

## Appendix 1b. Phase 1 Cancer and Health Equity Frameworks Supplementary Results

**Table 1a - Equity Definitions**

Framework	Equity Definition
Health Equity Assessment Toolkit (HEAT and HEAT Plus)	Health equity is the absence of unfair, avoidable or remediable differences in health among population groups, defined by social, economic, demographic or geographic characteristics. <sup>2</sup>
Operational Framework for monitoring social determinants of health equity (SDHE)	Health inequities are unfair and avoidable or remediable systematic differences in health among population groups defined socially, economically, demographically or geographically – persist globally, despite the commitments of many national and international actors to reduce them. <sup>3</sup>
Cancer Equity Framework	Health equity is enabled when all individuals have optimal opportunities to attain the best health possible. <sup>7</sup>
World Cancer Day 2024 Equity Report	Equity ensures that quality health services are accessible to all, irrespective of their personal circumstances. <sup>12</sup>
The Health Equity Framework: A Science- and Justice-Based Model for Public Health Researchers and Practitioners	The framework defines 'health equity' as having the personal agency and fair access to resources and opportunities needed to achieve the best possible physical, emotional, and social well-being. <sup>17</sup>
Cancer Disparities and Health Equity: A Policy Statement from the American Society of Clinical Oncology	Health equity is defined as everyone having a fair and just opportunity to be as healthy as possible, an ethical and human rights principle that motivates us to eliminate health disparities. <sup>18</sup>
Beating Cancer Inequalities in the EU	Reducing overall risk factors and narrowing disparities among population groups. <sup>20</sup>

Elevating Cancer Equity Working Group Policy Change Recommendations	Access to high-quality, high-value, patient-centered cancer care for all people globally. <sup>26</sup>
Framework for Intergenerational Fairness	Intergenerational fairness allows people of all ages to meet their needs; and meet the needs of the present without compromising the ability of future generations to meet their own needs. <sup>35</sup>
European Cancer Inequalities Registry (ECIR) Framework	Equity in cancer is defined as achieving the best possible outcomes for all individuals, regardless of their socio-economic background, geographical location, or other factors that may create disparities. <sup>39</sup>
The health equity measurement framework: a comprehensive model to measure social inequities in health	Health inequities are the product of social injustice and are avoidable. <sup>40</sup>
A health equity framework to support the next generation of cancer population simulation models	Systemic racism is conceptualized as the root cause of inequity and an upstream influence acting on subsequent downstream events, which ultimately exert physiological effects on cancer incidence and mortality and competing comorbidities. <sup>42</sup>
Cancer in the UK 2025 - socioeconomic deprivation	Health inequalities are unfair, avoidable and systemic differences in health between different groups of people. <sup>43</sup>
Our Cancer and Health Inequalities Strategy 2025-2030	Health inequalities are unfair and avoidable differences in health outcomes across the population. <sup>44</sup>
National Cancer Data Framework	Health equity means all Australians are supported by our national systems in the ways most suited to their cultural, socioeconomic, geographic, environmental, and personal situation to achieve the best possible cancer outcomes. The Australian Cancer Plan acknowledges that to achieve equity, some priority population groups need an additional and targeted focus and support. Equitable access to services is a further objective. <sup>45</sup>
Advancing Health Equity Through Cancer Information and Support Services	Equity recognizes that some communities and populations face unique barriers to accessing information and support services.

	An equitable organization works to reduce or eliminate such systemic barriers to access. <sup>47</sup>
National Strategic Framework for Chronic Conditions	All Australians receive safe, high-quality health care irrespective of background or personal circumstance. <sup>49</sup>
AACR Cancer Disparities Progress Report 2024	Health equity is when all people are given the chance to live as healthy a life as possible regardless of their race, ethnicity, sex, gender identity, sexual orientation, disability, education, job, religion, language, where they live, or other factors. <sup>52</sup>

Table 1a presents a summary of the equity definitions described within the frameworks that explicitly define it (18).

**Table 1b - Health Equity and Cancer Equity Related Statements or Objectives**

Framework	Health Equity Related Statement or Objective	Cancer Equity Related Statement or Objective	How success is defined and monitored
Operational Framework for monitoring social determinants of health equity (SDHE) <sup>3</sup>	The goal is to monitor SDHE using 1) a universal menu of indicators for monitoring SDHE adaptable to different settings and 2) areas and functions for implementation.		Monitoring progress using data on indicators including employment, food insecurity, income inequality, poverty, education access, etc.
Policy Blueprint for Cancer Prevention <sup>4</sup>		The goal of the blueprint is to provide guidelines for preventing cancer and living well beyond cancer.	
Cancer Equity Framework <sup>7</sup>		The Cancer Equity Framework aims to make cancer care fair and accessible for everyone in Victoria,	Understanding the problem, encouraging collaborative

		with a focus on groups who often face challenges in getting quality care. It aims to draw together organisations in the cancer care and control sector in a joint effort to address disparities in cancer outcomes.	approaches and guiding action.
World Cancer Day 2024 Equity Report <sup>12</sup>		The goal is to bring to light the contrasts in cancer journeys experienced in different geographies and how can we improve access to cancer care and health for all.	UK: Health services must continue to improve the collection of consistent data about cancer prevention, cancer patients, and those engaging with cancer services. This includes the comprehensive collection of demographic information so we can better understand the nature and scale of cancer inequities.
Pan-Canadian Cancer Data Strategy <sup>13</sup>		Equity is expressed as a success factor critical to the success of the cancer data strategy.	A focus on equity will enable the cancer data strategy to: develop a system that includes and supports equity-deserving communities and communities that are underserved to build analytic

			<p>capacity; adhere to First Nations principles of ownership, control, access, possession (OCAP) as well as Inuit and Métis data governance principles, respect the cultural sensitivity of data, and build appropriate processes rooted in trust to advance</p> <p>First Nations, Inuit and Métis-led cancer data systems; capture key equity stratifiers in a way that promotes self-identification and is consistent across datasets, providing standardized processes and definitions to guide data collection (refer to the Engagement, Governance, Access, and Protection (EGAP) framework); be inclusive and transparent, and consider language, access and representation.</p>
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<p>The Integrated Assessment Map (IAM) Portal<sup>14</sup></p>		<p>To develop a mechanism whereby we ensure that all Teenage &amp; Young Adult (TYA) cancer patients in the Southwest receive the best possible care and support.</p>	
<p>The Health Equity Framework: A Science- and Justice-Based Model for Public Health Researchers and Practitioners<sup>17</sup></p>	<p>The framework is designed to improve health outcomes by reflecting on the multilevel influences of priority health outcomes and identifying strategies to improve inequities of priority health outcomes resulting from multilevel factors.</p>		
<p>Cancer Disparities and Health Equity: A Policy Statement from the American Society of Clinical Oncology<sup>18</sup></p>		<p>American Society of Clinical Oncology (ASCO)'s goal is to move beyond descriptions of differences in cancer outcomes toward achievement of cancer health equity, with a focus on improving equitable access to care, improving clinical research, addressing structural barriers, and increasing awareness that results in measurable and timely action toward achieving</p>	<p>Policy and position statements published, strategies and programmes implemented, meeting sessions, and measuring the quality of cancer care.</p>

		cancer health equity for all.	
Beating Cancer Inequalities in the EU <sup>20</sup>		To measure and assess inequalities in cancer.	Successful treatment, early detection, reduction in mortality rates, economic analyses (e.g. cost effectiveness), and more.
Elevating Cancer Equity Working Group Policy Change Recommendations <sup>26</sup>		National Comprehensive Cancer Network (NCCN) is dedicated to improving and facilitating quality, effective, equitable, and accessible cancer care so all patients can live better lives.	
Aboriginal and Torres Strait Islander Cancer Plan <sup>27</sup>		Thoughtful sequencing of strategies and service improvements evident through monitoring and evaluation will demonstrate greater equity over time. This equity will be evident in access, processes of cancer care, and outcomes for Aboriginal and Torres Strait Islander peoples across the life course irrespective of location, income, gender, sexuality, assumed sex at birth, age, or preferred language.	The success will be defined and monitored in the improvements in access, processes of cancer care, and outcomes for Aboriginal and Torres Strait Islander peoples across the life course irrespective of location, income, gender, sexuality, assumed sex at birth, age, or preferred language.
A Framework for Cancer Surveillance in Japan <sup>29</sup>		Reduce the number of deaths due to	All individuals, parties, and

		preventable cancers for all individuals in Japan.	organisations related to cancer care and services in Japan should collaborate and make efforts to establish the framework for effective cancer surveillance systems.
European Code Against Cancer <sup>31</sup>		To inform people about evidence-based cancer prevention actions and to support the development of national cancer prevention policies.	Key success indicators include reduced disparities in cancer incidence and mortality across socioeconomic groups, improved access to cancer prevention and treatment, and increased health literacy among diverse populations.
National Strategic Framework for Chronic Conditions: reporting framework <sup>33</sup>	Targeted action through population level and community level approaches, as well as empowering individuals, communities and populations, will also positively advantage priority populations and improve health equity.		

<p>European Cancer Inequalities Registry (ECIR) Framework<sup>39</sup></p>		<p>The European Cancer Information System (ECIS) serves as a web application tool to enable research and decision making in the cancer field by serving as a reference for information on indicators that quantify cancer burden across Europe.</p>	
<p>The health equity measurement framework: a comprehensive model to measure social inequities in health<sup>40</sup></p>	<p>The goal is to design a framework to measure the direct and indirect effects of social determinants of health to support improved statistical modelling and measurement of health equity.</p>		<p>Using multiple national data sources to evaluate the relative contributions of prevention, preclinical and clinical detection, treatment, and survivorship to mortality differences between the overall population and self-identified Black persons.</p>
<p>A health equity framework to support the next generation of cancer population simulation models<sup>42</sup></p>		<p>The goal is for the health equity framework to serve as a road map to guide future modelling to support equitable cancer care.</p>	
<p>Cancer in the UK 2025 - socioeconomic deprivation<sup>43</sup></p>		<p>To reduce inequalities in cancer care observed across socioeconomic groups.</p>	<p>Using results from the data collected and comparing it to the previous results to see whether there has</p>

			been any progress.
Our Cancer and Health Inequalities Strategy 2025-2030 <sup>44</sup>		To beat cancer for everyone.	Monitoring progress using available data and evidence.
Australian Cancer Plan: Monitoring and Evaluation Framework <sup>46</sup>		Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People. 10-year ambition: Supporting Aboriginal and Torres Strait Islander knowledge, strength and sovereignty in a health system that achieves equity for Aboriginal and Torres Strait Islander People affected by cancer. 5-year goal: Priority is given to accountability for the delivery of culturally safe services by all health professionals; training opportunities and support programs are established for Aboriginal and Torres Strait Islander health professionals in the cancer sector. 2-year goal: Collaborative partnership and cross-sector approaches are developed and enhanced at the system, service and individual level; individual and institutional racism and discrimination across cancer services are	Monitored by Cancer Australia by: gathering information at stakeholder meetings and events, establishing Memoranda of Understanding or formal partnerships with stakeholders to co-lead implementation activities, establishing non-binding, non-financial partnership agreements with interested stakeholders, intended to enhance collaboration and reporting, and receiving information sent proactively by stakeholders wishing to share their stories and achievements (e.g. via the Engagement Hub).

		identified and addressed.	
Advancing Health Equity Through Cancer Information and Support Services <sup>47</sup>		The final goal was to make recommendations to tailor CCS's current programs and resources to reduce barriers and ensure all people in Canada can access our cancer information and support services.	The success of these recommendations and this work overall is dependent on leadership at the highest level in organizations to champion this work and create accountabilities throughout the organisation. Additionally, the scope of the barriers faced by communities that are underserved are vast and organizations will need to work together to address the issues.
AACR Cancer Disparities Progress Report 2024 <sup>52</sup>		The goal is to achieve health equity for all medically underserved populations.	

Table 1b presents health equity or cancer-related explicit statement or objectives from 22 frameworks (18 related to cancer and 4 related to health equity), where an explicit statement or objective was available and how success is defined and monitored from 14 of these frameworks.

**Table 1c - Policy Responses and Evaluation for Success**

Framework	Policy Responses	Evaluation for Success
Health Equity Policy Tool: A framework to track policies for increasing	2.1 Health and health services: financial protection (out-of-pocket payments); access (rights and	Meeting the targets and indicators for each action.

<p>health equity in the WHO European Region<sup>1</sup></p>	<p>resource allocation); and quality of health services.</p> <p>2.2 Income security and social protection: poverty and inequality; supporting parenting; and supporting older people.</p> <p>2.3 Health and living conditions: housing; environment (e.g. air quality, access to public transport, access to green space, neighbourhood safety, and public spending on housing and community); commercial determinants (e.g. tax on tobacco and alcohol, and food insecurity).</p> <p>2.4 Health and social and human capital: human capital (e.g. early years education, children's reading and maths proficiency, and adult education and training); and social capital (e.g. volunteering, influencing politics, and trust in others).</p> <p>2.5 Health and employment and working conditions: job security (e.g. unemployment, labour force, labour market policy spending, replacement rate, and temporary employment); and working conditions (e.g. minimum wage, average wages, labour inspection coverage, collective bargaining, job quality index, and working excessive hours).</p>	
<p>Health Equity Assessment Toolkit (HEAT and HEAT Plus)<sup>2</sup></p>	<ul style="list-style-type: none"> <li>- Interactive exploration of health inequalities across countries</li> <li>- Comparison of health inequalities across countries</li> </ul>	<p>Not specified.</p>
<p>Operational Framework for monitoring social</p>	<p>6. Technical monitoring of SDHE at national and subnational levels: map priorities, data sources,</p>	<p>Monitoring progress using data on indicators including employment,</p>

<p>determinants of health equity (SDHE)<sup>3</sup></p>	<p>systems and platforms; analyse data; report results; and strengthen capacity-building and training for monitoring.</p> <p>7. Using data to inform policy for health equity at national and subnational levels: scope policy landscape, map policy cycle and conduct stakeholder mapping; strengthen political will, commitment and leaderships; support multisectoral governance; bring together multisectoral policy-makers to translate data into action; and foster community leadership and multisectoral collaboration that is accountable and transparent.</p> <p>8. Harmonization of monitoring of SDHE at regional and global levels: Collaborate with WHO, United Nations organizations, intergovernmental agencies and stakeholders in regional and global monitoring of SDHE, human rights, sustainability, and other relevant issues across multiple sectors; and embed monitoring of SDHE across multiple sectors within existing processes to monitor progress towards the Sustainable Development Goals (SDGs).</p>	<p>food insecurity, income inequality, poverty, education access, etc.</p>
<p>Policy Blueprint for Cancer Prevention<sup>4</sup></p>	<ol style="list-style-type: none"> <li>1. Marketing restrictions: e.g. mandatory advertising bans on food in high fat, sugar, and salt; and restrictions on the promotion of breastmilk substitutes.</li> <li>2. Fiscal and legal tools to make unhealthy food and drinks less attractive: e.g. taxes on food high in sugar, fat, and salt; providing substitutes to make healthy</li> </ol>	<p>Not specified.</p>

	<p>food more affordable; and excise taxes on alcoholic drinks, with revenue allocated to health budgets.</p> <ol style="list-style-type: none"> <li>3. Policies to create healthy and safe schools and workplaces, public institutions and health facilities: e.g. universal free or subsidised healthy school meals; setting high-quality standards for meals in schools; and enabling breastfeeding on return to work or study.</li> <li>4. Procurement, planning, and incentives to communities: e.g. introducing nutrition standards for public procurement; supporting local production of healthy food through short supply chains; or promoting community walking and cycling programmes.</li> <li>5. Measures to foster healthy urban and built environments: e.g. implementing restrictions on the density of fast-food outlets; establishing active design guidelines for urban planners; and incentivising health-promoting urban design.</li> <li>6. Active and public transport</li> <li>7. Effectively inform people</li> <li>8. Counselling in healthcare</li> </ol>	
<p>NHS Wales Performance Framework 2024-2025<sup>5</sup></p>	<p>Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management.</p> <p>Quadruple Aim 2: People in Wales have better quality and more</p>	<p>Performance measures are provided in the framework for each aim (total=54).</p>

	<p>accessible health and social care services, enabled by digital and supported by engagement.</p> <p>Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable.</p> <p>Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes.</p>	
<p>NHS Wales Planning Framework 2024-2027<sup>6</sup></p>	<ul style="list-style-type: none"> <li>- Enhanced Care in the Community, with a focus on reducing delayed pathways of care.</li> <li>- Primary and Community Care, with a focus on improving access and shifting resources into primary and community care.</li> <li>- Urgent and Emergency Care, with a focus on delivery of the 6 goals programme.</li> <li>- Planned Care and Cancer, with a focus on reducing the longest waits.</li> <li>- Mental Health, including Child and Adolescent Mental Health Services (CAMHS), with a focus on delivery of the national programme.</li> </ul>	<p>Progress on these areas will be a key feature of assessing organisations plans: Continued progress in reducing the reliance on high-cost agency staff; Ensuring strengthened ‘Once for Wales’ arrangements to key workforce enablers such as recruitment, and digital; Maximising opportunities for regional working; Redistributing resources to community and primary care where appropriate and maximising the opportunities offered by key policies such as Further Faster; Reducing unwarranted variation and low value interventions; Increasing administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base.</p>

<p>Cancer Equity Framework<sup>7</sup></p>	<ul style="list-style-type: none"> <li>- Clinical care: transform systems and practices to address inequities across the cancer care continuum and drive cultural change.</li> <li>- Research: integrate principles of equity into each stage of the research process.</li> <li>- Education and training: empower the cancer workforce with knowledge and skills to identify and address inequity.</li> </ul>	<p>Understanding the problem, encouraging collaborative approaches and guiding action.</p>
<p>Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development<sup>8</sup></p>	<ul style="list-style-type: none"> <li>- 17 Goals: 1. No poverty 2. zero hunger 3. good health and wellbeing 4. quality education 5. gender equality 6. clean water and sanitation 7. affordable and clean energy 8. decent work and economic growth 9. industry, innovation and infrastructure 10. reduce inequalities 11. sustainable cities and communities 12. responsible consumption and production 13. climate action 14. life below water 15. life on land 16. peace, justice and strong institutions 17. partnership for the goals</li> <li>- Goal 10 has 7 targets: income growth; social, economic and political inclusion for all; eliminating discriminatory laws, policies and practices; fiscal, wage and social protection policies; evaluation and monitoring of global financial markets and institutions; enhanced representation for developing countries; orderly, safe, regular and responsible migration and mobility of people.</li> <li>- Goal 10 has three means of implementation (a-c):</li> </ul>	<p>All goals have success indicators. Success indicators for Goal 10 are as follows: 1. Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population and the total population. 2. Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities. 3. Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities. 4.1 Labour share of GDP 4.2 Redistributive impact of fiscal policy 5. Financial Soundness Indicators 6. Proportion of members and voting rights of developing countries in international organizations. 7.1 Recruitment cost borne by employee as a proportion of monthly income earned in country of destination. 7.2 Number of countries</p>

	<p>Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements; Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes; By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent.</p>	<p>with migration policies that facilitate orderly, safe, regular and responsible migration and mobility of people. 7.3 Number of people who died or disappeared in the process of migration towards an international destination 7.4 Proportion of the population who are refugees, by country of origin. 7.a Proportion of tariff lines applied to imports from least developed countries and developing countries with zero-tariff. 7.b Total resource flows for development, by recipient and donor countries and type of flow (e.g. official development assistance, foreign direct investment and other flows). 7.c Remittance costs as a proportion of the amount remitted.</p>
<p>Sustainable Development Goals<sup>9</sup></p>	<p>- 17 Goals: 1. No poverty 2. zero hunger 3. good health and wellbeing 4. quality education 5. gender equality 6. clean water and sanitation 7. affordable and clean energy 8. decent work and economic growth 9. industry, innovation and infrastructure 10. reduce inequalities 11. sustainable cities and communities 12. responsible consumption and production 13. climate action 14. life below water 15. life on land 16. peace, justice and strong institutions 17. partnership for the goals</p>	<p>All goals have success indicators. Success indicators for Goal 10 are as follows: 1. Growth rates of household expenditure or income per capita among the bottom 40 per cent of the population and the total population. 2. Proportion of people living below 50 per cent of median income, by sex, age and persons with disabilities. 3. Proportion of people living below 50 per cent of median</p>

	<ul style="list-style-type: none"> <li>- Goal 10 has 7 targets: income growth; social, economic and political inclusion for all; eliminating discriminatory laws, policies and practices; fiscal, wage and social protection policies; evaluation and monitoring of global financial markets and institutions; enhanced representation for developing countries; orderly, safe, regular and responsible migration and mobility of people.</li> <li>- Goal 10 has three means of implementation (a-c): Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements; Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes; By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent.</li> </ul>	<p>income, by sex, age and persons with disabilities. 4.1 Labour share of GDP 4.2 Redistributive impact of fiscal policy 5. Financial Soundness Indicators 6. Proportion of members and voting rights of developing countries in international organizations. 7.1 Recruitment cost borne by employee as a proportion of monthly income earned in country of destination. 7.2 Number of countries with migration policies that facilitate orderly, safe, regular and responsible migration and mobility of people. 7.3 Number of people who died or disappeared in the process of migration towards an international destination 7.4 Proportion of the population who are refugees, by country of origin. 7.a Proportion of tariff lines applied to imports from least developed countries and developing countries with zero-tariff. 7.b Total resource flows for development, by recipient and donor countries and type of flow (e.g. official development assistance, foreign direct investment and other flows). 7.c Remittance costs as a proportion of the amount remitted.</p>
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<p>Transforming our world: the 2030 Agenda for Sustainable Development<sup>10</sup></p>	<ul style="list-style-type: none"> <li>- People: Key success indicators include reduced disparities in cancer incidence and mortality across socioeconomic groups, improved access to cancer prevention and treatment, and increased health literacy among diverse populations.</li> <li>- Planet: We are determined to protect the planet from degradation, including through sustainable consumption and production, sustainably managing its natural resources and taking urgent action on climate change, so that it can support the needs of the present and future generations.</li> <li>- Prosperity: We are determined to ensure that all human beings can enjoy prosperous and fulfilling lives and that economic, social and technological progress occurs in harmony with nature.</li> <li>- Peace: We are determined to ensure that all human beings can enjoy prosperous and fulfilling lives and that economic, social and technological progress occurs in harmony with nature.</li> <li>- Partnership: We are determined to mobilize the means required to implement this Agenda through a revitalised Global Partnership for Sustainable Development, based on a spirit of strengthened global solidarity, focused in particular on the needs of the poorest and most vulnerable and with the participation of all countries, all stakeholders and all people.</li> </ul>	<p>Global Indicator Framework to track progress; data collection and monitoring; annual progress reports; national, global and regional level reviews; High-Level Political Forum (HLPF); SDG summit.</p>
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<p>United Nations Declaration On The Rights Of Indigenous Peoples<sup>11</sup></p>	<p>Adapted from 46 articles:</p> <ul style="list-style-type: none"> <li>- Legal Recognition &amp; Alignment;</li> <li>- Free, Prior &amp; Informed Consent (FPIC);</li> <li>- Institutional &amp; Governance Reform;</li> <li>- Policy &amp; Program Development; and</li> <li>- Monitoring, Reporting &amp; Accountability</li> </ul>	<p>Not specified.</p>
<p>World Cancer Day 2024 Equity Report<sup>12</sup></p>	<ul style="list-style-type: none"> <li>- UK: Cross-governmental commitment to reducing health inequity, including short and long-term commitments and change across all governmental departments; Reducing inequities in smoking prevalence; Reduction in barriers to accessing care, including barriers to early diagnosis and participation in screening programmes.</li> <li>- Australia: Seeing disparities in cancer care; Widening gaps of cancer care in rural Australia; Experiencing the gaps as a community; Addressing the gaps at all levels; Prioritising survivorship care.</li> </ul>	<ul style="list-style-type: none"> <li>- UK: Health services must continue to improve the collection of consistent data about cancer prevention, cancer patients, and those engaging with cancer services. This includes the comprehensive collection of demographic information so we can better understand the nature and scale of cancer inequities.</li> <li>- Australia not specified.</li> </ul>
<p>Pan-Canadian Cancer Data Strategy<sup>13</sup></p>	<p>Priority 1. Improve the efficiency, timeliness and quality of data capture and access</p> <p>Priority 2. Enhance linkages to current data</p> <p>Priority 3. Fill gaps in current data collection and make data accessible for linkage and analysis</p>	<p>Success factors include strategic partnerships; standards, privacy and governance; data access; equity; impact and results.</p>
<p>The Integrated Assessment Map (IAM) Portal<sup>14</sup></p>	<ol style="list-style-type: none"> <li>1. Where I am now</li> <li>2. Physical wellbeing</li> <li>3. Family, friends &amp; relationships</li> <li>4. Education &amp; work</li> </ol>	<p>Not specified.</p>

	<ol style="list-style-type: none"> <li>5. Housing, transport &amp; finance</li> <li>6. Interests &amp; social life</li> <li>7. Lifestyle</li> <li>8. Sex, sexuality &amp; fertility</li> <li>9. Thoughts &amp; feelings</li> <li>10. Faith, spirituality &amp; culture</li> </ol>	
A More Active Scotland: Scotland's Physical Activity Delivery Plan <sup>15</sup>	<p>Outcome 1: We encourage and enable the inactive to be more active</p> <p>Outcome 2: We encourage and enable the active to stay active throughout life</p> <p>Outcome 3: We develop physical confidence and competence from the earliest age</p> <p>Outcome 4: We improve our active infrastructure – people and places</p> <p>Outcome 5: We support wellbeing and resilience in communities through physical activity and sport.</p> <p>Outcome 6: We improve opportunities to participate, progress and achieve in sport</p>	The headline measure of progress is the proportion of the population meeting the recommended level of physical activity. We will also continue to measure our progress through a range of more detailed indicators which support each of the Active Scotland Outcomes. We will also support the on-going development and roll-out of a toolkit to assist a wide range of organisations in identifying the outcomes they are seeking to achieve and to monitor progress towards these.
Framework for Effective Cancer Management <sup>16</sup>	<ol style="list-style-type: none"> <li>1. Corporate Responsibility</li> <li>2. Collective Strength</li> <li>3. Patient Voice and User Experience</li> <li>4. Demand and Capacity</li> <li>5. Optimal Referral</li> <li>6. Initiating the Pathway</li> <li>7. Optimal Diagnostics</li> <li>8. Dynamic Tracking, Escalation and Action</li> <li>9. Effective Multi-disciplinary Team</li> <li>10. Timely Treatment</li> </ol>	Not specified.
The Health Equity Framework: A Science- and Justice-Based Model	Four spheres of influence:	Not specified.

<p>for Public Health Researchers and Practitioners<sup>17</sup></p>	<ol style="list-style-type: none"> <li>1. Systems of power: policies, processes and practices that 1) promote health equity through fair access to resources and opportunities that enable health lives and 2) intensify health inequities by allowing unfair social, economic or environmental advantages for some groups over others.</li> <li>2. Individual factors: a person's response to social, economic and environmental conditions that 1) promotes health equity through attitudes, skills and behaviours that enable their personal and community's health and 2) intensify health inequities through attitudes, skills or behaviours that cause harm to their personal or community's health.</li> <li>3. Physiological pathways: factors that 1) promote health equity when a person's physical, cognitive and psychological abilities are maximised and 2) intensify health inequities when a person's environment or experiences have impaired their physical cognitive or psychological functions.</li> </ol>	
<p>Cancer Disparities and Health Equity: A Policy Statement from the American Society of Clinical Oncology<sup>18</sup></p>	<ul style="list-style-type: none"> <li>- Ensure equitable access to high-quality care: support and promote policies, systems, environments, practices, payment reforms, and stakeholder collaborations.</li> </ul>	<p>Policy and position statements published, strategies and programmes implemented, meeting sessions, and measuring the quality of cancer care.</p>

	<ul style="list-style-type: none"> <li>- Ensure equitable access to research: promote policies, systems, environments and practices; understanding and addressing ongoing barriers; promote stratified recruitment strategies; routine collection and public reporting of data; facilitate and encourage multisector partnerships; and sustained economic and infrastructure support.</li> <li>- Address structural barriers: promote policies, systems, environments, and practices; culturally and linguistically appropriate cancer care; partner with local communities; address institution discrimination; equip providers to address disparate health outcomes; support open dialogue among stakeholders, patients, and organisations, and educational activities.</li> <li>- Increase awareness and action: promote policies and practices; literacy materials for providers, patients, and caregivers; and multiple dissemination approaches.</li> </ul>	
<p>Germany Country Cancer Profile 2025<sup>19</sup></p>	<p>3. Risk factors and prevention policies: obesity, gender, education, diet, HPV vaccination, smoking, and income.</p> <p>4. Early detection: screening programmes</p> <p>5. Cancer care performance: comprehensive social health insurance covers cancer care in Germany with a high supply of nurses and physicians; good access to new oncology medicines and</p>	<p>Not specified.</p>

	<p>biosimilars; improving survival estimates via concentration of care, rehabilitation services, psychological and financial support; burden of cancer; and life expectancy due to cancer.</p> <p>6. Spotlight on paediatric cancer</p>	
Beating Cancer Inequalities in the EU <sup>20</sup>	<p>3. Preventing cancer: Identifying risk factors and related inequalities.</p> <p>4. Preventing cancer: Identifying risk factors and related inequalities.</p> <p>5. Ensuring the sustainability of high- quality cancer care systems.</p>	Successful treatment, early detection, reduction in mortality rates, economic analyses (e.g. cost effectiveness), and more.
The Framework for NHS Scotland <sup>21</sup>	<p>Objective 1. Meet immediately individual needs: Covid treatment infrastructure; non-covid urgent care; and elective care.</p> <p>Objective 2. Changing Priorities: pandemic response; staff and carer wellbeing.</p> <p>Objective 3. Renew to a better health and care system: Innovation and integration; ensure equity; and better outcomes.</p>	Not specified.
Quality and Outcomes Framework (QOF) <sup>22</sup>	<ul style="list-style-type: none"> <li>- Clinical: consists of 59 indicators across 21 clinical areas (e.g. chronic kidney disease, heart failure, hypertension) worth up to a maximum of 401 points.</li> <li>- Public health: consists of five indicators (worth up to 85 points) across three clinical areas – blood pressure 45+, obesity 18+ and smoking 15+.</li> <li>- Public health – additional services: consists of two indicators (worth up to 11 points) across one service area – cervical screening.</li> </ul>	Evaluation of performance indicators (quality measures).

	<ul style="list-style-type: none"> <li>- Public health – vaccination and immunisation: consists of four indicators (worth up to 64 points) across one service area - vaccination and immunisation</li> <li>- Quality improvement: consists of six indicators (worth up to 74 points) across two areas – optimising demand and capacity in general practice and workforce and wellbeing.</li> </ul>	
<p>Commissioning for Quality and Innovation (CQUIN)<sup>23</sup></p>	<p>17 Quality Indicators: 1. Staff flu vaccinations 2. Supporting patients to drink, eat and mobilise after surgery 3. Prompt switching of intravenous (IV) antimicrobial treatment to the oral route of administration as soon as patients meet switch criteria 4. Compliance with timed diagnostic pathways for cancer services 5. Identification and response to frailty in emergency departments 6. Timely communication of changes to medicines to community pharmacists</p> <p>via the Discharge Medicines Service</p> <p>7. Recording of and appropriate response to National Early Warning Score 2 (NEWS2) score for unplanned critical care admissions</p> <p>8. Achievement of revascularisation standards for lower limb Ischemia</p> <p>9. Achieving progress towards Hepatitis C elimination within lead Hepatitis C centres</p> <p>10. Radical treatment for patients with Stage I – II Non Small Cell Lung Cancer</p> <p>11. Achieving high quality Shared Decision Making (SDM) conversations in specific specialised pathways to support recovery</p> <p>12. Assessment and documentation of pressure ulcer</p>	<p>Achievement of specific indicators; payment linked to performance; monitoring and reporting; standardised evaluation tools; alignment with broader outcomes.</p>

	<p>risk 13. Assessment, diagnosis and treatment of lower leg wounds 14. Malnutrition screening in the community 15. Outcome measurement across specified mental health services 16. Reducing the need for the use of restrictive practices in Children and Young People's Mental Health Services (CYPMHS) inpatient settings 17. Reducing the need for the use of restrictive practices in adult and older adult inpatient settings</p>	
<p>NHS Health and Wellbeing Framework<sup>24</sup></p>	<ol style="list-style-type: none"> <li>1. Improving personal health and wellbeing: Personal health is more than the absence of dysfunction and disease. Mental and emotional health, physical health and a healthy lifestyle all contribute to an individual's health and wellbeing.</li> <li>2. Relationships: Extensive evidence shows that having good-quality relationships can help us to live longer and happier lives with fewer mental health problems. Having close, positive relationships can give us a purpose and sense of belonging.</li> <li>3. Fulfilment at work: Fulfilment at work encompasses not only the work we do on a day to day basis, but a range of themes and activities that together form a critical component of an individual's health and wellbeing.</li> </ol>	<p>Organisational diagnostic tool; communication plan; review progress and reporting to key stakeholders; evaluation of input, activities, and outcomes using an evaluation framework; surveys, interviews and focus groups to gather feedback.</p>

	<p>4. Managers and leaders: Our managers and leaders are fundamental to creating positive and healthy working environments for our diverse NHS people.</p> <p>5. Environment: A healthy workplace is one where workers and managers collaborate to continually improve the health, safety and wellbeing of all workers and by doing this, sustain the productivity of the business. Given we spend one third of our lives at work, the working environment can have a significant impact on our health and wellbeing. Getting the basics right, such as clean restrooms with locks on the toilets, proper space dedicated for lunch / breaks and access to drinking water is vitally important and should not be underestimated. Additionally, workers need a work environment in which there is not only an absence of harmful conditions that can cause injury and illness but one that supports healthy choices and offers resources to actively encourage healthy behaviour.</p> <p>6. Data insights</p> <p>7. Professional wellbeing support</p>	
<p>Integrated Care System (ICS): Design Framework<sup>25</sup></p>	<p>- Improve outcomes in population health and healthcare</p>	<p>ICS NHS bodies will have a formal role in oversight,</p>

	<ul style="list-style-type: none"> <li>- Tackle inequalities in outcomes, experience and access</li> <li>- Enhance productivity and value for money</li> <li>- Help the NHS support broader social and economic development</li> </ul>	and provide accountability and transparency.
<p>Elevating Cancer Equity Working Group Policy Change Recommendations<sup>26</sup></p>	<ul style="list-style-type: none"> <li>- Congressional recommendations: clinical trial diversity, supporting cancer prevention, supporting access to screening, supporting a diverse healthcare workforce, supporting patient navigation, and social determinants of health.</li> <li>- State and local policymaker recommendations: Medicaid expansion</li> <li>- Centers for Medicare and Medicaid Services (CMS) and commercial payer recommendations: equitable access to genetic testing and cancer reduction, addressing clinical trial participation barriers, and patient navigation.</li> <li>- Federal agency recommendations: data collection, research, cancer prevention, and patient navigation.</li> </ul>	Not specified.
<p>Aboriginal and Torres Strait Islander Cancer Plan<sup>27</sup></p>	<p>1. Enablers for real change: 1.1 Shared decision-making and partnerships at all levels of the healthcare system and Community; 1.2 Skilled and stable health workforce performing at highest scope of practice and in place proportionate to need; 1.3 Awareness, communication and coordination across the cancer continuum; 1.4</p>	<p>Co-design to ensure the translation of findings, and the evaluation of successful models of care that can be replicated. Continuous Quality Improvement (CQI) such as clinical practice audits to ensure organisations have a baseline and can set achievable screening targets. All five principles</p>

	<p>Sustainable investment in continuity of care through Aboriginal and Torres Strait Islander community-controlled primary health care services with streamlined funding and reporting processes to reduce inequities; 1.5 Aboriginal and Torres Strait Islander peoples are advocates in their health journey.</p> <p>2. Cancer prevention: 2.1 ‘Whole-of-community’, culturally informed, place-based health promotion to change the cancer narrative, raise awareness and create supports for the Community; 2.2 Environmental and individual factors increasing cancer risk are widely known and addressed.</p> <p>3. Timely cancer screening and early diagnosis: 3.1 High participation rates in cancer screening programs; 3.2 Emerging cancer screening technologies are universally accessible once proven; 3.3 Prompt investigation in a supportive patient-led clinical environment of any sign or symptom suspicious of cancer.</p> <p>4. Improving the health system at all stages of individual cancer journeys: 4.1 Continuity of care based on high-trust relationships in primary care as first point of entry to the rest of the health system; 4.2 Culturally</p>	<p>of the Maiam Nayri Wingara Indigenous Data Sovereignty Collective<sup>18</sup> should be operationalised.; Monitoring success in cancer outcomes requires more than quantitative data. A complete picture of cancer in any context must combine quantitative and qualitative insights, acknowledging the vital importance of shared stories and lived experience. This includes asking and listening to the perspectives and knowledge of the Aboriginal and Torres Strait Islander workforce who support Aboriginal and Torres Strait Islander peoples on their cancer journeys. Therapeutic yarning circles led by Aboriginal and Torres Strait Islander peoples with lived experience should be supported.; Policy, program, and service approaches that recognise and respond to the characteristics of the Community in which they operate. For place-based approaches to be successful, the Community and its needs must be at the centre of development and its priorities respected. This includes planning, selecting, designing and</p>
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	<p>safe mainstream services;</p> <p>4.3 Meaningful rapport and relationships between Community members and treating teams to achieve integration and coordination of care; 4.4 Holistic approach to navigating cancer services and wrap around care; 4.5 Support for individuals, their carers and treating teams in their Communities, including peer support and psycho-oncology; 4.6 Palliative care.</p> <p>5. Culturally informed evidence base: 5.1 Indigenous Data Sovereignty and timely data sharing across sectors; 5.2 Indigenist research and evaluation methods; 5.3 Sharing stories of lived experience; 5.4 Information systems strengthened, including Patient Information Management Systems, and users supported to access data to identify Community needs; 5.5 Safe and relevant cancer clinical trials with high participation rates of Aboriginal and Torres Strait Islander peoples.</p>	<p>governing physical and social infrastructure, as well as for the facilities and services themselves.</p>
<p>Plan, Do, Check, Act (PDCA)<sup>28</sup></p>	<p>Plan — determine goals for a process and needed changes to achieve them.</p> <p>Do — implement the changes.</p> <p>Check — evaluate the results in terms of performance.</p>	<p>Check (evaluate) and act (adjust) phases evaluate success.</p>

	Act — standardize and stabilize the change or begin the cycle again, depending on the results.	
A Framework for Cancer Surveillance in Japan <sup>29</sup>	<ol style="list-style-type: none"> <li>1. Legislative authority: the official approval process for cancer registration.</li> <li>2. Data content and format.</li> <li>3. Data completeness</li> <li>4. Data timeliness</li> <li>5. Data quality</li> <li>6. Follow-up: Cancer registry must follow-up registered cases.</li> <li>7. Annual reporting: Cancer registry must issue annual reports.</li> <li>8. Data use: Cancer registry data can be used for research purposes.</li> </ol>	Not specified.
Common Scientific Outline <sup>30</sup>	<ol style="list-style-type: none"> <li>1. Biology: Research included in this category looks at the biology of how cancer starts and progresses as well as normal biology relevant to these processes.</li> <li>2. Research included in this category aims to identify the causes or origins of cancer - genetic, environmental, and lifestyle, and the interactions between these factors.</li> <li>3. Prevention: Research included in this category looks at identifying individual and population-based primary prevention interventions, which reduce cancer risk by reducing exposure to cancer risks and increasing protective factors.</li> <li>4. Early Detection, Diagnosis, and Prognosis: Research</li> </ol>	Not specified.

	<p>included in this category focuses on identifying and testing cancer markers, imaging and other methods that are helpful in detecting and/or diagnosing cancer as well as predicting the outcome or chance of recurrence or to support treatment decision making in stratified/personalised medicine.</p> <p>5. Treatment: Research included in this category focuses on identifying and testing treatments administered locally (such as radiotherapy and surgery) and systemically (treatments like chemotherapy which are administered throughout the body) as well as non-traditional (complementary/alternative) treatments (such as supplements, herbs). Research into the prevention of recurrence and treatment of metastases are also included here.</p> <p>6. Cancer Control, Survivorship, and Outcomes Research: Research included in this category includes a broad range of areas: patient care and pain management; tracking cancer cases in the population; beliefs and attitudes that affect behavior regarding cancer control; ethics; education and communication</p>	
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	<p>approaches for patients, family/caregivers, and health care professionals; supportive and end-of-life care; and health care delivery in terms of quality and cost effectiveness.</p>	
<p>European Code Against Cancer<sup>31</sup></p>	<ol style="list-style-type: none"> <li>1. Smoking: Do not smoke: Do not use any form of tobacco.</li> <li>2. Make your home smoke free: Support smoke-free policies in your workplace.</li> <li>3. Take action to be a healthy body weight.</li> <li>4. Be physically active in everyday life and limit the time you spend sitting.</li> <li>5. Have a healthy diet: Eat plenty of whole grains, pulses, vegetables and fruits; Limit high-calorie foods (foods high in sugar or fat) and avoid sugary drinks; Avoid processed meat; limit red meat and foods high in salt.</li> <li>6. If you drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention.</li> <li>7. Avoid too much sun, especially for children. Use sun protection. Do not use sunbeds.</li> <li>8. In the workplace, protect yourself against cancer-causing substances by following health and safety instructions.</li> <li>9. Find out if you are exposed to radiation from naturally high radon levels in your home; take action to reduce high radon levels.</li> </ol>	<p>Not specified.</p>

	<p>10. For women: breastfeeding reduces the mother's cancer risk. If you can, breastfeed your baby; Hormone replacement therapy (HRT) increases the risk of certain cancers. Limit use of HRT.</p> <p>11. Ensure your children take part in vaccination programmes for: Hepatitis B (for newborns); Human papillomavirus (HPV) (for girls).</p> <p>12. Take part in organised cancer screening programmes for: Bowel cancer (men and women), Breast cancer (women), and Cervical cancer (women).</p>	
<p>National preventive health monitoring dashboard<sup>32</sup></p>	<ul style="list-style-type: none"> <li>- 4 Overall Aims: Aim 1: All Australians have the best start in life. Aim 2: All Australians live in good health and wellbeing for as long as possible. Aim 3: Health equity is achieved for priority populations. Aim 4: Investment in prevention is increased</li> <li>- 7 Focus areas: 1. Reducing tobacco use and nicotine addiction 2. Improving access to, and the consumption of a healthy diet 3. Increasing physical activity 4. Increasing cancer screening and prevention 5. Improving immunisation coverage 6. Reducing alcohol and other drug harm 7. Promoting and protecting mental health</li> <li>- Focus area 4: Increasing cancer screening and prevention has 4 Targets 1. Increase participation</li> </ul>	<p>The Aims and Focus Area sections use the latest available data to track the progress of the targets in the National Preventive Health Strategy (NPHS) and the National Obesity Strategy (NOS).</p>

	<p>rates for bowel cancer screening (to at least 53%) by 2025 2. Increase participation rates for breast cancer screening (to at least 65%) by 2025 3. Increase participation rates for cervical screening (to at least 70%)<sup>7</sup> by 2025 4. Eliminate cervical cancer as a public health issue in Australia by 2035.</p>	
<p>National Strategic Framework for Chronic Conditions: reporting framework<sup>33</sup></p>	<p>Objective 1: Focus on prevention for a healthier Australia</p> <p>Objective 2: Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life</p> <p>Objective 3: Target priority populations</p>	<p>Objective 1: Success Statement (SS)1 The proportion of Australians living with preventable chronic conditions or associated risk factors is reduced; SS2 Australia meets the voluntary global targets outlined in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020; SS3 Australians with chronic conditions, or associated risk factors, develop them later in life and receive timely interventions to achieve optimal health outcomes. Objective 2: SS1 Australians with chronic conditions receive coordinated, person-centred and appropriate care; SS2 Australians experience fewer complications, multimorbidities or disabilities associated with chronic conditions; SS3 Fewer Australians die prematurely due to</p>

		<p>specific chronic conditions. Objective 3: SS1 Priority populations have reduced risk of developing chronic conditions; SS2 Priority populations experience fewer complications or multimorbidities associated with chronic conditions; SS3 Aboriginal and Torres Strait Islander people have reduced risk of developing chronic conditions and those with chronic conditions have an improved life expectancy.</p>
<p>National Clinical Framework: A Learning Health and Care System<sup>34</sup></p>	<ul style="list-style-type: none"> <li>- Future Clinical Model: Population Health; quality and safety; pathways; prudent and value based healthcare; and outcome measures.</li> <li>- The enablers: clinical networks; national programmes; workforce strategy; and digital strategy.</li> </ul>	<p>Outcome measures: National action - Enable the development of Patient Reported Outcome Measures (PROMs) capability and capacity; local system action - Make greater use of PROMs in planning and managing pathways; professional action - Use PROMs where available to guide patient management.</p>
<p>Framework for Intergenerational Fairness<sup>35</sup></p>	<ul style="list-style-type: none"> <li>- Diagnostics: stage captures key information about the policy, scans for ways the policy may be unfair and builds a timeline of short, medium and long-term issues, identifying those which require further analysis. In some cases, the assessment can stop here.</li> <li>- Impacts: stage dives deep into the toughest questions, using available qualitative and</li> </ul>	<p>Conclusion Stage: gather report inputs; refine messaging; prepare impacts timeline; plan next steps; record input.</p>

	<p>quantitative data, expert modelling or participative sessions to explore chains of intended and unintended impacts on generations over time.</p> <ul style="list-style-type: none"> <li>- Scenarios: stage test the assessment against alternative scenarios describing what might happen, ensuring the recommendations are robust in an uncertain environment.</li> <li>- Process: stage examines how the policy was designed and/or enacted. Were intergenerational issues considered? Diverse perspectives actively sought? Did the process itself create unfairness?</li> <li>- Conclusions: stage summarises the findings and recommendations for further communication.</li> </ul>	
<p>The First Nations Principles of Ownership Control Access Possession (OCAP)<sup>36</sup></p>	<ul style="list-style-type: none"> <li>- Ownership: refers to the relationship of First Nations to their cultural knowledge, data, and information. This principle states that a community or group owns information collectively in the same way that an individual owns his or her personal information.</li> <li>- Control: affirms that First Nations, their communities, and representative bodies are within their rights to seek control over all aspects of research and information management processes that impact them. First Nations control of research can include all stages of a particular research project-from start to finish. The principle extends to the control of</li> </ul>	<p>The right of First Nations communities to own, control, access, and possess information about their community is fundamentally tied to their inherent rights. Along with a strong information governance framework, Ownership, Control, Access, and Possession (OCAP) is a tool First Nations can use to assert data sovereignty.</p>

	<p>resources and review processes, the planning process, management of the information and so on.</p> <ul style="list-style-type: none"> <li>- Access: refers to the fact that First Nations must have access to information and data about themselves and their communities regardless of where it is held. The principle of access also refers to the right of First Nations’ communities and organizations to manage and make decisions regarding access to their collective information. This may be achieved, in practice, through standardized, formal protocols.</li> <li>- Possession: While ownership identifies the relationship between a people and their information in principle, possession or stewardship is more concrete: it refers to the physical control of data. Possession is the mechanism by which ownership can be asserted and protected.</li> </ul>	
<p>A First Nations Data Governance Strategy<sup>37</sup></p>	<ol style="list-style-type: none"> <li>1. First Nations Data Governance</li> <li>2. First Nations Digital Infrastructure and Human Resources</li> <li>3. Rights Holders Relationship Management</li> <li>4. First Nations Data Access and Repatriation</li> <li>5. First Nations Data Collection, Discovery, and Gap Bridging</li> <li>6. First Nations Data Standards and Intergovernmental Interoperability</li> </ol>	<p>Success will be evaluated through multi-year action plans with clear priorities, timelines, and performance indicators, tracked via secure dashboards and annual reports. First Nations-led reviews will guide continuous improvement. Accountability is shared between FNIGC partners, First Nations governments, and federal partners.</p>

	<p>7. First Nations Data Management</p> <p>8. First Nations Data Trust, Ethics, and Ownership, Control, Access and Possession (OCAP) Implementation</p> <p>9. Data Relationship Management with Other Levels of Governments and Partners</p>	
<p>Framework for Provision of Pain Services for Adults Across the UK with Cancer or Life-limiting Disease<sup>38</sup></p>	<ul style="list-style-type: none"> <li>- Level 1: Healthcare group - All health care professionals; Assessment - Recognition of pain and Screening for pain; Intervention - Effective information giving and compassionate support, Referral to oncology or palliative care professional, and Initiation of conventional analgesia</li> <li>- Level 2: Healthcare Group - All oncology and palliative care physicians and advanced practitioners; Assessment - Assessment of pain, and Diagnosis of pain disorder; Intervention - Management and titration of conventional analgesia, Support for self-management, and Referral to Specialist Pain Management as required.</li> <li>- Level 3: Healthcare Group - Linked Palliative care and Specialist Pain Management in secondary care settings; Assessment - Diagnosis of complex pain syndromes; Intervention - Management of complex analgesic combinations, including high dose opioids, Interventional procedures of varying</li> </ul>	<p>Not specified.</p>

	<p>complexity depending on local skills and resources, Support for self-management, and Referral to Adult Highly Specialist, and Pain Management as required.</p> <ul style="list-style-type: none"> <li>- Level 4: Healthcare Group - Adult Highly Specialist Pain Management in tertiary care settings; Assessment - Diagnosis of complex pain syndromes; Intervention - Interventional procedures not available at local Level 3 and including some more complex procedures (e.g. implanted intrathecal drug delivery systems, cordotomy and other neurolytic procedures), Rehabilitative programmes, and Managing distress or other behaviours related to poorly controlled medication use.</li> </ul>	
<p>European Cancer Inequalities Registry (ECIR) Framework<sup>39</sup></p>	<ul style="list-style-type: none"> <li>- Thematic: prevention, early detection, diagnosis and treatment, quality of life, and cancer burden.</li> <li>- Inequalities: country, sex, education, income, urbanisation, age, employment status, and disability.</li> </ul>	<p>Not specified.</p>
<p>The health equity measurement framework: a comprehensive model to measure social inequities in health<sup>40</sup></p>	<ol style="list-style-type: none"> <li>1. Socioeconomic, cultural and political context</li> <li>2. Social stratification process</li> <li>3. Social location</li> <li>4. Material circumstances</li> <li>5. Social circumstances</li> <li>6. Biology</li> <li>7. Environment</li> <li>8. Health-related Behaviours</li> <li>9. Health beliefs</li> <li>10. Pre-existing health state</li> <li>11. Psychosocial stressors</li> <li>12. Psychosocial stressors</li> <li>13. Stress response</li> </ol>	<p>Professional evaluation e.g. health outcomes can be evaluated by the successful removal of cancer. Perceived evaluation e.g. a patient reported outcomes measure such as using quality of life instruments.</p>

	<p>14. Health state</p> <p>15. Need</p> <p>16. Health policy context</p> <p>17. Availability of health-promoting</p> <p>18. Acceptability, appropriateness, safety, effectiveness, and continuity</p> <p>19. Accessibility</p> <p>20. Utilisation of health-promoting resources</p> <p>21. Health outcome</p>	
<p>Making Life Better: A Whole System Strategic Framework for Public Health<sup>41</sup></p>	<ol style="list-style-type: none"> <li>1. Giving Every Child the Best Start</li> <li>2. Equipped Throughout Life</li> <li>3. Empowering Healthy Living</li> <li>4. Creating the Conditions</li> <li>5. Empowering Communities</li> <li>6. Developing Collaboration</li> </ol>	<p>Monitoring framework; funding; and early action.</p>
<p>A health equity framework to support the next generation of cancer population simulation models<sup>42</sup></p>	<ul style="list-style-type: none"> <li>- Individual racism: intrapersonal and interpersonal racism.</li> <li>- Structural racism: economic and social policy (e.g. education, occupation, living and working conditions, environmental pollution, and residential segregation; health-care policy).</li> <li>- Attitudes, behaviours, stress, mood: screening use, smoking, physical activity, diet, sleep, substance use, and intergenerational trauma.</li> <li>- Physiological systems: organ, cellular, molecular and genomic changes.</li> <li>- Cancer incidence, mortality and comorbidity.</li> </ul>	<p>Using multiple national data sources to evaluate the relative contributions of prevention, preclinical and clinical detection, treatment, and survivorship to mortality differences between the overall population and self-identified Black persons.</p>
<p>Cancer in the UK 2025 - socioeconomic deprivation<sup>43</sup></p>	<ul style="list-style-type: none"> <li>- Prevention: smoking prevalence and obesity rates.</li> </ul>	<p>Using results from the data collected and comparing it to the previous results to see</p>

	<ul style="list-style-type: none"> <li>- Screening: low participation in socioeconomically deprived areas.</li> <li>- Earlier diagnosis: People living in more deprived areas are more likely to be diagnosed following an emergency presentation or at a late stage for some cancer sites. People from more deprived areas are less likely to recognise potential cancer symptoms and more likely to report barriers to help-seeking.</li> <li>- Cancer services and treatment: Patients in more deprived areas are more likely to have to wait too long for treatment and receive different treatment at the same stage of diagnosis.</li> </ul>	<p>whether there has been any progress.</p>
<p>Our Cancer and Health Inequalities Strategy 2025-2030<sup>44</sup></p>	<p>Focus area 1: Deepening understanding of cancer and health inequalities and what works to tackle them. Including evidence synthesis, analysis of existing data and primary research.</p> <p>Focus area 2: Driving impact through influence: influencing policymakers and clinical practice, and engaging the public and patients, to improve cancer outcomes.</p> <p>Focus area 3: Engaging and informing the public in ways that are inclusive, relevant and accessible: deliver a range of cancer and health information for people affected by cancer and the wider public.</p>	<p>Monitoring progress using available data and evidence.</p>
<p>National Cancer Data Framework<sup>45</sup></p>	<p>1. A mature performance reporting system: Transparent reporting of cancer control indicators will drive improvements in</p>	<p>Four enablers - 1. cultural change: A shift in the culture surrounding data use and management is essential to success.</p>

	<p>prevention, screening, diagnosis, treatment and care. Australia's capacity to use data to reduce the incidence of cancer and improve survival from cancer is reliant on public trust that data are collected, stored and used safely.</p> <p>2. Sustainable and fit-for-purpose data system: Foster a sustainable and fit-for-purpose data system that enables the timely collection of health and population data inclusive of cancer and non-cancer data, collected across the ecosystem using nationally consistent standards to facilitate system interoperability and greater information exchange across the continuum of care and across jurisdictions.</p> <p>3. User-centred, integrated and accessible data: Deliver a user-centred, integrated and accessible data system through the timely, streamlined and safe promotion of trusted, transparent, and advanced data-sharing arrangements with systems at national and jurisdictional levels.</p>	<p>Viewing cancer data as an asset to leverage for improved cancer control requires transparent communication and public trust. Clinicians and stakeholders across public and private sectors need to understand and adopt efficient governance practices and structured reporting. Education and training programs empower effective data use, promoting a culture of data sharing and collaboration. This cultural shift ensures high-quality data collection and utilisation.</p> <p>2. Technology and Innovation: Technology and innovation are critical to enhancing how data is captured, stored, analysed, reported and shared across the system. There are opportunities to capitalise on the evolving nature of AI and natural processing technologies, while also considering the associated risks. A harmonised approach leverages expanding technologies to align system processes across jurisdictions and the cancer control continuum. This enables timely data monitoring and automation, driving more efficient service delivery, clinical care, and</p>
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		<p>research. Technology has the potential to transform cancer data, but ensuring data security is maintained will be critical for ongoing use. 3. Data workforce capacity and capability: A skilled and capable data workforce is necessary to maximise the use of cancer data. This includes roles in data collection (including at point of care), governance, and analysis. Encouraging skill pooling across content areas overcomes the current siloing of data skills across teams, fostering an integrated workforce. Enhanced capacity ensures high-quality data management and analysis, providing the insights needed to inform practice and policy, thereby improving diagnosis, treatment, health service delivery and care. 4. Effective and efficient governance: Effective data governance and management ensures efficient, safe, and appropriate data use. An overarching governance framework standardises principles for data management, accreditation, and use across jurisdictions. Embedding accountability and monitoring the system's effectiveness enhances access. This</p>
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		drives improvements, supporting the creation of a sustainable data ecosystem that informs service delivery and clinical care, leading to better cancer outcomes. Incorporation of IDS principles ensures Aboriginal and Torres Strait Islander people control the collection, use and storage of data about their communities.
Australian Cancer Plan: Monitoring and Evaluation Framework <sup>46</sup>	<p>Six Strategic Objectives:</p> <ol style="list-style-type: none"> <li>1. Maximising Cancer Prevention and Early Detection</li> <li>2. Enhanced Consumer Experience</li> <li>3. World Class Health Systems for Optimal Care</li> <li>4. Strong and Dynamic Foundations</li> <li>5. Workforce to Transform the Delivery of Cancer Care</li> <li>6. Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People</li> </ol>	<p>Implementation: extent of plan implementation; factors hindering or enabling the implementation of actions; and extent the actions need to be adapted/changes.</p> <p>Effectiveness: extent the actions meet the stated objectives/contribute to the intended outcomes; factors hindering or enabling achievement of plan's objectives/contribution to intended outcomes; unintended consequences positive or negative; risks arising to achievement of objectives/contribution to intended outcomes; and evidence to indicate improvements in relation to goals and strategic objectives.</p>
Advancing Health Equity Through Cancer	- Conduct dedicated training for staff	The success of these recommendations and this work overall is

<p>Information and Support Services<sup>47</sup></p>	<ul style="list-style-type: none"> <li>- Evaluate internal capacity to conduct meaningful engagement with communities</li> <li>- Prepare for meaningful engagement with communities</li> <li>- Engage and co-design with communities to validate needs, opportunities, and tactics</li> <li>- Co-create an evaluation framework to monitor the impact of information and supports</li> </ul>	<p>dependent on leadership at the highest level in organizations to champion this work and create accountabilities throughout the organisation. Additionally, the scope of the barriers faced by communities that are underserved are vast and organizations will need to work together to address the issues.</p>
<p>Aboriginal and Torres Strait Islander Health Performance Framework - Summary report<sup>48</sup></p>	<p>Tier 1 – Health status and outcomes</p> <p>Tier 2 – Determinants of health</p> <p>Tier 3: Health system performance</p>	<p>The report monitors and describes success and progress against indicators.</p>
<p>National Strategic Framework for Chronic Conditions<sup>49</sup></p>	<p>Objective 1: Focus on prevention for a healthier Australia</p> <p>Objective 2: Provide efficient, effective and appropriate care to support people with chronic conditions to optimise quality of life</p> <p>Objective 3: Target priority populations</p>	<p>Objective 1: Success Statement (SS)1 The proportion of Australians living with preventable chronic conditions or associated risk factors is reduced; SS2 Australia meets the voluntary global targets outlined in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020; SS3 Australians with chronic conditions, or associated risk factors, develop them later in life and receive timely interventions to achieve optimal health outcomes. Objective 2: SS1 Australians with chronic conditions receive coordinated, person-centred and appropriate care; SS2 Australians</p>

		<p>experience fewer complications, multimorbidities or disabilities associated with chronic conditions; SS3 Fewer Australians die prematurely due to specific chronic conditions. Objective 3: SS1 Priority populations have reduced risk of developing chronic conditions; SS2 Priority populations experience fewer complications or multimorbidities associated with chronic conditions; SS3 Aboriginal and Torres Strait Islander people have reduced risk of developing chronic conditions and those with chronic conditions have an improved life expectancy.</p>
<p>National Aboriginal and Torres Strait Islander Health Plan 2021–2031<sup>50</sup></p>	<ul style="list-style-type: none"> <li>- Enablers for Change: 1. Genuine shared decision making and partnerships; 2. Aboriginal and Torres Strait Islander community controlled comprehensive primary health care; 3. Workforce</li> <li>- Focusing on prevention: 4. Health promotion; 5. Early intervention; 6. Social and emotional wellbeing and trauma-aware, healing-informed approaches; 7. Healthy environments, sustainability and preparedness.</li> <li>- Improving the health system: 8. Identify and eliminate racism; 9. Access to person-centred and</li> </ul>	<p>Successful implementation of the Health Plan is closely linked to progress against the National Agreement on Closing the Gap Priority Reforms and socio-economic targets.; The National Agreement is also a key policy and accountability mechanism. It monitors progress on a number of targets for improving outcomes for Aboriginal and Torres Strait Islander people.; The Indigenous Evaluation Strategy is a principles-based</p>

	<p>family-centred care; 10. Mental health and suicide prevention</p> <ul style="list-style-type: none"> <li>- Culturally informed evidence base: 11. Culturally informed and evidence-based evaluation, research and practice; 12. Shared access to data and information at a regional level</li> </ul>	<p>framework for government agencies. It is useful when selecting, planning, conducting and using evaluations of policies and programs that affect Aboriginal and Torres Strait Islander people.</p>
<p>Population Based Screening Framework<sup>51</sup></p>	<p>Principle 1. National Policy and Protocols Framework</p> <p>Principle 2. Program Planning and Design</p> <p>Principle 3. Quality Management Plan</p> <p>Principle 4. Governance and Management</p> <p>Principle 5. Monitoring, Evaluation and Review</p>	<p>The Framework outlines a structured approach to monitoring and evaluation, with measurable indicators, consistent data collection, and regular public reporting. Success is assessed through alignment with quality management, comparability over time, and clear triggers for program review.</p>
<p>AACR Cancer Disparities Progress Report 2024<sup>52</sup></p>	<ol style="list-style-type: none"> <li>1. Provide robust, sustained, and predictable funding increases for the US federal agencies and programs that are tasked with reducing cancer disparities.</li> <li>2. Support data collection initiatives to reduce cancer disparities.</li> <li>3. Increase access and participation in clinical trials.</li> <li>4. Prioritise cancer control initiatives and increase screening for early detection and prevention.</li> <li>5. Implement policies to ensure equitable patient care.</li> <li>6. Reduce cancer disparities by building a more diverse and inclusive cancer</li> </ol>	<p>Not specified.</p>

	<p>research and care workforce.</p> <p>7. Enact comprehensive legislation to eliminate health inequities.</p>	
<p>Understanding the process to develop a Model of Care: An ACI Framework<sup>53</sup></p>	<ul style="list-style-type: none"> <li>- Phase 1: Project Initiation <ol style="list-style-type: none"> <li>1. Issue or opportunity identification</li> <li>2. Create the initial high level case for change</li> <li>3. Develop a project aim, objectives and scope</li> <li>4. Generate sponsorship and engagement</li> <li>5. Develop a project governance structure</li> <li>6 Project management</li> </ol> </li> <li>- Phase 2: Diagnostic <ol style="list-style-type: none"> <li>1. Define the problem</li> <li>2. Understand the ‘as is’</li> <li>3. Establish data and information sources</li> <li>4. Literature review of evidence based practice and innovation</li> <li>5. Finalise the case for change</li> <li>6. Identification and prioritisation of issues</li> </ol> </li> <li>- Phase 3: Solution Design <ol style="list-style-type: none"> <li>1. Develop a vision for what services should look like</li> <li>2. Overview of the solution design phase</li> <li>3. Current and future context</li> <li>4. Designing solutions</li> <li>5. Prioritising solutions</li> <li>6. Testing the solutions</li> <li>7. Develop an evaluation framework</li> <li>8. Develop and document the Model of Care (MoC)</li> <li>9. Seek endorsement of the MoC from appropriate stakeholders and sponsors</li> <li>10. Plan for disinvestment</li> </ol> </li> <li>- Phase 4: Implementation <ol style="list-style-type: none"> <li>1. Define the change</li> <li>2. Self assessment/gap analysis</li> <li>3. Develop the business case and</li> </ol> </li> </ul>	<p>Solution Phase: develop an evaluation framework to assess effectiveness of the proposed MoC &amp; document the MoC and seek endorsement from stakeholders.</p> <p>Sustainability Phase: Conduct ongoing monitoring and review to optimize the MoC &amp; perform a final evaluation to assess the overall impact and effectiveness.</p>

	<p>seek endorsement 4. Generate sponsorship for implementation and governance structure 5. Build frontline capacity and engagement 6. Communications plan 7. Implementation plans/reinforcement strategies</p> <ul style="list-style-type: none"> <li>- Phase 5: Sustainability 1. Ongoing monitoring, continuing local focus and accountability</li> <li>2. Review and optimise the MoC</li> <li>3. Final evaluation 4. Knowledge management</li> </ul>	
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Table 1c provides details of the policy responses and indicates whether each framework includes guidance on evaluating its success.

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