Breast Cancer Foundation NZ 2026 Election Manifesto

Fewer lives lost to breast cancer.
For women, for whānau, for communities across Aotearoa.

We want more families to experience the love and presence of their mums, sisters, aunts, partners, colleagues, and friends for long, fulfilling lives.

This year, 650 New Zealanders will die.
But they don't need to.

Together, we can change that.

Executive summary

One day, no one will die from breast cancer. More families and communities will keep their special people. Their mums, sisters, daughters, wives, partners, aunts, colleagues and friends.

But right now, in 2026, we're not there yet.

Every year, approximately 650 New Zealanders die from breast cancer. Many of these deaths are avoidable: Not because we lack the knowledge. But because delays in detection, diagnosis, and treatment, alongside limited access to effective medicines, leave women and whānau carrying risks the system can change.

This manifesto sets out three priorities for the next government: find more cancers early, remove the diagnostic bottleneck, and fund the medicines that work. Together, these asks address the critical points in the pathway where lives are being lost.

Breast cancer survival depends on three things: how early cancer is found, how quickly treatment begins (relative to the speed of cancer growth), and whether effective treatment is available. But, New Zealand is falling short on all three.

- 55% of breast cancers are diagnosed only after symptoms appear, not through screening
- Cancers found symptomatically are nearly three times more likely to be late-stage
- When found via symptoms, wāhine Māori are 33% more likely to die and Pacific women 52% more likely to die than Pākehā women.
- New Zealand spends just 0.4% of GDP on publicly funded pharmaceuticals: the OECD average is 1.4%.

Our three asks

Policy 1

Fund supplementary imaging for high-risk women in the screening programme

Standard two-yearly mammography misses a proportion of breast cancers in women with dense breast tissue or other elevated risk factors. Dense breast tissue appears white on a mammogram, and so do tumours. This makes tumours harder to see.

Currently, New Zealand has no funded pathway to supplemental imaging that could detect cancers mammography misses.

Policy 2

Invest in digital pathology

Pathology is the gateway to every single breast cancer diagnosis and treatment decision. Yet New Zealand's public pathology system remains largely analogue, fragmented, and workforce constrained.

This creates a diagnostic bottleneck that undermines improvements elsewhere in the breast cancer pathway.

Policy 3

Fund life-saving medicines

Even when breast cancer is diagnosed early and treatment begins promptly, survival depends on access to effective medicines.

Too often in New Zealand, the drugs that could prevent progression or recurrence are unavailable. Not because they don't work, but because they haven't been funded.

These asks align with the Government's commitment to timely access to quality health care and improved cancer screening. They support Te Aho o Te Kahu's Cancer Action Plan 2025-2030 priorities and the Government Policy Statement on Health.

Each policy ask is practical, achievable, and works within New Zealand's existing health structures. None requires a vast system overhaul. What they require is commitment, acceleration, and investment.

Breast cancer in Aotearoa: a snapshot

Breast cancer is the most common cancer affecting New Zealand women and the leading cause of cancer death in women under 65. Survival should not come down to luck, location, or how quickly someone can navigate the health system. But, right now, it does.

Every year, 3700 New Zealanders are diagnosed with breast cancer. More than half of breast cancers (55%) are diagnosed only after symptoms appear. Not through screening. And cancers found this way are nearly three times more likely to be late-stage.

When breast cancer is found through screening, survival is the same regardless of ethnicity. But when found via a symptom, inequities widen and lives are lost: wāhine Māori are 33% more likely to die from breast cancer than Pākehā women, and Pacific women are 52% more likely to die.

The stage at which cancer is found, the speed of diagnosis and treatment, and access to effective medicines: these are the factors that determine who lives and who dies. And these are factors we can change. Together.

1 in 10
Women will be diagnosed in their lifetime.

3,700
New Zealanders diagnosed each year.

650
Deaths annually, many avoidable.

55%
Of cancers diagnosed only after symptoms appear.

23%
Late-stage diagnoses when diagnosed after symptoms appear.

8%
Late-stage diagnoses via screening.

Who we are

Breast Cancer Foundation NZ is Aotearoa's specialist breast cancer organisation. We believe in a future where no one dies from breast cancer, and we work every day to bring that future closer.

We empower communities with education, fund groundbreaking research and innovation, support patients when they need us most, and advocate for the change needed to ensure New Zealanders with breast cancer can live and live well.

Our vision is bold and unwavering: zero deaths from breast cancer in Aotearoa New Zealand. This is not just an aspiration. It is an achievable goal grounded in evidence and data.

Everything we advocate for is informed by robust research and real-world experience. By closing gaps in early detection, diagnostic speed, and access to treatment, we can get there.

What we want

We want more families and communities to experience the love and presence of their mums, sisters, aunts, partners, and friends for long fulfilling lives.

To achieve this, breast cancer survival comes down to three things:

- How early cancer is found
- How quickly treatment begins
- Whether effective treatment is available


talanoa mai
kōrero mai
talanoa ma
tausi soifua
let's talk
breast health!
Breast Cancer
Foundation NZ

Policy 1: Enhanced screening for high-risk women

The problem

Approximately 8–10% of screened women, like Caro, have extremely dense breasts. These women, along with those carrying genetic mutations or other factors, face significantly higher risk.

Currently, New Zealand has no funded pathway to provide them with supplementary imaging that could detect cancers mammography misses.

Right now, most women are not even told whether they have dense breasts. Without this information, they cannot make informed decisions about their screening options.

Breast density is not evenly distributed across populations, and neither is the risk of missed cancers:

Wāhine Māori have higher absolute breast density on average, which increases the risk of tumour masking on standard mammography.

A density-notification and supplemental-imaging pathway could increase the perceived value of screening for populations currently underserved by the programme. When women understand their individual risk, screening becomes more relevant and participation increases.

Policy 1

Key facts

8-10%
Women with extremely dense breasts

93–98%
Sensitivity of contrast-enhanced mammography in dense breasts

48–61%
Sensitivity of standard digital mammography in highest-density breasts

Without action, the current system entrenches inequity: women with dense breasts face higher biological risk and receive no additional protection.

> ***I had a clear mammogram a few months before, so I thought it was nothing. I didn't know I had dense breasts.***
>
> *Caro, diagnosed in 2022*

The solution

Contrast-enhanced mammography (CEM) is a proven supplemental imaging technology. It uses a contrast agent to highlight areas of increased blood flow, a marker of tumour activity.

Studies report sensitivity of 93–98% in dense breasts, comparable to MRI but at a fraction of the cost and with greater accessibility.

Upgrading existing digital mammography machines to CEM capability is technically straightforward and can be delivered within 18 months per site.

We propose a phased national rollout beginning with high-volume BreastScreen Aotearoa sites that also serve high-equity-need populations. This ensures the greatest number of high-risk women benefit first while building workforce capability for broader expansion.

Why this matters beyond mammography

Investing in enhanced screening pathways now builds the infrastructure, data systems, workforce capability, and commissioning frameworks, needed to adopt future innovations, including risk-stratified screening intervals and emerging blood-based cancer detection tests.

This is not just about one technology. It is about building a system ready for the future of early detection.

Policy 1

Our ask

Commit funding in Budget 2027 to begin a phased national rollout of contrast-enhanced mammography capability.

We call on the Government to:

- Amend National Screening Unit service specifications to include funded supplemental imaging pathways for women identified as high-risk through density assessment or clinical risk models.
- Require BreastScreen Aotearoa to report breast density in all screening results, so women know their risk and can discuss options with their doctor.
- Fund a phased national rollout, beginning with high-volume sites that serve high-equity-need populations in the first 18 months, with a pathway to national coverage
- Commission a workforce credentialling programme through Health New Zealand to train radiographers and radiologists in contrast-enhanced breast imaging

The bottom line:

By acting now, New Zealand can move ahead of Australia on this issue: building a more equitable, future-ready screening system.

Policy 2: Invest in digital pathology infrastructure

The problem

Pathology is the gateway to every breast cancer diagnosis and treatment decision. The Royal College of Pathologists of Australasia states that pathology underpins 70% of all medical decisions and 100% of cancer diagnoses. Yet New Zealand's public pathology system remains largely analogue, fragmented, and workforce constrained. This creates a diagnostic bottleneck that undermines improvements elsewhere in the breast cancer pathway.

Rising volumes means rising diagnostic risk

Te Aho o Te Kahu modelling shows cancer diagnoses will increase by 50% over the next 15 years. Without digital infrastructure, this growth compounds existing vulnerabilities in the pathology system:

- Diagnostic error becomes more likely as workloads exceed safe thresholds.
- Inconsistent biomarker scoring affects treatment decisions. Ki-67, HER2, ER/PR status can vary between observers and laboratories.
- Inter-observer variability means the same slide may receive different interpretations depending on who reads it and where.
- Delays push patients beyond safe treatment windows, particularly for aggressive cancers.

Policy 2

> ***My GP referred me to both public and private and said go with whoever gets back to you first. I think I'd started treatment before I even heard back from the public system.***
>
> *Patient interview, 2025*

Workforce crisis	Current shortage of 30 FTE (7.8%), projected to reach 11% by 2030.
Growing demand	Cancer diagnoses expected to reach 45,000–52,000 by 2040. A 50% increase from 2020.
Inconsistent assessment Equity gaps	Core biomarker testing varies.

The two-tier risk

In New Zealand, private providers are already moving ahead with digital pathology capability. If the public system does not keep pace, we risk entrenching a two-tier diagnostic system where access to subspecialist review, consistent biomarker reporting, and emerging AI tools depends on the ability to pay, not clinical need.

This widens inequity. Patients in regional areas (disproportionately wāhine Māori and Pacific women) already face barriers to accessing specialist pathology. Digital infrastructure closes that gap by enabling remote review, national workload sharing, and consistent standards regardless of location.

The solution

Digital pathology, scanning glass slides into high-resolution digital images, is a foundational infrastructure for faster diagnosis, equitable access, precision treatment, and future-ready breast cancer care.

Digital pathology is now standard in leading health systems internationally, including the NHS, the Netherlands, and parts of Australia. In New Zealand, private providers are moving ahead while the public system lags: risking a two-tier diagnostic system that entrenches inequity.

Our ask

Establish digital pathology as core public cancer infrastructure, beginning with a breast cancer implementation pilot that measures turnaround time, biomarker consistency, access to specialist review and equity outcomes before national scale-up.

We call on the government to:

- Fund a national digital pathology programme, including whole-slide scanners in public pathology laboratories, a national image management system, and integration with oncology platforms.
- Commission a breast cancer pilot to validate use cases including biomarker consistency, second opinions, AI prognostic tools, and faster MDT decision-making.
- Fund workforce development through Health New Zealand training pathways to credential pathologists and laboratory staff in digital pathology workflows.
- Implement a monitoring indicator within the Government Policy Statement on Health to track diagnostic turnaround times as digital pathology rolls out.

The bottom line:

New Zealand cannot deliver timely, equitable, precision breast cancer care without digital pathology. Every patient, regardless of postcode, deserves faster diagnosis, and consistent biomarker reporting so effective treatment can begin, quickly.

Policy 2

Policy 3: Fund life-saving medicines

The solution

Even when breast cancer is diagnosed early and treatment begins promptly, survival depends on access to effective medicines. Too often, the drugs that could prevent progression or recurrence are unavailable. Not because they don't work, but because they haven't been funded.

New Zealand consistently ranks at the bottom of the OECD:

Measure	New Zealand	OECD average
GDP spent on publicly funded pharmaceuticals	0.4%	1.4%
Public health expenditure on medicines	4.9%	13.3%
Average wait for govt funding (on the Options for Investment list)	6.7 years	–

Policy 3

> ***I considered the option of going to Australia. Olaparib would have been funded. I couldn't get past the irony of staying alive for my grandkids but living in a different country.***
>
> *Judith, diagnosed in 2022*

For cancer medicines, this funding gap is measured in lives lost. Medicines that are standard of care in Australia, the United Kingdom, and across Europe remain unfunded here.

Under-investment costs lives

The International Cancer Benchmarking Partnership (ICBP) shows New Zealand's cancer survival lags behind comparable countries like Australia and Canada.

Access to modern medicines is one of the levers we control, and one where we are failing.

Women tell us they have remortgaged their homes, run fundraising campaigns, or simply gone without. Some, like Judith, consider moving overseas to access treatment that would be routine elsewhere.

This is not a future we should accept.

The evidence

Breast cancer medicines on Pharmac's Options for Investment list include treatments that international evidence shows prevent progression from early-stage to metastatic disease. Funding these medicines is not just compassionate. It is cost-effective.

Preventing metastatic disease avoids the far higher costs of palliative care and reduces years of life lost.

Intervening early (when treatment can still cure) is more effective, more cost-efficient, and more humane than treating advanced cancer.

The solution

Clear the backlog of cost-effective cancer medicines and commit to sustained investment in pharmaceutical access.

Our ask:

We call on the Government to:

- Commit to clearing Pharmac's Options for Investment list of cost-effective medicines already assessed and ready for funding within the term of the next government.
- Develop a ten-year plan to progressively lift New Zealand's pharmaceutical investment toward OECD norms.
- Prioritise early-stage cancer medicines where evidence demonstrates prevention of progression to metastatic disease.
- Publish annual reporting on time-to-funding for new cancer medicines compared to international benchmarks.
- Establish maximum timeframes for Pharmac assessment of new cancer medicines.

Policy 3

We're here to help

Breast cancer is a solvable problem. The tools exist. The evidence is clear. What's needed now is commitment, coordination, and investment.

Breast cancer is never a choice. But, as leaders, as advocates, as experts, our next choice must be deliberate and urgent.

We can choose to find more cancers early, when they are curable.

We can choose to invest in infrastructure, before delays cost lives.

We can choose to ensure every woman, regardless of ethnicity, location, or income, has access to the care she needs.

If you are ready to act on breast cancer, we want to be part of the conversation, now and beyond the election.

As an independent, evidence-based NGO, we are trusted by the health sector, clinicians, women with breast cancer, and their whānau. By combining what patients experience with what the system needs to know, we help shape practical, deliverable solutions.

We are walking beside the people you serve, and we are ready to work with you. Together, we can turn commitment into action and drive change that saves lives.

Justine Smyth
Board Chair
Breast Cancer Foundation NZ

breastcancerfoundation.org.nz