

Enhancing Pacific Health Services: the growth and innovation of Pacific providers in Aotearoa

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ABSTRACT

Introduction. Pacific health providers have worked to improve access to care and outcomes for Pacific communities in Aotearoa New Zealand since the 1980s. Although now an integral part of the health system (their role exemplified during the COVID-19 pandemic), providers' characteristics and service models are poorly understood and under theorised. **Aim.** This study aimed to strengthen evidence about Pacific health providers for policy development by examining the evolution of the sector, identifying key provider organisational features and service delivery patterns, and developing a framework to categorise providers. **Methods.** A stocktake was conducted to collect descriptive data on 43 Pacific health providers identified using specific criteria. Public material about providers was reviewed, and all providers were invited to complete an online survey and phone interview. **Results.** Four categories were established representing the range of services delivered by Pacific health providers across general practice, primary health care, health promotion and support, and non-frontline 'enabler' settings. These providers operated in 88 different locations nationwide. Revenue data indicated significant growth from 2019 to 2023, partly due to COVID-19 funding. Survey results showed that most providers managed multiple, short-term contracts. Providers reported that 83% of their workforce was of Pacific ethnicity, highlighting their role as significant employers of Pacific health workers. **Discussion.** This comprehensive stocktake provides insights about the contributions of Pacific health providers, while also highlighting the data gaps that have constrained understanding of their development. The proposed categorisation framework reflects the diverse activities of Pacific health providers, offering a foundation for ongoing assessment of their impact on Pacific health outcomes.

Keywords: Aotearoa | New Zealand, community services, equity, health policy, Pacific health providers, primary health care, provider development.

Introduction

Emerging research increasingly shows that health and social systems often perform least effectively for those with complex, persistent needs.¹ For Pacific populations in Aotearoa New Zealand (NZ), extensive evidence highlights health inequities caused by barriers to access, discrimination, hard-to-navigate, fragmented services, disparities in healthcare quality and health outcomes, and wider socio-economic determinants, such as poverty and poor housing.^{2,3} Pacific health providers, established in the 1980s with a 'by Pacific, for Pacific' ethos,⁴ have long worked to improve access to high-quality services and to improve health outcomes for Pacific communities.

Government policy support for Pacific health providers began in 1998, as the then purchasing authorities sought to increase the diversity of providers delivering services and provide Pacific populations with the choice of a more culturally appropriate range of services.⁴⁻⁶ The establishment of a Pacific Provider Development Fund (PPDF) in 1998 was followed in 2001 by the introduction of the Government's State Sector Provider Development Framework.^{7,8} These had the goal of strengthening Pacific health provider sustainability and supporting their delivery of quality health services to achieve the best

WHAT GAP THIS FILLS

What is already known: There is some existing historical information about Pacific health providers receiving Pacific Provider Development Funding and the issues they face, but no recent or comprehensive analysis.

What this study adds: This study provides an in-depth analysis of the work of Pacific health providers in 2023–2024, including a first-ever categorisation of these providers, the services they provide, and the locations they provide services from. It also provides information on finances and growth over time.

outcomes for Pacific communities.⁹ NZ policy frameworks have continued to recognise these goals, and the PPDF continued until at least 2023–2024.^{10,11}

Over two decades, Pacific health providers have become integral to NZ's health system, addressing Pacific communities' needs with culturally responsive, accessible, and integrated models of care.^{12–14} Despite recognition in policy and research of their contributions,^{15–18} the work of Pacific health providers remains poorly understood and under-theorised. The 2001 Cabinet definition of 'Pacific provider' as 'owned and governed' by Pacific peoples and serving 'primarily but not exclusively' Pacific communities¹⁹ continues to guide policy and planning but offers little detail about the characteristics of these providers or their models of care. Moreover, the role of Pacific health providers has potentially expanded over time, given the increasing range of services contracted out by public health funders since the early 2000s,²⁰ the establishment of Whānau Ora funding in 2010 to more flexibly support high needs families,^{21,22} and the availability of social development funding for programmes ranging from employment and training²³ to family violence prevention.²⁴ We do not know, however, what the current range of services delivered by Pacific providers is or how they coordinate health services with Whānau Ora or other social policy initiatives to prevent costly and disruptive fragmentation of service delivery.¹ These gaps persist despite Pacific health providers' demonstrated capacity to reach and deliver support to diverse and often underserved populations, notably and most recently during the COVID-19 response.^{15,25,26}

Efforts to strengthen understanding of Pacific health providers are essential to build evidence of their impact on Pacific health outcomes and inform future policy.^{27,28} A 2009 PPDF evaluation identified the need for comprehensive data on providers, clear goals for their future role, and improved monitoring of their contributions.^{9,29} Little appears to have been done to improve our knowledge of these issues, however. Yet such insights are especially vital now, in 2025, as the health sector faces significant changes, funding pressures, and an intended shift toward a social investment approach that funds services based on their ability to deliver outcomes and,

potentially, a return on investment.^{30,31} In the near term, Health New Zealand | Te Whatu Ora (TWO) has acknowledged the importance of Pacific provider development, allocating a total of NZ\$49.9 million between 2022 and 2026 for Pacific capacity building.³²

This study aims to enhance the evidence base for Pacific health providers' unique contributions by examining the evolution of the sector in the context of Pacific health and social policy developments, analysing service delivery patterns, and proposing a framework for their categorisation. Such a framework is crucially required for consistent monitoring and evaluation of their impact.

Methods

A stocktake was conducted to identify the number of Pacific health providers currently operating and to collect additional data from them to examine their key characteristics, including the services they provide, service delivery locations, and workforce size. Ethics approval was granted by the Northern B Health and Disability Ethics Committee in January 2023 (2022 EXP 13607).

We began by compiling a 'long list' of organisations receiving public funding to deliver tailored health or social services to Pacific people. As there is no consistent way of registering a 'Pacific health provider' across government, this process aimed to get as broad a picture as possible of organisations operating in these contexts. This was of interest as, in the 3 years prior to the research, the COVID-19 pandemic had led to funding being provided by multiple government entities for the delivery of support services to Pacific communities. It was unclear whether (or how) this had driven the development of the organisations involved, or provided a pathway for some to provide services after the worst of the pandemic had passed.

We compiled a list of over 300 organisations using information from TWO (39 organisations), the Ministry of Social Development (MSD) (17 organisations), and the Ministry for Pacific Peoples (MPP) website (280 organisations, mostly funded for COVID-19 response services). Online searches about the Whānau Ora commissioning agency (Pasifika Futures) and health information website, Healthify He Puna Waiora, identified fewer than 10 more organisations, which were added to the list.

Inclusion criteria were developed to select a final list of organisations considered to be 'Pacific health providers'. Criteria were informed by the Ministry of Health (MOH) definition of 'by Pacific, for Pacific' organisations, based on the 2001 Cabinet definition.¹⁹ Organisations were included if they were (a) owned and governed by Pacific peoples; (b) primarily serving Pacific communities; and (c) holding a current, publicly funded contract to provide a health service. Criterion (c) broadened the MOH definition (requiring providers to hold a current health contract with the MOH,

TWO, or a Primary Health Organisation (PHO)), in order to include any organisations delivering health-related services funded by any government entity.

Each organisation on the long list was checked against the criteria. We drew on team knowledge about the Pacific health sector, consulted key informants, and reviewed online information. Organisations were excluded if they were found to no longer be operating, or to have been active only during the COVID-19 period (this included most of the 280 MPP-funded organisations), or considered not to be delivering a health service (eg the majority of the MSD- and Whānau Ora-funded organisations). This process resulted in a list of 43 organisations, which formed our study's sample of Pacific health providers.

Information was collected about the 43 Pacific health provider organisations throughout 2023. This involved a desk review of public information (websites, social media, the Department of Internal Affairs' Charities Services website,³³ annual reports, and evaluations) to develop a detailed profile of each provider. This information was also used to create a categorisation system for the 43 Pacific health providers to describe the sector, the diversity of services provided, workforce characteristics, organisational structure, and geographical location.

To gather non-publicly available data, an online survey was developed using Jotform software. All 43 Pacific health organisations were invited to participate in the survey through email and follow-up phone calls.

The survey included 16 questions across five key topics: organisational history, governance, funding and contracting, workforce, and services delivered (Supplementary material, Section S1). It was designed to take 30–60 min to complete and included a comprehensive list of services to help providers report the breadth of their activities. Most questions were structured to quantify key characteristics of Pacific health providers. A mix of methods was used for data analysis. Quantitative data were exported to Excel, where they were cleaned, collated, and analysed. Responses were tabulated, with frequencies and relevant percentages calculated. Additionally, the survey incorporated open-ended questions to allow for qualitative responses, and a series of interviews was conducted. Findings from the qualitative data analyses will be reported in a separate paper.

Results

We established four categories that represent the range of services delivered by Pacific health provider organisations.

Category definitions

Category 1 Pacific enhanced general practice

Category 1 includes general practice clinics offering comprehensive primary medical care, health promotion, and

social support services. They are staffed by specialist general practitioners, practice nurses, and other health professionals (eg counsellors, health improvement practitioners, and community health workers) with potential for co-located services provided by independent health professionals, including pharmacists, midwives, and physiotherapists. Core services target an enrolled patient population funded through capitation funding or fee-for-service payments. Additional services vary by contracts that target specific groups (eg a geographic location, a setting such as a school, or an age group such as 'matua' (elder support)).

Category 2 Pacific primary health care

Category 2 provides community health services, health promotion, and social support such as well child checks, addiction services, disability support, home support, and family and whānau support. Services often take a community development approach to address the social determinants of health. Staff may include nurses, psychologists, or other clinicians, but no specialist general practitioners. The target population varies by contract (eg a geographic location, setting, or age group). Services do not have an enrolled patient population, and providers do not receive capitation funding.

Category 3 Pacific health promotion and support

Providers in category 3 deliver a narrower range of primary health care services, including health promotion, mental health, home care, disability support, housing, and social services. Staff primarily consist of community health workers, navigators, and volunteers, but no registered clinicians (as defined by the *Health Practitioner Competence Assurance Act 2003* (NZ)).³⁴ Contracts often target specific populations (eg a location, setting, or age group). Other unfunded services are provided to address community need, for example, immigration support.

Category 4 Pacific enabler services

Category 4 providers focus on one or a combination of the following: workforce development, cultural competence training, provider management and support, and research and evaluation. Providers in this category do not deliver 'frontline health' services, ie do not deliver services directly to service users.

Categories 1–3 can apply to both the overarching provider organisations and their frontline service locations, where services are delivered directly to individuals and/or their families. Importantly, a frontline service may be classified in a different category than the provider organisation that owns it. If a provider organisation owns frontline locations across multiple categories, this reflects the diverse range of services they provide. Category 4 applies exclusively to provider organisations that do not deliver health services directly to individuals but instead provide a range of other services classified as 'enabler' services.

Provider classification and location

When applying our categories to the list of 43 providers, we prioritised by clinical services so that if a provider had a general practice service and a social support service, it was classified as an enhanced GP service, or if a provider delivered primary health care services and health promotion and support it was classified as a primary health care service.

The characteristics of the 43 eligible Pacific provider organisations are shown in Supplementary Table S1.

Around 30% of provider organisations (13/43) have been operating for over 25 years, whereas 26% of providers (16/43) were established within the last 10 years. Notably, 60% of Pacific enhanced general practice providers (6/10) have been in operation for over 25 years, with the oldest, The Fono, established 37 years ago in 1987.

The survey noted that the 43 organisations delivered frontline services in 88 different locations. In Fig. 1, the locations of 81/88 frontline services are mapped. Seven providers are not included in the location map. Four are enabler services delivering nationwide, and three are ‘special services’ that did not fit the classification framework. These ‘special services’ include a national commissioning agency (Pasifika Futures owned by Pasifika Medical Association), a PHO (The Cause Collective), and a research centre owned by The Tongan Health Society. The provider organisations that operate these ‘special services’ also operate general practice services. As a result, these providers are categorised under the Pacific enhanced general practice category.

Of the other 81 frontline service locations, 21 were Pacific enhanced general practices, delivering services predominantly in the Northern region with 17 practices, two in the Central region, and one each in Te Manawa Taki and

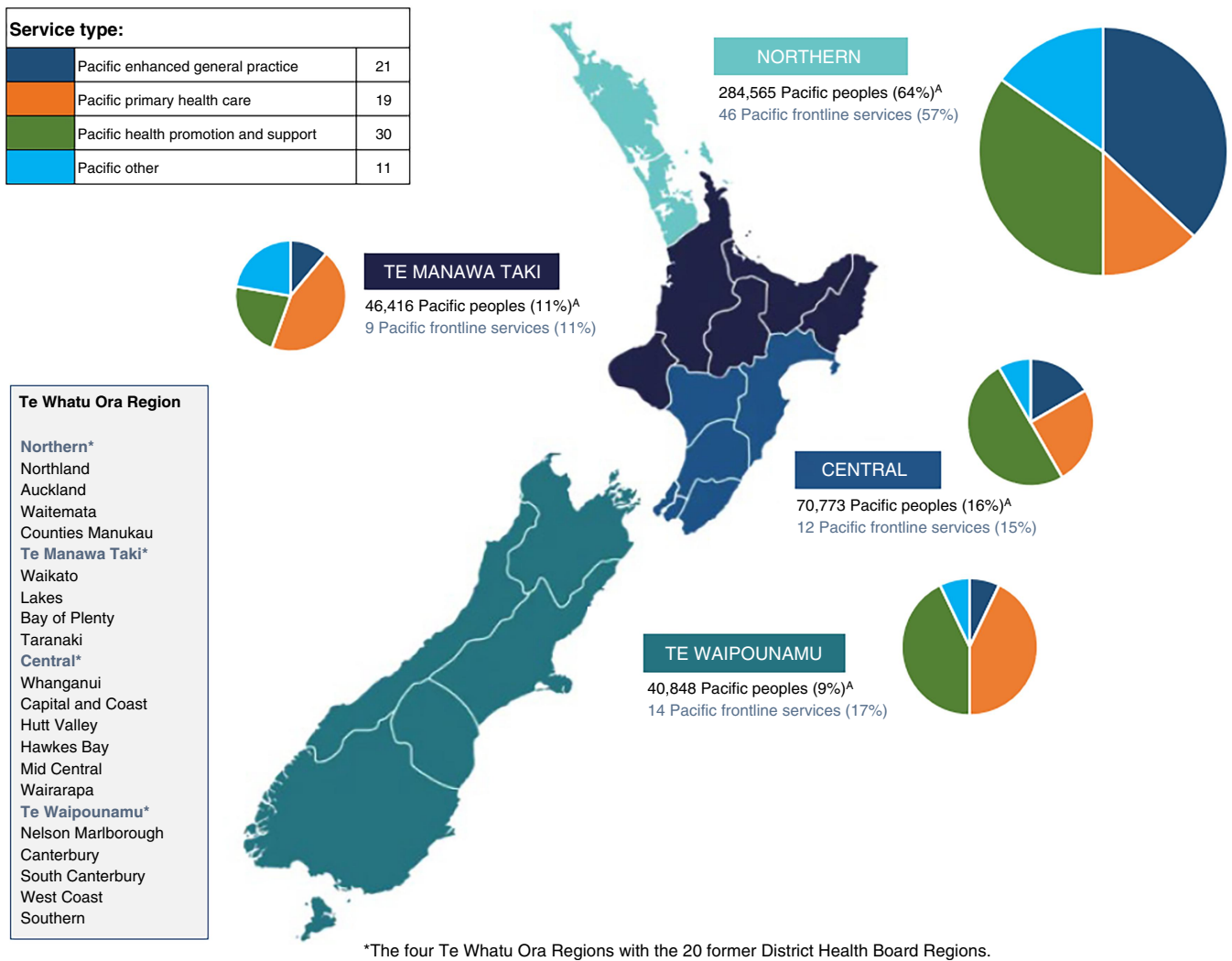


Fig. 1. New Zealand map of the four Te Whatu Ora Regions* with 81 frontline service locations. ^ANew Zealand population data sourced from 2023 Census Stats NZ maps and data webpage – <https://2023census-statsnz.hub.arcgis.com/>, based on the usually resident population, presented as total ethnicity, and not corrected for undercount.

Waipounamu regions. Pacific primary health care services were available at 19 locations, distributed more evenly across the country: six each in the Northern and Te Waipounamu regions, four in Te Manawa Taki, and three in the Central region.

Of the 30 health promotion and support services, most were in the Northern region (16), followed by the Central region (6), Te Waipounamu (6), and Te Manawa Taki (2). Additionally, Pacific health providers offered non-health services at 11 separate locations, categorised as 'Pacific Other'. These included services such as education (early childhood centres, a youth training academy), housing support (residential housing), health and cultural education (cultural competence programs), and workforce development.

Additional provider information

General profile information was collected for all 43 providers from websites and published reports. Five-year revenue data were obtained for 21 providers from the Charities Services website or online annual reports. Eighteen of the

Table 1. Overview of 43 Pacific health care providers in Aotearoa New Zealand 2023–2024, including data sources collected for this study.

	Total ^A	Surveyed ^B	5 year revenue ^C
Pacific health care providers by category service type			
Pacific enhanced general practice	10	4	4
Pacific primary health care	15	8	10
Pacific health promotion and support	14	4	7
Pacific enabler services	4	2	0
Total	43	18	21

^AGeneral information for all providers was gathered from publicly accessible websites and reports.

^BOf the 43 providers, 18 (42%) participated in the survey.

^CRevenue data for the past 5 years were available online for 21 providers.

43 provider organisations (42%) completed the survey. Data gathered from these sources, by provider category, are shown in [Table 1](#).

Provider workforce

Workforce data were collected from the 18 providers who participated in the survey. These providers employed a total of 743 full time employees (FTEs), 83% (617/743) of whom identified as Pacific ethnicity ([Table 2](#)). Pacific enhanced general practice services employed the lowest proportion of Pacific staff (75%), compared to Pacific primary health care and enabler services providers, with 90% or more of their staff being of Pacific ethnicity.

Contracting agencies and contract durations

Data were collected on the government agencies that Pacific health providers hold contracts with, focusing on the two primary agencies: TWO and MSD ([Table 2](#)). The 18 participating Pacific health providers held a total of 151 contracts, classified as either service delivery or provider development. The majority (94%, $n = 143$) were for service delivery, while only 5% ($n = 8$) were for provider development support. Of the 143 service contracts, 55% (77) had a duration of up to 2 years, 34% (48) were for 2–4 years, and just 11% were for more than 4 years. Notably, none of the MSD contracts exceeded 4 years.

Funding trends for Pacific health providers

Data from online sources (Charities Services and Provider Annual Reports) for 21 Pacific health providers are summarised in [Fig. 2](#). Pacific providers reported funding of approximately NZ\$53 million in 2019, increasing to NZ\$88.3 million in 2021 and NZ\$168 million in 2023 – a 218% growth over 5 years, including COVID-19 funding. This trend was observed across all Pacific health provider groups, with the highest increase in Pacific primary health care, which grew by 315% from NZ\$12.3 million in 2019 to NZ\$46.9 million in 2023.

Table 2. Government agency contracts and full-time Pacific employees among 18 surveyed Pacific health care providers in New Zealand (2023–2024).

	Government agency contracts				Full-time employees		
	Total	Total contracts	Services contracts	Provider development contracts	All full-time employees	Full-time employees of Pacific descent	% FTEs of Pacific descent
Pacific health care providers surveyed by category service type							
Pacific enhanced general practice	4	44	41	3	305	229	75
Pacific primary health care	8	50	48	2	86	77	90
Pacific health promotion and support	4	36	35	1	285	247	87
Pacific enabler services	2	21	19	2	67	64	96
Total	18	151	143	8	743	617	83

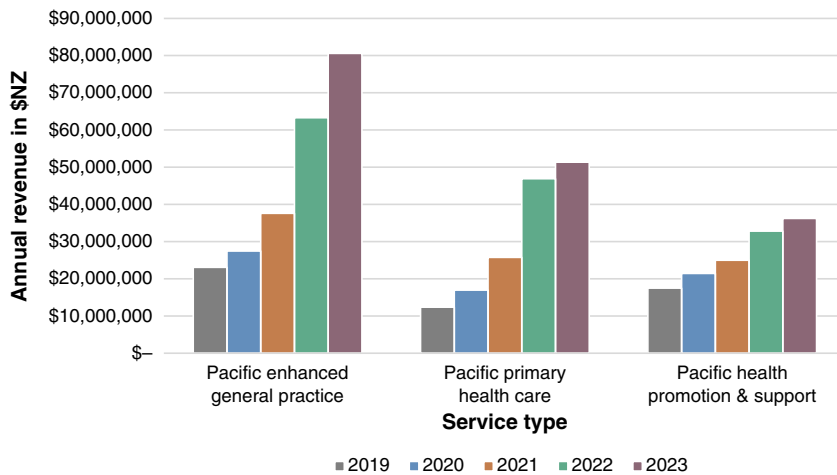


Fig. 2. Five-year annual revenue (2019–2023) for 21 Pacific health care providers in Aotearoa New Zealand with available data, categorised by service type.

Discussion

This study provides the first comprehensive and systematic stocktake of Pacific health providers in NZ, as of 2023, documenting their service delivery patterns and contractual arrangements. Based on these findings, we propose a categorisation framework that reflects the diverse roles and functions of these providers, offering a foundation for consistent monitoring and evaluation of their impact on Pacific health outcomes.

We identified 43 Pacific provider organisations delivering services from 88 service locations. Over half of these services were based in the Northern region, aligning with the larger Pacific population in this area.³⁵ Providers also had reach into regions with small but growing Pacific populations, such as parts of the South Island.³⁵

The evolution of the Pacific health provider sector to this 2023 state is partially but not completely clear from our collected data. Between 2000 and 2023, five evaluations of the PPDF and this study have been undertaken that provide cross-sectional snapshots of Pacific health providers at the time of reporting. Comparing findings from these cross-sectional studies, the number of Pacific providers appears to have grown from 30 in 2000⁵ to 40 in 2007,³⁶ remained steady for the next decade (39 in 2009,²⁹ 38 in 2016,³⁷ and 39 in 2018),⁹ and grown to 43 in 2023.

These comparisons, however, should be interpreted with caution. Data detailing years of establishment, although showing the longevity of many Pacific health providers, also suggests that there have been different configurations of Pacific health providers in the sector over time. We found that 15 providers were established by 2000, 20 in 2007, 26 by 2009, 39 by 2016, and 40 in 2018 – a considerable difference to the 30, 40, and 39 providers reported in PPDF evaluations in 2000, 2007, and 2009 respectively. Some providers may have ceased to exist, while others may have merged and either remained operational or subsequently closed. Additionally,

variations in how the definition of ‘by Pacific, for Pacific’ has been applied over time may have influenced which providers were included in different datasets.

In 2023, Pacific health providers’ services encompassed a wide range of offerings that extend from national commissioning, a PHO, a research centre, workforce development ‘enabler’ services, clinical primary care, mental health, disability support, and home help services, as well as Whānau Ora navigation, education provision (early childhood education and youth training academies), Pacific health professional networks, nursing workforce development, and housing support. To our knowledge, this level of detail has not been documented before, making it difficult to draw conclusions about changes to frontline service numbers over time.

The data not only highlight the broad scope of services delivered by Pacific health providers, but also the co-location of services at the same sites and the integration of primary care and social services that is occurring. It was an aspect of Pacific health provider service delivery that was well-documented and praised during and after the COVID-19 pandemic.^{3,38} An increasing number now offer Pacific enhanced general practice services, aligning with recent reports of Pacific health providers acquiring general practices.³⁹ This suggests that general practice funding may be perceived as a sustainable revenue source to provide more integrated models of care.

As far as we had access to data, there has been significant growth in the value of government contracts in recent years. For the 21 Pacific health service providers for which revenue data were available, total revenue increased from approximately \$53 million in 2019 to around \$88 million in 2021, followed by a further rise to \$168 million in 2023. Increases have been driven partly by one-off COVID-19 funding that was allocated as part of the Government’s pandemic response for Pacific people.⁴⁰

Our study highlights that Pacific health providers manage a substantial number of contracts to deliver a wide range of

services. Among the 18 providers that participated in the survey, a total of 161 contracts were held, including 141 specifically for service delivery. The length of more than half of these contracts (55%) was 2 years or less, while a small number (11%) were longer-term contracts of 4 years or more. The challenges for Pacific health providers of managing multiple, short-term contracts have been identified for many years.^{1,9,36} They mirror well-documented operational and sustainability issues for organisations associated with a complex and fragmented contracting environment,^{41,42} reinforcing the need for fewer, larger, and longer-term contracts.^{1,43} We understand that TWO is working toward this approach.⁴⁴

Finally, our data confirm that Pacific health providers are key employers of Pacific health workers, with the majority of their workforces being of Pacific ethnicity. However, Pacific enhanced general practice, with 75% Pacific staff, stands out as having the lowest proportion of Pacific staff among provider categories. This underscores the ongoing need to prioritise training, recruitment, and retention of Pacific ethnic staff, as emphasised in various health strategies.^{45,46}

Limitations

Although most publicly available data covered all 43 providers, 5-year revenue data were only accessible for 21 of them. This subset of providers may not be representative of the entire group. Additionally, the available data do not specifically indicate funding allocated for services targeting Pacific communities. Instead, it may be part of a broader funding pool distributed across both Pacific and non-Pacific health providers, and the funding may also be being used to deliver provider support services.

The survey's response rate of 42% may have introduced selection bias, which we were unable to adjust for.

Conclusions

A lack of systematic data to track Pacific health providers, their services, and contracts has constrained understanding and assessment of their development over time. In addition to improved information, clarification is needed around key concepts – not least, what defines a 'Pacific provider' – and key contexts relating to these organisations for quality policy analysis about the role of Pacific health providers in the health system. This study serves as an initial step toward establishing a more systematic and continuous registration process, essential for strengthening the evidence base to effectively monitor their contributions and impact.

Supplementary material

Supplementary material is available [online](#).

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Data availability. Publicly available data that supports the findings in this manuscript will be shared upon reasonable request to the corresponding author.

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