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## Māu anō e kuhu - do it yourself HPV test<sup>1</sup>

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### Position Statement on Cervical Cancer Screening and HPV

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**HPV self-test with Māori governance will save lives. Hei Āhuru Mōwai call for the urgent implementation of a national HPV self-testing programme alongside legislation enacting Māori governance over the National Cervical Screening Programme.**

#### Ngā take matua – main points

- Cervical cancer is preventable
- Māori are more likely to die than non-Māori from cervical cancer
- HPV self-testing will save lives
- Māori governance will ensure that the National Cervical Screening Programme delivers on equity

#### Urgent recommendations for the National Cervical Screening Programme

- Establish an interim register and make HPV self-testing immediately accessible for Māori
- Implement a national HPV self-testing programme
- Ensure equitable access to HPV vaccination, screening and treatment
- Resource Māori to develop and implement Māori enrolment, monitoring and evaluation frameworks
- Resource Māori to develop a comprehensive communications strategy including HPV self-testing guidelines

*Ko te aha te kūititanga<sup>2</sup>, te waha kōpū? Ko ia te tatau ka whakawehe i te pō i te ao mārama. Ko te tapu o te whare tangata, nā Hineahuone, nā Tāne. Nā rātou mā o runga i hanga mai te whare tapu nei, kia whakatinana ai i te whakaaro tapu; kia ora ai te tangata. Ko te kūititanga te amo tītoki o te whare, ko ia te waha kōpū. Ko tana mahi, he tiaki i te kōpū. Nā reira, e pakari ai, e kaha ai te tū o te whare tangata, ka ora ai te iwi.*

*What is the role of the cervix? It is the door that separates darkness from the world of light. Its sacredness is from Hineahuone and Tāne. It was those from beyond who built this sacred abode, in order to manifest the sacred thought; to bring life to man. The cervix is the upright support of the whare, the opening into the womb. Its role is to maintain and guard the sacred house of man, if the whare tangata stands tall and strong, so will the wellbeing of the iwi.*

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<sup>1</sup> Bilingual kiwaha specifically developed for the HPV self test campaign

<sup>2</sup> kūititanga = cervix (kūiti - narrow, tanga - noun suffix; narrowing)

## **Background**

Cervical cancer is the most preventable cancer.<sup>i</sup> Cervical cancer screening can identify cells that might be pre-cancerous or turning cancerous, reducing the likelihood that these will develop into cervical cancer.<sup>ii</sup> Wāhine Māori and tangata Māori with a cervix<sup>3</sup> have cervical cancer rates that are more than two times the rate of non-Māori, and are over twice as likely to die of cervical cancer than non-Māori (age-standardised death rate: Māori 2.7/100,000 women; non-Māori 1/100,000 women).<sup>iii</sup> Approximately 30 Māori are diagnosed with this preventable cancer and around 10 Māori die of cervical cancer every year.<sup>iv</sup> Cervical cancer affects relatively young wāhine with a median age of 45. This has a significant impact on their whānau.

When all stages of disease are combined together, 1-year survival for Māori diagnosed with cervical cancer is 88% (compared to 89% of non-Māori), while 3-year survival is 77% for both Māori and non-Māori.<sup>v</sup> However, survival rates are lower for more advanced cancers, and once adjusted for differences in age and other factors between Māori and non-Māori, Māori may be less likely to survive their cancer than non-Māori.<sup>vi</sup> Drivers of this inequity include more advanced stage of disease at diagnosis, and greater comorbidity burden compared to non-Māori.<sup>vii</sup> These inequities in survival are decreasing over time.<sup>viii</sup>

## **Te Tiriti o Waitangi**

Te Tiriti o Waitangi affords Māori the right to design, implement and evaluate health policies and programmes as and when Māori deem appropriate.

Hei Āhuru Mōwai has a position that all health policy and services and cancer control should be mana enhancing, mauri restoring, wairua protective, whānau centred and ora enabling.

Cervical cancer inequities, the failure to implement HPV self-testing in a timely manner and the invisibility of Tino Rangatiratanga in the design, structure and monitoring of the National Cervical Cancer Programme and the National Screening Programme are breaches of Te Tiriti o Waitangi. These breaches of Te Tiriti o Waitangi are evidence of institutional racism within the health system.<sup>ix</sup>

## **Human Papilloma Virus**

Cervical cancer is caused by the Human Papilloma Virus (HPV). Testing for the HPV virus is more effective than a cervical smear-based screening programme in preventing cervical cancer.<sup>x xi</sup> Before HPV vaccination was in place, almost all people, about four out of five, would get HPV at some point in their lives. Most people with HPV clear the virus themselves but for some, the virus persists and this can lead to pre-cancer over time. Screening aims to detect HPV or pre-cancer which can be treated to prevent cancer.

## **HPV Immunisation Programme**

The development of a highly effective vaccine against the major cancer-causing types of HPV was an important opportunity for cancer prevention in Aotearoa. The aim of the HPV immunisation programme is to protect young women from HPV infection and the risk of developing cervical cancer later in life. Between 2008 and 2016, HPV immunisation was free for girls and young women up to their 20th birthday. On 1 January 2017, HPV immunisation became free for everyone, male and

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<sup>3</sup> Anyone who has a cervix, including tangata trans, non-binary and intersex

female, 9 to 26 years old. A school-based rollout of the vaccination is offered from year 8 and can also be accessed through the family doctor.<sup>xii</sup>

### **National Cervical Screening Programme**

Since 1990, The National Cervical Screening Programme (NCSP) has played a major role in decreasing the number of wahine and tangata with a cervix who get cervical cancer and who die from cervical cancer in Aotearoa. However, these improvements have stagnated since 2005.<sup>xiii</sup>

Currently, the screening test is a cervical smear which involves having a sample of cells taken from the cervix. These are examined under a microscope, and if there are abnormal changes to the cells, treatment is provided to prevent cervical cancer developing.<sup>xiv</sup>

The present screening programme is failing Māori.<sup>xv</sup> <sup>xvi</sup> The National Cervical Screening Programme has NOT been able to eliminate the inequities that exist between Māori and non-Māori, either in screening, diagnosis, or death rates from cervical cancer.<sup>xvii</sup> Over 85% of cervical cancers occur in those who have either not received screening or have had less access to regular screens.<sup>xviii</sup> To further compound these challenges, the COVID pandemic has increased the numbers of Māori who have not been screened for cervical cancer.<sup>xix</sup> An alternative and more acceptable test is the HPV self-test.

### **Primary HPV testing**

HPV testing is life-saving screening technology both for Māori and non-Māori. This test is more effective than the current cervical smear method both in finding abnormalities of the cervix, and in preventing cervical cancer.<sup>xx</sup> The HPV test detects the presence of the virus. Certain types of HPV — including types 16 and 18 — increase risk of cervical cell changes which can lead to cervical cancer.

HPV testing is acceptable to Māori and non-Māori and is more effective both in detecting early cancer changes on the cervix, and in preventing cervical cancer.

HPV screening is also less costly than the current cervical screening program, in both HPV unvaccinated and HPV vaccinated women.<sup>xxi</sup> The optimal strategy is 5-yearly HPV screening in women aged 25–69 years; with women identified with HPV strains 16/18 referred for colposcopy to examine the cervix, vagina and vulva for signs of abnormalities that may lead to cancer.<sup>xxii</sup> The impact of this programme is estimated to reduce cervical cancer incidence and death by a further 12–16% and to save 4–13% annually in the cost of the programme.<sup>xxiii</sup>

### **The HPV self-test**

- Provides results that are as good as a clinician-collected test<sup>xxiv, xxv, xxvi</sup>
- Has the potential to significantly reduce inequities in cervical cancer<sup>xxvii, xxviii</sup>
- Increases the likelihood of participation for Māori<sup>xxix, xxx</sup>
- Is a very acceptable test for women and for under/never screened Māori<sup>xxxi, xxxii</sup>
- HPV testing can be done either as a self-test at a health care provider or as a self-test at home.

A negative HPV test result provides greater reassurance of a low cancer risk than a negative smear result. This means screening only needs to be done every 5 years instead of the current 3-year screening.<sup>xxxiii</sup>

Currently, in Aotearoa the screening programme is substandard and uses the less effective, less acceptable and intrusive cervical smear as the screen to detect abnormal cells. Adding HPV as a primary test will potentially reduce cervical cancers in Aotearoa by 15% annually compared to the

present screening programme.<sup>xxxiv, xxxv, xxxvi</sup> Self-testing would also meet the additional demand created in the wake of the pandemic.

### **Priorities for action (1-5 years)**

Hei Āhuru Mōwai have identified the following priority actions to better meet the needs of wāhine Māori and tangata Māori who have a cervix.

- Establish and appropriately resource Māori governance over the National Cervical Screening Programme
- Provide HPV self-testing nationally
- Fully fund HPV vaccination, testing and treatment
- Develop urgent interim solutions to provide access to HPV self-testing and appropriate treatments whilst the national programme is being developed.
- Equitably resource Māori to;
  - Develop kaupapa Māori enrolment, monitoring, audit and evaluation frameworks
  - Develop a kaupapa Māori comprehensive communications strategy that increases cervical cancer, HPV immunisation, screening and treatment awareness
  - Develop kaupapa Māori HPV self-test guidelines, in particular, for those underserved by the current screening programme and those delayed by the COVID pandemic.
  - Develop cancer control policies to ensure all wāhine Māori and tangata Māori with a cervix can/and are supported to enrol in primary care
  - Develop and provide options to wāhine Māori and tangata Māori with a cervix who may not be able to self-test and/or do not prefer the HPV self-test are able to access support and are provided options
  - Explore opportunities for multi-screening

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**Disclaimer:** Individual views may vary. This position statement has been endorsed by Hei Āhuru Mōwai Māori Cancer Leadership Aotearoa.

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<sup>i</sup> Denny L, Herrero R, Levin C, Kim JJ, Gelband H, Jha P, Sankaranarayanan R, Horton S. Editors. Cervical Cancer In: Cancer: Disease Control Priorities, Third Edition (Volume 3). Washington (DC): The International Bank for Reconstruction and Development / The World Bank; 2015 Nov 1. Chapter 4. PMID: 26913349.

DOI: [10.1596/978-1-4648-0349-9\\_ch4](https://doi.org/10.1596/978-1-4648-0349-9_ch4)

<sup>ii</sup> National Screening Unit. 2020. Clinical Practice Guidelines for Cervical Screening in New Zealand 2020. Wellington, NZ, Ministry of Health. ISBN 978-1-98-859773-7 (online)

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- iii Gurney, J., Robson, B., Koea, J., Scott, N., Stanley, J., & Sarfati, D. (2020). The most commonly diagnosed and most common causes of cancer death for Maori New Zealanders *New Zealand Medical Journal*, 133, 77-96.
- iv Gurney, J., Robson, B., Koea, J., Scott, N., Stanley, J., & Sarfati, D. (2020). The most commonly diagnosed and most common causes of cancer death for Maori New Zealanders *New Zealand Medical Journal*, 133, 77-96.
- v Gurney, J., Stanley, J., McLeod, M., Koea, J., Jackson, C., & Sarfati, D. (2020). Disparities in Cancer-Specific Survival Between Māori and Non-Māori New Zealanders, 2007-2016. *JCO Global Oncology*, 6, 766-774. doi:10.1200/go.20.00028
- vi McLeod, M., Harris, R., Purdie, G., Cormack, D., Robson, B., Sykes, P., . . . Walker, N. (2010). Improving survival disparities in cervical cancer between Māori and non-Māori women in New Zealand: A national retrospective cohort study. *Aust N Z J Public Health*, 34(2), 193-199. doi:10.1111/j.1753-6405.2010.00506.x
- vii Brewer, N., Zugna, D., Daniel, R., Borman, B., Pearce, N., & Richiardi, L. (2012). Which factors account for the ethnic inequalities in stage at diagnosis and cervical cancer survival in New Zealand? *Cancer Epidemiol*, 36(4), e251-e257. doi:https://doi.org/10.1016/j.canep.2012.03.005
- viii McLeod, M., Harris, R., Purdie, G., Cormack, D., Robson, B., Sykes, P., . . . Walker, N. (2010). Improving survival disparities in cervical cancer between Māori and non-Māori women in New Zealand: A national retrospective cohort study. *Aust N Z J Public Health*, 34(2), 193-199. doi:10.1111/j.1753-6405.2010.00506.x
- ix Goza, M. (2017) WAI2647 - *A claim against the crown for racism against Māori and the privileging of non-Māori/non-Pacific adults across the cancer continuum*. Waitangi Tribunal WAI2575 Inquiry into Māori Health and Outcomes
- x Porras C, Hildesheim A, González P, et al. Performance of self-collected cervical samples in screening for future precancer using human papillomavirus DNA testing. *JNCI: Journal of the National Cancer Institute* 2015;107(1)
- xi Ronco G, Dillner J, Elfstrom KM, et al. Efficacy of HPV-based screening for prevention of invasive cervical cancer: follow-up of four European randomised controlled trials. *Lancet* 2014;383(9916):524-32. doi: 10.1016/s0140-6736(13)62218-7 [published Online First: 2013/11/07]
- xii Ministry of Health. History of the HPV immunisation programme. <https://www.health.govt.nz/our-work/preventative-health-wellness/immunisation/hpv-immunisation-programme> Accessed: February 2021.
- xiii Goza, M. (2017) WAI2647 - *A claim against the crown for racism against Māori and the privileging of non-Māori/non-Pacific adults across the cancer continuum*. Waitangi Tribunal WAI2575 Inquiry into Māori Health and Outcomes
- xiv <https://www.healthnavigator.org.nz/health-a-z/c/cervical-screening/> Accessed February 2021
- xv Hider P, Dempster-Rivett K, Williman J, *Dempster-Rivett M, Sadler L, McLeod M, Miller A, Sykes P*. A review of cervical cancer occurrences in New Zealand 2008–2012. *NZ Med J* 2018;131:53-63.
- xvi MacDonald, E.J., Geller, S., Sibanda, N., Stevenson, K., Denmead, L., Adcock, A., Cram, F., Hibma, M., Sykes, P. and Lawton, B. (2021), Reaching under-screened/never-screened indigenous peoples with human papilloma virus self-testing: A community-based cluster randomised controlled trial. *Aust N Z J Obstet Gynaecol*, 61: 135-141. <https://doi.org/10.1111/ajo.13285>
- xvii Hider P, Dempster-Rivett K, Williman J, *Dempster-Rivett M, Sadler L, McLeod M, Miller A, Sykes P*. A review of cervical cancer occurrences in New Zealand 2008–2012. *NZ Med J* 2018;131:53-63.
- xviii Hider P, Dempster-Rivett K, Williman J, *Dempster-Rivett M, Sadler L, McLeod M, Miller A, Sykes P*. A review of cervical cancer occurrences in New Zealand 2008–2012. *NZ Med J* 2018;131:53-63.
- xix National Screening Unit. National Cervical Screening Programme Coverage Report. 3 Year Coverage by Ethnicity, New Zealand, 25 to 69, 15 years to March 2021. <https://minhealthnz.shinyapps.io/nsu-ncsp-coverage/>
- xx Huh WK, Ault KA, Chelmow D, et al. Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance. *Gynecologic Oncology* 2015;136(2):178-82.
- xxi Lew J-B, Simms K, Smith M, Lewis H, Neal H, Canfell K (2016) Effectiveness Modelling and Economic Evaluation of Primary HPV Screening for Cervical Cancer Prevention in New Zealand. *PLoS ONE* 11(5): e0151619. doi:10.1371/journal.pone.0151619
- xxii Lew J-B, Simms K, Smith M, Lewis H, Neal H, Canfell K (2016) Effectiveness Modelling and Economic Evaluation of Primary HPV Screening for Cervical Cancer Prevention in New Zealand. *PLoS ONE* 11(5): e0151619. doi:10.1371/journal.pone.0151619
- xxiii Lew J-B, Simms K, Smith M, Lewis H, Neal H, Canfell K (2016) Effectiveness Modelling and Economic Evaluation of Primary HPV Screening for Cervical Cancer Prevention in New Zealand. *PLoS ONE* 11(5): e0151619. doi:10.1371/journal.pone.0151619

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- <sup>xxxiv</sup> Adcock A, Cram F, Lawton B, et al. Acceptability of self-taken vaginal HPV sample for cervical screening among an under-screened Indigenous population. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 2019;59(2):301-07. doi: 10.1111/ajo.12933
- <sup>xxxv</sup> Pan American Health Organization, 2016. Section 12: Country experiences with implementing HPV test based screening programs. In "Integrating HPV testing in cervical cancer screening programs a manual for program managers." Washington, D.C. : PAHO, 2016. ISBN: 978-92-75-11910-5
- <sup>xxxvi</sup> Lazcano-Ponce E, Lorincz AT, Cruz-Valdez A, Salmerón J, Uribe P, Velasco-Mondragón E, Hernández Nevarez P, Díaz Acosta R, Hernández-Ávila M. - Self-collection of vaginal specimens for human papillomavirus testing in cervical cancer prevention (MARCH): a community-based randomised controlled trial. *Lancet*. 2011; 378(9806): 1868-73
- <sup>xxxvii</sup> Pan American Health Organization, 2016. Section 12: Country experiences with implementing HPV test based screening programs. In "Integrating HPV testing in cervical cancer screening programs a manual for program managers." Washington, D.C. : PAHO, 2016. ISBN: 978-92-75-11910-5
- <sup>xxxviii</sup> Hoss, M., & Lyon, C. (2020). PURL: Do-it-yourself cervical cancer screening?. *The Journal of family practice*, 69(6), 306–308.
- <sup>xxxix</sup> MacDonald, E.J., Geller, S., Sibanda, N., Stevenson, K., Denmead, L., Adcock, A., Cram, F., Hibma, M., Sykes, P. and Lawton, B. (2021), Reaching under-screened/never-screened indigenous peoples with human papilloma virus self-testing: A community-based cluster randomised controlled trial. *Aust N Z J Obstet Gynaecol*, 61: 135-141. <https://doi.org/10.1111/ajo.13285>
- <sup>xxx</sup> Adcock A, Cram F, Lawton B, et al. Acceptability of self-taken vaginal HPV sample for cervical screening among an under-screened Indigenous population. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 2019;59(2):301-07. doi: 10.1111/ajo.12933
- <sup>xxxi</sup> MacDonald, E.J., Geller, S., Sibanda, N., Stevenson, K., Denmead, L., Adcock, A., Cram, F., Hibma, M., Sykes, P. and Lawton, B. (2021), Reaching under-screened/never-screened indigenous peoples with human papilloma virus self-testing: A community-based cluster randomised controlled trial. *Aust N Z J Obstet Gynaecol*, 61: 135-141. <https://doi.org/10.1111/ajo.13285>
- <sup>xxxii</sup> Hoss, M., & Lyon, C. (2020). PURL: Do-it-yourself cervical cancer screening?. *The Journal of family practice*, 69(6), 306–308.
- <sup>xxxiii</sup> Adcock A, Cram F, Lawton B, et al. Acceptability of self-taken vaginal HPV sample for cervical screening among an under-screened Indigenous population. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 2019;59(2):301-07. doi: 10.1111/ajo.12933
- <sup>xxxiv</sup> MacDonald, E.J., Geller, S., Sibanda, N., Stevenson, K., Denmead, L., Adcock, A., Cram, F., Hibma, M., Sykes, P. and Lawton, B. (2021), Reaching under-screened/never-screened indigenous peoples with human papilloma virus self-testing: A community-based cluster randomised controlled trial. *Aust N Z J Obstet Gynaecol*, 61: 135-141. <https://doi.org/10.1111/ajo.13285>
- <sup>xxxv</sup> Bains I, Choi YH, Soldan K, et al. Clinical impact and cost-effectiveness of primary cytology versus human papillomavirus testing for cervical cancer screening in England. *International Journal of Gynaecologic Cancer* 2019;29(4):669-75.
- <sup>xxxvi</sup> Medical Service Advisory Committee. Medical Services Advisory Committee recommendations for HPV testing Canberra 2018 [Available from: [https://wiki.cancer.org.au/australia/Guidelines:Cervical\\_cancer/Screening/Medical\\_Services\\_Advisory\\_Committee\\_recommendations\\_for\\_HPV\\_testing](https://wiki.cancer.org.au/australia/Guidelines:Cervical_cancer/Screening/Medical_Services_Advisory_Committee_recommendations_for_HPV_testing) Accessed 20th April 2020