The Taranaki COVID-19 response from a Māori perspective: lessons for mainstream health providers in Aotearoa New Zealand

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On 28 February 2020, the novel coronavirus SARS-CoV-2 (COVID-19) reached New Zealand. There is an increased fear for Māori about infectious-disease pandemics such as COVID-19, based on past experiences of infectious diseases. In 1918, for example, the Māori death rate from the influenza pandemic was seven times that of non-Māori.1 Between March and May 2020, 16 people with COVID-19 infection were identified in Taranaki. Iwi within Taranaki and Māori health providers put actions into place to protect their people. During this first wave of infection, none of the people with the infection in Taranaki were of Māori ethnicity. The purpose of this research project was to better understand the COVID-19 response from a Taranaki-Māori perspective and how needs-based care was provided to the community.

Face-to-face interviews were conducted in August and September of 2020. The criteria for respondents included: whakapapa to an iwi from within Taranaki, well-known in the community and played a role in the COVID-19 response. Potential respondents were identified by experienced senior Māori kaimahi within the Taranaki Public Health Unit. The interviews consisted of eight questions surrounding each respondent’s role within the Māori organisation they affiliate to (eg, iwi or Māori health provider), their preparedness within their organisation for lockdown, their fears for the Māori community, the types of support they provided and received, future concerns and whether they felt Māori knowledge was fully utilised during the COVID-19 response.

Seven respondents who had links to all of the eight iwi around Taranaki Maunga were interviewed. Five key themes were identified in the interviews:

- Māori organisations were prepared: Six out of the seven respondents had a response plan in place.
- People-enabled preparedness was more important than ‘plans’: All of the respondents alluded to the importance of relationships throughout the COVID-19 response, more so than any written plans or documents. These enabled them to tap into resources to quickly provide for the community. “One of the key roles of iwi was to ring the members; there were a number of staff and iwi members doing that.”
  “We used a traffic light system to identify their level of need and then did a kai distribution.”
- By-Māori, for-Māori support: Iwi and Māori health providers went out of their way to reach those members of society who, due to inequities that exist in the health system, typically don’t receive support. They provided support during the lockdown that included online mental health services, phone calls checking in on people, kai parcels (food boxes), care
packages (hygiene, sanitation and cleaning products) and pop-up clinics in smaller rural communities, and they started initiatives on Facebook to care for the spiritual needs of people.

- The agility of Māori organisations to respond: All of the respondents who worked for their iwi talked about how proud they were of the way they responded and how quickly they did so. “The thing that shone out was our ability to move and move really quickly. Develop a plan for our people, like overnight in a sense.”

- The use of indigenous knowledge (mātauranga): All of the respondents made a mention relating to the way Māori respond/operate and the importance of incorporating these values contributed to resilience of the Māori community throughout the lockdown period.

This simple project has highlighted how an indigenous-led response to a new infectious disease threat can provide a high level of protection for people who are normally considered to suffer poor health outcomes. Taranaki iwi and Māori health providers quickly rose to the challenge and provided comprehensive and holistic services for their people in a way that mainstream services, with their one-size-fits-all approach, were unable to. Iwi in other parts of New Zealand also were able to quickly implement approaches in response to the threat of COVID-19, which catalysed whānau and community self-determination. The stakeholder interviews in this study reinforced the value of whakapapa and relationships as the most important parts of a successful COVID-19 response for Māori in Taranaki. Qualitative research surrounding the events of the 2011 Christchurch earthquakes also found that Māori knowledge of and linkages into the community are an invaluable resource in an emergency. This comes from the strength of tikanga Māori core values, where the most important goal for the tangata whenua is to protect the whakapapa and everyone else in the community. As many authors have previously stated, Te Tiriti o Waitangi is the mechanism for achieving equitable health outcomes within Aotearoa. This study therefore not only celebrates the pro-equity work that is already being carried out in Taranaki by iwi and Māori health providers; it also reinforces the need to do more in emergency preparedness by empowering iwi-led responses to provide ‘by-Māori, for-Māori’ support during emergencies, while at the same time integrating tikanga and kaupapa Māori principles into mainstream response approaches.
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Nil.

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REFERENCES