6	8
3.2 Identifies who the beneficiaries are	2	4
3.3 Describes how success will be measured	3	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	3	4
4.2 Identifies a range of strategic options	2.5	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	2.5	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	4	4
5.2 Identifies who will report on its progress	1	4
5.3 Explains how progress will be reported	2	4
5.4 Discusses whether the GDS will undergo a review	0.5	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	1	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>57.5</b>	<b>96</b>

GDS21-15

# Te Aorerekura: The national strategy to eliminate family violence and sexual violence



### Purpose

*'[S]et out a framework to eliminate family violence and sexual violence, to drive government action in a unified way and harness public support and community action. It will also increase political and public sector accountability by setting out what the government is committing to do and how it will measure and report on progress.'* (p.6 [out of 128])

### Strategy (to achieve the purpose):

The approach is to implement several actions that fall under six 'shifts':

- Towards strength-based wellbeing
- Towards mobilising communities
- Towards skilled, culturally competent and sustainable workforces
- Towards investment in primary prevention
- Towards safe, accessible and integrated responses
- Towards increased capacity for healing. (p.7 [out of 128])

### Key data

Publication date:	December 2021
Duration:	2021-2046
Number of pages:	128 (merged)
Signed by:	Crown (Minister for the Prevention of Family Violence and Sexual Violence)
This GDS replaces:	Not applicable
Jointly held with:	DOC, MOE, MOJ, TPK, MSD and OT
Transferred from:	Not applicable
Strategy map:	Yes, pp.24-25 (out of 128)
Legislation:	Not applicable

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

26= out of 195 GDSs  
8 out of the 27 GDSs in MOH  
8 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	4	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	4	4
2.3 Identifies current and future resources	4	4
2.4 Identifies resources it does not have but needs	4	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	8	8
3.2 Identifies who the beneficiaries are	4	4
3.3 Describes how success will be measured	3	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	3	4
4.3 Describes the chosen approach	3	4
4.4 Highlights the risks, costs and benefits	1	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	2	4
5.4 Discusses whether the GDS will undergo a review	0	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	4	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>68</b>	<b>96</b>

# Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25



**Purpose**

'[T]o reduce health inequities attributable to gambling harm for priority populations (Māori, Pacific peoples, Asian peoples and young people/rangatahi), and to better meet their needs.' (p.5)

**Strategy (to achieve the purpose):**

The approach is to focus on four objectives:

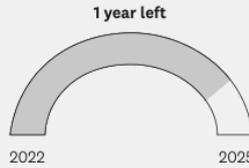
- Creating a full spectrum of services and supports
- Shifting cultural and social norms
- Strengthening leadership and accountability to achieve equity
- Strengthening the health and health equity of Māori, Pacific peoples, Asian peoples and young people/rangatahi. (p.41)

**Key data**

Publication date:	June 2022
Duration:	2022-2025
Number of pages:	99
Signed by:	Not signed
This GDS replaces:	<i>Strategy to Prevent and Minimise Gambling Harm 2019/20 to 2021/22 (2019)</i>
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, pp.41, 53
Legislation:	May issue a strategy (see Gambling Act 2003, s 317) and cited in the GDS

McGuinness Institute analysis

**Duration**



**Scope of subject matter**



**Climate intelligence**

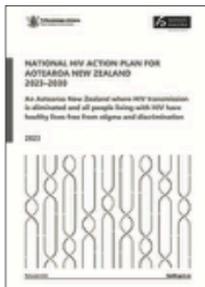


**Transparency Scorecard**

20= out of 195 GDSs  
 5= out of the 27 GDSs in MOH  
 5= out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	3	4
2.3 Identifies current and future resources	4	4
2.4 Identifies resources it does not have but needs	4	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	7	8
3.2 Identifies who the beneficiaries are	4	4
3.3 Describes how success will be measured	2	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	0	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	4	4
5.4 Discusses whether the GDS will undergo a review	4	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	4	4
6.2 Aligns with its department's SOI	3	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>73</b>	<b>96</b>

# National HIV Action Plan for Aotearoa New Zealand 2023-2030



### Purpose

'An Aotearoa New Zealand where HIV transmission is eliminated and all people living with HIV have healthy lives free from stigma and discrimination.' (p.12)

### Strategy (to achieve the purpose):

The approach is to focus on four areas:

- Surveillance, information and knowledge systems
- Combination prevention and health promotion
- Testing and linkage to care
- Support for people living with HIV, including addressing stigma and discrimination. (p.19)

### Key data

Publication date:	March 2023
Duration:	2023-2030
Number of pages:	44
Signed by:	Crown (Minister of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.20
Legislation:	Not applicable

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

38 out of 195 GDSs  
 9 out of the 27 GDSs in MOH  
 9 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	3	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	4	4
2.3 Identifies current and future resources	4	4
2.4 Identifies resources it does not have but needs	4	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	4	8
3.2 Identifies who the beneficiaries are	4	4
3.3 Describes how success will be measured	4	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	3	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	4	4
5.4 Discusses whether the GDS will undergo a review	0	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	2	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>64</b>	<b>96</b>

GDS21-18

# Ngā Pokenga Paipai me ngā Pokenga Huaketo mā te Toto: Te rautaki o Aotearoa 2023–2030 | Aotearoa New Zealand Sexually Transmitted and Blood Borne Infection Strategy 2023–2030



## Purpose

*'The purpose of this shared strategy for STIs and blood borne viruses is to improve collaboration, support collective action and set a unified strategic direction for the health agencies ... and the health and disability sector.'* (p.2)

## Strategy (to achieve the purpose):

The approach is to focus on four strategic directions:

- Surveillance, information and public health knowledge systems to drive action
- Results-focused health promotion and comprehensive prevention
- Equitable access to culturally safe, quality health care for testing and management
- Leading for an integrated, supported, consumer-focused system. (p.17)

## Key data

Publication date:	March 2023
Duration:	2023–2030
Number of pages:	44
Signed by:	Crown (Minister of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.6
Legislation:	Not applicable

## McGuinness Institute analysis

### Duration



### Scope of subject matter



### Climate intelligence

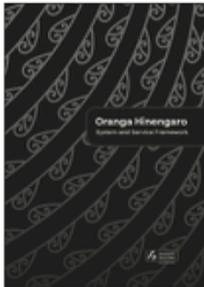


### Transparency Scorecard

40 out of 195 GDSs  
 10 out of the 27 GDSs in MOH  
 10 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	4	4
2.3 Identifies current and future resources	4	4
2.4 Identifies resources it does not have but needs	4	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	8	8
3.2 Identifies who the beneficiaries are	3	4
3.3 Describes how success will be measured	2	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	3	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	3	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	3	4
5.4 Discusses whether the GDS will undergo a review	0	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	2	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>62</b>	<b>96</b>

# Oranga Hinengaro System and Service Framework



**Purpose**

*'[C]larifies what people should expect from the future system and services, and how services work together to meet people's needs ... it also provides guidance for change in system-wide planning and to inform nationally consistent access to services, equitable funding and monitoring.'* (p.12)

**Strategy (to achieve the purpose):**

The approach is to focus on a series of system and service principles that guide seven critical shifts in the health sector. These shifts are to:

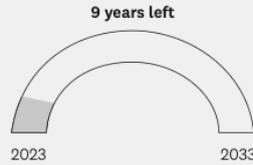
- Actively deliver on Te Tiriti o Waitangi
- Design out inequities
- Build lived experience-led transformation
- Get in early to support whānau wellbeing
- Promote wellbeing and respond early when distress arises
- Connect services to work better
- Be responsive to needs. (pp.36, 40-46)

**Key data**

Publication date:	April 2023
Duration:	2023-2033
Number of pages:	92
Signed by:	Not signed
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Not found
Legislation:	Not applicable

McGuinness Institute analysis

**Duration**



**Scope of subject matter**



**Climate intelligence**



**Transparency Scorecard**

161= out of 195 GDSs  
27 out of the 27 GDSs in MOH  
27 out of the 27 GDSs in the Health Sector

		Score	Out of
<b>1. Opportunities and Threats</b>			
1.1	Identifies potential opportunities	2	4
1.2	Identifies potential threats	0	4
1.3	Contains a clear statement describing the problem	4	8
<b>2. Capabilities and Resources</b>			
2.1	Identifies current and future capabilities	2	4
2.2	Identifies capabilities it does not have but needs	0	4
2.3	Identifies current and future resources	2	4
2.4	Identifies resources it does not have but needs	0	4
<b>3. Vision and Benefits (Purpose)</b>			
3.1	Provides a clear aspirational statement as to what success would look like	4	8
3.2	Identifies who the beneficiaries are	2	4
3.3	Describes how success will be measured	2	4
<b>4. Approach and Focus (Strategy)</b>			
4.1	Breaks down the purpose into a number of strategic goals/objectives	3	4
4.2	Identifies a range of strategic options	0	4
4.3	Describes the chosen approach	2	4
4.4	Highlights the risks, costs and benefits	0	4
<b>5. Implementation and Accountability</b>			
5.1	Identifies who is responsible for implementation	0	4
5.2	Identifies who will report on its progress	3	4
5.3	Explains how progress will be reported	0	4
5.4	Discusses whether the GDS will undergo a review	0	4
<b>6. Alignment and Authority</b>			
6.1	Discusses predecessors to the strategy and identifies any lessons learnt	3	4
6.2	Aligns with its department's SOI	0	6
6.3	Aligns with its department's annual report	0	6
<b>Total</b>		<b>29</b>	<b>96</b>

# Health Strategy



**Purpose**  
 '[Set] the medium - and long-term direction for health and [identify] priority areas for change to improve health outcomes.' (p.10)

### Strategy (to achieve the purpose):

The approach is to focus on six strategic priorities, including:

- Responding to the voices of people and communities throughout the health system
- Developing services focused on preventing illness and delivering care closer to home
- Ensuring preparedness for future shocks and the best use of resources to manage the demand for health services over the long term
- Developing a diverse, skilled and confident health workforce. (p.10)

### Key data

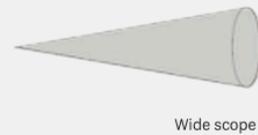
Publication date:	July 2023
Duration:	2023-2033
Number of pages:	116
Signed by:	Crown (Minister of Health)
This GDS replaces:	<i>Health Strategy (2016)</i>
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.10
Legislation:	Required (see Pae Ora [Healthy Futures] Act 2022, s 41) and cited in the GDS

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

6= out of 195 GDSs  
 2= out of the 27 GDSs in MOH  
 2= out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	4	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	4	4
2.3 Identifies current and future resources	4	4
2.4 Identifies resources it does not have but needs	4	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	8	8
3.2 Identifies who the beneficiaries are	4	4
3.3 Describes how success will be measured	4	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	3	4
5.4 Discusses whether the GDS will undergo a review	3	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	3	4
6.2 Aligns with its department's SOI	6	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>81</b>	<b>96</b>

# Pae Tū – Hauora Māori Strategy



### Purpose

*'[Update] the direction for improving the health and wellbeing of Māori ... Together with the New Zealand Health Strategy, [set] the overarching direction for the health system ... [Provide] the guiding framework by which health entities will uphold Te Tiriti and achieve Māori health equity.'* (p.7)

### Strategy (to achieve the purpose):

The approach is to focus on five priority areas:

- Enabling whānau, hapū, iwi and Māori community leadership, decision-making and governance at all levels
- Strengthening whole-of-government commitment to Māori health
- Growing the Māori health workforce and sector to match community needs
- Enabling culturally safe, whānau-centred and preventative primary health care
- Ensuring accountability for system performance for Māori health. (p.28)

### Key data

Publication date:	July 2023
Duration:	2023–2025
Number of pages:	76
Signed by:	Crown (Minister of Health and Associate Minister of Health [Māori Health])
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Not found
Legislation:	Required (see Pae Ora [Healthy Futures] Act 2022, s 42) and cited in the GDS

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence

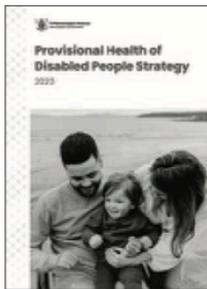


#### Transparency Scorecard

20= out of 195 GDSs  
5= out of the 27 GDSs in MOH  
5= out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	3	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	3	4
2.3 Identifies current and future resources	3	4
2.4 Identifies resources it does not have but needs	3	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	8	8
3.2 Identifies who the beneficiaries are	4	4
3.3 Describes how success will be measured	3	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	2	4
5.3 Explains how progress will be reported	0	4
5.4 Discusses whether the GDS will undergo a review	4	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	4	4
6.2 Aligns with its department's SOI	6	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>73</b>	<b>96</b>

# Provisional Health of Disabled People Strategy



### Purpose

'[S]et the direction and long-term priorities to achieve equity in disabled people's health and wellbeing outcomes over the next ten years.' (p.3)

### Strategy (to achieve the purpose):

The approach is to focus on five priority areas:

- Access
- Determinants of health
- Workforce
- Data, research and evidence
- Self-determination. (p.3)

### Key data

Publication date:	July 2023
Duration:	2023-2033
Number of pages:	62
Signed by:	Crown (Minister of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.3
Legislation:	Required (see Pae Ora [Healthy Futures] Act 2022, s 44) and cited in the GDS

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

6= out of 195 GDSs  
 2= out of the 27 GDSs in MOH  
 2= out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	4	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	4	4
2.3 Identifies current and future resources	4	4
2.4 Identifies resources it does not have but needs	4	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	8	8
3.2 Identifies who the beneficiaries are	4	4
3.3 Describes how success will be measured	2	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	4	4
5.4 Discusses whether the GDS will undergo a review	4	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	3	4
6.2 Aligns with its department's SOI	6	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>81</b>	<b>96</b>

# Te Mana Ola – The Pacific Health Strategy



### Purpose

*‘[S]et the key direction and long-term priorities to achieve equity in Pacific health and wellbeing outcomes over the next 10 years.’ (pp.11-12)*

### Strategy (to achieve the purpose):

The approach is to focus on five priority areas:

- Population health
- Disease prevention, health promotion and management for good health
- Workforce
- Access
- Autonomy and self-determination. (pp.11-12)

### Key data

Publication date:	July 2023
Duration:	2023-2033
Number of pages:	79
Signed by:	Crown (Minister of Health and Associate Minister of Health [Pacific Health])
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, pp.11-12, 47
Legislation:	Required (see Pae Ora [Healthy Futures] Act 2022, s 43) and cited in the GDS

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

22 out of 195 GDSs  
7 out of the 27 GDSs in MOH  
7 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	3	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	3	4
2.3 Identifies current and future resources	3	4
2.4 Identifies resources it does not have but needs	3	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	7	8
3.2 Identifies who the beneficiaries are	4	4
3.3 Describes how success will be measured	3	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	4	4
5.4 Discusses whether the GDS will undergo a review	0	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	2	4
6.2 Aligns with its department's SOI	6	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>72</b>	<b>96</b>

# Rural Health Strategy



**Purpose**  
 '[Set] the direction for improving the health and wellbeing, both physical and mental, of New Zealanders living in rural communities over the next 10 years.' (p.6)

### Strategy (to achieve the purpose):

The approach is to focus on five priority areas:

- Considering rural communities as a priority group
- Prevention for a healthier future
- Services available closer to home for rural communities
- Supporting rural communities to access services at a distance
- A valued and flexible rural health workforce. (p.6)

### Key data

Publication date:	July 2023
Duration:	2023-2033
Number of pages:	100
Signed by:	Crown (Minister and Associate Minister of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.6
Legislation:	Required (see Pae Ora [Healthy Futures] Act 2022, s 46) and cited in the GDS

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

5 out of 195 GDSs  
 1 out of the 27 GDSs in MOH  
 1 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	4	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	4	4
2.3 Identifies current and future resources	4	4
2.4 Identifies resources it does not have but needs	4	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	8	8
3.2 Identifies who the beneficiaries are	4	4
3.3 Describes how success will be measured	3	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	3	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	2	4
5.4 Discusses whether the GDS will undergo a review	4	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	2	4
6.2 Aligns with its department's SOI	6	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>82</b>	<b>96</b>

# Women's Health Strategy



### Purpose

'[Set] the direction for improving the health and wellbeing of women over the next 10 years.' (p.8)

### Strategy (to achieve the purpose):

The approach is to focus on four priority areas:

- A health system that works for women (overarching priority)
- Improving health care for issues specific to women
- Better outcomes for mothers, whānau and future generations
- Living well and ageing well. (p.8)

### Key data

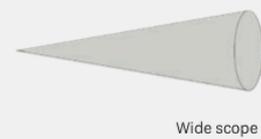
Publication date:	July 2023
Duration:	2023-2033
Number of pages:	72
Signed by:	Crown (Minister and Associate Minister of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.8
Legislation:	Required (see Pae Ora [Healthy Futures] Act 2022, s 45) and cited in the GDS

### McGuinness Institute analysis

#### Duration



#### Scope of subject matter



#### Climate intelligence



#### Transparency Scorecard

12= out of 195 GDSs  
 4 out of the 27 GDSs in MOH  
 4 out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	4	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	8	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	4	4
2.3 Identifies current and future resources	4	4
2.4 Identifies resources it does not have but needs	4	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	4	8
3.2 Identifies who the beneficiaries are	4	4
3.3 Describes how success will be measured	3	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	4	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	0	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	4	4
5.3 Explains how progress will be reported	3	4
5.4 Discusses whether the GDS will undergo a review	4	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	4	4
6.2 Aligns with its department's SOI	6	6
6.3 Aligns with its department's annual report	6	6
<b>Total</b>	<b>78</b>	<b>96</b>

# Strategic Framework for Managing COVID-19



**Purpose**

*'[P]rotect the health and wellbeing of individuals and communities through a proportionate and equitable response to managing COVID-19 in Aotearoa New Zealand, while building resilience for future pandemics and other infectious diseases.'* (p.11)

**Strategy (to achieve the purpose):**

The approach is to develop a toolkit of measures to manage COVID-19, organised into the categories below:

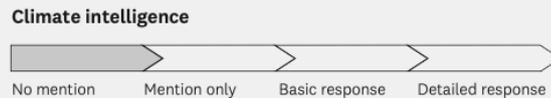
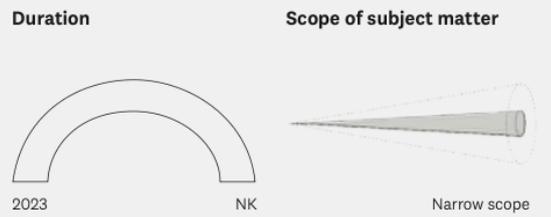
- Community public health measures
- Border measures (air and maritime)
- Support for individuals and communities
- System enablers.

These tools are then weighed up against a number of factors to determine which should be utilised and when. (pp.15-20)

**Key data**

Publication date:	September 2023
Duration:	2023-NK
Number of pages:	30
Signed by:	CE (Director-General of Health)
This GDS replaces:	Not applicable
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.10
Legislation:	Not applicable

McGuinness Institute analysis



**Transparency Scorecard**

115= out of 195 GDSs  
 19= out of the 27 GDSs in MOH  
 19= out of the 27 GDSs in the Health Sector

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2	4
1.2 Identifies potential threats	2	4
1.3 Contains a clear statement describing the problem	6	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	4	4
2.2 Identifies capabilities it does not have but needs	2	4
2.3 Identifies current and future resources	4	4
2.4 Identifies resources it does not have but needs	2	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	6	8
3.2 Identifies who the beneficiaries are	2	4
3.3 Describes how success will be measured	0	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	3	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	2	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	2	4
5.2 Identifies who will report on its progress	0	4
5.3 Explains how progress will be reported	0	4
5.4 Discusses whether the GDS will undergo a review	0	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	2	4
6.2 Aligns with its department's SOI	0	6
6.3 Aligns with its department's annual report	0	6
<b>Total</b>	<b>43</b>	<b>96</b>

# New Zealand Pandemic Plan: A framework for action (Interim update – July 2024)



**Purpose**  
 “[T]o outline the health system and wider all-of-government measures that relevant agencies will consider in response to a pandemic caused by a respiratory pathogen and to provide an overview of the activities they undertake to ensure NZ is adequately prepared.” (p.2)

**Strategy (to achieve the purpose):**

The approach is to focus on three overarching goals during a pandemic:

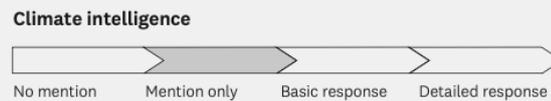
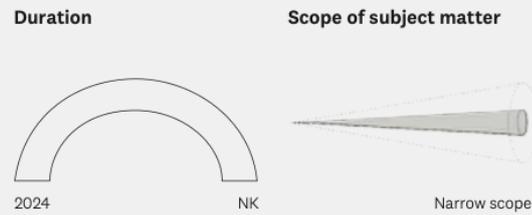
- Minimise human health impacts and health service disruptions without increasing health inequities
- Enable society to function as normally as possible during and after the pandemic
- Minimise and mitigate economic consequences.

The six-phase planning strategy includes: 1. Plan For It; 2. Keep It Out; 3. Stamp It Out; 4. Manage It; 5. Manage It: Post-Peak; 6. Recover From It. (p.15)

**Key data**

Publication date:	July 2024
Duration:	2024–NK
Number of pages:	219
Signed by:	CE (Director-General of Health)
This GDS replaces:	<i>New Zealand Influenza Pandemic Plan: A framework for action (2017)</i>
Jointly held with:	Not applicable
Transferred from:	Not applicable
Strategy map:	Yes, p.16
Legislation:	Not applicable

McGuinness Institute analysis



**Transparency Scorecard**

82= out of 195 GDSs  
 17 out of the 27 GDSs in MOH  
 17 out of the 27 GDSs in the Health Sector  
 Note: \*See Section 2.5 in Methodology

	Score	Out of
<b>1: Opportunities and Threats</b>		
1.1 Identifies potential opportunities	2	4
1.2 Identifies potential threats	4	4
1.3 Contains a clear statement describing the problem	7	8
<b>2: Capabilities and Resources</b>		
2.1 Identifies current and future capabilities	3	4
2.2 Identifies capabilities it does not have but needs	2	4
2.3 Identifies current and future resources	2	4
2.4 Identifies resources it does not have but needs	1	4
<b>3: Vision and Benefits (Purpose)</b>		
3.1 Provides a clear aspirational statement as to what success would look like	2	8
3.2 Identifies who the beneficiaries are	2	4
3.3 Describes how success will be measured	1	4
<b>4: Approach and Focus (Strategy)</b>		
4.1 Breaks down the purpose into a number of strategic goals/objectives	2	4
4.2 Identifies a range of strategic options	2	4
4.3 Describes the chosen approach	2	4
4.4 Highlights the risks, costs and benefits	3	4
<b>5: Implementation and Accountability</b>		
5.1 Identifies who is responsible for implementation	4	4
5.2 Identifies who will report on its progress	2	4
5.3 Explains how progress will be reported	1	4
5.4 Discusses whether the GDS will undergo a review	4	4
<b>6: Alignment and Authority</b>		
6.1 Discusses predecessors to the strategy and identifies any lessons learnt	3	4
6.2 Aligns with its department’s SOI	0	6
6.3 Aligns with its department’s annual report	*0	6
<b>Total</b>	<b>49</b>	<b>96</b>

## Endnotes

- <sup>1</sup> The Treasury (2025). *The Estimates of Appropriations 2025/26 - Health Sector B.5 Vol. 5*. [online] (p.2). Available at: <https://www.budget.govt.nz/budget/2025/estimates/v5/index.htm> [Accessed 17 Aug. 2025].
- <sup>2</sup> New Zealand Parliament (2025). Make a Submission: Healthy Futures (Pae Ora) Amendment Bill. [online] Available at: [https://www.parliament.nz/en/pb/sc/make-a-submission/document/54SCHEA\\_SCF\\_4F909A7B-8E87-4FEF-8401-08DDB9140FC1/healthy-futures-pae-ora-amendment-bill](https://www.parliament.nz/en/pb/sc/make-a-submission/document/54SCHEA_SCF_4F909A7B-8E87-4FEF-8401-08DDB9140FC1/healthy-futures-pae-ora-amendment-bill) [Accessed 18 Aug. 2025].
- <sup>3</sup> 'Budget 2025 provides a \$7 billion increase in Vote Health operating funding over the forecast period. This includes the \$1.37 billion per annum increase to Health New Zealand's baseline – bringing total health spending in 2025/26 to \$32.7 billion,' Mr Brown says.
- Brown, S. Hon. (2025). *Record investment in health delivery*. [online] Available at: <https://www.beehive.govt.nz/release/record-investment-health-delivery> [Accessed 17 Aug. 2025].
- <sup>4</sup> McGuinness Institute (2025). *Government Department Strategies Index Handbook*. [online] Available at: <https://www.mcguinnessinstitute.org/gdsindex> [Accessed 17 Aug. 2025].
- <sup>5</sup> McGuinness Institute (2024). *Table 1: Official Information Requests*. [online] Available at: <https://www.mcguinnessinstitute.org/publications/oias-correspondence> [Accessed 17 Aug. 2025].
- <sup>6</sup> Ministry of Health (MOH)(2024). *New Zealand Pandemic Plan A framework for action (Interim update – July 2024)*. [online] (pp.17-18) Available at: <https://www.health.govt.nz/publications/new-zealand-pandemic-plan-a-framework-for-action> [Accessed 17 Aug. 2025].
- <sup>7</sup> Ministry of Health (MOH)(2024). *New Zealand Pandemic Plan: A framework for action Interim update – July 2024*. [online] Available at: <https://www.health.govt.nz/publications/new-zealand-pandemic-plan-a-framework-for-action>
- <sup>8</sup> The Treasury (2025). *Long-term insights briefings*. [online] (Table 2.1: Identifiable estimates of cost of shocks in New Zealand 1987-2023) Available at: <https://www.treasury.govt.nz/publications/treasurys-stewardship-reports/long-term-insights-briefings> [Accessed 17 Aug. 2]
- <sup>9</sup> McGuinness Institute (n.d.). *PandemicNZ*. [online] Available at: <https://www.mcguinnessinstitute.org/research-projects/pandemic-nz> [Accessed 17 Aug. 2025].
- <sup>10</sup> Ministry of Health (MOH) pers. comm. (2024). *Response to McGuinness Institute OIA 2024/09 - National Reserve Supplies*. [online] Available at: [https://www.mcguinnessinstitute.org/wp-content/uploads/2024/08/H2024048349-Response-letter77\\_Redacted.pdf](https://www.mcguinnessinstitute.org/wp-content/uploads/2024/08/H2024048349-Response-letter77_Redacted.pdf) [Accessed 18 Aug. 2025].
- <sup>11</sup> McGuinness Institute (2024). *Table 2: Ombudsman Office Complaints*. [online] Available at: <https://www.mcguinnessinstitute.org/publications/oias-correspondence> [Accessed 17 Aug. 2025].
- <sup>12</sup> Department of the Prime Minister and Cabinet (DPMC) (2025). *Proactive Release: Strengthening Emergency Management: Legislative Reform*. [online] Available at: <https://www.dPMC.govt.nz/publications/proactive-release-eco-25-sub-0117-strengthening-emergency-management-legislative-reform> [Accessed 17 Aug. 2025].
- Mitchell, M. ((Hon) 2025). *Support for changes to emergency management legislation*. [online] Available at: <https://www.beehive.govt.nz/release/support-changes-emergency-management-legislation> [Accessed 17 Aug. 2025].
- <sup>13</sup> McGuinness Institute (n.d.). *PandemicNZ*. [online] Available at: <https://www.mcguinnessinstitute.org/research-projects/pandemic-nz> [Accessed 17 Aug. 2025].
- <sup>14</sup> McGuinness Institute (n.d.). *PandemicNZ*. [online] Available at: <https://www.mcguinnessinstitute.org/research-projects/pandemic-nz> [Accessed 17 Aug. 2025].
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