New Zealand Cervical Cancer Elimination Plan 2026 to 2040

Elimination for all: our plan, our commitment

We can eliminate cervical cancer in New Zealand

Cervical cancer is one of the most preventable types of cancer. Together, with our whānau and communities, we can eliminate the disease by 2040 for all population groups through:

Improving Human papillomavirus (HPV) vaccination rates

Enhancing HPV screening uptake and timely follow-up after positive results

Providing optimal treatment of cervical pre-cancer and cancer

The forecasted elimination year is informed by preliminary modelling outputs. Further information is provided in the supplementary document.

Our plan

The New Zealand Cervical Cancer Elimination Plan 2026 to 2040 (the Plan) sets out how we will eliminate cervical cancer in New Zealand, ensuring every person has the chance to live free from the threat of this disease. This includes those with disproportionately higher incidence and mortality, such as Māori, Pacific peoples and people living in areas of high deprivation.

This Plan provides a comprehensive approach, setting out clear objectives and actions, to place the country firmly on the path towards elimination. The Plan:

Establishes national targets across the three essential pillars for cervical cancer elimination: HPV vaccination, cervical screening and effective treatment

Coordinates and prioritises efforts across the three pillars to ensure an effective and unified approach

Enables systematic monitoring of progress and the ability to assess outcomes against the established targets to maintain accountability and drive continuous improvement

Our commitment to the global initiative

The World Health Organization (WHO) committed to eliminating cervical cancer with a **Global Strategy** in 2020. The Global Strategy defines the elimination threshold as less than four cases of cervical cancer per 100,000 women annually. It sets out targets to be achieved by 2030:

World Health Organisation targets

90%
Vaccination
Girls fully vaccinated with the HPV vaccine by age 15

70%
Screening
Women screened with high-performance test by age 35 and again by age 45

90%
Treatment
Women with pre-cancer treated & women with invasive cancer managed

New Zealand is committed to the Global Strategy for a future where cervical cancer is increasingly rare for all population groups, giving future generations the opportunity to live free from the threat of this disease.

New Zealand targets at a glance

This Plan sets New Zealand-specific targets informed by the Global Strategy.

90%
received at least one dose of the HPV vaccine by age 15
By 2035

80%
up to date with cervical screening
by 2030

80%
receive timely colposcopy within 30 working days
by 2030

90%
of people with high-grade cervical pre-cancerous lesions treated within 40 working days
by 2030

90%
of people with cervical cancer receive cancer management within 31 days
by 2030

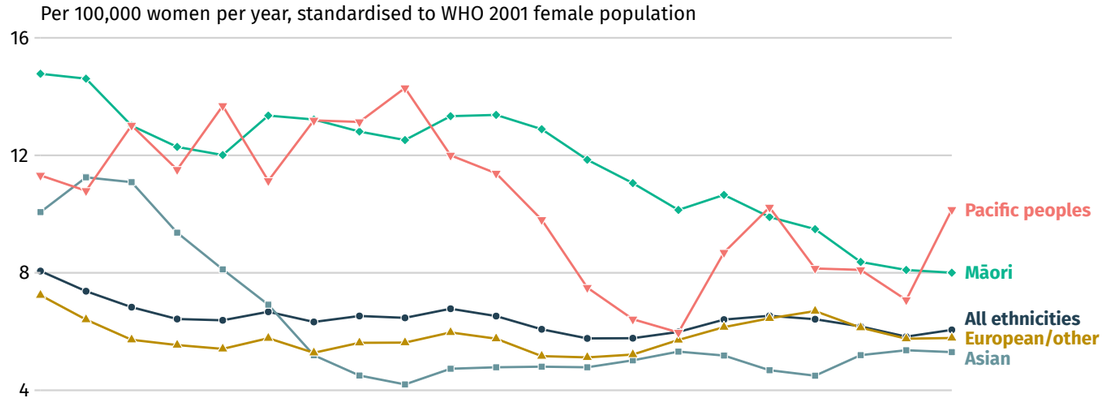
The targets will only be considered achieved when they are met and sustained across all population groups. This will require a targeted approach that improves outcomes across all population groups while prioritising those experiencing the greatest unmet health need.

Where do we stand today?

Since the National Cervical Screening Programme (NCSP) started, cervical cancer incidence and mortality in New Zealand have declined overall. However, higher rates are still observed in Māori, Pacific peoples and people living in the most deprived areas, compared to people who identify as European/other and those living in less deprived areas. While comparable population level data is not currently available for disabled people, they remain a population group with high unmet health need given the recognised barriers they may face in accessing a range of health services. To date, no population group has reached the elimination threshold.

Cervical cancer incidence per year, by ethnicity

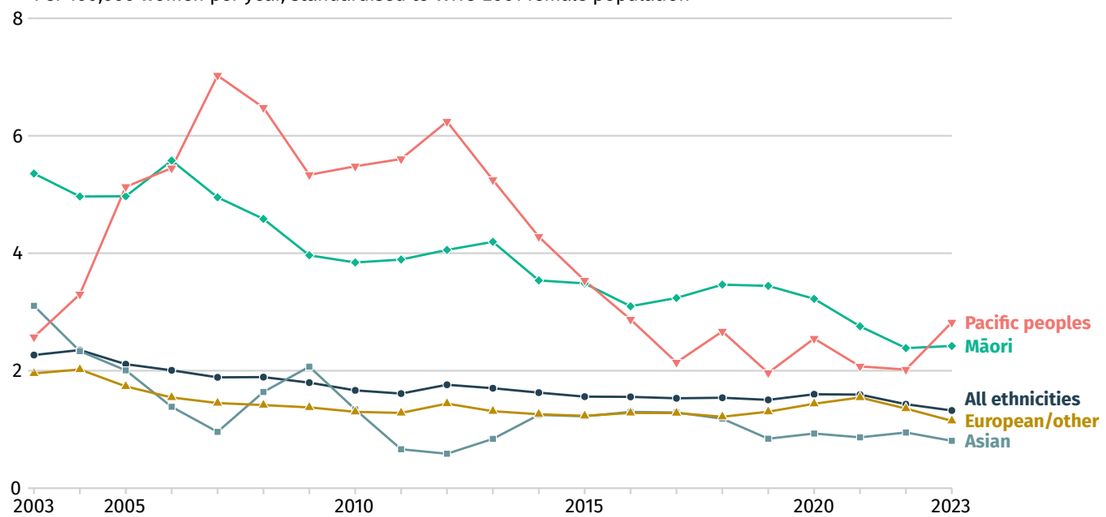
Per 100,000 women per year, standardised to WHO 2001 female population



Source: New Zealand Cancer Registry.
Incidence shown is a 3-year rolling average (of each year and the two previous ones).

Cervical cancer mortality per year, by ethnicity

Per 100,000 women per year, standardised to WHO 2001 female population



Source: New Zealand Mortality Collection.
Mortality shown is a 3-year rolling average (of each year and the two previous ones).

For more information, including data, incremental targets and detail on the actions, please read the supplementary document

Pillar 1: Improve HPV vaccination rates

Persistent high-risk HPV infections cause almost all cases of cervical cancer. HPV infection can be effectively prevented by the HPV vaccine, which works best at a younger age, i.e. children aged nine years and over. Children and young people develop a stronger immune response to the vaccine, providing effective and long-lasting protection against HPV infection and HPV-related cancers. Scotland has reported no cases of cervical cancer among those who are fully vaccinated since their vaccination programme began in 2008.

Our current state

69% of eligible people received at least one dose of the HPV vaccine by age 15

Young adults, Māori, Pacific peoples and people living in areas of high deprivation have lower vaccination rates

Our vaccination target

90%

of eligible people received at least one dose of the HPV vaccine by age 15

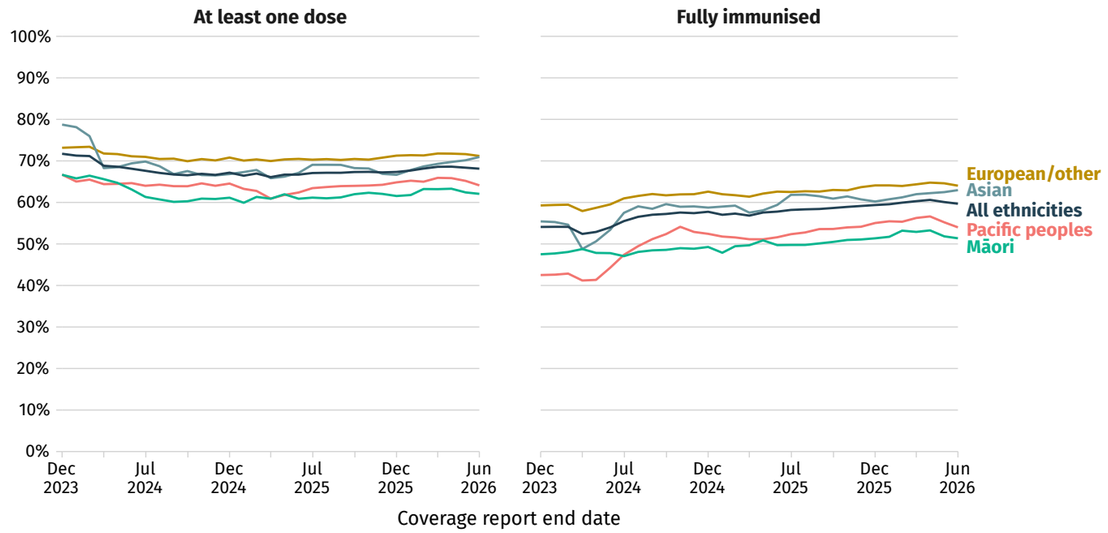
By 2035

Our actions

1	Partner with communities and organisations to improve targeted public messaging and resources on the HPV vaccine's safety and benefits in preventing multiple HPV-related cancers, complemented by vaccination campaigns, with a focus on population groups with low HPV vaccination coverage. This includes regular monitoring and evaluation
2	Update and co-design tailored and accessible School Based Immunisation Programme resources
3	Work with local communities, and schools, including kura, specialist schools and alternative education sites, to co-develop and implement innovative education and programme delivery methods to improve HPV vaccine uptake among eligible students
4	Collaborate with the Ministry of Education to increase participation of schools in the School Based Immunisation Programme, including kura, specialist schools and alternative education sites
5	Increase participation from a broader and more diverse range of providers by offering onboarding support and expanding delivery, leveraging established connections between providers and people experiencing high unmet health need
6	Partner with communities and organisations to co-design and deliver approaches that promote HPV vaccine catch-up and improve awareness of alternative HPV vaccination providers, outside of schools
7	Continue to explore ways to systematically identify and recall people aged between 14 and 26, who have no recorded dose of the HPV vaccine

HPV vaccination coverage of eligible population by ethnicity

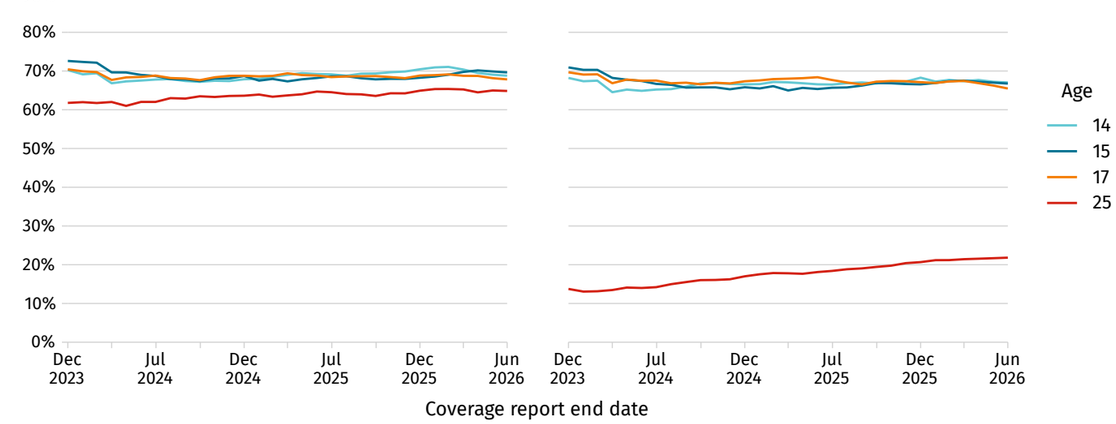
For people turning 15 within the reporting period



Source: Aotearoa Immunisation Register

HPV vaccination coverage of at least one dose, by age and sex

For the eligible population turning each age within the reporting period



Source: Aotearoa Immunisation Register.
Note: Coverage in the oldest male cohort is low as they were not included in the original HPV4 vaccination programme.

> **"It's better to prevent!"**
>
> **– Whānau voice,** Rongohia Te Reo, Whatua He Oranga: The voices of whānau Māori affected by cancer

For more information, including data, incremental targets and detail on the actions, please read the supplementary document

Pillar 2: Improve HPV screening coverage and follow-up of positive screening results

Cervical cancer develops from pre-cancerous lesions. Cervical screening is highly effective at detecting high-risk HPV infections and treating pre-cancerous lesions so they do not go on to develop into cancer.

Primary HPV testing is only the first step in the cervical screening pathway. The benefits of screening are only realised when positive results are followed up and managed in an appropriate and timely manner.

Our current state

77% of eligible people are up to date with cervical screening

Young adults, Māori and Asian peoples experience lower screening participation. The greatest improvement since the rollout of primary HPV testing was seen in Pacific peoples

67% of participants requiring a colposcopy within 30 working days of referral following a positive screening result, receive the procedure within 30 working days of referral

Timely colposcopy is low among Māori, Pacific peoples, and people residing in the most deprived areas

Our screening targets

80%

of eligible people are up to date with cervical screening

By 2030

80%

of participants requiring a colposcopy within 30 working days of referral following a positive screening result, receive the procedure within 30 working days of referral

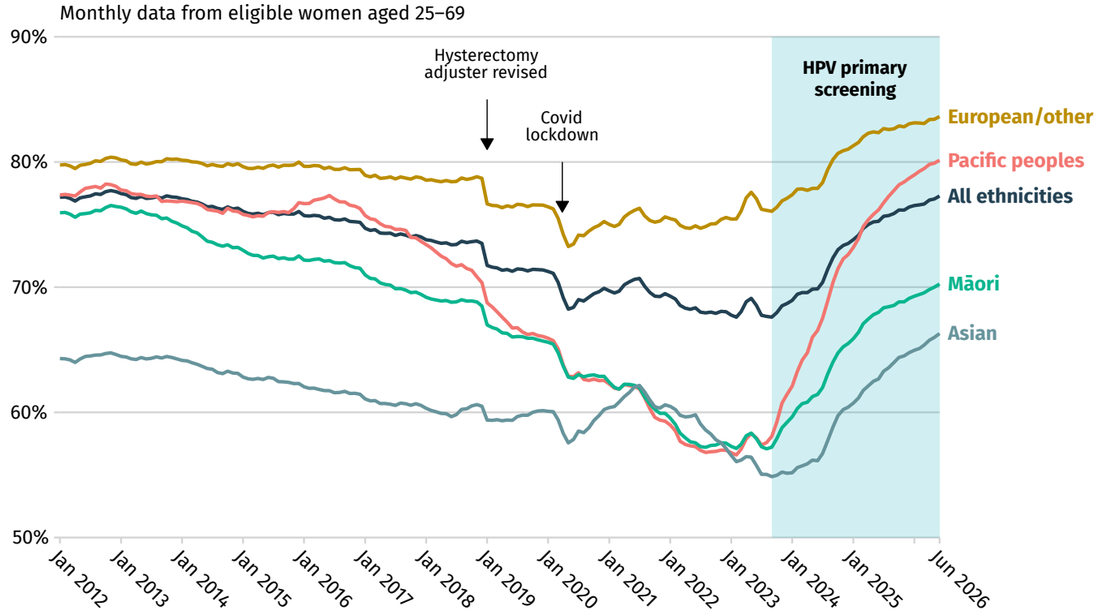
By 2030

Our actions

8	Build on and strengthen Screening Support Services to co-design innovative community-based service delivery models to improve screening rates for never screened and under-screened groups
9	Identify areas of high unmet health need and explore the establishment of additional Screening Support Services providers where services are not currently available
10	Explore options for providing free cervical screening to everyone eligible for the NCSP
11	Investigate low cervical screening rates among Asian populations, including analysis of cancer incidence and mortality by specific Asian ethnicities
12	Explore and implement alternative approaches to improve cervical screening participation among communities and population groups with low screening coverage, this could include partnering with communities and organisations to co-design and deliver approaches
13	Strengthen recall and follow-up processes for people overdue for repeat HPV tests, cytology tests and colposcopy appointments
14	Maintain routine review and validation of colposcopy waiting lists
15	Train more nurse colposcopists
16	Scope and undertake service modelling and evidence-based analysis to inform future services planning and workforce requirements
17	Assess the feasibility and set up of community-based and mobile clinics for colposcopy service delivery
18	Nationally implement the revised Clinical Practice Guidelines for Cervical Screening
19	Develop a prospective cervical cancer audit to provide timely insights into who is developing invasive cervical cancer to identify delays, missed care and inequities
20	Strengthen the cervical screening register's usability, functionality, flexibility and data quality
21	As part of the broader review of the Health Act 1956, the Ministry of Health will review the fitness for purpose of Part 4A of the Health Act 1956, which provides the legislative framework for cervical screening

Percentage up-to-date with cervical screening, by ethnicity

Monthly data from eligible women aged 25–69



Source: National Cervical Screening Programme public data.
Note: In Jan 2019 the hysterectomy adjuster to the eligible population denominator was revised. Screening participation did not actually decline at that time.

> **"We need to continue to emphasise things like screening… These initiatives could have a huge impact on our people"**
>
> **– Whānau voice,** Rongohia Te Reo, Whatua He Oranga: The voices of whānau Māori affected by cancer

For more information, including data, incremental targets and detail on the actions, please read the supplementary document

Stories of lived experience

Juanita

> **“Cervical screening gave me the chance to protect my future.”**

Breast cancer survivor with lived experience of cervical screening and cervical precancer treatment, bringing Māori and Samoan lived experience to help others feel seen, informed and empowered to access services.

When Juanita Rapana was just 16 years old and pregnant with her first child, a routine cervical screening detected abnormal cell changes.

At the time, she didn’t fully understand what the results meant, only that she would need regular monitoring every six months.

Three years later, while pregnant with her second child, those changes had progressed to cervical intraepithelial neoplasia grade 2 (CIN2), a pre-cancerous condition. While still pregnant, Juanita underwent treatment to remove the abnormal cells from her cervix. *“It was an incredibly emotional and frightening time,” she says. “But I’ll always be grateful those changes were found early. Screening gave me the opportunity to act before those cells had the chance to develop into cervical cancer.”*

Looking back, Juanita believes early detection changed the trajectory of her life.

“Early detection gave me something priceless: time and choice.”

Like many women, Juanita admits she was anxious about being screened. *“I was young, pregnant and scared. I didn’t know what the results would mean for me, my baby or my young family. I felt vulnerable and embarrassed throughout the process.”*

What helped was learning that cervical screening isn’t about looking for cancer - it’s about preventing it. *“The healthcare professionals supported me every step of the way, and having answers was far less frightening than not knowing.”*

Today, Juanita wants to challenge some of the common misconceptions that stop people from getting screened. *“One of the biggest misunderstandings is thinking that if you feel healthy, you don’t need screening. The reality is that cervical cell changes often have no symptoms at all.”*

She also wants people to know that an abnormal screening result does not mean cancer. *“When I first heard my results, my mind immediately went to cancer. But most abnormal results simply mean there are changes that need to be monitored or treated before they become something more serious. That’s why screening is so powerful - it gives us the opportunity to prevent cervical cancer, not just detect it.”*

For Juanita, the impact of her experience extends well beyond her own health.

By sharing her story openly she has encouraged other women in her whānau to attend cervical screening. *“Seeing the wāhine in my whānau prioritise their health because I was willing to share my story has been one of the most meaningful outcomes of my experience.”*

She hopes people will think about what screening really offers.

“It’s not just a test. It’s an opportunity to prevent cervical cancer before it starts. It’s an opportunity to protect your future, your whakapapa and to lead with aroha and care.”

If sharing her story encourages even one person to book a screening appointment - or to make it a whānau event together - Juanita says it will have been worth it.

“Your future self will thank you for getting screened. Your whānau will too.”

Pillar 3: Improve treatment of cervical pre-cancer and cancer

Cervical pre-cancer can be effectively treated when detected through screening. When cervical cancer is identified early and confined to the cervix, five-year survival is around 91%; this falls to around 19% once the cancer has spread to distant sites.

Treatment for invasive cervical cancer may involve more extensive interventions. Access to high-quality care remains essential to ensure optimal outcomes for all, regardless of population group or where people live.

Our current state

77% of participants with high-grade cervical pre-cancerous lesions following screening are treated within 40 working days of their decision to treat

89% of people with cervical cancer received cancer management within 31 days of the decision to treat. The Faster Cancer Treatment 31-day rate was the lowest among Pacific peoples

Our treatment targets

90%

of participants with high-grade cervical pre-cancerous lesions following screening are treated within 40 working days of their decision to treat

By 2030

90%

of people with cervical cancer receive cancer management within 31 days of the decision to treat

By 2030

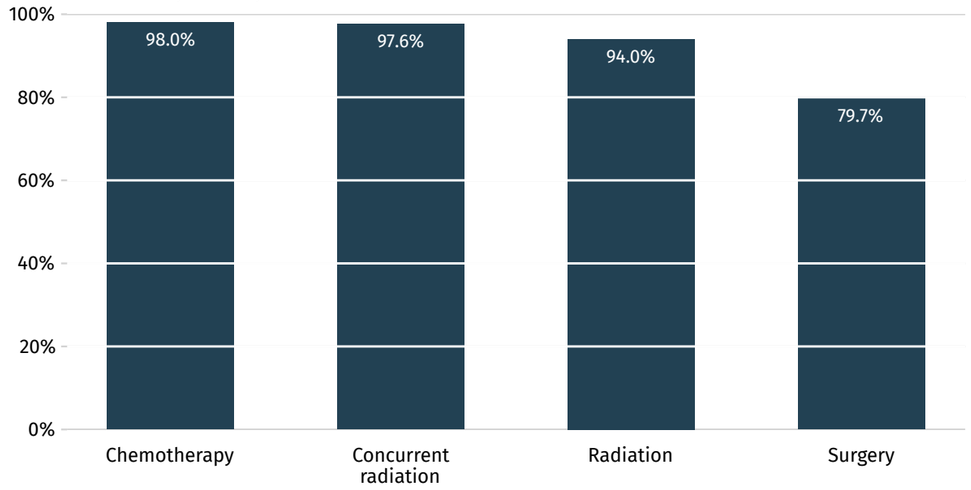
Our actions

22	Ensure colposcopy services are culturally responsive and whānau-centred to support equitable access to assessment and treatment
23	Improve resourcing within obstetrics and gynaecology services to support follow-up for people with positive screening results and ensure colposcopy services can be sustainably delivered alongside other gynaecology service demands
24	Develop and implement a gynaecological oncology clinical service plan, building on the recommendations of the “Report to the Ministry of Health on a proposed national service improvement plan for gynaecological cancer services” (the Sapere Report)
25	Support centralised specialist care with appropriate access measures, including travel and accommodation support, to ensure timely treatment, regardless of population group or where people live
26	Strengthen the sustainability of the gynaecological oncology workforce through a coordinated approach to workforce planning
27	Enhance protected time for teaching, research and leadership activities and establish clear career pathways for gynaecological oncologist trainees upon completion of their training

28	Assess factors affecting the competitiveness and sustainability of gynaecological oncology roles in New Zealand, and develop a plan to improve the attractiveness
29	Strengthen coordination, access and support across the cervical cancer treatment pathway to improve treatment timeliness particularly for population groups experiencing the most delays

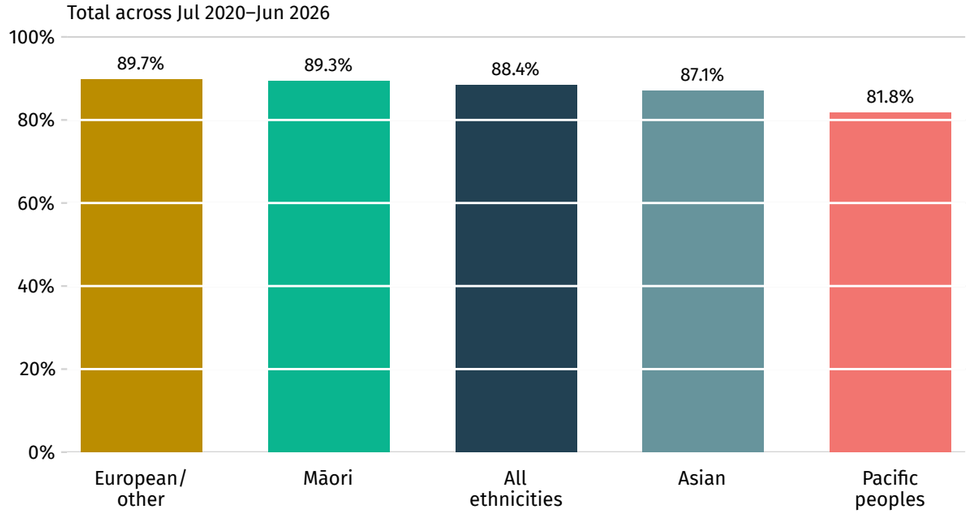
Faster Cancer Treatment 31-day achievement rate for cervical cancer, by treatment type

Total across Jul 2020–Jun 2026



Faster Cancer Treatment 31-day achievement rate for cervical cancer, by ethnicity

Total across Jul 2020–Jun 2026



> **"You can't think when you're first diagnosed."**
>
> **– Whānau voice,** Rongohia Te Reo, Whatua He Oranga: The voices of whānau Māori affected by cancer

Stories of lived experience

Heather

> **"Just do it. It could save your life."**

Cervical cancer survivor and previous consumer representative on Cancer Control Agency's Lived Experience Advisory Group.

"I feel incredibly privileged to still be here. Every day is a bonus."

For Heather Browning, those words carry the weight of experience.

More than 25 years ago, she was diagnosed with stage 2B cervical cancer after months of unexplained pain, heavy bleeding and exhaustion. What she thought would be a routine hysterectomy became a life-changing moment. *"I woke up expecting to have had surgery. Instead, I was told I had a large, inoperable tumour. Everything changed in an instant."*

At the time, Heather was just over 40 and the mother of a 10-year-old daughter. *"I remember thinking, 'She's too young to lose her mum.' I knew I had to keep going."*

Heather's symptoms had gradually become impossible to ignore. Even everyday tasks became difficult. *"I would be out shopping and have to crouch down in the supermarket because the pain was so intense. I'd pretend I was looking at something on the bottom shelf while I waited for it to pass."*

After months of searching for answers, Heather was finally admitted for surgery. Instead of performing the planned hysterectomy, surgeons discovered a large cervical tumour. She underwent six weeks of intensive radiotherapy before later having a radical hysterectomy.

The treatment was physically demanding and left lasting effects, but Heather remained focused on getting through one day at a time. *"There wasn't really another option. I just had to do it."*

Today, Heather has watched decades of progress in cervical cancer prevention and says she is encouraged by how far New Zealand has come. *"If HPV self-testing had been available when I was diagnosed, my story could have been very different."*

She believes HPV vaccination and self-testing are changing lives by making prevention and early detection easier and more accessible.

For anyone feeling embarrassed, uncertain or reluctant to be screened, Heather has a simple message.

"Don't hesitate. If you're not comfortable having a cervical screening test, use the self-test. Get vaccinated. Put your fears behind you because it could save your life - or save you from going through what I did."

Looking back, Heather says surviving cervical cancer has changed how she sees life. *"I never complain about getting older. Growing older is a privilege. Every day I get is a gift."*

She hopes future generations will never experience advanced cervical cancer.

"Cervical cancer is one of the few cancers we have the opportunity to eliminate. That's something worth embracing."

Pillar 4: Enablers

Data, monitoring and evaluation

Current monitoring is fragmented, with data limitations reducing visibility for some population groups, including former refugees, migrants, disabled people, and people from LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex, and other sexual orientation and gender identity) communities. Initiatives are underway to improve the availability and quality of data for these population groups.

Research and innovation

Local and international research and evidence has an ongoing role supporting cervical cancer elimination. As we progress towards elimination, it is important to maintain awareness of emerging evidence to support changes to the Plan and uptake of new innovations where appropriate.

Our actions

30	Continue to support the progressive digitisation and linkage of gynaecological malignancy data collection across pathology and clinical diagnosis, treatment and outcomes
31	The Cancer Control Agency and the Ministry of Health will produce public-facing annual reporting on progress towards cervical cancer elimination
32	The Cancer Control Agency to continue validating and finalising the forecasting model and use the modelling to monitor progress towards cervical cancer elimination
33	Continue monitoring HPV genotypes to assess vaccine impact, detect population-level shifts and ensure services remain fit for purpose
34	Explore and assess emerging evidence on safe and effective cervical screening technologies and approaches
35	Monitor emerging evidence and generate New Zealand specific evidence to inform future evolution of cervical screening
36	Implement a hybrid consent model for the School Based Immunisation Programme to improve uptake and reduce administrative burden
37	Conduct surveys and other reseach and engagement activities to gather feedback from people who consented to or declined HPV vaccination to inform improvements and increase uptake
38	Monitor and learn from early-eliminating countries to support a successful post-elimination phase, and adapt learning to the New Zealand context
39	Enhance training to strengthen workforce capability in delivering culturally safe, inclusive, accessible and trauma-informed services.

> **"[We need research that] elevates lived experience as evidence"**
>
> **– Whānau Voice,** Rongohia Te Reo, Whatua He Oranga: The voices of whānau Māori affected by cancer

Next steps

The Plan sets the strategic direction towards and commitment to cervical cancer elimination.

Health New Zealand will lead the implementation of the Plan, identifying and sequencing actions by priorities, dependencies, and opportunities for concurrent delivery. This includes partnership with the relevant communities and partners, with engagement tailored to the priorities and populations affected – for example, schools, primary health care providers, Hauora Māori providers, tāngata whaikaha Māori networks, Pacific providers, health providers experienced in delivering inclusive care for LGBTQI+ communities, and population groups with high unmet health need.

Cervical cancer elimination does not mean the complete eradication of cervical cancer. Sustained monitoring and reporting are essential to maintain progress, sustain elimination and address any emerging risks or challenges.

The Cancer Control Agency and the Ministry of Health will monitor progress against the Plan with annual public reporting disaggregated by population groups to identify disparities, support transparency and enable oversight of Plan implementation.

When progress is not on track or performance declines, the Cancer Control Agency and the Ministry of Health will work with Health New Zealand and engage with communities, service providers and other partners to identify barriers and determine appropriate actions to restore progress towards the intended outcomes.

Together, we can achieve cervical cancer elimination

Through targeted action across vaccination, screening and treatment, we can create a healthier future for New Zealand

Citation: Te Aho o Te Kahu – Cancer Control Agency. 2026. *New Zealand Cervical Cancer Elimination Plan 2040*. Wellington: Te Aho o Te Kahu – Cancer Control Agency.

Published in September 2026 by Te Aho o Te Kahu – Cancer Control Agency
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-0670993-4-3 (online)
TP0049

This document and its accompanying supplementary document are available at **teaho.govt.nz**

TE AHO O TE KAHU CANCER CONTROL AGENCY

MINISTRY OF HEALTH MANATŪ HAUORA

New Zealand Government
Te Kāwanatanga o Aotearoa