

## Asthma New Zealand and Thoracic Society of Australia and New Zealand

<b>Due to MO:</b>	18 September 2025	<b>Reference</b>	HNZ00097290
<b>To:</b>	Hon Simeon Brown, Minister of Health		
<b>From:</b>	Debbie Holdsworth, Director of Funding, Community and Mental Health, Planning Funding and Outcomes		
<b>Security level:</b>	In Confidence	<b>Priority</b>	Routine
<b>Consulted:</b>	Ministry of Health		
<b>Proactive Release:</b>	This title is proposed by Health NZ for proactive release		

### Contact for further discussion

Name	Position	Phone	1st contact
Debbie Holdsworth	Director of Funding, Community and Mental Health, Planning Funding and Outcomes		
Deborah Woodley	Director Starting Well, Planning Funding and Outcomes		x

### Attachments

**Appendix 1:** Biographies of attendees

**Appendix 2:** Information on asthma and other respiratory conditions

**Appendix 3:** Health NZ's smoking and vaping reduction programmes

**Appendix 4:** Asthma NZ's strategy on a page, 2025-27

**Appendix 5:** 5+5 NCD Prevention Framework – Respiratory Diseases

## About the meeting

<b>Purpose</b>	You are meeting with Asthma New Zealand and the Thoracic Society of Australia and New Zealand at the Auckland Policy Office
<b>Date</b>	Tuesday 23 September 2025
<b>Time</b>	2.10pm – 2.30pm
<b>Venue</b>	Auckland Policy Office, Level 7, 167b Victoria Street West, Auckland Central
<b>Attendees</b>	<b>Asthma New Zealand</b> <ul style="list-style-type: none"><li>• Claire Beard – Chief Executive</li><li>• Emma-Kate Greer – Board Member</li></ul> <b>Thoracic Society of Australia and New Zealand</b> <ul style="list-style-type: none"><li>• Dr Paul Dawkin – Outgoing President (NZ)</li><li>• Dr Sarah Rhodes – Incoming President (NZ)</li><li>• Vincent So – Chief Executive</li></ul> <b>Biographies are attached as Appendix 1.</b>
<b>Health New Zealand   Te Whatu Ora officials</b>	TBC
<b>Media</b>	No media are expected

## Background

1. **Asthma New Zealand** (Asthma NZ) is among a number of organisations in New Zealand focused on asthma and other respiratory conditions. Notwithstanding its name, Asthma NZ is largely active in the greater Auckland and Wellington regions.
2. Asthma NZ provides patient-focused education, support training and treatment of asthma and Chronic Obstructive Pulmonary Disease (COPD<sup>1</sup>). It currently offers free appointments to anyone with asthma or COPD in greater Auckland and Wellington, or via Telehealth in other parts of New Zealand, with no GP referral needed.
3. The **Thoracic Society of Australia and New Zealand** (TSANZ), which is joining Asthma NZ at this meeting, is the peak body representing a range of professions (medical specialists, scientists, researchers, academics, nurses, physiotherapists, students and others) across respiratory, lung health and sleep treatment fields in Australia and New Zealand. In Australia, TSANZ has the status of a Health Promotion Charity and among its activities is advocacy for air quality standards and smoke free and smoke reduction measures.
4. Another asthma and respiratory organisation, *the Asthma and Respiratory Foundation of New Zealand*, met with Minister Costello earlier this month to discuss vaping education programmes. The Foundation is the peak organisation for all respiratory conditions, including asthma, so has a wider brief than Asthma NZ.

## The impact of respiratory disease, including asthma, in New Zealand

5. An estimated 1 in 5 (approximately 1 million) New Zealanders live with respiratory diseases, which account for an estimated 6.3% of total health loss in the country, predominantly from COPD (3.7%) and asthma (1.6%).
6. As with other non-communicable diseases (NCDs), the impact differs between population groups, with Māori experiencing the highest mortality from respiratory disease. COPD is the 3rd leading cause of disability-adjusted life years (DALYs), and the 4th largest avoidable contributor to the life expectancy gap for Māori women, 6th for Māori males, and 6th for Pacific males.
7. The cost to New Zealand of respiratory disease is estimated at \$8.44 billion every year. Respiratory disease diagnoses account for 1 in 11 overnight hospitalisations. Among children, one third of all acute hospitalisations are respiratory diseases, and children under 5 make up three quarters of all child hospitalisations for acute respiratory disease.
8. Hospitalisation rates for bronchiectasis, childhood bronchiolitis and total respiratory diseases are rising. Children with bronchiectasis have a history of repeated lower respiratory tract infections. Bronchiectasis is chronic, irreversible, and progressive, and can compromise lung function and reduce life expectancy.
9. People living in the most socio-economically deprived areas are admitted to hospital for respiratory diseases over twice as often as those living in the least deprived areas. Living in unsuitable housing is a particular risk factor, with 1 in 5 people currently living in homes

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<sup>1</sup> Chronic Obstructive Pulmonary Disease is largely present in older people. It includes emphysema and chronic bronchitis and is often linked with chronic exposure (including second-hand) to tobacco smoke. It can also be a result of poorly managed asthma in younger life.

that are too cold in winter, increasing to 2 in 5 for Pacific peoples.

10. The *NCD prevention framework - respiratory disease* in **Appendix 5** outlines further information (and is the source of the above data). Further information is also presented in Asthma NZ and TSANZ's information sheet on asthma and other respiratory conditions in **Appendix 2**.

## Health New Zealand contracted funding

11. Asthma NZ holds two contracts with Health NZ for Community Asthma Services in the two areas they operate:
  - in greater Wellington (Capital & Coast district) to the value of [REDACTED]
  - in West Auckland (Waitematā district) to the value of [REDACTED] (both FY 2025/26).

## Issues for discussion

12. Asthma NZ and TSANZ propose to cover the following:
  - An overview of New Zealand's respiratory health sector and role and reach of Asthma NZ and TSANZ.
  - The respiratory health landscape, including where this sits in current health priorities.
  - The availability of related tools and information.
  - Future direction, the development of a national strategy, and if the proposed National Respiratory Network will proceed.
  - How Asthma NZ and TSANZ can best support the Minister and Health NZ's priorities.
13. Their particular concerns are:
  - that asthma and other respiratory conditions do not currently have any priority status, despite the recognised cost-benefits of effective treatment
  - the lack of a (Health NZ-supported) National Respiratory Network, to mirror networks for other conditions, which makes it hard to set agreed priorities and actions in what is a contested space (including, by Asthma NZ's own admission, among the country's asthma/respiratory organisations)
  - inconsistency of services and access across New Zealand.
14. Asthma NZ's 2025-27 strategy further details their priorities – see **Appendix 4**.

## Health NZ's 2024 ministerial briefings on respiratory disease

15. Until late-2024, Health NZ led cross-sector work to develop a suite of evidence-based options to address respiratory disease, one of the five NCDs identified as part of the 5+5 Prevention Framework under the previous Minister of Health (Appendix 5).
16. Key stakeholders, including Asthma NZ and TSANZ, were consulted in developing the work. The plan was finalised in September 2024. In November 2024, the former Minister confirmed he would like Health NZ to progress scoping the four priority actions. TSANZ and Asthma NZ were again consulted for the scoping papers.

## Health NZ's current priorities and activities

17. [REDACTED]
18. The Health Targets include improved immunisation for children and shorter wait times for first specialist assessment, both of which support reducing the impact of respiratory conditions.
19. Informed by a strong evidence base, work is ongoing across Health NZ, and with the Ministry of Health, on the prevention of NCDs including respiratory conditions and reducing their impact. Key areas of focus are:
- *Healthy, warm, dry and smokefree homes, including the Healthy Homes Initiative (HHI).* HHI is a well-established evidence-based programme that has resulted in a reduction in the number of housing-related hospitalisations. The latest evaluation published in November 2024 shows that five years after participants receive the HHI intervention the number of hospitalisations reduced by 18.6% (in addition to which there was a 5% reduction in school absence for illness amongst participants). The HHI was adapted to include the Pacific Healthy Homes Initiative (PHHI) in 2024/25, with funding from the Ministry for Pacific Peoples. PHHI focused Pacific people in South Auckland and Porirua with respiratory conditions, and has recently been extended for a further year.
  - *Eliminating smoking exposure to children and whānau.* **Appendix 3** outlines Health NZ's work in this area.
  - *Implementing the Getting to Smokefree 2025 plan,* which aims to reduce daily smoking rates to below 5% across all population groups by the end of 2025. The plan focuses on populations where smoking rates are highest, including Māori, Pacific peoples, those living in lower socioeconomic areas, and older people. There is also a focus on pregnant women and people with mental health needs. Key actions include strengthening smoking cessation services, amplifying smokefree health promotion messaging, mobilising communities for smokefree community action and increasing smokefree compliance activity.
  - *Achieving equity in access to high-quality primary health care.* Primary care is the first and most important form of health care for detecting and addressing respiratory issues, and the recent substantial investment into primary care access supports this. Key contributors to addressing respiratory disease include enhanced primary care and community-referred radiology.
  - *Lung cancer screening,* a national programme focused on the targeted screening of asymptomatic people who are identified as high risk. Following identification, a risk assessment determines if the risk warrants offering a CT scan to enable detection and intervention. There are large inequities in lung cancer, and screening can make a significant difference to Māori health if well implemented.

## Appendix 1: Biographies of attendees



### **Claire Beard – Chief Executive, Asthma NZ**

Claire Beard has 20 years' experience in not-for-profit leadership roles, mainly focused on health, sport and wellbeing. Before taking up her current role in mid-2024, she was Head of Women's Rugby at NZ Rugby, and prior to that CEO of Triathlon New Zealand, where she led major strategy and commercial transformational change.



### **Emma-Kate Greer – Board Member, Asthma NZ**

Emma-Kate Greer has led corporate affairs teams and strategic projects in the telecommunications, media and energy sectors in New Zealand and Australia, and is currently Chief of Corporate Affairs at 2Degrees.

Emma-Kate has been on the Board of Asthma NZ since October 2022. She holds a senior executive MBA from the University of Melbourne and a Master of Digital Business from the University of Waikato.



### **Vincent So – Chief Executive, TSANZ**

Vincent So has been chief executive of TSANZ since May 2022. Before then he held leadership positions in the pharmaceutical industry with a focus on vaccines, neuroscience, and rare diseases.

Prior to working in the healthcare sector, Vincent was a government advisor in Australia (Federal and NSW) and Malaysia (Federal) and worked in investment banking and equities. Vincent has a MSc in Health Economics, Policy and Management from the London School of Economics and a Master's in Policing, Intelligence and Counter Terrorism and Bachelor of Commerce in Accounting from Macquarie University.



### **Dr Paul Dawkin – Outgoing President (NZ), TSANZ**

Paul Dawkins has worked as a consultant respiratory physician at Middlemore Hospital since October 2013, before which was a respiratory physician in the UK.

Paul has degrees from the Universities of Bristol and Warwick in the UK and has worked at universities in the UK, US and Australia. He is currently an Honorary Senior Lecturer the University of Auckland's medical school.



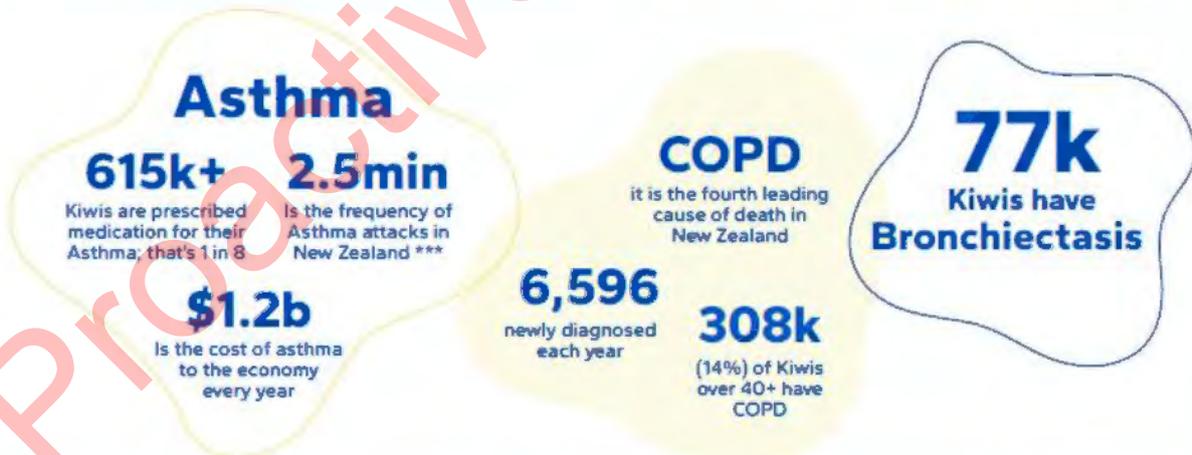
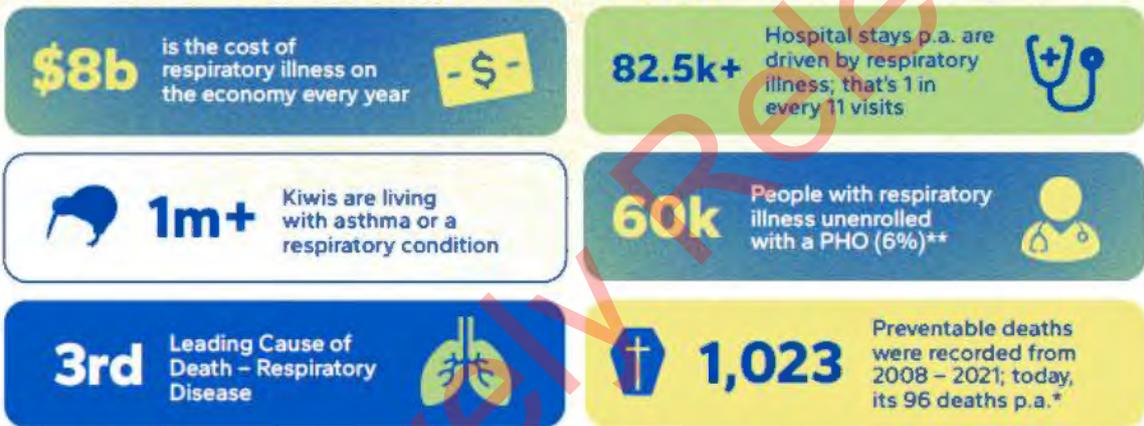
### **Dr Sarah Rhodes – Incoming President (NZ), TSANZ**

Sarah Rhodes, who was recently elected to replace Paul Dawkins as president of TSANZ's NZ division, is a cardio-respiratory physiotherapist and researcher at Otago University. Her research is broadly focused on better health outcomes for long term conditions, including long COVID and sleep disordered breathing.

Sarah holds a BSc from the University of Northumbria in Newcastle, England, and is completing her PhD at the School of Physiotherapy at Otago, where she also works as a Professional Practice Fellow. She is secretary of the Physiotherapy NZ Cardio-Respiratory Special Interest Group and the Allied Health representative on the TSANZ NZ executive committee.

# Respiratory disease is a big problem in Aotearoa New Zealand

## Respiratory



### MANY RESPIRATORY OUTCOMES ARE PREVENTABLE

All unmarked statistics taken from: <https://www.asthmafoundation.org.nz/research/key-statistics>  
 \* Source: <https://www.ehinz.ac.nz/indicators/population-vulnerability/socioeconomic-deprivation-profile@new-zealand-index-of-deprivation-rank>  
 \*\* Source: <https://equityhealthy.biomedcentral.com/articles/10.1186/s12930-021-01423-4#text=About%20%25%20of%20the%20population%20was%20not%20enrolled%20years%25%20care%20the%20least%20likely%20to%20be%20enrolled>  
 \*\*\* Source: <https://www.resmedjournal.com/action/showPdf?pii=S0954-6111%2823%2900253-6>



## Appendix 3: Smoking and vaping reduction programmes

The National Public Health Service in Health NZ is working with schools across the country to provide vaping education and related support. In the past year, Health NZ has worked with over 150 schools across the country, including 13 kura kaupapa and 16 alternative education schools.

As part of the 2025/26 workplan, the National Public Health Service (NPHS) health promotion team in Health NZ will scope and develop a national youth vaping education toolkit and resources with a focus on a whole-of-school approach before June 2026. This will support capacity building and build on successful programmes already in place within Health NZ.

Health NZ's other smoking and vaping programmes are as follows.

**Let's Clear the Air** (NPHS-led) support the vape-free and smoke-free work in schools, with staff, youth workers and family – 1,368 copies in English and 522 copies in Te Reo Māori have been disseminated to people who work in education settings.

**Protect your Breath.** Health NZ currently funds the "[Protect your Breath](#)" campaign (running to 31 January 2026) aimed at challenging young people to think critically about vaping. The Later Vaper Arcade is a physical element of the campaign which utilises a series of games to help young people think about their choices when it comes to breath and vaping.

**Smokefree.** Health NZ sponsors [SmokefreeRockquest](#) and [Smokefree Tangata Beats](#) which promote both smoke-free and vape-free messaging to youth through their 24 regional events, three national final events and social media presence which reach an engaged youth audience. The regional events were watched by 14,155 audience members.

Smokefree and vape-free messaging is extended through the SmokefreeRockquest and Smokefree Tangata Beats webisode series, with at least 50% of episodes containing these messages. The webisode series for 2025 has 263,000 full play views.

**Hāpai Te Hauora.** Hauora Māori Services within Health NZ, have tasked [Hāpai Te Hauora](#), through its Smokefree Activation contract, with delivering a targeted work programme to support Health NZ's youth vaping efforts.

The programme is currently co-designing key messages and education sessions through young people focus groups in schools, kura kaupapa, and alternative education centres. This work includes focuses on understanding nicotine dependency, why vaping is not for young people, and building aspirations to change behaviour.

The programme, to be launched on 1 October, will be delivered through targeted school activations, social media campaigns, and whānau engagement, integrating and reinforcing national campaigns such as Protect your Breath.

## Appendix 4: Asthma NZ strategy on a page

ASTHMA NEW ZEALAND

# Strategic Plan 2025 – 2027

**asthma**  
NEW ZEALAND

*Breathe  
Easy*

**VISION:** All Kiwis can Breathe Easy – those with asthma and other respiratory conditions are thriving

**MISSION:** Peak body for patient centred asthma education and support

**PURPOSE:** Deliver positive health outcomes for individuals living with asthma and other respiratory conditions, through:

- ◆ Effective patient education, advocacy and support
- ◆ Leading a positive impact on respiratory health system delivery

**VALUES:**

Patient Centred  
Collaborative  
Evidence-Based  
Impactful



1

### Education and Empowerment

**OUTCOMES:**

- ◆ Lead meaningful, accessible and evidence-based education and support to all individuals living with asthma and other respiratory conditions and the whānau and communities that support them
- ◆ Deliver direct to patient education and support either in communities where this is not delivered or supporting existing local delivery outcomes
- ◆ Target education and support to those most in need, reducing inequities
- ◆ Train health care professionals to increase quality and reach

2

### Connection and Collaboration

**OUTCOMES:**

- ◆ Lead a process that will achieve a national strategy for Asthma and Respiratory Health – unifying the priorities for the sector and key stakeholders
- ◆ Create environments and platforms that enable sector connection, efficiency and collaboration
- ◆ Our mahi is driven by patient and sector voice and is responsive to sector change
- ◆ Establish a mechanism that drives trust and confidence in differing service delivery and education options
- ◆ Improve connections with international partners

3

### Visibility and Advocacy

**OUTCOMES:**

- ◆ Deliver national awareness campaigns that achieve outcomes for patients, whānau, health practitioners and researchers
- ◆ Ensure the impact of asthma and other respiratory conditions is appropriately communicated, advocating for equitable resource allocation and prioritisation of need
- ◆ Effectively communicate education and support that address high risk factors for asthma and respiratory conditions
- ◆ Play a key role in ensuring asthma is a health priority for central government

4

### Innovation and Efficiency

**OUTCOMES:**

- ◆ Drive innovative approaches to increase scope and scale of service delivery models
- ◆ Lead delivery partner shared service models to drive efficiency and ensure more resources achieve patient outcomes

5

### Sustainability and Impact

**OUTCOMES:**

- ◆ Have strong governance, and management processes, policy and procedures in place
- ◆ Attract and retain high quality talent that deliver to our strategic outcomes and foster a positive culture
- ◆ Diversify and stabilise our revenue streams
- ◆ Align services with other providers, where possible, to drive efficiencies and economies of scale
- ◆ Measure our impact, through clear KPIs and reporting
- ◆ Ensure we are maximising outcomes and driving improved ROI for ourselves and our investment partners

## Appendix 5: Health NZ 5+5 Prevention Framework – Progressing NCDs: Respiratory Diseases

Note – The previous Minister of Health identified four activities from the NCD Respiratory Plan to be progressed with scoping papers,

### Respiratory diseases

Respiratory diseases affect the lungs and airways and include acute infections like pneumonia and bronchitis to chronic illnesses such as asthma, chronic obstructive pulmonary disease (COPD) and bronchiectasis<sup>1</sup>

#### Burden of disease

In Aotearoa, **1 in 5 people live with respiratory diseases**. This equates to approximately 1 million people nationally<sup>2</sup>.



Respiratory diseases account for 6.3% of total health loss in Aotearoa, predominantly from COPD (3.7%) and asthma (1.6%)<sup>3</sup>.



Similar to other non-communicable conditions, **the rates and impact of respiratory diseases differ between population groups in Aotearoa**.



**Māori have the highest mortality from respiratory disease<sup>4</sup>**.

COPD is the 3rd leading cause of disability-adjusted life years (DALYs) in Aotearoa<sup>1</sup>.

**COPD is the 4th largest avoidable contributor to the life expectancy gap for Māori women, 6th for Māori males, and 6th for Pacific males<sup>4</sup>**.

Cost of respiratory disease to Aotearoa is estimated at **\$8.44 billion every year<sup>2</sup>**.

**One third of all acute hospitalisations for children are respiratory diseases<sup>5</sup>**.



**Children under 5 make up three quarters of all child hospitalisations for acute respiratory disease<sup>5</sup>**.

Children with bronchiectasis have a history of repeated lower respiratory tract infections. Bronchiectasis is chronic, irreversible, and progressive, and can compromise lung function and reduces life expectancy<sup>6</sup>.

DRAFT FOR DISCUSSION  
NOT GOVERNMENT POLICY

Respiratory disease diagnoses account for **1 in 11 overnight hospitalisations<sup>2</sup>**.

Hospitalisation rates for bronchiectasis, childhood bronchiolitis and total respiratory diseases are rising<sup>3</sup>.



**Hospitalisation rates are highest across all respiratory diseases for Pacific peoples** except for COPD, where Māori rates are higher<sup>2</sup>.



People living in the **most socioeconomically deprived neighbourhoods are admitted to hospital for respiratory diseases over two times more often** than those living in the least deprived areas<sup>2</sup>.

Living in housing which is not suitable is related to increased health risks. In Aotearoa, **1 in 5 people live in homes that are too cold in winter**. This increases to **2 in 5 for Pacific peoples<sup>6</sup>**.

#### Risk factors

In 2018, **11.2% of people lived in crowded households**. Crowding is more common among Māori (27%), Pacific people (40%) and Asian people (19%) than European/Other people (4.5%)<sup>7</sup>.

**Smoking, including passive exposure<sup>2</sup>, is the main risk factor** for developing COPD<sup>1</sup>.



Exposure to **second-hand smoke** increases the risk of hospitalisation for children with respiratory disease<sup>8</sup>.



**Eating a balanced diet and being physically active** can decrease the risk of respiratory diseases, as well as assisting with their management<sup>9</sup>.

Excess body weight is associated with several health conditions including obstructive sleep apnoea syndrome in children and adults<sup>6</sup>.

This non-communicable disease (NCD) is linked with the following risk factors:



### Objective

To support all communities in Aotearoa to prevent and minimise the risk of respiratory diseases and support early detection and best practice management of disease.

### Approach

Our objective will be achieved by:

- All people living in suitable, healthy, warm, dry and smokefree homes;
- Eliminating smoking exposure to children and whānau;
- Achieving equity in access to high-quality culturally-safe primary health care;
- Enhancing and supporting community-based/led opportunities;
- Enabling best-practice early detection and management of respiratory disease.

*While lung cancer is important to consider as part of respiratory health, it is considered out of scope of this document because it is covered off by the NCD cancer plan.*

1. Health New Zealand | Te Whatu Ora (2024) *Aotearoa New Zealand Health Status Report 2023*
2. Asthma and Respiratory Foundation NZ (2024) *Respiratory Impact Report 2024sep10-FINAL.pdf* ([asthmafoundation.org.nz](https://asthmafoundation.org.nz))
3. Asthma Respiratory Foundation NZ (2021) *Respiratory Impact Report Final 2021Aug11.pdf* ([asthmafoundation.org.nz](https://asthmafoundation.org.nz))
4. Walsh & Grey (2019) *NZMJ 1492.indd* ([website-files.com](https://www.nzma.org.nz))
5. Curekids (2023) *State of child health in Aotearoa New Zealand*
6. Ministry of Health (2023) *Health and Independence Report 1 Te Pūrongo mō te Houora me te Tū Motuhake 2022*
7. Asthma Foundation NZ *Who gets COPD? | Asthma Foundation NZ*
8. Smokefree (2022) *Second-hand smoke | Smokefree*
9. The Asthma Foundation (2015) *National Respiratory Strategy online-version.pdf* ([asthmafoundation.org.nz](https://asthmafoundation.org.nz))