

# Section 1: Te Tiriti o Waitangi and Equity

The National Screening Unit (NSU) has an obligation to uphold the articles of Te Tiriti o Waitangi and the associated principles. These principles are articulated in the Pae Ora (Healthy Futures) Act 2022 and include tino rangatiratanga, partnership, active protection, options, and equity. Te Tiriti o Waitangi is fundamental to the rights of Māori.

The Aotearoa New Zealand Cancer Action Plan 2019–2029 advocates responding to Māori models that are holistic and whānau-centric, addressing racism and discrimination and achieving equity by design (MOH, 2019). Screening providers must recognise and respect Māori views relating to reproductive health including the importance of te whare tangata, whakapapa, whānau, and wellbeing.

Achieving equitable access to, and through the cervical screening pathway is essential to the overall success of the primary HPV screening programme. Around 85% of participants who develop cervical cancer in Aotearoa New Zealand have either never been screened or have been screened infrequently.

People of European/other ethnicity have in the past been privileged by the way screening programmes are designed for the ‘mainstream’ and have higher rates of screening and lower rates of cancer than Māori and Pacific people. Other groups whose needs are not met by a ‘mainstream’ approach include LGBTI+ people, people with disabilities, people living with mental illness, and people living in rural areas. For up-to-date screening coverage, please visit:

<https://tewhatuora.shinyapps.io/nsu-ncsp-coverage/>

HPV primary screening, effectively implemented, is expected to improve access to screening for participants who are currently under-screened and improve equity. However, changing the primary test from cytology to HPV will not achieve equity on its own. The NCSP and providers of screening need to take deliberate steps to progress the goal of achieving equity in all aspects of the programme.

The NCSP Te Tiriti and Equity Strategy provides more detailed information on the NCSP approach. Close attention will be paid to the development of a range of indicators through the pathway to track equity, and monitoring information will be available to screening providers.

Information about evidence-based strategies to support equitable access and outcomes for priority group participants is included in Section 3 of the NCSP Policies and Standards which can be found here: [www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/policies-and-standards](http://www.nsu.govt.nz/health-professionals/national-cervical-screening-programme/policies-and-standards).

<b>RECOMMENDATIONS – EQUITY AND SCREENING FOR PRIORITY GROUP PARTICIPANTS</b>	
<p><b>R1.01</b> Te Tiriti o Waitangi obligations</p>	<p><b>Practice point</b> Services must recognise and actively work towards honouring their responsibilities towards tangata whenua according to the principles of Te Tiriti o Waitangi. This includes engagement with Māori in the delivery of services that meet their needs and aspirations and reflect mātauranga Māori. For more detail, go to:  <a href="http://www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles">www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga/strengthening-he-korowai-oranga/treaty-waitangi-principles</a> <a href="https://www.health.govt.nz/about-ministry/what-we-do/pae-ora-healthy-futures-act">https://www.health.govt.nz/about-ministry/what-we-do/pae-ora-healthy-futures-act</a></p>
<p><b>R1.02</b> Commitment to equity in health outcomes</p>	<p><b>Practice point</b> To achieve health equity, different approaches are needed to support priority group participants to be screened, and to access assessment and treatment services.  For the NCSP, priority group participants are Māori and Pacific participants within the eligible age range for screening, and any eligible person over 30 years who is unscreened or under-screened.  Providers are expected to use evidence-based and culturally responsive strategies to support equitable access and outcomes for priority group participants. This will include monitoring access and adjusting approaches where required.</p>
<p><b>R1.03</b> Culturally competent/ appropriate services</p>	<p><b>Practice point</b> Cervical screening services must be provided in an environment that respects the culture and the dignity and autonomy of participants.  Screening services as much as possible should employ staff who come from the same cultural background as the participants.  Screening providers must have appropriate training and expertise to provide culturally safe and mana-enhancing services.</p>
<p><b>R1.04</b> Support to Screening Services</p>	<p><b>Practice point</b> Clinical screening services should develop close relationships and arrangements with Support to Screening Services and other local services (e.g. Kaupapa Māori Services, Pacific</p>

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Health services) which can support participants into screening and through the pathway of follow-up, assessment, and treatment.
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