TE AHO O TE KAHU
CANCER CONTROL AGENCY

Health New Zealand
Te Whatu Ora

MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Government
Te Kāwanatanga o Aotearoa

New Zealand Cancer Action Plan 2026–2029 Te Mahere mō te Mate Pukupuku o Aotearoa 2026–2029.

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Minister of Health's foreword

Every day in New Zealand, an average of 80 people are diagnosed with cancer. Most of us, in some way, will be touched by this disease during our lifetime.

New Zealand has seen important improvements in cancer survival and declining mortality rates over time, reflecting sustained investment in screening, diagnostics and treatment. Despite this, the absolute number of cancer diagnoses continue to rise, driven by population growth and ageing. If current trends continue, annual cancer diagnoses are expected to increase from more than 30,000 in 2025 to over 45,000 by 2044.

This increasing demand makes it critical that our cancer system continues to deliver the basics, as well as adapt and innovate, so it can meet the needs of New Zealanders now and in the years ahead.

Improving cancer services to ensure all New Zealanders have access to timely, high-quality care has been a clear priority for this Government. We are taking action across the full cancer pathway: prevention, screening, early detection, diagnosis, treatment, survivorship and palliative care. This work has included, but is not limited to:

- Introducing the Faster Cancer Treatment Target
- Funding the provision of additional world-class cancer medicines
- Expanding breast screening to include women aged 70–74 years
- Lowering the national bowel screening age beginning with a decrease to 58 years
- Continued investment in essential cancer infrastructure, such as LINAC machines
- Expanding stem cell transplant services
- Boosting access to critical diagnostic procedures such as MRI, colonoscopy and colposcopy.

These investments can only have their full impact when the entire health system works in a coordinated and unified way, with a clear strategic direction. The New Zealand Cancer Action Plan 2026–2029 provides that direction across the medium-term with agreed delivery priorities to support consistent planning and investment decisions.

The Plan also enables robust system monitoring, providing greater assurance that the Government's cancer priorities are being delivered consistently and sustainably for New Zealanders. The Cancer Control Agency's leadership and expertise will be critical to supporting system coordination and improvement, and ensuring the prompt identification of risks and emerging pressures.

This Plan will ensure sustained improvement in cancer care and outcomes, and deliver on our commitment to New Zealanders for faster cancer treatment.

Hon. Simeon Brown

Minister of Health

Foreword

Tēnā koe,

Cancer remains one of the most significant health challenges facing Aotearoa New Zealand. It affects individuals, whānau, and communities across New Zealand, with many people often experiencing inequitable access or outcomes.

The refreshed **New Zealand Cancer Action Plan 2026–2029** builds on the progress made since the release of the 2019–2029 Plan, while responding to a changing health environment. Over recent years, we have seen growing demand on services, the ongoing impacts of COVID-19, and rapid advances in technology such as immunotherapy, artificial intelligence, and precision treatment. These developments present both challenges and opportunities to improve cancer care.

This Plan reflects our shared commitment to equity and better cancer outcomes for all, particularly Māori, Pacific peoples, disabled communities, and those living in rural areas who continue to experience disproportionate cancer burden. It focuses on actions across the cancer continuum and supports care closer to home, while ensuring timely, high-quality diagnosis and treatment that meets individual and whānau needs.

Over the next three years, we will prioritise:

- **Prevention and early detection** – reducing risk and improving screening
- **Timely diagnosis and treatment** – faster pathways and modern therapies
- **Workforce and system capability** – supporting staff and digital tools
- **Person-centred care** – services that respect dignity and cultural needs.

Thank you to the people and organisations across the cancer system who helped shape the refreshed Plan.

We believe the Plan will continue to unite sector efforts and achieve our shared vision of fewer cancers; better survival, and equity for all.

Audrey Sonerson

Director-General of Health and Chief Executive
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Introduction

Cancer places a significant burden on people and the health system in New Zealand. While more people are living longer after diagnosis, improvements in survival outcomes continue to be slower here than in other high-income countries. The gains made in New Zealand have not consistently reached high-needs and under-served populations, particularly Māori, Pacific peoples, disabled people – tāngata whaikaha and those living in rural or deprived areas. These and other under-served populations continue to experience higher rates of cancer, later diagnoses and poorer survival outcomes.

The New Zealand Cancer Action Plan 2019–2029

The **New Zealand Cancer Action Plan 2019–2029** (the 2019 Plan) established the basis for delivering better and more effective cancer services in New Zealand and set the direction for cancer control for the coming 10 years.

The 2019 Plan included four outcomes supported by 67 actions spanning the cancer control continuum:

Outcome One	New Zealanders have a system that delivers consistent and modern cancer care
Outcome Two	New Zealanders experience equitable cancer outcomes
Outcome Three	New Zealanders have fewer cancers
Outcome Four	New Zealanders have better cancer survival, supportive care and end-of-life care.

The 2019 Plan also informed the establishment, in December 2019, of the **Cancer Control Agency, Te Aho o Te Kahu** to deliver a strengthened whole-of-system approach to improving cancer outcomes.

Recent initiatives to improve cancer care

Over recent years there has been specific investment to deliver better and faster diagnosis and treatment and better health care experiences for cancer patients. This has included:

- Funding 33 new cancer medicines, estimated to benefit over 200,000 New Zealanders, through a $604 million uplift to **Pharmac's** medicines budget, expanding access to modern and effective treatments for patients with a wide range of cancers.
- $210 million to expand infusion services, upgrade facilities and grow the workforce needed to deliver the additional treatments following the Pharmac funding boost and enable more people to receive chemotherapy and other cancer treatments closer to home.

- $65 million to deliver the Diagnostic Improvement Plan to expand access and reduce wait times for critical diagnostic procedures such as MRI, colonoscopies and colposcopies.
- $11.7 million for critical cancer infrastructure, upgrading treatment facilities, increasing radiation oncology capacity and geographical access, including new linear accelerators (LINACs).
- $31.2 million to expand breast screening to women aged 70-74 years.
- $36.1 million to lower the bowel screening age to 58 years, as a first step to lowering further to align with Australia.
- $27.1 million to expand stem cell transplant services to improve national capacity to meet demand, reduce waiting times and ensure more patients receive timely stem cell transplant care.

Alongside these initiatives, there is ongoing work to expand the cancer workforce and reduce variation in care and outcomes, to improve access to primary and community care and reduce waiting times for specialist care, and to improve accessibility of health care for people and communities.

While new investment is important and necessary, sustained system improvement is required to continue delivering better cancer outcomes and ensure the benefit from these initiatives is maximised. Robust system monitoring and reporting, including through the Faster Cancer Treatment health target - 90% of patients receive cancer treatment within 31 days of the decision to treat – is critical, ensuring a focus on timely access to cancer care. Many other aspects of care are also important indicators of how New Zealanders experience cancer outcomes and care. They see new focus in this refreshed plan.

The New Zealand Cancer Action Plan 2026–2029

The *New Zealand Health Plan: 2024-2027* is the accountability document for setting out the Government's priorities for health as funded, deliverable actions across the whole health system. **Health New Zealand** leads the development of the New Zealand Health Plan, with the **Ministry of Health** and other agencies contributing.

The *New Zealand Cancer Action Plan 2026–2029* (the Cancer Action Plan) is designed to complement the New Zealand Health Plan by setting a shared medium-term strategic direction for cancer. Building on the lessons learned over the first 5 years of implementation of the 2019 Plan, the refreshed Cancer Action Plan contains focused actions and explicitly identifies ownership for implementing those actions. Delivery of the actions in the Plan will ensure the fundamentals of cancer care are accessible and timely, supporting achievement of the Faster Cancer Treatment Target, as well as providing innovations and new opportunities to reduce the cancer burden and improve the quality of the cancer pathway.

While the Plan identifies the agreed priority areas, outcomes and areas of focus for cancer, to support aligned planning and investment decisions, service delivery optimisation and addressing variation to improve quality is a Health New Zealand accountability. New service technologies, therapies and companion diagnostics that improve clinical outcomes will be evaluated on a case-by-case basis.

To provide assurance that the priorities and actions set out in the Cancer Action Plan are being delivered, the Cancer Control Agency is developing a monitoring and reporting framework. This will ensure there is a cycle of ongoing quality improvement and transparent system monitoring.

A global perspective on cancer control planning

The Union for International Cancer Control defines cancer control planning as a comprehensive approach that delivers evidence-based strategies, builds a vision for the future to reduce the burden of cancer, supports the delivery of sustainable services and, ultimately, improves health outcomes for the population.

The Union for International Cancer Control strongly supports comprehensive cancer control planning as a prerequisite for effective and efficient action to address the growing cancer burden. As part of its work, it reviewed 156 cancer control plans, recognising that they are vital tools for governments to reduce the burden associated with cancer as the second largest cause of death worldwide. It found that, while there is variation across countries in the way plans are presented, the key ingredients are similar, incorporating evidence-based interventions that span prevention, early detection, diagnosis, treatment, survivorship and palliative care.

The burden of cancer in New Zealand

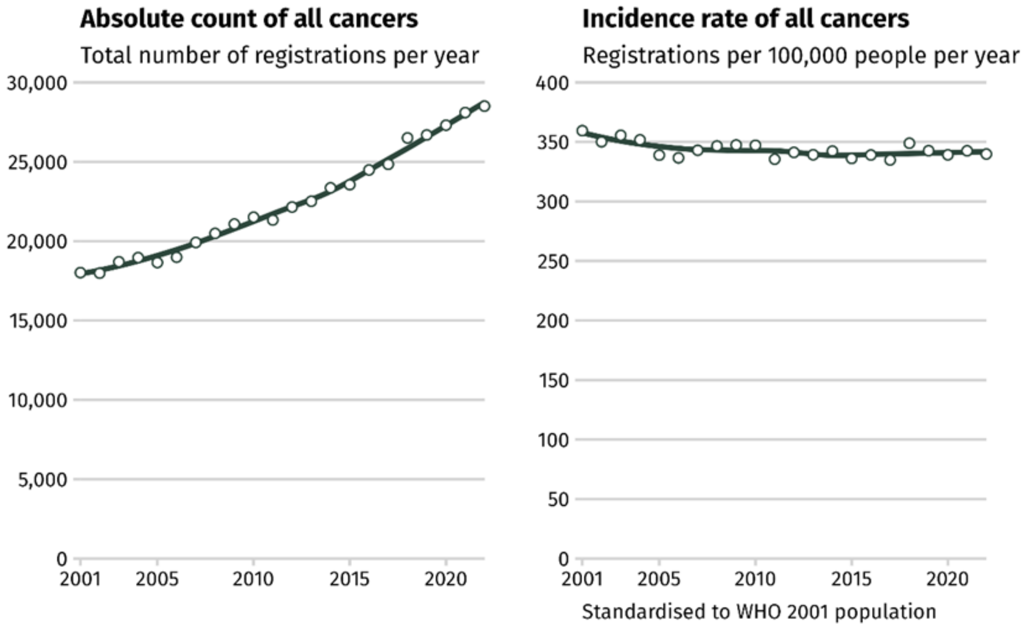
The State of Cancer in New Zealand 2025 | He Pūrongo Mate Pukupuku o Aotearoa 2025 published in December 2025 provides a comprehensive update on the burden of cancer in New Zealand.

Cancer incidence

Over 30,000 New Zealanders were expected to be diagnosed with cancer in 2025. This number is expected to increase to over 45,000 new cases per year by 2044.

The total number of people being diagnosed with cancer in New Zealand is increasing (Figure 1, left). This is due to the growing and ageing population and increased life expectancy, coupled with improvements in the diagnosis of cancer. However, the overall risk of getting cancer – measured through incidence rate per 100,000 – is beginning to level off after decades of slow decreases (Figure 1, right).

Figure 1: Absolute count and incidence rate of all cancers, New Zealand, 2001–2022



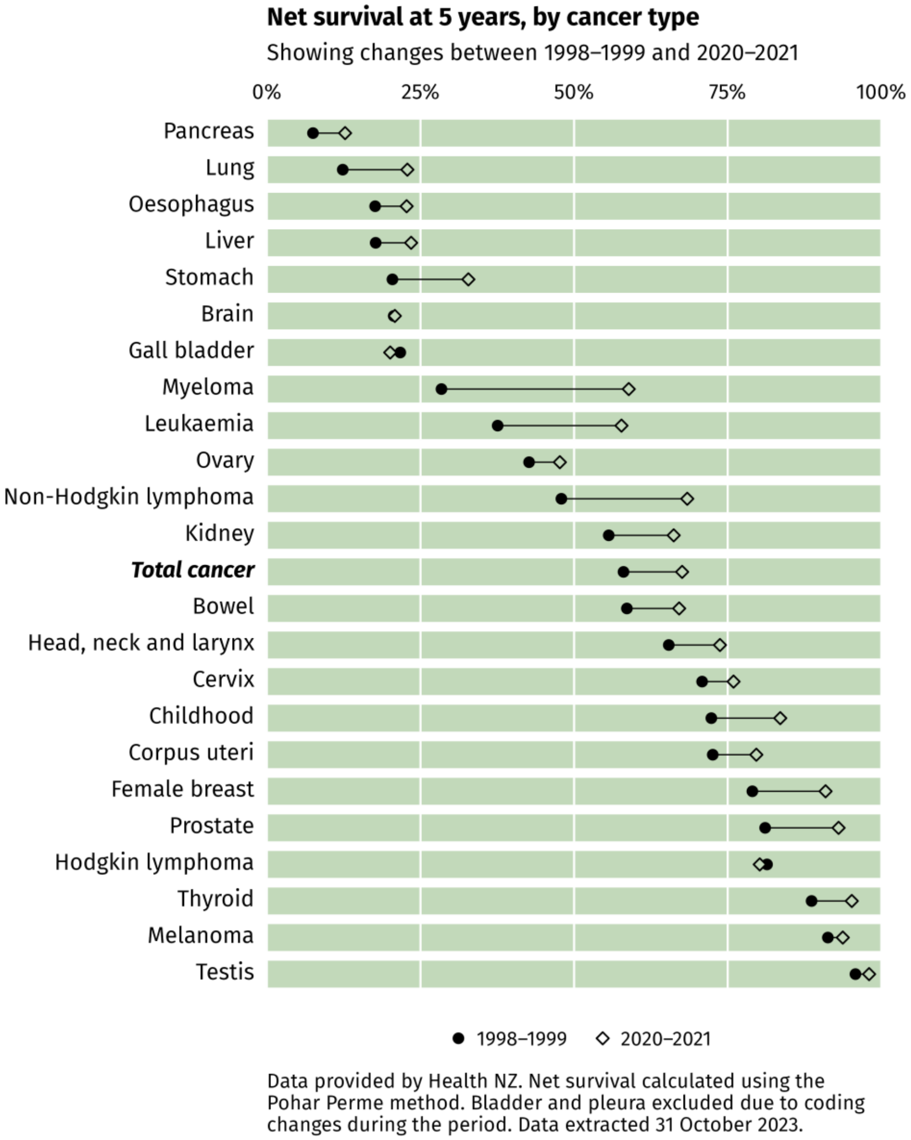
Source: New Zealand Cancer Registry.

The incidence of cancer in children and young people is low, with 1%–2% of all cancer diagnoses occurring in people aged under 25 years. The cancers affecting children and young people are different to those that affect adults, with leukaemia most common in children and solid tumours such as gastrointestinal and thyroid carcinomas most common in adolescents and young adults.

Cancer survival

More people diagnosed with cancer are living longer. Over the past 25 years, there has been a substantial increase in 5-year net survival – the percentage of people alive 5 years after their cancer diagnosis – across all cancer types (from 58% to 68%). However, net survival varies significantly across different cancer types, as shown in Figure 2.

Figure 2: Net survival at 5 years, by cancer type, New Zealand, 1998–1999 and 2020–2021



Source: Health New Zealand.

Cancer survival rates have improved due to a combination of factors, including earlier detection – mainly through national screening programmes – and greater access to more effective treatments (including through advances in surgery, radiation therapy and systemic therapies). While these are encouraging improvements, New Zealand's cancer survival rates continue to lag behind those of other high-income countries (Arnold et al 2019).

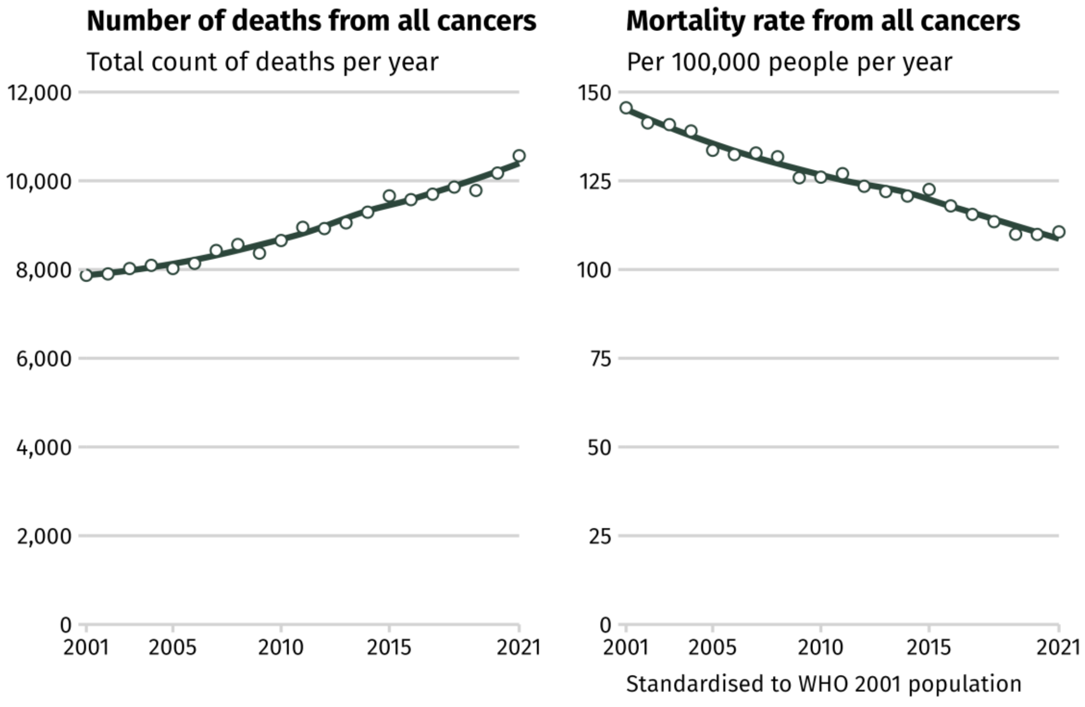
Cancer mortality

Cancer remains the leading cause of death for people in New Zealand, with 10,566 people dying from cancer in 2021.

The total number of deaths from cancer is continually increasing (Figure 3, left). This is largely due to the population growing and ageing, so more people are at risk of getting cancer and subsequently dying from it. When data is corrected for those changes in the underlying population, however, cancer mortality rates are steadily declining, as shown below in Figure 3 (right).

Several factors contribute to the decreasing mortality rate. For example, improved treatments and earlier detection of cancer through screening both lead to greater survival. For preventable cancers, improved prevention (such as through stopping smoking) leads to reduced mortality through reduced incidence.

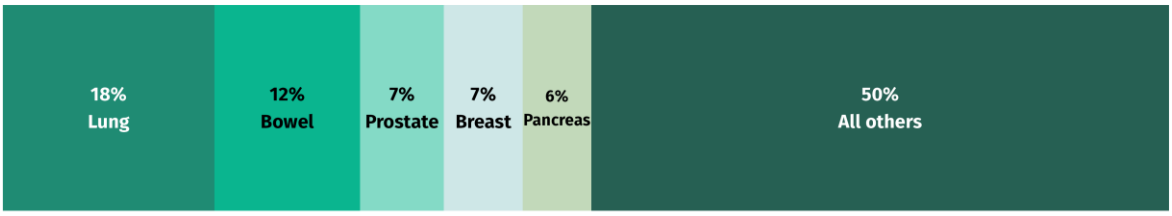
Figure 3: Number of deaths and mortality rate from all cancers, New Zealand, 2001–2021



Sources: New Zealand Cancer Registry and Mortality Collection.

Five cancer types cause half of all cancer deaths in New Zealand (Figure 4). Lung cancer is the leading cause of cancer death, followed by bowel, prostate, breast and pancreatic cancers.

Figure 4: Deaths from cancer in New Zealand, 2017–2021



Sources: New Zealand Cancer Registry and Mortality Collection.

Cancer does not affect all population groups equally

In New Zealand, cancer does not affect all population groups equally. This is due to a range of factors including the environments people live in, their exposure to cancer risk factors and a range of broader socioeconomic factors.

To achieve the best cancer outcomes for everyone in New Zealand, we must continue to identify the population groups with the greatest needs and ensure they are considered in the design and delivery of all cancer services. This should be complemented by monitoring and reporting that identifies any unwarranted disparities. This will show how the system is performing and drive targeted improvements in cancer care for the benefit of everyone in New Zealand.

Those experiencing inequitable cancer outcomes include (but is not limited to) the groups summarised below. The most recent 5 years of data (2018–2022 for cancer incidence and 2017–2021 for cancer mortality) show the following:

- **People living in areas of high deprivation** were 1.11 times more likely to be diagnosed with cancer and 1.55 times more likely to die from cancer than people living in areas of lowest deprivation. This is particularly notable for lung cancer; people living in areas of high deprivation were 2.5 times more likely to be diagnosed with lung cancer than people living in areas of lowest deprivation.
- **Māori** were 1.25 times more likely to be diagnosed with cancer than people of European/other ethnicity. Māori also have a higher cancer mortality rate than all other ethnicities and are 1.59 times more likely to die from cancer than people of European/other ethnicity.
- **Pacific peoples** were 1.11 times more likely to be diagnosed with cancer and 1.38 times more likely to die from cancer than people of European/other ethnicity. Pacific peoples are experiencing increasingly high rates of breast and uterine cancer.
- **People of European/other ethnicity** had the highest rates of melanoma and bowel cancer compared with all other ethnicities. The bowel cancer rate for

European/other people is, however, decreasing over time, unlike most other ethnicities.

There is also recently published evidence that **disabled people – tāngata whaikaha** were 1.22 times more likely to be diagnosed with cancer than the total population in 2018–2022 (survival and mortality data are not yet available). This is likely due to the higher prevalence of cancer risk factors (like physical inactivity, tobacco use and alcohol use) among disabled people. Barriers to cancer diagnosis and treatment are also a likely factor.

There are also indications of **differences in some cancer outcomes between rural and urban communities,** but more work is needed to investigate this.

The impact of intersectionality – where people are members of multiple population groups such as those described above – can further influence their health outcomes. Some examples of this include the following:

- **Disabled people – tāngata whaikaha living rurally** were 1.23 times more likely to be diagnosed with cancer than the total rural population in 2018–2022.
- **Disabled people – tāngata whaikaha living in areas of high deprivation** were 1.23 times more likely to be diagnosed with cancer than the general population living in areas of high deprivation in 2018–2022.
- **Wāhine Māori (Māori females)** continue to have the highest incidence of lung cancer (82 per 100,000 women in 2022) and the highest lung cancer mortality (53 per 100,000 women in 2021).

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Cancer care and the wider health system

The Cancer Action Plan is focused on ensuring that every effort is made to both minimise the impact of cancer and maximise improvement in health outcomes.

Cancer is a major driver of costs for the health system, with these costs expected to continue and increase in the future. This trend is consistent with what is being observed internationally. Significant advances in technology, such as the use of artificial intelligence, have potential to offset financial pressures by transforming capability and capacity, particularly in areas experiencing high demand, such as early detection, diagnosis and treatment, but also patient navigation and supports.

While the Plan focuses on actions that are specific to cancer care, it is important to recognise the role of the wider health system in addressing the challenges.

Supporting the cancer system

Workforce

The cancer workforce represents a diverse group of health professionals who work together to help prevent, diagnose, treat and support people with cancer. They work in a variety of settings across New Zealand, including hospitals, community health centres, Hauora Māori providers, primary care, academic institutions, palliative care facilities, laboratory and radiology providers, and non-governmental organisations (NGOs).

The current cancer workforce is under strain due to shortages of skilled workers across a range of disciplines. This has an impact on patients' timely access to quality care.

With the expected rise in the number of people being diagnosed with cancer, workforce planning is important. Health New Zealand's ***Health Workforce Plan 2024***, while not specific to cancer, describes ways to utilise the current workforce more effectively. Examples include extending roles for nursing to support growth in specialist cancer nursing and establishing advanced scopes of practice across a number of allied health professions such as the radiation therapy workforce. These advances in workforce capability will support the implementation of new models of care and service delivery approaches over the coming years.

Public/private partnerships

The Ministry of Health defines public/private partnerships as, 'long-term contracts for the delivery of a service from a new or enhanced asset that is financed by private sources while full legal ownership of the asset is retained by the Crown'.

Public/private partnerships offer a valuable opportunity to address demand and capacity challenges in cancer care by making use of existing infrastructure and workforce resources. If the private sector can better support publicly funded health services, the public system could respond more flexibly and sustainably to surges in demand.

A coordinated national approach to these partnerships may improve equity of access and offer greater value for money. For example, joint planning and development of new cancer services in areas of need could help address regional disparities and support more timely access to care. The Cancer Control Agency will collaborate with the Ministry of Health on a national approach and guiding principles for public/private collaboration to further improve consistency, quality, and equity in cancer service delivery.

Physical infrastructure

Investment in and development of physical infrastructure is crucial to strengthening the delivery of cancer services in hospitals and satellite clinics that provide care closer to patients' homes.

Since the publication of the 2019 Plan, Health New Zealand has established the Infrastructure and Investment Group to lead health investment through national planning, prioritisation and monitoring of capital infrastructure projects. This group published the ***National Asset Management Strategy*** in March 2025, which sets out a forward-looking approach to improving the management of building, plant and infrastructure assets across the public health system.

The ***Health Infrastructure Plan***, published in April 2025, sits alongside the *National Asset Management Strategy* and outlines the pipeline of investments in physical infrastructure over the next 10 years. It includes investments that directly support cancer care, such as upgrades to specialist hospitals, new or enhanced regional cancer centres and the expansion of oncology facilities, including expanding the capacity of linear accelerator machines (LINACs) across New Zealand.

A ***Digital Investment Plan*** and *Health Technology Plan* sit alongside the *Health Infrastructure Plan* and identity the infrastructure required to stabilise and improve existing systems to support the provision of future clinical services.

Supporting users of the cancer system

Non-governmental organisations (NGOs)

NGOs play a significant role in supporting cancer control in New Zealand. Their work includes highlighting patient voice, funding research and other innovations, raising awareness of the signs and symptoms of cancer and advocating for policy and system change. Many NGOs deliver patient and community support that improves access to care, such as offering transport to services where required and accommodation for patients and whānau supporting a family member.

Cancer Non-Governmental Organisations (known as CANGO) is an alliance of New Zealand cancer charities. These organisations collaborate regularly to support a collegial and united approach to advocacy for cancer patients. CANGO members are key stakeholders who play an important role in driving improvements across the system.

In addition to cancer NGOs, many other NGOs also support patients and whānau affected by cancer. These organisations recognise the interconnected nature of physical, emotional, social and cultural wellbeing. They contribute to a comprehensive suite of services including health education, navigation support, advocacy and prevention programmes.

International partnerships

International partnerships help New Zealand participate in and monitor global trends. Sharing collective knowledge helps to shape policy and service improvements here.

Over the last 5 years, the Cancer Control Agency has formalised its international partnerships and participates in international research programmes delivered through the International Cancer Benchmarking Partnership and the Union for International Cancer Control. Maintaining these relationships remains a priority for the Cancer Control Agency, including creating opportunities to embed research outcomes in its work.

Current work includes participation in research that aims to describe the capacity and configuration of workforces across International Cancer Benchmarking Partnership jurisdictions to understand how variation impacts access to cancer services and outcomes. The results of this work will be released in mid-2028.

Actions for 2026–2029

1. Preventing cancer

Cancer prevention is a critical, long-term public health strategy that offers the most cost-effective approach to reducing many cancers. There are known and modifiable factors that increase a person's risk of getting cancer. These include smoking, alcohol consumption, physical inactivity, poor nutrition, excess body weight, sun exposure, some infections and exposure to certain chemicals and occupational factors.

Current status

There has been some progress in addressing modifiable risk factors in recent decades. For example, the significant decline in smoking rates has reduced incidence rates for lung cancer and other tobacco-related cancers. Despite this progress, tobacco use remains the leading cause of preventable death and disease in New Zealand. Māori, Pacific peoples, disabled people – tāngata whaikaha and those living in rural or deprived areas experience the highest burden of tobacco-related cancers.

Other modifiable risk factors (including excess body weight, alcohol consumption, poor nutrition and physical inactivity) have either increased or shown little improvement over the past 20 years. These trends are likely to be contributing to increases in cancers closely linked to these risk factors, such as breast, bowel and uterine cancers.

Skin cancer (both melanoma and non-melanoma) is the most common cancer diagnosed in New Zealand. Exposure to ultraviolet radiation causes over 90% of skin cancers, and New Zealand has one of the highest rates of skin cancer in the world.

In New Zealand around 13% of all cancers are caused by infections, with *Helicobacter pylori (H. pylori*), human papillomaviruses and hepatitis B and C viruses accounting for the majority. Screening and immunisation programmes, where available, have reduced the occurrence of some of these infections in New Zealand over the past few decades.

Action 1.1. Reduce cancer caused by smoking

Outcome Three New Zealanders have fewer cancers

Activity	Timeline	Lead Agency
a. Develop and provide advice on the next stage of the Smokefree regulatory framework.	2027	Ministry of Health
b. Implement actions to achieve the Smokefree goal, guided by updated Smokefree action planning.	2029	Health New Zealand
c. Continuously monitor new evidence that may link vaping (and other nicotine containing products) to cancer to inform policy.	2026	Ministry of Health supported by the Cancer Control Agency

Action 1.2. Reduce cancer risk caused by alcohol

Outcome Three New Zealanders have fewer cancers

Activity	Timeline	Lead Agency
a. Conduct a review and publish an update to New Zealand's low risk drinking guidelines.	2027	Ministry of Health
b. Prioritise alcohol activity investment (including the alcohol levy) to initiatives that raise public awareness of and prevent harm from alcohol, monitor their effectiveness and re-orient spend over time into initiatives proven to reduce harm.	2029	Health New Zealand
c. Prioritise alcohol activity investment (including the alcohol levy) to initiatives that improve early identification and brief intervention for harmful alcohol use, for example through training to build health and social service capacity and capability.	2029	Health New Zealand

Action 1.3. Reduce cancer risk caused by poor nutrition, insufficient physical activity or excess body weight

Outcome Three New Zealanders have fewer cancers

Activity	Timeline	Lead Agency
a. Ongoing review of the evidence for policies and interventions that improve the diets of New Zealanders, e.g. the affordability, accessibility and promotion of healthier food and drink; and opportunities to improve nutrition information available to the public.	2029	Ministry of Health
b. Identify and support initiatives that promote healthy food choices, including support for community-led efforts to promote healthy and sustainable eating tailored to local needs.	2029	Health New Zealand
c. Promote opportunities that foster participation in physical activity, nutrition and wellbeing activities. This includes strengthened cross-agency collaboration, and improved monitoring and evaluation to support sustained investment in community-based programmes that are shown to improve health.	2029	Health New Zealand supported by the Ministry of Health

Action 1.4. Reduce skin cancer risk caused by ultraviolet radiation

Outcome Three New Zealanders have fewer cancers

Activity	Timeline	Lead Agency
a. Implement ultraviolet radiation awareness campaigns targeted at priority groups, such as people with fair skin, children and young people. Repeat behavioural research to assess change over time and guide future public health strategies and investment.	2029	Health New Zealand
b. Partner with the Cancer Society New Zealand to expand the SunSmart programme.	2026	Health New Zealand

Action 1.5. Reduce cancer caused by infection

Outcome Three New Zealanders have fewer cancers

Activity	Timeline	Lead Agency
a. Develop a New Zealand cervical cancer elimination plan, informed by New Zealand-specific modelling, around the three pillars of immunisation, screening and treatment.	2026	Cancer Control Agency supported by the Ministry of Health
b. Deliver interventions to improve infant hepatitis B vaccine rate, supported by the Improved childhood immunisation health target.	2029	Health New Zealand
c. Improve hepatitis B testing, treatment and follow-up services in primary and community settings. This includes expanding the hepatitis B point-of-care testing service and working with the Hepatitis Foundation of New Zealand to improve the monitoring programme to enhance patient follow-up and support.	2027	Health New Zealand
d. Scope potential approaches to hepatitis B screening by reviewing the evidence and assessing the cost-effectiveness of opportunistic hepatitis B screening, compared with integrating hepatitis B testing into potential general population hepatitis C screening initiatives.	2027	Health New Zealand
e. Increase access to hepatitis C testing and treatment through working with regional services targeted at priority populations, in community settings and correction services to expand community-based testing, outreach services and linkage to care.	2027	Health New Zealand supported by Pharmac
f. Progress to the next phase of implementation of the *National Hepatitis C Action Plan*, with a focus on strengthening testing and treatment within the general population. This includes the completion of the National Hepatitis C Laboratory Study to inform next steps for general population national testing and screening of hepatitis C.	2027	Health New Zealand

Activity	Timeline	Lead Agency
g. Eliminate local transmission of human immunodeficiency virus (HIV) infection through implementation of the ***National HIV Action Plan for Aotearoa New Zealand 2023–2030***. This includes improving access to HIV prevention, testing, care and treatment.	2029	Health New Zealand supported by the Ministry of Health
h. Develop a *Helicobacter pylori* test-to-treat pilot plan, informed by ongoing efforts to advance studies and build consensus around a test-to-treatment programme tailored for New Zealand populations.	2027	Health New Zealand

Action 1.6. Prevent cancer caused by work-related carcinogens

Outcome Three New Zealanders have fewer cancers

Activity	Timeline	Lead Agency
a. Enhance workplace accountability and awareness of harmful exposures, including carcinogens, by providing guidance and resources, assessing how businesses are managing these risks and taking appropriate enforcement action where businesses are not meeting their health and safety responsibilities.	2029	WorkSafe supported by the Cancer Control Agency
b. Design and deliver targeted harm reduction interventions in the workplace that address serious work-related health risks, including exposure to dusts, fumes and chemicals that can raise the risk of cancer and other diseases.	2029	WorkSafe supported by the Cancer Control Agency

2. Screening for cancer

Screening aims to detect cancer at an early stage when people have no symptoms and identify precancerous changes before cancer develops. When people have their cancer diagnosed earlier, it is often easier to treat or cure. This gives patients better chances of survival and lower risks of complications associated with treatment.

Current status

National screening programmes are in place for breast, cervical and bowel cancer, and these programmes have improved early detection rates and survival.

A number of improvements have been introduced recently to the screening programmes. More people have access to screening through initiatives such as the introduction of primary human papillomavirus (HPV) testing, with self-testing options for cervical screening. The eligibility age range has been extended for bowel and breast screening, with the upper age limit for breast screening being increased from 69 to 74 years and bowel screening now available to people aged 58-59 years.

However, persistent inequities in access and uptake continue to affect Māori, Pacific peoples, disabled people – tāngata whaikaha and other priority populations, highlighting the need for targeted interventions and community-led approaches.

The National Screening Advisory Committee provides leadership and strategic direction to support screening programmes. The Committee uses evidence-based information and data to inform decision-making, including monitoring international evidence that may inform future screening programmes.

Artificial intelligence will play an increasingly important role in screening programmes by mitigating the challenges arising from global shortages of radiologists and increased demand. It has the capability to provide enhancements to support clinical decision-making, such as through radiological image resolution, and enhance efficiency and effectiveness. In some countries, it is being used in prospective research in screening. New Zealand is currently exploring the integration and likely future use of artificial intelligence in the national breast screening programme.

Action 2.1. Enhance existing screening programmes

Outcome Four New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Achieve target coverage for all national cancer screening programmes with a focus on improving participation and coverage for priority populations.	2029	Health New Zealand
b. Complete national implementation of breast cancer screening age extension to 70 to 74-years-olds.	2029	Health New Zealand
c. Establish the requirements, costs, benefits and timeframes for incorporating breast-density measurement and reporting as part of the national breast screening programme, **BreastScreen Aotearoa**.	2028	Health New Zealand
d. Complete national implementation of bowel screening age extension to 58 and 59-year-olds.	2026	Health New Zealand
e. Confirm policy decisions to progressively lower the age for bowel screening further, in line with evidence and colonoscopy capacity.	2026	Ministry of Health supported by the Cancer Control Agency and Health New Zealand
f. Support the New Zealand Realm countries (Cook Islands, Niue and Tokelau) to increase access to HPV cervical screening. This activity will be delivered through the Polynesian Health Corridors Programme, funded by the Ministry of Foreign Affairs and Trade and delivered by the Ministry of Health.	2029	Ministry of Health
g. Extend IT solutions across all screening programmes to enhance integration and system efficiency.	2029	Health New Zealand

Action 2.2. Explore future screening opportunities

Outcome Four New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Continuously monitor local and international screening research, pilots and emerging evidence to assess potential changes to existing programmes and the introduction of new screening programmes in New Zealand.	2029	Health New Zealand supported by the Cancer Control Agency and Ministry of Health
b. Develop New Zealand specific evidence to inform options for prostate cancer screening, taking account of developing international evidence and approaches.	2027	Ministry of Health, supported by Health New Zealand and the Cancer Control Agency
c. Complete design and development work to support decision-making on a potential national lung cancer screening programme.	2026	Health New Zealand supported by the Ministry of Health and the Cancer Control Agency

3. Detecting and diagnosing cancer

Diagnosing cancer can be complex. Symptoms are often non-specific (which means they may or may not indicate cancer) and people may require multiple consultations and tests across different settings including primary care, community clinics, hospitals and specialist services. Timely diagnosis is critical to improving survival and quality of life. When cancer is detected early, patients are more likely to have curative treatment options available.

Current status

New Zealand continues to lag behind comparable countries in timely cancer diagnosis. The high rates of cancer diagnosis following emergency admission in New Zealand compared with other countries and the variation between geographical regions and inequities between population groups combine to tell us that the health system needs to do better. This pattern is strongly associated with late-stage diagnosis, poorer outcomes and increased distress for patients and whānau. This issue also disproportionately affects Māori, Pacific peoples, disabled people – tāngata whaikaha and those living in rural or deprived areas.

In response, national clinical pathways have been introduced to streamline diagnostics. These are supported by updated clinical criteria, investment in radiology, improved multidisciplinary meeting systems and investment in strengthening primary care. These efforts aim to improve consistency, access and equity of diagnostics.

Action 3.1. Promote cancer symptom awareness

Outcome Four New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Deliver and evaluate evidence-informed and targeted symptom awareness campaigns for priority cancers and populations, in partnership with Cancer Non-Governmental Organisations (CANGO) and the Cancer Society of New Zealand.	2027	Health New Zealand supported by the Cancer Control Agency

Action 3.2. Improve access to cancer diagnostic services

Outcome Four New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Improve access to endoscopy, colposcopy and radiology through targeted initiatives. This will include improved utilisation of the workforce and use of artificial intelligence to support radiology.	2029	Health New Zealand
b. Support increased capacity for endoscopy, colposcopy and radiology by training more nurse endoscopist and colposcopists, and enabling use of extended scopes for advanced nursing, allied health and Medical Imaging Technologists.	2026	Health New Zealand
c. Reduce unwarranted regional variation in access to radiology by implementing national minimum access benchmarks and monitoring performance across districts.	2026	Health New Zealand
d. Implement standardised anatomical pathology reporting to assist in the required reporting timeframes.	2027	Cancer Control Agency and Health New Zealand

Action 3.3. Develop early detection pathways for cancer

Outcome Four New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Implement the Faecal Immunochemical Test (FIT) for Symptomatic pathway nationally with monitoring of test usage and impact on services.	2026	Health New Zealand
b. Implement nationally consistent diagnostic pathways for priority cancers such as lung, colorectal and uterine.	2027	Health New Zealand
c. Progress national community HealthPathways and Optimal Cancer Care Pathways by publishing at least two national community **HealthPathways** to support the early detection aspects of the **Optimal Cancer Care Pathways**.	2027	Health New Zealand supported by the Cancer Control Agency

Action 3.4. Support cancer diagnosis in primary care

Outcome Four New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Expand and support primary care clinician direct access to diagnostics such as imaging, endoscopy and laboratory testing, with access protocols standardised nationally.	2026	Health New Zealand
b. Enhance skin cancer diagnosis in primary care through the development and implementation of a national primary care pathway, and implementing online training modules to upskill general practitioners and allied health professionals to detect skin cancers and undertake dermoscopy.	2027	Health New Zealand

4. Undergoing cancer treatment

The main forms of cancer treatment are surgery, radiation therapy, systemic anti-cancer therapy (SACT, including chemotherapy, hormonal therapy, immunotherapy and targeted therapy) and transplant and cellular therapy. These treatments may be used alone or in combination, depending on the type and stage of cancer, the person's age, overall health and their treatment preferences.

Cancer treatment is highly individualised, aiming to eliminate the disease, prolong life, reduce symptoms and/or improve quality of life based on patients' specific disease profiles and quality-of-life considerations.

Current status

Treatment options in New Zealand have expanded in recent years through access to new cancer medicines, the use of more advanced radiation treatments, the development of innovative models of care and more services being delivered closer to home. While surgery remains the most common first treatment, there has been a positive shift toward high-complexity radiation treatments that can reduce side effects and, in some cases, replace surgery.

Despite these advances, significant inequities persist. Māori, Pacific peoples, disabled people – tāngata whaikaha and those living in rural or deprived areas continue to face barriers to timely and appropriate treatment. These disparities contribute to poorer outcomes and reinforce the urgency for needs-based, system-level interventions across all aspects of care.

Action 4.1. Improve access to quality cancer treatment

Outcome Four	New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Progress the implementation of models of care for transplant and cellular therapy, systemic anti-cancer therapy and radiation oncology, and implement the model of service delivery for complex surgery. The models of care have been developed to address specific needs of these services and ensure the appropriate enablers and infrastructure are in place to optimise service delivery (for example, linear accelerator machines for radiation oncology services).	2029	Health New Zealand supported by the Cancer Control Agency
b. Progress the implementation of the Optimal Cancer Care Pathways by completing a stocktake and gap analysis across regions. Key initiatives will be prioritised for implementation.	2028	Health New Zealand
c. Expand implementation of multidisciplinary meeting software into all regions to improve service efficacy and efficiency. This software supports better communication at regional and national levels to aid clinical decision-making.	2028	Health New Zealand
d. Develop a national plan defining the key elements and approval mechanisms required to safely deliver advanced cellular therapies, such as CAR T-cell therapy, for patients within New Zealand's publicly funded health system.	2026	Cancer Control Agency supported by Health New Zealand, the Ministry of Health, Pharmac and the New Zealand Blood and Organ Service
e. Expand the number of general practitioners trained to treat and manage more advanced skin cancers using the General Practitioner with Special Interest model.	2027	Health New Zealand
f. Complete implementation of electronic prescribing systems nationwide for systemic anti-cancer therapy, replacing paper-based processes to improve safety, efficiency and data quality.	2026	Health New Zealand

Activity	Timeline	Lead Agency
g. Improve assessment of new medicines and medical devices by improving transparency, efficiency, standardisation and responsiveness in processes.	2027	Pharmac and Health New Zealand

Action 4.2. Facilitate cancer care closer to home

Outcome Four	New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Confirm the distribution of low volume/high complexity national specialist surgical services through consultation with the Cancer National Clinical Network.	2028	Health New Zealand supported by the Cancer Control Agency
b. Expand access to cancer services into rural or community-based settings, including access to infusions and the use of mobile systemic anti-cancer therapy services, prioritising locations with high-need populations.	2026	Health New Zealand

5. Supporting people during their entire cancer experience

Cancer care requires treatment of the whole person, not just the disease itself. With the success of more people surviving longer after their cancer, this is creating a growing need for support across the continuum, from diagnosis through treatment, recovery, survivorship and palliative and end-of-life care. Allied health, supportive care and palliative care services are critical to improving the quality of life and outcomes for those affected by cancer. Survivorship care aims to help patients prevent cancer from recurring, manage the effects of treatment and coordinate care across specialists, primary care and community providers.

Current status

Access to survivorship support including psychosocial services, supportive care and palliative care remains inconsistent and under-developed in New Zealand. There is variation across cancer types and geographic locations. These services are delivered through a mix of public, private or NGO providers, often with high demand that results in unmet need.

Patients and whānau need greater access to post-treatment services and support to manage long-term effects, transition out of active treatment and navigate life after cancer. There is also a need to strengthen access to primary palliative care (through a person's usual health team, such as primary health care and aged residential care) and specialist palliative care services (by health professionals specialising in palliative care, often delivered in hospices or hospital-based teams). Demand on palliative care services is expected to increase significantly as the New Zealand population ages and life expectancy increases. **Health New Zealand's National Palliative Care Work Programme** aims to establish a nationally consistent, equitable and sustainable palliative care system that meets the growing and increasingly complex needs of people with cancer and their whānau and carers.

Action 5.1. Deliver person- and whānau-centred cancer care

Outcome Four	New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Design a national model of care for cancer navigation services that supports under-served populations including Māori, Pacific peoples, disabled people – tāngata whaikaha and people living in rural or deprived areas.	2026	Cancer Control Agency
b. Develop a cancer patient and whānau guidance and supports repository, in partnership with NGOs, to support cancer patients, and their whānau or support person, to navigate each stage of the cancer pathway.	2028	Health New Zealand supported by the Cancer Control Agency
c. Collaborate with Māori and cancer clinicians to set national principles on the use of rongoā Māori to support clinicians, patients and whānau to discuss the appropriate use of rongoā within each patient's broader care plan.	2027	Cancer Control Agency and Ministry of Health
d. Ensure access to allied health services is available to support patients and whānau across the cancer control continuum, ensuring people are well prepared for and supported during treatment and throughout their recovery as outlined in the **Optimal Cancer Care Pathways.**	2028	Health New Zealand
e. Reduce travel and accommodation barriers through revision of the **National Travel Assistance scheme**. This will support equitable access to care for people affected by cancer, regardless of location.	2027	Health New Zealand supported by the Ministry of Health
f. Gather evidence on the experiences and outcomes of people with complex conditions and needs (long-term conditions/co-morbidities) within the cancer system.	2027	Cancer Control Agency

Action 5.2. Develop standardised cancer surveillance

Outcome Four	New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Develop and implement two national surveillance protocols annually from 2026–2029 – initially for high-volume cancer types – to standardise imaging and other surveillance requirements such as endoscopy to reduce variation in care. This will enable providers to prioritise follow-up imaging and improve diagnostic capacity across services.	2026	Health New Zealand

Action 5.3. Develop high-quality cancer support information to uplift cancer patient recovery and survivorship planning

Outcome Four	New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Implement Last Specialist Assessment appointments to ensure patients understand next steps post-treatment and the support available. This will facilitate clear communication for the transition back to primary care.	2027	Health New Zealand
b. Integrate survivorship care and support in primary and community care for the range of long term physical and psychosocial health consequences of a cancer diagnosis.	2027	Health New Zealand

Action 5.4. Enhance access to palliative care

Outcome Four	New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Develop a national framework to improve access to palliative care for all people in accordance with their needs, regardless of their diagnosis or location.	2027	Health New Zealand
b. Develop a national adult palliative model of care and a national paediatric, adolescent and young adult model of care that meet the needs of patients and whānau and explore options for their implementation.	2027	Health New Zealand
c. Strengthen primary (non-complex) palliative care by identifying the core service components, outcomes measures and reporting for services that deliver primary palliative care.	2028	Health New Zealand
d. Develop a national Palliative Care Competency Framework to guide the development of knowledge, skills and attributes for cancer health care professionals involved in providing high-quality palliative care.	2026	Cancer Control Agency
e. Establish systems to measure, report and review palliative care performance by developing and implementing an Outcomes Measures and Reporting Framework for paediatric and adult palliative care that captures patient, service and impact data in a nationally standardised way.	2027	Health New Zealand

6. Children, adolescents and young adults with cancer

Children with cancer

Cancer in children is different to cancer in adults, both in terms of which cancers are most common and the needs of children and their whānau throughout their cancer experience. Most children diagnosed with cancer in New Zealand are treated at one of two specialist child cancer centres in Auckland and Christchurch. Children living outside these centres may also receive care at one of 14 shared care centres around the country. These centres work closely with the specialist centres to ensure children can receive as much of their treatment, as safely as possible, closer to home.

The **National Child Cancer Network**, funded via the Cancer Control Agency and hosted within Health New Zealand, provides national oversight and clinical leadership for child cancer services in New Zealand. It brings together health professionals and stakeholder organisations to foster collaboration and unite efforts to drive service development, equity of outcomes and continual quality improvement.

Adolescents and young adults with cancer

Adolescents and young adults with cancer – typically defined as those aged 12-24 years – have historically struggled to find a clear ‘fit’ within a health system designed primarily for younger children or older adults. Adolescents and young adults may receive treatment within either adult or paediatric cancer services and across a range of settings depending on their age, diagnosis, location and clinical needs.

Adolescents and young adult cancer keyworkers, based in six regional adolescent and young adult cancer services, play a vital role in helping young people navigate complex health systems. They ensure that the unique developmental needs of adolescents and young adults are identified and addressed through age-appropriate care coordination, support and advocacy.

The **Adolescent and Young Adult Cancer Network Aotearoa**, funded via the Cancer Control Agency and hosted within Health New Zealand, provides national leadership and brings together clinicians, support providers and sector partners across disciplines to strengthen service delivery and advocate for high-quality, equitable and developmentally appropriate care for this priority group.

Action 6.1. Advance quality cancer care for children and their whānau

Outcome Four New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Ensure continuous improvement in child cancer services by delivering a programme of work to support quality improvement and the implementation of best practice across the continuum of care and providers.	2029	National Child Cancer Network and Health New Zealand
b. Facilitate the delivery of child cancer care as close to home as is safely possible by ensuring models of care align with this underlying principle.	2029	National Child Cancer Network and Health New Zealand
c. Ensure the child cancer workforce matches demand based on increasing acuity and population growth.	2029	National Child Cancer Network and Health New Zealand
d. Ensure patient and whānau voice informs service development by identifying and prioritising key recommendations and implementation opportunities emerging from recent National Child Cancer Network commissioned work.	2026	National Child Cancer Network and Health New Zealand
e. Ensure ongoing access to clinical trials as a standard of care across child cancer services to ensure survival rates are equitable across New Zealand and remain comparable with other high-income countries.	2029	National Child Cancer Network and Health New Zealand
f. Regularly monitor and report data on children with cancer (including incidence, survival and equity data) and monitor service utilisation data to inform service planning.	2026	National Child Cancer Network and Health New Zealand

Action 6.2. Advance quality cancer care for adolescents and young adults and their whānau

Outcome Four New Zealanders have better cancer survival, supportive care and end-of-life care

Activity	Timeline	Lead Agency
a. Develop an Adolescent and Young Adult Cancer Strategic Action Plan 2026–2029 alongside young people and their whānau. Ensure wider stakeholder engagement includes consideration of early identification, survivorship and transfer documentation, care co-ordination, adolescent and young adult cancer workforce development and improving access to fertility preservation.	2026	Adolescent and Young Adult Cancer Network Aotearoa and Health New Zealand supported by the Cancer Control Agency
b. Establish national and regional leadership structures for adolescent and young adult cancer including a national adolescent and young adult Cancer Steering Group and Clinical Advisory Group.	2027	Adolescent and Young Adult Cancer Network Aotearoa and Health New Zealand supported by the Cancer Control Agency
c. Embed adolescent and young adult needs into paediatric and adult cancer system initiatives and service designs as they are reviewed or developed, which may include the development of a standard process or checklist to include adolescent and young adult input.	2027	Adolescent and Young Adult Cancer Network Aotearoa and Health New Zealand supported by the Cancer Control Agency
d. Regularly monitor and report data on adolescents and young adults with cancer (including incidence, survival and equity data).	2026	Health New Zealand
e. Improve access to clinical trials for adolescents and young adults through national coordination, advocacy and strengthened referral processes.	2029	Health New Zealand
f. Develop adolescent and young adult cancer pathways of care for priority cancers and progress implementation.	2029	Health New Zealand

7. Leadership and system change

Implementation of this Plan is the responsibility of the executive leadership of all responsible organisations, with the agency lead/s accountable for the actions in the Plan identified throughout.

The **Cancer National Clinical Network** is one of 14 national clinical networks created by Health New Zealand to ensure strong clinical engagement in service delivery and design. It was established in partnership between Health New Zealand and the Cancer Control Agency and will support the implementation of the Plan by:

- providing clinical leadership and advice on cancer service planning and distribution
- focusing on improving treatment outcomes and equity of outcomes
- providing technical groups and clinical expertise for national initiatives to transform cancer care and treatment.

The Plan acknowledges New Zealand's obligations to the Pacific aspect of the Realm of New Zealand – the dependent territory of Tokelau and the self-governing states of the Cook Islands and Niue – and recognises Pacific peoples from these Realm countries and wider Pacific region as users of the New Zealand cancer system.

Māori leadership and governance

Strengthening Māori leadership in cancer will ensure that implementation of the Plan and actions are informed by the voices, needs and priorities of Māori, so that whānau experience care that is equitable, culturally safe and effective. This approach will help to transform the cancer system to deliver better outcomes for Māori and other people in New Zealand.

Hei Āhuru Mōwai, the national Māori cancer leadership network, plays a pivotal role in this transformation. Its members provide strategic guidance and advocacy to ensure that Māori perspectives are embedded across the cancer control continuum, from prevention and early detection to treatment and survivorship. Its leadership helps shape national priorities and supports regional efforts to uphold equity and cultural safety in cancer care.

Iwi-Māori Partnership Boards and the **Hauora Māori Advisory Committee** also have key roles in the health system's accountability framework. Iwi-Māori Partnership Boards represent local Māori perspectives on Māori health needs and aspirations. The Hauora Māori Advisory Committee provides the Minister of Health with independent advice on Māori health priorities and health system performance.

Together, these entities play a critical role in ensuring that decisions around cancer control reflect te ao Māori and respond to the needs and aspirations of whānau and communities.

Action 7.1. Create and maintain appropriate leadership and governance mechanisms that focus on system-wide improvement

Outcome One New Zealanders have a system that delivers consistent and modern cancer care

Activity	Timeline	Lead Agency
a. Develop a monitoring and reporting framework, using system performance measures and targets to monitor the progress of actions in the Plan and embed a cycle of ongoing quality improvement.	2026	Cancer Control Agency supported by the Ministry of Health
b. Develop a national approach and guiding principles for public/private partnerships that focus on the delivery of improved and equitable cancer care services.	2027	Ministry of Health supported by Cancer Control Agency
c. Establish a blood cancer oversight group to improve national leadership, coordination and focus on priorities to improve care for blood cancer patients.	2026	Health New Zealand supported by the Cancer Control Agency

Action 7.2. Maintain a system-wide focus on improving outcomes for population groups who are disproportionately impacted by cancer

Outcome Two New Zealanders experience equitable cancer outcomes

Activity	Timeline	Lead Agency
a. Strengthen Māori cancer leadership and governance across the cancer system to ensure decisions around cancer control reflect te ao Māori, uphold Te Tiriti o Waitangi and respond to the needs of whānau and communities.	2027	Cancer Control Agency supported by the Ministry of Health

8. Enablers of cancer care

Data, information and research are critical enablers that underpin every part of the cancer control continuum. When well integrated, these enablers allow the system to respond to emerging needs and future challenges, deliver personalised care and drive smarter decision-making. They also accelerate the translation of evidence and innovations into practice, ultimately improving the quality, efficiency and reach of cancer care for everyone in New Zealand.

Data and information

Data and information are foundational to a high-performing cancer system. When collected, shared and used effectively, data and information enable timely clinical decision-making, support sound policy development and service planning, and empower patients and whānau to better understand and manage their care.

Although large volumes of health information are collected across the New Zealand health system, much of it remains fragmented and stored in disconnected systems that do not communicate with one another. This lack of integration makes it difficult to use data to effectively guide care or improve services, and know what data is stored and where.

A national programme called **CanShare** is being developed to improve access to and use of cancer data. A key focus of this work is the development and implementation of national data standards – agreed ways of recording and sharing information so all health systems across the country can 'speak the same language.' The standards will allow different systems to work together more easily and for data to be more reliable, complete and timely. Beyond devising standards, CanShare aims to turn cancer data into real insights that can be used by health services to make informed decisions and track progress.

Action 8.1. Strengthen national cancer data and intelligence

Outcome One New Zealanders have a system that delivers consistent and modern cancer care

Activity	Timeline	Lead Agency
a. **Develop a process to automate transplant and cellular therapy waitlist data collection**, shifting from a largely retrospective view to a timelier one while reducing the need for manual data entry.	2026	Health New Zealand
b. **Establish a national staging data collection** to provide access to more timely and complete cancer staging data for audit/reporting, research, policy and service improvement.	2028	Health New Zealand supported by Cancer Control Agency
c. **Deploy CanShare comprehensively and nationally** in partnership with software vendors and private providers. This includes expansion of coverage of ACT-NOW, ROC datasets and structured pathology reporting, including implementation.	2029	Health New Zealand supported by the Cancer Control Agency

Activity	Timeline	Lead Agency
d. Implement cancer data integration into the national Health Data Platform to enable analytics for balancing metrics, clinical decision support and operational performance for improved patient outcomes.	2026	Health New Zealand supported by the Cancer Control Agency
e. Strengthen national cancer data and intelligence. Enable access, with appropriate data governance and security, to data within the national Health Data Platform to facilitate insight and analysis on population health, access to cancer services and patient outcomes to inform future models of care and strategy development.	2026	Health New Zealand supported by the Cancer Control Agency
f. Strengthen cancer data governance, including Māori data governance, to ensure data is managed ethically, securely and in ways that deliver the greatest benefit for people and whānau affected by cancer.	2028	Cancer Control Agency and Ministry of Health
g. Develop a cancer information hub for the health system to facilitate access to centralised and coordinated cancer data and intelligence by collaborating across the cancer sector to develop a user-friendly website that integrates cancer-related data, insights and analytics.	2026	Cancer Control Agency
h. Co-develop and implement whānau-centred wellbeing indicators in cancer monitoring and evaluation to better reflect what matters most to families and carers in cancer care and support.	2027	Cancer Control Agency, Ministry of Health and Health New Zealand
i. Participate in international benchmarking opportunities and leverage its lessons, informing improvement in quality and performance by learning from the success of peer countries.	2028	Cancer Control Agency supported by Health New Zealand
j. Scope standardised Patient Reported Experience Measures and Patient Reported Outcome Measures across all regions with data disaggregated by ethnicity, region and tumour streams. Patient Reported Experience Measures reflect their experiences of care while Patient Reported Outcome Measures capture patients' assessments on their symptoms of concern.	2029	Cancer Control Agency supported by the Health Quality & Safety Commission and Health New Zealand

Medical technology

Emerging medical technologies, such as genomics and artificial intelligence, and the utilisation of telehealth are transforming cancer prevention, early detection, diagnosis and treatment. These tools enable more personalised (precision) care, faster and more accurate decision-making and more efficient service delivery. For example, genomic or biomarker testing can identify treatments that are more targeted, more effective and may cause less-adverse side effects for patients, improving their quality of life.

With growing use of artificial intelligence across the globe, Health New Zealand has established a **National Artificial Intelligence and Algorithm Expert Advisory Group** that will provide oversight and expert advice about the appropriateness, safety, ethics and legality of the introduction of artificial intelligence within the health care system.

In recent years, New Zealand has made progress in areas such as expanding access to genomic and genetic testing for cancer patients and piloting artificial intelligence applications in diagnostics. However, the use of these technologies more widely is limited compared with other comparable countries. Genomic testing, in particular, is unevenly distributed across the country, limiting its potential to support high-quality cancer care for all patients. Current laboratory and clinical services lack the capability and capacity to deliver genomic testing at scale for cancer patients, with a significant proportion of genomic testing being sent overseas.

Action 8.2. Build national genomics capacity and capability for cancer care

Outcome One	New Zealanders have a system that delivers consistent and modern cancer care

Activity	Timeline	Lead Agency
a. Finalise the National Genomics Implementation Strategy and Plan, which sets out the infrastructure, mechanisms and workforce requirements to deliver advances in precision health through genomics.	2026	Health New Zealand
b. Establish a national test directory that includes cancer biomarker testing information, to support equitable access to testing, reduce regional variation and ensure timely, appropriate testing across the health system.	2027	Health New Zealand

Activity	Timeline	Lead Agency
c. **Develop a plan to strengthen laboratory capacity and infrastructure** to improve access to genomic biomarker testing for cancer patients.	2027	Health New Zealand supported by the Ministry of Health and the Cancer Control Agency
d. **Develop a comprehensive plan to grow the capacity and capability of the health workforce** to meet the increased demand for genomics testing for people with cancer.	2028	Health New Zealand supported by the Ministry of Health and the Cancer Control Agency
e. **Implement data and digital developments** which incorporate support for onshoring of genomic testing, development and maintenance of national data standards and digital support for clinical pathways.	2029	Health New Zealand supported by the Ministry of Health and the Cancer Control Agency
f. **Strengthen the Genetic Health Service New Zealand** to ensure timely access to genetic and genomic services for people at risk of cancer.	2029	Health New Zealand

Action 8.3. Explore artificial intelligence to support and uplift cancer care

Outcome One New Zealanders have a system that delivers consistent and modern cancer care

Activity	Timeline	Lead Agency
a. **Identify opportunities for artificial intelligence to improve efficiency and clinical decision-making in cancer care**, starting with applications in digital pathology reporting, diagnostic image resolution and analysis, case triage and report generation, reducing turnaround times and supporting workforce capacity.	2026	Cancer Control Agency supported by the Ministry of Health and Health New Zealand
b. **Identify opportunities for artificial intelligence to improve surveillance, monitoring and navigation in cancer,** for example, by leveraging large data sets to generate actionable insights.	2026	Cancer Control Agency supported by the Ministry of Health and Health New Zealand

Research and innovation

Research, including clinical trials, underpins every part of the cancer control continuum, generating evidence to improve outcomes and make services more sustainable across all aspects of cancer control and the wider health system. Innovation builds on this by translating discoveries into new models of care, advanced diagnostics and technologies that transform prevention, detection and treatment. Together, research and innovation help the cancer system respond to emerging evidence, adopt global best practice and develop solutions tailored to the needs of New Zealanders.

Over the past 5 years, cancer has remained one of New Zealand’s most-funded and studied health areas, supported by government, NGOs, universities and private industry.

The actions in this section focus on strengthening national coordination and direction for cancer research, improving capacity for and access to cancer clinical trials and supporting the translation of research findings into policy and practice. They prioritise supporting the cancer research workforce, and fostering stronger links between researchers, policymakers and service providers.

There is also a focus on strengthening pathways for adopting innovation and new technologies through monitoring and evaluating Health New Zealand’s newly established Health Technology Evaluation Pathway, which will drive the implementation of high-value innovations and technologies, including in cancer care.

Action 8.4. Align and elevate cancer research and innovation to improve outcomes

Outcome One	New Zealanders have a system that delivers consistent and modern cancer care

Activity	Timeline	Lead Agency
a. Grow and support the Māori cancer research workforce by partnering with Hei Āhuru Mōwai, Māori health leaders, iwi, hapū, research institutions and the wider cancer sector.	2029	Cancer Control Agency
b. Improve capacity for and access to clinical trials for cancer patients through national coordination and leadership, improvements in trial infrastructure (eg, systems and support services for clinical trials) and a plan to deliver decentralised trials across Health New Zealand, supporting access for people outside of main centres.	2029	Health New Zealand

Activity	Timeline	Lead Agency
c. Continuously monitoring and evaluating Health New Zealand's Health Technology Evaluation Pathway to ensure it is driving the adoption of high-value innovations and technologies, including in cancer care.	2029	Health New Zealand supported by the Ministry of Health, the Cancer Control Agency and Pharmac
d. Partner with research and policy organisations to share knowledge and promote targeted funding to support research efforts that will address urgent and emerging policy priorities.	2029	Cancer Control Agency
e. Support the translation of cancer research findings into clinical care by developing national pathways and advice to embed up-to-date research and clinical trial findings into clinical and standard cancer care.	2029	Health New Zealand supported by the Cancer Control Agency

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