

Covid-19 outbreak reflects inequities in health and socio-economic disadvantage in Aotearoa/New Zealand and the Pacific Islands.

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The Covid-19 outbreak in Aotearoa/New Zealand is a timely reminder of the chronic inequities in health and the importance of socioeconomic factors in the origins of the disease. The pandemic has affected mainly indigenous Maori and Pacific people. There were 5,371 confirmed and probable cases of Covid-19 as at 13 November 2021, of which 2,104 (39%) were in Maori and 1,646 (31%) were in Pacific people. Furthermore, 228 (70%) of all hospital admissions were Maori and Pacific people.¹

Several studies have confirmed that Maori and Pacific people are high risk of Covid-19 infection and hospitalisation.^{2,3} It is clear that the infection risks reflect socioeconomic disadvantage such as overcrowding and substandard housing, compounded by the prevalence of underlying medical conditions such as diabetes and respiratory disease.

These findings are not surprising given high mortality rates among Maori and Pacific people in the 1918 Influenza pandemic.

The New Zealand Covid-19 response has received global recognition with exemplary local adherence to public health advice, including severe restrictions on freedoms.⁴ Adherence to advice and support for the government response is waning as the pandemic has been drawn out and the lockdowns have had severe economic consequences and negative impact on mental health and wellbeing.

Despite the rhetoric that Maori and Pacific people are priority for vaccination, the reality is that Maori and Pacific people have the lowest vaccination rates in the country. An important reason for the ethnic differences relates to the undue reliance on conventional programme delivery despite repeated calls for greater Maori and Pacific involvement in the design and delivery of the rollout. Distribution of vaccination services favoured privileged areas.⁵

Recent involvement by Maori and Pacific communities and health care providers has seen

an improvement in the Covid-19 vaccine uptake. Pacific communities have reached 90% first dose vaccination rate largely due to the efforts of community leaders. Nonetheless, government has commenced relaxing some of the public health restrictions despite concerns that Maori and Pacific people suffer the consequences of further community spread as a result of low vaccination rates.

Several Maori and Pacific health professionals have encouraged the government to delay lifting of the public health measures until vaccination rates among Maori and Pacific people approach vaccination rates among non-Maori non-Pacific people.

It appears that New Zealand has failed to learn the lessons of history and Covid-19 has exposed the stark inequities that exist in the health system.

With regards the Pacific Island Countries (PIC), the COVID-19 have affected mainly the French and American territories, Fiji and Papua New Guinea.⁶ Within a period of 12 months to December 2021, Fiji recorded 52,588 more cases followed by 33,364 cases in French Polynesia and 35400 in Papua New Guinea. The countries that were free of COVID-19 cases in November 2020 have continued being COVID-19 free to the end of 2021.

Full vaccination rates vary across the PICs with the highest in Samoa with 85%, followed by Fiji with 68%, Tonga 44%, Vanuatu 30% and the Solomon Islands 8%.⁷ Samoa learnt lessons from the measles epidemic of 2019 in which 83 perished due to low immunisation rates. Community engagement, mass vaccination drives involving whole of government, media campaigns to raise awareness and comparatively easier geography compared to the other PICs contributed to the high vaccination rate. There is no analysis of the unvaccinated population, but they may well be the most vulnerable groups in the population. Barriers to vaccination delivery

include weak health systems due to resource constraints, geographically scattered populations, challenges (many islands),

Premature opening of PIC's borders with low immunisation rates, to tourism, in the presence of the new COVID variants such as Delta and Omicron may well cause decimation of large sections of vulnerable populations. Samoa is planning opening borders when the full vaccination rate reaches 95% and it may take another three months to reach that percentage. Other PICs with immense barriers to vaccination services may not reach such a target within the next 12 or more months unless significant external assistance was forthcoming.

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