PHARMAC’S PACIFIC RESPONSIVENESS STRATEGY

2017-2026

KIA ORANA
FAKAALOFA LAHI ATU
TALOFA NI
KAM NA MAURI
MALO E LELEI
HALO OLAKETA
TALOFA
NI SA BULA VINAKA
MALO LAVA LE SOIFUA
I am pleased to present our Pacific Responsiveness Strategy; an important milestone for PHARMAC and a statement of our commitment to improving the health of Pacific peoples in New Zealand.

Because we know that Pacific people don’t always get the medicine they need, experience more illness, and die sooner than other New Zealanders. We want to change that picture, and we are grateful for people’s ideas about how we can make positive change.

The development of the Strategy has involved considerable input from the community in a series of consultation fono. This was a challenging and humbling experience for PHARMAC, and we are grateful for the time people took to come and share their ideas and experiences, many of them very personal, about their interactions with the health system.

We’ve thought a lot about the things we were told, and the end result is this Strategy.

The relationships we now have will be vital to the success of this Strategy. We know that we’re just one part of the health system, and that to be really effective we’ll need to work closely with lots of organisations and people, including other Government agencies, DHBs, Pacific health providers, pharmacists and GPs, and with community organisations. We want to continue to build on our relationships as this work expands.

The Strategy has a 10-year timeframe. Our aim is that, over this time, PHARMAC will help promote change that can make a positive difference to the health of Pacific people in New Zealand.

Soifua

I am very pleased to have been involved in the development of this Pacific Responsiveness Strategy. I believe it sets goals and tasks that will make a long-term difference to the way Pacific people use medicines, and perhaps to other parts of the health system.

Importantly, the way that PHARMAC has gone about developing the Strategy has buy-in from the pacific community that will underpin its long-term success. This began with the consultation fonos, where PHARMAC’s leadership team fronted up and showed they were taking this work seriously.

I was very pleased with the approach taken by PHARMAC, because it wasn’t just about consultation. They truly engaged and listened to understand – and that can be seen in this final Strategy document which reflects much of what the community told PHARMAC.

This is being seen as a blueprint on how to work with Pacific people, because PHARMAC took time to go out and really listen to people’s views first and incorporated it into the Strategy.

The challenge now is to keep the community informed as the work rolls out, to continue to build integrity and true partnership. The community will be watching, and we are all looking forward to the positive change that will come out of this Strategy.
WHY WE HAVE A PACIFIC RESPONSIVENESS STRATEGY

PHARMAC is part of the broader health system and, as such, we must both align with and complement other frameworks and strategies that already exist. Reflecting the New Zealand Health Strategy, PHARMAC's Pacific Responsiveness Strategy particularly is consistent with the theme of ‘one team’ (kotahi te tīma) as we realise improving the health of Pacific communities requires a cross system approach that puts community at the centre. This strategy also aligns with the Ministry of Health’s ‘Ala Mo’ui: Pathways to Pacific Health and Wellbeing 2014-2018 as well as the Medicines Strategy.

PHARMAC’s Pacific Responsiveness Strategy aligns with our future direction and builds on the success of PHARMAC’s Māori Responsiveness Strategy, Te Whaioranga. We recognise that while the health of Māori and Pacific peoples isn’t as good as other New Zealanders, the challenges and the underlying causes may be different. Therefore it is important to acknowledge that effective solutions may be different and we must have the ability to respond accordingly. We recognise that Māori and Pacific peoples have millennia of kinship connections through tuakana-teina (older sibling-younger sibling) relationships, that are acknowledged and both respected in Aotearoa and throughout Te-Moana-nui-ō-Kiwa (Cook Islands Māori for Te-Moana-nui-ā-Kiwa).

STRATEGY PURPOSE: SUPPORT PACIFIC PEOPLE IN NEW ZEALAND TO LIVE HEALTHY LIVES THROUGH IMPROVED AND TIMELY ACCESS TO, AND USE OF, MEDICINES AND MEDICAL DEVICES.

MISSION STATEMENT: EVERY PACIFIC PERSON IN NEW ZEALAND HAS ACCESS TO, AND UNDERSTANDS THE USE OF, THE PHARMAC-FUNDED MEDICINES OR MEDICAL DEVICES THEY NEED.

OUR JOURNEY

We have worked with Pacific stakeholders and held fonos within Pacific communities in New Zealand during 2015 and 2016. We travelled from Whangarei to Dunedin to hear about the opportunities, challenges and barriers Pacific communities face in relation to medicines and medical devices.

From these conversations, we believe PHARMAC can influence health outcomes of Pacific peoples on three levels:

1. through connecting with Pacific communities directly
2. by embedding Pacific perspectives into PHARMAC as an organisation, and
3. by influencing change elsewhere in the health system.

These three levels of influence form the basis for PHARMAC’s Pacific Responsiveness Strategy 2017-2026 and are depicted on the following page.
THREE LEVELS OF INFLUENCE FOR PHARMAC’S PACIFIC RESPONSIVENESS STRATEGY 2017-2026

SYSTEM

ORGANISATION

PERSON

CONNECTING WITH PACIFIC PEOPLES

EMBEDDING PACIFIC PERSPECTIVES OF HEALTH INTO PHARMAC

INFLUENCING CHANGE IN THE HEALTH SYSTEM
THREE LEVELS OF INFLUENCE

CONNECTING WITH PACIFIC PEOPLES WITHIN THEIR COMMUNITIES

To date, PHARMAC has had very few links with Pacific communities. The first stage of this Strategy is to develop and build trusting relationships with people in Pacific communities. Initial connections have been made through our community engagement but PHARMAC needs to build, nurture and extend these relationships.

There are many providers and organisations already doing great work in Pacific communities, and we recognise the most effective way for us to connect with communities will be through these groups. Through developing these connections, PHARMAC will be in a better position to empower aiga, magafaoa, famili (families) to better understand medicines and ultimately improve access to and use of medicines and medical devices.

EMBEDDING PACIFIC PERSPECTIVES OF HEALTH INTO PHARMAC

To understand the needs of Pacific peoples PHARMAC must deepen its understanding of Pacific culture, and ensure all relevant impacts and implications for Pacific people are factored into our work. We know that Pacific communities are diverse and complex, and a long-term commitment to learning and improving our responsiveness is required.

We will look to the success that Te Whaioranga has had in building expertise and capability in te ao Maori within the organisation, to help guide a similar enhancement of understanding and appreciation of Pacific perspectives.

INFLUENCING CHANGE IN THE HEALTH SYSTEM

The health system is complex and Pacific communities have told us that this complexity can be difficult to navigate and cause barriers to access. While many of the barriers Pacific peoples face are not within the direct control of PHARMAC, we do have an important influencing role in the health system and can help to work with other organisations to make the system more accessible to all Pacific peoples.

STAGES OF GROWTH FOR PHARMAC’S PACIFIC RESPONSIVENESS STRATEGY

Over the period 2017-2026, PHARMAC will commit to having a renewed action plan every three years to ensure an enduring and lasting commitment to improving the health of Pacific peoples.

We have used the growth of the coconut tree, as a symbol that resonates with Pacific communities, to represent PHARMAC’s journey over the next ten years. The coconut tree is enduring and provides shelter and nutrients. It is an iconic symbol for all the Pacific and indicates that our Strategy is for all Pacific peoples.

The growth of the coconut tree on the following page illustrates the three stages PHARMAC will go through as the Strategy evolves over the next 10 years. The first action plan covers the first stage. This is the stage where our focus will be on planting the seed and making the soil fertile to enable our strategy to grow. In this critical stage we must ensure that PHARMAC is focusing on core activity that we must get right early on and then continue to build on in the future.
STAGE THREE
2023-2026: Flourishing change
‘Aufua ‘a Tefuli (Tonga)
Success is achieved by working hard, persistent and in collaboration among the community and the state.

STAGE TWO
2020-2022: Supporting growth
Olagia fiafia o sala to poto sala se lumanai manuia (Tuvalu)
Wisdom is the path to happiness and a bright future.

STAGE ONE
2017-2019: Planting the seed
Lutu na niu ka lutu ki vuna (Fiji)
A coconut always falls to the base. There is always an inherent connection between the base of the tree and the fruit. A good foundation will always ensure good results.
<table>
<thead>
<tr>
<th>Influence</th>
<th>Priorities</th>
<th>Actions Achieved by year-end</th>
<th>What does success look like in 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMMUNITY</strong></td>
<td>Building relationships to develop trust and to demonstrate an ongoing commitment to Pacific communities</td>
<td>Engage with Pacific peoples and the health workforce to identify the areas of health need that are most important across Pacific communities</td>
<td>2017 PHARMAC better understands the health priorities for Pacific peoples and is tailoring activity to improve outcomes in these areas</td>
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<td>Ensure an appropriate level of resourcing to implement the strategy</td>
<td>2017</td>
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<td>Seek out opportunities to partner with Pacific health providers where PHARMAC activity may particularly impact on specific Pacific population groups</td>
<td>2019 PHARMAC has meaningful and ongoing relationships with Pacific communities (through organisations/providers) focused on improving Pacific peoples access and use of medicines</td>
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<td>Developing effective communication channels to improve Pacific peoples’ access to information about medicines and their use</td>
<td>Extend analysis of data to strengthen the evidence base for PHARMAC’s Pacific-responsiveness work, including (but not limited to) the areas of health need as identified by Pacific communities</td>
<td>2018</td>
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<td>Deliver culturally appropriate information to improve understanding of medicines/treatments in the most important areas of health need</td>
<td>2019 Pacific peoples are receiving the right information to improve their understanding and use of funded medicines and medical devices</td>
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<td>Build a communication strategy in consultation/collaboration with appropriate Pacific expertise to begin developing a range of tools and resources to target communications to Pacific audiences</td>
<td>2019</td>
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<td></td>
<td>Increasing our awareness, capability and knowledge of Pacific peoples to strengthen PHARMAC’s Pacific responsiveness work</td>
<td>Incorporate the development of cultural awareness/competence (including of Pacific) into staff career advancement templates and professional development resources</td>
<td>2017 PHARMAC staff can embed a Pacific perspective into their work through their increased awareness, understanding and knowledge</td>
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<td>Develop a Pacific Champions group who will champion the Strategy within PHARMAC to ensure a cross-organisation response</td>
<td>2017 The impact of PHARMAC’s funding decisions on Pacific communities are being considered accurately and appropriately</td>
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<td></td>
<td>Provide opportunities for staff to improve their cultural awareness and awareness of health disparities; such as: • A series of Pacific cultural training opportunities • External speakers • Recognising Pacific cultural days • Attendance at conferences related to Pacific health</td>
<td>2018 PHARMAC’s policies and processes ensure that all relevant information for Pacific peoples’ is taken into account</td>
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<td></td>
<td>Introducing a Pacific focus to the way we work at PHARMAC</td>
<td>Enhance PHARMAC’s induction of new staff to include an overview of the Pacific Responsiveness Strategy and medicines access for Pacific people</td>
<td>2017 PHARMAC’s external committees can demonstrate a Pacific perspective is being accounted for in the advice given to PHARMAC</td>
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<td>Further develop skills and knowledge within PHARMAC to ensure an understanding of Pacific culture, perspectives and health data is accurately taken into account under the Factors for Consideration ‘population groups experiencing health disparities’ for all funding decisions</td>
<td>2017</td>
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<td>Embed the need to consider Pacific populations (and other population groups with health disparities) into responsible use of pharmaceuticals activities as appropriate</td>
<td>2019</td>
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<td>Develop research tools to improve staff access to relevant Pacific research (and to other population groups experiencing health disparities)</td>
<td>2018</td>
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<td>Change internal processes where required to ensure Pacific health considerations and perspectives are factored into PHARMAC’s work</td>
<td>2019</td>
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<td>Ensure PHARMAC’s external advisory groups take into account, and provide high-quality advice on, considerations important to the health of Pacific people (and other population groups experiencing health disparities)</td>
<td>2019</td>
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</table>
### SYSTEM

<table>
<thead>
<tr>
<th>Action</th>
<th>Year</th>
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<tbody>
<tr>
<td>Aligning our tools and resources to provide better information to the wider health system about the health needs of Pacific peoples</td>
<td>Run dedicated seminars for health professionals to improve knowledge of health disparities in New Zealand, including the health of Pacific peoples</td>
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<tr>
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<td>2018</td>
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<td>Run dedicated seminars for health professionals to improve knowledge of health disparities in New Zealand, including the health of Pacific peoples</td>
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<td>2018</td>
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<td>Explore summer studentship opportunities (or short-term opportunities as appropriate) for a Pacific student studying for a health-related qualification</td>
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<td>2019</td>
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<td>Facilitate or undertake research relating to access, or use of medicines by Pacific people</td>
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<td>2019</td>
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<td></td>
<td>Develop a tool-kit to make data, resources and information on medicine use by Pacific people more accessible to Pacific communities and the wider health system</td>
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<td>2019</td>
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<tr>
<td>Actively working with others to reduce cultural, system and language barriers to medicines use and access</td>
<td>Support the formation of a Pacific pharmacist group to further enhance the role of Pacific leadership in the pharmacy sector</td>
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<td>2017</td>
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<td>Share the Pacific Responsiveness Strategy with other government agencies and relevant health sector organisations, to share learnings/findings from the community fono</td>
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<td>2017</td>
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<td>Develop relationships with Pacific advisors in DHBs</td>
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<td>2017</td>
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<td>Engage with Ministry of Health on how we can address barriers to accessing medicines, including user charges for Pacific peoples and other population groups experiencing health disparities</td>
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<td>2019</td>
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<td>Work with the MoH, DHBs, the primary care sector and Pacific community health groups to consider how the system could collectively work together to improve the cultural, system and language barriers being faced by some Pacific populations (and other population groups with health disparities) to improve access and use of medicines</td>
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<td>2019</td>
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</table>
ACKNOWLEDGEMENTS

PHARMAC has had the strong support and advice of PHARMAC’s Consumer Advisory Committee (CAC) throughout the process to date, and particularly our three Pacific members; Chair, David Lui, Tuiloma Lina Samu and Key Frost.

A special acknowledgement to Anne Fitisemanu, who championed and initiated the very first PHARMAC Pacific Responsiveness Strategy in 2010.

We would also like to acknowledge the extensive contribution of Chief Executive, Steffan Crausaz, Judith Urlich, PHARMAC staff, Te Roopu Awhina Māori, our kaumatua Bill Kaua, Māori and Pacific Manager, Ātene Andrews for their blessing and support; plus members of the PHARMAC Pacific Responsiveness Strategy Working Group.

Many thanks to Rachel Melrose, Hayden Holmes, Hew Norris, Duncan Chadwick and especially to Rebecca Elliott and Peter Alsop for their policy process, insights and thought leadership; Jennifer Geard and Stephen Boxall for the amazing design and graphics produced for the website and printed materials. A special thanks also to Agnes Tokuma.

Malo le tapua’i! Malo le ‘au malolosi! Noho ora mai i te mauri ora!

On behalf of PHARMAC we wish to acknowledge the contributions of and thank those who provided advice to the re-developed PHARMAC Pacific Responsiveness Strategy 2017 – 2026. Malo lava le paia ma le mamalu o le Atunu’u! Malo lava le agalelei! Mihi nui rawa atu ki te whaiao ki te Ao Marama e!

External Focus Group 1, 16 December 2015
May Seagar, Fale Pasifika (formerly known as North Island Pacific Charitable Trust)
Dr. Norman Valele, St John of God Waipuna, Christchurch
Olive Tanielu, Hawkes Bay District Health Board
Philip Siataga, Emotion, Christchurch

External Focus Group 2, 13 January 2016
Dr. Dianne Sika-Paotonu, University of Victoria, Wellington
Dr. Jean Mitaera, Whitireia Community Polytechnic, Porirua, Wellington
Dr. Teuila Percival, University of Auckland
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Matagi Sione, Capital Coast District Health Board
Sai Lealea, Chair, Wellington City Council Pacific Advisory Group; SDL Consultancy
Seiuli Papali’i Johnny Siaosi, Waitemata District Health Board
Telea Andrews, Ministry of Business, Innovation and Employment

External Community Focus Group 3, 26 October 2016
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Anne Allan-Moetaua, Central Pacific Collective, Wellington
Charles Enoka, Kiribati Community Representative, Hamilton
Lester Dean, Pacific Trust Otago, Dunedin
Levita Lamese, Kiribati Community Representative, Hamilton
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Olive Tanielu, Hawkes Bay District Health Board
Robert Muller, Village Collective, Auckland
Roine Lealaiauloto, Penina Health Trust, Auckland
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Sekisipia (Shakespeare) Tangi, Tagata Atumotu Trust, Christchurch
Teresa Binoka, Waikato District Health Board
Tofa Suafole Gush, Director Pacific Health for Hutt Valley and Wairarapa District Health Boards

Contributions from external key stakeholders
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Matalena Leaupepe, Chief Advisor, Pasifika, Ministry of Business, Innovation and Employment
Mokalagi Tamapeau, Manager, Health Promotion Agency
Nurses at Porirua Union Health Service
Pacific Collective
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Melemai Kamutoa, Te Whanau o Waipareira
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Raci Farrell, Fiji Community Representative
Roine Lealaiatua, Penina Health Trust
Robert Muller, Village Collective
Seno Tuinikiafe, Tonga Community Representative
Tai Fa’alogo, Stroke Foundation of NZ
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Toa Tavita Gafui, Penina Health Trust
Victoria Rasmussen, Health West

Hamilton Pacific Community Fono (x1)
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Amosa, Kiribati Community Representative
Ateca Turagabeci, Fiji Community Representative
Avasa Tupu Ah-Tune, Samoa Community Representative
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Dulcie Paina, Solomon Island Community Representative
Helena Kaufononga, Tonga Community
Kabwea Tiban, K’aute Pasifika
Lavani Ipa, Tonga Community Representative
Lesieli Vaea, Tonga Community Representative
Limaiwa Fonmanu, Fiji Community Representative
Moliame Moala, K’aute Pasifika
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Peni Seru, K’aute Pasifika
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Valentine Ronolea, Community Representative
Vininia Waqairatu, Fiji Community Representative
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Anna Marshall, Samoa Community Representative
Johnny Kumitau, Niue Community Representative
Judith Bignell, Cook Island Community Representative
Lauren Webster, Community Representative
Maurein Betts, Manaia Primary Health Organisation
Maua’ala Ueli Sasagi, Samoa Community Representative
Pania Baker, Cook Island Community Representative
Te Hiwi Preston, Tahitian Community Representative
Vicki Pemperton, Samoa Community Representative

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Brenton Rooney, Lawyer
Christine Anesone, University of Otago
Ella Sisiliatupou Rooney, Youth
Erolia Rooney, University of Otago
Finau Taungapeau, Pacific Trust Otago
Kura Peniata, Cook Island Community Representative
Keni Moeroa, Pacific Trust Otago
Poko Vaine, Cook Island Community Representative
Tofilau Nina Kirifi-Alai, University of Otago
Rev. Tokera Joseph, Pacific Trust Otago
Nanai Dr. Iati Iati, University of Otago
Noah Fisaga Rooney - Youth

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Dr. Allamanda Fa'atoese, University of Otago
Ali'itasi Stewart, Christchurch Community Representative
Ana Mulipola, Tagata Atumotu Trust
Sekisipia (Shakespeare) Tangi, Tagata Atumotu Trust

Wellington Pacific Community Fono (x2)
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Fuaoa Stowers, Hutt Valley District Health Board
Kasey Brown, Capital Coast District Health Board
Mama Tokorangi Hosking, Cook Island Community Representative
Lucia Fua'ava, Whanganui Regional Health Network
Papa Hosking, Cook Island Community Representative
Patirisia Vuicakau, Taranaki District Health Board
Poko Ngaro, Taeaomanino Trust
Matthew Southwick, Taeaomanino Trust
Mulipola Tunoa, Atamu Organisation
Ramona Tiatia, University of Otago
Rosetta Iupeli, Samoa Community Representative
Sonny Hosking, Cook Island Community Representative
Sabella, Taeaomanino Trust
Sala Tika-Temo, Whanganui Regional Health Network
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Hawkes Bay Pacific Community Fono (x1)
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George, Cook Island Community Representative
Mary Nanai, Cook Island Community Representative
Mata Teariki, Cook Island Community Representative
Maura, Cook Island Community Representative
Oki, Cook Island Community Representative
Olive Tanielu, Hawkes Bay District Health Board
Rev. Iakopo Fa’afuata, Samoa Community Representative
Rosa Fa’afuata, Samoa Community Representative
Suega Tanielu, Samoa Community Representative
Tevita Fakaoi, Tonga Community Representative
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