Is health a basic human right or a commodity? Travelling the difficult road towards equity of outcomes

Phil Bagshaw, John D Potter, John Goddard, Fiona McDonald, Sue Bagshaw, Matt Roskruge, Ganesh Ahirao

ABSTRACT

From 1938, Aotearoa New Zealand health policy committed to providing free universal access to secondary healthcare. This approach initially worked for all citizens except Māori and Pacific peoples, who had different unmet needs. From the 1980s, as a neoliberal agenda spread, it became clear that action was needed to protect the population from the scourge of health as a commodity. Those who could afford to buy healthcare already had better social determinants of health; however, ultimately inadequate legal processes failed to protect many people from the damage to our healthcare systems.

The focus should have been on the ultimate goal of universal equity of health outcomes. To rebalance, we define health as a collective and individual legal right. The required laws to thus refresh the social contract should: i) bind rights and responsibilities of government and governed and protect all citizens; and ii) be enshrined against future whims of politicians. We suggest ways forward, including: i) open physician advocacy, starting with the medical colleges; ii) honouring the right of New Zealanders, individually and collectively, to health; iii) adhering to relevant international agreements and national laws; and iv) advancing a codified constitutional legal structure for Aotearoa New Zealand.

The right to health is a complex philosophical, legal and political issue that has been endlessly debated in national and international forums without consistent unanimous agreement since World War II.[1] Not least among the issues is how the putative right to health relates to access to healthcare. Since the *Social Security Act* of 1938,[2] citizens of Aotearoa New Zealand have had a private, partly subsidised primary healthcare system and a two-tier public–private secondary healthcare system, which included free universal access.[3–5]

Post-1938, long-term, sustained taxpayer support had provided high-standard secondary healthcare. It initially produced excellent equity of health outcomes for all except Māori and Pacific people, for whom the health systems were inappropriately organised, and for whom long-term health outcomes were unacceptably poor;[6] they have remained so.[7–9]

Later developments

Since the mid-1980s, with increasingly dominant neoliberal political and economic philosophies in government, there has been a sustained trend to: i) commodify health by turning it into a publicly marketable product and ii) progressively pass responsibility for the provision of healthcare services to national and international corporations and private healthcare companies.[10] Along with these changes, the size of welfare support has decreased, the number living at or below the poverty line has increased and the health disparities between wealthy and impoverished have widened.[11–13] There is evidence for a reduction in the number of practitioners working and the number of hours worked in the public sector and a corresponding migration of salaried specialists into the private sector.[14]

The reasons given—by its advocates and supporters—for the continued neoliberal trend[10] and the resulting commodification of health[15–17] include:

- Healthcare should be seen as a personal responsibility.
- As a service requiring resources that are produced through labour and capital, healthcare should be subjected to usual free-market processes, with limited government intervention and freedom of consumer choices.
- This market approach is claimed to be inherently more efficient.

2026 Mar 27; 139(1632). ISSN 1175-8716
https://www.nzmj.org.nz/ ©PMA

The primary problem with this position is that neither of the key free-market preconditions apply: i) no barriers to entry and exit—entry into the market as a seller is restricted, and ii) perfect information—there is an information asymmetry as buyers in the market do not have enough information or knowledge to fully judge the quality of the services they are purchasing. Furthermore, neoliberal political and economic theories favour those who are already economically advantaged, in that there is no regulated minimum level of service that sellers are obliged to deliver for everyone.[18]

The recent consequences of these developments in Aotearoa New Zealand and elsewhere[19,20] include:

- long-term contracts that outsource secondary elective healthcare to the private sector;[21]
- an increase in public–private partnerships[22] and the possibility of private management of public hospitals;[23]
- a rise in the private healthcare sector, which has not resulted in relief for the public hospital system,[24–26] and a progressive decline in the functioning of the public primary and secondary healthcare sectors;[27]
- increasing inconsistencies in inter-regional healthcare standards;[28–31]
- fragmentation of the usual integration of the continuum of healthcare, particularly for isolated providers;[32,33]
- little incentive for private providers to take responsibility for any damage caused, for example to the environment;[18]
- lack of due diligence by businesses to protect human rights, including health and safety, across their organisations, even in the face of relevant international guidance;[34,35]
- impaired recruitment into the healthcare workforce both because of declining working conditions[36] and compromised training opportunities.[21]

We deduce that the commodification of health in Aotearoa New Zealand has had, and continues to have, negative impacts on the effective functioning of our public healthcare system and on the general health of the population.

The *New Zealand Bill of Rights Act 1990* does not address the right to health or the right to access health services, although it does preserve the rights of an individual to refuse treatment (Section 11) and not to be subject to medical or scientific experimentation (Section 10).[37] A possible way to arrest the decay towards a United States of America–style health system (inferior to other high-income countries on measures of affordability, efficiency, equity and outcomes[38]) is to restore the balance in the social contract[39] by making health a legal human right.[40] This could be enforced by individuals and by civil society groups as a collective or community right.[18]

The Waitangi Tribunal, in its 2023 report on stage one of the health services and outcomes Kaupapa inquiry, found Te Tiriti o Waitangi breaches in relation to the funding and provision of primary care services.[9] The Tribunal concluded that the treaty principles of active protection and equity require that there be equitable access and funding of health services and equity of health outcomes.[9] Establishing a right to health would thus be consistent with Te Tiriti o Waitangi, derived from its principles of partnership, consultation and active protection. All these threads, for which the Aotearoa New Zealand government has a positive obligation, can be woven into the fabric of the social contract with constructive effect.

At present, none of our Aotearoa New Zealand laws, including the recent *Pae Ora (Healthy Futures) Act 2022*,[41] provide that right.[42,43] However, Aotearoa New Zealand has recognised or ratified some international declarations and covenants on human rights to health. Table 1 shows the most important of these[44–47] and how we have responded.[48–52] In particular, we have ratified the United Nations (UN) International Covenant on Economic, Social and Cultural Rights.[44] Article 12 of this covenant mentions "*the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*".[44] However, the Government recently asserted that it did not recognise the UN Declaration of the Rights of Indigenous Peoples[47] as having any binding legal effect on Aotearoa New Zealand and had no plans to take steps to implement it.[52]

General comment no. 14 (2000) of the UN Committee on Economic, Social and Cultural Rights clarifies that "*the right to health is not to be understood as a right to be healthy*".[53] We understand that this explains that the state: i) cannot make everyone completely healthy, and ii) does not have the resources to make everyone as healthy as possible immediately, but that it should make every effort to do so as quickly as is feasible, within available resources. We also understand that

Table 1: United Nations (UN) conventions relevant to rights to health and responses of Aotearoa New Zealand.

United Nations conventions relevant to rights to health	Year adopted	Specific numbered articles relevant to health in each UN document	Year ratified by Aotearoa New Zealand	Comments
International Covenant on Economic, Social and Cultural Rights[41]	1966	**12:** "*highest attainable standard of physical and mental health*"	1978[45]	
Convention on the Rights of the Child[42]	1989	**23:** Rights of a "*mentally or physically disabled child*" **24:** "*highest attainable standard of health*" **25:** Rights of a child in care **39:** Rights of victims of child abuse	1993[46]	
Convention on the Rights of Persons with Disabilities[43]	2006	**25:** "*right to the enjoyment of the highest attainable standard of health*"	2008[47]	
Declaration of Rights of Indigenous Peoples[44]	2007	**1:** "*right to the full enjoyment, as a collective or as individuals, of all human rights and fundamental freedoms*" **24:** "*highest attainable standard of physical and mental health*"	2010[48]	In September 2024, the Government of Aotearoa New Zealand declared that Indigenous rights were protected through Aotearoa New Zealand's existing legal and constitutional framework. It confirmed that it did not recognise the UN Declaration of the Rights of Indigenous Peoples as having any binding legal effect on Aotearoa New Zealand and had no plans to take steps to implement it.[49]

Table 1 (continued): United Nations (UN) conventions relevant to rights to health and responses of Aotearoa New Zealand.

Committee on the Elimination of Racial Discrimination (CERD): Concluding observations on the twenty-third and twenty-fourth periodic reports of New Zealand[50]	2025 (5 December)	**9:** CERD expressed concerns that some of the Government's policies (including eliminating the Māori Health Authority and "significant" budget cuts to Māori departments) "*may seriously risk weakening the legal, institutional and policy framework for the implementation*" of the racial discrimination convention **25:** "*Additionally, the committee is concerned about the misrepresentation of affirmative action to address structural discrimination as 'racial privilege' and 'at odds with universal human rights' by some political and public figures*" Relevant specific recommendations from the Committee to the Government of Aotearoa New Zealand were also presented	No response yet from Government of Aotearoa New Zealand	

pursuing the goal of equity of health outcomes for all requires appropriate processes of proportionate universalism and distributive justice.[54]

However, we are particularly concerned by the following:

- As Aotearoa New Zealand has not ratified the Optional Protocol to the UN International Covenant on Economic, Social and Cultural Rights (2008),[55] our citizens cannot make individual complaints about their healthcare rights to that body. These complaints must go to the Health and Disability Commissioner, directly or via the Ministry of Health – Manatū Hauroa.[56] The Commissioner's decisions are final and only reviewable by the Ombudsman over issues of process.
- The UN Committee on Economic, Social and Cultural Rights has frequently raised serious concerns and made numerous recommendations on the substance of Aotearoa New Zealand's implementation of the right to health and persistent inequalities within its healthcare system, particularly regarding Māori and other

vulnerable groups.[57,58] Indeed, a 2021 analysis by the Aotearoa New Zealand Human Rights Commission of the performance of the government of Aotearoa New Zealand found serious violations of the above-mentioned International Covenant for Economic, Social and Cultural Rights regarding the rights to adequate housing and to healthcare, revealing breaches in fulfilling minimum core obligations and a failure to fully use available resources.[59]

Towards solutions

We conclude that the focus on complex and ultimately inadequate legal processes failed to protect us from the damaging effects of neo-liberalism on our health and our healthcare systems. What we should have been focussing on throughout was the ultimate goal of universal equity of health outcomes. We therefore contend there is a positive obligation for our government to strengthen and protect our human right to health. This obligation is consistent with recommendation 2 of the 2023 report of the WHO Council on the Economics of Health for All: "*Use legal and financial commitments to enforce health as a human right*."[60] It would be reinforced by the establishment of a minimum level of healthcare accessible for all—see recommendations 8 and 13 of the New Zealand Productivity Commission's 2023 report.[61] To embrace this obligation, our government must take responsibility to provide rights:

i. to easy and cost-free access to primary and secondary healthcare of a consistently high standard;
ii. to the social-welfare supports necessary to address the known socio-economic, environmental and cultural determinants of health, specifically including the terms of Te Tiriti o Waitangi, with the purpose of attempting to achieve equity of high-standard health outcomes for all citizens;
iii. to ensure that when and where the government employs business enterprises to provide healthcare, they will be required to comply with all applicable laws and to respect the right to human health.[34,35]

Consequent upon that legal definition, measures need to be established to ensure that: i) the law is applied; ii) striving for equity is maintained; and iii) no present or future government can renege on these commitments.

Unfortunately, Aotearoa New Zealand has only Te Tiriti o Waitangi and statutes, judicial decisions and conventions, and accepted norms, to protect our right to health from future parliamentary manipulation.[42,56,62,63] In countries with constitutions as codified single documents, such rights are easier to defend and sustain.[64] Some Aotearoa New Zealand academics have suggested that we should adopt such a codified constitution here[65,66] or, at the very least, entrench the *Bill of Rights* to safeguard against political manipulation.[67]

How, then, do we progress this whole issue:

- by strong, relentless, open physician advocacy,[68] starting with the medical colleges of Aotearoa New Zealand, who espouse the primacy of standards of health and healthcare;
- by honouring the rights of New Zealanders, individually and collectively, to health through the active pursuit of appropriate socio-economic and healthcare standards;
- by adhering to relevant international agreements and binding national justiciable laws;
- by advancing the proposal that a codified constitutional legal structure will better protect the people of Aotearoa New Zealand from the short-term, self-interested and irrational vagaries of contemporary political whim.[69,70]

COMPETING INTERESTS
FM receives royalties for various books and textbooks about equity and health.
MR received support from employer Massey University for this work. MR is director, Massey Ventures Ltd; director, NZSEER Ltd; and director, Enzymes Aotearoa Ltd.
GA is treasurer and board member, Kaibosh Food Rescue; board member, Nuku Ora; board member and chair, Finance and Risk Committee, New Zealand Drug Foundation Te Puna Whakaiti Pāmamae Kai Whakapiri; and board member, ActionStation.

AUTHOR INFORMATION
Phil Bagshaw: Chair, Canterbury Charity Hospital Trust, Christchuch, Aotearoa New Zealand.
Professor John D Potter: Centre for Public Health Research, Massey University, Wellington, Aotearoa New Zealand; Public Health Sciences, Fred Hutchinson Cancer Center, Seattle, Washington, United States of America; Department of Epidemiology, University of Washington, Seattle, Washington, United States of America.
John Goddard: Barrister, Lambton Chambers, Wellington, Aotearoa New Zealand.
Professor Fiona McDonald: Faculty of Law, Te Herenga Waka—Victoria University of Wellington, Aotearoa New Zealand; Australian Centre for Health Law Research, Queensland University of Technology, Australia; Department of Bioethics, Faculty of Medicine, Dalhousie University, Canada.
Sue Bagshaw: Senior Clinical Lecturer, Paediatrics, University of Otago Christchurch, Aotearoa New Zealand.
Professor Matt Roskruge: Associate Dean Māori, Massey Business School, Aotearoa New Zealand.
Ganesh Ahiro (also known as Ganesh Nana): Former Chair, New Zealand Productivity Commission.

CORRESPONDING AUTHOR
Phil Bagshaw: Chair, Canterbury Charity Hospital Trust, PO Box 20409, Christchurch 8543, Aotearoa New Zealand. Ph: 03-360-2266
E: philipfbagshaw@gmail.com

URL
https://nzmj.org.nz/journal/vol-139-no-1632/is-health-a-basic-human-right-or-a-commodity-travelling-the-difficult-road-towards-equity-of-outcomes

CITATION
Bagshaw P, Potter JD, Goddard J, et al. Is health a basic human right or a commodity? Travelling the difficult road towards equity of outcomes. N Z Med J. 2026 Mar 27;139(1632):92-100. doi: 10.26635/6965.7355.

REFERENCES

1. Krennerich M. The Human Right to Health. Fundamentals of a Complex Right. In: Klotz S, Bielefeldt H, Schmidhuber M, Frewer A, eds. Healthcare as a Human Rights Issue. transcript Verlag; 2017. p. 23-54.
2. *Social Security Act 1938* (2 GEO VI 1938 No 7) (NZ).
3. Clarke JS. Social Security in New Zealand. Social Work. 1942;2(4):171-177.
4. Maclean H, McHenry DE. Medical services in New Zealand. Milbank Memorial Fund Quarterly. 1948;26(2):148–181.
5. McHenry DE. The New Zealand System of Social Security. Soc Serv Rev. 1951;25(1):48-59.
6. Brown H, Bryder L. Universal healthcare for all? Maori health inequalities in Aotearoa New Zealand, 1975-2000. Soc Sci Med. 2023;319:115315. doi: 10.1016/j.socscimed.2022.115315.
7. Ministry of Health – Manatū Hauora. Māori health data and statistics: Statistical publications and data sets on Māori health [Internet]. 2025 [cited 2025 Dec 4]. Available from: https://www.health.govt.nz/statistics-research/statistics-and-data-sets/maori-health
8. Ministry of Health – Manatū Hauora. Pacific health data and statistics: Statistical publications and data sets on Pacific health [Internet]. 2025 [2025 Dec 4]. Available from: https://www.health.govt.nz/statistics-research/statistics-and-data-sets/pacific-health
9. Waitangi Tribunal. Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry [Internet]. 2023 [cited 2025 Dec 20]. Available from: https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_195476216/Hauora%202023%20W.pdf
10. Barnett P, Bagshaw P. Neoliberalism: what it is, how it affects health and what to do about it. N Z Med J. 2020;133(1512):76-84.
11. Ministry of Health – Manatū Hauora. Annual Update of Key Results 2023/24: New Zealand Health Survey [Internet]. 2024 [cited 2025 Dec 4]. Available from: https://www.health.govt.nz/publications/annual-update-of-key-results-202324-new-zealand-health-survey.).
12. Rashbrooke M. Too Much Money: How Wealth Disparities Are Unbalancing Aotearoa New Zealand. Bridget Williams Books; 2021.
13. Haigh D. Poverty in New Zealand. Whanake: The Pacific Journal of Community Development. 2018;4(2):102-115.
14. Association of Salaried Medical Specialists. A spreading problem: Changes in the distribution of medical specialists between public and private work - 2022 to 2024 [Internet]. 2025 [cited 2026

Jan 20]. Available from: https://asms.org.nz/wp-content/uploads/2025/05/A-Spreading-Problem-FINAL.pdf
15. Henderson S, Petersen A, eds. Consuming Health: The Commodification of Health Care. Routledge; 2002.
16. Imershein AW, Estes CL. From health services to medical markets: the commodity transformation of medical production and the nonprofit sector. Int J Health Serv. 1996; 26(2):221-238. doi: 10.2190/V8XP-02T5-E44C-BHWG.
17. Pellegrino ED. The commodification of medical and health care: the moral consequences of a paradigm shift from a professional to a market ethic. J Med Philos. 1999; 24(3):243-266. doi: 10.1076/jmep.24.3.243.2523.
18. Merone L, Ashton S. The inextricable link between public health and human rights and threats to progression in far-right populism and neoliberal systems. Aust N Z J Public Health. 2021;45(5):417-419. doi: 10.1111/1753-6405.13140.
19. Christiansen I. Commodification of Healthcare and its Consequences. WRPE. 2017;8(1):82-103.
20. Public Health Advisory Committee. Determining our Future - Social, Cultural, Economic and Commercial Determinants of Wellbeing in Aotearoa New Zealand: Actions to improve our health and wellbeing [Internet]. Wellington, New Zealand: Ministry of Health – Manatū Hauora; 2025 [cited 2025 Dec 20]. Available from: https://www.health.govt.nz/system/files/2025-08/PHAC-determining-our-future-v5.pdf
21. Bagshaw P, Potter JD, Bagshaw S. The problem with ten-year private healthcare contracts. N Z Med J. 2025;138(1622):119-120. doi: 10.26635/6965.7171.
22. Bagshaw P, Potter JD, Bagshaw S. The looming spectres of public-private partnerships for hospitals and the resulting decline of government responsibility for comprehensive secondary healthcare in Aotearoa New Zealand. N Z Med J. 2024;137(1590):9-13. doi: 10.26635/6965.e1590.
23. Williams D. Prisons operator Serco eyes NZ's public health infrastructure needs [Internet]. Newsroom; 2025 Nov 7 [cited 2025 Dec 20]. Available from: https://newsroom.co.nz/2025/11/07/prisons-operator-serco-eyes-nzs-public-health-infrastructure-needs/
24. Goodair B, Reeves A. Outsourcing health-care services to the private sector and treatable mortality rates in England, 2013-20: an observational study of NHS privatisation. Lancet Public Health. 2022;7(7):e638-e646. doi: 10.1016/S2468-2667(22)00133-5.
25. Goodair B, Reeves A. The effect of health-care privatisation on the quality of care. Lancet Public Health. 2024;9(3):e199-e206. doi: 10.1016/S2468-2667(24)00003-3.
26. Fenton E, Gauld R. The real cost of New Zealand's two-tier health system: why going private doesn't relieve pressure on public hospitals [Internet]. The Conversation; 2023 May 30 [cited 2025 Dec 1]. Available from: https://theconversation.com/the-real-cost-of-new-zealands-two-tier-health-system-why-going-private-doesnt-relieve-pressure-on-public-hospitals-206491
27. Keene L. Creeping Privatisation: Analysis of trends in planned care provision in Aotearoa New Zealand [Internet]. Association of Salaried Medical Specialists; 2023 Sep [cited 2025 Dec 20]. Available from: chttps://asms.org.nz/wp-content/uploads/2023/09/Creeping-Privatisation_final-Sept-2023.pdf
28. Radio New Zealand. Te Whatu Ora Southern region apologises to cancer patients for long waits [Internet]. 2023 Apr 12 [cited 2025 Dec 1]. Available from: https://www.rnz.co.nz/news/national/487812/te-whatu-ora-southern-region-apologises-to-cancer-patients-for-long-waits
29. Gauld R. Questions about New Zealand's health system in 2013, its 75th anniversary year. N Z Med J. 2013;126(1380):68-74.
30. Derrett S, Bevin TH, Herbison P, Paul C. Access to elective surgery in New Zealand: considering equity and the private and public mix. Int J Health Plann Manage. 2009;24(2):147-160. doi: 10.1002/hpm.978.
31. Health Quality & Safety Commission – Te Tāhū Hauora. Atlas of Healthcare Variation – Mapi Hauora Kē [Internet]. 2025 Jul 18 [cited 2025 Dec 4]. Available from: https://www.hqsc.govt.nz/our-data/atlas-of-healthcare-variation/
32. White S. GP23: Continuity of care - precious resource or obstacle? [Internet]. 2023 Aug 9 [cited 2025 Dec 1]. Available from: https://www.rnzcgp.org.nz/news/college/gp23-continuity-of-care-precious-resource-or-obstacle/
33. Goodyear-Smith F, Ashton T. New Zealand health system: universalism struggles with persisting inequities. Lancet. 2019;394(10196):432-442. doi: 10.1016/S0140-6736(19)31238-3.
34. Office of the High Commissioner for Human Rights. Guiding Principles on Business and Human Rights: Implementing the United Nations "Protect, Respect and Remedy" Framework [Internet]. New York and Geneva: United Nations; 2011 [cited 2025 Dec 20]. Available from: https://www.ohchr.org/sites/default/files/Documents/Publications/GuidingPrinciplesBusinessHR_EN.pdf
35. Office of the High Commissioner for Human

Rights. The Corporate Responsibility to Respect Human Rights: An Interpretive Guide [Internet]. New York and Geneva: United Nations; 2012 [cited 2025 Dec 20]. Available from: https://www.ohchr.org/sites/default/files/Documents/Publications/HR.PUB.12.2_En.pdf
36. Radio New Zealand. 'Real sense of fatigue': Doctors negatively rate working conditions since Te Whatu Ora took over [Internet]. 2023 Jul 25 [cited 2025 Dec 19]. Available from: https://www.rnz.co.nz/news/national/494435/real-sense-of-fatigue-doctors-negatively-rate-working-conditions-since-te-whatu-ora-took-over
37. *New Zealand Bill of Rights Act 1990* (NZ).
38. Schneider EC, Shah A, Doty MM, et al. Mirror, Mirror 2021: Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries [Internet]. The Commonwealth Fund; 2021 [cited 2026 Jan 20]. Available frrom: https://search.issuelab.org/resources/38740/38740.pdf
39. Bagshaw P, Potter JD, Hornblow A, et al. The common good: reviving our social contract to improve healthcare. N Z Med J. 2025;138(1614):9-13. doi: 10.26635/6965.6920.
40. Nampewo Z, Mike JH, Wolff J. Respecting, protecting and fulfilling the human right to health. Int J Equity Health. 2022;21(1):36. doi: 10.1186/s12939-022-01634-3.
41. *Pae Ora (Healthy Futures) Act 2022* (NZ).
42. Te Kāhui Tika Tangata Human Rights Commission. Right to Health – Tika ki te Whai Oranga [Internet]. [cited 2025 Dec 1]. Available from: https://tikatangata.org.nz/human-rights-in-aotearoa/right-to-health
43. Breen C. A major new law aims to 'improve the health of all New Zealanders' - so why doesn't it include the basic human right to health? [Internet]. The Conversation; 2022 Jun 15 [cited 2025 Dec 2]. Available from: https://theconversation.com/a-major-new-law-aims-to-improve-the-health-of-all-new-zealanders-so-why-doesnt-it-include-the-basic-human-right-to-health-184842
44. United Nations. International Covenant on Economic, Social and Cultural Rights [Internet]. 1966 [cited 2025 Dec 4]. Available from: https://www.ohchr.org/sites/default/files/cescr.pdf
45. United Nations. Convention on the Rights of the Child [Internet]. 1989 [cited 2025 Dec 7]. Available from: https://www.ohchr.org/sites/default/files/crc.pdf
46. United Nations. Convention on the Rights of Persons with Disabilities [Internet]. 2006 [cited 2025 Dec 7]. Available from: https://www.ohchr.org/sites/default/files/Ch_IV_15.pdf
47. United Nations. United Nations Declaration on the Rights of Indigenous Peoples [Internet]. 2007 [cited 2025 Dec 7]. Available from: https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf
48. Ministry of Justice. International Covenant on Economic, Social and Cultural Rights [Internet]. 2020 [cited 2025 Dec 7]. Available from: https://www.justice.govt.nz/justice-sector-policy/constitutional-issues-and-human-rights/human-rights/international-human-rights/international-covenant-on-economic-social-and-cultural-rights/
49. Ministry of Social Development – Te Manatū Whakahiato Ora. United Nations Convention on the Rights of the Child (UNCRC) [Internet]. [cited 2025 Dec 8]. Available from: https://msd.govt.nz/about-msd-and-our-work/publications-resources/monitoring/uncroc/
50. Ministry of Justice. Convention on the Rights of Persons with Disabilities [Internet]. 2025 May 20 [cited 2025 Dec 8]. Available from: https://www.justice.govt.nz/justice-sector-policy/constitutional-issues-and-human-rights/human-rights/international-human-rights/crpd/
51. Radio New Zealand. New Zealand adopts UN declaration on rights of indigenous people [Internet]. 2010 [cited 2025 Dec 8]. Available from: https://www.rnz.co.nz/international/pacific-news/189829/new-zealand-adopts-un-declaration-on-rights-of-indigenous-people
52. Gee S. UN Human Rights Office sends please-explain to NZ government [Internet]. Radio New Zealand; 2024 Sep 30 [cited 2025 Dec 8]. Available from: https://www.rnz.co.nz/news/political/529469/un-human-rights-office-sends-please-explain-to-nz-government
53. Office of the High Commissioner for Human Rights. CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12) [Internet]. 2000 [cited 2025 Dec 2]. Available from: https://www.refworld.org/legal/general/cescr/2000/en/36991
54. Association of Salaried Medical Specialists. Creating Solutions: Te Ara Whai Tika: A roadmap to health equity 2040 [Internet]. [cited 2026 Feb 26]. Available from: https://img.scoop.co.nz/media/pdfs/2109/ASMSCreatingSolutionsFAweb__FINAL.pdf
55. The General Assembly of the United Nations. Optional Protocol to the International Covenant on Economic, Social and Cultural Rights [Internet]. 2008 [cited 2025 Dec 1]. Availble from: https://www.ohchr.org/sites/default/files/OProtocol_en.pdf
56. Te Kāhui Tika Tangata Human Rights Commission.

Monitoring the Covenant on Economic, Social and Cultural Rights [Internet]. 2016 [cited 2025 Dec 1]. Available from: https://tikatangata.org.nz/our-work/monitoring-the-covenant-on-economic-social-and-cultural-rights
57. Committee on Economic Social and Cultural Rights. Concluding observations on the fourth periodic report of New Zealand* [Internet]. United Nations; 2018 May 1 [cited 2025 Dec 9].
58. One News. NZ failing to meet some human rights commitments – report [Internet]. 2022 Jun 22 [cited 2025 Dec 1]. Available from: https://www.1news.co.nz/2022/06/22/nz-failing-to-meet-some-human-rights-commitments-report/
59. Mitchell L, Baylis P, Randolph S. Monitoring the enjoyment of the rights to adequate housing and health care and protection in Aotearoa New Zealand [Internet]. Motu; 2021 Aug [cited 2025 Dec 20]. Available from: https://motu-www.motu.org.nz/wpapers/21_12.pdf
60. WHO Council on the Economics of Health for All. Health for All - transforming economies to deliver what matters: Final report of the WHO Council on the Economics of Health for All [Internet]. Geneva: World Health Organization; 2023 [cited 2025 Dec 20]. Available from: https://iris.who.int/server/api/core/bitstreams/67b02727-375b-4ff0-83cc-cc7c3b9566e2/content
61. New Zealand Productivity Commission. A fair chance for all: Breaking the cycle of persistent disadvantage [Internet]. 2023 Jun [cited 2025 Dec 20]. Available from: https://www.treasury.govt.nz/sites/default/files/2024-05/pc-inq-fcfa-fair-chance-for-all-final-report-june-2023.pdf
62. Palmer M. Story: Constitution [Internet]. Te Ara – The Encyclopedia of New Zealand; 2012 [cited 2025 Dec 1]. Available from: https://teara.govt.nz/en/constitution
63. Ministry of Justice. Constitutional [Internet]. [cited 2025 Dec 1]. Available from: https://www.justice.govt.nz/justice-sector-policy/regulatory-stewardship/regulatory-systems/constitutional/
64. Seoane JA. A Rights-Based Theory for Health Justice. In: Seoane JA, Vergara O, eds. The Discourse of Biorights. 2024. p: 1-19.
65. Hayward J. New Zealand's Constitution: Having the conversation [Internet]. University of Otago; 2025 [cited 2025 Dec 1]. Available from: https://www.otago.ac.nz/otagomagazine/issue36/opinion
66. Palmer GWR, Butler A. A Constitution for Aotearoa New Zealand. Wellington, New Zealand: Te Herenga Waka University Press; 2016.
67. Palmer G. What the New Zealand Bill of Rights Act Aimed to Do, Why It Did Not Succeed and How It Can Be Repaired. N Z J Publ Internat Law. 2016;14:169-208.
68. Bagshaw P, Barnett P. Physician advocacy in Western medicine: a 21st century challenge. N Z Med J. 2017;130(1466):83-89.
69. McLean J. The unwritten political constitution and its enemies. Internat J Const Law. 2016;14(1):119-136. doi: 10.1093/icon/mow002.
70. Mereu N. A Written Constitution for New Zealand? N Z Law Stud J. 2009;11:217-238.

 ©PMA