Tūāpapa Māori : HPV cervical screening programme

Public Health Observatory NZ

2025

Bev Lawton

Te Tātai Hauora o Hine

CAPITAL THINKING.
GLOBALLY MINDED.

VICTORIA UNIVERSITY OF WELLINGTON

Declarations

- Member of the National Cervical Screening Programme Action and Advisory group
- Co-Chair International Indigenous HPV Alliance
- Research funded by Health Research Council of New Zealand and Ministry of Health
- 2 GeneXpert machines on loan from Australian Centre for the Prevention of Cervical Cancer
- Partnership with Ngāti Pāhauwera and Ngāti Porou

Te Tātai Hauora o Hine

National Centre for Women's Health Research Aotearoa

Vision: To eliminate preventable harm and death for women and children and reduce health disparities for Māori

Kaupapa Māori[1] research to create systemic transformation

Community driven, community owned → Whanaungatanga[2]

Māori workforce – AWHI[3]

[1] by, with, and for Māori

[2] relationship, kinship, sense of family connection

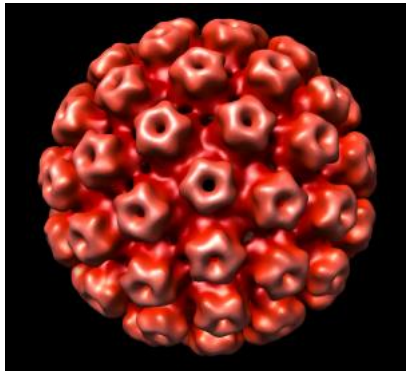
[3] support, to care for

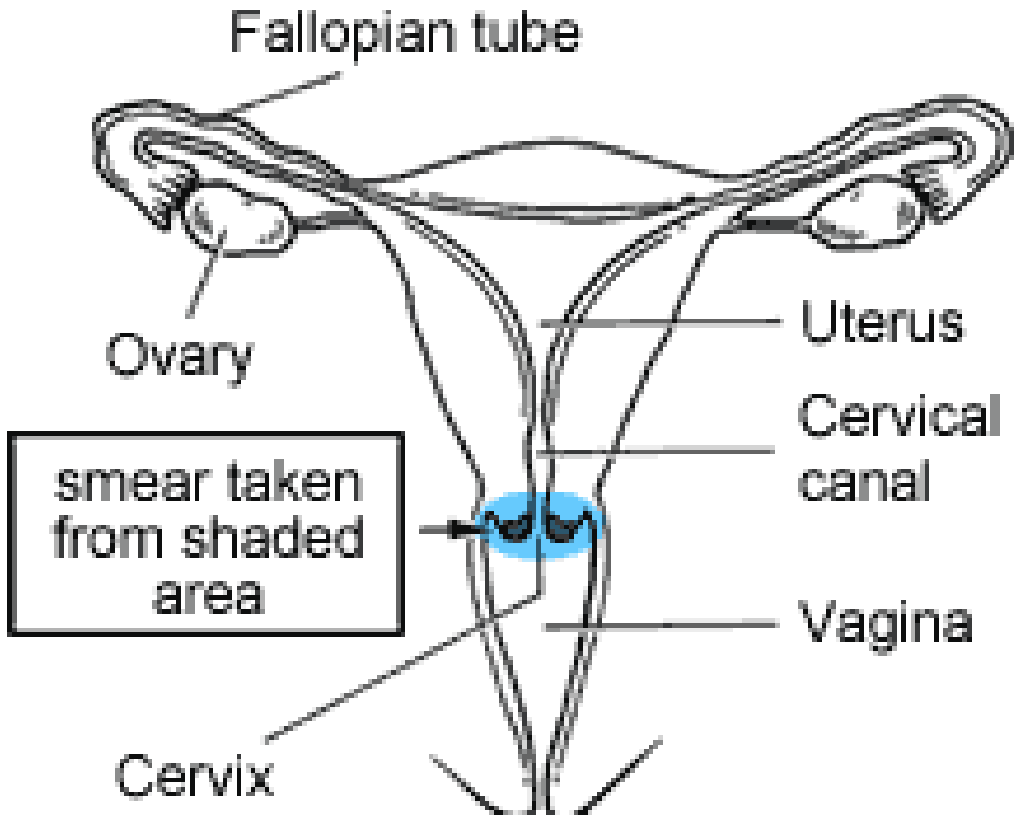
Indigenous lens

- Whakawhānaungatanga, relationships
- Kanohi-ki-te-kanohi (Face-to-Face)
- Manaakitanga
- Tino rangatiratanga
- High trust
- Strength-based approach
- Kaumātua leadership, Iwi voice

WHO call to action 2018: Elimination of cervical cancer

Human Papilloma Virus (HPV)





HPV most frequently causes cancer in the 'transformation zone', the transition between squamous and columnar epithelium.

HPV disease*- Intervention points:

A Continuum

P1 :
Primary prevention
- Whanau (family)
- Childhood
- Adolescent
- Sex and Babies
- Schools
- Communities

P2:
Primary prevention
- Abstinence
- Barriers / condoms
- **HPV vaccination**

P3:
Diagnosis of HPV:
Cervical screening
HPV DNA testing
Colposcopy –**pre cancer phase**
(*oral, anal, penile*)

P4:
Treatment of HPV Abnormalities

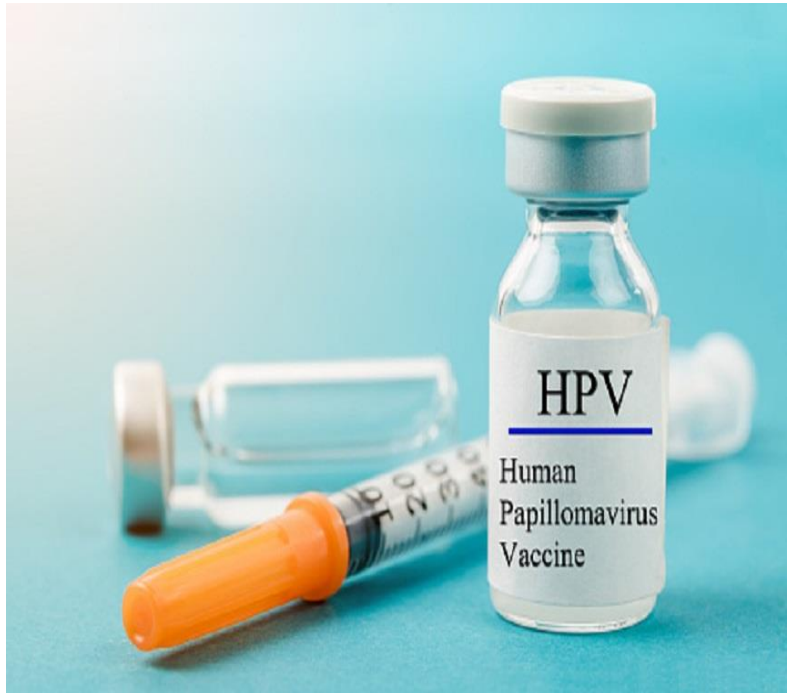
C1
Diagnosis of Cancer:
Cervical, anal, oral, penile
Colposcopy, Biopsy

C2
Treatment of Cancer
Surgery
Radiation
Chemotherapy

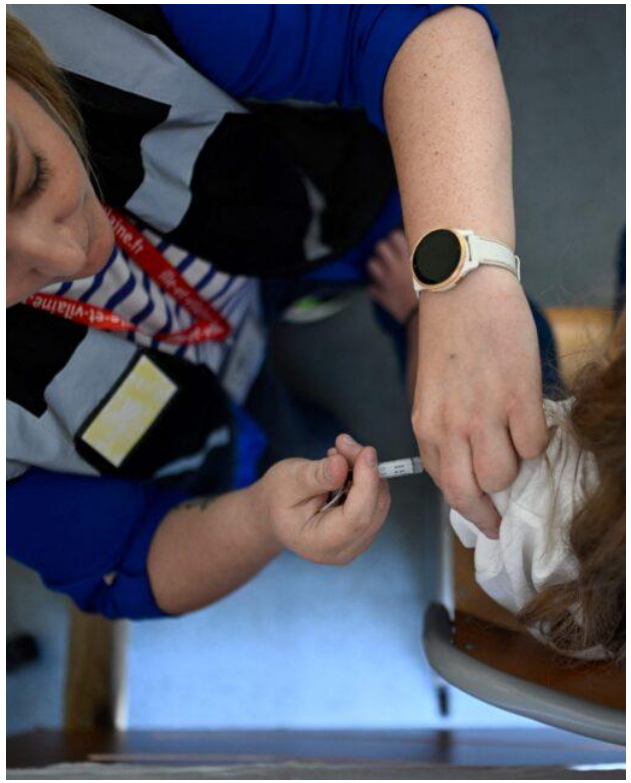
C3
Palliation
Chemotherapy
Radiation
Pain management
Hospice
Grief management

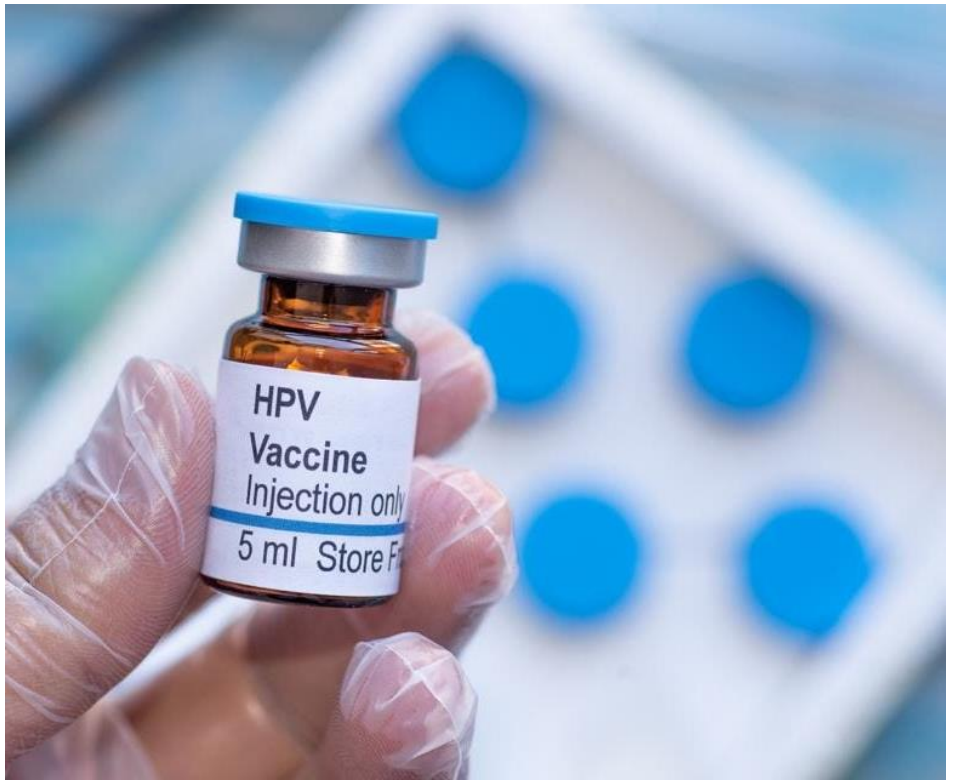
Cervical Cancer Elimination

Innovation: HPV vaccination and screening



HPV self-testing





Scotland close to 90% HPV vaccination

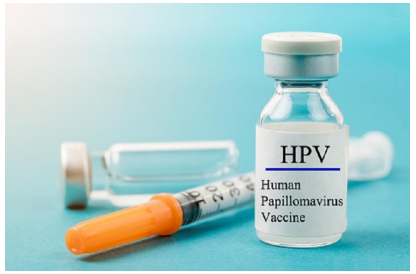
Scotland has detected no cases of cervical cancer in women born between 1988-1996 who were fully vaccinated against HPV between the ages of 12 and 13

(Tim Palmer, Journal of the National Cancer Institute 2024)

Anal Pre-Cancer

- HPV vaccine real-world effectiveness against high grade plus anal lesions
- Histological anal HSIL or worse reduced for women vaccinated age <17 years (HR = 0.30, 95% CI = 0.10 to 0.87).

- Baandrap 2024 *JNCI*



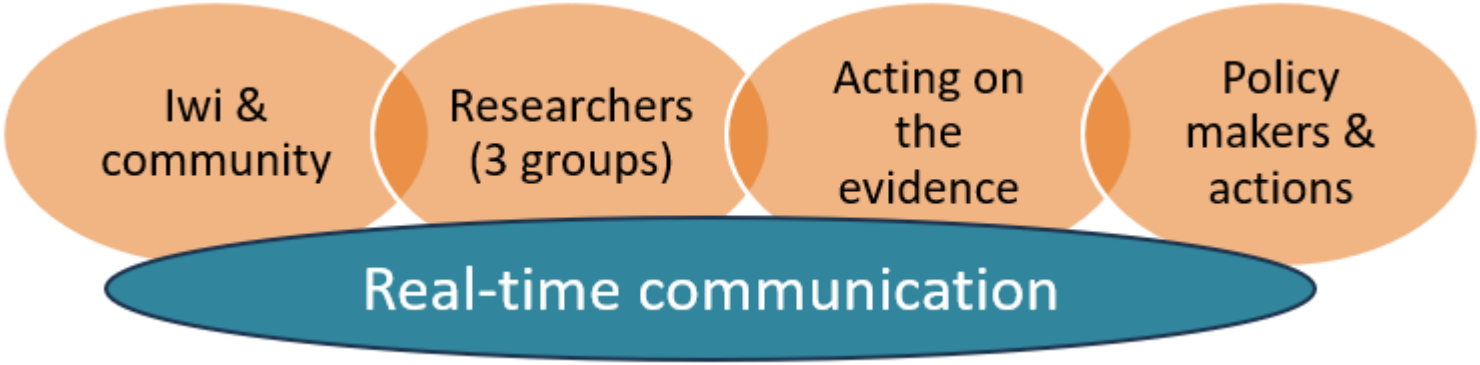
HPV vaccination rates NZ

- 43-75% for first dose
- Average 64%
- Falling

https://www.tewhatuora.govt.nz/health-services-and-programmes/vaccine-information/hpv-immunisation-programme#hpv-immunisation-coverage-data

Innovation -Our new HPV screening program

- Looking for the virus is better than looking at cytology
- Aotearoa commenced primary HPV screening Sept 2023
- First high-income country to commence HPV screening programme with self-testing



CONFIDENTIAL RESULTS

- Randomised Controlled -Trial Te Tai Tokerau
- Please do not photograph or disseminate

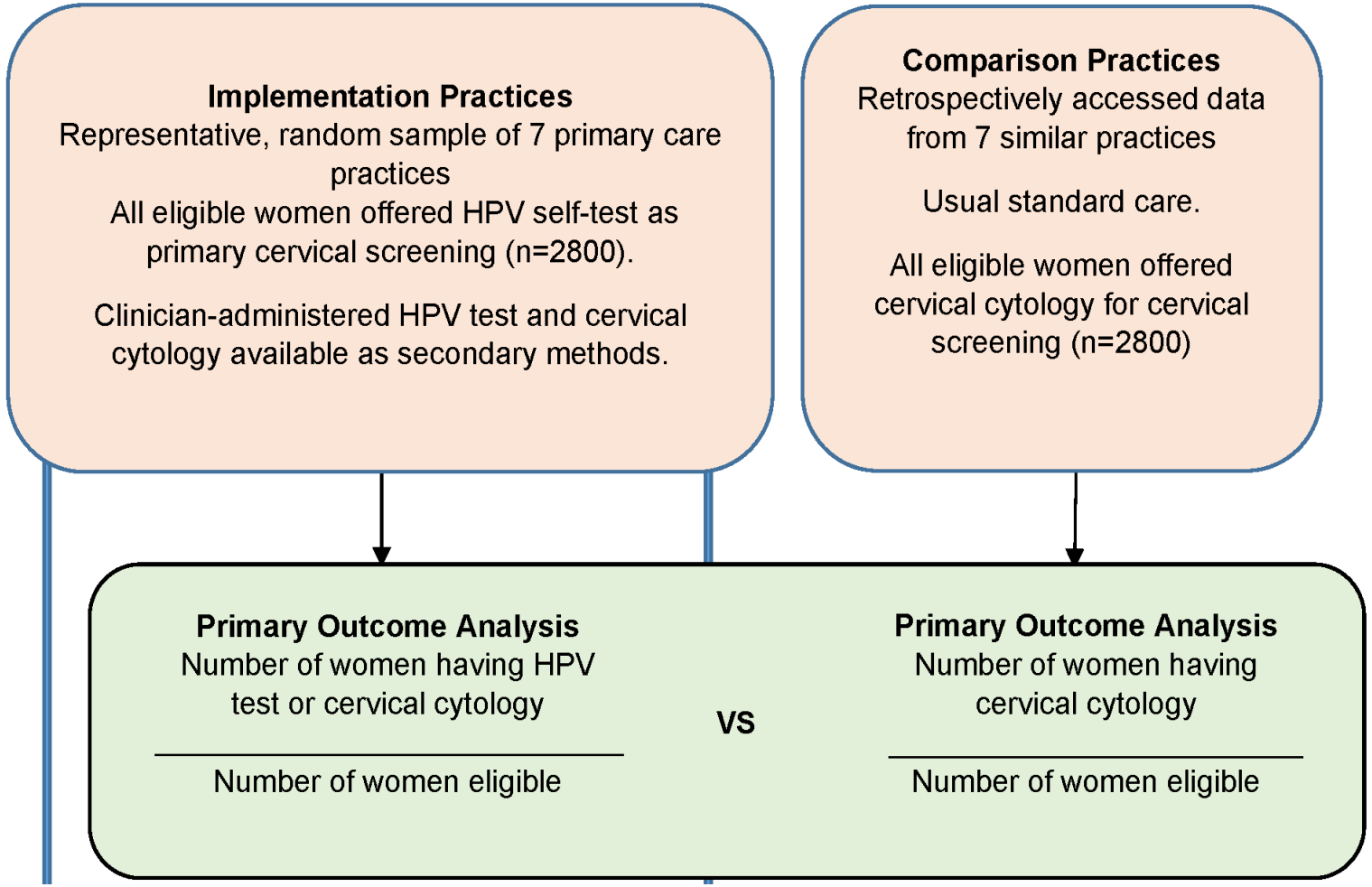
Te Ara Waiora (RCT)

- *Does a universal offer of HPV self-testing achieve non-inferior screening coverage (participation) to a universal offer of cervical cytology?*

Qualitative – the experiences, the stories

Quantitative – the numbers

Te Ara Waiora



Funding:
- HRC
- Ministry of Health

Usual Care at commencement of study is cervical cytology with a speculum

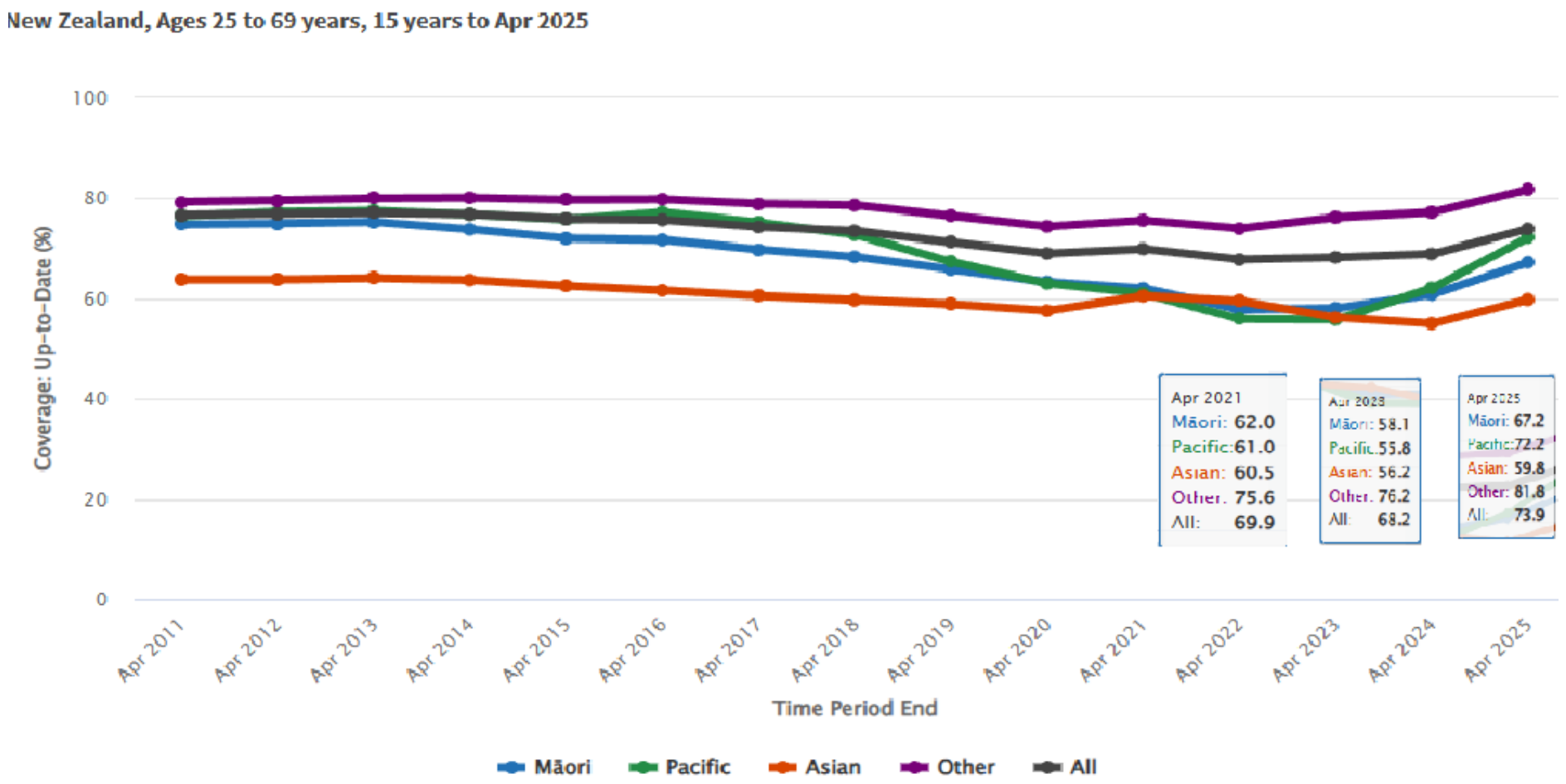
Preliminary data from the NCSP, Te Whatu Ora

- Primary screens done 12 Sep 2023 and 30 Apr 2025: **over 645,000**

- 17.7% of screens done since rollout were un or underscreened prior to 12 September 2023

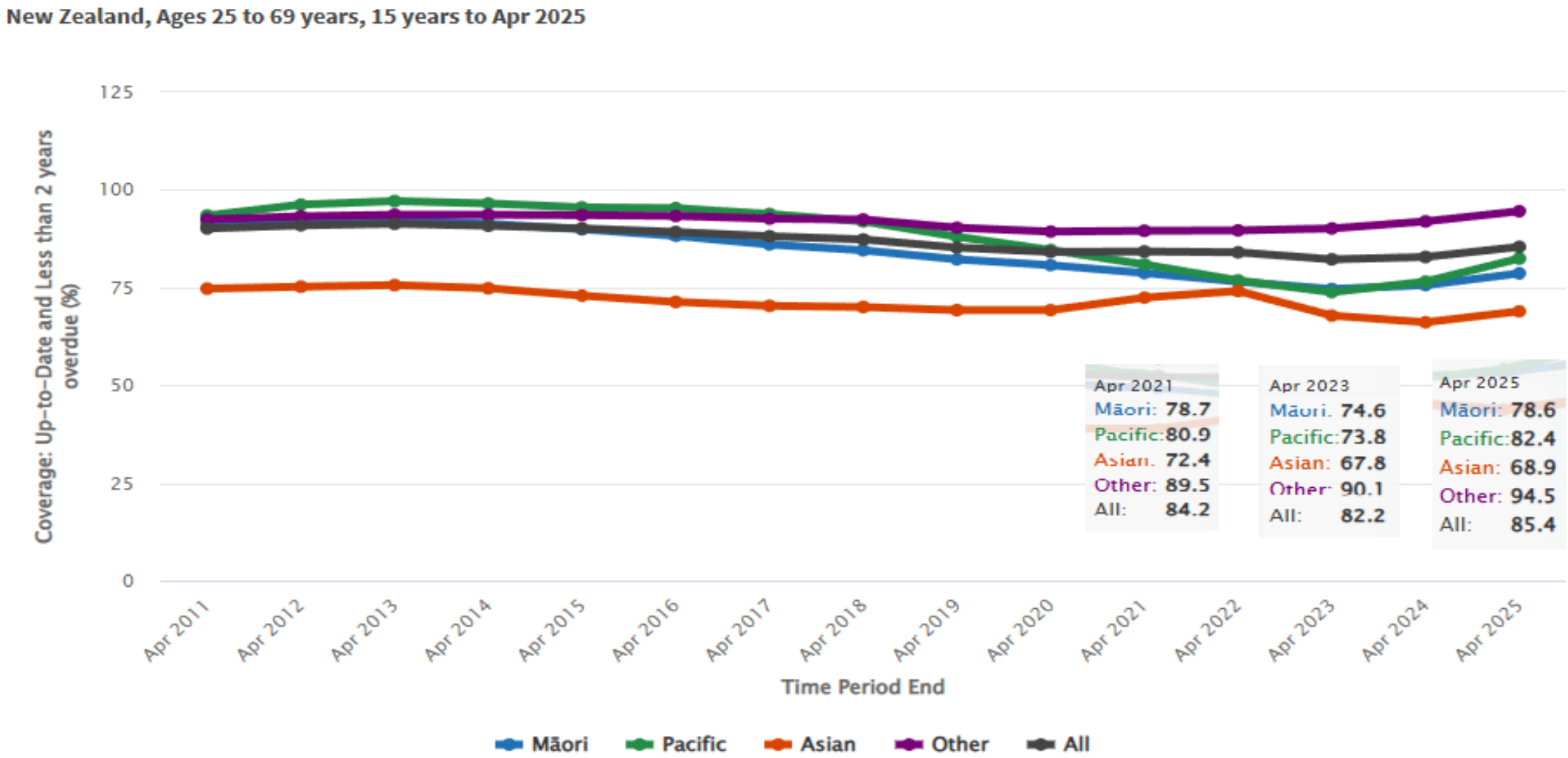
- Proportion opting for self-test* : 81.3%

NCSP Coverage Report: Up-to-Date, by Ethnicity



tewhatuora.shinyapps.io/nsu-ncsp-coverage/

NCSP Coverage Report: Up-to-Date and Less than 2 years overdue, by Ethnicity



Results/Pathology

Success

- Innovation
- Kaupapa tūāpapa Māori – not “other”
- GP based screening
- Trusted providers
- Media / Te Whatu Ora/ all those committees
- Global example
- Champions: Nurse, doctor, kaiawhina, kaimahi ,gynaecologist

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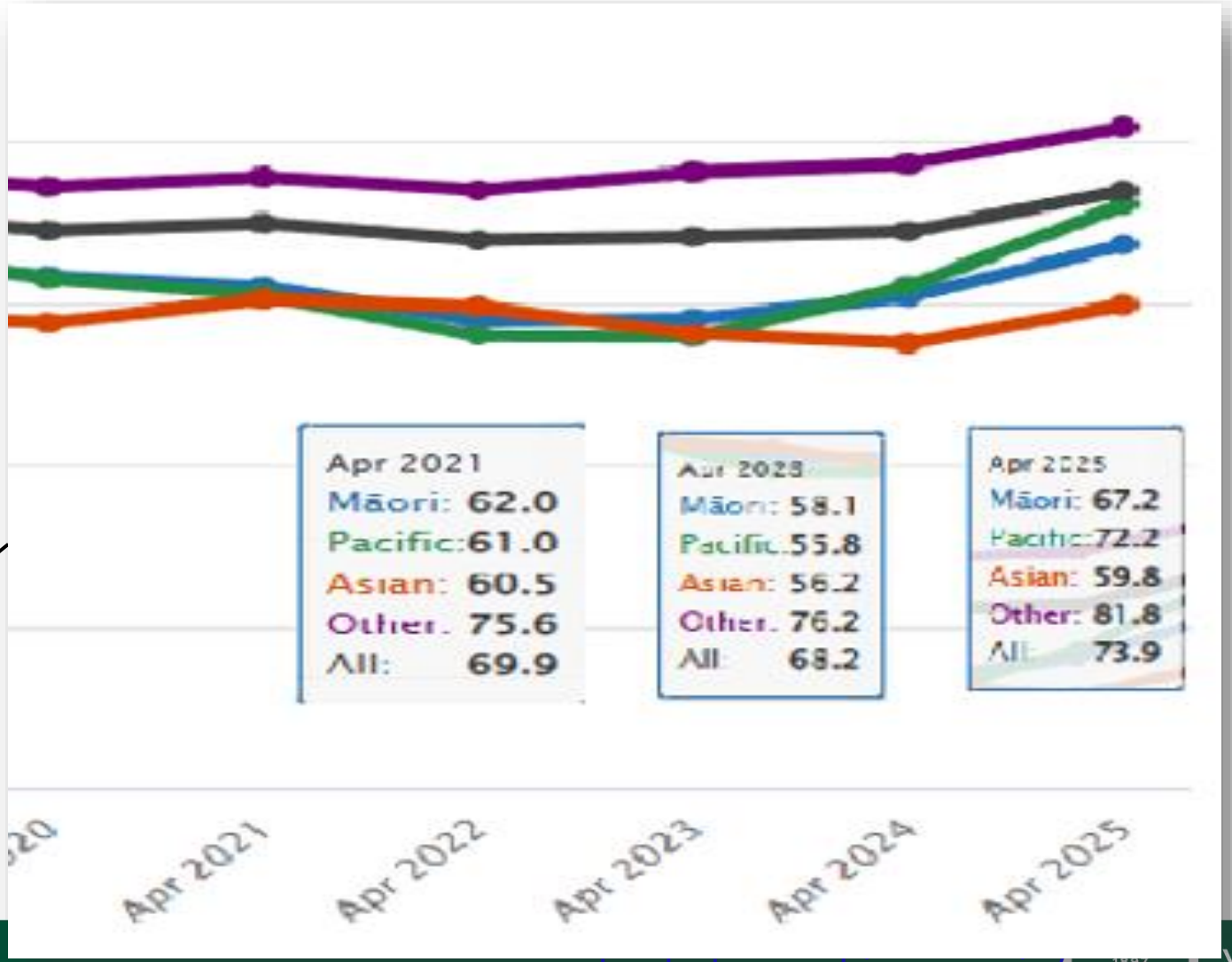


tewhatuora.shinyapps.io/hsu-ncsp-coverage/

He Tapu Te Whare Tangata: Empowering Rural Solutions

(Wairoa and East Coast)

Empowering Rural Aotearoa

Research sites – 6 rural clinics ★

- A mixed methods Kaupapa Māori study
- Cluster randomised crossover trial
- Researcher/Iwi/Community partnership
- Time to colposcopy primary outcome
- About the **clinical pathway** from test to diagnosis using Point-of-Care technology
- Every wāhine is offered a HPV self-test

(equity tool)

QN: Does a community controlled cervical screening pathway, paired with Point-of-Care technology lead to timelier colposcopy?

All wāhine have an HPV self-test

Pathway 1	Pathway 2
POC Results in 1 hour GenXpert 	Test swab to off-site lab
Immediate on-site result to patient with information and support ; HPV negative information given with follow up screening times	Results to GP/Nurse
Immediate referral date for colposcopy if HPV positive - phone through to gynae colposcopy clinic	Patient notified by text or phone; HPV negative information given with follow up screening times
Colposcopy	Letter/ phone/ text to patient if positive Letter of referral to gynaecologist Outpatient appointment generated & sent to patient
	Colposcopy

15 months each pathway and then crossover

- Every woman is offered HPV self-test

<u>Pathway 1- training and quality assurance</u>

- Point of Care testing
- Results in 1 hr
- Immediate information & support
- Date for colposcopy

Resilience

Recruitment start Feb 2021- Crossover May 2022 – Recruitment finished July 2023

COVID-19 Pandemic 2021-2022

Tokomaru Bay

Wairoa

Cyclone Gabrielle – February 2023

UNPUBLISHED DATA – DO NOT COPY OR DISTRIBUTE

As part of our commitment to our community we have already disseminated these results to each research site, community and primary health care clinics and colposcopy teams

Key Points

- Community strength based, Community control ,community solutions
- Champions, tūāpapa Māori
- Think Facilitators
- Integrate across the HPV disease spectrum
- Innovation making real world impact

Time to Cervical Cancer Elimination

- Australia 2035
- UK 2040
- NZ .....!

Wero!

- **Go for Elimination**
- Get everyone on the waka
- Advocacy and Action – We need Government buy in
- Vaccination and screening continuum – **joined up approach**
- Lets get around the table
- WHĀNAU VOICE

Smear your Mea

- Access to medications and Innovation- we want it!!!
- Presumption of unable to afford hence no offer

Sandy Morrison:

- All our whānau need an advocate especially with medical terms
- “Can we be given all our options in one go to decide”

Talei Morrison was 42

Smear Your Mea

Why we must get the job done? (Sandy Morrison)

Mo te aha?

Mo te hauora o te wāhine

Mo te whakapapa

Mo te orangatonutanga o ngā wāhine Māori

Mo a tātou tamariki mokopuna

(Morrison, 2018)

Why?

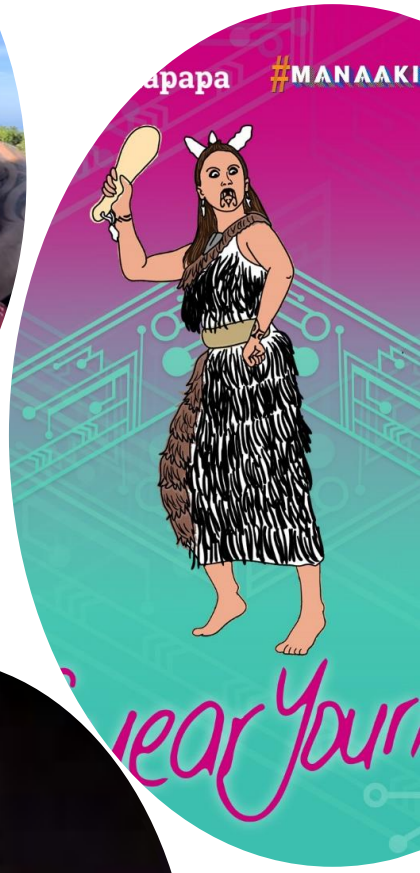
For the health of women

For geneaology

For continuity

For our children and grandchildren

Why else? Because **we are real whānau**...and someone is missing from the photo....Must have **Māori/whānau centred approaches in all that we do!!**



Are we there yet!

- We urgently need a funded Equitable Cervical Cancer Elimination Plan
- Free cervical screening
- Colposcopy support needed
- We need Leadership and Targets

- Intervention points:

A Continuum

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Primary prevention
- Whanau (family)
- Childhood
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C3
Palliation
Chemotherapy
Radiation
Pain management
Hospice
Grief management

These are opportunities

Adressing Equity: Is change possible?

System and individual changes are needed

Hyman *JADA* 2006

Dental Care in the Military

Free, compulsion, protocols

Insertion into clinical pathway

HCVPOCT
National Australian Hepatitis C Point-of-Care Testing Program

Getting it Wrong !

Vision

- Persistence
- Facilitators not barriers !
- Cast of Thousands
- Get the Best
- **Accountability**

AI ?

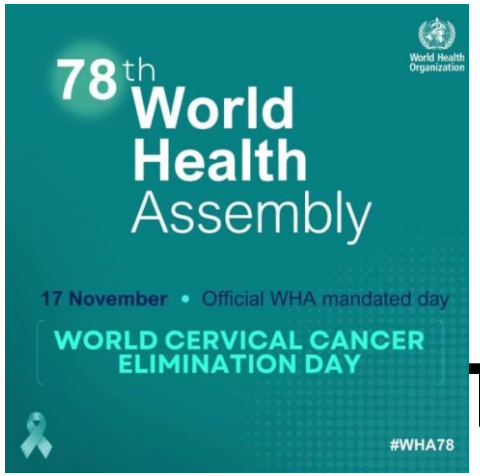
Research activism

Using research to:

- inform programmes
- lobby for fully-funded programmes
- call for countries to address WHO targets for Indigenous peoples
- expose privilege

“Get It Right for Māori you get it right for everyone”

Dr Paratene Ngata



Kia ora

Thanks to the wahine, clinics, elders

Research cast of thousands

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