



## **Allied Health: The Heart of a Thriving Health System**

### **An AHANZ Policy Manifesto**

We commit to a health system that honours Te Tiriti o Waitangi, ensuring Māori have the agency to lead their own health journeys and receive care and support that is culturally safe and effective.

New Zealanders deserve a health system that does not just respond to illness, but actively supports wellness. Currently, our system is under pressure, and many people are waiting too long for the care and support they need. We believe much of this pressure is preventable.

Allied health professionals are the bridge to a healthier future. We are already in our communities, supporting children to thrive, helping workers return to their jobs, and enabling older adults to live with dignity and independence. We work from urban centres to our most remote rural reaches, providing the care and support that keeps people well, active, and connected.

Despite our impact, allied health remains an untapped resource in policy and funding. The health system is failing its Tiriti obligations under the principles (Self-determination) Tino Rangatiratanga, (Equity) Oritetanga, Active Protection, Options, Partnership, by failing to fund the very professionals who can deliver on them. This manifesto outlines four key commitments for 2026 to ensure every New Zealander can live their best, healthiest life.

### **1. Joined-up, community-based care**

#### **Care and support where life happens: Integrated community support**

##### *Our position*

Every person should be able to access the right support, from the right professional, at the right time, right in their own neighbourhoods. By embedding allied health as a cornerstone of community care and support (core part of Tier 1 community and primary care), we move away from fragmented visits and toward a "whole-person" approach. When multidisciplinary teams work together, care and support is delivered earlier, more naturally, and by the experts best suited to a person's needs.

##### *Why it matters*

For too long, the system has relied on a one-size-fits-all model that creates bottlenecks at GP clinics and hospitals. People experience health as part of their daily lives, not as a series of clinical appointments. Our current funding models often ignore this reality, creating barriers between people and the specialised help they need to stay well.

##### *What AHANZ is calling for:*

- Community-led, interprofessional, and trans-professional care and support to become the standard model across Aotearoa.
- Support for Māori and non-Māori allied health professionals to work within Māori Health Providers and Iwi-led clinics.
- A commitment to Mātauranga Māori (Māori knowledge) alongside Western clinical practice.
- Co-designing, ensuring services are designed with whānau, not just for them.



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- Flexible funding that rewards team collaboration and co-creation, rather than working in silos.
- Expanded first-contact roles and extended e-scope roles so people can see an allied health expert, safely, effectively, and directly without unnecessary hurdles.
- Seamless pathways that ensure a person's first point of contact is the one they actually need.

## 2. Prevention, not just treatment

### Investing in wellbeing, not just treating illness

#### *Our position*

We believe in a system that values "keeping people well" as much as "making people better." The biggest health challenges are driven by long-term, largely preventable conditions. Yet the system continues to invest most heavily once people are already unwell.

Allied health is the engine of prevention. From rehabilitation to long-term wellness coaching, we empower people to take charge of their own health journey.

#### *Why it matters*

Intervening late costs more, not just in dollars, but in quality of life. When prevention and rehabilitation are treated as "extras" or are only available to those who can pay privately, our most vulnerable communities suffer. True health sustainability comes from investing in people before they reach the hospital doors.

#### *What AHANZ is calling for*

- Funding models that recognise Whānau Ora approaches, where the "person" is the whole whānau, not just the individual.
- Investment in prevention that addresses the social determinants of health which disproportionately affect Māori and Pasifika due to historical inequities.
- Prevention as a funded priority (core function of Tier 1), making wellness a core function of community care and support.
- Community-embedded programmes led by allied health professionals to tackle long-term health challenges.
- A wellbeing-first investment strategy that prioritises high-need and high-risk communities.
- Success measures that value long-term health, function, and community participation.

## 3. Better information and visibility

### Visibility: Honouring every person's journey

#### *Our position*

To improve the health of New Zealanders, we must see the full picture. Allied health activity must be visible in our data, service design, funding decisions, and outcome reporting so we can plan a workforce that truly reflects the needs of our people.

#### *Why it matters*

Currently, the incredible work done by allied health professionals is often invisible in national statistics. This leads to policy decisions that overlook the diversity of care and support people



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actually receive. Furthermore, when digital systems do not talk to each other, people are forced to repeat their stories over and over, leading to frustration, safety risk, and a fragmented health service.

### *What AHANZ is calling for*

- Data collection that adheres to Māori Data Sovereignty principles, ensuring Māori have a say in how their health information is used and reported.
- Workforce data that specifically tracks the recruitment and retention of Māori allied health professionals to reach a workforce that reflects the population.
- Modern, transparent health reporting that accurately tracks the impact of all health professionals, including allied health.
- A national workforce strategy that plans for the future with service indicators based on actual community needs.
- Connected digital records so a person's health team is always on the same page.
- Outcome measures that reflect what matters to people - function, recovery, wellbeing, and participation.

## **4. More focus on equity**

### **Equity: Reaching everyone, everywhere**

#### *Our position*

Health should not be determined by a postcode, income, or background. Allied health has a unique ability to bridge the gap in health inequities, if we design services that go to where the people are.

#### *Why it matters*

Access to allied health is currently a map of inequality in Aotearoa. For Māori, health equity is not a preference, it is a Tiriti-led obligation of Active Protection. With Māori life expectancy roughly seven years lower than non-Māori and a death rate from avoidable causes 2.5 times higher, the current "one-size-fits-all" model is a documented failure.

Rural communities, Pacific whānau, the disabled community, minorities, and those in high-deprivation areas face the highest barriers to care and support, yet often have the greatest need. AHANZ calls for proportional universalism: a system that maintains high standards for all while intentionally directing greater Allied Health resources toward those whom the system has historically underserved. We must move beyond "improving access" to actively closing these unjust health gaps at their source.

### *What AHANZ is calling for*

- Funded mobile and outreach teams that bring allied health directly to underserved areas.
- Equity-led commissioning that ensures funding follows the greatest need.
- Support for diverse service models, including iwi, Pacific, minorities, and disability-governed care and support.
- Direct-access services in high-need areas to remove financial and bureaucratic barriers.

## **Conclusion**

Allied health is not a nice to have, or an optional extra, it is the essential infrastructure of a modern, compassionate health system. By weaving allied health into the fabric of our communities, our data, and our equity goals, we can ensure that New Zealand's health system is sustainable, fair, and, above all, focused on the people it serves.