

About Te Tātai Hauora o Hine and our vision for women's health

Established in 2005, Te Tātai Hauora o Hine—the National Centre for Women's Health Research Aotearoa (NCWHRA) is one of Aotearoa New Zealand's foremost translational research organisations. We have a proud tradition of research into health issues relevant to New Zealand women, particularly wāhine Māori. Our vision is to eliminate preventable harm and death for all wāhine and pēpi, and reduce health inequities for Māori.

In this submission we highlight four priorities for system change that would create a more equitable health system for women.

1. *Cervical Cancer Elimination*

Cervical cancer is one of the few preventable cancers. Cervical cancer could be eliminated in Aotearoa New Zealand. An equitable cervical screening programme is fundamental to achieving both prevention and World Health Organization (WHO) targets for elimination¹. Wāhine Māori have twice the incidence and mortality from cervical cancer than non-Māori women. These inequities are unacceptable and are caused by barriers to screening, diagnosis, and treatment.

Based on current evidence we recommend the following key promoters of equity to strengthen cervical screening and disrupt barriers to access:

- A fully funded screening programme, free to all women and people with cervixes. Cervical screening is the only national screening programme not fully funded. The free programme should include all screening tests, support to screen services, follow-up testing, and testing after treatment (test of cure). Self-testing for high-risk human papillomavirus (HPV) is recommended as the primary approach to screening.

¹ World Health Organization. Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem. Geneva; 2020.

- An enhanced and promoted HPV vaccination programme aiming for the WHO target for 90% of girls to be fully vaccinated by 15 years of age.

2. *Equitable Access to Investigations for Endometrial Cancer*

There are stark inequities in the diagnosis, treatment, and outcomes of endometrial cancer in Aotearoa New Zealand. Pacific peoples have the highest incidence of endometrial cancer in Aotearoa New Zealand. Like cervical cancer, Māori have approximately twice the incidence and mortality from endometrial cancer than non-Māori².

We call on the health system to reduce barriers to early detection of endometrial cancer through fully funded access to endometrial scanning, pipelle and hysteroscopy.

3. *Transformational Goals for Māmā and Pēpi Wellbeing*

The repeated wero (challenge) from the Perinatal and Maternal Mortality Review Committee “to prioritise recommendations that create a Tiriti-compliant system where it is safe for Māori women to give birth in Aotearoa/New Zealand”³ must be addressed.

In England, maternity care providers, the National Health Service and Government came together four years ago to make maternity care safer, through the national Maternity Transformation Programme⁴. The ambition is to halve the rates of stillbirths, neonatal mortality, maternal mortality, and brain injury by 2025. The data shows good progress is being made in reducing perinatal and maternal mortality.

We call for such goals and targets to be set in Aotearoa New Zealand and to be included in the women’s health strategy, to help drive the necessary transformation in care for māmā and pēpi and an equitable maternity service.

As part of transforming pregnancy care, we call for the inclusion of pro-equity levers such as fully funded ultrasound in pregnancy, a culturally appropriate, informed

² Ministry of Health. [updated 02/08/2018]. Available from: <https://www.health.govt.nz/our-work/populations/maori-health/tatau-kahukura-maori-health-statistics/nga-mana-hauora-tutohu-health-status-indicators/cancer>.

³ Fourteenth Annual Report of the Perinatal and Maternal Mortality Review Committee 2021

⁴ <https://www.england.nhs.uk/mat-transformation/>

decision-making process for accessible and fully funded non-invasive prenatal testing (NIPT), and taking health services for pregnancy and postnatal care to Māori, Pacific and rural communities.

4. *Equitable Access to Abortion Care*

In March 2020, abortion was decriminalised, taking it out of the Crimes Act and placing it within the jurisdiction of health under the Abortion Legislation Act 2020, ensuring that abortion is considered a health-related activity.

These changes have not resulted in more abortion procedures, but procedures are now being conducted earlier and fewer surgical abortions are being conducted⁵. These vital changes in women's healthcare are associated with fewer complications, improved wellbeing for women and whānau. Abortion reform is an example of how the health system has become stronger and more responsive to the needs of women and pregnant people.

However, Manatū Hauora data show that abortion access remains inequitable across different groups, particularly Māori and Pacific peoples who, on average, are undergoing abortion procedures at later gestations compared to other ethnicities. Abortions at later gestations (15+ weeks) suggest barriers to access. These later gestations also require complex assessments, decisions and care that is under-resourced and there is a lack of trained and experienced workforce. The health system should prioritise efforts to improve equitable access to efficient care pathways, choice of procedure, and culturally safe abortion services in Aotearoa New Zealand.

⁵ Abortion services Aotearoa New Zealand Annual Report 2022