New Zealand health reforms seek end to exclusion
In the Wairarapa region of New Zealand’s North Island, health authorities have found a novel way to overcome Maori suspicions of hospitals and surgeries. They set up their Te Rangimaire primary health clinic on the marae, or sacred meeting place, so that Maori – New Zealand’s indigenous people – feel more at ease.

“Although the doctor… is of European ancestry, she is culturally sensitive, understands Maori protocol and is well respected by the community. Our kaumatua (Maori elders) are very comfortable coming here,” says the reverend Marie Collin, a member of the Ngati Kahungunu tribe.

The country’s primary health care system has undergone dramatic changes since 2000, when it was decided that a re-emphasis on primary health care could reduce the disease burden and curb the rising costs of secondary care. Government officials say these changes have made its health-care services more accessible to Maori and other groups.

Revitalized primary health care
The Te Rangimaire clinic is one of the many health care services and facilities in the Wairarapa region; others include general-practice surgeries and hospital-based services such as community nursing. Most primary care providers are coordinated by the Wairarapa Primary Health Organisation, which is overseen by the district health board.

The Primary Health Organisations are the local structures for implementing New Zealand’s Primary Health Care Strategy that was launched in 2001, a year after the decision to revitalize primary health care. The core of the strategy is to reduce health inequalities, engage communities and improve the prevention and management of chronic illnesses.

The strategy was based on the 1978 Declaration of Alma-Ata to achieve health for all by means of a primary health care approach, says Dr Tim Kenealy, a senior lecturer at the Department of General Practice and Primary Care at the University of Auckland.

He believes the changes will most benefit those who currently face the highest barriers, such as cost and cultural alienation, to enjoying the benefits of primary health care services.

Joy Cooper, general manager of the Wairarapa District Health Board, uses a metaphor to explain their approach: “We have become much more focused on preventing people from falling off the cliff of poor health by building a fence at the top, rather than providing an ambulance to help people once they have fallen into ill health.”

This is an abridged version of an article published in the Bulletin of the World Health Organization in July 2008.

New Zealand in numbers

- Life expectancy (both sexes, 2006): 80 years
- Gross National Product per capita (PPP in international $, 2006): 25 750
- Per capita total expenditure on health (PPP in international $, 2005): 2223
- Number of physicians (per 10 000 population, 2002): 21


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