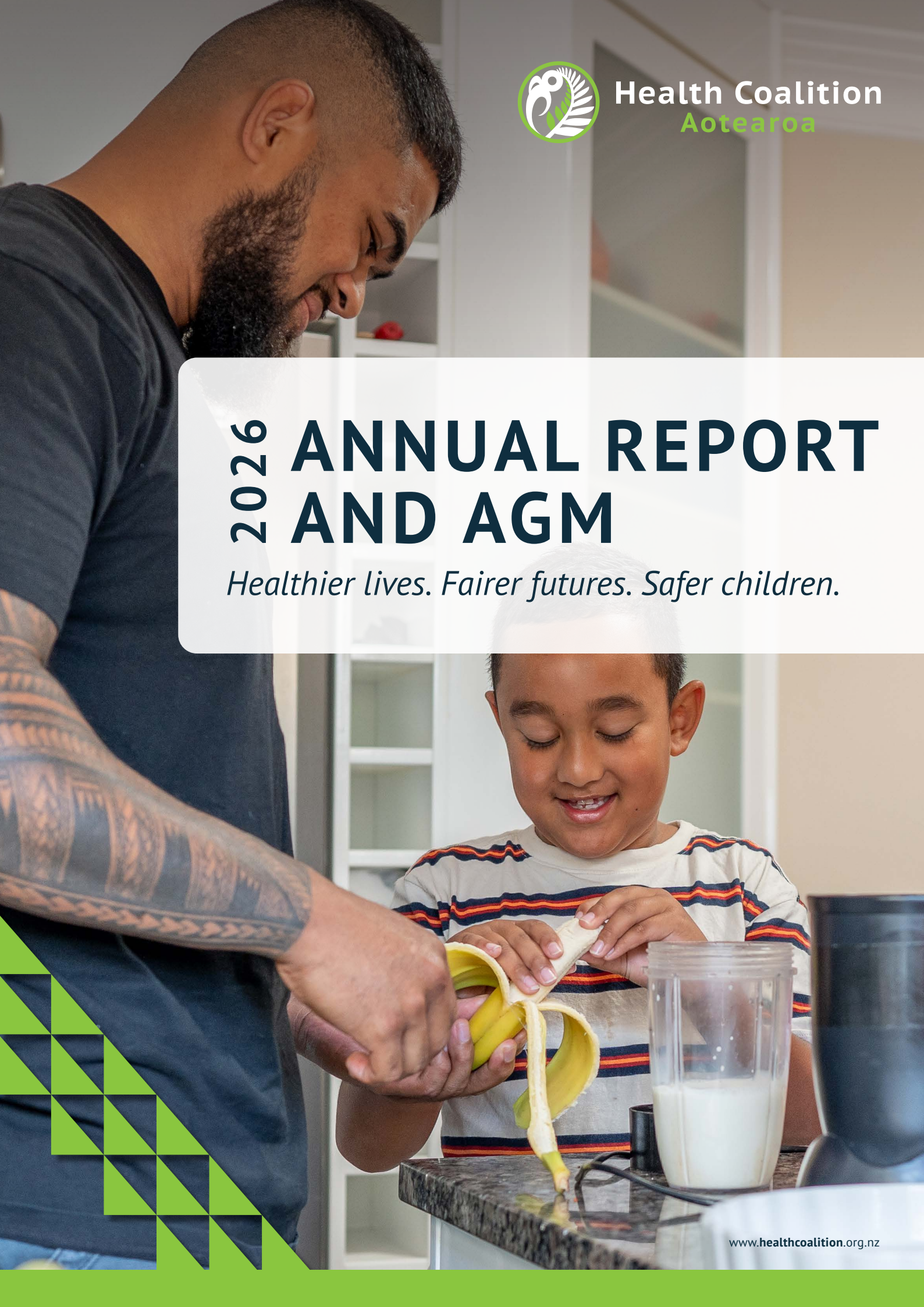

Health Coalition Aotearoa

2026 ANNUAL REPORT AND AGM

Healthier lives. Fairer futures. Safer children.

www.healthcoalition.org.nz

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AGM 2026 AGENDA

Date: Monday, September 14, 2026
Time: 12.00pm – 1.00pm
Venue: Virtually via ZOOM
Attendees: AGM is open to all HCA members and free to attend virtually.

Agenda

1. Karakia, Welcome, Opening remarks and acknowledgement of attendees
2. Checking of quorum and Zoom housekeeping
3. Receiving of minutes of previous (2025) AGM
4. Co-Chairs' Report
5. Questions on co-chairs' report
6. Treasurer's Report and Annual Financial Statements
7. Questions from members on Treasurer's report
8. Smokefree Expert Advisory Group report
9. Rōpū Apārangi Waipiro (Alcohol Expert Panel) report
10. Food Policy Expert Panel report
11. Public Health Infrastructure Expert Panel report
12. Questions from members on panel reports
13. Special Business – HCA constitutional amendment (gambling harm) resolution (see addendum)
14. Board nominations and election of Board members – Wendy Aldred KC/Lealailepule Edward Cowley resolution (see addendum)
15. Membership update
16. Any other motions to be considered
17. General business
18. Karakia and close

Zoom codes will be sent to registered attendees by email prior to the meeting.

CO-CHAIRS' REPORT

Health Coalition
Aotearoa

CO-CHAIRS' REPORT

Tēnā koutou katoa,

We are pleased to present the co-chairs' report for Health Coalition Aotearoa (HCA) covering the financial year to March 31, 2026.

Over the year, HCA navigated considerable change while continuing to grow our network of supporters and respond to an evolving policy landscape.

We provided strong advocacy on major regulatory bills with significant implications for public health, health equity and democratic participation across our pou of tobacco and nicotine products, alcohol and unhealthy food.

Despite strong policy headwinds, we have continued to make significant strides across our priority areas.

- **Healthy School Lunches Programme:** HCA launched our **Ka Ora, Ka Ako Campaign 3.0** with partners NZEI Te Riu Roa, PPTA Te Wehengarua, Auckland City Mission, Save the Children New Zealand, Child Poverty Action Group, and the New Zealand Principals' Federation.

  We are calling for a revised Ka Ora, Ka Ako 3.0 model that commits permanent funding through Vote Education, is based on a fair pricing model, meets nutrition standards and gives schools flexibility to select providers.

- **Level the Lobbying Playing Field:** HCA launched its **Level the Lobbying Playing Field** campaign in April 2025 in partnership with the Helen Clark Foundation and Transparency International New Zealand.

  The campaign aims to end hidden lobbying and restore fairness, integrity and transparency to government decision-making.

- **He kai kei aku ringa – The food is in my hands:** HCA is a partner in the South Auckland Regional Food Systems initiative aiming to drive coordinated advocacy for policy changes to empower South Auckland communities to shape their own food environments. Māngere has been selected as the prototype suburb.

  After a year-long community-led research project, a report, *He kai kei aku ringa/The food is in my hands*, was completed in early 2026 and presented to the Auckland Council Policy and Planning Committee.

- **Healthy Futures Summit: Prevention Today, Thrive Tomorrow:** A highlight was the 'Healthy Futures Summit: Prevention Today, Thrive Tomorrow', a national wānanga held in August 2025 at the Mahurehure Marae.

  Auckland Mayor Wayne Brown opened the event which brought together more than 200 attendees and an outstanding line-up of international and national speakers.

  The kōrero shared that day will continue to ripple outward into policy, communities and collective action.

  The Healthy Futures Summit reinforced that prevention and equity are not aspirations for tomorrow; they are urgent priorities for today.

- **Media and public engagement:** Across our four pou – tobacco, alcohol, food, and public health infrastructure, a webinar series brought evidence to our members shaping policy and advocacy, and the public whose health is at stake. More than 150 people registered for each session with brilliant external facilitation.

  We partnered with the Public Health Association to support delivery of their annual webinar series to their members across the motu through April and May 2025.

We are deeply grateful to our philanthropic funders, individual and organisational members for their continued support and commitment to a healthier, more equitable Aotearoa. We acknowledge and thank Clare Foundation, a new five-year partner, JR McKenzie Trust, supporting food system transformation, along with annual funding partners of Jasmine Social Investments, Jester Foundation, Mills Foundation, Healthy Families South Auckland and HCA Super Preventioners.

CO-CHAIRS' REPORT CONTINUED

HCA's small but agile management team farewelled Julie Clothier and congratulated Danica Ludlow on her graduation with a Master of Public Health.

We sincerely thank our board, expert panels, members and staff for their steadfast commitment to our shared kaupapa.

HCA welcomed new board members Lealailepule Edward Cowley and Wendy Aldred KC.

The expert advisory panels welcomed new members: Lealailepule Edward Cowley (co-chair) and Amanda Dodd for Smokefree; Tania Henderson (co-chair), Jordan Phillips for Alcohol; Dr Prudence Stone (co-chair), Dr Marcus Tamaira (co-chair) and Virginia Mills for Public Health Infrastructure and; Prof Louise Signal, Dr Andrea Teng and Dr Summer Wright on the Food panel.

Many thanks to Dr Karen Wright, Grant Berghan and Dr David Galler who stepped down from co-chair roles but remain active panel members.

We also thank Candace Bagnall (co-chair), Dr Fa'asisila ('Sila') Savila, Jessikha Leatham-Vlasic, Sally Liggins, Warren Lindberg, Professor Don Matheson, Dawn Meertens, Tegan McGowan, Mariam Parwaiz, Bryony Simcock, Professor Tim Tenbensel and Dr Leanne Young who stepped down from panel membership.

HCA's priority for the current election year is putting prevention on the agenda of the incoming government. This includes our **Prevention Brief 2026** call to policy action, a political panel on prevention and continuing to lead collective action to make prevention an election priority.

Professor Boyd Swinburn
Co-Chair

Jason Alexander
Interim Co-Chair

HCA ACTIVITY SNAPSHOT

PERIOD FROM APRIL 2025 - MARCH 2026

17
Press Releases

173
Media Mentions

9
Newsletters

5
Events

3
Campaigns

2
Policy Briefs

2
Webinars

1
Open Letter

1
National Survey

7.6k
Social Media Followers

149
LinkedIn Posts

FINANCIAL REPORT

This report summarises the financial activity of Health Coalition Aotearoa (HCA) for the 2026 financial year, based on the summary financial accounts for the year ended 31 March 2026. All figures are in NZD and exclude GST. This report should be read in conjunction with the full financial statements.

HCA recorded a modest operating deficit of **$1,230** for the year (2025: deficit of $620), on total revenue of $620,014 under 0.2% of revenue. As in 2025, this reflects continued close-to-breakeven, disciplined financial management rather than any underlying concern in a challenging philanthropic sector and ongoing deep recessionary market.

Revenue

Total revenue for the year was **$620,014**, up 6% on the $583,093 reported in 2025. Growth was led by grants and donations, which together rose 13% to $562,368 (2025: $498,076): grants income increased 13% to $492,907, and donations rose 9% to $69,461.

Revenue from providing goods and services grew strongly, up 32% to $36,829, with membership fees up 39% to $20,802 and event income up 23% to $16,027 a positive sign of growing member engagement and participation.

This was partly offset by a 64% fall in other income, to $20,816 (2025: $57,047), driven by lower project income ($10,452 vs $40,000 in 2025) and lower interest income ($10,365 vs $17,047), reflecting the non-recurring nature of some 2025 project funding and softer term deposit returns during the year.

Expenses

Total expenses were **$621,244**, up 6% on $583,713 in 2025 broadly in line with revenue growth.

The composition of spending shifted markedly during the year. Employee-related costs fell 66% to $51,338 (2025: $149,524), while costs related to delivering our programmes rose 33% to $555,178 (2025: $416,775). This reflects a continued shift toward a contractor-led delivery model: contractor costs rose 16% to $358,310, and campaign and project expenses nearly tripled to $133,935 (2025: $46,287), reflecting the year's expanded campaign activity. Specific campaigns launched were Let's Level the Playing Field and Ka Ora Ka Ako Healthy School Lunch programme 3.0

Other expenses fell 15% to $14,728 (2025: $17,414), with lower accounting costs ($7,829 vs $11,978) partly offset by new amortisation costs of $2,178.

Balance Sheet and Reserves

Net assets stood at **$397,167** as at 31 March 2026, essentially flat on the $398,397 reported at 31 March 2025 a movement equal to the year's small operating deficit.

Total assets fell 13% to $645,616 (2025: $739,103), and total liabilities fell 27% to $248,450 (2025: $340,706) a matched reduction driven largely by deferred grant income being recognised into revenue during the year (deferred grants down 23% to $225,004), alongside both accounts receivable and accounts payable normalising from elevated 2025 levels.

Within total bank holdings of $578,561 (2025: $644,137), HCA moved a larger share of funds into term deposits (up 69% to $234,468), rebalancing from at-call bank balances (down 32% to $344,093) a prudent step to capture better returns on funds not needed for immediate operating purposes.

Reserves remain broadly stable and continue to provide a solid platform for HCA's ongoing operations complying with HCA Reserves Policy.

Sustainability

HCA continues to diversify its funding base across grants, donations, membership, and event income, reducing reliance on any single revenue stream. The funding pipeline for YE 2027 is focused on Jester Foundation renewal, South Auckland Food System project funding ask to expanded suite of new philanthropic foundations and securing funding for inaugural State of Prevention report.

Compliance

The Charity is GST registered and files GST and employment returns with the IRD on a regular basis; all filings and payments are up to date. HCA re-registered with the Companies Office under the Incorporated Societies Act 2022. HCA completes annual Charities Services return due by 30 September.

Acknowledgements

Thanks to Board leadership from Co-chairs Boyd Swinburn and Lisa Te Morenga and wider board members.

Motions

Annual Accounts -That the financial accounts for the year ended 31 March 2026 are accepted and approved.

Professor Boyd Swinburn
Co-Chair

Jason Alexander
Interim Co-Chair

ANNUAL FINANCIAL STATEMENTS YE 2026

Health Coalition Aotearoa

ENTITY INFORMATION

Health Coalition Aotearoa
For the year ended 31 March 2026

'Who are we?', 'Why do we exist?'

Legal Name of Entity

Health Coalition Aotearoa Incorporated

Entity Type and Legal Basis

Health Coalition Aotearoa is an Incorporated Society and a Registered Charity.

Registration Number

CC56881

Entity's Purpose or Mission

The main purpose of the Society is to benefit the community by promoting health for all New Zealanders, especially through the prevention of harm from the unhealthy products of tobacco, alcohol and unhealthy foods (as defined by the World Health Organisation). The Society will advance health education and promotion by using scientific analyses, a variety of communication approaches, and anything necessary or helpful to achieve its main purpose.

Entity Structure

Health Coalition Aotearoa is an Incorporated Society. There are two types of Society membership: organisational and individual. The members elect the Board at its AGM, and the Board elects the positions of Co-Chairs, Secretary, and Treasurer. The Board is the governing body. Expert Panels provide advisory input to the board.

Board Members

Professor Boyd Swinburn Co-Chair
Jason Alexander Interim Co-Chair
Edward Cowley, Secretary
Dr David Galler, Treasurer
Jason Alexander
Grant Berghan
Dr Jacinta Fa'alili Fidow
Dr Kristen Maynard
Wendy Aldred KC

Main Sources of Entity's Cash and Resources

Donations

Main Methods Used by Entity to Raise Funds

Donations and Grants

Additional Information

Contact Nos: Faye Langdon, 021 780 138
Email Address: **f.langdon@healthcoalition.org.nz**

Website Address

www.healthcoalition.org.nz

APPROVAL OF FINANCIAL REPORT

Health Coalition Aotearoa
For the year ended 31 March 2026
Cash Basis

The Directors are pleased to present the approved financial report including the historical financial statements of Health Coalition Aotearoa for year ended 31 March 2026.

APPROVED

Professor Boyd Swinburn
Co-Chair
23 July 2026

Jason Alexander
Interim Co-Chair
23 July 2026

BALANCE SHEET

Health Coalition Aotearoa
As at 31 March 2026

	31 MAR 2026	31 MAR 2025
Assets		
Bank		
Bank Balances	344,093	505,181
Term Deposit	234,468	138,956
Total Bank	**578,561**	**644,137**
Current Assets		
Accounts Receivable	15,103	42,575
Accrued Interest	733	352
GST receivable	10,432	8,390
Prepayments	2,017	2,880
Total Current Assets	**28,284**	**54,196**
Fixed Assets		
Intangibles work in progress	27,880	27,880
Database	10,892	12,890
Total Fixed Assets	**38,772**	**40,770**
Total Assets	**645,616**	**739,103**
Liabilities		
Current Liabilities		
Accounts Payable	17,366	43,894
Accruals	600	-
Credit Cards	2,146	3,279
Deferred Grants	225,004	292,911
Employee Entitlements	3,333	622
Total Current Liabilities	**248,450**	**340,706**
Total Liabilities	**248,450**	**340,706**
Net Assets	**397,167**	**398,397**
Equity		
Current Year Earnings	(1,230)	(620)
Retained Earnings	398,397	399,016
Total Equity	**397,167**	**398,397**

PROFIT AND LOSS

Health Coalition Aotearoa
For the year ended 31 March 2026

	2026	2025
Revenue		
Grants, fundraising and other similar revenue		
Donations	69,461	63,487
Grants	492,907	434,589
Total Grants, fundraising and other similar revenue	**562,368**	**498,076**
Revenue from providing goods or services		
Events	16,027	13,000
Membership Fees	20,802	14,970
Total Revenue from providing goods or services	**36,829**	**27,970**
Other Income		
Interest income	10,365	17,047
Project income	10,452	40,000
Total Other Income	**20,816**	**57,047**
Total Revenue	**620,014**	**583,093**
Expenses		
Employee related costs		
ACC Levy	286	280
Kiwisaver	782	5,328
Recruitment Expenses	614	698
Salaries	49,656	134,150
Training and Development	-	9,068
Total Employee related costs	**51,338**	**149,524**
Costs related to providing goods or services		
Board expenses	4,840	8,519
Campaign and project expenses	133,935	46,287
Contractors	358,310	307,863
Forum Expenses	15,308	23,140
Holiday Pay Provision (62520)	2,130	(7,327)
Insurance	2,021	1,706
IT Services	-	385
Legal Expenses	-	2,582
Office expenses	4,553	2,417
Software Systems Cost / Subscriptions	14,938	9,554
Stripe Fees	562	438
Team Expenses	1,340	710
Technology Leases	-	1,000
Travel	13,243	9,717
Website	3,999	9,784
Total Costs related to providing goods or services	**555,178**	**416,775**

PROFIT AND LOSS CONTINUED

	2026	2025
Other expenses		
Accounting	7,829	11,978
Bad Debt	4,508	5,300
Bank Fees & Interest	213	136
Amortisation	2,178	-
Total Other expenses	**14,728**	**17,414**
Total Expenses	**621,244**	**583,713**
Surplus for the Year	**(1,230)**	**(620)**

STATEMENT OF ACCOUNTING POLICIES

Health Coalition Aotearoa
For the year ended 31 March 2026

'How did we do our accounting?'

Basis of Preparation

The entity has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting –Accrual (Not-For-Profit) basis that it does not have public accountability and has total annual expenses equal to or less than $2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

Goods and Services Tax (GST)

The entity is registered for GST. Therefore, all amounts are stated exclusive of GST (if any).

Income Tax

Health Coalition Aotearoa is wholly exempt from New Zealand income tax having fully complied with all statutory conditions of these exemptions.

Bank Accounts and Cash

Bank accounts and cash in the Balance Sheet comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Changes in Accounting Policies

There have been no changes in accounting policies other than these reports are now prepared under Tier 3. Policies applied on a consistent basis with those of the previous reporting period.

NOTES TO THE FINANCIAL REPORT

Health Coalition Aotearoa
For the year ended 31 March 2026

	2026	2025
1. Analysis of Revenue	**$**	**$**
Donations and Fundraising		
Grants - Jasmine Social Investments	200,000	200,000
Grants - Jester Foundation	75,000	75,000
Grants - Medical Assurance Society NZ		78,089
Grants - The Gama Foundation		67,000
Grants - Healthy Families South Auckland		55,000
Grants - Mills Foundation	18,000	13,500
Grants -JR Mckenzie Trust	30,000	
Grants - University of Auckland		34,000
Less Deferred Grants	-225,004	-292,911
Donations	69,461	63,487
Event Funders and registrations	16,027	13,000
Total Donations and Fundraising	**562,368**	**498,076**
2. Analysis of Assets		
Current Assets		
Health Coalition Aotearoa -00	204,292	274,852
Health Coalition Aotearoa -01	1	1
Business Term Deposit - 02	234,468	138,956
Business Online Call - 03	139,800	230,327
ED Visa	-2416	-3,279
Total Current Assets	**$576,145**	**$640,857**
3. Deferred Income		
Jasmine Social Investments	200,000	200,000
MAS Grant	33,332	31,242
The Gama Foundation		
Healthy Families South Auckland		36,666
Jester Foundation	25,000	25,000
JR McKenzie Trust	30,000	
Total Deferred Income	**225,004**	**292,911**
4. Accumulated Funds		
Accumulated Funds		
Opening Balance	398,397	399,016
Accumulated surpluses or (deficits)	-1230	-609
Transfers to Reserves	-127,000	-127,500
Operating Reserve	127,000	127,500
Total Accumulated Funds	**397,167**	**398,407**

5. Commitments
There are no commitments as at 31 March 2026 (Last year -nil)

6. Related Parties
There were no transactions involving related parties during the financial year

7. Events After the Balance Date
There were no events that have occured after the balance date that would have a material impact on the Financial Report (Last year -nil)

EXPERT PANEL REPORTS

Health Coalition
Aotearoa

SMOKE-FREE EXPERT ADVISORY GROUP

The ambition to achieve a Smokefree Aotearoa has not diminished despite missing the 2025 goal. However, reducing smoking prevalence to five percent or below for all New Zealanders will require innovative measures that fundamentally change the current tobacco control system.

The steady and dramatic decline in smoking rates seen in recent decades has stalled in recent years. Māori, Pacific peoples and people on lower incomes remain more likely to smoke and experience smoking-related health problems.

A nationally representative survey of 1,247 New Zealanders conducted for the Smokefree Expert Advisory Group (SEAG) in early 2026 by Talbot Mills Research revealed key public attitudes:

- 68 percent believe the tobacco industry influences government policy.
- 57 percent think retail nicotine pouches will increase youth uptake.
- 55 percent support reintroducing very low nicotine cigarettes.
- Only 33 percent support the retail sale of oral nicotine products, compared with 46 percent who are opposed.

This research provided crucial evidence to counter tobacco industry arguments, strengthening our advocacy for further restrictions on new nicotine products, including heated tobacco and oral nicotine pouches.

The survey also highlighted New Zealand's significant decline in international tobacco industry interference rankings, from second to 53rd position. It provided evidence to highlight the many flaws in the government's heated tobacco products excise tax reduction. The findings informed our subsequent position statements on tobacco industry influence and oral nicotine products.

Remarkably, retailers of smoked tobacco and vaping products require no licence to operate. We argued that mandatory licensing of all retailers selling tobacco and commercial non-therapeutic nicotine products would facilitate better monitoring and enforcement, helping to reduce illicit sales.

To support this advocacy, we began drafting a paper outlining regulatory options, informed by legal expertise, to strengthen our evidence base and policy development capabilities.

We called for renewed attention to the reduced-nicotine standard strategy that was repealed when the current government took office. Much lower nicotine levels would make tobacco non-addictive and support more people to quit smoking.

SEAG engaged with political parties across the spectrum, including a face-to-face meeting with Labour health spokesperson Hon Dr Ayesha Verrall to discuss the low-nicotine standard strategy and other tobacco control options. We also contributed to the Smokefree Health Sector Advisory Group report and recommendations to the Ministry of Health.

Fairer access to, and resourcing of, smoking and vaping cessation support is essential to reduce prevalence rates. The current system does not meet the needs of Māori, Pacific peoples and other groups among whom smoking and vaping rates remain high. SEAG began work on a new position statement addressing current inequities in cessation support.

In March 2026, we held an annual planning day in Auckland to set priorities and strategic direction, establish working groups for key initiatives, and develop 'fast facts' documents to support our three priority policy areas.

Policy priorities

1. Introduce a comprehensive, future-proof nicotine licensing scheme and revisit the mandatory reduced-nicotine standard for all tobacco products.
2. Introduce greater transparency to prevent industry influence, including a lobbying register, ending the revolving door, comprehensive donation registers, prohibiting donations from tobacco companies, and requiring disclosure of all tobacco industry marketing investments.
3. Eliminate inequities in smoking and vaping prevalence and provide more comprehensive cessation services for both.

Membership

We farewelled Sally Liggins, Candace Bagnall and Dawn Meertens.

Edward Cowley joined Professor Chris Bullen as co-chair, and Amanda Dodd joined Professor Janet Hoek, Dr Jude Ball, Dr Lucy Hardie, Calvin Cochrane and Jasmine Graham on SEAG.

We also welcomed Leyun (Annie) Xing in an administrative support role to strengthen organisational capacity.

RŌPŪ APĀRANGI WAIPIRO (ALCOHOL EXPERT PANEL)

In the past year, the rōpū has focused on strengthening support for alcohol policy in the lead-up to the 2026 election, while seeking to protect recent improvements to alcohol legislation.

As feared, a bill to reform regulations on alcohol availability was introduced by the current coalition government in March 2026, with proposals that largely favour commercial interests in alcohol, including measures to expand alcohol retail options and limit community voice in decision-making. One positive aspect of the bill, supported by HCA advocacy, is a new proposal to check age and intoxication at the point of alcohol delivery.

The rōpū has remained concerned about alcohol industry involvement in public policy, including engagement with health officials during the development of health policy. This has reinforced the need to insulate the early stages of policy development from industry influence, alongside broader lobbying reforms.

In addition, the rōpū has been concerned about restructuring in Health New Zealand – Te Whatu Ora (HNZ), which has reduced specialist alcohol capacity.

Rōpū activities

Our central aim for the election remains comprehensive reform of the Sale and Supply of Alcohol Act 2012, and improvements to pricing policy, to achieve improved and more equitable health outcomes relating to alcohol.

In May 2025, the rōpū promoted and disseminated public polling results (commissioned with the Cancer Society in early 2025) to underscore public support for a suite of alcohol policy reforms, including a **PHCC Briefing**, and **national** and **local** government policy briefs provided to ministers and policy makers.

Policy priorities

1. Reform the Sale and Supply of Alcohol Act 2012 to tighten protections on availability and marketing: reduce national maximum trading hours, delay online deliveries and mandate an age check, ban all alcohol marketing, and raise the purchase age to 20.
2. Embed Te Tiriti o Waitangi in the aims and provisions of the Act to support the elimination of inequities, ensure Māori can meaningfully participate in decisions about alcohol and enable mana whenua to determine how to address alcohol harm in their communities.
3. Raise alcohol excise tax by 50 percent to lift prices and reduce harm. Invest additional revenue in prevention and treatment. Support these changes with strong data collection and evaluation to track impacts on harm, consumption, and equity.

In addition, we have drafted comprehensive position statements on alcohol marketing and pricing as two highly cost-effective ways to minimise alcohol harm. Our positions support a full legislative ban on alcohol marketing and a 50 per cent increase in alcohol excise tax to reduce harm and enable greater investment in prevention and treatment, alongside evaluation of impacts on equity.

Throughout the year, the rōpū investigated emerging alcohol policy changes through OIAs, sent an **open letter** calling for policy development processes to be protected from alcohol industry influence, and secured engagement with the Minister for Mental Health and Ministry of Health staff.

Members also contributed to public and media communications on alcohol harms and cancer, pricing, licensing and industry influence.

The rōpū wrote to the National Public Health Service to express concern over reductions to the specialist alcohol harm-reduction workforce in HNZ, advocating for the retention of its important knowledge and support for the public health sector.

During 2026, a major focus was commencing our response to the alcohol ('Improving Regulation') Bill, which will be reported on in the next financial year.

Membership

We acknowledge Dr Karen Wright's outstanding contribution to the leadership and activities of the rōpū as co-chair over the past three years. Karen has stepped down as co-chair and remains a member.

Jessikha Leatham-Vlasic has left the group, and we acknowledge her valuable contribution. We welcome Tania Henderson as the new co-chair, who brings extensive sector connections and knowledge of fetal alcohol spectrum disorder. The rōpū has also welcomed new member Jordan Phillips, strengthening expertise in Māori public health, alcohol policy and community advocacy.

We have also been pleased to welcome Dorna Ketabchi (Administration) and Hemi Enright, who is assisting in a voluntary capacity.

FOOD POLICY EXPERT PANEL

The Food Expert Group continued to provide strong leadership and evidence-informed advocacy to advance healthier food environments across Aotearoa New Zealand. The group focused on policies that support equitable access to healthy food, protect children from harmful food marketing, and strengthen government action to prevent diet-related disease.

Over the past year, members contributed expertise across a range of significant policy initiatives. We finalised position statements on restricting children's exposure to unhealthy food and beverage marketing, introducing a sugary drinks industry levy, and ensuring the long-term sustainability of Ka Ora, Ka Ako, Healthy School Lunches.

Led by Dr Fiona Sing, we prepared a report on strategies and potential regulatory measures to reformulate the food supply, with particular focus on sodium and cardiovascular disease prevention. This advice was provided to Hon Ayesha Verrall following engagement with her at the 2025 HCA Prevention Forum in Auckland.

Ka Ora Ka Ako remains a priority, with the launch of the Ka Ora Ka Ako version 3.0 campaign in September 2025 that:

- Commits to permanent funding for the Ka Ora, Ka Ako programme through Vote Education.
- Is based on a fair pricing model that balances meal quality, economic sustainability for suppliers, and value for taxpayers.
- Ensures provider-supplied meals deliver at least 25 percent of students' daily energy requirements.
- Provides schools with the flexibility to select suppliers that best meet their communities' needs.

We funded a Talbot Mills survey which showed significant public support for the programme to continue.

Members are part of a trans-Tasman working group responding to the directive from Australian and New Zealand Food Ministers in February 2026 for FSANZ to draft a proposal to make Health Star Ratings mandatory. We worked with this group to prepare material to respond to the upcoming consultation. Members are also part of a trans-Tasman advocacy group monitoring progress on the FSANZ Act review.

HCA is a partner in the South Auckland Regional Food Systems initiative aiming to drive coordinated advocacy for policy changes to empower South Auckland communities to shape their own food environments. Māngere has been selected as the prototype suburb.

After a year-long community-driven research project, a report, *He kai kei aku ringa/The food is in my hands*, was completed in early 2026 and presented to the Auckland Council Policy and Planning Committee. Recommendations included to: unlock underutilised public land for community kai initiatives; build community capacity and skills; remove unhealthy food advertising on Auckland Transport assets; lobby central government to expand Ka Ora, Ka Ako, and; give councils the power restrict the density and location of junk-food outlets in neighbourhoods according to community wishes.

The research was supported by Moana Connect, Toi Tangata, the Clare Foundation, the University of Auckland, the J R McKenzie Trust, and MAS Foundation.

We kept food policy issues on the agenda with media comments, opinion pieces and briefings. HCA hosted a successful webinar on food systems with excellent speakers, Dr Kelly Garton, Levi Brindson Hall, Angela Clifford, Cory Hope and Dr Nick Rose. We ran a day-long workshop 'Priorities for food policy in Aotearoa' at the University of Otago public health summer school, led by Dr Cristina Cleghorn.

Policy priorities

Top three policy priorities

1. Commit permanent Vote Education funding to Ka Ora, Ka Ako healthy school lunch programme at a fair and sustainable level, enabling providers to supply meals that meet at least 25 percent of children's daily energy needs and dietary guidelines, and offer schools flexible delivery options.
2. Legislate to protect children from exposure to all forms of unhealthy food marketing in the places they learn, live, and play.
3. Implement a sugary drinks industry levy with revenue used to expand access to free dental care.

Membership

We revised our membership as our panel numbers were high. Four members do not currently have capacity to be active; however, they will remain available to support the panel. We thank Dr Leanne Young, Tegan McGowan, Bryony Simcock and Dr Fa'asisila ('Sila') Savila for their support over the years. We welcome Dr Summer Wright, Prof Louise Signal and Dr Andrea Teng. We thank Hinako Percival for administrative support.

PUBLIC HEALTH INFRASTRUCTURE EXPERT PANEL

The Public Health Infrastructure (PHI) Expert Panel continued to provide leadership and evidence-informed advocacy to advance public integrity and democracy across Aotearoa New Zealand.

The panel focused on launching a public campaign to strengthen government action to prevent undue commercial influence on public health policy. This work became increasingly important as deregulation, the repeal of smokefree legislation, public service cuts, and the dismantling of Te Aka Whai Ora weakened key protections and increased the risk of undue influence.

A key challenge this year was the growing presence of industry within government policy processes affecting public health. Multiple examples of strategic lobbying and conflicts of interest highlighted how exposed the system remains to undue influence.

Aotearoa New Zealand remains an outlier among comparable countries, including Ireland, the UK, France, Australia and Canada, due to the lack of lobbying regulation, cooling-off periods, and an independent body to oversee conflicts of interest across government.

We have no mandatory lobbying register, no cooling-off periods, and no independent body with teeth to manage conflicts of interest across government. Closing that gap will require bold vision from the next government to put in place the safeguards our democracy needs. This is the problem the panel's campaign work is directly designed to fix.

In response, the panel moved this year from broad principles to a specific, public campaign with clear, measurable asks. It launched in April, Level the Lobbying Playing Field (LTLPF), in partnership with the Helen Clark Foundation and Transparency International New Zealand, built around the three finalised position statements:

1. **Regulating Lobbying:** a mandatory code of conduct, a public register of meetings, cooling-off periods for officials and ministers moving between public and private roles, and an independent Integrity Commission.
2. **Strengthening the OIA:** one joined-up law, more proactive release of information, and an empowered Information Commissioner.
3. **Managing Conflicts of Interest:** clearer standards and stronger oversight across government, with specific safeguards in high-risk policy areas, such as tobacco, food and alcohol.

Throughout 2025, the panel held a programme of meetings with senior public servants and the CEOs of major NGOs to build engagement, understanding and commitment to support and amplify the regulatory and policy changes the campaign is calling for. We also delivered a webinar series bringing together leading national and international speakers, facilitated by former Attorney-General Chris Finlayson KC.

The panel kept public health policy issues on the public agenda throughout the year, through media comments, opinion pieces and briefings.

Alongside the LTLPF campaign, the panel commenced development and planning of the *Prevention Brief 2026*, structured around three priority areas.

1. Enact a lobbying law of international standard, including: a mandatory code of conduct, a public register of meetings, cooling off periods before politicians become lobbyists, and establishing an Integrity Commission.
2. Strengthen the Official Information Act to better support transparency and public participation. This means one joined-up law, more proactive release of information, and a stronger watchdog. An independent Information Commissioner with real powers would ensure decisions are open to scrutiny, and that agencies are held accountable.
3. Ensure conflicts of interest are clearly declared and actively managed across government.

   Stronger standards, oversight by the Public Service Commission, and safeguards around the revolving door would reduce undue influence. Extra protections are also needed when developing high-risk policies around tobacco, unhealthy food and alcohol.

Membership

The panel welcomed new co-chairs Dr Prudence Stone and Dr Marcus Tamaira and thanked previous co-chairs Dr David Galler and Grant Berghan for their leadership. We farewell Warren Lindberg, Professor Don Matheson, Professor Tim Tenbensel and Dr Mariam Parwaiz from the PHI expert panel. We also acknowledge executive assistant Dorna Ketabchi.

ADDENDUM – ANNUAL GENERAL MEETING RESOLUTIONS

Health Coalition Aotearoa

RESOLUTION

APPOINTMENT OF NEW BOARD MEMBERS

Meeting: Annual General Meeting of Health Coalition Aotearoa
Date: 14 September 2026
Resolution: Appointment of New Board Members
Type: Ordinary Resolution

Background

HCA's Constitution provides for the appointment of Board members at the Annual General Meeting. The Board recommends the appointment of two new Board members to strengthen the Coalition's governance capability.

Nominees

1. **Wendy Aldred KC — Stout Chambers**

   Wendy is an independent barrister based in Wellington and has a broad litigation practice, including public law and medico-legal work and has a longstanding interest in the law relating to healthcare. She appears before the New Zealand courts at all levels and in major public inquiries.

   Wendy holds a Bachelor of Laws and Bachelor of Arts (French) from the University of Canterbury, and a Master of Laws (Hons) from Victoria University of Wellington. She was admitted to the Bar in New Zealand in 1995 and appointed King's Counsel in 2024.

2. **Lealailepule Edward Cowley — Hāpai Te Hauora**

   Edward is of Samoan descent and carries the Samoan Chieftain name Lealailepule. The name Lealailepule comes from the saying 'Le ala i le pule o le tautua' which translates to 'The path to leadership is through service'. This indeed is an apt sentiment as he is passionate about serving Pacific people, in particular around improving their health and wellbeing.

   Edward is an energetic and innovative leader for a number of communities, his respectful approach to working in collaboration makes him a highly valued asset to any work team.

   He has contributed significantly to Pacific health in stop smoking advocacy, leadership and health promotion roles. He is a strong advocate for Pacific people being informed in nutrition and physical activity, and believes in leading by example to help communities he works with make the change for health.

Proposed resolution

RESOLVED THAT the members of Health Coalition Aotearoa approve the appointment of the following persons as members of the Board of Health Coalition Aotearoa, effective from:

1. Wendy Aldred KC (Stout Chambers) – **June 2025**
2. Lealailepule Edward Cowley (Hāpai Te Hauora) – **February 2026**

Voting requirement

This is an Ordinary Resolution and requires a simple majority of members present and voting at the Annual General Meeting.

Moved/Seconded

Proposed by: _____

Seconded by: _____

RESOLUTION

AMENDMENT TO THE HCA CONSTITUTION — INCLUSION OF GAMBLING HARM AS A COMMERCIAL DETERMINANT OF HEALTH

Meeting: Annual General Meeting of Health Coalition Aotearoa
Date: 14 September 2026
Resolution: Amendment to the HCA Constitution — Inclusion of Gambling Harm as a Commercial Determinant of Health
Type: Special Resolution (constitutional amendment)

Background

Health Coalition Aotearoa's Constitution currently identifies the commercial determinants of health within HCA's scope of work as tobacco, alcohol, and unhealthy foods applying evidence-based policy, education, and public-health advocacy. HCA's evidence-based policy and advocacy will expand to include a focus on gambling harm, reflecting the launch of a Gambling Expert Advisory Panel. This resolution proposes formally recognising gambling harm as a commercial determinant of health within the Constitution, so that HCA's constitutional scope reflects its current and planned work.

Proposed resolution

RESOLVED THAT the members of Health Coalition Aotearoa, being satisfied that proper notice of this Special Resolution has been given in accordance with the Constitution, approve the following amendment to the Constitution:

That gambling harm be added as a commercial determinant of health within Clause 3.1 of the Constitution, alongside [tobacco, alcohol, and unhealthy food], such that the clause reads:

3. Purposes of the Society

3.1 The primary purpose of Health Coalition Aotearoa Incorporated is to benefit the community by advocating for and promoting the health and wellbeing of all New Zealanders in **a Tiriti o Waitangi-aligned way** especially through the prevention of harm **and inequity** caused by tobacco, alcohol, unhealthy foods and gambling by applying evidence-based policy, education, and public health advocacy.

AND THAT this amendment take effect from the close of the 2026 Annual General Meeting.

Voting requirement

Under the Incorporated Societies Act 2022 and HCA's Constitution, amendments to the Constitution require a Special Resolution, passed by not less than 75% of members present and entitled to vote at the Annual General Meeting.

Moved/Seconded

Proposed by: _____

Seconded by: _____

HOW YOU CAN SUPPORT HEALTH COALITION AOTEAROA

Our mahi is only as strong as the communities and organisations that we work alongside. Here are ways that you can amplify our kaupapa and advocate for a healthier, more equitable Aotearoa New Zealand:

- Write to your MP and local councillors about how these products impact on you, your whānau, and local community.
- Identify opportunities for harm prevention in your community. Take the idea of junk-free and kid-safe zones free from harmful advertising to your local school board, to community leaders and health and neighbourhood organisations.
- Sign up as a member of Health Coalition Aotearoa, other public health groups or your health union and professional colleges to make your voice count. Share this brief and other HCA news and submissions with your colleagues and networks, and connect interested organisations.
- Share with HCA the work and new research you're doing on public health prevention and make it available to our expert panels – **info@healthcoalition.org.nz**
- Be a voice for public health in your community and in the media. If you are willing to speak out for health equity and prevention, drop a line to **info@healthcoalition.org.nz**
- Health Coalition Aotearoa chooses not to be government funded so we can be an independent voice for the community. With the centralisation of health services, we are one of the few strong, evidence-based voices left for public health in Aotearoa.
- This means we need your support to keep running effective events, publications, and campaigns that put health evidence and the needs of our communities before the interests of health-harming industries.

Here's how you can support:

Membership

You can sign up as an individual member, or get your organisation to sign up as an HCA member. Being a member allows you to attend member-only events, display an organisational logo on our website and yours, vote at our AGM, and, most importantly, connects you with other champions for public health equity to collaborate and raise our voice for positive change.

Preventioners

Financial donors are our 'Preventioners' – the life-blood of our prevention effort. Without them, we could not operate to create healthier environments for current and future generations. We especially welcome super-annuitants who are willing and financially able to donate some or all of their superannuation to Health Coalition Aotearoa and become our Super-Preventioners. To learn more please email your contact details to **b.swinburn@healthcoalition.org.nz** to arrange a personal phone call.

Direct donations

Alternatively, you can make a one-off direct donation to:

Kiwibank, Health Coalition Aotearoa Incorporated, 38-9020-0796051-00, ref 'donation'.

Visit our donation page for more information about becoming a preventioner or donor.

All members support the mission and goals of the Health Coalition Aotearoa but maintain their independent voice on the details of recommended actions.

Health Coalition
Aotearoa

Contact | Email: info@healthcoalition.org.nz