

# Australian Cancer Plan 2-year evaluation report

August 2026



**Australian Government**

**Cancer Australia**

# Statement of Acknowledgement

Cancer Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of Country throughout Australia. We pay our respects to Elders, past and present.

We celebrate the ongoing connections of Aboriginal and Torres Strait Islander peoples to Country, culture, community, family and tradition and recognise these as integral to health, healing and wellbeing.

Cancer Australia acknowledges great diversity among Aboriginal and Torres Strait Islander peoples, and the contribution of the many voices, knowledge systems and experiences that guide all efforts to create a culturally safe and responsive cancer system that is equitable to all.

## About this report

The Australian Cancer Plan 2-year evaluation report is available online at [www.australiancancerplan.gov.au/measuring-success](http://www.australiancancerplan.gov.au/measuring-success).

### Contact us

If you have any queries about this report, please contact:

Adam Lambert

Branch Head, Research, Data and Engagement, Cancer Australia

Internet: [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au)

Email: [enquiries@canceraustralia.gov.au](mailto:enquiries@canceraustralia.gov.au)

Freecall: 1800 624 973, +61 2 9357 9400

ABN: 21 075 951 918

Online ISBN: 978-1-74127-032-7

## Copyright statements

### Internet sites

© Cancer Australia 2026

This work is copyright. You may download, display, print and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the Copyright Act 1968 or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from Cancer Australia to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Publications and Copyright contact officer, Cancer Australia, Locked Bag 3, Strawberry Hills NSW 2012.

All information on this publication is correct as of 01 September 2026

# Table of Contents

|                                                                   |    |
|-------------------------------------------------------------------|----|
| Executive Summary.....                                            | 4  |
| Acknowledgements.....                                             | 9  |
| 1. Introduction .....                                             | 11 |
| 1.1 About this report.....                                        | 11 |
| 1.2 The Australian Cancer Plan .....                              | 12 |
| 1.3 Monitoring and Evaluation Framework.....                      | 13 |
| 1.4 Purpose and scope .....                                       | 13 |
| 1.5 Governance and oversight.....                                 | 14 |
| 2. Background.....                                                | 15 |
| 2.1 Development and launch of the Plan .....                      | 15 |
| 2.2 Cancer Australia appropriation .....                          | 16 |
| 2.3 Policy and health system context .....                        | 17 |
| 3. Evaluation approach.....                                       | 23 |
| 3.1 Approach .....                                                | 23 |
| 3.2 Data sources and methods .....                                | 24 |
| 3.3 Data analysis.....                                            | 27 |
| 3.4 Key Evaluation Questions.....                                 | 29 |
| 4. Evaluation findings .....                                      | 30 |
| 4.1 Evaluation participants .....                                 | 30 |
| 4.2 Implementation progress .....                                 | 33 |
| 4.3 Influence and early effects .....                             | 47 |
| 4.4 Implementation barriers and enablers.....                     | 54 |
| 4.5 Risks and unintended consequences .....                       | 62 |
| 4.6 Future opportunities .....                                    | 66 |
| 5. Discussion .....                                               | 79 |
| 5.1 Findings in context.....                                      | 79 |
| 5.2 Progress and implications for 5- and 10-year goals.....       | 80 |
| 5.3 Opportunities to strengthen implementation and delivery ..... | 81 |
| 5.4 Coordination, leadership, and resourcing.....                 | 82 |
| 5.5 Methodological considerations and limitations.....            | 84 |
| 6. Conclusion.....                                                | 85 |
| 7. Appendices .....                                               | 87 |

# Executive Summary

## About the evaluation

The 2-year evaluation provides an early assessment of implementation and progress of the Australian Cancer Plan (the Plan), and will inform continuous improvement, support collective accountability and guide priorities to strengthen delivery over the next phase.

At the 2-year point, findings primarily reflect early implementation and system-level change. Given the complexity of the cancer control environment and the timeframe required to achieve impact since the Plan was launched, results are framed in terms of influence, alignment and early effects rather than direct health outcomes.

Guided by the Australian Cancer Plan Monitoring and Evaluation Framework, the evaluation was led by Cancer Australia using a hybrid model that included an independent external evaluation team from the University of Melbourne to provide evaluation expertise. Governance arrangements included an Australian Cancer Plan 2-year Evaluation Expert Advisory Group, and oversight through existing Cancer Australia advisory structures, supporting methodological rigour, transparency and sector confidence.

Information to inform the evaluation was gathered from multiple data sources including implementation documentation and monitoring data, an online stakeholder survey, and targeted stakeholder consultations conducted from February - March 2026. Findings were analysed to identify consistent themes across stakeholder perspectives and data sources, while acknowledging variation in experience across stakeholder groups.

Stakeholder engagement to inform the evaluation included 82 unique stakeholders across 39 consultation sessions and 57 survey responses, including governments, the cancer control sector, Aboriginal and Torres Strait Islander stakeholders and consumers.

## Overview of key findings from the 2-year evaluation

The evaluation found that substantial implementation activity is underway and that the Plan is performing broadly as intended at this early stage of a deliberately ambitious 10-year reform agenda. Progress is characterised by strong sector engagement and support for the Plan, increasing alignment of sector activities to the Plan's priorities, and the establishment of enabling infrastructure to support longer-term system change and intended outcomes.

Cancer Australia's leadership as the national cancer control agency is viewed as a key strength to facilitate stakeholder engagement, coordination, and development of national frameworks.

A distributed implementation model has been established, based on shared responsibility across governments, the cancer sector, and implementation partners. Governance and coordination mechanisms — including 36+ Implementation Partnerships (as of June 2026), advisory structures and engagement processes — are supporting collaboration, although many are still maturing.

A major achievement is the establishment of national frameworks and system-enabling initiatives across key priority areas, supporting consistent implementation, strengthening accountability and enabling coordinated action across the cancer control system. This includes the National Optimal Care Pathways Framework (October 2024), the National Framework for Genomics in Cancer Control (February 2025), the National Cancer Data Framework (November 2025) and the Australian Comprehensive Cancer Network (launched May 2024, now with over 1,520 members).

The endorsement of the National Optimal Care Pathways Framework and National Cancer Data Framework by states and territories is a significant marker of collective ownership and intergovernmental alignment. The Plan has also strengthened national alignment and policy coherence while maintaining flexibility for local implementation within Australia's federated system. The establishment of the National Framework for Genomics in Cancer Control demonstrates the value of this approach, with equity embedded as a central system priority.

In parallel, Aboriginal and Torres Strait Islander-led initiatives under the Improving First Nations Cancer Outcomes program have strengthened Aboriginal and Torres Strait Islander leadership, collaboration and action across the cancer control sector. Together, these initiatives provide the foundational infrastructure needed to support implementation over the life of the Plan.

At least 333 initiatives are underway across the sector, demonstrating progress towards the Plan's 2- and 5-year goals and actions across all six Strategic Objectives. Activity is strongest in prevention and early detection, consumer experience, and system foundations, reflecting the Plan's early emphasis on establishing frameworks and enabling infrastructure. Workforce and Aboriginal and Torres Strait Islander equity demonstrate important early progress but require further scaling and sustained effort.

At the system level, the Plan is functioning as a unifying national framework, strengthening alignment between jurisdictions and sectors, shaping policy priorities, and supporting collaboration. It is also influencing organisational strategies, funding bids, and planning processes, with alignment to the Plan increasingly seen as a marker of credibility and strategic relevance. Australia's collaborative implementation approach has been recognised by the Union for International Cancer Control as an example of international good practice in fostering collective ownership across the cancer sector.

The elevation of equity represents the most consistent and significant finding. The Plan has moved equity — particularly Aboriginal and Torres Strait Islander cancer outcomes — from a principle dependent on individual leadership to a shared system-wide priority. This shift is evident in policy, funding, workforce development and service planning, supported by Indigenous-led initiatives and partnerships. Stakeholders reflected the importance of ensuring continued support to sustain and grow Indigenous-led initiatives and partnerships established under the Plan.

National policy infrastructure is now in place across several priority areas, providing a platform for more consistent, coordinated and evidence-based cancer control over time. The development of these foundational frameworks demonstrates the Plan's ability to harness sector engagement and translate shared priorities into practical national policy infrastructure.

Changes at the service and patient level are less visible at this stage. Consumers reported limited awareness of the Plan and limited observable change in direct care experiences. A lag between system-level reform and improvements in frontline delivery and outcomes, is to be reasonably expected at this stage of a 10-year reform agenda, where system-level foundations typically precede measurable frontline change. This is an issue warranting attention as the Plan moves toward its 5-year mark, when service-level change and outcomes should become more evident.

## Priorities for strengthening implementation over the remaining life of the Australian Cancer Plan, in support of the 5- and 10-year goals

The evaluation found the Plan's strategic direction remains appropriate and well-supported. Stakeholders indicated that the Plan does not require fundamental redesign. The next phase should focus on strengthening implementation, capability and accountability to translate early foundations into measurable progress toward the 5- and 10-year goals.

While there is strong support for the Plan, stakeholders consistently identified limited funding, workforce pressures, data challenges and governance complexities as barriers to progress. A deliberate shift is needed from establishing broad strategic directions to prioritising and resourcing delivery on the ground, with clear measures of success.

There is an opportunity to sharpen implementation focus by prioritising high-impact actions and strengthening coordinated delivery across governments and implementation partners. Greater clarity of roles, responsibilities and accountability, supported by Cancer Australia's ongoing leadership, would strengthen coordination across the cancer control sector.

While acknowledging the fundamental complexity of Australia's federated system, there would be benefit in further engagement between the Commonwealth, state and territory governments, sector partners and the broader cancer control sector. Stakeholders also highlighted the importance of ongoing consumer engagement to increase visibility of the Plan and ensure lived experience continues to inform implementation and future evaluation.

With continued leadership by Cancer Australia, coordinated implementation has the potential to reduce duplication and fragmentation and address gaps in the system. This includes an ongoing emphasis on exploring how the Plan, the Aboriginal and Torres Strait Islander Cancer Plan, and state and territory cancer plans complement one another as each matures and is delivered. In this context, monitoring and evaluation systems should continue to mature so future reporting can better assess reach, scale and impact across the full system.

Strengthening policy levers and accountability mechanisms could further embed the Plan's priorities across the cancer control system and support consistent uptake of key activities. This needs to be supported by sustained investment in system capability to enable implementation at scale. This includes strengthening data infrastructure, workforce capacity and practical supports to translate national frameworks into consistent delivery across the system. In particular, continued support for Aboriginal and Torres Strait Islander leadership and key First Nations cancer measures is needed to sustain momentum and drive more equitable outcomes.

Finally, there are opportunities to build on and scale existing national frameworks, partnerships and initiatives. Continued implementation and integration of key frameworks and programs — including data, genomics, optimal care pathways and national networks — will be critical to translating early foundations into system-wide impact.

Overall, the 2-year evaluation demonstrates that the Plan has established a strong and credible foundation for long-term reform. The next phase requires a deliberate shift toward implementation at scale, supported by stronger capability, clearer accountability and sustained investment, to ensure that early system-level progress delivers measurable improvements in cancer outcomes and experiences for all Australians.

**Figure 1: The Australian Cancer Plan: 2-year evaluation at a glance**



## Acknowledgements

The Australian Government acknowledges the many individuals and organisations who have contributed to the implementation of the Australian Cancer Plan and to the 2-year evaluation of its progress. As a national framework built on shared responsibility, its implementation and evaluation reflect the collective efforts of Commonwealth, state and territory governments and stakeholders across the cancer control sector who have contributed activities, insights and expertise.

We acknowledge Aboriginal and Torres Strait Islander peoples, communities and organisations whose participation, leadership and expertise have been essential to the development and implementation of the Plan, and to informing this evaluation. We particularly acknowledge the members of the Leadership Group in Aboriginal and Torres Strait Islander Cancer Control for their guidance, insights and contributions throughout the evaluation, which helped ensure Aboriginal and Torres Strait Islander perspectives were meaningfully reflected in the findings. We also acknowledge Professor Jacinta Elston for leading the Aboriginal and Torres Strait Islander stakeholder consultations, which were central to ensuring the evaluation was conducted in a culturally safe and responsive manner.

We recognise that Aboriginal and Torres Strait Islander health belongs in Aboriginal and Torres Strait Islander hands, and that achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people - the Plan's most significant ambition - depends on sustained partnership, shared accountability and genuine respect for Aboriginal and Torres Strait Islander knowledge, strength and sovereignty.

We thank all stakeholders who participated in the consultation process for the 2-year evaluation, including Commonwealth and state and territory governments, implementation partners, health professionals, clinicians, researchers, non-government organisations, professional colleges, community organisations and consumers. Their insights and experiences have provided critical evidence to inform the evaluation and strengthen a shared understanding of implementation progress, challenges and opportunities.

We also acknowledge the invaluable contribution of people with lived and living experience of cancer, including those diagnosed with cancer, survivors, families, carers and support networks, who generously gave their time and perspectives to deepen our understanding of what is working and where improvement is needed.

We acknowledge the ongoing guidance provided by Cancer Australia's governance and advisory groups, including the Cancer Australia Advisory Council, Intercollegiate Advisory Group, National Cancer Expert Group, the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control, which have provided strategic advice, sector expertise and oversight to support coordinated implementation and alignment across the cancer control system.

We recognise the important role of the Australian Comprehensive Cancer Network and organisations that have partnered with Cancer Australia to deliver Plan priorities in fostering

collaboration, strengthening connections across the sector, and supporting shared ownership of the Plan.

We also acknowledge the contribution of members of the Australian Cancer Plan 2-year Evaluation Expert Advisory Group, who provided independent, multidisciplinary advice informed by consumer and sector perspectives to support the interpretation of evidence and framing of findings.

Finally, we thank the External Evaluation Team, led by Professor Adam Elshaug and comprising Associate Professor Brad Astbury and Rebecca Zosel, for their methodological and analytical expertise, and for supporting stakeholder consultations and data analysis in partnership with Cancer Australia to deliver this evaluation.

# 1. Introduction

## 1.1 About this report

This report presents the findings of the 2-year evaluation of the Australian Cancer Plan (the Plan) - Australia's first national cancer control plan (NCCP) and the first formal evaluation of its implementation since the Plan's launch in November 2023.

The evaluation was conducted between January and March 2026, with this report finalised in June 2026, covering the first two years of implementation.

Findings are framed in terms of early implementation progress, system-level influence, and enabling conditions, consistent with what can reasonably be expected at this stage of a 10-year reform agenda. The evaluation is not designed to assess population-level outcomes at the 2-year mark; rather, it provides an early assessment of whether the right foundations, partnerships and systems are being established to support longer-term impact.

The report is structured around five thematic groupings of the eight Key Evaluation Questions (KEQs), covering implementation progress, influence and early effects, implementation barriers and enablers, risks and unintended consequences, and future opportunities. Findings draw on multiple data sources and reflect the perspectives of a broad range of stakeholders across the cancer control sector, including governments, health services, researchers, peak bodies, Aboriginal and Torres Strait Islander organisations, and consumers.

Cancer Australia is committed to reporting on the Plan's implementation progress. To support broad accessibility and sector engagement, key findings will be made publicly available through a digital summary on the Australian Cancer Plan website, consistent with the Commonwealth Evaluation Policy.<sup>1</sup> As NCCPs are an increasingly important tool for coordinating cancer control globally, Australia's experience as a high-income country with a formally evaluated cancer control plan contributes to the growing global evidence base on NCCP implementation and evaluation.<sup>2,3</sup>

The next planned evaluation milestone is the 5-year mark, when progress toward the Plan's medium-term goals and outcomes will be more fully assessed.

---

<sup>1</sup> Australian Government, The Treasury. Commonwealth Evaluation Policy. 2021. Available from: <https://evaluation.treasury.gov.au/about/commonwealth-evaluation-policy>. Accessed June 2026.

<sup>2</sup> Torode JS, Tittenbrun Z, Romero Y, et al. Ten years of the International Cancer Control Partnership: promoting national cancer control plans to shape the health system response for cancer control. *JCO Glob Oncol*. 2023;9:e2200232.

<sup>3</sup> Romero Y, Tittenbrun Z, Trapani D, et al. The changing global landscape of national cancer control plans. *Lancet Oncol*. 2025;26(1):e46–e54.

## 1.2 The Australian Cancer Plan

**Figure 2: The Australian Cancer Plan's 10-year reform journey**

| <b>The Australian Cancer Plan is a 10-year reform journey</b><br>Establishing foundations, strengthening implementation and translating system-level change into measurable, equitable impact. |                                                                                                                                                                     |                                                                                                                                                |                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>November 2023</b>                                                                                                                                                                           | <b>2026</b>                                                                                                                                                         | <b>5-year milestone</b>                                                                                                                        | <b>10-year ambitions</b>                                                                                                                                      |
| <b>Plan launched</b><br>Australia's first national cancer control plan sets a shared 10-year reform framework.                                                                                 | <b>2-year evaluation</b><br>Early implementation is assessed, including foundations, partnerships, system-level influence and opportunities to strengthen delivery. | <b>Medium-term progress assessed</b><br>Progress toward implementation at scale, accountability and emerging service-level change is assessed. | <b>Long-term reform ambition</b><br>A high-performing, sustainable and equitable cancer system delivers improved outcomes and experiences for all Australians |

The Plan is a future-focused, 10-year national framework designed to accelerate world-class cancer outcomes and experiences for all Australians. It is guided by a clear vision of equity, person-centred care and system-wide improvement across the full cancer control continuum, from prevention and early detection through to survivorship, end-of-life and supportive care.

The Plan is underpinned by eight guiding principles that informed its development and will continue to guide its implementation: person-centred; equity-focused; future-focused; strengths-based; evidence- and data-driven; relevant to all cancer types; encompassing the cancer control continuum; and collaborative.

A core feature of the Plan is its emphasis on shared responsibility. To succeed in improving cancer outcomes for all Australians, implementation of the Plan requires joint efforts from the entire cancer control sector - including the Australian Government, state and territory governments, health services, clinicians, researchers, non-government organisations, consumers and communities, and Aboriginal and Torres Strait Islander organisations.

Aboriginal and Torres Strait Islander leadership, partnership and co-design are central to the Plan, recognising that Aboriginal and Torres Strait Islander health belongs in Aboriginal and Torres Strait Islander hands and the critical role of the Aboriginal Community Controlled Health sector in leading approaches. Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people is the Plan's most significant ambition and a fundamental measure of success.

The Plan is structured around six interconnected Strategic Objectives where national focus and effort are required to deliver better outcomes over the next decade and beyond:

1. Maximising cancer prevention and early detection
2. Enhancing consumer experience
3. World-class health systems for optimal care
4. Strong and dynamic foundations
5. Workforce to transform the delivery of cancer care
6. Achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people.

Each Strategic Objective is supported by a 10-year ambition, a 5-year goal and actions, and a 2-year goal and actions.

The 2-year goals focus on establishing strong foundations, including national frameworks, governance, co-designed approaches and partnerships, improved data systems, and early actions to address inequities. The 5-year goals aim to embed and expand effective approaches across the system, with measurable improvements in access, quality and equity. The 10-year ambitions describe a transformed cancer system: high-performing, sustainable and equitable, delivering optimal, culturally safe, high-quality care and improved outcomes for all people affected by cancer in Australia.

This evaluation assesses progress against the Plan's 2-year goal and actions, covering the period from the Plan's launch in November 2023 to the end of 2025. The Plan's structure, including 2-year goals and actions relevant to this evaluation, is summarised in Appendix A, with the Program Logic included in Appendix B.

## 1.3 Monitoring and Evaluation Framework

The Australian Cancer Plan Monitoring and Evaluation Framework (the Framework)<sup>4</sup> was developed in early 2024 and is aligned with evaluation best practice. The Framework describes how the success of the Plan will be tracked, assessed, and reported over its 10-year lifespan. It provides a consistent, national approach to assessing implementation of the Plan's actions and progress toward its strategic objectives, supporting an understanding of what has been delivered and how reforms are contributing to improved cancer outcomes and reduced inequities.

The Framework combines routine monitoring with planned evaluations at key milestones, including the 2-year evaluation, to support learning, accountability and continuous improvement. It is designed for use across governments and the cancer sector.

## 1.4 Purpose and scope

The 2-year evaluation was guided by the Framework and structured around its eight Key Evaluation Questions (KEQs). The KEQs are designed to assess progress and implementation

---

<sup>4</sup>Australian Government Cancer Australia. Australian Cancer Plan Monitoring and Evaluation Framework. 2024. Available from: <https://www.australiancancerplan.gov.au/monitoring-and-evaluation-framework>. Accessed June 2026.

experience across the cancer control system, and inform continuous improvement, support collective accountability and guide priorities for ongoing implementation of the Plan.

**Table 1: The Plan 2-year evaluation KEQs**

| Priority Area                                                                                                                | KEQs                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Implementation</b><br>Relates to the delivery of the Plan's actions (implementation as intended and/or adapted as needed) | 1. To what extent have the actions in the Plan been implemented?                                                                                         |
|                                                                                                                              | 2. What factors hindered or enabled the implementation of actions in the Plan?                                                                           |
|                                                                                                                              | 3. To what extent do the actions in the Plan need to be adapted/changed?                                                                                 |
| <b>Effectiveness</b><br>Relates to the achieved intended and unintended results/effects of implementing the Plan             | 4. To what extent did the actions in the Plan meet the stated objectives/contribute to the intended outcomes of the Plan?                                |
|                                                                                                                              | 5. What factors hindered or enabled the achievement of the Plan's stated objectives/contribution to the intended outcomes?                               |
|                                                                                                                              | 6. Has the implementation of the actions resulted in any unintended consequences (either positive or negative)?                                          |
|                                                                                                                              | 7. In the implementation of the Plan's actions, what risks arose to the achievement of stated objectives/contribution to intended outcomes?              |
|                                                                                                                              | 8. As a result of implementing the actions in the Plan, what is the evidence to indicate improvements in relation to the goals and Strategic Objectives? |

## 1.5 Governance and oversight

Governance and oversight of the 2-year evaluation were designed to support methodological rigour, transparency, and learning across the evaluation process.

Cancer Australia led the evaluation with the support of independent external evaluation expertise, advisory input, and internal coordination mechanisms.

An independent External Evaluation Team, led by Professor Adam Elshaug, provided methodological and analytical expertise. The team led stakeholder consultation and data analysis, and worked collaboratively with Cancer Australia to develop and refine the evaluation findings.

To provide independent advisory oversight, Cancer Australia established an Australian Cancer Plan 2-year Evaluation Expert Advisory Group (EAG). The EAG provided guidance on the evaluation design, interpretation of evidence, and framing of findings, and brought expertise on sector-wide activities aligned with the goals of the Plan. The EAG was chaired by the Deputy CEO of Cancer Australia and included multidisciplinary, consumer, and Aboriginal and Torres Strait Islander representation (membership listed in Appendix C).

Cancer Australia’s existing governance and advisory groups - including the Cancer Australia Advisory Council, Intercollegiate Advisory Group, National Cancer Expert Group, and the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control - were engaged throughout the evaluation to support alignment with organisational priorities and coherence with related programs.

An Internal Evaluation Working Group, convened by the Partnerships and Cancer Equity Branch, was established to coordinate inputs across Cancer Australia teams and ensure findings were informed by operational and organisational context.

## 2. Background

### 2.1 Development and launch of the Plan

The Plan was developed as Australia’s first nationally coordinated, 10-year cancer control plan, providing a shared strategic framework to improve cancer outcomes and experiences for all people affected by cancer. It was developed through an extensive and rigorous process of stakeholder engagement across the cancer control sector, including Commonwealth and state and territory governments, health professionals, researchers, consumers, Aboriginal and Torres Strait Islander peoples, and non-government organisations, ensuring it reflected a broad range of perspectives and lived experiences.<sup>5,6</sup> The Plan was endorsed by all state and territory health Ministers.

The development process focused on addressing longstanding variation and inequities in cancer outcomes, strengthening national coordination, and aligning existing and emerging initiatives under a common set of guiding principles, strategic objectives and actions. Particular emphasis was placed on equity, person-centred care, system integration, and building the foundations required for sustainable improvement over time.

The Plan sets out short-, medium- and long-term ambitions (2-, 5- and 10-year horizons), supported by foundational frameworks and initiatives to guide collective action across the sector. Its development established a shared national direction for cancer control, enabling governments, partners, and actors across the sector to align policies, investments and activities while maintaining flexibility for jurisdictional and local implementation.

The Plan was launched at the Clinical Oncology Society of Australia (COSA) Annual Scientific Meeting (ASM) in November 2023.

Following the launch, Cancer Australia undertook a roadshow of stakeholder engagement meetings across Australia to build awareness of the Plan and actively invite participation from across the sector. These meetings provided an opportunity to:

- Socialise the Plan’s vision, principles and strategic objectives

---

<sup>5</sup> Chaji D, et al. Setting the policy agenda for cancer control reform: Australia’s first national cancer control plan. *Med J Aust.* 2023;219(10):451–454.

<sup>6</sup> Chaji D, et al. Implementing Australia’s first national cancer control plan to shape Australian cancer control policy for the next decade and beyond. *Holist Integr Oncol.* 2024;3(1):40.

- Encourage alignment of existing and emerging initiatives with the Plan
- Identify opportunities for collaboration and partnership
- Reinforce that implementation is a shared responsibility across the cancer system.

This engagement approach reflected the intent of the Plan as a collaborative, partnership-driven framework, and emphasised that meaningful progress would rely on contributions from governments, health services, research organisations, peak bodies and community stakeholders. Consistent with this approach, Cancer Australia has continued to formalise partnerships with organisations across the sector to support implementation of the Plan. A list of Australian Cancer Plan Implementation Partners is provided in Appendix D.

Together, the launch at the COSA ASM and the subsequent engagement activities established a strong foundation for ongoing sector collaboration, helping to activate a common goal among stakeholders: improving cancer outcomes and experiences for all Australians through coordinated national action.

## 2.2 Cancer Australia appropriation

Cancer Australia operates within a fixed Australian Government appropriation of approximately \$48 million per annum, providing a stable foundation for its role as the national cancer control agency. Within this funding model, the agency undertakes targeted investment and careful prioritisation to deliver national leadership, coordination and strategic initiatives across the cancer control system. While Cancer Australia does not hold significant discretionary funding, it maximises the impact of its appropriation through focused resource allocation, strategic partnerships and system-wide influence.

Since the launch of the Plan, Cancer Australia has strategically redirected its administered funding to support implementation, largely within its existing appropriation and without substantial new administered funding maximising impact through targeted investment, partnerships and co-investment across governments, research bodies, and the cancer sector. Recent *Supporting People with Cancer* grant rounds demonstrate a clear shift towards the Plan-aligned priorities, with a stronger focus on addressing inequities and targeting priority populations.

From 2023 onwards, Cancer Australia has progressively aligned its corporate priorities, activities and performance measures to delivering the Plan's 2- and 5-year actions, reflecting a clear shift from development to active implementation. Within its existing appropriation and without substantial new administered funding, the agency has strategically redirected organisational effort and leveraged its administered budget, grant programs and partnerships to drive implementation across the cancer control sector.

This transition reflects a strengthened role for Cancer Australia as system steward – moving from leading discrete national initiatives to coordinating and supporting sector-wide action to deliver the Plan. Increased emphasis has been placed on sector coordination, enabling system-level change, and building the national infrastructure required to support implementation over the full 10-year horizon of the Plan.

Funding and organisational effort have been aligned to deliver key national frameworks and initiatives under the Plan, including the National Cancer Data Framework (Data Framework), National Optimal Care Pathways Framework (OCP Framework), National Framework for Genomics in Cancer Control (Cancer Genomics Framework), Australian Comprehensive Cancer Network (ACCN) Framework and the ACCN - collectively providing the foundational infrastructure required to support implementation at scale over the life of the Plan.

Cancer Australia received \$38.6 million over four years through the 2023–24 *Improving First Nations Cancer Outcomes* budget measure to support culturally safe cancer care and strengthen research capacity.

The 2025 Independent Review<sup>7</sup> confirmed that the agency is operating effectively across its governance, reporting, and financial management functions, and is highly regarded across the cancer control sector - providing a strong organisational foundation for its leadership role in Plan implementation.

## 2.3 Policy and health system context

The Plan operates as a national strategic framework, intersecting with and aligning across multiple national policies and strategies. This alignment is a deliberate design feature that supports implementation by enabling the Plan to be progressed through existing policy settings, funding mechanisms and service delivery systems. It coordinates stakeholders across sectors, identifies gaps requiring national focus and promotes consistency in cancer research, care and system improvement.

The Plan functions within a dynamic and evolving policy landscape, where reforms across primary care, preventive health, workforce, digital health and equity continue to evolve. The Plan is designed to operate with a degree of agility, allowing it to remain responsive to these broader system changes while maintaining a clear and consistent national direction for cancer control.

This alignment supports implementation by helping to:

- Embed Plan priorities within existing policies, initiatives and funding mechanisms
- Leverage existing infrastructure, partnerships and investment across the health system
- Optimise efficient use of available resources and reduce duplication
- Reinforce shared objectives across governments and the cancer control sector
- Support consistency in approaches to cancer care, research and system improvement
- Generate co-benefits across related policy agendas, including workforce, digital health, preventive health and equity.

Key areas of alignment include:

---

<sup>7</sup> EY Parthenon. Independent Review of Cancer Australia: Final Review Report. 2025. Available from: [https://www.canceraustralia.gov.au/sites/default/files/2026-01/cancer-australia\\_independent-review\\_final-review-report.pdf](https://www.canceraustralia.gov.au/sites/default/files/2026-01/cancer-australia_independent-review_final-review-report.pdf). Accessed June 2026.

## Universal health coverage and primary care reform

The Plan supports universal health coverage and equitable access to cancer care across the health system, aligning with the Australian Government's Strengthening Medicare measures<sup>8</sup> the Primary Health Care 10 Year Plan 2022-2032<sup>9</sup> and the broader primary care reform agenda, which prioritise multidisciplinary, team-based and person-centred care. Optimal Care Pathways (OCPs) are identified as a critical lever for translating policy intent into practice - particularly in relation to accountability, supportive care and equity - and the importance of primary care reform in supporting earlier diagnosis, care coordination, and equitable access.

## Aboriginal and Torres Strait Islander health

The Plan positions achieving equity in cancer outcomes for Aboriginal and Torres Strait Islander people as its most significant ambition, reflecting a whole-of-government commitment to self-determination, cultural safety and shared accountability across the cancer control system. Equity is both embedded as a cross-cutting principle throughout the Plan and elevated as a standalone Strategic Objective, recognising that dedicated focus and action are required to address longstanding disparities in cancer outcomes and experiences.

The Plan acknowledges that Aboriginal and Torres Strait Islander health belongs in Aboriginal and Torres Strait Islander hands. It complements and embraces Indigenous-led strategies, including the National Aboriginal Community Controlled Health Organisation (NACCHO) Cancer Plan<sup>10</sup> and the National Aboriginal and Torres Strait Islander Health Plan 2021-2031,<sup>11</sup> reinforcing Aboriginal and Torres Strait Islander leadership, cultural safety and community-led approaches with established equity frameworks. Actions supporting the National Agreement on Closing the Gap<sup>12</sup> and broader Australian Government equity commitments are integrated throughout the Plan.

## Priority populations and the broader equity agenda

The Plan is designed to improve cancer outcomes for all Australians, and particularly for those groups whose outcomes are poorest. To achieve equity, some priority population groups need additional and targeted focus and support. Priority population groups identified in the Plan include Aboriginal and Torres Strait Islander people; people living in rural and remote areas; lesbian, gay, bisexual, transgender, intersex, queer and asexual (LGBTIQ+) people; people from culturally and linguistically diverse backgrounds; people living with disability; people in

---

<sup>8</sup> Australian Government Department of Health, Disability and Ageing. About the Strengthening Medicare measures. 2025. Available from: <https://www.health.gov.au/our-work/strengthening-medicare-measures/about?language=en>. Accessed May 2026.

<sup>9</sup> Australian Government, Department of Health, Disability and Ageing. Australia's Primary Health Care 10 Year Plan 2022-2032. 2022. Available from: <https://www.health.gov.au/resources/publications/australias-primary-health-care-10-year-plan-2022-2032>. Accessed June 2026.

<sup>10</sup> National Aboriginal Community Controlled Health Organisation. Cancer Plan. 2023. Available from: <https://www.naccho.org.au/cancer/cancer-plan/>. Accessed May 2026.

<sup>11</sup> Australian Government Department of Health, Disability and Ageing. National Aboriginal and Torres Strait Islander Health Plan 2021-2031. 2021. Available from: <https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-health-plan-2021-2031?language=en>. Accessed June 2026.

<sup>12</sup> Australian Governments and the Coalition of Aboriginal and Torres Strait Islander Peak Organisations. National Agreement on Closing the Gap. 2020. Available from: [https://www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement\\_apr-21-comm-infra-targets-updated-24-august-2022\\_0.pdf](https://www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement_apr-21-comm-infra-targets-updated-24-august-2022_0.pdf). Accessed June 2026

lower socioeconomic groups; people living with mental illness; older Australians; adolescents and young adults; and children.

Many people experience multiple and overlapping forms of disadvantage that contribute to inequitable cancer experiences and outcomes. For example, Aboriginal and Torres Strait Islander people living in rural and remote areas may face barriers associated with both geography and systemic inequity. The Plan's equity focus is designed to address both group-specific inequities and the intersectional disadvantage that arises when multiple factors overlap, supporting a more targeted, responsive and equitable approach to reducing disparities across the cancer control system.

## Consumer and person-centred care

The Plan's strong emphasis on consumer experience, shared decision-making and person-centred care aligns with established national frameworks for consumer rights and participation in healthcare,<sup>13, 14, 15, 16</sup> reinforcing the Plan's commitment to placing people affected by cancer at the centre of cancer care, system design and system improvement.

## Preventive health

The Plan contributes to Australia's national preventive health agenda by embedding population-based screening, prevention and early detection across the cancer continuum, including through national cancer screening programs for breast, bowel, cervical, and lung cancer, guided by the Population Based Screening Framework.<sup>17</sup> The Plan supports national efforts to improve health and wellbeing, address the determinants of health, and reduce risk factors and burden.<sup>18, 19, 20, 21</sup> This alignment enables Plan actions to be delivered through existing programs and infrastructure, reinforcing a whole-of-system approach to cancer prevention and early detection.

---

<sup>13</sup> Australian Commission on Safety and Quality in Health Care. Australian Charter of Healthcare Rights (second edition). 2020. Available from: <https://www.safetyandquality.gov.au/sites/default/files/resources/additional//australian-charter-of-healthcare-rights-a4-poster.pdf>. Accessed June 2026.

<sup>14</sup> Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards (second edition). 2021. Available from: [https://www.safetyandquality.gov.au/sites/default/files/resources/additional//national\\_safety\\_and\\_quality\\_health\\_service\\_nsqhs\\_standards\\_second\\_edition\\_-\\_updated\\_may\\_2021.pdf](https://www.safetyandquality.gov.au/sites/default/files/resources/additional//national_safety_and_quality_health_service_nsqhs_standards_second_edition_-_updated_may_2021.pdf). Accessed June 2026.

<sup>15</sup> Australian Commission on Safety and Quality in Health Care. National Safety and Quality Primary and Community Healthcare Standards. 2021. Available from: [https://www.safetyandquality.gov.au/sites/default/files/resources/attachments//national\\_safety\\_and\\_quality\\_primary\\_and\\_community\\_healthcare\\_standards.pdf](https://www.safetyandquality.gov.au/sites/default/files/resources/attachments//national_safety_and_quality_primary_and_community_healthcare_standards.pdf). Accessed June 2026.

<sup>16</sup> Australian Government Cancer Australia and Cancer Voices Australia. National Framework for Consumer Involvement in Cancer Control. 2011. Available from: [https://www.canceraustralia.gov.au/sites/default/files/migrated-files/publications/national\\_consumer\\_framework\\_web\\_504af020f2184.pdf](https://www.canceraustralia.gov.au/sites/default/files/migrated-files/publications/national_consumer_framework_web_504af020f2184.pdf). Accessed June 2026.

<sup>17</sup> Australian Government Department of Health, Disability and Ageing. Population-based screening framework. 2018. Available from: [https://www.health.gov.au/sites/default/files/documents/2019/09/population-based-screening-framework\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2019/09/population-based-screening-framework_0.pdf). Accessed June 2026.

<sup>18</sup> Australian Government Department of Health, Disability and Ageing. National Strategic Framework for Chronic Conditions. 2026. Available from: <https://www.health.gov.au/resources/publications/national-strategic-framework-for-chronic-conditions?language=en>. Accessed May 2026.

<sup>19</sup> Australian Government Department of Health, Disability and Ageing. National Tobacco Strategy 2023-2030. 2023. Available from: <https://www.health.gov.au/sites/default/files/2023-05/national-tobacco-strategy-2023-2030.pdf>. Accessed June 2026.

<sup>20</sup> Australian Government Department of Health, Disability and Ageing. National Obesity Strategy 2022-2032. 2022. Available from: [https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032\\_0.pdf](https://www.health.gov.au/sites/default/files/documents/2022/03/national-obesity-strategy-2022-2032_0.pdf). Accessed June 2026.

<sup>21</sup> Australian Government Department of Health, Disability and Ageing. National Alcohol Strategy 2019-2028. 2019. Available from: <https://www.health.gov.au/sites/default/files/documents/2020/11/national-alcohol-strategy-2019-2028.pdf>. Accessed June 2026.

## Digital health and cancer research

The Plan supports the Australian Government's digital health and medical research agendas<sup>22, 23</sup> through a strong focus on data-driven healthcare, including the Data Framework and increased integration of genomics across the cancer care continuum. It promotes national coordination in cancer research, including improved data sharing and access to clinical trials, supporting the ongoing incorporation of emerging technologies, assessment of their value and integration of into cancer care.<sup>24, 25, 26</sup>

## Strengthening the health workforce

The Plan's focus on workforce development, capability and system sustainability aligns with the Australian Government's broader health workforce reform agenda, including the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031,<sup>27</sup> National Medical Workforce Strategy 2021-2031,<sup>28</sup> National Nursing Workforce Strategy,<sup>29</sup> and National Allied Health Workforce Strategy,<sup>30</sup> which seek to strengthen workforce planning, improve rural and remote distribution, support multidisciplinary models of care, and build a sustainable workforce. This alignment helps ensure cancer workforce priorities are integrated into broader national health workforce planning.

## Australian health system structure and governance

The Plan operates within Australia's federated health system and provides a national strategic framework to support coordination across cancer prevention, diagnosis, treatment, survivorship and research.

The Plan operates through coordination, influence and alignment rather than direct implementation authority. As a result, implementation depends heavily on collaboration across governments, jurisdictions, health services and the broader cancer sector. This reflects the distributed nature of cancer control responsibilities across the Australian health system, where

---

<sup>22</sup> Australian Government Department of Health, Disability and Ageing. The Digital Health Blueprint and Action Plan 2023-2033. 2023. Available from: <https://www.health.gov.au/resources/publications/the-digital-health-blueprint-and-action-plan-2023-2033?language=en>. Accessed May 2026.

<sup>23</sup> Australian Government Department of Health, Disability and Ageing. National Health and Medical Research Strategy. 2026. Available from: <https://www.health.gov.au/sites/default/files/2026-05/national-health-and-medical-research-strategy-2026-2036.pdf>. Accessed May 2026.

<sup>24</sup> Australian Government Australian Digital Health Agency. Better access to health information. 2026. Available from: <https://www.digitalhealth.gov.au/healthcare-providers/initiatives-and-programs/better-and-faster-access-to-health-information>. Accessed June 2026.

<sup>25</sup> Australian Government Department of Health, Disability and Ageing. Clinical Trials Activity initiative. 2024. Available from: <https://www.health.gov.au/our-work/mrff-clinical-trials-activity-initiative>. Accessed June 2026.

<sup>26</sup> Australian Government Department of Health, Disability and Ageing. Health Technology Assessment Review Implementation Advisory Group. 2024. Available from: <https://www.health.gov.au/committees-and-groups/health-technology-assessment-review-implementation-advisory-group?language=en#interim-report>. Accessed June 2026.

<sup>27</sup> Australian Government Department of Health, Disability and Ageing. National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031. 2022. Available from: <https://www.health.gov.au/sites/default/files/documents/2022/03/national-aboriginal-and-torres-strait-islander-health-workforce-strategic-framework-and-implementation-plan-2021-2031.pdf>. Accessed June 2026.

<sup>28</sup> Australian Government Department of Health, Disability and Ageing. National Medical Workforce Strategy 2021-2031. 2022. Available from: <https://www.health.gov.au/sites/default/files/documents/2022/03/national-medical-workforce-strategy-2021-2031.pdf>. Accessed June 2026.

<sup>29</sup> Australian Government Department of Health, Disability and Ageing. National Nursing Workforce Strategy. 2024. Available from: <https://www.health.gov.au/our-work/national-nursing-workforce-strategy>. Accessed June 2026.

<sup>30</sup> Australian Government Department of Health, Disability and Ageing. National Allied Health Workforce Strategy. 2025. Available from: <https://www.health.gov.au/our-work/national-allied-health-workforce-strategy?language=en>. Accessed May 2026.

funding, policy, service delivery, regulation and research responsibilities are shared across multiple sectors and levels of government. Accordingly, successful implementation depends not only on Australian Government leadership, but also on alignment across state and territory governments, sector uptake, and sustained collaboration across the cancer control system. Within this context, the Plan functions as a national system stewardship mechanism, intended to support alignment, coordination and collective action across a complex and distributed cancer control system.

Australia's health system is a mixed public-private system. It is primarily federally funded and state delivered, with an important community health role for local government. The Australian Government funds and regulates Medicare, the Pharmaceutical Benefits Scheme, primary care and aged care. State and territory governments manage and deliver public hospitals, ambulance services, community and mental health services.<sup>31</sup>

As a result of these shared responsibilities, coordinating cancer care across Commonwealth, state and territory, and private sector roles presents ongoing challenges, including fragmented care pathways, variation in service availability, quality and access, and inequitable access across regions and population groups. Disparities in outcomes for Aboriginal and Torres Strait Islander peoples and other priority populations remain a significant challenge. These challenges are compounded where multiple dimensions of disadvantage intersect, such as for Aboriginal and Torres Strait Islander peoples living in rural or remote areas.

The Plan complements Medicare coverage and public hospital access by targeting areas universal coverage may not fully address, including improving rural and remote access to cancer services, expanding culturally safe cancer care, increasing screening participation, and reducing diagnostic delays.

## Australian Government and state and territory coordination

Relationships between the Australian Government and state and territory governments are critical to implementation, with jurisdictions responsible for translating many elements of the Plan into service delivery.<sup>32</sup>

The Plan encourages alignment with state and territory cancer plans, supporting harmonisation of priorities, reducing duplication and fostering national policy coherence, while providing flexibility for jurisdictions to tailor implementation to local contexts.

The Plan also recognises that people affected by cancer move across general practice, Aboriginal Community Controlled Health Services and the broader community-controlled primary care sector, specialist care, public hospitals, private providers and community services - sometimes across jurisdictional boundaries. It promotes integrated care pathways, multidisciplinary coordination, survivorship planning, and consistent data collection to support more integrated and person-centred care experiences.

---

<sup>31</sup> Australian Government Department of Health, Disability and Ageing. The Australian health system. 2026. Available from: <https://www.health.gov.au/topics/about-the-department/australian-health-system?language=en>. Accessed May 2026.

<sup>32</sup> Australian Government Department of Health, Disability and Ageing. National Health Reform Agreement. 2026. Available from: <https://www.health.gov.au/our-work/national-health-reform-agreement-nhra?language=en>. Accessed June 2026.

This cross-jurisdictional alignment supports more coordinated and cohesive implementation of the Plan while enabling adaptation to differing jurisdictional priorities, policy cycles, and system capacities.

## International policy frameworks

The Plan aligns with key international policy frameworks, particularly those of the World Health Organization (WHO), supporting consistency with global best practice<sup>33, 34, 35, 36</sup> and shared priorities in cancer control.<sup>37, 38, 39, 40, 41</sup>

The Plan was developed in line with the 2017 WHO resolution on cancer control,<sup>42</sup> reflecting WHO priorities<sup>43</sup> relating to cancer prevention, early detection and screening, equitable access to cancer care, survivorship and palliative care. The Plan contributes to the WHO global action plan for the prevention and control of noncommunicable diseases 2013-2030<sup>44</sup> and to the United Nations 2030 Sustainable Development Goals,<sup>45</sup> particularly SDG 3 (Good Health and Well-being) and SDG 10 (Reduced Inequalities) - with its equity focus reflecting the overarching commitment to leaving no-one behind in reducing disparities in cancer outcomes for priority populations.

---

<sup>33</sup> International Cancer Control Partnership. National Cancer Control Plan Development and Implementation Assessment Tool. 2016. Available from: <https://www.iccp-portal.org/resources/national-cancer-control-plan-development-and-implementation-assessment-tool>. Accessed June 2026.

<sup>34</sup> Oar A, Moraes FY, Romero Y, Ilbawi A, Yap ML. Core elements of national cancer control plans: a tool to support plan development and review. *Lancet Oncol*. 2019;20(11):e645–e652

<sup>35</sup> International Cancer Control Agency. Cancer Control Knowledge into Action: WHO Guide for Effective Programmes, Planning. Available from: <https://www.iccp-portal.org/resources/cancer-control-knowledge-action-who-guide-effective-programmes-planning>. Accessed June 2026.

<sup>36</sup> Nolte E, Morris M, Landon S, McKee M, Seguin M, Butler J, Lawler M. Exploring the link between cancer policies and cancer survival: a comparison of International Cancer Benchmarking Partnership countries. *Lancet Oncol*. 2022 Nov;23(11):e502–e514.

<sup>37</sup> International Atomic Energy Agency. Rays of Hope. 2026. Available from: <https://www.iaea.org/services/key-programmes/rays-of-hope>. Accessed June 2026.

<sup>38</sup> World Health Organization. Cervical Cancer Elimination Initiative 2018. Available from: <https://www.who.int/initiatives/cervical-cancer-elimination-initiative>. Accessed June 2026.

<sup>39</sup> World Health Organization. The Global Breast Cancer Initiative 2026. Available from: <https://www.who.int/initiatives/global-breast-cancer-initiative>. Accessed June 2026.

<sup>40</sup> World Health Organization. The Global Initiative for Childhood Cancer. 2028. Available from: <https://www.who.int/initiatives/the-global-initiative-for-childhood-cancer>. Accessed June 2026.

<sup>41</sup> International Agency for Research on Cancer. The global initiative for cancer registry development. 2023. Available from: <https://gicr.iarc.fr/>. Accessed June 2026.

<sup>42</sup> World Health Organization. Cancer prevention and control in the context of an integrated approach. 2018. Available from: <https://www.who.int/publications/i/item/cancer-prevention-and-control-in-the-context-of-an-integrated-approach>. Accessed June 2026

<sup>43</sup> World Health Organization. WHO report on cancer: setting priorities, investing wisely and providing care for all. 2020. Available from: <https://www.who.int/publications/i/item/who-report-on-cancer-setting-priorities-investing-wisely-and-providing-care-for-all>. Accessed May 2026.

<sup>44</sup> World Health Organization. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. 2013. Available from: <https://www.who.int/publications/i/item/9789241506236>. Accessed June 2026.

<sup>45</sup> United Nations. Sustainable Development Goals 2030. Available from: <https://sdgs.un.org/>. Accessed May 2026.

## 3. Evaluation approach

### 3.1 Approach

**Figure 3: Convergent mixed methods design**

| <b>Convergent mixed methods design</b><br><b>Documents, survey responses and consultations were analysed separately, then brought together to provide a balanced assessment of early implementation progress.</b> |                                               |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|
| <b>Documents</b><br>Program documents, monitoring data and implementation evidence                                                                                                                                | <b>Survey</b><br>Stakeholder survey responses | <b>Consultations</b><br>Targeted stakeholder consultations |
| <b>Separate analysis</b><br>Quantitative and qualitative evidence analysed using methods suited to each source.                                                                                                   |                                               |                                                            |
| <b>Triangulation and integration</b><br>Evidence compared and brought together to identify consistent themes, differences and priorities.                                                                         |                                               |                                                            |
| <b>Integrated findings</b><br>Implementation progress<br>Influence and early effects<br>Barriers and enablers<br>Risks and unintended consequences<br>Future opportunities                                        |                                               |                                                            |

The 2-year evaluation of the Plan employed a convergent mixed methods design.<sup>46</sup> This involved the concurrent collection of quantitative and qualitative data, which were analysed separately and then integrated to provide a comprehensive understanding of early implementation progress.

This approach enabled the External Evaluation Team to capture stakeholder perspectives, document evidence of activity, and identify areas for further action that will support progress towards the Plan's 5-year goals and 10-year ambitions, while also considering resource implications and equity, including for Aboriginal and Torres Strait Islander peoples and other priority populations.

### Hybrid evaluation model

A hybrid evaluation model, where internal and external staff work together to deliver the evaluation, was adopted, led by Cancer Australia with independent external evaluation expertise. The External Evaluation Team provided methodological and analytical evaluation expertise, led stakeholder consultation and data analysis, while Cancer Australia provided contextual expertise, supported stakeholder engagement, and contributed to joint

<sup>46</sup> Plano Clark VL, Creswell JW. Designing and conducting mixed methods research. 3rd ed. Thousand Oaks (CA): SAGE Publications 2018.

interpretation and reporting. This strengthened the credibility and policy relevance of the findings, and is consistent with Australian Government evaluation good practice.<sup>47</sup>

## Culturally appropriate evaluation

The evaluation was conducted in a culturally appropriate manner, with respect for Aboriginal and Torres Strait Islander peoples and communities. Aboriginal and Torres Strait Islander leadership was embedded throughout. An Aboriginal and Torres Strait Islander leader supported recruitment and led engagement with Aboriginal and Torres Strait Islander sector stakeholders, and Cancer Australia's Leadership Group on Aboriginal and Torres Strait Islander Cancer Control provided governance and oversight.

## Ethical considerations

The evaluation was conducted in accordance with the National Statement on Ethical Conduct in Human Research<sup>48</sup> and established ethical principles, including informed consent. A formal Human Research Ethics Committee review was not undertaken, as the evaluation constituted program evaluation and quality improvement activity involving low-risk stakeholder engagement.

## 3.2 Data sources and methods

The evaluation drew on multiple data sources, including existing Plan documents, an online survey, and targeted stakeholder consultations conducted throughout February and March 2026. These methods enabled triangulation of findings against the KEQs and supported identification of convergent and divergent themes. Table 2 summarises the purpose, timing, recruitment approach, and sample characteristics for each data source.

---

<sup>47</sup>Australian Government The Treasury. State of Evaluation in the Australian Government 2026. 2026. Available from: <https://evaluation.treasury.gov.au/sites/evaluation.treasury.gov.au/files/2026-04/state-of-evaluation-2026.pdf>. Accessed June 2026.

<sup>48</sup>National Health and Medical Research Council, Australian Research Council and Universities Australia. National Statement on Ethical Conduct in Human Research. 2025. Available from: <https://www.nhmrc.gov.au/about-us/publications/national-statement-ethical-conduct-human-research-2025> Accessed May 2026.

**Table 2: Description of data sources**

| Data source                           | Description and timing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Recruitment process                                                                                                                                                                                                                                                          | Sample                                                                                                                                                                                                                                                                       | Data analysis lead       |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Existing Plan documents and data      | Review of key implementation documents, monitoring data, annual reporting, and relevant policy materials. Conducted between January and May 2026.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Provided by Cancer Australia and partner organisations.                                                                                                                                                                                                                      | Not applicable.<br>A purposive sample of key implementation and reporting documents provided by Cancer Australia and partner organisations, covering 2023-2026.                                                                                                              | Cancer Australia         |
| Evaluation survey<br><br>(Appendix E) | <p>An online survey was distributed directly to stakeholders involved in implementing activities under the Plan across the cancer control sector. Hosted on Cancer Australia's online engagement hub, the survey was publicly accessible and open to all interested respondents.</p> <p>The survey was open for three weeks (11 February–3 March 2026) and comprised 18 questions examining:</p> <ul style="list-style-type: none"> <li>• Awareness, understanding, and engagement with the Plan</li> <li>• Implementation progress</li> <li>• Barriers and enablers to implementation</li> <li>• Feedback and priorities</li> </ul> | <p>Cancer Australia distributed the survey via email through existing stakeholder lists and networks.</p> <p>Additional promotion occurred via Cancer Australia's communication channels (e.g. newsletter, LinkedIn) to maximise reach across the cancer control sector.</p> | <p>232 direct email invitations to complete survey.</p> <p>Survey also promoted via</p> <ul style="list-style-type: none"> <li>• Social media channels (X and LinkedIn)</li> <li>• The ACCN discussion forum</li> <li>• Subscribers to Cancer Australia e-Alerts.</li> </ul> | External Evaluation team |

| Data source                                            | Description and timing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Recruitment process                                                                           | Sample                                                                                                                                                                                                                                                                                                               | Data analysis lead       |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Targeted stakeholder consultations<br><br>(Appendix F) | <p>Virtual consultations (30-60 minutes) were conducted via Microsoft Teams with selected stakeholders involved in implementing activities under the Plan. Consultations were led by the External Evaluation Team. An Aboriginal and Torres Strait Islander expert led consultations with Aboriginal and Torres Strait Islander stakeholders. Cancer Australia representatives attended as observers. Consultations were held during February and March 2026 and explored:</p> <ul style="list-style-type: none"> <li>• Engagement with the Plan</li> <li>• Influence and impact of the Plan</li> <li>• Barriers and enablers to implementation</li> <li>• Feedback and priorities</li> </ul> | Cancer Australia led targeted recruitment, with invitations emailed directly to stakeholders. | <p>46 invitations sent:</p> <ul style="list-style-type: none"> <li>• 27 cancer sector stakeholder invitations</li> <li>• 8 jurisdictional invitations</li> <li>• 11 Aboriginal and Torres Strait Islander stakeholder invitations.</li> <li>• 12 individual consumers invited to attend 3 group sessions.</li> </ul> | External Evaluation Team |

### 3.3 Data analysis

Each dataset was analysed separately using systematic and transparent procedures appropriate to its characteristics. Results were then integrated using joint display methods, side-by-side comparison and sense-making sessions among the External Evaluation Team to identify areas of convergence, divergence, and complementarity.

#### Qualitative analysis

Qualitative data from consultations and open-text survey responses were analysed using a general inductive approach,<sup>49</sup> which supports identification of recurrent themes while allowing for emergent insights.

The analysis process involved:

- Progressive inductive coding during data collection so emerging themes could be explored in subsequent consultations where relevant
- Development of a coding framework aligned with the semi-structured consultation guide and evaluation questions
- Coding conducted in Microsoft Excel. The team collaboratively refined the coding framework after testing on a sample of transcripts to ensure shared understanding and consistency
- Consolidation of responses to similar questions across stakeholder groups to enable comparisons of perspectives.

The qualitative data were not intended to be representative of the entire cancer sector. Rather, they provided depth and insight into early implementation experiences and survey findings. Quotations are used throughout this report to enhance authenticity and explanatory value. Transcripts were lightly edited for clarity and readability without altering the original meaning, and specific examples and quotes were anonymised to maintain confidentiality.<sup>50</sup>

Implementation activities reported by implementation partners, jurisdictions and the Commonwealth were reviewed, alongside survey responses. Reported activities were assessed for quality, clarity and internal consistency, with duplication and discrepancies identified and resolved where possible. Activities were then mapped against the Plan's 2- and 5-year actions to assess alignment. This information was consolidated to determine the overall level and spread of implementation activity.

Document analysis examined the completeness, coverage, and consistency of implementation evidence contained in Plan monitoring materials. This helped confirm stakeholder perspectives, helped corroborate reported progress, provided a clearer description of implementation activity undertaken to date, and identify opportunities for additional or enhanced activity to further support system strengthening.

---

<sup>49</sup> Thomas DR. A general inductive approach for analysing qualitative evaluation data. *Am J Eval.* 2006;27(2):237–246.

<sup>50</sup> Patton MQ. *Qualitative research & evaluation methods: integrating theory and practice*. 4th ed. Thousand Oaks (CA): SAGE Publications; 2015.

## Quantitative analysis

Survey data were cleaned, coded, and prepared for analysis in Microsoft Excel, including extracting outputs from the survey platform, classifying variables, coding categorical responses, and checking data quality for missing or inconsistent values.

Quantitative analysis included:

- Descriptive statistics (e.g. frequencies, proportions, means, measures of central tendency and variation)
- Cross-tabulations to explore potential differences in views between stakeholder groups where sample sizes permitted
- Assessment of whether subgroup analysis was appropriate based on data characteristics and sample size
- Visualisation of selected Likert-scale items using stacked bar charts in Microsoft Excel.

These analytical procedures aligned with the evaluation objective of understanding early implementation progress and variations in experience across stakeholder groups.

## Strategies to integrate results

Following separate qualitative and quantitative analyses, results were integrated using several techniques typical of convergent mixed methods designs.<sup>51</sup> Integration strategies included:

- Identifying thematic areas represented across both datasets and comparing the extent to which results converged or diverged
- Creating joint displays that aligned qualitative themes with quantitative patterns to support interpretation
- Exploring similarities and differences between stakeholder groups using integrated data
- Conducting a sense-making session with the External Evaluation Team to synthesise insights and determine the degree of alignment between findings
- Producing integrated summaries combining survey results with explanatory qualitative insights to provide a more complete understanding of early implementation progress.

## Strengths and limitations

Each data source used in this evaluation offered distinct advantages while also presenting some constraints that shaped the depth and breadth of insights obtained. Considering these strengths and limitations is important for interpreting the findings and understanding the degree of confidence that can be placed in different types of evidence. Key strengths and limitations of each data source are summarised in Table 3.

---

<sup>51</sup> Creswell JW, Plano Clark VL. *Designing and conducting mixed methods research*. 3rd ed. Thousand Oaks (CA): SAGE Publications; 2018.

**Table 3: Strengths and limitations of data sources**

| Data source                        | Strengths                                                                                           | Limitations                                                                                                |
|------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Existing Plan documents and data   | Provided evidence of implementation activity and progress. Useful for verifying stakeholder views.  | Quality and completeness depend on reporting variations across activities.                                 |
| Evaluation survey                  | Enabled broad engagement and collection of quantifiable perceptions across diverse groups.          | Response rates varied across stakeholder groups. Potential for self-selection bias.                        |
| Targeted stakeholder consultations | Provided rich insight into early implementation, barriers and enablers. Allowed probing for nuance. | Consultation participants may not represent all stakeholder views. Potential for social desirability bias. |

## Attribution

In a complex policy environment characterised by multiple concurrent strategies, funding streams, and initiatives (some pre-dating the Plan) attribution cannot be established with confidence at the 2-year mark. Findings are therefore framed in terms of Plan's influence and early effects, understood in terms of acceleration, alignment, and system-level change rather than direct causation.

## 3.4 Key Evaluation Questions

For the purposes of this 2-year evaluation report, the eight Key Evaluation Questions (KEQs) in the Framework have been grouped into five thematic categories to support synthesis and reporting of evaluation findings, as outlined in Table 4.

**Table 4: Thematic grouping of Key Evaluation Questions**

| Thematic category                              | KEQ                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Implementation progress</b>              | <b>KEQ1.</b> To what extent have the actions in the Plan been implemented?                                                                                                                                                                                                                                |
| <b>2. Influence and early effects</b>          | <b>KEQ4.</b> To what extent did the actions in the Plan meet the stated objectives/contribute to the intended outcomes of the Plan?<br><b>KEQ8.</b> As a result of implementing the actions in the Plan, what is the evidence to indicate improvements in relation to the goals and Strategic Objectives? |
| <b>3. Implementation barriers and enablers</b> | <b>KEQ2.</b> What factors hindered or enabled the implementation of actions in the Plan?<br><b>KEQ5.</b> What factors hindered or enabled the achievement of the Plan's stated objectives/contribution to the intended outcomes?                                                                          |

| Thematic category                           | KEQ                                                                                                                                                                                                                                                                                |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4. Risks and unintended consequences</b> | <b>KEQ6.</b> Has the implementation of the actions resulted in any unintended consequences (either positive or negative)?<br><b>KEQ7.</b> In the implementation of the Plan's actions, what risks arose to the achievement of stated objectives/contribution to intended outcomes? |
| <b>5. Future opportunities</b>              | <b>KEQ3.</b> To what extent do the actions in the Plan need to be adapted/changed?                                                                                                                                                                                                 |

## 4. Evaluation findings

### 4.1 Evaluation participants

Table 5 summarises participants engaged through consultations and the survey component of the evaluation. These data reflect direct stakeholder engagement only. Participation is reported using the following conventions:

- For organisational stakeholders (cancer sector, Aboriginal and Torres Strait Islander, jurisdictional), one consultation session is counted as one stakeholder.
- Consumers are counted as individual participants rather than by session.
- Invitee totals (response rate denominators): cancer sector stakeholders (non-Aboriginal and Torres Strait Islander) (n=27), Aboriginal and Torres Strait Islander stakeholders (n=11), jurisdictional stakeholders (n=8), and consumers (people affected by cancer) (n=12).
- Total unique evaluation participants are counted once across consultation and survey components.

**Table 5: Participants in consultations and survey activities**

| Stakeholder category                                 | Consultations            |                                        |                 | Survey          |                  | Total unique evaluation participants |
|------------------------------------------------------|--------------------------|----------------------------------------|-----------------|-----------------|------------------|--------------------------------------|
|                                                      | Sessions<br>( <i>n</i> ) | Participants<br>( <i>individuals</i> ) | Response rate   | Total responses | Unique responses |                                      |
| Cancer sector                                        | 20                       | 28                                     | 74%             | 49              | 45               | 55                                   |
| Aboriginal and Torres Strait Islander                | 8                        | 12                                     | 73%             | 2               | 2                | 8                                    |
| Jurisdictional                                       | 8                        | 19                                     | 100%            | 3               | 3                | 8                                    |
| Consumer (person affected by cancer) representatives | 3                        | 8                                      | 67%             | 3               | 3                | 11                                   |
| <b>Total</b>                                         | <b>39</b>                | <b>67</b>                              | <b>79% mean</b> | <b>57</b>       | <b>54</b>        | <b>82</b>                            |

## Summary of participant engagement

- Strong engagement was achieved across the cancer control sector, with 82 unique stakeholders participating across consultation and survey activities.
- Participants included 71 organisations and 11 consumers, with representation from all state and territory governments. This included 55 cancer sector stakeholders (non-Aboriginal and Torres Strait Islander) and 8 Aboriginal and Torres Strait Islander stakeholders.
- Participation patterns varied by stakeholder group: Aboriginal and Torres Strait Islander sector stakeholders, jurisdictional stakeholders, and consumers engaged primarily through consultations, while cancer sector stakeholders (non-Aboriginal and Torres Strait Islander) engaged more through the survey.
- Fourteen organisations (19%) participated in both consultation and survey activities, providing complementary perspectives across both data sources.

## 4.2 Implementation progress

### KEQ1. To what extent have the actions in the Plan been implemented?

#### KEY MESSAGES

- **Implementation architecture and governance:** A distributed implementation architecture supporting shared ownership, coordination, and collective accountability across the cancer control system has been established, with key mechanisms – including Implementation Partnerships – maturing.
- **System foundations and enabling reforms:** Cancer Australia has established a suite of frameworks, platforms, and Indigenous-led initiatives and partnerships that together provide the national infrastructure, governance, partnerships and capabilities required to support delivery of the Plan over its full 10-year horizon.
- **Scale of implementation activity:** There is substantial implementation activity across the cancer control sector. At the 2-year mark, progress is best characterised by the breadth and diversity of activity underway rather than consistent evidence of implementation maturity, completion, or impact.
- **Progress across the six strategic objectives:** The overall pattern of activity reflects a strong and collaborative implementation environment, with shared responsibility and reinforcing contributions across Commonwealth, jurisdictional, and partner-led initiatives indicating increasing system maturity. Activity is strongest under Strategic Objectives 1 (prevention and early detection), 2 (consumer experience), and 4 (data, research, and digital foundations). Activity under Strategic Objectives 5 (workforce) and 6 (Aboriginal and Torres Strait Islander equity) demonstrates solid foundations but highlights ongoing opportunities to deepen and extend implementation.
- **Reach and engagement with the Plan:** Engagement with the Plan is strongest among policy, research, leadership, and funded partners, where it functions as an active reference point for strategy, prioritisation and investment alignment. Awareness and use are more variable across the broader service system and community, indicating uneven penetration beyond core implementation actors and limited routine use in frontline settings.

**Figure 4: Who is involved in implementing the Australian Cancer Plan**

| Who is involved in implementing the Australian Cancer Plan                                                                                                              |                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Cancer Australia leadership</b><br>National leadership, system stewardship, coordination, reporting, engagement and foundational frameworks.                         | <b>Commonwealth Government</b><br>National policy settings, investment, reform priorities and implementation activity                                                             |
| <b>Advisory Groups</b><br>Strategic advice, sector expertise, governance input and oversight for implementation, monitoring and evaluation.                             | <b>Australian Comprehensive Cancer Network</b><br>Connects services, clinicians, researchers, consumers and organisations to share practices and support uptake of best practice. |
| <b>Jurisdictions</b><br>Align state and territory plans, policies and service delivery priorities, translate national direction into local action.                      | <b>Implementation Partners</b><br>Plan-aligned activities through formal non-financial partnerships supporting shared ownership and coordinated action.                           |
| <b>Consumers</b><br>Lived and living experience perspectives informing priorities, communication, evaluation and service improvement.                                   | <b>Sector organisations</b><br>Activity, advocacy, research, service delivery, workforce development and partnerships across cancer control.                                      |
| <i>Implementation depends on shared responsibility across governments, implementation partners, advisory structures, consumers and the broad cancer control sector.</i> |                                                                                                                                                                                   |

## 4.2.1 Implementation architecture and governance

### Shared responsibility across the cancer control sector

*“To succeed in improving cancer outcomes for all Australians, the implementation of the Plan is a shared responsibility and will require joint efforts from the entire cancer control sector.” Australian Cancer Plan<sup>52</sup>*

The implementation of the Plan is supported by Cancer Australia’s established leadership role within the cancer control system.

The Plan is an Australian Government-endorsed 10-year national cancer control reform agenda, developed by Cancer Australia through extensive consultation with governments, clinicians, researchers, consumers, Aboriginal and Torres Strait Islander stakeholders, and the broader cancer sector. As the Australian Government’s national cancer control agency, Cancer Australia has a legislated mandate under the Cancer Australia Act 2006<sup>53</sup> to provide national leadership in cancer control, advise government on cancer policy and priorities, coordinate across the sector, and assist with implementation of Commonwealth cancer policies and

<sup>52</sup> Australian Government Cancer Australia. Australian Cancer Plan. 2026. Available from: <https://www.australiancancerplan.gov.au/welcome> Accessed May 2026.

<sup>53</sup> Australian Government Federal Register of Legislation - Cancer Australia Act 2006. Available from: <https://www.legislation.gov.au/C2006A00035/latest/text> Accessed May 2026.

programs.<sup>54</sup> Within this mandate, implementation of the Plan is Cancer Australia's overarching strategic priority.

While supported by the Australian Government and associated Commonwealth funding measures, the Plan is not legislatively binding. Implementation relies on coordinated action and voluntary alignment across governments, health services, researchers, professional bodies, community organisations, and consumers. This distributed model - based on collaboration, partnership, and shared responsibility rather than centralised or regulatory control – frames the design, implementation, evaluation, and resourcing of the Plan as a collective endeavour across the sector.

Australia's collaborative implementation approach has been recognised internationally as good practice. The Union for International Cancer Control notes:

*“By clearly articulating goals, progress and responsibilities to the public, governments and stakeholders create a sense of collective ownership over cancer control efforts. This approach encourages engagement from communities, healthcare providers and civil society, ensuring that implementation is not seen as the sole responsibility of health authorities. Australia's plan exemplifies this principle by framing cancer control as a national endeavour that requires collaboration across sectors and active participation from the public. Effective communication strengthens confidence, promotes equity and helps sustain momentum for long-term success.”* Union for International Cancer Control, 2026<sup>55</sup>

Cancer Australia has established a range of governance, coordination, and engagement mechanisms to support whole-of-system implementation, including Implementation Partnerships; advisory and governance structures; and consultation and engagement mechanisms. While these mechanisms were not formally evaluated as part of the 2-year evaluation, they are documented below alongside relevant stakeholder perspectives raised during consultations.

The 2025 Independent Review of Cancer Australia provides independent confirmation that the agency is highly regarded across the sector and demonstrates strong governance and organisational capability. This external validation reinforces the observed high levels of stakeholder engagement and sector buy-in to the Plan, and highlights the importance of Cancer Australia's convening and coordinating role in enabling early implementation progress.

#### **4.2.1.1 Implementation Partnerships**

Implementation Partnerships are a key mechanism for cross-sector collaboration under the Plan. These are non-financial, non-legally binding agreements that provide a structured platform for health services, professional bodies, researchers, and community organisations to

---

<sup>54</sup> Australian Government Cancer Australia. Purpose and Functions. 2025. Available from: <https://www.canceraustralia.gov.au/about-us/who-we-work-with/purpose-functions> Accessed May 2026.

<sup>55</sup> Union for International Cancer Control. From strategy to action: assessing approaches and models to the design and implementation of national cancer control plans. Available from: [https://www.uicc.org/sites/default/files/2026-05/uicc\\_cpac\\_report\\_design\\_final\\_2026.pdf](https://www.uicc.org/sites/default/files/2026-05/uicc_cpac_report_design_final_2026.pdf) Accessed May 2026.

work with Cancer Australia to deliver Plan priorities. Through these partnerships, organisations identify and undertake activities aligned to Plan priorities. As of June 2026, there are 36+ Australian Cancer Plan Implementation Partners in place (Appendix D).

Implementation Partnerships are valued across the cancer control sector as a mechanism for collaboration and shared ownership, though many are newly established and key aspects of the model — including the partnership logo — are not yet widely known or utilised, with stakeholders also identifying peer networking and direct dialogue with Cancer Australia as opportunities to strengthen the model as it matures (Box 1).

**Box 1: Implementation Partnerships - stakeholder perspectives on a maturing model**

*"I saw someone's email the other day that included a little logo that said something like, 'We're an implementation partner of the Australian Cancer Plan'. I remember thinking, 'Oh, wow, I hadn't seen that before.'" — Cancer sector stakeholder in consultation*

*"The formal partnership was only signed off toward the end of last year. Then it was Christmas, and we've only just come back, so I can't say too much yet about whether it's working or not. We've really only just started." — Cancer sector stakeholder in consultation*

*"We need an Australian Cancer Plan conference... really allowing organisations to showcase and share what they're doing. That would then allow that collaboration and those linkages to occur." — Cancer sector stakeholder in consultation*

*"I don't know whether it's a meeting, or even just a meeting with Cancer Australia and the people leading those partnership agreements... because as much as you can write to Cancer Australia to tell them about the work that we're doing, I think a lot more comes about through open discussion." — Cancer sector stakeholder in consultation*

#### **4.2.1.2 Advisory and governance structures**

To support implementation, monitoring, and evaluation of the Plan, Cancer Australia has established new advisory and governance structures while also leveraging existing structures as appropriate.

The new governance structure established to support the evaluation included an Expert Advisory Group and internal working group, as outlined in Section 1.

The implementation of the Plan is supported by a collaborative national approach led by Cancer Australia and informed by engagement across governments and the broader cancer sector. Key advisory bodies—including the Cancer Australia Advisory Council, Intercollegiate Advisory Group, National Cancer Expert Group, Research and Data Advisory Group and the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control provide strategic advice on national priorities, sector coordination and opportunities for collective action. The ACCN and formal implementation partnerships with sector organisations further strengthen

collaboration, enabling coordination of activities, shared priority setting and collective ownership of Plan delivery across the cancer control community.

#### *4.2.1.3 Consultation and engagement mechanisms*

Implementation of the Plan is supported by a broad range of consultation and engagement mechanisms that promote sector collaboration, transparency and shared ownership. These include Cancer Australia's social media and communications mechanisms, and the Engagement Hub. Consultation processes to inform the development and refinement of key foundational frameworks, including the Data Framework, OCP Framework and the Cancer Genomics Framework.

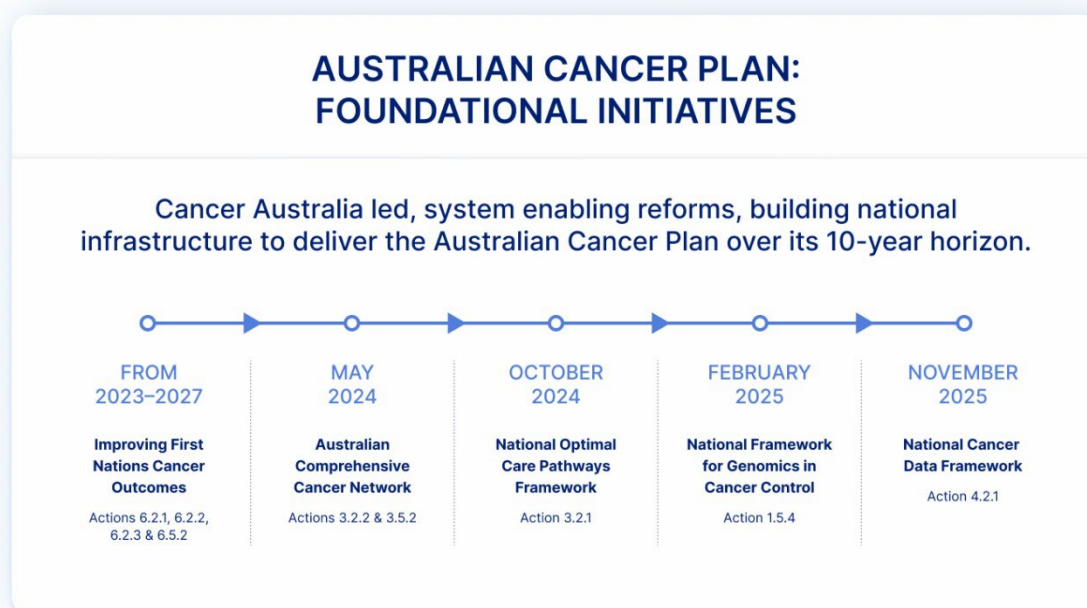
Engagement has also been facilitated through national roadshows, targeted stakeholder consultations and participation in sector conferences and forums, enabling ongoing dialogue with governments, clinicians, researchers, consumers and peak bodies. The ACCN, including its showcase events, further supports cross-sector engagement by connecting stakeholders, promoting visibility of implementation activities and enabling the sharing of emerging practice and innovation across the cancer control system.

## 4.2.2 System foundations and enabling reforms

**Table 6: Foundational initiatives from the Plan**

| Initiative                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Relevant actions in the Plan              | Date published/launched | Evaluation and evaluation plan | Implementation or action plan |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------|--------------------------------|-------------------------------|
| <b>National Framework for Genomics in Cancer Control</b>                                                                                                                                                                                                                                                                                                                                                                                                                    | <i>Action 1.5.4</i>                       | February 2025           | No                             | In development                |
| <b>National Optimal Care Pathways Framework</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | <i>Action 3.2.1</i>                       | October 2024            | No                             | No                            |
| <b>Australian Comprehensive Cancer Network Framework and Australian Comprehensive Cancer Network</b>                                                                                                                                                                                                                                                                                                                                                                        | <i>Actions 3.2.2, 3.5.2</i>               | May 2024                | No                             | No                            |
| <b>National Cancer Data Framework</b>                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>Action 4.2.1</i>                       | November 2025           | No                             | In development                |
| <b>Improving cancer outcomes for Aboriginal and Torres Strait Islander people</b> <ul style="list-style-type: none"> <li>• Partnerships for culturally safe cancer care grant program</li> <li>• Partnerships for Cancer Research grant program</li> <li>• First Nations Cancer Scholarships</li> <li>• Guide to co-design for Aboriginal and Torres Strait Islander people</li> <li>• Building the Aboriginal and Torres Strait Islander cancer care workforce.</li> </ul> | <i>Actions 6.2.1, 6.2.2, 6.2.3, 6.5.2</i> | Ongoing 2023-2027       | Yes                            | No                            |

**Figure 5: Australian Cancer Plan - Foundational initiatives**



These Cancer Australia-led initiatives represent foundational, system-enabling reforms under the Plan. They are intentionally designed to establish the national infrastructure, governance, partnerships and capabilities required to support delivery of the Plan over its full 10-year horizon. Collectively, these initiatives lay the groundwork for consistent, equitable and data-driven cancer control by creating shared frameworks, national platforms and Indigenous-led approaches that enable subsequent actions, investments and reforms to be implemented at scale.

In addition, the Department of Health, Disability and Ageing has implemented the Australian Cancer Nursing and Navigation Program (ACNNP), strengthening national cancer care capacity and supporting more coordinated, patient-centred care.

### National Framework for Genomics in Cancer Control (Cancer Genomics Framework)

The Cancer Genomics Framework was developed to guide the effective and equitable integration of genomics across the cancer care continuum, improving prevention, diagnosis, treatment and outcomes while safeguarding patient rights and promoting equity of access.

Cancer Australia led a collaborative development process involving clinicians, researchers, governments, consumer organisations, pathology providers, and Aboriginal and Torres Strait Islander community representatives. Consultation occurred through workshops, targeted meetings and public feedback, ensuring alignment with diverse sector needs and Indigenous Data Sovereignty principles.

The Cancer Genomics Framework was released in February 2025, ahead of the 5-year goal. Early implementation includes development of community genomics health literacy resources,

collaboration with the Australian Alliance for Indigenous Genomics, and establishment of the Cancer Genomics Clinical Trials Fund. Cancer Australia is working with Genomics Australia to align delivery with the National Health Genomics Policy Framework.

## National Optimal Care Pathways Framework (OCP Framework)

The OCP Framework was developed to standardise the development, update, evaluation and uptake of OCPs, embedding them as routine cancer care and setting national benchmarks for safe, high-quality, person-centred care.

The OCP Framework was developed through extensive consultation with clinicians, allied health professionals, consumers, service planners and policy makers, including public consultation. It is underpinned by principles of equity, collaboration, person-centred care and future-focused design.

Published in October 2024, the OCP Framework now guides national OCP development and use. Cancer Australia is progressing several implementation priorities of the OCP Framework including:

- Digitising OCPs to enable tailored access relevant to individual circumstances.
- Scoping national quality indicators to measure optimal care, including supportive care.
- Increasing priority population OCPs, to address intersectionality and improve outcomes.
- Updating content including the common template to ensure consistency across principles and steps.
- Improving tools and information to support earlier diagnosis in primary care.
- Implementing a comprehensive communications strategy to enhance awareness and confidence.

## Australian Comprehensive Cancer Network (ACCN)

The ACCN has been established to deliver equitable access to comprehensive, high-quality cancer care across Australia by connecting services, expertise and innovation, enabling care as close to home as safely possible.

Building on the Plan's consultations, Cancer Australia established the ACCN Framework and a sector-owned ACCN Committee in late 2023, with representation from metropolitan, regional and rural services, Aboriginal and Torres Strait Islander cancer control, primary care and consumers.

Launched in May 2024, the ACCN operates as a virtual national network. Membership has grown to over 1,520 members nationwide who are able to connect and collaborate through the online ACCN discussion forum. Implementation activities include the annual Innovations Showcase, delivery of the Networking for Cancer Equity Grants program, improving networked comprehensive cancer care through regional, rural and remote workshops, and supporting services to demonstrate their commitment to Standards of Excellence.

## National Cancer Data Framework (Data Framework)

The Data Framework aims to establish a harmonised, sustainable cancer data ecosystem that supports evidence-based cancer control across prevention, screening, clinical care, service delivery and research, and improves equity and outcomes. Cancer Australia led the creation of the Data Framework, in partnership with the Australian Institute of Health and Welfare and Cancer Council Australia.

The Data Framework was developed through extensive consultation with governments, cancer registries, clinicians, researchers, consumers, data experts, and Aboriginal and Torres Strait Islander stakeholders, ensuring alignment with Indigenous Data Sovereignty principles.

Launched in November 2025, implementation is underway through collaboration with the sector including the Australian Cancer Data Alliance and Australasian Association of Cancer Registries, alignment of jurisdictional systems, development of components of the National Performance Monitoring System including system level indicators and initiatives such as the Australian Real World Cancer Evidence Network (PanCancer Initiative)<sup>56</sup> partnership between Cancer Australia, Department of Health and Aged Care, and Movember.

## Improving First Nations Cancer Outcomes measure

The Improving First Nations Cancer Outcomes program is an Australian Government investment to strengthen culturally safe, equitable cancer care for Aboriginal and Torres Strait Islander people across the cancer continuum.

The program supports efforts to reduce inequities in cancer outcomes and experiences for Aboriginal and Torres Strait Islander people by strengthening culturally safe cancer care, enabling Indigenous leadership, and building research and workforce capability.

Initiatives have been co-designed with Aboriginal and Torres Strait Islander leadership, guided by the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control and Indigenous-led working groups, embedding shared decision-making and culturally safe approaches across program delivery.

The program has been established to address inequities and improve cancer outcomes and experiences for Aboriginal and Torres Strait Islander people through culturally safe care,

Indigenous leadership, research capacity building and workforce development initiatives have been co-designed with Aboriginal and Torres Strait Islander leadership, guided by the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control and Indigenous-led working groups, embedding shared governance and culturally safe approaches.

---

<sup>56</sup>Movember. The Australian Real World Cancer Evidence Network (Pan Cancer Initiative). Available from: <https://www.pancancer.movember.com/>. Accessed June 2026.

Under the measure, Cancer Australia is leading delivery of several national initiatives, including:

- Partnerships for Culturally Safe Cancer Care grant program
- Partnerships for Cancer Research grant program
- First Nations Cancer Scholarship program (with the Aurora Education Foundation)
- Refresh of the OCP for Aboriginal and Torres Strait Islander People with Cancer

These programs are supporting locally tailored, partnership-based models of care, Indigenous-led research, and workforce capacity building initiatives.

### 4.2.3 Scale of implementation activity

*"My overall impression is that two years in, some good progress has been made — undoubtedly, for only two years."* — Cancer sector stakeholder in consultation

Analysis of activities mapped against the Plan shows substantial system-wide momentum, with Commonwealth, state and territory, and partner-led initiatives collectively advancing all six strategic objectives. The Plan includes 24 actions scheduled for implementation within the first two years. The volume, diversity and breadth of activity indicate strong alignment with both the Plan's 2-year actions and its longer-term 5-year ambitions, reflecting a shared national commitment to improving cancer outcomes through coordinated action.

Information gathered through the Plan's existing implementation monitoring enabled high-level analysis of the types of activities being undertaken, the organisations involved, and alignment with Plan goals and actions. To support transparency and accountability, Cancer Australia launched the public-facing Implementing the Plan webpage,<sup>57</sup> which provides a consolidated and interactive view of implementation activity across the Plan. As of June 2026, there were at least 333 initiatives in progress by implementation partners, jurisdictions and Commonwealth government. This provides an important early signal of where effort is being directed across the sector and supports an initial assessment of implementation momentum.

The findings point to opportunities to strengthen future monitoring through the inclusion of additional data elements, such as reach (including geographical coverage, population breadth, and priority populations) and scale (including the magnitude of activities). Current reporting is also likely to underrepresent the full extent of implementation activity, with 47% of survey respondents reporting they had never submitted activity information through existing reporting mechanisms. Collecting these data over time would enhance the maturity of monitoring arrangements and provide a more robust evidence base for assessing progress and impact at the 5-year evaluation.

Implementation activity is strongest under Strategic Objectives 1 (Maximising Cancer Prevention and Early Detection), 2 (Enhanced Consumer Experience), and 3 (World Class Health Systems for Optimal Care, and 4 (Strong and Dynamic Foundations). These areas

---

<sup>57</sup> Australian Government Cancer Australia. Australian Cancer Plan Implementing the Plan. 2026. Available from: <https://www.australiancancerplan.gov.au/implementation-plan>. Accessed June 2026.

demonstrate broad engagement across stakeholder groups, with initiatives reinforcing one another across policy, service delivery, and system stewardship.

Activity under Strategic Objectives 5 (Workforce to Transform the Delivery of Cancer Care) and 6 (Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander people) demonstrates solid foundations but highlights ongoing opportunities to deepen and extend implementation.

Overall, the pattern of activity at the 2-year point indicates a strong and collaborative implementation environment characterised by shared responsibility, reinforcing contributions, and increasing system maturity. At the same time, it identifies areas where more targeted effort could accelerate progress towards the Plan's 5-year ambitions, ensuring early momentum translates into sustained, equitable and system-wide impact.

Importantly, the scale of activity observed at the 2-year point reflects the Plan's staged approach to implementation. Many of the first 2-year actions focus on establishing the governance, partnerships, systems, frameworks and evidence base needed for coordinated national action. These foundational platforms create the conditions for shared initiatives to be implemented and scaled over time, supporting progress towards the Plan's 5-year goals and long-term outcomes.

## Strategic Objective 1 - Maximising cancer prevention and early detection

### *Actions 1.2.1, 1.2.2, 1.2.3, 1.2.4, 1.2.5*

The highest concentration of activity aligns to action 1.2.1, reflecting sustained system focus on population-level prevention and screening participation through national programs, jurisdictional frameworks and partner-led education and engagement. Emerging innovation is also evident under actions 1.2.4 and 1.5.4, where genomics-informed screening, risk stratification and research translation are beginning to support more targeted and personalised approaches.

A significant milestone has been the establishment of the National Lung Cancer Screening Program, reflecting progress towards a more coordinated and evidence-based approach to cancer prevention and early detection.

While activity across prevention is strong overall, opportunities remain to further expand work under later-stage 5-year actions, particularly those focused on embedding new evidence and emerging technologies consistently across jurisdictions.

## Strategic Objective 2 - Enhanced consumer experience

### *Actions 2.2.1, 2.2.2, 2.2.3*

The largest number and most diverse suite of implementation activities. Strong alignment to actions 2.2.1, 2.2.2 and 2.2.3 demonstrates widespread commitment to navigation, supportive care, information provision and culturally responsive models of care. Partner-led initiatives play a particularly prominent role, complementing Commonwealth and jurisdictional investments. This collective effort signals solid progress towards the 2-year goal of improving person-centred care. Opportunities for increased activity are most evident by the smaller number of initiatives aligned to the 5-year actions, suggesting scope to strengthen longer-term consumer outcomes, including sustained self-management, survivorship and system-level learning from lived experience.

## Strategic Objective 3 - World-class health systems

### *Actions 3.2.1, 3.2.2, 3.2.3, 3.2.4, 3.2.5*

Reflects coordinated investment across treatment pathways, multidisciplinary care and palliative and end-of-life care. Actions 3.2.3 and 3.2.4 are particularly well represented, indicating strong system capability in delivering complex care and supporting people across the cancer continuum. Activity aligned to actions 3.5.1 and 3.5.3 demonstrates growing emphasis on quality improvement, performance monitoring and learning health systems.

The establishment of the ACNNP demonstrates a commitment to ensuring all people affected by cancer have access to high-quality, culturally safe care. Comparatively lower activity is seen against some advanced system transformation actions suggesting opportunities to further embed continuous improvement approaches and scale promising models nationally over time.

## Strategic Objective 4 - Strong and dynamic foundations

### *Actions 4.2.1, 4.2.2, 4.2.3, 4.2.4*

There is clear momentum towards building a more integrated cancer data, research and digital ecosystem. Significant activity aligns to actions 4.2.1, 4.2.2 and 4.2.3, reflecting coordinated effort to strengthen data, clinical trials, digital infrastructure and research translation. This strongly supports the Plan's 5-year ambition for a nationally connected, learning health system. Opportunities for further activity are most evident in areas related to outcomes reporting and advanced use of linked data (e.g. within the 5-year actions), where continued maturation and integration could further enhance system-wide insight.

## Strategic Objective 5 - Workforce

### *Actions 5.2.1, 5.2.2, 5.2.3, 5.2.4*

Implementation of workforce activities to transform care shows solid foundations, particularly under actions 5.2.2 and 5.5.2, where education, training and professional development initiatives are well established across jurisdictions and partners. Workforce activity is increasingly linked to service reform, cultural safety and new models of care. However, relatively lower levels of activity across some workforce planning and sustainability actions highlight opportunities to further strengthen long-term capability, supply and diversity of the cancer workforce nationally.

## Strategic Objective 6 - Aboriginal and Torres Strait Islander equity

### *Actions 6.2.1, 6.2.2, 6.2.3*

Sustained and visible commitment is evident, with activity across actions 6.2.1, 6.2.3 and 6.5.2 indicating progress in co-design, culturally safe care and Indigenous data sovereignty. While this represents meaningful system advancement, the distribution of activity suggests ongoing opportunity to expand implementation and ensure equity-focused approaches are consistently embedded across all strategic objectives, not only within dedicated equity actions.

### 4.2.4 Reach and engagement with the Plan

*As a proxy indicator of implementation, the evaluation considered reach and engagement with the Plan.*

#### *4.2.4.1 Survey data*

- 73% of respondents reported being very familiar with the Plan.
- Visibility of the Plan was most commonly reported across social media channels.
- Implementation partner status was the most common form of engagement.
- Awareness and engagement were lower among service providers and consumers.

#### *4.2.4.2 Consultation data*

Stakeholders engaged with the Plan at multiple stages – prior to its launch, during development, and throughout implementation – using it to inform priorities, align policies and partnerships, support grant and budget applications, and guide funded initiatives. This is detailed further in Section 4.3.

#### *4.2.4.3 Aboriginal and Torres Strait Islander stakeholder feedback*

Engagement with the Plan was strong among peak bodies, Aboriginal and Torres Strait Islander leaders, and funded partners, particularly those involved in policy and system-level reform. The Plan was commonly described as a useful reference and anchor document for strategic thinking, advocacy, and funding alignment. Stakeholders particularly valued the Plan's explicit and embedded focus on Aboriginal and Torres Strait Islander peoples, with equity woven throughout the Plan rather than treated as a standalone issue.

However, engagement was more uneven across the broader service system. The Plan was reported as most actively used at the system, policy and leadership level rather than as a day-to-day operational tool for frontline services. Awareness and practical use varied outside policy, leadership and funded partner circles, and the Plan was not always well understood at the local service or community level.

#### *4.2.4.4 Broader reach indicators*

To complement direct stakeholder engagement data, searches across three platforms using the term “Australian Cancer Plan” were conducted for the period from November 2023 (when the Plan was launched) to mid-May 2026. Results should be interpreted as indicative measures of reach at the 2-year mark, providing a preliminary view of the Plan's visibility and uptake across policy, academic, and parliamentary domains (Table 7). The full dataset is held by Cancer Australia.

**Table 7: Broader reach indicators**

| Platform | What it measures                                                                                            | Results | Illustrative examples                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------|-------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Overton  | Policy citations across government reports and grey literature (direct and indirect references)             | 58      | Australian Government Response to the Senate Inquiry into Equitable access to diagnosis and treatment for individuals with rare and less common cancer <sup>58</sup><br>Nurse Practitioner Workforce Plan <sup>59</sup><br>Medical Research Future Fund (MRFF) 3rd 10-year Investment Plan (2024-25 to 2033-34) <sup>60</sup>                                                                                                                                                                                                     |
| Scopus   | Peer-reviewed academic citations (modest counts expected at two years given typical publication timeframes) | 101     | Setting the policy agenda for cancer control reform: Australia's first national cancer control plan, in <i>The Medical Journal of Australia</i> <sup>61</sup><br>Examining the historical evolution of cancer policy in Australia: impact of key initiatives on equity and outcomes, in <i>The Lancet Regional Health - Western Pacific</i> <sup>62</sup><br>Patient-reported outcomes (PROs) as personalised cancer care: report from a 2023 Australian consensus meeting (PROActive), in <i>eClinicalMedicine</i> <sup>63</sup> |
| Hansard  | Formal parliamentary mentions across Senate, House of Representatives, Federation Chamber and committees    | 19      | Senate, 17 November 2023: Questions without notice – Health care <sup>64</sup><br>Community Affairs References Committee, 1 February 2024: Equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer <sup>65</sup><br>Federation Chamber - Private Members' Business, 4 November 2024: Genetic Screening <sup>66</sup>                                                                                                                                       |

<sup>58</sup> Australian Government Department of Health, Disability and Ageing. Australian Government response to the Senate Inquiry into Equitable access to diagnosis and treatment for individuals with rare and less common cancer. 2025. Available from: <https://www.health.gov.au/sites/default/files/2025-09/australian-government-response-to-the-senate-inquiry-into-equitable-access-to-diagnosis-and-treatment-for-individuals-with-rare-and-less-common-cancer.pdf>. Accessed June 2026.

<sup>59</sup> Australian Government Department of Health, Disability and Ageing. Nurse Practitioner Workforce Plan. 2023. Available from: <https://www.health.gov.au/resources/publications/nurse-practitioner-workforce-plan>. Accessed June 2026.

<sup>60</sup> Australian Government Department of Health, Disability and Ageing. MRFF 3rd 10-year Investment Plan (2024-25 to 2033-34). 2024. Available from: <https://www.health.gov.au/sites/default/files/2024-06/mrff-3rd-10-year-investment-plan-2024-25-to-2033-34.pdf>. Accessed June 2026.

<sup>61</sup> Cite: Chaji D, Boltong A, Der Vartanian C, Lambert A, Toms C, Milch V, et al. Setting the policy agenda for cancer control reform: Australia's first national cancer control plan. *Med J Aust*. 2023;219(10):451-4

<sup>62</sup> Rodi H, Chapman A, Bergin RJ, Grogan P, Varlow M, Boltong A, et al. Examining the historical evolution of cancer policy in Australia: impact of key initiatives on equity and outcomes. *The Lancet Regional Health - Western Pacific*. 2026;66:101731

<sup>63</sup> Mazariego CG, Avery S, Delaney GP, Fardell JE, Hayes S, Haywood D, et al. Patient-reported outcomes (PROs) as personalised cancer care: report from a 2023 Australian consensus meeting (PROActive). *eClinicalMedicine*. 2025;85

<sup>64</sup> Parliament of Australia. Senate Hansard. Questions without notice – Health Care: Cancer. 2023. Available from: [https://www.aph.gov.au/Parliamentary\\_Business/Hansard/Hansard\\_Display?bid=chamber/hansards/27145/&sid=0159](https://www.aph.gov.au/Parliamentary_Business/Hansard/Hansard_Display?bid=chamber/hansards/27145/&sid=0159). Accessed June 2026.

<sup>65</sup> Parliament of Australia. Hansard. Community Affairs References Committee - Equitable access to diagnosis and treatment for individuals with rare and less common cancers, including neuroendocrine cancer. 2024. Available from: [https://www.aph.gov.au/Parliamentary\\_Business/Hansard/Hansard\\_Display?bid=committees/commsen/27561/&sid=0007](https://www.aph.gov.au/Parliamentary_Business/Hansard/Hansard_Display?bid=committees/commsen/27561/&sid=0007). Accessed June 2026.

## 4.3 Influence and early effects

**KEQ4.** To what extent did the actions in the Plan meet the stated objectives/contribute to the intended outcomes of the Plan?

**KEQ8.** As a result of implementing the actions in the Plan, what is the evidence to indicate improvements in relation to the goals and Strategic Objectives?

### KEY MESSAGES

- **The Plan is functioning primarily as an authorising and strategic framework:** Its clearest effects are at the system level - shaping policy priorities, legitimising action, and providing a shared direction for the cancer control sector.
- **System-level influence is strong across multiple domains:** Two years into a 10-year reform agenda, the Plan's strongest influences are seen in improved national alignment and policy coherence, elevated attention to equity, strengthened collaboration across the sector, and the establishment of national infrastructure.
- **Elevation of equity is the most significant and consistently reported finding of the evaluation:** The Plan is shifting equity — particularly Aboriginal and Torres Strait Islander cancer outcomes — from a commitment dependent on individual champions toward a shared system-wide priority, moving beyond framing to actively resource Indigenous-led initiatives and partnerships.
- **Downstream changes at the service and patient level remain at an early stage and are not yet clearly evident:** Consumers reported the least visible change of any stakeholder group, suggesting that implementation and system-level reform have not yet translated into widespread, meaningful improvements in frontline experiences and outcomes.
- **Translating system-level gains into frontline impact is the defining challenge for the next phase:** There is broad but cautious optimism that current progress will lead to measurable population health impact over time, but extending the Plan's influence from policy and leadership circles to frontline services and community settings remains an important focus.

<sup>66</sup> Parliament of Australia. Hansard. Federation Chamber – Genetic Screening. 2024. Available from: [https://www.aph.gov.au/Parliamentary\\_Business/Hansard/Hansard\\_Display?bid=chamber/hansardr/28585/&sid=0415](https://www.aph.gov.au/Parliamentary_Business/Hansard/Hansard_Display?bid=chamber/hansardr/28585/&sid=0415). Accessed June 2026.

**Figure 6: The Australian Cancer Plan is shaping system level change**

| <b>The Australian Cancer Plan is shaping system-level change</b><br>At the 2-year mark, the strongest effects are seen in influence, alignment and enabling conditions rather than direct service-level outcomes.                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. National alignment and policy coherence                                                                                                                                                                                                                                                                      | 2. Elevation of equity                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>The Plan is functioning as a shared national framework for cancer control.</b><br>It is shaping policy priorities, supporting alignment between jurisdictions and sectors, and giving organisations a common reference point for strategy, planning, investment and advocacy.                                | <b>Equity has been elevated from a principle to a shared system-wide priority.</b><br>The Plan has strengthened visibility, legitimacy and resourcing for equity-focused action, particularly for Aboriginal and Torres Strait Islander cancer outcomes, and is supporting Indigenous-led initiatives and partnerships.                                                                                                              |
| 3. Strengthened collaboration                                                                                                                                                                                                                                                                                   | 4. National infrastructure                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>The Plan is catalysing new partnerships and strengthening existing ones.</b><br>Implementation partnerships, the ACCN and broader sector engagement are helping connect governments, cancer organisations, health services, researchers, consumers and priority population sectors around shared priorities. | <b>Foundational frameworks, platforms and system capabilities are now in place.</b><br>National initiatives such as the National Optimal Care Pathways Framework, National Framework for Genomics in Cancer Control, National Cancer Data Framework, the Australian Comprehensive Cancer Network and Improving First Nations Cancer Outcomes initiatives provide infrastructure to support implementation over the life of the Plan. |
| <b>Together, these effects show that the Plan is operating as a national system stewardship mechanism.</b><br><b>The next challenge is translating system-level gains into consistent frontline delivery, measurable outcomes and improved experiences for people affected by cancer.</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                      |

### 4.3.1 Stronger national alignment and policy coherence

Since its launch in November 2023, the Plan has functioned primarily as an authorising and strategic framework, with its clearest effects at the system level — shaping policy priorities, legitimising action, and providing a shared direction for the cancer control sector.

*“The Australian Cancer Plan acts as a framework that aligns with state and territory plans, setting strategic goals and concentrating national efforts on areas requiring coordinated action. Rather than duplicating existing plans, it complements them, leverages state initiatives, and prioritises national issues such as equity. Building on state and territory plans, it directs attention to where national coordination is most needed.”* Union for International Cancer Control, 2026<sup>67</sup>

<sup>67</sup> Union for International Cancer Control. From strategy to action: assessing approaches and models to the design and implementation of national cancer control plans. Available from: [https://www.uicc.org/sites/default/files/2026-05/uicc\\_cpac\\_report\\_design\\_final\\_2026.pdf](https://www.uicc.org/sites/default/files/2026-05/uicc_cpac_report_design_final_2026.pdf). Accessed June 2026.

For example, Chris O'Brien Lifehouse has explicitly aligned its organisational strategy and governance reporting to the Plan's priorities, positioning its activities as contributing to national cancer control objectives.<sup>68</sup> The Pancare Foundation has similarly aligned its organisational, research and advocacy strategies with the Plan's strategic objectives.<sup>69</sup> Cancer Council Australia has drawn on the Plan to inform policy and pre-budget submissions, using its priorities to frame national investment proposals.<sup>70</sup> Ovarian Cancer Australia has also identified the Plan as an important influence on its strategic planning and service delivery direction.<sup>71</sup> Sector alignment is expected to continue as implementation matures.

**Table 8: State and Territory Cancer Plans**

| State/<br>Territory    | ACT              | NT                            | NSW                                                  | QLD                      | SA                       | TAS                           | VIC                       | WA                          |
|------------------------|------------------|-------------------------------|------------------------------------------------------|--------------------------|--------------------------|-------------------------------|---------------------------|-----------------------------|
| Current plan           | X                | X                             | ✓                                                    | ✓                        | ✓                        | X                             | ✓                         | X                           |
| Title/ status          | No plan underway | In progress; anticipated 2026 | NSW Cancer Plan 2022-2027. New plan also in progress | QLD Cancer Strategy 2024 | SA Cancer Plan 2025-2029 | In progress; anticipated 2026 | VIC Cancer Plan 2024-2028 | In progress; timing unknown |
| Indigenous cancer plan | X                | X                             | ✓                                                    | ✓                        | X                        | X                             | ✓                         | X                           |

While the Plan is functioning effectively as a shared organising framework, stakeholders identified an opportunity to strengthen how it directs investment across government – with some noting that funding decisions across the grants landscape do not always reflect Plan priorities (Box 2). Strengthening alignment between the Plan and broader investment mechanisms - across Commonwealth, state and territory, and non-government funding streams – is an opportunity for the next phase.

<sup>68</sup> Chris O'Brien Lifehouse. 2025 Annual Report. 2025. Available from: [https://www.mylifehouse.org.au/wp-content/uploads/2025/11/Chris\\_O'Brien\\_Lifehouse\\_Annual\\_Report\\_2025.pdf](https://www.mylifehouse.org.au/wp-content/uploads/2025/11/Chris_O'Brien_Lifehouse_Annual_Report_2025.pdf). Accessed June 2026.

<sup>69</sup> Pancare Foundation. Our Research Strategy. 2025. Available from: <https://www.pancare.org.au/research>. Accessed June 2026.

<sup>70</sup> Cancer Council Australia. Pre-budget submission. 2025. Available from: <https://www.cancer.org.au/assets/pdf/policy-and-advocacy/pre-budget-submission-2025-26>. Accessed June 2026.

<sup>71</sup> Ovarian Cancer Australia. Impact Report 2023-24. 2024. Available from: [https://www.datocms-assets.com/102334/1765162185-oaca\\_annualreport25\\_v12\\_web.pdf](https://www.datocms-assets.com/102334/1765162185-oaca_annualreport25_v12_web.pdf). Accessible June 2026.

### **Box 2: Stakeholder perspectives on national alignment and policy coherence**

*"The six main pillars of the Australian Cancer Plan are mirrored in the six main pillars of the South Australian Cancer Plan. That alignment was done deliberately when the South Australian Cancer Plan was being written."* — Jurisdictional stakeholder in consultation

*"The Australian Cancer Plan was released during the consultation for the [development of the] current Victorian Cancer Plan. So there was certainly a lot of interest and engagement with what was happening with the Australian Cancer Plan so that we could align."* — Jurisdictional stakeholder in consultation

*"We did develop a new plan in 2022, ready to go, but then the national cancer plan came out. So we delayed our strategy to reflect alignment with the cancer plan."* — Jurisdictional stakeholder in consultation

*"We're guided by the Australian Cancer Plan as the preeminent document that guides the national approach to cancer control in Australia."* — Commonwealth stakeholder in consultation

*"We sit at the nexus of Commonwealth and States and territories. Having these kinds of documents that have buy-in across governments is really useful to help us in promoting the kinds of data improvements and harmonisations that we try and do."* — Commonwealth stakeholder in consultation

*"I think there's still sometimes a bit of a scattergun approach [to grants and funding]. How can this be used to bridge the gap between the different funding mechanisms?"* — Commonwealth stakeholder in consultation

### **4.3.2 Elevation of equity as a system-wide priority**

The most significant and consistently reported finding of the evaluation is the Plan's elevation of equity as a central system priority, particularly Aboriginal and Torres Strait Islander cancer outcomes and equity for priority populations more broadly. This has positioned equity as a shared responsibility and increased its visibility across policy, funding, workforce, research, and service planning.

The Plan provides a nationally endorsed rationale and shared mandate for organisations to prioritise equity in ways that were previously more difficult to sustain without explicit national direction. By explicitly identifying equity as central to success and embedding it across the entirety of the Plan, it has helped shift equity from an optional or peripheral consideration to an increasingly collectively legitimised priority across the system. Stakeholders emphasised that this is shifting equity from a commitment dependent on individual champions toward a broadly shared, institutionally reinforced priority (Box 3).

**Aboriginal and Torres Strait Islander stakeholders** described this as both validating and transformative. The Plan has provided legitimacy, shared language, and permission for

conversations that were previously more contested or difficult to sustain. Stakeholders noted this has enabled a more integrated view of Aboriginal and Torres Strait Islander cancer care across the full continuum — from prevention and screening through to treatment, survivorship, and palliative care.

Critically, this has extended beyond framing – the Plan has prioritised and actively resourced Indigenous-led initiatives and partnerships, including through the First Nations Cancer Scholarship Program, the Partnerships for Culturally Safe Cancer Care Grant Program and the refreshed OCP for Aboriginal and Torres Strait Islander People with Cancer. Early signals of the positive impact of some of these funded initiatives are already emerging, with stakeholders pointing to growing Indigenous leadership and research capacity, stronger workforce pipelines, and deepening partnerships between Aboriginal and Torres Strait Islander community-controlled organisations and mainstream cancer services.

### **Box 3: Stakeholder perspectives on elevation of equity as a system-wide priority**

*"Having a strategy that explicitly addresses equity and Aboriginal and Torres Strait Islander people is just a godsend — it now gives people a remit and things to do. It's really elevated the conversation and the action."* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"Because it's in there, because there are certain things in there, it does shift things — the debate about getting something on the table is no longer there. It is now a matter of we have to deliver on the Australian Cancer Plan. And I think particularly in the Indigenous health space, that's where the conversation's really shifted."* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"When Cancer Australia says equity is now really important, it gives us all a licence to go — hey, look, this is now Australia's priority."* — Cancer sector stakeholder (non-Aboriginal and Torres Strait Islander) in consultation

*"One of the things that I immediately did was go to the Australian Cancer Plan to understand what the expectation was for First Nations people and with that equity lens. That was really helpful — that information was very clear."* — Jurisdictional stakeholder in consultation

### **4.3.3 Strengthened collaboration and partnerships**

The Plan has catalysed new partnerships and strengthened existing ones, including across sectors beyond cancer control - mental health, disability, CALD communities, and Aboriginal and Torres Strait Islander health. Plan-enabled engagement beyond the cancer sector is influencing program design, resource allocation, and cross-disease collaboration, particularly around shared equity priorities that were previously fragmented.

The Implementation Partnership model and the ACCN were identified by stakeholders as key mechanisms supporting collaboration and partnerships (Box 4). Collaboration has also

extended into community settings through new multicultural and Indigenous partnerships. However, collaboration remains variable in depth and sustainability, and dependent in part on the availability of dedicated funding and formal partnership structures.

#### **Box 4: Stakeholder perspectives on strengthened collaboration and partnerships**

*"We're collaborating much more closely than we ever had before — across patient organisations and other sectors, with priority populations."* — Cancer sector stakeholder in consultation

*"It's started to bring different components of cancer care together — what happened in the NGO space was over there, and what happened in government was over there. What the cancer plan has done is start to bring those together."* — Cancer sector stakeholder in consultation

*"It's enabled conversations with health organisations that aren't in the cancer sector — especially around the priority population groups — creating conversations that may not otherwise have happened."* — Cancer sector stakeholder in consultation

#### **4.3.4 Establishment of national infrastructure**

As detailed in Section 4.2, the Plan has established tangible national infrastructure — including frameworks, governance structures, partnerships, and system capabilities — that is expected to strengthen the foundations for delivery and accelerate progress toward its 5- and 10-year ambitions. Stakeholders consistently valued this infrastructure for enabling more connected, coordinated and nationally coherent cancer control, while identifying sustained investment and operationalisation at scale as the central challenge for the next phase (Box 5).

#### **Box 5: Stakeholder perspectives on establishment of national infrastructure**

*"The ACCN and other things that have come from Cancer Australia- reaching out to networks and engaging with the people at the coalface - has been really important and helps people like myself [in smaller jurisdictions] to feel included nationally."* — Jurisdiction stakeholder in consultation

*"Cancer Australia have done great work with the National Data Framework — those elements are really important to the work we're doing."* — Cancer sector stakeholder in consultation

*"We've got fantastic frameworks and we've done all of the work on most of those 2-year actions, but now the rubber hits the road — how do we actually go from the frameworks and the system-setting pieces to implementation that reaches the potential the framework hopes it does?"* — Commonwealth stakeholder in consultation

*"The Data Framework is great, the Genomics Framework is good. The challenge is going to be to actually operationalise all of those and work out how that can be done nationally in a standardised, consistent fashion."*— Jurisdictional stakeholder in consultation

#### 4.3.5 Service and patient level change

Downstream changes at the service and patient level remain at an early stage and are not yet clearly evident. Consumers — the group the Plan ultimately serves — reported the least visible change of any stakeholder group. While broadly supportive of the Plan's intent, consumer participants consistently distinguished between system-level activity and their lived experience, describing limited observable change in care delivery, low public awareness of the Plan, and inequities across cancer types, settings and population groups, drawing on their own lived experience and broader observations (Box 6). This suggests a lag between system-level reform activity and consumer-visible change in experience and outcomes, consistent with what can reasonably be expected at this stage of a 10-year reform agenda, where system-level foundations typically precede measurable frontline change.

Stakeholders consistently identified a need to shift from system alignment toward implementation at scale — with clearer accountability, stronger delivery mechanisms, and more visible progress on equity and service improvement.

While there is strong support for the Plan and broad optimism that current system-level gains will translate into measurable population health impact over time, extending the Plan's influence from policy and leadership circles to frontline services and community settings will be an important focus for the next phase of implementation, consistent with stakeholder expectations regarding progression from system foundations to observable service-level impact.

##### **Box 6: Stakeholder perspectives on early progress and remaining gaps**

*"I don't feel anything really at a system level in the hospitals. I don't see any change."* — Consumer (person affected by cancer) in consultation

*"People are talking about the Plan, but my experience as a patient hasn't really changed."* — Consumer (person affected by cancer) in consultation

*"There's nothing quite tangible at a local level... it's really just an increase in discussion."* — Consumer (person affected by cancer) in consultation

*"Hope and cynicism. That's how I feel about the Australian Cancer Plan."* — Consumer (person affected by cancer) in consultation

*"Isn't yet getting runs on the ground, but it will."* — Cancer sector stakeholder in consultation

## 4.4 Implementation barriers and enablers

**KEQ2.** What factors hindered or enabled the implementation of actions in the Plan?

**KEQ5.** What factors hindered or enabled the achievement of the Plan's stated objectives/contribution to the intended outcomes?

### KEY MESSAGES

- **A common set of structural factors shapes both implementation and outcomes:** The same system-level enablers and barriers influence both the delivery of Plan actions (KEQ2) and the achievement of intended outcomes (KEQ5), with enablers accelerating progress and barriers constraining implementation and longer-term impact if not addressed.
- **Key enablers of implementation:** Implementation has been enabled by the Plan's authorising environment and shared strategic direction; dedicated funding, partnership and sector collaboration; jurisdiction-level engagement and dedicated cancer agencies; and Cancer Australia's national leadership and coordinating role.
- **Key barriers to implementation:** The absence of dedicated, sustained implementation funding is the most consistently reported barrier. Other barriers to implementation identified by stakeholders include fragmented data systems, governance complexity and unclear roles within a federated system, workforce and organisational capacity constraints, and implementation challenges specific to Aboriginal and Torres Strait Islander stakeholders and organisations.

**Table 9: Summary of implementation enablers and barriers**

| Enablers                                                                                                                                                                                                                                                                                                       | Barriers                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Authorising environment and shared direction</li><li>• Dedicated funding, partnerships and sector collaboration</li><li>• Jurisdiction-level engagement and dedicated cancer agencies</li><li>• Cancer Australia's national leadership and coordinating role</li></ul> | <ul style="list-style-type: none"><li>• Insufficient and fragmented funding</li><li>• Fragmented and underdeveloped data systems</li><li>• Federated governance complexity and unclear roles</li><li>• Workforce and organisational capacity constraints</li><li>• Unique challenges for Aboriginal and Torres Strait Islander peoples</li></ul> |

### 4.4.1 System-level enablers

#### 4.4.1.1 Authorising environment and shared direction

Stakeholders identified Australian Government endorsement of the Plan, and the shared strategic direction it provides, as a foundational enabler of implementation (Box 7). The Plan's status as a nationally endorsed framework enabled organisations to justify priorities, align activity, and strengthen funding bids in ways that voluntary frameworks cannot replicate. The

Plan's shared priorities, language, and policy narrative provided a nationally recognised reference point that organisations could draw on to support advocacy, partnership development, funding proposals, and policy negotiation. Stakeholders reported that where this authorising environment was actively leveraged, organisations were better positioned to act on and justify alignment with Plan priorities and account for that action to funders, governments, and partners.

#### **Box 7: Stakeholder perspectives on enabling authorising environment**

*"That authorising environment — the policies set at the national level — means that the state can leverage off that and advocate, because that's setting the scene for us."* — Cancer sector stakeholder in consultation

*"It has definitely informed the organisation and our strategic direction."* — Cancer sector stakeholder in consultation

*"The Plan has enabled us to focus specifically on those identified groups in the Plan."* — Cancer sector stakeholder in survey

*"It's a roadmap — as a sector, we've all agreed this is where we want to go."* — Cancer sector stakeholder in consultation

#### **4.4.1.2 Dedicated funding, partnership and sector collaboration**

Dedicated funding and formal partnership structures were identified as the most direct enablers of on-the-ground implementation, helping to convert strategic intent into coordinated activity (Box 8). Funded initiatives and grant programs, including the Australian Cancer Nursing and Navigation Program, Partnerships for Culturally Safe Cancer Care grant program, and MRFF-aligned grant rounds, were consistently reported as enabling organisations to initiate, scale, and sustain the Plan's implementation activity that would otherwise not have been possible within existing operational budgets.

Formal partnership structures — particularly the Implementation Partnership model — were identified as important mechanisms for translating goodwill and informal collaboration into defined commitments and coordinated action. Stakeholders noted that collaboration was most productive and most likely to drive implementation when linked to specific funding streams, accountability arrangements, and formal agreements. Where these structures were absent, collaboration was often more diffuse and harder to sustain over time.

#### **Box 8: Stakeholder perspectives on funding and partnerships as enablers**

*"Funding has been the biggest enabler."* — Cancer sector stakeholder in survey

*"We couldn't do this work — we couldn't deliver this program — without having the backbone that the cancer plan provides and the partnership that we have with Cancer Australia."* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"Using the Australian Cancer Plan to understand what the expectation was — and then being able to use that to provide feedback and leverage for funding [has been a real enabler]."* — Jurisdictional stakeholder in consultation

*"The specific projects that we have going are heavily leveraged off the grants that Cancer Australia has provided — and we're very grateful for the targeted support towards First Nations health and the opportunity to innovate in that space."* — Jurisdictional stakeholder in consultation

#### **4.4.1.3 Jurisdiction-level engagement and dedicated cancer agencies**

In addition to the foundational system reforms outlined in Section 4.2, state and territory cancer agencies and dedicated jurisdictional cancer governance, networks and programs were identified as key enablers of implementation (Box 9). They serve as intermediaries, translating national direction into local action. Their capacity to maintain institutional knowledge, coordinate across health service providers, and align jurisdictional cancer plans with the Plan was consistently highlighted as essential to sustained implementation progress. Stakeholders noted that jurisdictions with dedicated cancer agencies or established cancer networks were better positioned to engage with and act on Plan priorities, with implications for consistency of implementation across jurisdictions.

#### **Box 9: Stakeholder perspectives on jurisdiction-level engagement**

*"A dedicated agency to take responsibility — that's an incredible enabler."* — Cancer sector stakeholder in consultation

*"We have been an active and early partner in implementing the National Lung Cancer Screening Program — doing a lot of work with service readiness planning with primary care and diagnostic imaging and working within public hospital services."* — Jurisdictional stakeholder in consultation

*"South Metropolitan Health Service has already aligned itself to the Australian Cancer Plan and released that in its own health service provider cancer plan. WA Country Health has done the same."* — Jurisdictional stakeholder in consultation

*"Being part of the NCEG and the ACCN, and other things that have come from Cancer Australia, is part of having a cancer plan and making it more meaningful, reaching out to the*

*networks and engaging with people at the coalface.*" — Jurisdictional stakeholder in consultation

#### 4.4.1.4 Cancer Australia's national leadership and coordinating role

Cancer Australia's role as a dedicated national cancer agency was consistently identified as a distinct enabler of implementation — extending beyond the Plan itself through its influence, leadership, and active engagement with jurisdictions, convening sector partners, building capability, and maintaining relationships across the cancer control system (Box 10).

This leadership and coordinating role was reflected in a range of ways in practice, including the establishment of national initiatives such as the ACCN, the generation and brokering of evidence through data initiatives, reports, standards and frameworks, and active support for jurisdictional alignment and implementation.

This coordinating role was particularly valued by smaller organisations and less-resourced jurisdictions, where Cancer Australia's direct engagement provided implementation support that complemented – and in some cases supplemented – existing state and territory infrastructure and capacity. Stakeholders across all groups consistently regarded Cancer Australia's leadership as a significant factor in enabling coordinated national action and strengthening system-wide coherence in cancer control, with its effectiveness as a convener and relationship-builder consistently cited as a genuine system asset.

#### **Box 10: Stakeholder perspectives on Cancer Australia's leadership and coordinating role**

*"It's been really useful for us as an isolated team. There's not 50 cancer centres in our local area, there's three and that's it. So it's great to have that resourcing."* — Jurisdiction stakeholder in consultation

*"Since I've been in this position, there's been a lot more engagement and a lot of opportunity available to us — and because we're so isolated, it's really good to have that national lens shared with us."* — Jurisdictional stakeholder in consultation

*"We have a great relationship and I think we've been working really effectively with Cancer Australia — and that's one of the things that gives me a great deal of hope that the Cancer Data Framework is not going to sit on a shelf."* — Commonwealth stakeholder in consultation

*"Cancer Australia have been an amazing partner – they're not just passionate about it, they're actually really effective in driving the change they want to see."* — Cancer sector stakeholder in consultation

## 4.4.2 System-level barriers

### 4.4.2.1 Insufficient and fragmented funding

The absence of dedicated, sustained implementation funding is the most consistently reported barrier across all stakeholder groups (Box 11). Funding constraints limit the scale, pace, and sustainability of initiatives, with smaller organisations, priority population sectors, and less-resourced jurisdictions most affected. Stakeholders highlighted a fundamental tension between the Plan's ambitions and available resourcing, with implementation often reliant on short-term project funding or discretionary organisational effort rather than investment explicitly aligned to Plan priorities.

#### **Box 11: Stakeholder perspectives on funding constraints**

*"I think the biggest challenge is the funding."* — Cancer sector stakeholder in consultation

*"The ambition of the plan is not matched by the resourcing available."* — Cancer sector stakeholder in survey

*"The plan clearly lays out things we aim to achieve — there's a gap between those aspirations and the actual dollars that allow that to be done."* — Cancer sector stakeholder in consultation

*"The Plan provides a strong framework but tangible progress requires dedicated investment, clear accountability and nationally coordinated programs aligned to its priority areas."* — Cancer sector stakeholder in survey

*"I'm worried that we'll finish the grant and we won't be able to continue the work."* —

Jurisdictional stakeholder in consultation

*"The Plan has shaped our thinking, but not always our capacity to act."* — Cancer sector stakeholder in survey

### 4.4.2.2 Fragmented and underdeveloped data systems

Fragmented, delayed and poorly integrated data systems constrain both implementation and outcome achievement (Box 12). Without reliable, timely, and linked data, the system cannot effectively monitor progress, target interventions toward areas of greatest need, or demonstrate impact.

Stakeholders identified key data constraints including the absence of a single national data system, delays in cancer registry data, limited integration of patient-reported measures (Patient-Report Experience Measures (PREMs)/Patient Reported Outcome Measures (PROMs)) into routine care, and underutilisation of existing data assets for system learning.

Progress on the Data Framework was recognised as an important step, with stakeholders noting that realising its full potential — alongside other national foundational frameworks — will

require sustained, coordinated investment and implementation across governments and sectors.

#### **Box 12: Stakeholder perspectives on data constraints**

*"We cannot measure whether equity gaps are closing — without national data it is difficult to plan workforce and services."* — Cancer sector stakeholder in survey

*"Our cancer registry data is about five years lagging. It's hard for me to get truly up-to-date data — and that's not anyone's fault, it's just how the system works."* — Jurisdictional stakeholder in consultation

*"We've got a [data] framework, but unless we can actually implement — same with OCP — how do we actually ensure it reaches the potential that the framework hopes it does?"* — Cancer sector stakeholder in consultation

*"We've got the disadvantage of not having a single data system. It's very disjointed, requires data linkage — that's definitely going to require investment. In our federated model, that has to be both Commonwealth and states."* — Cancer sector stakeholder in consultation

#### **4.4.2.3 Federated governance complexity and unclear roles**

Australia's federated health system creates persistent complexity in roles, responsibilities and accountability across Commonwealth, state and territory, and sector partners. Stakeholders identified role ambiguity – particularly between Cancer Australia, the Commonwealth Department of Health, Disability and Ageing, and state and territory governments - as a barrier to coordinated implementation, contributing to duplication of effort, inconsistent adoption of Plan priorities, and challenges translating national frameworks into local service delivery contexts (Box 13). Differences in jurisdictional capacity mean some states are better positioned to implement the Plan than others, with implications for consistency of implementation and equity of outcomes nationally.

#### **Box 13: Stakeholder perspectives on roles, responsibilities and accountabilities within a complex federated system**

*"If we had a magic wand and we could just coordinate between Commonwealth and states — it's almost like utopia — because there's great work being done at both levels, but it just is not well coordinated."* — Cancer sector stakeholder in consultation

*"Confusion about who does what — Commonwealth versus state versus Cancer Australia — role ambiguity, especially for newer people in the sector. A simple national 'who does what' map would help."* — Jurisdictional stakeholder in consultation

*"A key challenge is driving implementation with the states and territories — they've sort of gone, 'that's the Australian Cancer Plan, and here's the stuff that we're going to focus on.'" — Commonwealth stakeholder in consultation*

*"The great strength of the Australian Cancer Plan is that it binds us in a federation, assuming everybody signs up and is authentic in their commitment. But the reality is that no patient is ever treated at the national level — it's all done at state level on the ground." — Jurisdictional stakeholder in consultation*

*"I really worry about SA, Tassie and NT, ACT to some extent — they're just not as able to tackle the implementation of cancer plans quite the same way that Victoria and NSW can. That equity issue between our jurisdictions worries me." — Cancer sector stakeholder in consultation*

#### 4.4.2.4 Workforce and organisational capacity constraints

Workforce shortages and organisational capacity constraints represent a direct limit on the system's ability to deliver and sustain new initiatives. Stakeholders identified shortages in nursing, allied health, and the Aboriginal and Torres Strait Islander cancer care workforce, and in regional, rural and remote settings where services are already under pressure (Box 14). Implementation activity is frequently undertaken in addition to existing workloads without additional resourcing or dedicated support, contributing to implementation fatigue and uneven progress across settings. Workforce development — including culturally safe training, pipeline investment, and Aboriginal and Torres Strait Islander leadership pathways — was identified as both a significant constraint and a priority for the next phase of the Plan.

#### **Box 14: Stakeholder perspectives on workforce and organisational capacity constraints**

*"Without the workforce we can't deliver all of the other things in the plan." — Cancer sector stakeholder in consultation*

*"Clinician workloads are already very high. This work is done on top of everything else." — Cancer sector stakeholder in survey*

*"We simply do not have the workforce capacity to take on additional unfunded work." — Cancer sector stakeholder in survey*

*"Drawing people to the Northern Territory can be quite challenging — not only for consultants but also for the nursing workforce. We have a very novice cancer nursing workforce and we're quite isolated." — Jurisdictional stakeholder in consultation*

*"There are a lot more conversations now being had about our Aboriginal and Torres Strait Islander workforce being a key component within a patient's cancer journey — knowing that patient through their whole journey, and having the workforce at each stage of that journey." — Aboriginal and Torres Strait Islander stakeholder in consultation*

#### 4.4.2.5 Unique challenges for Aboriginal and Torres Strait Islander stakeholders

Aboriginal and Torres Strait Islander stakeholders identified implementation challenges that, while connected to broader system barriers, reflect their distinct position within the cancer control landscape (Box 15).

The coexistence of the Plan and the NACCHO Aboriginal and Torres Strait Islander Cancer Plan — while broadly understood as complementary — has created some uncertainty about roles, responsibilities, accountability, and where to direct engagement. The absence of clear guidance on how the two plans interact has added to implementation complexity and consultation burden for Aboriginal and Torres Strait Islander stakeholders and organisations.

Stakeholders also identified a consistent mismatch between equity commitments and available implementation support — with insufficient resourcing of the Aboriginal and Torres Strait Islander community-controlled sector, high consultation burden, and limited shared accountability across the broader system. Stakeholders expressed concern that responsibility for achieving equity outcomes may fall disproportionately on under-resourced Aboriginal and Torres Strait Islander organisations, and emphasised that realising the Plan's equity ambitions will require sustained investment and genuine system-wide accountability.

#### **Box 15: Aboriginal and Torres Strait Islander stakeholder perspectives on barriers**

*"Very confusing out there — then you have two plans, one for the ACCHO sector, one for the mainstream plan for all of Australia."* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"They're generally all in alignment — it's not that they say different things. But there's a lot of things going on now and a lot more people in this space, and I find it very hard to keep up with what's happening, where, by whom, for what."* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"I know why [the grants are structured this way] — but I think we do have to just think about different people's capacities moving forward. How much more can people keep doing?"* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"I'm not sure that was fully appreciated at the beginning — the intention to have everybody interacting and working with First Nations health groups and professionals — that it's a tiny, tiny sector and there's so much burden. I would say that is maybe one of the unintended consequences."* — Cancer sector stakeholder (non-Aboriginal and Torres Strait Islander) in consultation

## 4.5 Risks and unintended consequences

**KEQ6.** Has the implementation of the actions resulted in any unintended consequences (either positive or negative)?

**KEQ7.** In the implementation of the Plan's actions, what risks arose to the achievement of stated objectives/contribution to intended outcomes?

### KEY MESSAGES

- **Many risks reflect broader system constraints rather than issues directly attributable to the Plan or Cancer Australia:** Risks to achieving the Plan's intended outcomes stem largely from system-level factors - particularly limited resourcing, governance complexity, and workforce and data constraints – highlighting the shared responsibilities on which implementation depends.
- **The central implementation risk is misalignment between ambition and capacity:** Stakeholders consistently expressed concern that implementation capacity and resourcing may not be sufficient to translate early system-level progress into measurable improvements in cancer care and outcomes over time.
- **Both positive and negative unintended consequences are emerging** alongside intended effects, reflecting the complexity and scale of system-wide reform.
- **Positive unintended effects are more visible than negative effects at this stage:** Some positive unintended consequences — including cross-sector engagement, early signs of jurisdictional alignment, and the Plan's function as a leverage tool — have emerged with greater breadth and pace than anticipated in some areas.
- **Implementation pressures have emerged alongside these gains:** Stakeholders identified added administrative burden, uneven distribution of effort, and growing complexity arising from the expanding number of cancer-related strategies and plans - particularly for smaller organisations, priority population sectors, and less-resourced jurisdictions.

**Figure 7: Positive and negative unintended effects**

| Positive and negative unintended effects                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Positive effects                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Negative unintended effects                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>• Cross-sector engagement extended beyond cancer control into mental health, disability, culturally and linguistically diverse communities, and Aboriginal and Torres Strait Islander health.</li> <li>• Some jurisdictions reshaped, delayed or adjusted their cancer plans to align more closely with the Australian Cancer Plan.</li> <li>• Some implementation activity progressed faster than expected, including areas surfaced through national framework development.</li> <li>• The Plan is being used as a leverage tool to strengthen funding proposals, justify priorities and support advocacy.</li> </ul> | <ul style="list-style-type: none"> <li>• Increased administrative and reporting burden for organisations already operating under capacity pressure.</li> <li>• Uneven distribution of effort, with smaller organisations, priority population sectors and less-resourced jurisdictions carrying greater implementation pressure.</li> <li>• Increased consultation demand for Aboriginal and Torres Strait Islander organisations and stakeholders without commensurate resourcing.</li> <li>• Growing complexity from multiple cancer-related strategies and plans, creating uncertainty about roles, priorities and where to direct effort.</li> </ul> |
| <p><i>Positive unintended effects show the Plan is generating broader alignment and momentum. Implementation pressures highlight the need to manage workload, resourcing and coordination as delivery scales.</i></p>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

#### 4.5.1 Risks to achieving intended outcomes

The structural barriers identified in Section 4.4 give rise to interconnected risks to achieving the Plan's intended outcomes (Box 16).

The most significant risk is that system-level progress does not consistently translate into measurable improvements in patient experience and outcomes — particularly for consumers, who report limited observable change at the point of care (Section 4.3.5). Variation in jurisdictional capacity, organisational resourcing, and workforce availability may result in uneven implementation, with implications for equity of access and outcomes. This is most acute for priority populations, smaller organisations, and less-resourced jurisdictions.

Stakeholders also highlighted risks to sustained engagement and delivery momentum, particularly where implementation expectations are rising in a constrained funding environment and organisations lack sufficient resources, time, or long-term funding certainty to realise intended outcomes.

#### **Box 16: Risks to achieving intended outcomes — stakeholder perspectives**

*"We want action, but we needed to plan through that action a bit more strategically. I feel like we're sort of ticking the boxes, but I'm really interested in what's the long-term impact."* —

Aboriginal and Torres Strait Islander stakeholder in consultation

*"It's a really ambitious plan — which is not a bad thing. But I do worry that we're going to evaluate ourselves at five and ten years and we won't have achieved the things that we had hoped to achieve."* — Commonwealth stakeholder in consultation

*"You can have the best plan in the world, but without resources it won't change care."* — Consumer (person affected by cancer) in consultation

*"There is a risk, I think, unless it's backed with more investment, it's going to be harder to achieve the aims and affect change."* — Cancer sector stakeholder in consultation

*"The Commonwealth is still throwing out three and four year funding cycles and not giving stability and equity in funding to populations in disadvantage where they could at least start with 10-year contracts so that people can get something done."* — Cancer sector stakeholder in consultation

## **4.5.2 Unintended consequences**

### **4.5.2.1 Positive effects**

As detailed in Section 4.4, the Plan has generated several positive effects, many of which align with its intended outcomes. In addition to these intended effects, stakeholders identified unintended positive effects, including instances where the scale, breadth, and pace of change extended further or moved faster than anticipated (Box 17).

This included engagement and partnership activity extending beyond the cancer sector into mental health, disability, and CALD communities, as well as jurisdictions reshaping or delaying their own cancer plans to align more closely with the Plan than originally anticipated. Some implementation activity also progressed more quickly than expected. The Plan has also functioned as an influential leverage tool, with organisations drawing on it to strengthen funding proposals, justify priorities and support advocacy in ways that extend beyond formal implementation mechanisms.

#### **Box 17: Stakeholder perspectives on positive unintended effects**

*"There are some things in the [data] framework that are moving much faster than I expected them to — and I think that is partially because they were surfaced up through the framework discussions."* — Commonwealth stakeholder in consultation

*"I wonder if we would have gotten our act together as quickly on priority populations without the leadership of the Plan." — Cancer sector stakeholder in consultation*

*"The style of plan we've traditionally written will alter quite significantly now that we have an Australian Cancer Plan to align to." — Jurisdictional stakeholder in consultation*

*"When we've got business cases and things coming in from the sector being put up to state government, if we're putting in a budget bid, we will automatically align it to the Australian Cancer Plan — and we encourage our stakeholders to do that as well." — Jurisdictional stakeholder in consultation*

#### 4.5.1.2 Negative effects

Stakeholders reported several unintended negative effects associated with the Plan's implementation (Box 18). Increased administrative and reporting burden has added to the workload of organisations, some already operating under capacity pressure. This burden has been experienced unevenly, with smaller organisations and priority population sectors — particularly Aboriginal and Torres Strait Islander organisations — reporting high levels of engagement and consultation demand without commensurate resourcing.

Increased attention to some priority areas or initiatives may unintentionally reduce focus on others, while the growing number of cancer-related strategies and plans has contributed to confusion about roles, priorities, and where to direct effort.

#### **Box 18: Stakeholder perspectives on negative unintended effects**

*"I'm not sure that was fully appreciated at the beginning — the intention to have everybody interacting and working with First Nations health groups and professionals — that it's a tiny, tiny sector and there's so much burden. I would say that is maybe one of the unintended consequences." — Cancer sector stakeholder in consultation*

*"A program rolled out to ACCHOs to help mainstream services become culturally aware... we certainly had many ACCHOs come to us saying it created a bit of a burden to start with." — Aboriginal and Torres Strait Islander sector stakeholder*

*"We are experiencing a few [organisations] wanting to come to the party now. They've seen this funding become available and now they want to have those yarns with [peak Aboriginal and Torres Strait Islander organisations], but there wasn't a pre-existing relationship prior to this funding. We've been having some real hard yarns with some of the mob to reinforce their values and ensure there is a continuation of care for our mob." — Aboriginal and Torres Strait Islander sector stakeholder*

*"We do have to think about different people's capacities moving forward. How much more can people keep doing?" — Aboriginal and Torres Strait Islander sector stakeholder*

*"It has been quite a significant workload that wasn't built into our organisations when the plan was released." — Cancer sector stakeholder in consultation*

## 4.6 Future opportunities

**KEQ3.** To what extent do the actions in the Plan need to be adapted/changed?

### KEY MESSAGES

- **The Plan remains strategically sound and must now shift from establishing direction to delivering measurable impact:** Stakeholders broadly endorsed the Plan's objectives and priorities, identifying no need for fundamental redesign; they consistently called for a stronger focus on operationalisation, accountability, and implementation capacity as the Plan enters its next phase.
- **Immediate priorities centre on strengthening evaluation, prioritisation, governance, and accountability mechanisms:** Stakeholders emphasised the need to define success measures now, clarify roles and responsibilities, strengthen delivery focus, and consider a broader mix of policy levers to drive more consistent implementation across the system.
- **Building system capability requires sustained investment in data infrastructure, implementation supports, and workforce:** These foundational enablers, consistently identified as both constraints and opportunities, are prerequisites for scaling and sustaining implementation over the Plan's remaining horizon.
- **Deepening impact requires moving equity and consumer voice from principle to practice:** Stakeholders called for equity to be operationalised as a measurable and resourced component of system performance, with lived experience more deeply embedded more deeply in care design, service delivery, and evaluation – building on the foundations established at the policy and advisory level.
- **The Plan must remain adaptive and responsive over its 10-year horizon:** The pace of change in cancer treatment, genomics, and digital health requires built-in mechanisms for horizon scanning, periodic review, and adaptive planning to ensure the Plan remains current, credible, and fit for purpose.

**Figure 8: Opportunities to strengthen implementation and delivery of the Australian Cancer Plan**

| <b>Opportunities to strengthen implementation and delivery</b><br>The next phase is about moving from strategic alignment to focused delivery, stronger capability and measurable, equitable impact.                      |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Define what success looks like</b>                                                                                                                                                                                     | <b>Focus effort where it matters most</b>                                                                                                                                                                                                                    | <b>Clarify who does what</b>                                                                                                                                                                                                        |
| <b>Why it matters:</b><br>Stakeholders want clearer measures of progress before the 5-year milestone.<br><b>What it enables:</b><br>Shared indicators, baselines and evidence to demonstrate impact.                      | <b>Why it matters:</b><br>Activity is widespread, but sharper prioritisation is needed to accelerate outcomes.<br><b>What it enables:</b><br>A clearer delivery focus on high-impact actions.                                                                | <b>Why it matters:</b><br>Shared responsibility can diffuse accountability in a complex federated system.<br><b>What it enables:</b><br>Better coordination, less duplication and clearer roles across the system.                  |
| <b>Use stronger policy levers</b>                                                                                                                                                                                         | <b>Build better data systems</b>                                                                                                                                                                                                                             | <b>Support implementation in practice</b>                                                                                                                                                                                           |
| <b>Why it matters:</b><br>Voluntary alignment has built momentum, but may not be enough to drive consistent uptake.<br><b>What it enables:</b><br>Funding, reporting and accountability mechanisms that support delivery. | <b>Why it matters:</b><br>Current data are not yet sufficient to measure reach, scale or impact.<br><b>What it enables:</b><br>Timelier, linked and usable data to track progress and support learning.                                                      | <b>Why it matters:</b><br>Frameworks need practical tools, guidance and knowledge-sharing to be used at the frontline.<br><b>What it enables:</b><br>Translation of national frameworks into consistent local practice.             |
| <b>Strengthen workforce capability</b>                                                                                                                                                                                    | <b>Make equity measurable and resourced</b>                                                                                                                                                                                                                  | <b>Embed consumer voice</b>                                                                                                                                                                                                         |
| <b>Why it matters:</b><br>Workforce and organisational capacity are key constraints on delivery.<br><b>What it enables:</b><br>A more capable, culturally safe and sustainable cancer workforce.                          | <b>Why it matters:</b><br>Equity has been elevated, but is not yet consistently embedded across implementation.<br><b>What it enables:</b><br>Shared accountability for equitable outcomes, including Aboriginal and Torres Strait Islander cancer outcomes. | <b>Why it matters:</b><br>Consumers report limited visible change and need stronger involvement in implementation.<br><b>What it enables:</b><br>Care design, service delivery and evaluation that better reflect lived experience. |
| <b>Keep the Plan adaptive</b>                                                                                                                                                                                             |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                     |
| <b>Why it matters:</b><br>Cancer control is changing rapidly through genomics, digital health and emerging evidence.<br><b>What it enables:</b><br>A living framework that can respond to new opportunities and risks.    |                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                     |

## 4.6.1 Nature and extent of change required

Across consultation and survey data, stakeholders were clear that the Plan does not require fundamental redesign. Its objectives, priorities, and strategic direction were broadly endorsed, and there was no substantive call to change the Plan's actions at this stage of implementation. In this sense, KEQ3 – which asks the extent to which actions need to be adapted or changed – is answered primarily in the negative: the Plan itself is not what needs to change. Rather, stakeholders consistently emphasised the need to strengthen implementation, measurement, and system coordination as the Plan transitions from early establishment to sustained delivery and impact. The forward-looking framing of this section as future opportunities reflects this interpretation.

The ten areas for change and strengthening presented below were identified by stakeholders through consultation and survey data, and grouped through the analysis process into three clusters based on their primary focus and implementation timeframe:

- **Immediate priorities:** Strengthen the foundations for delivery, accountability, and coordination in the next phase of implementation
- **System capability:** Strengthening infrastructure, workforce, and practical supports needed to enable, scale, and sustain implementation over time
- **Deepening impact:** Ensuring the Plan's benefits are equitably experienced and that the Plan remains responsive, credible, and fit for purpose over its 10-year horizon.

While all ten areas are interconnected and mutually reinforcing, the grouping is intended to support prioritisation and broad sequencing of effort rather than imply that any area is optional or of lesser importance. Together, these opportunities reflect a shift from establishing national direction to strengthening the system architecture, capability, and mechanisms needed to deliver measurable and equitable impact.

## 4.6.2 Future opportunities: Immediate priorities

### 4.6.2.1 *Strengthen evaluation and clarify success measures*

Stakeholders consistently reported uncertainty about how success will be defined, measured, and demonstrated over time, and emphasised the need for honest, realistic, and clearly defined success measures and the establishment of robust evaluation architecture ahead of key milestones (Box 19). Perspectives on what meaningful success looks like at the 5- and 10-year horizons spanned survival and incidence, equity outcomes, patient experience, data infrastructure, and First Nations leadership — with stakeholders clear that the Plan's success will ultimately be judged by visible change in the experiences and outcomes of people affected by cancer.

The Plan requires a shift from broad aspirational goals to a clearly defined measurement framework — with indicators, baselines, and data collection established now to strengthen accountability and provide the sector with confidence in how long-term impact will be assessed.

**Box 19: What does success look like? Stakeholder perspectives on evaluation and success measures**

*"One of my concerns is that because the plan and the evaluation doesn't seem to include specific measures, so every service is going to define their own, and then in terms of how you evaluate the overall impact, it is difficult."* — Cancer sector stakeholder in consultation

*"Any program that's being funded...should have a really robust monitoring evaluation framework that has been developed and implemented from the outset."* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"Equity is increasingly becoming part of the conversation and that's probably success as well. I think we still do need to have things like survival and incidence as being important measures of success."* — Cancer sector stakeholder in consultation

*"To see outcomes of improved equity would be...you know that doesn't happen overnight, but by 10 years...clearly we'd all be pretty devastated if we haven't turned around outcomes for First Nations people with cancer by that 10 years, that would be devastating if that were to occur."* — Cancer sector stakeholder in consultation

*"It's about ensuring that in the 5 to 10 years from now we have a growing established cohort of mob in leadership positions."* — Aboriginal and Torres Strait Islander stakeholder in consultation

**4.6.2.2 Strengthen implementation focus and prioritisation**

While activity is underway across multiple domains, stakeholders identified a need for stronger prioritisation and delivery focus, clearer ordering of effort, and greater emphasis on high-impact actions, with consumers in particular emphasising urgency and the need for faster, more visible progress (Box 20). Stakeholders highlighted the importance of moving implementation from broad activity to more targeted, measurable delivery, with specific dates, accountabilities, and expectations attached to actions, supported by clearer accountability mechanisms to ensure actions are monitored and acted upon rather than simply reported.

Stakeholders also emphasised that long-term impact, rather than activity, should be the measure of success. Recognising interdependencies across actions will also be important, as progress in some areas, such as data infrastructure and workforce capacity, enables and supports delivery in others.

**Box 20: From strategy to delivery — stakeholder perspectives on implementation focus and prioritisation**

*"The Plan is ambitious, but cancer patients don't have time."* — Consumer (person affected by cancer) in consultation

*"The next phase is execution. The opportunity now is to establish a clear implementation framework that moves the Plan from strategy into coordinated delivery."* — Cancer sector stakeholder in survey

*"All the things in the Plan are very reasonable, but I have to be candid and say they are also by their nature extremely general, and there's not that much in there that I can sit down and say to people who need to write a cheque for me: this is something we need to deliver by this date, or we're going to look bad."* — Jurisdictional stakeholder in consultation

*"We want action, but we needed to plan through that action a bit more strategically — I feel like in two years we're going to deliver these things. I feel like we're sort of ticking the boxes, but I'm really interested in what's the long-term impact."* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"I've seen a lot of frameworks. What matters is whether they actually change care."* — Consumer (person affected by cancer) in consultation

#### 4.6.2.3 Clarify roles and responsibilities

Stakeholders consistently identified unclear roles, responsibilities, and funding arrangements across Commonwealth, state and territory, and sector initiatives, including limited visibility of who is responsible for specific implementation activities and partnerships (Box 21).

Stakeholders also noted overlap and fragmentation between the Plan, the NACCHO Aboriginal and Torres Strait Islander Cancer Plan, and jurisdictional strategies.

Stakeholders identified opportunities to strengthen governance clarity to reduce duplication and support more coherent implementation across the cancer system. Suggested approaches included developing a system map of the cancer ecosystem - clarifying roles, responsibilities, and accountabilities - alongside stronger communication and coordination mechanisms across governments and the broader sector regarding progress and delivery. Stakeholders noted that clearer articulation of roles would also help organisations and individuals identify where they sit within the system and understand their potential contribution within their own sphere of influence, supporting broader and more active engagement with implementation across the sector.

#### **Box 21: Who does what? Stakeholder perspectives on roles, responsibilities and system coordination**

*"When the Plan is everyone's responsibility, it becomes no-one's."* — Jurisdictional stakeholder in consultation

*"Confusion about who does what — Commonwealth versus state versus Cancer Australia — role ambiguity, especially for newer people in the sector. A simple national 'who does what' map would help."* — Jurisdictional stakeholder in consultation

*"The missing piece for Queensland has been aligning the state direction to the Commonwealth direction and using that as a framework downstream to hospitals and health services."* — Jurisdictional stakeholder in consultation

*"There just needs to be a clear articulation in terms of roles and responsibilities, particularly identifying how it might work locally as opposed to nationally. There seems to be a bit of fragmentation in terms of information sharing and understanding how those roles can best be identified."* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"Given it's a collaborative work plan essentially for the sector, it would be good to know who's working on what."* — Cancer sector stakeholder in consultation

#### *4.6.2.4 Consider a broader mix of policy levers and accountability mechanisms*

The Plan operates as a voluntary, non-binding framework, relying on coordinated action and sector alignment rather than regulatory or legislative mechanisms. Stakeholders highlighted the opportunity to consider a broader mix of policy levers - including funding agreements, accreditation standards, reporting requirements, and other accountability mechanisms beyond non-binding strategy and guidance - to create clearer expectations for delivery and support more consistent and sustainable implementation over time (Box 22). These levers represent foundational governance and accountability settings that could strengthen implementation consistency over time.

There is a clear opportunity to explore how the Plan's objectives can be more explicitly embedded across government agendas more broadly — including through cross-portfolio policy alignment, intergovernmental agreements, and national reform processes — to complement and strengthen existing agendas and deepen the Plan's influence across the system.

#### **Box 22: Beyond strategy - Stakeholder perspectives on policy levers and accountability mechanisms**

*"The Plan is not legislatively binding and that creates real challenges — there's no mechanism to require anyone to do anything."* — Cancer sector stakeholder in consultation

*"Commonwealth funding agreements are probably the most powerful lever available — if you want to drive change, that's where you'd start."* — Commonwealth stakeholder in consultation

*"I think there needs to be some way to make the OCPs more enforceable — at the moment they're just guidelines and people can choose to follow them or not. There needs to be some mechanism to drive uptake."* — Cancer sector stakeholder in consultation

*"The big question is whether we can use accreditation, hospital reporting, or funding agreements to drive uptake of the Plan's priorities — because at the moment it's all voluntary."* — Cancer sector stakeholder in consultation

*"If you want cultural safety to actually happen, it needs to be in contracts, in accreditation standards, in KPIs — not just in a framework."* — Aboriginal and Torres Strait Islander stakeholder in consultation

### **4.6.3 Future opportunities: System capability**

#### **4.6.3.1 Enhance data infrastructure**

Data and measurement were consistently identified as both a core system constraint (Section 4.4.2) and a future opportunity. Stakeholders highlighted that limitations in data linkage, accessibility, and comparability constrain the ability to monitor progress, demonstrate impact, close equity gaps, and support continuous improvement across the cancer system.

Opportunities identified by stakeholders included strengthening national data linkage and integration, further developing and operationalising the Data Framework (including associated infrastructure investment), and improving the timeliness, accessibility, and usability of data for decision-making. Strengthened data systems were described as foundational to monitoring, evaluation, accountability, and system-wide learning (Box 23).

#### **Box 23: We need data that drives change — stakeholder perspectives on data systems and measurement**

*"We need data that drives change, not just reporting."* — Cancer sector stakeholder in survey

*"The number one is shared data. Once someone solves that — national PROMs and PREMs, a single digit patient record — that's where I think we're going to see some of the difference coming from."* — Cancer sector stakeholder in consultation

*"Translating equity ambitions into measurable outcomes requires sustained investment in data infrastructure."* — Cancer sector stakeholder in survey

*"We need to be joining up at least national if not international datasets."* — Cancer sector stakeholder in consultation

*"The dollars and the data will drive the work."* — Aboriginal and Torres Strait Islander stakeholder in consultation

#### *4.6.3.2 Strengthen implementation supports and knowledge translation*

Stakeholders identified a consistent gap between strategic intent and practical implementation capability, particularly at the service level, where national frameworks and priorities have not yet been sufficiently supported by the tools, guidance, and knowledge-sharing mechanisms needed to translate them into frontline practice (Box 24).

Opportunities identified by stakeholders included providing practical implementation supports (such as strengthening and extending the Implementation Partnership model), enhancing knowledge brokerage and shared learning across organisations, sectors, and jurisdictions, and supporting the translation of evidence into service-level practice. The ACCN is an existing platform designed for this purpose that warrants further activation and broader sector awareness. Cancer Australia was identified as well-placed to play a stronger information brokering and coordination role across the system.

#### **Box 24: Bridging strategy and practice — stakeholder perspectives on implementation supports and translation**

*"Plans can be a little bit theoretical — the challenge is getting them to be lived and real and embedded. To get strategy to be lived and real and embedded is a continuous effort."* — Cancer sector stakeholder in consultation

*"Rather than me ringing the Cancer Institute in NSW all the time, is there a way for Cancer Australia to be an information broker — particularly for small jurisdictions and organisations — to share best practice and connect people working on the same issues?"* — Cancer sector stakeholder in consultation

*"Making sure that we have the right people in the room — that probably means more engagement with clinicians. It's very easy when you are not on the ground to talk about what would work and what doesn't. Unless we create systems of care that are actually going to fit within our existing health services, it's not going to work."* — Cancer sector stakeholder in consultation

*"Frameworks don't save lives. Implementation does."* — Consumer (person affected by cancer) in consultation

*"Implementation of the frameworks needs to appear in the next iteration — we can do more on coordination, investment, lobbying and the efficacy piece."* — Cancer sector stakeholder in consultation

#### **4.6.3.3 Strengthen workforce capacity and models of care**

As noted in Section 4.5, workforce capacity is a significant system constraint and an equally significant opportunity. Stakeholders identified targeted investment in workforce pipelines — including nursing, allied health, and Aboriginal and Torres Strait Islander cancer care roles — culturally safe training, Aboriginal and Torres Strait Islander leadership pathways, and models of care as priorities for the next phase of the Plan, describing workforce capability as a prerequisite for scaling and sustaining implementation, particularly in regional, rural, remote, and Aboriginal and Torres Strait Islander community settings (Box 25).

Workforce investment was also identified as an area where targeted action could deliver relatively rapid and visible improvements in frontline care. The analysis of activities undertaken to date highlights an opportunity to strengthen focus on Strategic Objective 5, with comparatively lower levels of activity in workforce planning and sustainability.

#### **Box 25: The workforce is the plan — stakeholder perspectives on workforce capacity**

*"Focusing on the workforce I think is really important — because without the workforce we can't deliver all of the other things in the plan."* — Cancer sector stakeholder in consultation

*"Frankly, I'm not sure if it's solvable in three to five or even 10 years, but there's plenty of room for work in that pillar — and we have to think really carefully about the cancer care workforce and the way that care is delivered, particularly in remote Indigenous communities."* — Cancer sector stakeholder in consultation

*"There are a lot more conversations now being had about our Aboriginal and Torres Strait Islander workforce being a key component within a patient's cancer journey — knowing that patient through their whole journey, and having the workforce at each stage of that journey."* — Aboriginal and Torres Strait Islander stakeholder in consultation

*"This is about supporting the next generation of First Nations leaders who are going to drive impact in delivering better outcomes for our mobs at an individual and community level."* — Aboriginal and Torres Strait Islander stakeholder in consultation

## 4.6.4 Future opportunities: Deepening impact

### 4.6.4.1 Operationalise and expand the equity focus

Building on the elevation of equity as a system-wide priority identified in Section 4.4, stakeholders emphasised the need to move equity from a policy principle to a measurable and resourced component of system performance (Box 26). Stakeholders called for greater specificity, accountability, and investment, including strengthening equity-specific indicators and reporting, embedding equity in funding and service design, and ensuring accountability for equity outcomes is shared across the system rather than falling disproportionately on Aboriginal and Torres Strait Islander organisations.

This includes ensuring equity outcomes are clearly articulated and defined on appropriate terms – including what equity means in practice for Aboriginal and Torres Strait Islander peoples – and recognising that priority population frameworks do not always capture the complexity faced by people, particularly when experiencing multiple and compounding forms of disadvantage.

Stakeholders also identified opportunities to expand and deepen the equity focus - including continued prioritisation of Aboriginal and Torres Strait Islander outcomes, greater attention to rural and remote and CALD communities, rare, less common, and advanced cancers, financial toxicity, and access to supportive care and psychosocial services.

#### **Box 26: Equity in practice — stakeholder perspectives on operationalising the equity focus**

*"Where you live still determines whether you live."* — Consumer (person affected by cancer) in consultation

*"Screening participation gaps for Aboriginal and Torres Strait Islander people, persistent geographic inequities and inconsistent cultural safety processes are longstanding challenges*

*the Plan was designed to address. The 2-year mark is an appropriate moment to assess honestly whether current approaches are producing the change the Plan envisages."* — Cancer sector stakeholder in survey

*"We haven't yet articulated the outcomes...it might be that an Indigenous elder, actually the outcome for them if they've got cancer is to die with respect and dignity on Country. It's a question of how we define equity, on whose basis, and then how we're going to follow that through."* — Cancer sector stakeholder in consultation

*"It makes absolute sense that priority populations were socially stratified — I just think there's more to it when it comes to cancer. It is a little bit more complex than those 10 priority populations when you overlay that with certain types of cancer."* — Cancer sector stakeholder in consultation

*"I would really like to see how others — not just those already committed — are taking this as part of their challenge. That's probably one thing I think is important for the Australian Cancer Plan to consider."* — Aboriginal and Torres Strait Islander sector stakeholder in consultation

#### **4.6.4.2 Embed consumer voice and strengthen communication**

As noted in Section 4.4, consumers report the least visible change of any stakeholder group. While the Plan has given some consumers language and confidence to advocate for their care, stakeholders consistently identified stronger embedding of lived experience — not only in policy and advisory processes, but also in care design, multidisciplinary teams, service delivery, and evaluation — as a priority for the next phase of implementation (Box 27). This includes reaching beyond existing networks and informed consumers to engage people with lived experience across diverse settings, cancer types, and communities — including those who are not already connected to Cancer Australia or the broader cancer sector.

Consumers emphasised the need to “get out of the bubble” and engage beyond established stakeholder groups, ensuring that consumer voice reflects the full diversity of those the Plan serves rather than those already at the table.

Clearer public-facing communication of the Plan and greater visibility of implementation progress were also identified as opportunities to strengthen accountability, build trust, and maintain the Plan’s relevance and credibility for those it ultimately serves.

#### **Box 27: Heard but not yet felt — stakeholder perspectives on embedding consumer voices**

*"The Plan has given patients language to ask for what they deserve."* — Consumer (person affected by cancer) in consultation

*"Why aren't lived experience consumers part of multidisciplinary teams?"* — Consumer (person affected by cancer) in consultation

*"Make advocates out of the community, not just the people already in the room." —*  
Consumer (person affected by cancer) in consultation

*"There's an overarching communications piece around progress on the plan — I think that communications piece is pretty, pretty important. It's a way of people not sort of forgetting about the plan until some report comes out." —* Cancer sector stakeholder in consultation

#### 4.6.4.3 Ensure adaptability and forward-looking system design

Stakeholders highlighted the importance of maintaining responsiveness to emerging evidence, new technologies, workforce pressures, and evolving population needs over the Plan's 10-year horizon (Box 28). The pace of change in cancer treatment, genomics, and digital health was consistently identified as requiring an approach that is dynamic rather than static, with stakeholders specifically noting the risk of falling behind in fast-moving fields such as precision medicine if adaptive mechanisms are not in place.

Stakeholders identified the opportunity for the Plan to operate as a living framework, with built-in mechanisms for horizon scanning, periodic review, and adaptive planning to ensure the Plan and broader cancer system remain current and responsive over time. This is consistent with the Plan's original future-focused design intent - the 10-year actions are to be co-designed with the sector and developed at an appropriate point in time, providing a structured opportunity to adapt to the evolving cancer control environment.

#### **Box 28: Staying ahead of the curve — stakeholder perspectives on adaptability and forward-looking system design**

*"The world and the cancer world is changing all the time - there's new developments, new treatments, new everything. How is it being responsive to that? What's the process to think about the future, and how do we keep improving and being aware?" —* Cancer sector stakeholder in consultation

*"It may be appropriate to do a deep dive and horizon scan to see if any of the priorities need to pivot, as new issues may have emerged in the time since the plan was conceived." —*

Cancer sector stakeholder in survey

*"As good as we are now with finding what's the driver of cancer, we still don't have most of the drugs that we need to actually treat the children — the full opportunity of precision medicine hasn't been realised yet." —* Cancer sector stakeholder in consultation

*"Australia is seen as a great place for industry to do trials — there's a tsunami of work coming. I think there are some real opportunities for us as a country to invest in research to take advantage of those opportunities." —* Cancer sector stakeholder in consultation

*"Keep going, but be prepared to adapt when necessary." —* Cancer stakeholder, in survey

### *Variation across stakeholder groups*

While there is strong agreement on the key areas for change and strengthening, stakeholder groups differ in emphasis. Policy and system actors prioritise coordination, role clarity, and system architecture. Service providers and NGOs emphasise practical implementation tools, funding certainty, and clearer delivery expectations. Aboriginal and Torres Strait Islander stakeholders focus on structural reform to ensure equity commitments are delivered in practice, sustained resourcing, and accountability. Consumers prioritise visible impact, faster progress, and stronger recognition of equity-related outcomes. Together, these perspectives reinforce the need for an approach that strengthens implementation capacity while maintaining a clear and visible focus on outcomes, equity, and lived experience.

## 5. Discussion

**Figure 9: What the 2-year evaluation of the Australian Cancer Plan tells us**

| <b>What the 2-year evaluation tells us</b><br><b>The Plan has built credible foundations for long-term reform. The next phase is about moving from early establishment to implementation at scale and measurable impact.</b>                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. Progress</b><br><b>Strong foundations and sector engagement</b> <ul style="list-style-type: none"> <li>Implementation architecture, governance and partnerships are in place and maturing.</li> <li>36+ implementation partnerships and at least 333 mapped initiatives show substantial activity across the sector.</li> <li>National frameworks, data foundations, optimal care pathways, genomics work and the Australian Comprehensive Cancer Network are strengthening the reform platform.</li> <li>Engagement is strongest among policy, research, leadership and funded partners.</li> </ul>             | <b>2. Influence</b><br><b>Policy alignment, collaboration and equity elevation</b> <ul style="list-style-type: none"> <li>The Plan is increasingly used as a national reference point for strategy, prioritisation and investment alignment.</li> <li>Early system effects include stronger policy alignment, new collaborations and shared direction across Commonwealth, jurisdictional and partner-led activity.</li> <li>Equity is being elevated as a shared priority, including through Aboriginal and Torres Strait Islander-led initiatives.</li> <li>Cancer Australia's leadership and coordination role is supporting a more connected national cancer control system.</li> </ul> |
| <b>3. Challenge</b><br><b>Implementation capacity, data, workforce and governance complexity</b> <ul style="list-style-type: none"> <li>Progress is broad and diverse, but evidence of maturity, completion and impact is still emerging.</li> <li>Fragmented funding and underdeveloped data systems constrain consistent implementation and measurement.</li> <li>Federated governance arrangements create complexity, including variable clarity about roles and accountability.</li> <li>Workforce and organisational capacity constraints affect the ability to deliver at scale and sustain momentum.</li> </ul> | <b>4. Next phase</b><br><b>Delivery focus, accountability, capability and measurable impact</b> <ul style="list-style-type: none"> <li>Focus implementation on the highest-impact priorities needed to progress the Plan's 5-year goals.</li> <li>Strengthen success measures, accountability and routine reporting to demonstrate impact.</li> <li>Build system capability through data infrastructure, implementation support and workforce capacity.</li> <li>Deepen impact by operationalising equity, strengthening consumer engagement and supporting adaptation and innovation.</li> </ul>                                                                                           |

### 5.1 Findings in context

At two years into a 10-year reform agenda, the Plan is performing in a manner broadly consistent with its design intent. Its 2-year goals were explicitly designed to establish the partnerships, frameworks, and system-level conditions required to support longer-term

improvements in cancer experiences and outcomes. Assessed against this intent, early progress is meaningful and credible.

The evaluation's strongest evidence is at the level of system influence and enabling conditions. The Plan is functioning effectively as a unifying national framework, reshaping sector priorities, legitimising action, and establishing a shared direction. Its elevation of equity as a shared, system-wide priority represents the most significant and consistently reported effect to date, with influence evident across policy and funding decisions through to workforce, research, and service planning. Cancer Australia-led foundational initiatives have produced tangible national infrastructure that will support delivery across the Plan's full horizon.

Where the evidence is more limited – particularly regarding consistent service-level change and meaningful improvements in patient experiences - this reflects both the expected trajectory of complex system reform and the structural barriers that constrain translation from strategy to frontline delivery. These gaps are not unexpected, but they signal the central challenge for the next phase: ensuring that early system-level progress translates into tangible improvements for the people the Plan ultimately serves.

## 5.2 Progress and implications for 5- and 10-year goals

The Plan has made meaningful progress against its 2-year goals. Substantial activity is underway across all six Strategic Objectives, with particularly visible progress in system foundations — national frameworks, platforms, implementation partnerships, and Indigenous-led initiatives. This represents a credible early foundation for longer-term reform.

However, achieving the Plan's 5- and 10-year goals will require a shift from framework development and alignment to implementation and delivery at scale. The pattern of activity at the 2-year point is stronger under Strategic Objectives focused on prevention and early detection, consumer experience, and enabling foundations, while workforce and Aboriginal and Torres Strait Islander equity objectives show solid progress but highlight ongoing opportunities to deepen and extend implementation.

The path forward is clear: national frameworks must be operationalised into consistent local practice; equity-focused initiatives must be sustained and scaled; and indicators, baselines, and evaluation architecture must be established now to support credible assessment at the 5-year milestone. The broad but cautious optimism across the sector provides both the impetus and the expectation for strengthening these foundations ahead of the 5-year milestone and for translating system-level gains into frontline impact and improved cancer experiences and outcomes.

### Future opportunities: Cancer Australia-led initiatives

Building on the foundational initiatives established by Cancer Australia provides a clear pathway to strengthen implementation of the Plan and sustain progress towards its 5-year goals and actions. Opportunities focused on scaling, embedding and optimising key national frameworks and programs will help achieve system-wide impact.

- **Operationalise and scale foundational frameworks:** Progressing implementation of initiatives such as the Cancer Genomics Framework and the Data Framework will support consistent adoption across the system, including improving access to genomics-informed care, strengthening data linkage and reporting, and embedding nationally consistent indicators to monitor progress.
- **Embed best practice care across the cancer continuum:** Strengthening implementation of the OCPs will drive greater integration into clinical workflows, improved primary care engagement, and stronger monitoring of outcomes and patient experience, supporting more consistent and person-centred care, noting that scaling this work nationally will depend on future investment that is not yet secured.
- **Leverage national networks to drive coordination and uptake:** Activation and strengthening of the ACCN presents an opportunity to expand reach—particularly in regional, rural and remote areas—enhance collaboration and peer review, and accelerate the uptake of best practice across the sector, building on work already underway, including rural and remote workshops and ACCN grants.
- **Sustain momentum in priority initiatives and equity-focused programs:** Extending and scaling initiatives such as the Improving First Nations Cancer Outcomes program will support continued progress in addressing inequities, including strengthening Aboriginal and Torres Strait Islander governance, Indigenous-led research, workforce pathways and nationally scalable models of care.

Together, these opportunities demonstrate the need to move from establishment to sustained, system-wide implementation and uptake, ensuring foundational initiatives continue to drive measurable progress towards the vision of the Plan.

### 5.3 Opportunities to strengthen implementation and delivery

The evaluation identifies a consistent finding across all stakeholder groups: strong strategic alignment has not yet been matched by implementation capacity, governance clarity, or sustained resourcing. The Plan's distributed model of shared ownership has supported broad engagement, but can also diffuse accountability and limit coordinated operational delivery. Many of the barriers underlying this gap – particularly funding fragmentation and governance complexity – are reflective of fundamental system constraints rather than deficiencies of the Plan itself, and will require sustained, system-wide effort to address or work within existing system settings over time.

A related and important distributional risk is that implementation is currently concentrated where dedicated funding, formal partnerships, or established jurisdictional infrastructure already exist. Without deliberate action, this risks reinforcing existing advantage rather than extending the Plan's reach to the organisation, jurisdictions, and communities with the greatest need.

The most significant cross-cutting opportunity is a shift from establishing national direction to strengthening the system architecture, mechanisms, and capability needed to deliver measurable and equitable impact. This includes establishing clear success measures and evaluation frameworks for the 5- and 10-year horizons; strengthening prioritisation so that

implementation is targeted and accountable rather than broad and diffuse; clarifying roles, responsibilities, and coordination mechanisms across Commonwealth, state and territory, and sector partners; and considering a broader mix of policy levers, beyond non-binding strategy and guidance – such as contracts, KPIs and reporting requirements, to create clearer expectations for delivery.

Building system capability over time, particularly in data infrastructure, workforce, and implementation supports, is equally essential. Without sustained investment in these foundations, the system's ability to monitor progress, demonstrate impact, and sustain delivery will remain constrained. Deepening the equity focus - moving it from a policy principle to a measurable, resourced, and accountable component of system performance - and strengthening consumer voice throughout implementation and evaluation – including by embedding lived experience directly in care design and multidisciplinary teams, rather than relying on advisory mechanisms alone are critical to ensuring the Plan's benefits are equitably experienced.

## 5.4 Coordination, leadership, and resourcing

### International context and implementation insights

Australia's approach to national cancer control has been recognised internationally as an example of good practice in fostering shared ownership and collective responsibility across government, the health sector, and the broader community. The Union for International Cancer Control has identified the Plan's collaborative, partnership-driven model as one that other countries may look to when developing or refreshing their own national cancer control plans.<sup>72</sup>

This is Australia's first dedicated national cancer control plan, and this evaluation represents its first formal review at the 2-year mark. The public release of these key insights - including the structural conditions that have helped and hindered progress, not only what has been achieved - contributes to the growing international evidence base on effective national cancer control plan implementation.

Part of that evidence base is the question of how a plan is designed and implemented. Australia's shared responsibility model - which scores 31.9 out of 100 on the International Cancer Control Partnership's Plan Review Index<sup>73</sup> (noting this index assesses the presence of a publicly available centralised implementation plan) - reflects a deliberate design choice suited to the Australian health and cancer care system. This is a model worthy of further examination internationally, as a distinct contribution to thinking on national cancer control implementation.

This design choice also reflects a pragmatic fiscal and implementation context. Implementation to date has been delivered substantially through Cancer Australia's existing

---

<sup>72</sup> Union for International Cancer Control. From strategy to action: assessing approaches and models to the design and implementation of national cancer control plans. Available from: [https://www.uicc.org/sites/default/files/2026-05/uicc\\_cpac\\_report\\_design\\_final\\_2026.pdf](https://www.uicc.org/sites/default/files/2026-05/uicc_cpac_report_design_final_2026.pdf). Accessed May 2026.

<sup>73</sup> International Cancer Control Partnership. National Plans. 2026. Available from: <https://www.iccp-portal.org/map#map>. Accessed June 2026.

appropriation and targeted Commonwealth and partner investment, rather than through a fully costed, centrally funded implementation plan. A more centralised, fully costed model – of the kind reflected in some international benchmarks – would carry significant resourcing implications within current fiscal settings, and the shared responsibility model has instead enabled meaningful national progress within real-world resourcing arrangements. That said, the evaluation notes the potential constraints of this approach for sustaining implementation at scale over the Plan’s remaining 5- and 10-year horizons.

## Implications for coordination

The current implementation model operates within a federated system and relies on voluntary alignment across a large and diverse sector. This has generated strong engagement, but voluntary alignment within a federated structure also brings inherent coordination complexity. This includes uncertainty regarding roles, priorities, and the relationship between the Plan, jurisdictional strategies, and the NACCHO Aboriginal and Torres Strait Islander Cancer Plan. This can make it more difficult for organisations, particularly smaller ones and those serving priority populations, to clearly understand their place and contribution within the broader system.

Strengthening Cancer Australia's role as a system integrator and knowledge broker - providing practical tools, shared maps, and accountability frameworks that enable coherent, non-duplicative action - will be important. This includes improving visibility of activity across the sector and directing implementation support toward less well-positioned parts of the system. A practical step in this direction is already underway through the Implementing the Plan website, which provides a public, consolidated view of activity against the Plan’s actions; continuing to develop this resource over time would further strengthen visibility and coordination across the sector.

## Implications for leadership

Cancer Australia's leadership role is consistently and strongly valued across all stakeholder groups. The next challenge is moving from convening authority toward stronger execution support, with clearer delivery expectations, implementation guidance, and accountability mechanisms that ensure early alignment translates into sustained delivery. This requires Cancer Australia to operate simultaneously as strategic leader, implementation enabler, and accountability anchor - tracking progress, identifying gaps, and acting on what the evidence shows.

## Implications for resourcing

Funding constraints are the most consistently reported barrier to implementation. A fundamental tension persists: the Plan articulates a 10-year system reform agenda, but implementation funding remains fragmented, competitive, and short-term. Without stronger alignment between investment and Plan priorities - across Commonwealth, state and territory, and non-government funding streams - implementation risks remaining concentrated in areas of existing strength rather than areas of greatest need. Realising the Plan's ambitions will require investment that is explicitly and sustainably aligned to its strategic objectives, not dependent on discretionary effort and goodwill alone.

## 5.5 Methodological considerations and limitations

The evaluation's approach, data sources, and their respective strengths and limitations are detailed in Section 3. Several considerations are particularly relevant to interpreting the findings presented in this report.

Attribution is inherently difficult in a complex policy environment where many initiatives predated the Plan or may have occurred independently; findings are framed in terms of influence, alignment, and acceleration rather than direct causation. Participants were predominantly stakeholders already engaged with the Plan, which may underrepresent frontline services, less-connected organisations, and broader community perspectives – a methodological limitation that mirrors the finding, discussed in Section 5.3, that the Plan's influence to date is concentrated among already well-positioned organisations and jurisdictions. Implementation reporting remains variable in completeness and consistency, and population-level outcome data are not yet sufficiently mature or timely to assess measurable change at two years.

Consumer participation in the evaluation was more limited than organisational participation — reflecting both lower awareness of the Plan, the inherent challenges of engaging consumers through formal evaluation processes, as well as evaluation timelines and resource constraints. These limitations are noted to support appropriate interpretation and to inform the design of future evaluation activities.

## 6. Conclusion

**Figure 10: From foundations to impact: the next phase of the Australian Cancer Plan**

| From foundations to impact: the next phase of the Australian Cancer Plan                                                          |                                                                                                                                                                                                            |                                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Strong foundation                                                                                                                 | Shared responsibility                                                                                                                                                                                      | Measurable, equitable impact                                                                                                                                                     |
| National frameworks, partnerships, governance and early implementation activity provide a credible platform for long-term reform. | Progress depends on coordinated action across governments, Cancer Australia, jurisdictions, implementation partners, the cancer sector, Aboriginal and Torres Strait Islander organisations and consumers. | The next phase should focus on implementation at scale, clearer accountability, stronger capability and measurable improvements in outcomes and experiences for all Australians. |
| <i>Moving from strong foundations and shared alignment toward delivery, accountability and equitable impact.</i>                  |                                                                                                                                                                                                            |                                                                                                                                                                                  |

The 2-year evaluation of the Plan indicates strong early progress in establishing the foundations required to support long-term system change. Across the cancer control system, there is clear momentum in aligning activities, strengthening partnerships, and embedding the Plan as a shared national policy to guide collective action.

Implementation over the first two years has been supported by a suite of enabling structures, including increased collaboration across jurisdictions and organisations, and a growing recognition of the Plan as a central reference point for national cancer control efforts. Stakeholders consistently identified the Plan as providing strategic direction and a common language for action, supporting greater cohesion across the system.

At the same time, the evaluation highlights important opportunities to further strengthen implementation. Progress in translating policy intent into practice at the service delivery level is emerging but remains variable, reflecting the complexity of the health system and the range of actors responsible for implementation.

Building on early alignment through strengthened communication, clearer pathways for action, and continued collaboration with jurisdictions, clinicians and service providers will support more consistent implementation across settings.

Sustaining and scaling the partnerships and investments established to date will be particularly important for Aboriginal and Torres Strait Islander priorities and initiatives - the Plan has supported Indigenous-led initiatives, partnerships and targeted investments, which provide a strong foundation for improving equity in cancer outcomes, and continued investment will be important to maintain momentum, support culturally safe and community-led approaches, and translate early progress into sustained, system-wide impact.

The evaluation also identifies equity as a central and strengthening feature of the Plan's implementation. There is clear evidence of increased focus on priority populations, including Aboriginal and Torres Strait Islander peoples, supported by targeted consultation processes and sector engagement. Maintaining and deepening this focus, with resourcing and accountability shared across the system, will be critical to achieving the Plan's long-term ambition of improving outcomes for all Australians affected by cancer.

Data and evidence for implementation monitoring and evaluation are continuing to develop. While current data sources have enabled an understanding of progress to date, there are opportunities to strengthen data infrastructure over time to support more informative measurement of outcomes and impact. Enhancing data availability and integration will be important to inform future evaluations, including the 5-year evaluation milestone.

Looking ahead, the next phase of implementation provides an opportunity to consolidate early progress and accelerate impact. Priorities include strengthening system-wide engagement, supporting translation of policy into practice, enhancing data systems, and continuing to leverage national partnerships and initiatives to drive coordinated action, including through mechanisms such as the ACCN.

Overall, the evaluation indicates that the Plan has established a strong and credible platform for sustained national action. Continued focus on collaboration, equity, and evidence-informed implementation will support the next phase of delivery and contribute to achieving the Plan's 5-year and 10-year goals.

## 7. Appendices

Appendix A – The Plan structure, including 2-year goals and actions

Appendix B – Program Logic

Appendix C - Australian Cancer Plan 2-year Evaluation Expert Advisory Group membership

Appendix D – Implementation Partners of the Plan

Appendix E – Data Collection Instrument: Monitoring and Evaluation Survey

Appendix F – Data Collection Instrument: Targeted Stakeholder Consultation Guide

## Appendix A – The Plan structure, including 2-year goals and actions

| Strategic Objectives     | Maximising Cancer Prevention and Early Detection                                                                                                                                                             | Enhanced Consumer Experience                                                                                                                                                                                           | World Class Health Systems for Optimal Care                                                                                                        | Strong and Dynamic Foundations                                                                                                                                          | Workforce to Transform the Delivery of Cancer Care                                                                                                                                                                                                             | Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People                                                                                                                |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>10-year ambitions</b> | A cancer control system that seeks to eliminate racism, proactively reduces cancer risk and supports all Australians to access personalised, evidence-based cancer prevention and early detection strategies | People affected by cancer are partners in culturally safe, equitable and responsive cancer care, and health services and systems are trusted and supported for optimal experience, quality of life and cancer outcomes | Integrated, coordinated, data-driven, high-quality health service systems that consistently deliver optimal cancer care and excellence in outcomes | A modern, fit for purpose cancer control infrastructure, advanced by the innovative application of technology, research and data to improve Australia's cancer outcomes | An engaged, capable and future-focused cancer workforce that is culturally safe and responsive, well-equipped, well-supported and driven by collaboration, continuous improvement and diversity to enable the best care for all Australians affected by cancer | 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    |
| <b>5-year goals</b>      | Culturally safe prevention and screening approaches to reduce cancer risk are embedded, and evidence-based and personalised cancer prevention                                                                | Personalised models of navigation in cancer care are widely available to all Australians affected by cancer – engaging consumers in culturally safe,                                                                   | Networked high-quality comprehensive cancer care systems that deliver optimal cancer care and better outcomes                                      | A national cancer data ecosystem supporting evidence-based, innovative models of care which incorporate national uptake of advanced                                     | Strategies implemented to enable a culturally safe, responsive, and capable multidisciplinary workforce that is working at the top of their scope of practice                                                                                                  | 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 |

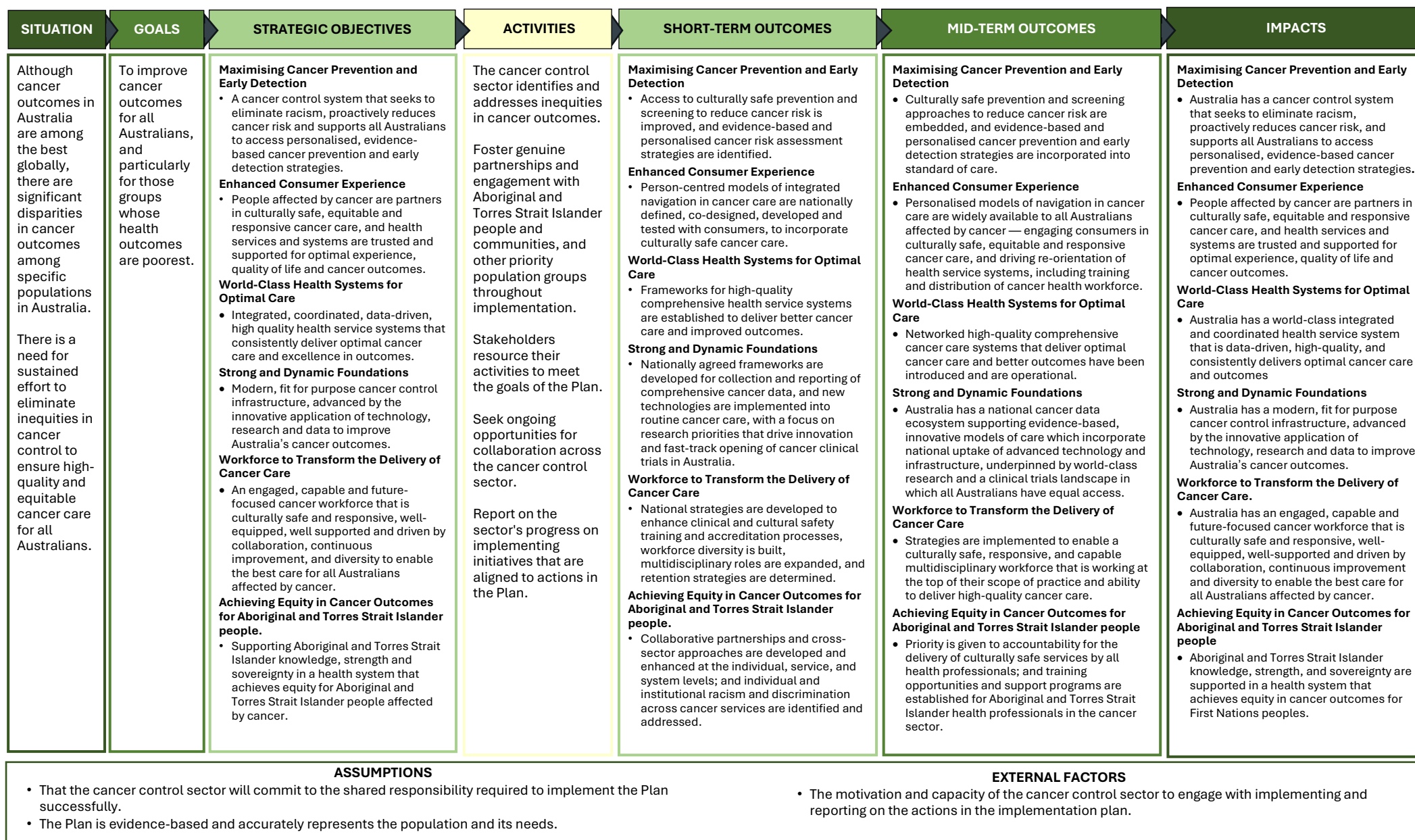
| Strategic Objectives | Maximising Cancer Prevention and Early Detection                                                                                                                                      | Enhanced Consumer Experience                                                                                                                                                       | World Class Health Systems for Optimal Care                                                                                      | Strong and Dynamic Foundations                                                                                                                                                                                                                                                   | Workforce to Transform the Delivery of Cancer Care                                                                                                                                                       | Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People                                                                                                                                                     |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | and early detection strategies are incorporated into standard of care                                                                                                                 | equitable and responsive cancer care, and driving re-orientation of health service systems, including training and distribution of cancer health workforce                         |                                                                                                                                  | technology and infrastructure, underpinned by world-class research and a clinical trials landscape in which all Australians have equal access                                                                                                                                    | and ability to deliver high-quality cancer care                                                                                                                                                          | Strait Islander health professionals in the cancer sector                                                                                                                                                                                |
| <b>2-year goals</b>  | Access to culturally safe prevention and screening approaches to reduce cancer risk is improved, and evidence-based and personalised cancer risk assessment strategies are identified | Person-centred models of integrated navigation in cancer care are nationally defined, co-designed, developed and tested with consumers, to incorporate culturally safe cancer care | Frameworks for high-quality comprehensive health service systems established to deliver better cancer care and improved outcomes | Nationally agreed frameworks for collection and reporting of comprehensive cancer data, and implementation of new technologies into routine cancer care, with a focus on research priorities that drive innovation and fast-track opening of cancer clinical trials in Australia | National strategies developed to enhance clinical and cultural safety training and accreditation processes, build workforce diversity, expand multidisciplinary roles and determine retention strategies | 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 identified and addressed |

| Strategic Objectives  | Maximising Cancer Prevention and Early Detection                                                                                                                                                                                                                                                                                                                                                                 | Enhanced Consumer Experience                                                                                                                                                                                                                                                                                                                                                                                                                         | World Class Health Systems for Optimal Care                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Strong and Dynamic Foundations                                                                                                                                                                                                                                                                                                                                                                                                                         | Workforce to Transform the Delivery of Cancer Care                                                                                                                                                                                                                                                                                                                                                                                                                                              | Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2-year actions</b> | <p><b>1.2.1.</b> Deliver cancer prevention and health promotion activities, including healthy lifestyles, immunisation, and population screening participation, co-designed and tailored to a range of settings.</p> <p><b>1.2.2.</b> Strengthen cancer prevention in broader health strategies and public health partnerships.</p> <p><b>1.2.3.</b> Promote translational research on the impact of social,</p> | <p><b>2.2.1.</b> Develop a national framework for and implement integrated multi-channel, multi-disciplined navigation models that ensure the right support at the right time for every consumer across the cancer continuum.</p> <p><b>2.2.2.</b> Improve availability of co-designed, tailored information and care for consumers to improve health literacy and reduce cancer-related stigma.</p> <p><b>2.2.3.</b> Support health services to</p> | <p><b>3.2.1.</b> Develop and implement a national framework that standardises the development, update, evaluation and uptake of Optimal Care Pathways, including for priority population groups.</p> <p><b>3.2.2.</b> Develop a national framework for networked, distributed comprehensive cancer care, to facilitate provision of services as close as safely possible to where patients live. This will include the role of Comprehensive Cancer Centres to enhance patient outcomes, strengthen transparency and accountability, and drive continuous improvements for all patients across the network regardless of where the care is provided.</p> | <p><b>4.2.1.</b> Develop an agreed national cancer data framework to improve accessibility, consistency and comprehensiveness of integrated data assets.</p> <p><b>4.2.2.</b> Ensure targeted and innovative research investment into areas of unmet and emerging need; and improve clinical trial design and equitable access.</p> <p><b>4.2.3.</b> Identify opportunities to improve equitable cancer care through the digital health ecosystem.</p> | <p><b>5.2.1.</b> Identify current and emerging workforce undersupply in line with cancer workforce modelling and other national health workforce strategies, and initiate planning with the sector towards building future workforce capacity and capability.</p> <p><b>5.2.2.</b> Build on existing capability of the primary care workforce to collaboratively and sustainably support the needs of consumers.</p> <p><b>5.2.3.</b> Evaluate and extend cultural safety training programs</p> | <p><b>6.2.1.</b> Embed Aboriginal and Torres Strait Islander voices in policymaking on cancer prevention, care delivery and standards through leadership, collaboration and co-design processes.</p> <p><b>6.2.2.</b> Strengthen collaboration with service providers, regulatory authorities and the Aboriginal and Torres Strait Islander cancer workforce to establish clear accountability for culturally safe care and compliance with national standards.</p> |

| Strategic Objectives | Maximising Cancer Prevention and Early Detection                                                                                                                                                                                                                                                                                                                                           | Enhanced Consumer Experience                                                                                                           | World Class Health Systems for Optimal Care                                                                                                                                                                                                                                                                                                                                                                                                          | Strong and Dynamic Foundations                                                                                                                                   | Workforce to Transform the Delivery of Cancer Care                                                                                                                                                                                                                                                                                                        | Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People                                                                |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
|                      | <p>cultural, commercial and environmental determinants of health on cancer outcomes for priority populations to inform policy and practice.</p> <p><b>1.2.4.</b> Undertake ongoing assessment of the evidence for risk-based, cost-effective population cancer screening.</p> <p><b>1.2.5.</b> Strengthen health literacy for Aboriginal and Torres Strait Islander people through co-</p> | <p>provide co-designed, culturally responsive resources to enable healthcare providers to communicate respectfully with consumers.</p> | <p><b>3.2.3.</b> Implement innovative, evidence-based and cost-effective models of care for people living with and beyond cancer.</p> <p><b>3.2.4.</b> Develop and refine integrated care models to maximise access to high-quality, timely and evidence-based palliative and end-of-life care, including voluntary assisted dying.</p> <p><b>3.2.5.</b> Lead a national approach to identifying and reporting Indigenous status in cancer care.</p> | <p><b>4.2.4.</b> Establish Aboriginal and Torres Strait Islander-led initiatives which strengthen Indigenous Data Sovereignty and governance of cancer data.</p> | <p>to cancer service providers, including through community-based partnerships with priority population groups.</p> <p><b>5.2.4.</b> Identify priority areas of need for Aboriginal and Torres Strait Islander cancer care workforce and develop a plan to recruit, train and retain the Aboriginal and Torres Strait Islander cancer care workforce.</p> | <p><b>6.2.3.</b> Establish and enhance collaborative partnerships with communities and Aboriginal and Torres Strait Islander-led organisations.</p> |

| Strategic Objectives                                                  | Maximising Cancer Prevention and Early Detection                          | Enhanced Consumer Experience | World Class Health Systems for Optimal Care | Strong and Dynamic Foundations | Workforce to Transform the Delivery of Cancer Care | Achieving Equity in Cancer Outcomes for Aboriginal and Torres Strait Islander People |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------|---------------------------------------------|--------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------|
|                                                                       | designed health promotion and lifestyle strategies for cancer prevention. |                              |                                             |                                |                                                    |                                                                                      |
| <b>Actions scheduled for implementation in first two years (n=24)</b> | <b>5</b>                                                                  | <b>3</b>                     | <b>5</b>                                    | <b>4</b>                       | <b>4</b>                                           | <b>3</b>                                                                             |

## Appendix B – Evaluation Program Logic



## Appendix C – The Plan 2-year Evaluation Expert Advisory Group Membership

| Name                            | Position, Organisation                                                                               |
|---------------------------------|------------------------------------------------------------------------------------------------------|
| Claire Howlett <b>(Chair)</b>   | Deputy Chief Executive Officer, Cancer Australia                                                     |
| A/Professor Christopher Milross | Chair, Cancer Australia Advisory Council                                                             |
| A/Professor Lisa Whop           | Chair, Leadership Group on Aboriginal and Torres Strait Islander on Cancer Control                   |
| Professor Sandra O'Toole        | Previous chair, Intercollegiate Advisory Group                                                       |
| Professor Raymond Chan          | Chair, Research and Data Advisory Group                                                              |
| A/Professor Glen Kennedy        | Member, Cancer Australia Advisory Council<br>Queensland representative, National Cancer Expert Group |
| Ms Fiona Woolcock               | Tasmanian representative, National Cancer Expert Group                                               |
| Ms Carolyn Smith                | Consumer, Cancer Australia Advisory Council                                                          |
| Professor Jacinta Elston        | Consumer, Aboriginal and Torres Strait Islander Advisor                                              |
| Ms Melissa Caldow               | Acting Assistant Secretary, Department of Health, Disability and Ageing                              |

## Appendix D - Implementation Partners of the Plan

Australian Cancer Plan Implementation Partners, current as of June 2026.

1. Australian Cancer Risk Study
2. Australian Institute of Health and Welfare
3. Australia New Zealand Gynaecological Oncology Group
4. Australia and New Zealand Transplant & Cellular Therapies
5. Calvary Health Care
6. Camp Quality
7. Cancer Council Australia
8. Cancer Nurses Society of Australia
9. Canteen
10. Children's Cancer Institute
11. Chris O'Brien Lifehouse
12. Clinical Oncology Society of Australia
13. Curtin University – LUCAP: The Lung Cancer Clinical Quality Data Platform
14. Deakin University – Institute for Health Transformation
15. Deakin University – Institute of Physical Activity and Nutrition

16. Flinders University – Caring Future Institute / Commission on Excellence and Innovation in Health
17. GenesisCare
18. Head and Neck Cancer Australia
19. Inherited Cancers Australia
20. Jodi Lee Bowel Cancer Foundation
21. Lisa Fahey Foundation
22. Liver Foundation
23. Melanoma Patients Australia
24. Monash University – DNA Screen
25. Movember
26. NeuroEndocrine Cancer Australia
27. Ovarian Cancer Australia
28. Palliative Care Australia
29. Peter MacCallum Cancer Institute
30. Prostate Cancer Foundation of Australia
31. Rare Cancers Australia
32. Redkite
33. Sax Institute
34. Storr Liver Centre
35. Tackling Leukaemia
36. University of Tasmania – Menzies Institute for Medical Research

## Appendix E – Data Collection Instrument: Monitoring and Evaluation Survey



**Australian Government**  
**Cancer Australia**

Title: Australian Cancer Plan 2-Year Evaluation

### Consent

Q1. We may be interested in additional information on your responses. Do you agree to be contacted via email for any follow up questions?

- ☐ Yes
- ☐ No

### Organisation information

Q2. Stakeholder type

- ☐ State and Territory governments
- ☐ Non-government organisations
- ☐ Health service providers
- ☐ Clinicians
- ☐ Aboriginal and Torres Strait Islander Community Controlled Health Services
- ☐ Aboriginal and Torres Strait Islander health organisations
- ☐ Research community
- ☐ Education and training sector (including universities)
- ☐ Industry
- ☐ Other (please specify)

Q3. Geographic coverage

- ☐ National
- ☐ State or Territory
- ☐ Metropolitan areas
- ☐ Regional areas
- ☐ Rural and remote areas

Q4. How do you engage with Cancer Australia?

- ☐ Australian Cancer Plan Implementation Partner
- ☐ Jurisdiction (state or territory)
- ☐ Recipient of grant administered by Cancer Australia
- ☐ Service provider
- ☐ Funding Partner (grant programs)
- ☐ Cancer Australia Governance group or committee member
- ☐ Australian Comprehensive Cancer Network
- ☐ Other (please specify)

## Awareness, understanding, and engagement with the Australian Cancer Plan

Q5. How familiar are you with the Australian Cancer Plan?

- ☐ Not aware of the Plan
- ☐ Aware of the Plan, but not familiar with it
- ☐ Somewhat familiar with the Plan
- ☐ Very familiar with the Plan

Q6. Where have you seen reference to the Plan?

- ☐ Social media (e.g. LinkedIn, X)
- ☐ Traditional media (e.g. online or print news, radio, television)
- ☐ Conferences (e.g. presentations, posters, plenaries)
- ☐ Publications (e.g. research articles, reports)
- ☐ Linked from organisation websites
- ☐ Planning, strategy, or policy documents
- ☐ Briefings, workshops, or consultations
- ☐ Other (please specify)

Q7. To what extent do you agree with the following statements?

|                                                                                 | Strongly disagree        | Disagree                 | Neither agree nor disagree | Agree                    | Strongly agree           |
|---------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| The Plan has informed our organisation's strategic priorities                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The Plan has strengthened partnerships and collaborations or prompted new ones  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The Plan has informed discussions about priorities for resourcing or investment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The Plan has informed changes to our service delivery                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |
| The Plan has influenced our cancer equity-related activities                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> |

Q8. Please describe any other impacts or unintended consequences, either positive or negative, that have resulted from your organisation implementing the Plan.

## Implementation progress

Q9. Have you previously reported on your implementation activities to Cancer Australia?

- ☐ We have never reported on our activities.
- ☐ We have previously reported on our activities and **have new activities** to report.
- ☐ We have previously reported on our activities and **have no new activities** to report.

Q10. How many activities have you undertaken since the Plan was released in November 2023 that support its implementation?

Q11. Please list and briefly describe each activity.

Q12. Please estimate the percentage of activities that began after the Plan was released in November 2023 and would not have occurred without the Plan.

Q13. Which Priority Population Group(s) do your activities support?

- ☐ Aboriginal and Torres Strait Islander peoples
- ☐ Adolescents and young adults
- ☐ Children
- ☐ People from culturally and linguistically diverse (CALD) backgrounds
- ☐ People living with disability
- ☐ Lesbian, gay, bisexual, transgender, intersex, queer and asexual (LGBTIQ+) people
- ☐ People in lower socioeconomic groups
- ☐ People living with mental illness
- ☐ Older Australians
- ☐ People living in rural and remote areas
- ☐ General population
- ☐ Other (please specify)

Q14. Which organisations have you partnered with for Plan-related activities?

## Barriers and enablers to implementation

Q15. Based on your experience, to what extent have the following factors affected your implementation of the Plan?

|                                                  | Not at all               | To a small extent        | To a moderate extent     | To a considerable extent | To a great extent        |
|--------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Leadership support                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Staff capacity                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clarity and usability of the Plan                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Allocation of funding and resources              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organisational readiness                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stakeholder engagement                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Data systems                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Organisational policy alignment                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Partnerships and collaborations                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Communication and guidance from Cancer Australia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q16. Please describe the most significant barrier and/or enabler your organisation has experienced in implementing the Plan.

## Feedback and priorities

Q17. What do you see as the top priority for progressing implementation of the Australian Cancer Plan over the next 12 months?

Q18. Do you have any other comments about the implementation of the Australian Cancer Plan as it progresses towards its 5-year goals and 10-year ambitions?

## Appendix F – Data Collection Instrument: Targeted Stakeholder Consultation Guide

### Targeted interviews with key stakeholders

Purpose of the consultation: To gather stakeholder feedback to inform the two-year evaluation of the Australian Cancer Plan, including progress of implementation and what is needed to strengthen progress toward the Plan's 5- and 10-year goals.

*Length: 30-45 minutes*

*Format: Semi-structured interview.*

Acknowledgement of Country

Welcome and Introductions

- Confirm verbal consent for consultation to be recorded.

Opening questions

- Can you briefly describe your organisation and its role in cancer control?
- How familiar are you with the Australian Cancer Plan?

General questions (applicable to all stakeholders)

- To start, can you describe the ways your organisation has engaged with the Plan so far
- Thinking about your organisation over the past two years, what changes, big or small have occurred that you believe were influenced by the Plan?

Prompts:

- What was happening before this change?
- What prompted the change?
- Which component of the Plan do you think influenced your organisation—Strategic Objectives, Guiding Principles, Priority Populations, or OCPs?
- Was the Plan a trigger, an accelerator, a legitimiser or something else?
- What evidence could help illustrate the role of the Plan in this change?
- Has the implementation of the 2-year actions resulted in any unintended consequences (either positive or negative)?
- What evidence could help illustrate the role of the Plan in this consequence?
- What factors have enabled or hindered your organisation in implementing relevant aspects of the Plan?
  - How can the barriers to success be removed?
  - How can the enablers of success be enhanced?

Prompts:

- Leadership support
- Staff capacity
- Funding/resources
- Stakeholder engagement
- Data systems
- Policy alignment

- Partnerships
- Do you have any suggestions for improving the implementation or communication of the Plan?
  - To what extent do the 2-year actions in the Plan need to be continued, adapted or changed?
  - What changes to the Plan would strengthen its impact on equity or improve outcomes for priority populations in your context?
  - Looking ahead, what refinements or additions would help the next phase of the Australian Cancer Plan better support your work or your sector?

## **Targeted questions by organisation type**

### **State and Territory Governments**

- How does the Plan align with your jurisdiction's cancer strategies and policies?
- Have you been involved in collaborative activities or partnerships as part of the Plan's implementation?
- What challenges have you faced in coordinating efforts across regions or services?

### **Non-Government Organisations (NGOs)**

- What role has your organisation played in promoting or supporting the Plan?
- Can you share examples of new or modified activities initiated in response to the Plan?
- How have partnerships or collaborations influenced your ability to implement the Plan's actions?
  - Who are these partners e.g. other NGOs, government, health services?
- What support or resources would help your organisation further contribute to the Plan's objectives?

### **Health Service Providers**

- How will the Plan influence service delivery or care models within your organisation? Has this process commenced?
- Have you made changes to clinical pathways, referral processes, or patient engagement due to the Plan? (Reference OCPs)
- Are there specific barriers (e.g., staffing, funding, data systems) affecting implementation?

### **Clinicians**

- How familiar are you with the Plan and its Strategic Objectives?
- Have you (or do you intend to) incorporated any elements of the Plan into your clinical practice?
- What opportunities do you see for clinician-led initiatives under the Plan?
- How can implementation of the Plan across governments and partners better support clinicians in improving patient outcomes?

### **Aboriginal and Torres Strait Islander Community Controlled Health Services and Health Organisations**

- Have you been involved in new or updated culturally tailored activities as a result of the Plan?
- What impact has the Plan had on partnerships, resource allocation, or service delivery for your communities?
- What additional supports are needed to ensure equitable outcomes for Aboriginal and Torres Strait Islander peoples that will contribute to Closing the Gap outcomes?

### **Research Community**

- How has the Plan influenced your research priorities or collaborations?
- Have you referenced or contributed to the Plan through publications, conferences, or networks?
- What gaps or opportunities do you see for research to inform future iterations of the Plan?
- How can Cancer Australia better engage researchers in the Plan's implementation?

#### **Education and Training Sector (including universities and professional colleges)**

- Has the Plan prompted changes in curriculum, enrolments, training, or professional development programs?
- What role do you see for education providers in advancing the Plan's objectives?
- Are there partnerships with other sectors that have emerged as a result of the Plan?
- What barriers or enablers exist for integrating the Plan into educational settings?

#### **Industry**

- How is your organisation contributing to the implementation of the Plan (e.g., through funding, innovation, technology)?
- Have you experienced any changes in partnerships, funding, or strategic direction as a result of the Plan?
- What challenges or opportunities exist for industry involvement in cancer control under the Plan?

#### **Additional Questions for Implementation Partners**

- Can you describe any pilot or scalable activities you are leading that support the Plan?
- Are there lessons learned that could benefit other partners?

#### **Closing Questions**

- Are there any further comments or feedback you would like to share regarding the Plan or its implementation?
- For relevant organisations (as advised by Cancer Australia)
  - Would you be interested in ongoing engagement as an Implementation Partner?