

Cancer and Pacific Peoples in Aotearoa New Zealand

Insights Report, October 2026

Since 2020, Pacific peoples have experienced the highest annual increase in cancer incidence in New Zealand. They are also more likely to die from cancer. These inequities are largely preventable.

19%

**more likely to be
diagnosed with cancer**

Pacific peoples, like other populations with high unmet health need (eg, Māori, disabled peoples, rural communities and people living in areas of high deprivation), face barriers to accessing timely, high-quality cancer services. These barriers contribute to poorer cancer outcomes.

Behind every statistic in this report are Pacific fānau (families) navigating barriers to cancer prevention, detection, diagnosis and treatment. Their experiences are shaped by environmental and health system factors that influence cancer risk and outcomes.

This report highlights:

1. Where inequities are greatest
2. What is driving inequity
3. Priority opportunities for action.

41%

**more likely to die
from cancer**

This report primarily draws on the following sources to quantify and better understand cancer care experiences of Pacific peoples:

- **The State of Cancer in New Zealand 2025 | He Pūrongo Mate Pukupuku o Aotearoa 2025¹ and online data dashboard** (which was updated in 2026 to include 2023 data)²
- **Cancer: Pacific Fānau Perspectives³**
- **Pacific Peoples' Experiences of Cancer and Its Treatment in New Zealand Through Talanoa: A Qualitative Study of Samoan and Tongan Participants⁴.**

About the data

Unless otherwise stated, findings relate to Pacific peoples living in New Zealand and comparisons are with the European/other population.

Where noted, the data in this report is presented as a three-year rolling average. This is best practice to manage the effect of annual fluctuations.

Pacific peoples in New Zealand

Pacific peoples are a diverse population in New Zealand, comprising around 500,000 people from more than 17 Pacific ethnic groups. Samoan people make up the largest community, representing around half of the Pacific population, followed by Tongan and Cook Islands Māori communities. The analyses in this report uses aggregated Pacific

ethnicity data, meaning differences between individual Pacific communities are not visible.

Most Pacific peoples live in the Auckland region, with almost two-thirds residing there. The population is notably young, with around half of Pacific peoples aged under 25 years. Pacific peoples are also one of New Zealand's fastest-growing population groups.⁵

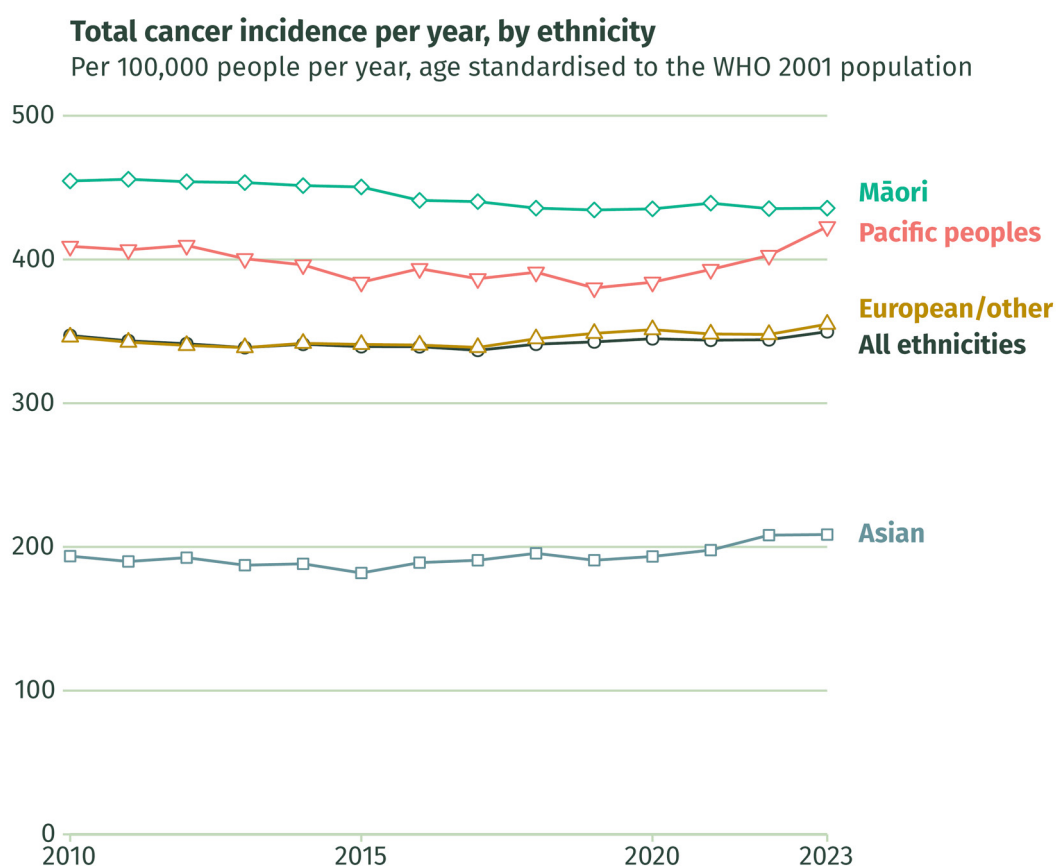
Without targeted action...



Like the total population, Pacific peoples' cancer burden will increase as the total population ages



Future demand on health services, workforce capacity and health expenditure will increase



Source: New Zealand Cancer Registry.
Incidence is shown as a 3-year rolling average.

1. Where inequities are greatest

Pacific peoples experience some of the greatest cancer inequities in New Zealand. Rates of uterine, lung, breast, bowel, liver and stomach cancers are particularly high among Pacific peoples.

Uterine cancer

Uterine cancer is an area of particular concern for Pacific females. As the figure below shows, Pacific females have experienced the largest increase in uterine cancer of any population group over the last 20 years. They also have substantially higher mortality rates from uterine cancer than the European/other population.

A range of barriers influence the higher rates of uterine cancer in Pacific females. Examples include access to primary care, metabolic risk factors (eg, excess body weight) and socioeconomic factors (eg, deprivation and access to healthy, affordable food).

Actions that reduce barriers and improve the timeliness of investigation and referral pathways will enable earlier diagnosis.

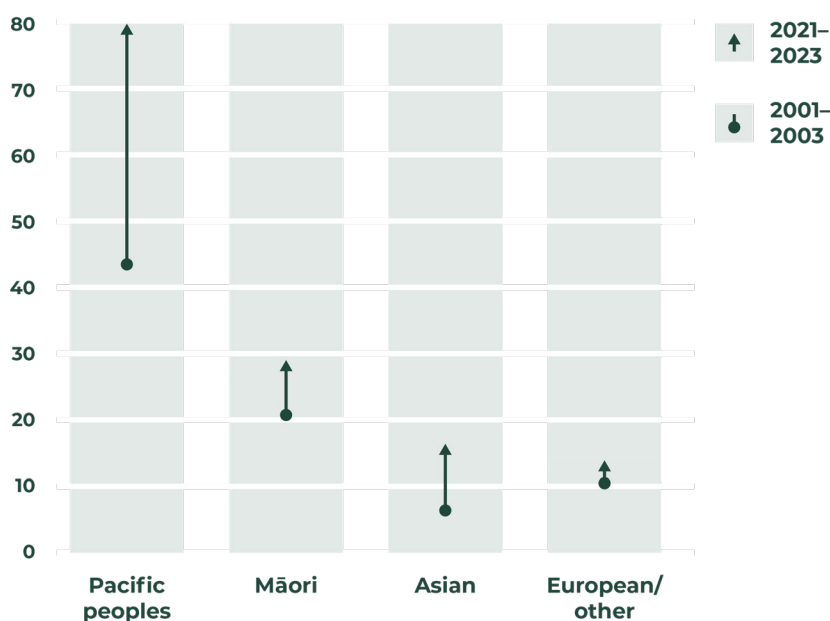
In the latest time period (2019–2023), Pacific females, compared to European/other are...

almost 6× as likely to be diagnosed with uterine cancer

more than 6× as likely to die from uterine cancer

Female uterine cancer incidence by ethnicity

Per 100,000 people per year, three-year average, standardised to the WHO female 2001 population



Source: New Zealand Cancer Registry.

Lung cancer

Lung cancer is a substantial contributor to cancer burden for Pacific peoples. Higher rates are largely driven by cigarette smoking, which is in turn influenced by Pacific people having greater exposure to tobacco products.

Between 2017 and 2021, **73% of Pacific peoples' lung cancer diagnoses occurred following emergency or unplanned hospital admissions**. Less than 50% of European/other were diagnosed this way.⁶

A lung cancer screening pilot programme, which aims to detect lung cancers earlier, is due to start in 2027.

Pacific peoples are...

almost **2× as likely**
to be diagnosed with
lung cancer

1.8× as likely
to die from
lung cancer

Breast cancer

Pacific females are diagnosed with breast cancer at younger ages and are more likely to present with advanced disease than European/other females.

Diagnosis rates are increasing, with Pacific females **1.4 times as likely** to be diagnosed with breast cancer and **1.7 times as likely** to die from the disease.

While breast cancer mortality rates have declined for the total population since 2001, the rates have not declined as quickly for Pacific females.

Earlier age at diagnosis is a key driver of inequity, with many Pacific females being diagnosed before being eligible for screening (which starts at 45 years).



Pacific females tend to be **younger at diagnosis**, and are more likely to have **advanced disease**

Female breast cancer incidence and mortality by ethnicity

Per 100,000 people per year, three-year average 2021–2023, standardised to the WHO female 2001 population



Sources: New Zealand Cancer Registry and Mortality Collection.

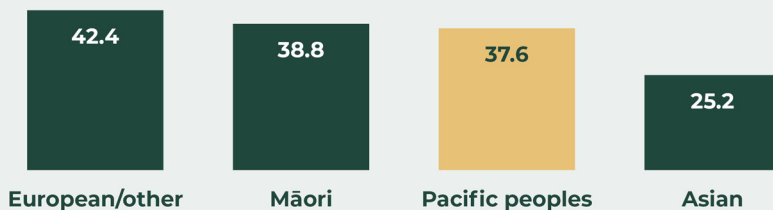
Bowel cancer

Between 2021 and 2023, the bowel cancer diagnosis rate for Pacific peoples increased, whereas rates remained stable for all other ethnic groups. In the same time period, Pacific peoples' bowel cancer mortality stayed steady, whereas for other ethnicities it decreased.

Between 2017 and 2021, 53% of Pacific peoples' bowel cancer diagnoses occurred within 30 days of emergency or unplanned admission, the highest rate of any ethnic group. Diagnosis via emergency or unplanned admission is linked to poorer outcomes.

Bowel cancer incidence by ethnicity

Per 100,000 people per year, three-year average 2021–2023, standardised to the WHO 2001 population



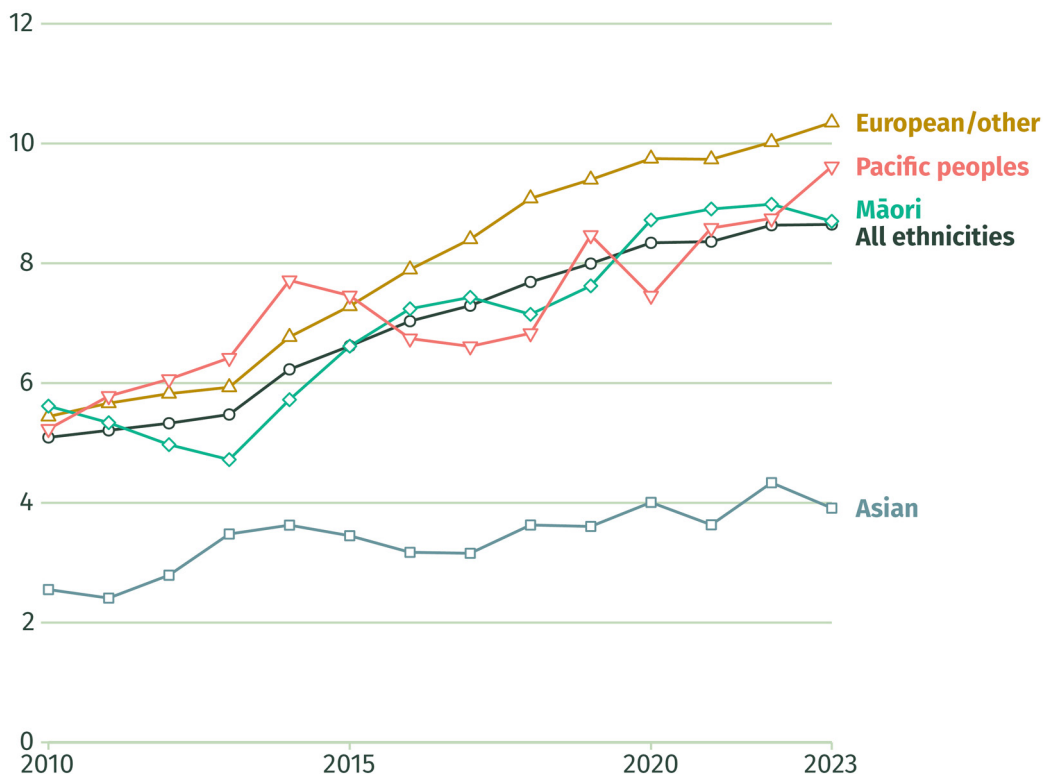
Source: New Zealand Cancer Registry.

Between 2021 and 2023, Pacific peoples were the only ethnic group where **bowel cancer diagnosis rates increased**

Similar to other population groups, bowel cancer diagnosis rates are increasing for Pacific peoples **under 50 years of age**.

Bowel cancer incidence for people aged under 50 years, by ethnicity

Per 100,000 people per year, age standardised to the WHO 2001 population



Source: New Zealand Cancer Registry.
Incidence is shown as a 3-year rolling average.

Liver and stomach cancers

Liver and stomach cancer rates are strongly linked to preventable infections and modifiable risk factors.

Pacific peoples experience high rates of chronic hepatitis B and C infections, and these contribute significantly to liver cancer risk.

Pacific peoples also experience a disproportionately high prevalence of helicobacter pylori infection, which is a well-established cause of stomach cancer.

Community-based prevention, testing, treatment and follow-up initiatives present important opportunities to reduce future cancer burden.

Compared to European/other,
for liver cancer,
Pacific peoples are...

3.2×

as likely to be
diagnosed

2.6×

as likely to die

Compared to European/other,
for stomach cancer,
Pacific peoples are...

3.4×

as likely to be
diagnosed

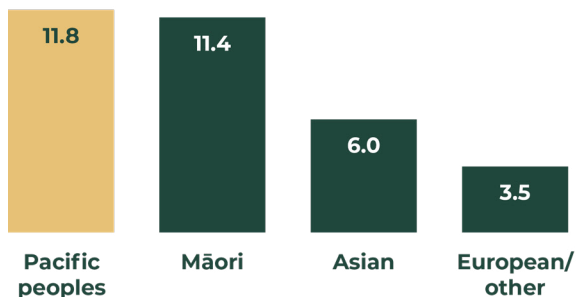
3×

as likely to die

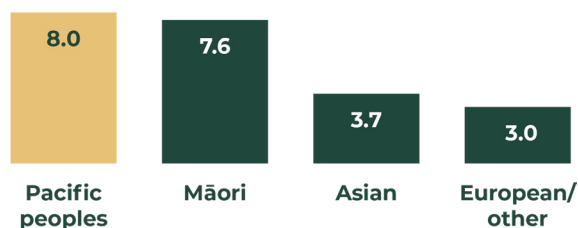
Liver and stomach cancer incidence and mortality by ethnicity

Per 100,000 people per year, three-year average 2021–2023, standardised to the WHO 2001 population

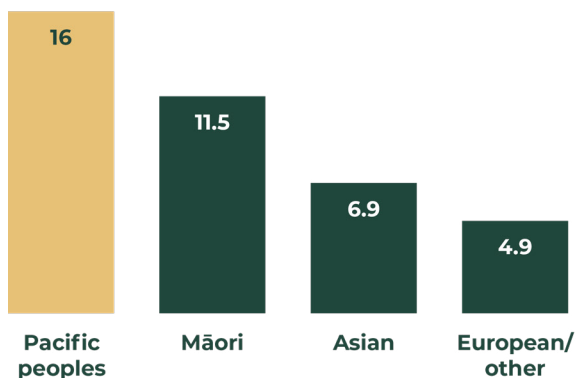
Liver cancer incidence



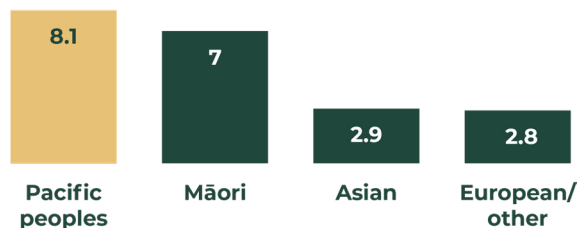
Liver cancer mortality



Stomach cancer incidence



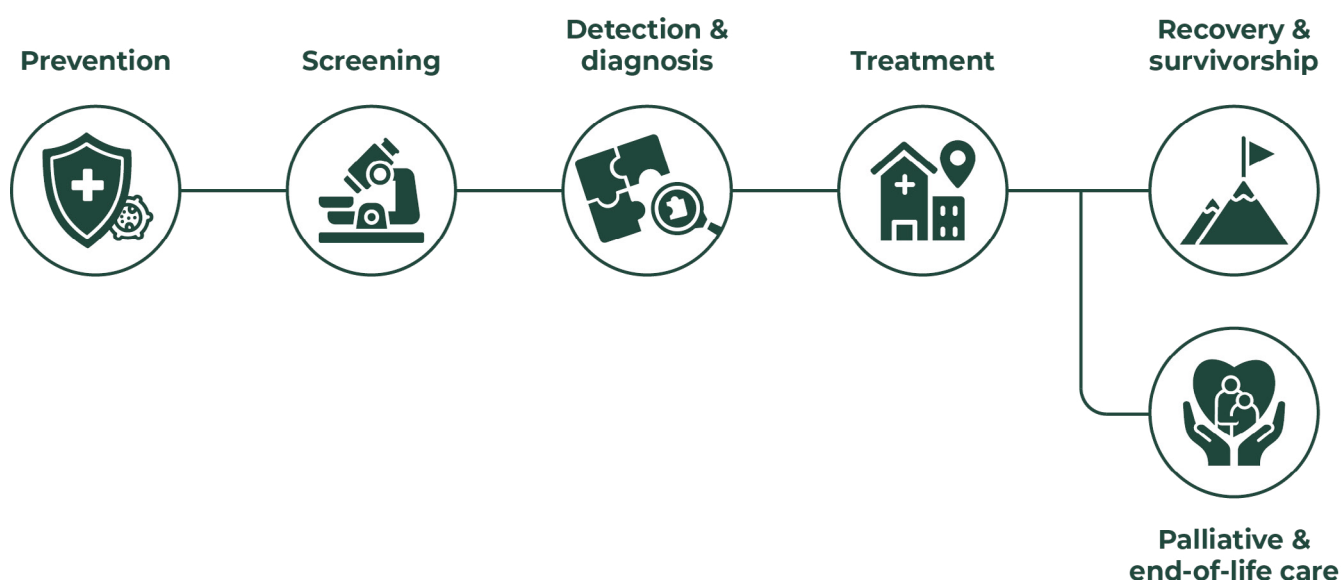
Stomach cancer mortality



Sources: New Zealand Cancer Registry and Mortality Collection.

2. What is driving inequity

Pacific peoples experience poorer access to cancer services at multiple points on the cancer pathway. These inequities are compounded by increased exposure to some cancer risk factors.



Prevention

Up to half of all cancers are preventable. Pacific peoples experience greater exposure to several cancer risk factors, including socioeconomic deprivation, workplace carcinogens, and limited access to healthy affordable food.

Tobacco use, alcohol consumption, excess body weight, and chronic infections are major contributors to cancer burden, with Pacific females experiencing the highest burden of cancers linked to excess body weight.

To reduce cancer inequities for Pacific peoples, equitable access to prevention and screening opportunities are needed. Action to address the wider determinants of health and ensure access to prevention and screening opportunities would reduce cancer inequities for Pacific peoples.



Pacific peoples experience higher exposure to several cancer risk factors

Screening

Cancer screening is an opportunity to reduce cancer inequities for Pacific peoples. Participation in breast and cervical screening is close to programme targets, while bowel screening participation remains low and presents the greatest opportunity to improve screening uptake.

Addressing cultural and practical barriers is critical to improving screening uptake. Key cultural barriers, such as preferences for same-gender clinicians and beliefs about certain body parts being tapu (sacred), can influence participation. Pacific peoples, like many others, also face practical barriers such as the cost of care and access to services.

The introduction of HPV self-testing demonstrates that targeted interventions can successfully address access barriers. As the figure on page 11 shows, cervical screening

coverage among Pacific females increased from less than 60% in 2023 to 80.1% in 2026.

Additionally, current screening settings may not adequately reach higher-risk groups. For example, a higher proportion of Pacific females are diagnosed with breast cancer before they are eligible for screening at age 45. Strengthening awareness, early detection and timely access to care is essential.



HPV self-testing increased cervical screening coverage among Pacific females from less than 60% in 2023 to 80.1% in 2026

“Females may not feel comfortable sharing their private parts with a male doctor...”

Niuean female with stomach cancer. Pacific Fānau Perspectives (Moana Connect, 2025)

Earlier diagnosis

For all ethnicities, earlier diagnosis is associated with better cancer outcomes. In contrast, diagnosis following emergency or unplanned admission is linked to poorer outcomes. This highlights the importance of early detection and diagnosis.

Cost remains a significant barrier for many Pacific peoples, with 25% reporting unmet

need for GP services in the past 12 months.⁷ Travel barriers can also make it more difficult to access investigations, specialist appointments and treatment, contributing to delays across the cancer pathway. Improving access to primary care and timely diagnostic services is critical to reducing inequities in cancer outcomes.

Between 2017 and 2021, **1 in 3** Pacific people with cancer were diagnosed within 30 days of emergency or unplanned admission, the highest of any ethnic group

“Part of me was frustrated because I had gone (to my doctor) months before, and they kept telling me this and that, without any tests. How hard would it have been for them to do the test? By the time they found it, it was stage four.”

Tongan male with liver cancer. Pacific Fānau Perspectives (Moana Connect, 2025)

Treatment

Advances in cancer treatment have improved outcomes for many people but access to these treatments remains unequal for Pacific peoples. This inequity is also present for Māori, disabled peoples, rural communities, and people living in areas of high deprivation.

Financial pressures, travel requirements, and the presence of other health conditions affect timely access to treatment and ongoing care.

Improving access to treatment requires approaches that are responsive to the needs of Pacific peoples. Trusted relationships with healthcare providers, culturally responsive models of care, navigation support services,

and community-based approaches can improve access, experience, and outcomes. Strengthening the Pacific health workforce is also critical to achieving equitable cancer care.



Trusted relationships, culturally responsive care and navigation services improve access and outcomes

“We work from the same base, that health care is holistic. It’s body, soul, and spirit. It’s not just medical. It’s your family. It’s the way your mind is... He makes you feel good. Because it’s very personal. He listens to you and he’s responding to you. He’s not coming with a diagnosis pulled out of a textbook.”

Fijian male with bowel and liver cancer describing his Cambodian doctor in primary care. Pacific Fānau Perspectives (Moana Connect, 2025)

3. Priority opportunities for action

The **New Zealand Cancer Action Plan 2026–2029** (the Plan) provides a strong foundation for action⁸. Focusing efforts on where need is greatest offers the best opportunity to improve cancer outcomes for Pacific peoples.

Where need is greatest

- Up to half of all cancers are preventable. Pacific people, like other ethnicities, would benefit from reduced smoking and alcohol consumption, eating a balanced diet, being a healthy weight and staying active.
- Uterine cancer represents the largest inequity identified in this report.
- Pacific peoples experience high rates of infection-related cancers.
- 1 in 3 cancers among Pacific peoples are diagnosed through emergency admission.
- Pacific peoples have the lowest bowel screening participation rates.
- Pacific peoples experience high rates of early-onset bowel cancer.
- Pacific females have high rates of breast cancer diagnosed at younger ages.
- Qualitative research with Pacific people highlights barriers relating to navigation, trust, communication and workforce capability.

The sector is responding to meet these needs

The Plan has a range of activities for delivery over the next 3 years, many of which will reduce unmet need for Pacific peoples and improve cancer outcomes for all New Zealanders.

The Plan includes scoping approaches to improve hepatitis B screening, expanding access to testing and treatment for hepatitis C via community-based services and developing a pilot to test and treat *Helicobacter pylori*.

The Plan also includes reviewing evidence, policies and targeted approaches to improve people's nutrition (including affordability and promoting accessible, healthy foods), reducing excess body weight and increasing access to and participation in physical and wellbeing activities.

To enable earlier cancer diagnoses, work has begun to expand and standardise how primary care clinicians can access diagnostics.

This will be supported by campaigns to meet targets for all national cancer screening programmes, with a specific focus on those communities with the lowest participation.

The sector will also review and develop models of care, targeted guidance and campaigns to help people and whānau recognise cancer symptoms, navigate the health system and access appropriate support and resources. This includes strengthening navigation services and guidance/resources, improving workforce capability to meet the needs of diverse communities and expanding access to cancer treatment services in rural and community-based settings.

"If I had any questions, I could ring them - that was the oncology nurse - I just ring that department and speak to them...There needs to be somebody there that you could speak to openly. Not someone who will say, 'Well, we'll look at it, we'll get back to you'; that's the kind of answer that you get back from a lot of them. But if you really care about how someone is feeling, then you should look into it straight away and give them an answer. So, they're not full of anxieties waiting to hear what the answer will be."

Cook Island Māori female with ovarian cancer. Pacific Fānau Perspectives (Moana Connect, 2025)

Improving outcomes together – a shared responsibility across the health system

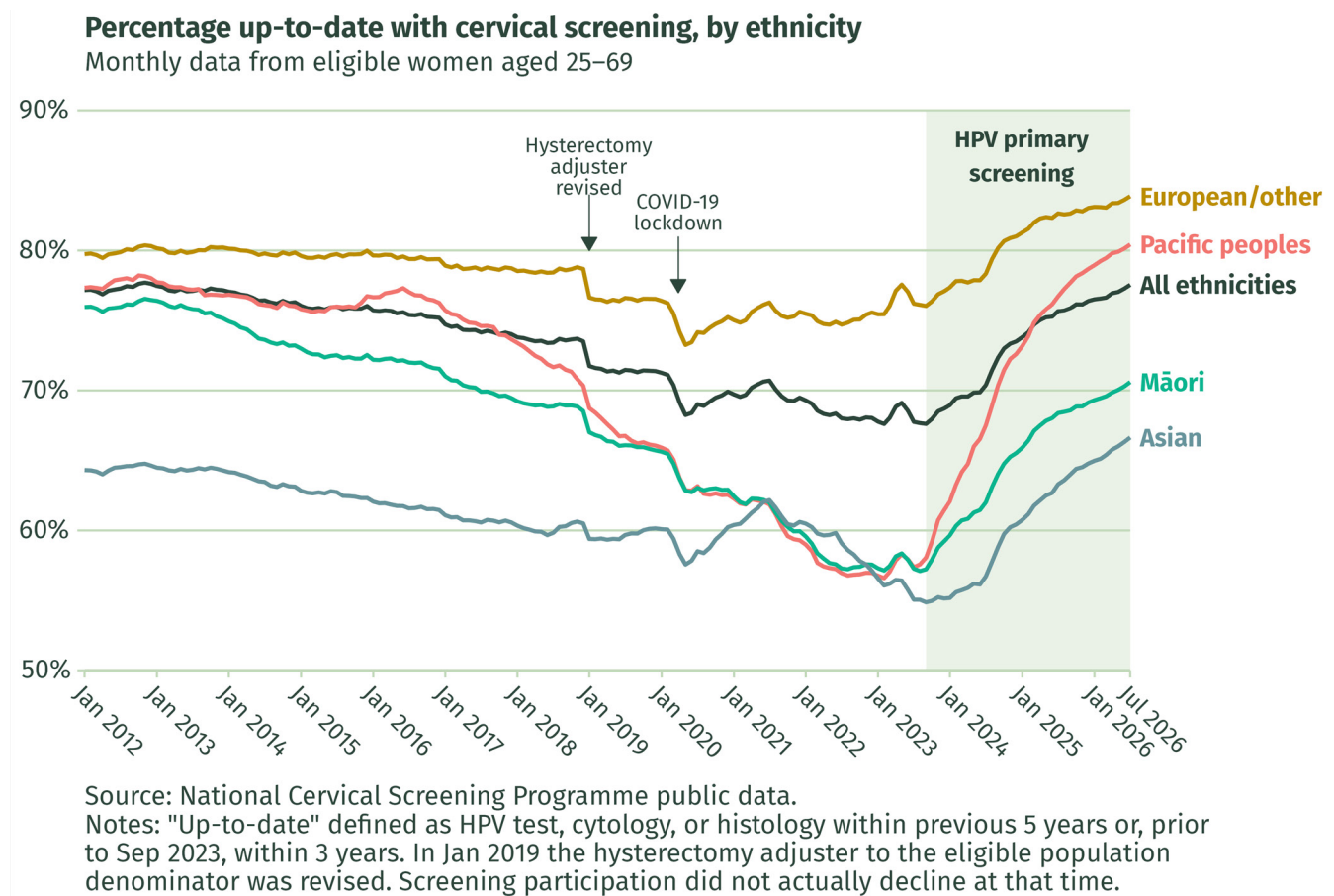
Improving cancer outcomes for Pacific peoples will require coordinated action across the health system and working in partnership with Pacific communities.

By focusing effort where inequities are greatest and building on approaches that are already working, we can improve cancer outcomes for Pacific peoples, their fānau and future generations.

What's already working

Evidence shows that services designed around the needs of Pacific peoples can improve access, participation, and outcomes.

Smoking reduction	The 2024/25 New Zealand Health Survey found that, between 2011 and 2024, daily smoking rates among Pacific peoples fell from 22.6% to 12.3%. This reduction can largely be attributed to smoking cessation efforts, increases in tobacco prices and other targeted interventions.
National cervical screening programme	As shown in the figure below, screening coverage among Pacific females increased substantially following the introduction of HPV primary screening and self-testing, together with the introduction of zero-fees cervical screening for priority groups.
Cancer navigation services	Navigation support services have helped patients and fānau to access services, overcome barriers, and move more effectively through the cancer system.



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Follow the QR codes to the New Zealand Cancer Action Plan 2026–2029 (left) and The State of Cancer online data dashboard (right)



For more information:
<https://teaho.govt.nz/>

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