

Cancer Society New Zealand

# 2026 Election Manifesto

**Background paper**

# Cancer is our biggest killer.

## But it doesn't have to be.

At the heart of the Cancer Society's mission is a powerful vision – working together towards a future free from cancer.

Cancer is Aotearoa New Zealand's biggest cause of death. 81 New Zealanders are diagnosed with cancer every day and around 10,500 die from it each year. These numbers reflect the impact on families and communities, and the increasing strain cancer has on our health system. Our manifesto outlines actions that political parties can take to support a future free from cancer.

The impact of cancer is growing. The number of people diagnosed with cancer each year expected to increase from over 30,000 in 2025 to over 45,000 by 2044 (1,2). This rise is primarily driven by our aging and growing population. But it is estimated that around a third of cancer cases in New Zealand could be prevented, highlighting the substantial potential to reduce the impact of cancer, in which government action has a key role to play (3–5).

Cancer does not impact all communities equally. Māori, Pacific peoples, disabled people, people living rurally and people living in areas of high deprivation continue to experience disproportionately higher impacts due to longstanding inequities in access to care and broader social determinants of health (6). Improvements across the entire cancer care system and beyond are essential to achieve equitable outcomes for everyone. Achieving equity also requires honouring Te Tiriti o Waitangi – through genuine partnership, shared decision-making, and systems designed to support hauora Māori and wellbeing.

*The State of Cancer in New Zealand 2025* report (2) reminds us that cancer is complex. It takes investment and ongoing commitment, but this saves lives. Despite declines in cancer deaths in the last 20 years (2), New Zealand is falling behind comparable countries. Australia is achieving better outcomes because it has acted decisively and invested strategically in cancer control. It has invested in eliminating cervical cancer by 2035, is currently implementing a lung cancer screening programme and invests approximately 5 times as much per person on skin cancer prevention. The gap is widening – and it shows in our cancer survival (2,7–9).

Governments have the power to help change this. There are clear, evidence-based actions we want the Government to take during the next term to make a real, measurable difference.

Our key priority actions will either help prevent cancer or find it at an early stage. This means fewer people facing cancer, and for those who do, a faster diagnosis, better treatment outcomes and a fairer health system.

There is strong public support for our key actions. What is needed now is bold leadership, unwavering focus, and meaningful investment into proven approaches to accelerate progress.

By investing now, governments can save lives, reduce health inequities, and ease pressure on the health system. This is a chance to deliver a legacy of a stronger, fairer cancer prevention and care system – and work together towards a future free from cancer for all New Zealanders.

# Our five key actions

## **1: Fully fund cervical screening and deliver on the 90% HPV immunisation target by 2030.**

Aotearoa New Zealand has the extraordinary opportunity to eliminate cervical cancer in the near future by increasing our investment and commitment to immunisation, screening and treatment.

## **2: Invest \$5.5 million a year to deliver a National Skin Cancer Prevention and Early Detection Programme.**

More than 90% of skin cancers can be prevented and nearly all are treatable if detected early. We have an up-to-date strategy, and the programme is already being delivered, it just needs greater investment to increase its impact.

## **3. Fund a Lung Cancer Screening Programme and initiate a staged rollout over the next three years.**

Nearly 50% of lung cancers are diagnosed through emergency admissions often when the disease is advanced and treatment is far less effective. Lung screening saves lives and catches cancer when its more treatable.

## **4: Lower the bowel screening starting age to 50.**

Early detection of bowel cancer saves lives with almost 90% of people surviving with an early-stage diagnosis compared with 10–15% at a late stage.

## **5. Protect families from the commercial drivers of cancer:**

### **5A: Reduce the addictiveness of tobacco by requiring tobacco companies to reduce the nicotine levels in all tobacco products.**

Smoking still causes 5000 deaths each year and remains our leading cause of preventable cancer. Requiring tobacco companies to reduce nicotine in tobacco products to non-addictive levels, would break the cycle of addiction, protect future generations, and be a major step forward to achieving a healthier, fairer Aotearoa New Zealand.

### **5B: Pass a new law that protects children from being exposed to unhealthy food and drink marketing.**

Children are bombarded by unhealthy food and drink marketing that shapes eating habits and preferences. This increases their risk of poor health and obesity, which causes at least 13 types of cancer in adulthood.

### **5C: Strengthen the Sale and Supply of Alcohol Act to remove alcohol marketing from all media (including digital and physical).**

All children deserve to grow up protected from the harms of alcohol. Yet alcohol continues to affect too many families in Aotearoa – contributing to various cancers and cutting lives short. There is no safe level of alcohol when it comes to cancer – even small amounts can damage DNA and cause cancer. About 1250 alcohol related cancers occur in New Zealand each year. Restricting alcohol marketing is a practical step to reduce these cancers and protect future generations.

# 1. Fully fund cervical screening and deliver on the 90% HPV immunisation target by 2030.

New Zealand has the extraordinary opportunity to eliminate cervical cancer. This goal is within our reach supported by strong evidence and with proven approaches (10) and the public, researchers and NGOs are calling on the Government to take action (11). Achieving cervical cancer elimination would leave a powerful and enduring legacy for current and future generations. That is why the Cancer Society has made cervical cancer elimination a key strategic priority in our 2026–2031 strategic plan and invested \$1 million into a powerful new partnership with Te Tātai Hauora o Hine – National Centre for Women’s Health Research Aotearoa to help advance this critical kaupapa.

New Zealand has already committed to the World Health Organization (WHO)’s global strategy to accelerate the elimination of cervical cancer as a public health problem (12) through high rates of human papillomavirus (HPV) immunisation, screening, and treatment. It is also a commitment made under the recently adopted United Nations Political Declaration on noncommunicable diseases and mental health (13). New Zealand has made good progress, but we are still falling short of the WHO 2030 targets needed to get us on track to eliminate this deadly cancer.

We are falling behind Australia, who are on track to achieve cervical cancer elimination by 2035 (14). For the first time, they have reported no cases of cervical cancer in women under 25 – a clear marker of the success of HPV immunisation coverage of more than 80% (15). We are calling for the next Government to increase investment and action in two critical areas:

## 1A. Fully fund cervical screening

Cervical screening is the oldest national cancer screening programme, yet it remains the only programme that is not fully funded in New Zealand. This is despite the fact cervical screening can prevent cancer before it starts, by finding early signs of cell changes that can be treated before they develop into cancer. Cervical screening will also have the quickest impact on reducing cervical cancer incidence and death.

We have made good progress with the switch to the HPV self-test in 2023, which has led to an increase in screening coverage (2). However, paying for screening remains a barrier. The current funding is not guaranteed, is inadequate, and is inconsistent, which creates confusion among service providers meaning many people miss out (16).

That is why we have called for a fully funded programme, so that everyone who is eligible can get it. A fully funded cervical screening programme has been estimated to cost around \$21 million a year (17). HPV-related cancers, including cervical cancer, were estimated to cost \$105 million between 2019–2022 (18).

Preventing cervical cancer is far better than treating it. It is long past time we made this a reality. This is a smart, evidence-based investment that will ultimately save lives and reduce long term, health system costs.

## 1B. Commit to and deliver on the 90% HPV immunisation target by 2030

The HPV vaccine is one of the world’s first cancer prevention vaccines, and with it we can protect today’s children and future generations from an infection that causes six types of HPV-related cancers.

By ensuring that at least 90% of children are protected by the HPV immunisation, we can dramatically reduce the risk of cervical cancer but also vaginal, vulval, anal, penile, and throat cancer too.

New Zealand has committed to the World Health Organization HPV immunisation target of 90%, to help achieve cervical cancer elimination (12). We are currently not even close. Latest data shows only 59% of New Zealand children 15 and under are fully immunised (19).

There are many steps needed to improve HPV immunisation access and uptake in New Zealand.

### What we’re calling for:

- Commit to fund and implement the National Cervical Cancer Elimination Action Plan
- Switch to a single-dose HPV immunisation schedule as soon as legislation allows– which research shows to be just as effective as a multi-dose schedule and is now recommended as an off-label option by WHO (20).
- Increase funding for HPV Immunisation campaigns to increase awareness of the HPV vaccine’s efficacy and safety among everyone eligible.

## 2. Invest \$5.5 million a year to deliver a National Skin Cancer Prevention and Early Detection Programme.

With more than 90% of skin cancers preventable (21) and nearly all treatable when detected at an early stage (22) the case for investment into skin cancer is clear and compelling.

Despite high awareness of skin cancer risk, New Zealanders' sun protection behaviours remain inconsistent, and sunburn rates are higher than 80% each summer among young adults (23).

New Zealand has the highest skin cancer incidence and mortality globally (24,25). Treatment costs are nearly \$500 million each year and are projected to rise to \$700 million by 2050 (22).

The good news is that investing just \$5.5 million each year in prevention and early detection could avert 418,000 skin cancers, save up to \$700 million in cumulative treatment costs over the next 25 years, and return \$11.90 for every dollar invested (22). This represents an enormous benefit to families and communities as well as return on investment and savings for the health system that can be redirected elsewhere.

There is also strong public backing for government investment in skin cancer prevention – a 2025 nationally representative survey found 87% of New Zealanders support a comprehensive SunSmart programme (26).

[The Skin Cancer Primary Prevention and Early Detection Strategy 2024–2028](#) provides an evidence-based roadmap for action (22).

### What we're calling for:

#### 1. National skin cancer programme:

Establish a coordinated, multi-sectoral programme based on Australia's globally recognised SunSmart model. This evidence-based approach drives behavioural, policy and environmental change across schools, workplaces, recreation and health settings. Australian evaluations show a \$3.20 return per dollar invested in healthcare savings (27). Prevention of skin cancer should be a priority for investment (28).

#### 2. Annual summer campaign:

Fund and deliver a sustained public awareness campaign across multiple settings to extend reach, support long-term behavioural change and ensure campaign messages remain effective (29).

#### 3. Sun protection in schools:

Children are especially vulnerable to ultraviolet radiation, increasing their lifetime risk of skin cancer (30). Schools are uniquely positioned to foster lifelong sun-safe habits through education, role modelling, and supportive environments. The Cancer Society's SunSmart Schools Programme, introduced in 2005 and based on WHO and Australian models, has proven effective (31). However, continued success requires sustainable funding, as the Cancer Society can no longer fund the programme alone.

#### 4. Establish and fund a mandatory National training programme for general practitioners in skin cancer early detection and management:

This will equip general practitioners with the skills and tools needed to confidently diagnose and manage skin cancers in primary care, which will help reduce wait times, improve equity of access to services, relieve pressure on overburdened specialist services and improve health outcomes. Initial implementation should target areas of highest need, particularly regions with limited access to specialist services.

### 3. Fund the Lung Cancer Screening Programme and begin rolling out lung cancer screening for everyone eligible by 2028.

Lung cancer remains the leading cause of cancer death in New Zealand and causes around 1800 deaths each year (32). It is also a leading contributor to health inequity for Māori. In 2018–2022, Māori were about three times more likely than Pakeha or other ethnicities to develop lung cancer (2,33). Once diagnosed, Māori are 30% more likely to die from it than non-Māori. Wāhine Māori continue to have the highest incidence of lung cancer overall (2). These inequitable outcomes are the result of unjust systematic barriers across the entire cancer pathway (34).

Prevention remains key to tackling lung cancer, but lung cancer screening could help turn the tide by diagnosing lung cancer at an early stage when it's easier to treat. Nearly half of all lung cancers in Aotearoa New Zealand are diagnosed through emergency admissions, by which point the disease is often advanced and treatment is far less effective. There is now clear international evidence that shows lung cancer screening with low-dose computed tomography among people at high risk reduces lung cancer mortality by over 20% (35–37). New Zealand research has also found that biennial screening is likely to be cost-effective for the whole screened population and for Māori (38,39).

Research suggests that lung screening is highly acceptable to the target population – a critical factor for a successful programme. Te Oranga Pūkahu research found very high support for screening among potentially eligible Māori and their whānau (23).

Lung cancer screening is now available in the United States, Canada, China and in many countries in the European Union. England and Australia are currently rolling out national programmes.

Te Oranga Pūkahu is a world-first, Indigenous-led research programme designed intentionally to provide evidence to inform an equitable national lung cancer screening programme that will benefit Māori, to ensure that the benefits are maximised, the harms are minimised and the outcomes are equitable (40,41).

Lung cancer screening is actively being considered by health agencies, who have prepared a business case that has been put forward to Treasury for assessment. We urge political parties to commit to fund a Lung Cancer Screening Programme and initiate a staged rollout over the next three years.

But lung cancer screening alone isn't enough to improve lung cancer outcomes. We also need strong tobacco control measures including integrating smoking cessation into a lung screening programme, actions to optimise the diagnosis of people with signs and symptoms, and to make sure that everyone has equal access to high quality treatment.

It's time we turned the tide on New Zealand's deadliest cancer.

## 4. Lower the bowel screening starting age to 50.

New Zealand's bowel screening programme currently begins at age 58 – a starting point that sits behind international best practice.

New Zealand has one of the highest colorectal (bowel) cancer rates in the world (24). It is our second most diagnosed cancer and the second biggest cause of cancer deaths (32). Bowel cancer incidence rates are decreasing in the older population but increasing in people aged under 50. The rise of early onset bowel cancer is concerning and requires further investigation and intervention. However, the vast majority of bowel cancer cases diagnosed each year remain among people aged over 50.

Since 2023 there has been bipartisan recognition of the need to better align our screening programme with Australia and a commitment to do so. While a two-year reduction has been achieved, Australia has now progressed further and offer screening by request from age 45. Without a clear pathway forward, New Zealand risks widening this gap.

Detecting cancers at an earlier stage, when they are more treatable, saves lives. If bowel cancer is caught at an early stage almost 90% of people will be alive after five years post diagnosis, but this drops to just 10–15% when diagnosed at late stage (42). Unfortunately, too many New Zealanders, especially Māori and Pacific peoples, are diagnosed too late (43).

Population-based bowel screening is very effective as it both prevents cancers and can detect cancers at an earlier stage when treatment is more likely to be successful (44,45). International evidence strongly supports bowel screening using the faecal-immunochemical test (FIT) from age 50 (46,47). Some international guidelines have recommended screening from 45, however few comparable countries offer this currently.

Colonoscopy capacity issues in New Zealand are pressing and the limiting factor on lowering the bowel screening age. However, the introduction of the 'FIT for symptomatic' pathway is expected to free up colonoscopy capacity that can support lowering the screening age to 50 (48).

### **We call on the government to:**

- Maximise on the colonoscopy capacity becoming available from the shift to 'FIT for symptomatic' pathway and lower the screening age to 50.
- Review the growing evidence in bowel cancer screening starting age and emerging issue of early onset bowel cancer.
- Commit to an equity focused implementation to reduce survival gaps.

## 5. Protect families from commercial drivers of cancer:

### 5A. Require tobacco companies to reduce the nicotine in all tobacco products to make them non-addictive

All New Zealanders deserve a Smokefree future. By requiring tobacco companies to reduce nicotine in tobacco products to non-addictive levels (denicotinisation), we can challenge the cycle of addiction. This will protect future generations and be a major step forward to achieving a healthier, fairer New Zealand.

Smoking causes at least 16 types of cancer. It remains the biggest preventable cause of cancer and driver of health inequities for Māori in New Zealand (4). Current data show that New Zealand has not achieved Smokefree Aotearoa 2025 and has missed it by a very wide margin for Māori (49–51). The national daily smoking rate is 6.8% and the smoking rate for Māori is 15% and for Pacific peoples 10.3% (51). To achieve Smokefree Aotearoa, all population groups must reach the goal of fewer than 5%.

Business as usual approaches to supporting people to stop smoking are not good enough alone and won't get us there fast enough. We need bold actions – like removing the nicotine in cigarettes.

Research from trials of denicotinised cigarettes and modelling studies strongly suggest that mandating that only very-low nicotine cigarettes can be sold in New Zealand would rapidly and profoundly reduce smoking prevalence, particularly among Māori (52). It would be one of the single biggest steps we could take to achieve a Smokefree Aotearoa for everyone (50,53). If this and other key measures from the repealed smokefree legislation had been implemented, it was estimated that Smokefree status would have been achieved by 2025 for non-Māori and by 2027 for Māori. By 2040, it is estimated around 8000 lives would be saved in New Zealand largely through denicotinisation (50).

Denicotinisation is both technically feasible and well supported internationally and has 70% support among people who smoke or have recently stopped in New Zealand ((54,55). Removing the addictive nicotine from cigarettes would free people who smoke from addiction, help them quit successfully and prevent young people ever becoming addicted in the first place. There is widespread regret among people who smoke and difficulty in becoming smokefree (56). Data from the EASE study shows that the vast majority of people who smoke regret starting and wish to stop (57). More than 95% of people who smoke daily report addiction and the satisfaction of smoking as barriers to quitting (56).

Alongside denicotinisation of cigarettes, there should be additional measures to encourage and support people who smoke to stop such as enhanced mass media campaigns and smoking cessation support. After denicotinisation has been implemented, further measures to minimise supply such as greatly restricted retailer numbers and a tobacco-free generation policy should be considered to complete and sustain the virtual elimination of tobacco smoking in Aotearoa. Alongside this, stronger measures to protect tobacco related public health policy from tobacco industry interference should be implemented (58).

## 5. Protect families from commercial drivers of cancer:

### 5B. Pass a new law that protects children from exposure to unhealthy food and drink marketing

Our children must come before food industry profits. We need to act now to protect their health and wellbeing.

Factors such as socio-economic conditions, food insecurity, and environments that promote and normalise unhealthy foods mean that for many children, having a healthy diet or weight is not easy or equitable (51). A healthy weight over the life course is important, because overweight and obesity cause at least 13 types of cancer in adulthood including breast (post-menopausal), bowel and oesophageal cancer (59,60).

New Zealand children are surrounded by unhealthy food and drink advertising in their neighbourhoods, classrooms and homes (61). Unhealthy food brands also target children on mobile apps and social media. They use cartoon characters and toy giveaways and pay supermarkets to place their products in locations for kids to find. Research shows New Zealand children are exposed to unhealthy food and drink marketing on average 68 times a day – this is nearly two and half times the amount of advertising they see for healthy products (62). This marketing affects their eating behaviours and food preferences (63–66), setting children up for a lifetime of adverse health risks including cancer (67,68).

Just like we did with tobacco advertising, we can protect children from being preyed on by other harmful industries with careful rules around how they advertise their products. Other countries, such as the United Kingdom, Norway and Chile, are taking action (69–72). There is strong support for change with many more New Zealanders who support a ban on marketing of unhealthy food and beverages than oppose it (42% support/strongly support, 24% oppose/strongly oppose, 32% neutral) (73).

We need to follow suit and set higher standards to prevent children (everyone under 18) from being exposed to unhealthy food and drink marketing. A law that keeps children's environments healthy will restrict unhealthy food and drink marketing from:

1. Paid marketing and sponsorship across New Zealand-based digital media.
2. Places for children, including schools, kura, early childhood centres, playgrounds, children's sports settings, and outdoor settings 500 metres around children's educational institutions.
3. Public services like hospitals, libraries, parks, sports grounds, pools, community centres and on public transport networks and facilities.
4. Broadcast media between 6am and 10pm.

The law will also restrict all unhealthy food and drink marketing from:

1. Being sent directly to children, like flyers, emails or any other media for children.
2. Being targeted at children, for example children's toys, cartoon illustrations on product packaging, or promotional material, including junk-food producer branding on items for children or at children's events.

Protecting children from unhealthy food marketing is just one measure we need to take to rebalance our food system to ensure everyone has access to nutritious food that supports health and wellbeing (74).

## 5. Protect families from commercial drivers of cancer:

### 5C. Strengthen the Sale and Supply of Alcohol Act to remove alcohol marketing from all media (including digital and physical)

All children deserve to grow up protected from the harms of alcohol. Yet alcohol continues to affect too many families in Aotearoa – contributing to various cancers and cutting lives short. Alcohol is New Zealand's most harmful drug (75). It causes at least seven types of cancer including breast and bowel (76). There is no safe level of alcohol when it comes to cancer (77). In 2018, alcohol was estimated to cause 1250 cancer cases in New Zealand (or 4.7% of all cancer cases) (78).

Despite this, alcohol is everywhere – in our neighbourhoods, at our local sports clubs, near our children's school – being constantly advertised, making it hard for any of us to avoid its harms, especially children. The more that children are exposed to alcohol marketing, the more likely they are to start drinking earlier and heavier (79–81). This puts them at risk of cancer in adulthood.

New Zealand children are heavily exposed to alcohol marketing. Research shows they are exposed to more than five alcohol adverts a day – over half of this is attributed to multinational corporations (82). This is also likely an underestimate of the full exposure especially in online and digital spaces, including social media (83,84).

Strong national and international evidence shows that policies addressing alcohol marketing (alongside availability and affordability) is one of the most effective ways to reduce how much people drink (3) and lower alcohol-related harms like cancer. Reducing alcohol marketing (alongside the availability and affordability of alcohol) can lead to major health gains for all New Zealanders and reduced inequities for Māori (85). The latest International Agency for Research (IARC) Cancer Handbook on Alcohol Policies is one of the most rigorous scientific reviews and provides causal evidence that strong controls on alcohol advertising can prevent cancer (86). The IARC message to governments around that world is that “Strong alcohol policies are among the smartest investments you can make” (87).

Public support for sensible alcohol policy is also strong, including for restrictions on marketing. In a 2025 survey (88), four in five people (80%) agreed with not allowing alcohol advertising to reach children in any way and 62% agreed with banning alcohol advertising and sponsorship altogether. There was also strong support for removing alcohol sports sponsorship, with 68% agreeing that sports organisations should be supported to move away from alcohol sponsorship (88).

We can give young people healthier lives. They can be free from alcohol industry influence and alcohol harms, including cancer. To do this, decision makers must raise standards for how the alcohol industry markets and sells its products. We urge our political leaders to put children's health and wellbeing before profits. This means strengthening the Sale and Supply of Alcohol Act to remove alcohol marketing from all media (including digital and physical).

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Our vision

**Working together  
towards a future  
free from cancer**

**Te mahi tahi mō te anamata  
mate pukupuku kore**