

## **Demand for Taskforce to Fix “Glaring Inequity” of Māori and Pasifika Kidney Transplant Rates**

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One of the country’s top kidney specialists is backing Kidney Health New Zealand’s call for immediate government action to establish a Renal Transplant Equity Taskforce, to put an end to decades of disparity for Māori and Pasifika patients needing kidney transplants.

“I look around Aotearoa’s dialysis units and see far too many Māori and Pasifika patients who are clearly disadvantaged, who can’t access the ‘gold standard’ treatment of a transplant” says Midcentral DHB nephrologist Dr Curtis Walker (Whakatōhea, Ngāti Porou). “Kidney transplants allow people to have a near-normal quality of life, free from the daily commitments of dialysis. This is an investment in quality as well as quantity of life. We simply cannot carry on the way we are, failing our people with an equity gap which continues to grow year on year. Even though overall transplant numbers are slowly increasing nationwide, the gap between Māori and Pasifika receiving them and non-Māori, non-Pasifika is getting wider.”

Dr Walker, current Chair of the New Zealand Medical Council and board member of the Māori Medical Practitioners Association, Te Ohu Rata o Aotearoa, says a Renal Equity Taskforce is now sorely needed, to shape and drive change.

“The system is not functioning in a fair way in Aotearoa when we have outcomes favouring some patients more than others. There is clear disadvantage for Māori and Pasifika in terms of their ability to understand and navigate the system, get access to transplant waitlists, and get transplant surgery itself. We need to fix this - right now”.

Kidney Health New Zealand (KHNZ) figures show that in the past year, Māori and Pasifika received less than a quarter of the number of transplants of other ethnic groups. Māori and Pasifika makeup 60% of all patients currently receiving kidney dialysis- treatment which leads to a much lower life expectancy than if patients were to receive a transplant. Median survival rates on dialysis are 5-6 years compared to 12-20 years post-transplant. In 2019, Māori received fewer than 4 transplants for every 100 Māori patients on dialysis; for Pasifika it was 3.5 transplants/100 Pasifika patients on dialysis; yet for non-Māori and non-Pasifika the rate jumped to 14 per 100 patients on dialysis – a gap of 3 and a half to four times respectively. Research has found that Māori and Pasifika are less likely to be put on the transplant waitlist, and that the difference in waitlisting cannot be completely attributed to differences in underlying health conditions.

“There is a real opportunity with the upcoming health system reforms to solve this crisis” says Dr Walker. “Both Health New Zealand and the Māori Health Authority have equity as a key driver, along with a system shift to commitment to the Treaty of Waitangi-recognised system. This is the right moment for the government to invest in the taonga of equal health opportunity for all. It can be done, and we are primed to make it happen through the 2017 National Deceased Organ Donation Strategy and strengthening living donor education and supports.”

Both KHNZ and Dr Walker point to the fact Australia set up a National Indigenous Kidney Transplant Taskforce two years ago.

“We propose that Aotearoa New Zealand’s Taskforce is up and running before decisions are made about new management and governance structures for renal services for both Health New Zealand and the Māori Health Authority, so that meaningful progress can be made right away” says KHNZ General Manager Michael Campbell.

“The new Taskforce would need to examine the underlying systems and structures driving inequity to then bring about change. We must have an explicit target to reduce kidney transplant inequity, increase Māori and Pasifika access to transplant waitlists and adopt targeted actions for iwi engagement to support transplant access, deliver pilot studies, community-led initiatives, and local wraparound services.

“The fact that the government’s own 2017 National Deceased Organ Donation Strategy has not been adopted, over four years after they agreed to implement it, is a failure which disproportionately affects Māori and Pasifika patients most severely, as they rely more heavily on deceased donor transplants” says Campbell.

KHNZ says a 2013 government-led, four-year pilot study carried out in Counties Manukau DHB, the *Live Kidney Donation Aotearoa Project*, is proof that real improvements can be made. In the four years to mid-2017, the number of live donor transplants received by Māori and Pasifika rose from an average of 0.7 a year to an average of 4.5 per year, a six-fold increase in live donor rates for Māori and Pasifika in one single DHB alone. Small elements from this pilot remain in CMDHB and other DHBs offering renal services through Donor Liaison Co-ordinator roles. But KHNZ says these roles are only funded part-time in short-term blocks, with positions not linked to caseloads.

KHNZ is calling for the Taskforce to revitalise and extend successful projects such as *Live Kidney Donation Aotearoa* that increase Māori and Pasifika transplant rates.

Dr Walker agrees the time for a complete system overhaul is long overdue.

“We need to look at why Māori and Pasifika are not getting on the transplant waitlist, we need to look at how we can increase live kidney donations for Māori and Pasifika whanau. We must think of equity in every aspect of how we design and provide renal services from now on including transplants. In a sea of Māori and Pasifika health outcome inequity, lack of access to kidney transplants sticks out like a sore thumb, it’s a national equity crisis that has to be fixed”.

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