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COVID-19 open the borders: Aotearoa (New Zealand)[1]

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Abstract. In 2022 COVID-19 remains a challenge in Aotearoa (New Zealand). Through the Ministry of Health, the government has consolidated the reporting processes of COVID-19 data specific to cases and vaccination rates. These are updated, offer regional descriptions daily, and are available in the public domain. Māori (Indigenous to Aotearoa) appear as the most challenged population. Individual Iwi (tribes) and Hauora (Health) providers access their specific data. Notably, the ability to utilise the data at an operational level to improve the health and wellbeing of Māori (Indigenous to Aotearoa) in Aotearoa (New Zealand) experiences in a COVID-19 environment.

Keywords: COVID-19, Aotearoa, Tiriti o Waitangi, equity, collaborations, vaccinations rates, Iwi, Māori, Indigenous, Hauora provider

Glossary

Ao Māori	Māori world
Aotearoa	New Zealand
Awhi	Help
Hauora Māori	Māori Health Services
Hapū	Subtribe
Iwi	Tribe, Tribes, Tribal
Kai	Food
Kai mahi	Staff
Kai manaaki	Support staff
Kaupapa Māori	Māori for Māori by Māori
Kirikiriroa	Hamilton
Manaaki	Care
Maataa waka	Pan tribal including tribes with ancestral ties outside of Waikato
Māori	Indigenous population of Aotearoa
Tino	Rangatiratanga Autonomy under T
Rangatahi	Youth
Rohe	Region
Tainui waka Iwi mana whenua	The central Iwi (tribal) authority through the Waikato DHB region)
Tamaki	Auckland
Tamariki	Children
Tongikura	Proverb
Tūmuaki	CEO
Whakapapa	Bloodline
Whānau	Family, Families
Whare	Office, Building
Uri Marae	Traditional cultural space for descendants
Uri	Descendant
Whaiora	Consumer

[1]Authors at the time of commencing this article in October 2021 were elected Hauora (Health) representatives on the Iwi (tribal) Māori Council of WaikatoDHB [1].

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1. Introduction

COVID-19, the Delta and now the Omicron variant, has had a devasting effect globally. However, Aotearoa (New Zealand), with strict Government controls and national, regional and local collaborations, has managed to stay relatively safe compared to most countries. The combination of the elimination strategy, vaccine rollout, traffic light system, booster shots and inclusion of the paediatric vaccine consistently provides statistical evidence that assistance is obtainable and making a positive impact. The community narratives described through Māori the Indigenous population of Aotearoa (New Zealand) case studies offer practical examples of the breadth and depth of support processes utilised in the Waikato District Health Board (DHB) region [2] to combat and protect them in a COVID-19 stricken environment.

2. Background

In early 2020 the COVID-19 Pandemic came to our shores in Aotearoa (New Zealand). It was introduced by worldwide travellers and returning nationals within a reasonably mobile and affluent population. The move by our Government to put in place a COVID-19 elimination strategy, immediate border controls and unprecedented alert lockdown strategies was decisive with the positive messaging *Go early, Go hard, Keep to your bubble*, and *We are a team of 5 million* [3]. These sentiments and regulations stressed the new containment in Managed Isolation Quarantine (MIQ) facilities for travellers on arrival to Aotearoa, staying home for non-essential workers, vigilance with coding check-in, wearing facial masking, continued use of hand sanitisers, and social distancing when in public places, e.g. supermarkets. This expected behaviour became the new norm [3]. These implicit restrictions meant Aotearoa (New Zealand) did not succumb to the devastating impacts of the COVID-19 Delta variant, the significant loss of life and medical trauma occurring daily and globally at the time.

Māori, the Indigenous population of Aotearoa, although not a highlighted population during COVID-19 2020, raised their concerns and produced their solutions often within their limited budgets. The content within Ko Tōku Ara Rā Aotearoa COVID-19 2020 [4] is a broad snapshot of the Māori leadership shown between March – June 2020. A history of pandemics, reliant on past experiences, the forward-looking narratives offered by Māori ensured whakapapa (bloodlines) continued and were nurtured in times of renewed threat.

Ko tōku ara rā Aotearoa COVID-19 2020 [4] profiles the breadth and depth of the spread of contributions made by several rohe (regions) of the Ao Māori (Māori world), Aotearoa (New Zealand). It acknowledges the range of responses utilised by Iwi (tribes), Hauora Māori (Māori Health Services), Community-based and Non-Governmental Organisations (NGOs) and DHB.s [1]. What is clear is that all the approaches by Māori were anchored by a sense of intergenerational manaaki (care) and the protection and continuation of whakapapa (bloodlines). Unique Māori Indigenous COVID-19 responses were their norm. The distribution in Ko tōku ara rā, Aotearoa COVID-19 2020 [4] of participating rohe (regions) and relevant services occurred across Aotearoa (New Zealand). Raukura Hauora O Tainui [5] and Te Tauihu o Te Waka [6] have shared whakapapa (bloodlines), and their contributions maintain the dedication to a shared legacy of resilience. In addition, Tai Tokerau [7] and Te Pūtahitanga o Te Waipounamu [8] acknowledge the connection and generosity during the COVID-19 2020 period of Waikato Tainui Iwi (tribe), where the Hauora service of ‘Raukura Hauora O Tainui [5] is located. Ngāti Porou Hauora [9] continued to commit to tino rangatiratanga (self-autonomy) in setting up a COVID-19 response. Ngai Tahu [10] affiliated researchers and Hauora authorities expressed a similar pandemic past to other rohe (regions) and acknowledged the reliance on their priorities, solutions, and resource committed response in the COVID-19 environment. The Ngāti Hauiti [11] narrative valued building evidence and developing Iwi (tribal) and Research capability and capacity in the COVID-19 environment. A national lived experience voice, Te Kete Pounamu [12], provided the leadership needed to focus on who we are here to serve and how that needs to be. Like other Māori responses, these approaches were centred on manaaki (care) and nurturing whakapapa (bloodlines) [4].

By the end of 2020, it was evident that the COVID-19 elimination strategy had been a success. But this success must also consider the Māori contributions to Ko tōku ara rā, Aotearoa COVID-19 2020 [4] and other initiatives known across Aotearoa (New Zealand). These celebrate Māori agility, commitment, resilience and the resolve to manaaki (care) and protect whakapapa (bloodlines). Without these developments, the situation would have been very different for Māori and Aotearoa.

3. Beyond 2020

Late 2020 saw a reasonable return to normality for Aotearoa. Unfortunately, stability did not last, and early 2021 brought evidence that a COVID-19 case had penetrated border controls and was in the Tamaki (Auckland) community, one of the largest urban metropolises in Aotearoa [3]. The virus spread amongst the Pasifika population in Tamaki, where their largest population base is located, rapidly throughout the Tamaki region. The Government wasted no time, and the COVID-19 elimination strategy was immediately reinstated, shutting down borders and protecting within and outside the Tamaki region [3].

However, despite the rules and restrictions, COVID-19 case numbers kept escalating within Tamaki, including hospitalisation entries. Fortunately, by this time, a different strategy was presented, the availability of the mRNA vaccine produced by Pfizer [3]. The Government urgently structured a vaccination rollout. The population 65 years and over was prioritised for receiving the vaccination and then scheduled staggering until the younger age groups with eligibility to 12 year olds were reached. As Aotearoa purchased more vaccine dosages, the wait time between the 1st dose and 2nd dose lessened from 6 months to 3 months. The COVID-19 Protection Framework ousted the Alert levels and lockdown, much to the local, regional and national Business and Economic advocates and Aotearoa's pleasure [3]. The success of the later phase primarily relied on vaccination rates reaching 90 % of eligible populations.

Although viewed as a success, the vaccine rollout did not prioritise ethnicity or the commitment to Tiriti o Waitangi [13] and equity responses. Unfortunately, this lack of attention meant for the Māori population being treated no differently from their non-Māori counterparts. This decision ignored Māori known poor health status due to inadequate access to health services, as well as Māori appropriate health responses and Māori population configuration [14]. The Māori population is configured differently from non-Māori, with the most significant proportion in the under forty age group. The added difference is that Māori is whānau (family, families) orientated and find comfort when seeking help to present as whānau [4].

A 2020 COVIID-19 study surveyed 3116 Māori as part of a Māori Identity and Financial Attitudes research during the first stages of the COVID pandemic [15]. One of the questions asked was about *How the COVID-19 pandemic had impacted them and their whānau.* Nearly 66% of the participants answered this question, and 25% reported that the pandemic and the associated lockdown and travel bans harmed their broader relationships somehow. Issues also included being separated from whānau (family) and loved ones as painful and causing stress and sadness. Deterioration in their mental well-being due to stress related to relationships, work, finances and a decline in living standards are also identified [15].

The COVID-19 study viewed that the primary concern of many participants was to secure the safety of their people. The long term implications of the economic damage caused by COVID-19 were too early to ascertain. However, the study noted that International evidence had reported that those living at a disadvantage before and during COVID-19 would experience further challenges [15].

Another COVID-19 Aotearoa publication reported Māori to be vaccine-hesitant and did not trust a system that had been traditionally hard to access or provided insufficient information [14]. It suggested that discrimination and racism existed toward Māori, who were blamed for their poor response [14].

Some Māori Hauora providers, in not having their concerns met about the low COVID vaccine rates and uptake, appealed to the Waitangi Tribunal to ensure the Ministry of Health provided all COVID-19 data to assist Māori themselves address the pandemic [16]. A second concern was Government Tiriti obligations in a pandemic environment.

The Waitangi Tribunal ruled in favour of Māori: *the Crown did not consistently engage with Māori to the fullest extent practicable in its pandemic response, a breach of the principle of partnership. It recommended better ethnicity data collection, better resourcing and support for Māori providers and communities, and a more equitable rollout for booster shots and paediatric vaccines* [16].

Ko tōku ara rā, Aotearoa COVID-19 2020 [4] stated that the Ministry of Health and DHBs were slow to disaggregate the COVID-19 data, identifying Māori disadvantages. By 2021 the insistence by influential Māori Hauora practitioners for data disaggregation improved to display location, ethnicity, and age. The Ministry of Health released the vaccination data that proves Māori vaccine uptake was lower and slower to achieve than their non-Māori counterparts, disadvantaging Māori [17,18].

In 2022 this inequity remains, with Māori being the last population to reach the 90% Government determined vaccination level. Booster shots and paediatric vaccines are on the radar. The Booster shot is expected

Table 1
Vaccination uptakes by Ethnicity [17] Data cited 18 April 2022 (This table is a person view)

Ethnicities*	12+ Partially vaccinated	12+ Fully vaccinated	18+ Boosted	12+ Population	5–11 Partially vaccinated	5–11 Fully vaccinated	5–11 Population
Māori	520,793	503,718	232,367	571,052	40,658	11,709	115,562
Pacific peoples	281,751	276,803	138,526	286,681	23,394	5,656	49,398
Asian	640,336	636,233	419,242	598,618	58,549	25,053	75,925
European/others	2,569,567	2,546,749	1,791,284	2,730,829	134,228	59,646	235,026
Unknown	43,463	42,389	25,421	–	1,223	518	
Total	4,055,910	4,005,892	2,606,840	4,209,057	258,052	102,582	476,294

*The prioritised ethnicity classification system allocates each person to a single ethnic group based on the ethnic groups they identify with. Where people identify with more than one group, they are assigned in this order of priority: Māori, Pacific Peoples, Asian, and European/Other. So, if a person identifies as being Māori and New Zealand European, the person is counted as Māori.

Table 2
Cases of COVID-19 by Ethnicity [18] Data cited 17 April 2022

Cases of COVID-19 by Ethnicity					
Ethnicity	Active	Recovered	Deceased	Total cases since the first case	Percentages of all cases
Māori	9075	157337	97	166509	20%
Pacific peoples	2805	107860	81	110746	13.3%
Asians	6412	105606	29	112047	13.5%
Middle Eastern Latin American and African (MELAA)	934	16201	7	17142	2.1%
European/other	36518	382328	349	419195	50.4%
Unknown	433	5076	1	5510	0.7%
TOTAL	56177	774408	564	831149	100%

to protect against the Delta and the newly arrived Omicron variant. Paediatric vaccines are expected to safeguard all school-aged tamariki (children). The Waitangi Tribal has responded [16]. The Government has listened and is applying action to prepare Aotearoa to act and respond during these current COVID-19 times [3].

4. Waikato region narratives

Māori are the most likely to be impacted and experience poorer outcomes if the desire for impact on their health is not considered part of the Government work plan [14]. An appropriate response must be guided by Te Tiriti o Waitangi and Māori Tikanga (protocols) based on manaakitanga (care) to identify and implement a proactive hauora (health) response to COVID-19 [16]. A respectful relationship at all levels is a meaningful partnership with the Iwi (tribal) Māori community and ensures Te Tiriti o Waitangi is honoured [19].

The Waikato region boasts the highest Māori population in Aotearoa (New Zealand), at 24.03% of the total Māori population [2,20].

Data is based on population projections [20] for two reasons, the first being the 2013 census data are dated, and the second, the most recent census data was delayed because it was electronic and the enumeration of Māori was poor.

Waikato also has some of the most significant deprivation challenges in Aotearoa (New Zealand). There is considerable variation in socio-economic deprivation within the Waikato DHB [2] region with poverty having different impacts on rural populations than their urban counterparts [2]. The Waikato region comprises contrasting communities, with 25% living in the most deprived areas of Aotearoa (decile 10)[2] [21].

The COVID-19 2021 narratives within this section of the article focus on some responses within the Waikato DHB region [2,19], stretching from the Bombay Hills in the North to the remote rural areas in the South and the coastal border West. It consists of nine Territorial Authorities (TA) [19], the region across Aotearoa with the most TA's [22].

This table provides the ethnic breakdown of the population within the 4 participating TA's, then the total combined with the other 5 [19, p. 9]. The narratives document the responsiveness of Hauora (Health) Māori providers and collaborations in 4 out of 9 TA's. These

[2]NZDep18 deciles 9 and 10 equate to high deprivation or low socio-economic status. A score of NZDep18 deciles 1 and 2 is an area of low deprivation and relates to high socio-economic status.

Table 3
District Health Board population projections (summarized) [19, p. 7]

Years	Māori Waikato	TotalWaikato	% Māori Waikato	Māori NZ	Total NZ	% Māori NZ
2020	103,510	432,940	23.91%	827,960	4,984,725	16.61%
2021	105,340	438,440	24.03%	841,250	5,042,060	16.68%
2022	107,180	442,670	24.21%	854,810	5,090,205	16.79%
2021	109,030	446,100	24.44%	868,280	5,132,690	16.92%

Table 4
Territorial Authority Populations for the Waikato Region [19, p. 19] Data October 2021

Territorial authority	Ethnicity	Population Count Aged 12 plus
Waikato District	Māori	11,686
	Other	37,485
Waikato District Total		**49,171**
Hamilton City	Māori	27,539
	Other	114,219
Hamilton City Total		**141,758**
South Waikato District	Māori	5,770
	Other	14,161
South Waikato District Total		**19,931**
Waitomo District	Māori	3,006
	Other	4,560
Waitomo District Total		**7,566**
Total of four TA's	Māori	**48,001**
	Other	**170, 425**
The total population of the 4 mentioned TAs		**215,426**
Total of nine TA's	Māori	**69,707**
	Other	**287,472**
Total population of nine TA's		**357,179**

profiles include developments in 2 urban TA's, Waikato District, Hamilton City and 2 rural areas, South Waikato and Waitomo.

4.1. COVID-19 planning in the Waikato District

The Waikato DHB [2] region's response to COVID-19 has had to factor in the rural-urban spread, the deprivation experienced in this region, its corresponding high poverty and the Māori population with their many health challenges. The Government COVID-19 prevention and protection priorities [3] remain focused in the Waikato DHB [2] region to support these issues.

In 2021 when COVID-19 cases appeared directly in the Waikato region, along with the other Government sanctions [3], swabbing, testing, increased vigilance, and home facility isolation became the much-needed norm. The responsibility for oversight of these actions crossed to the Public Health Unit of Waikato DHB and their associates. However, the welfare coordination for people isolating at home with a COVID-19 diagnosis was transferred from the Public Health Unit welfare team to the Community Supported Isolation and Quarantine (CSIQ) team of Waikato DHB on Monday, 22 November 2021 [19].

Three Managed Isolation Quarantine (MIQ) facilities in the urban area were also in operation, mainly catering for those returning from overseas and maintained under observation and recovery protocols. In reflecting Waikato's unique characteristics, one of the three MIQ [23] facilities, the suggestion of Tainui waka Iwi mana whenua (the central Iwi (tribal) authority through the Waikato DHB region) in their rohe (region) of Waikato, Distinction Hotel Hamilton in late 2021 became known as an Amohia – Community Isolation Quarantine facility.

It is drawn from Kingii Tuheitias' [24] tongikura (proverb): *Amohia ake te ora o te iwi, ka puta ki te wheiao. To protect the wellbeing of our people is paramount.*

All the staff in MIQ are vaccinated, stringent Infection Prevention and Control measures are applied, and security and health staff ensure the safety of people both inside and outside the facility. The different agencies involved include Iwi (tribes), New Zealand Defence Force, Waikato DHB, Police and security. Quarantine facilities require extra protection, health and Police staff and weekly COVID-19 testing [23].

The facility was offered on referral to whānau from the community with a COVID-19 diagnosis. Often this has been extended to whole households, sometimes

up to 9 people. These whānau are not sick enough for hospitalisation but need to recover in managed isolation [23].

Other options for isolation are also being sought through government health contracts. The referral process to Whānau Ora [25] providers has been refined to offer such alternatives. Whānau Ora providers have received a letter of intent for resource funding and draft service specifications covering care and accommodation isolation funding packages. Through this initiative, local communities have been innovative, bought cabins that can sleep 4–5 people, and purchased the required furniture including washing machines. They have also purchased tents, portable showers, portable toilets, fencing, dry food supplies etc. Training non-regulated staff to swab and provide COVID-19 vaccinations is also being applied [19].

4.2. Māori supporting Māori in the vaccination rollout Hamilton District

Te Awhi Whānau Charitable Trust is a Kaupapa Māori (Māori for Māori by Māori) service providing specialist mental health and addiction services in Whangarei and Kirikiriroa (Hamilton). Te Awhi has operated for 24 years in both regions and holds contracts with the Northern DHB, Waikato DHB, and the Ministry of Social Development. Te Awhi also provides individualised support to young people via Oranga Tamariki [26]. Te Awhi has long-standing relationships with mental health and addiction services, particularly Maniapoto Pact Trust and Te Rūnanga O Kirikiriroa, both DHBs, pharmacies, and General Practises such as Otangarei Trust, Raukura Hauora O Tainui, Te Korowai Hauora of Hauraki and Te Kohao health.

During this most recent COVID-19 outbreak, Te Awhi achieved 100 % whaiora (consumers) vaccination in its residential services, 100% whaiora (consumers) in its mobile services and a rolling average of 60 amongst its acute services. Te Awhi provided regular phone contact to past whaiora (consumers), welfare visits, food and support packages. Where necessary, medication was organised for whaiora (consumers) and dropped at their doors. Te Awhi also focused on getting as many of its 900 past whaiora (consumers) contacted and supported to be vaccinated. On 27 November 2021, to support Waikato's Supervax weekend, Te Awhi and Te Rūnanga o Kirikiriroa, another NGO, hosted a vaccination event at Grandview mall, Kirikiriroa.

- Positioned next to Raukura Hauora o Tainui (Iwi health provider) clinic
- Provided a pickup and drop off service to the venue
- Gave Incentives on proof of vaccination and
- Provided a conducive environment with music, a sausage sizzle, water and healthy treats
- Supervax = 80 proof of vaccination recorded.

On 27 January 2022, Te Awhi hosted a second vaccination event with Raukura Hauora o Tainui.

- Positioned next to Raukura Hauora o Tainui clinic
- Provided a pickup and drop off service to the venue
- Gave Incentives on proof of vaccination
- Provided a conducive environment with music, a sausage sizzle, water and healthy treats
- Te Awhi Vaccination community event = 112 proof of vaccination recorded
  Information on the events was distributed through

Information was distributed through:

Hosted forum with other Mental Health & Addiction (MH&A) providers to engage and garner their support to inform their whaiora to attend our pop up venues at Grandview mall and Chartwell shopping centre.

Te Rūnanga O Kirikiriroa developed and distributed flyers.

- Emailed all mental health and addiction service providers NGOs
- Emailed DHB community mental health team leaders with a request to distribute to their clinicians and make available in their waiting rooms
- Other MH&A groups.

For the second event, Te Awhi Whānau tapped into the Facebook pages of Tū Mahi and Tū Whānau [27].

- Learnings from having the event in place
- Target populations – leaflet drops, phone calls/texts
- Provide a conducive venue – music, chairs, shade, kai to get whānau to stop and talk, and a hook (incentive) to get vaccinated
- Be available to walk through the process with the whaiora if they ask or if you see the need to offer
- Be present and
- Use the natural resources of Tū Mahi and TūWhānauonFacebook, Instagram and snap chat connections.

Engaging whānau. What drew whānau to the tent was a curiosity when talking about the vaccine, most had not thought about it, so while whānau ate, health providers asked what other supports were needed. Those who wanted to be transported had specific clinical questions. In the main, we either answered these ourselves or walked them to a clinician and supported kōrero (discussion) about contraindications and side effects.

Many rural communities have collaborated with general practice, local hospitals, DHBs, and community groups to work together on a joined-up approach to wraparound services. Pulse oximeters have been distributed to welfare providers, as they will most likely be the first to see the whānau. Provider capacity is a concern as case numbers increase, mainly as many cases may be in one location, so one provider gets the bulk of referrals. The following narratives feature the details of being the only provider in an area and essential collaborations.

4.3. Raukawa Charitable Trust, South Waikato District

Raukawa Charitable Trust, in the South Waikato District, is an Iwi (tribal) affiliated operational and charitable entity that looks after the Uri Marae (Traditional cultural space for tribal descendants) mandated by Raukawa Settlement Trust but also its wider community. Raukawa Charitable Trust has Māori Health Services, Cultural Services, Environmental Services, and Corporate Services under its delivery umbrella.

The COVID-19 Pandemic has put significant pressure on our health services and has changed the delivery of services within our rural rohe (region).To keep our staff and whare (office) of Raukawa Charitable Trust safe, we have had to change and adapt new rules and initiate them along with the Ministry of Health's guidelines for the Whare o Raukawa ki Tokoroa's wider staff.

Raukawa Charitable Trust has formed very close working relationships with the community within the COVID-19 space and other health initiatives in the South Waikato District. In this pandemic crisis, Raukawa Charitable Trust has set up a special Team to work alongside Waikato DHB and South Waikato Pacific Island Community Service (SWPICS). Maybe the two very close Raukawa uri (descendants), who passed from COVID-19 2021, motivated South Waikato to achieve the 90 vaccination 1st dose easier than any other TA location.

Crown funding that has been made available to all of Aotearoa has helped Raukawa Charitable Trust set up its Hub, hire people and go the extra mile to do testing and vaccinations. The different areas of manaaki (care) that Raukawa Charitable Trust has set up alongside Waikato DHB and SWPICS has been excellent. We are ready to awhi (help) at very short notice when the referral comes in as someone is confirmed COVID-19 positive.

4.4. Taumarunui community Kōkiri Trust: Waitomo District

The COVID-19 Pandemic has put significant pressure on our General Practice (GP) services and has dramatically changed how care is delivered in primary health in our rural setting of Taumarunui. To decrease the risk of transmission of the virus, we have had to create red and green areas for clients entering the practice. Red is for those who present with symptoms of COVID-19 and green is for those that come in for standard consults.

An intercom system for electronic entry has been installed into the clinics to control access. Telephone triaging is carried out through reception. Our GP/Registered Nurse (RN), often in Personal Protective Equipment, are available to consult clients in their cars. Virtual consults are a practice regularly used now, a change that our whānau (clients) have accepted with continued information being available. However, in establishing virtual consult processes, we have found problems of poor connectivity, derived from whānau not having internet or email access or are so remotely isolated they don't have any connection. We have had to work innovatively to meet the health needs of our whānau, which has seen the establishment of new relationships developed. For example, Rural Farmers Support Group has a hub in the outbacks that helps us connect with our whānau in those very remote areas and the resourcing of whānau with mobile telephones and Wifi connection.

Clinical staff are being pushed to their limit due to a shortage of clinical staff across rural areas. Recruitment of GPs, NPs & Registered Nurses (RN) to rural areas is an ongoing issue for us. The opportunity to train unregistered staff to vaccinate and take swabs has been a tremendous help. Establishing the kai manaaki (support worker) role has also supported our whānau to overcome anxiety and fear. The kai manaaki (support worker) role is vital, particularly with our tamariki (children) now being vaccinated. We are experiencing some of our parents are very emotional when they bring their tamariki (children) in for the vaccination, at the same time, this raises the anxiety levels of their tamariki, resulting in some of the tamariki also feeling afraid. The kai manaaki (support worker) tend to bring calm to these situations with their kind, gentle nature, cultural understanding and the correct COVID-19 information for parents and children.

Our kai manaaki (support worker) have also played an essential part in supporting our families with social wellbeing support, ensuring whānau have kai (food), financial advice, support, and delivering medication as directed by the local pharmacist. This pandemic has showcased the value of non-registered kai mahi (workers) in all people's health and wellbeing.

Our Iwi (tribal) Maniapoto service has only one Doctor. This service has had COVID-19 67 cases delivered to date. The Doctor does the initial assessment and monitors that patient for 14 days. However, if other families live in the house, the Doctor checks on them and these monitoring processes are done virtually. They replace face to face consults.

After the 14 day monitoring, there is a six-week post covid check. Much of these are done after hours as the individuals are not available until they finish work. On top of all of this is the ongoing management of other health care for whānau, which is often deferred (screening for other medical conditions, Diabetes etc.).

5. Conclusion

The fight against COVID-19 in Aotearoa is dependent on receiving timely and exact data. However, data and the subsequent promotion and delivery of service must also reach those who can effect change and, more importantly, positively impact the health and wellbeing of its population.

Māori has shown a history of resilience and innovation against extreme adversity as prey of colonisation in Aotearoa. The COVID-19 threat is no different as Māori look to protect their whakapapa (bloodlines) through a collective response. Our remote rural and urban communities continue to rely on each other within and regionally. They are agile in collecting and analysing their own data and embrace the new learning to move into new roles and routines to enhance health and wellbeing.

Forever, we will draw from Kingii Tuheitias' [22] tongikura (proverb): *Amohia ake te ora o te iwi, ka puta ki te wheiao. To protect the wellbeing of our people is paramount.*

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