CANCER CONTROL SURVEY 2026

What changes to cancer care are being made in your country in response to the new, emerging global health care environment?

ARGENTINA

In response to the shifting global healthcare environment – which emphasizes fiscal sustainability, technological modernization, and precise resource allocation – Argentina has been undergoing radical structural and operational shifts in its cancer care framework.

Driven heavily by the austerity and centralization policies of President Javier Milei's administration, the most critical changes to Argentina's oncological infrastructure include:

1. Administrative restructuring and defunding

- **Elimination of the National Cancer Institute (INC):** The government formally closed the standalone *Instituto Nacional del Cáncer*. Its duties have been absorbed directly into the Ministry of Health to eliminate what the administration cited as a "duplicity of tasks," logistics failures, and inefficient drug purchases. In our view this governmental decision is wrong, and will negatively influence cancer control for many years in the country.
- **Creation of ANES:** Argentina established the *Administración Nacional de Establecimientos de Salud* (ANES). This new unified entity now centrally manages five major national hospitals to streamline public health spending.
- **Budget reductions:** The national oncology budget faces drastic tightening. The specific federal programme designated for cancer research, prevention, and early detection (Programa 65) has seen billions of pesos stripped from its funding.

2. Digitalization and remote decentralization

- Telemedicine xxpansion: To navigate funding cuts and bridge geographic gaps, Argentina is leaning heavily on telemedicine to support rural continuity of care.
- Interoperable electronic health records: The country is actively rolling out interoperable electronic records. The goal is to track patient oncology data better and reduce the severe diagnostic delays that have historically plagued the decentralized provincial systems.

3. Restructured drug distribution and care access

- Suspension of DADSE support: The suspension and restructuring of the high-cost medication programme (DADSE) has deeply disrupted how uninsured or vulnerable patients acquire prohibitively expensive oncology drugs. This shift has forced a massive reliance on provincial-level distribution and non-governmental aid networks.
- Restriction on non-resident care: Under newly enacted regulations (such as Resolution 1066), public hospitals have ended free routine and non-emergency healthcare for non-resident foreigners. Non-residents must now pay out of pocket or use international health insurance for ongoing cancer treatments. Emergency life-saving interventions remain universally guaranteed.

4. Advanced clinical improvements

- Next-generation targeted therapeutics: Despite public sector restrictions, Argentina's private and some high coverage sectors continue adopting cutting-edge global medical standards. This includes implementing novel antibody-drug conjugates and advanced kinase inhibitors for high-risk breast cancers.

The lack of a national agency for high-cost medications (similarly to the NICE in the United Kingdom) is urgently needed for a better allocation of resources and to diminish patient inequities.

5. Cancer research

Cancer research in Argentina is currently at a historic and highly polarized turning point. On one hand, the country maintains top-tier human capital and scientific ingenuity that continues to achieve global milestones; on the other, it faces the most severe public funding crisis in decades, forcing a drastic shift toward private and transnational financing models.

- Austerity and budget cuts at CONICET: The National Scientific and Technical Research Council (CONICET), the historic engine of medical science in Argentina, is

experiencing an unprecedented budget paralysis under the current administration.

- The shift towards biotech startups and private capital: Faced with the collapse of state grants, leading Argentine scientists are rapidly turning to private venture capital and spin-off models to rescue decades of basic research and transition it into clinical phases.
- International alliances and global recognition: The global pharmaceutical and scientific community continues to recognize the high value of Argentina's remaining research infrastructure and its scientists' ingenuity.

While government officials defend these sweeping measures as necessary audits to curb public spending inefficiencies, the medical and scientific community agrees that basic oncological research is currently surviving solely due to the resilience of its professionals and external private funding.

Eduardo Cazap, MD, PhD, Founder and first President of the Latin American & Caribbean Society of Medical Oncology (SLACOM)

CANADA

Healthcare in Canada is a shared responsibility between the federal government and the provinces. Canadian organizations such as the Canadian Partnership Against Cancer focus primarily on domestic issues, including equity, cancer in Indigenous populations, the integration of care and the improvement of outcomes. Until recently, the Canadian focus in global health centred on advancing the health and rights of women and children. Recently, Canada has engaged in the G7 Cancer Alliance, which has primarily focused on research. Canadian organizations have a long history of global collaboration in clinical trials.

Professor Mary Gospodarowicz, Professor of Radiation Oncology at the University of Toronto and past Medical Director of the Princess Margaret Cancer Centre, Toronto, Ontario

COLUMBIA

Colombia enacted Resolution 1233, which adopts the Decennial Cancer Control Plan (2026–2035). This ten-year framework mandates a decentralized "territorial approach," shifting resources to address local needs and close urban-rural care gaps. It requires actionable interventions across prevention, early detection, treatment, and palliative care. Furthermore, the plan enforces stricter insurer accountability and establishes unified data tracking via the National Cancer Observatory to optimize patient outcomes nationwide. There is still a lot of work to implement it

Professor Gloria Ines Sanchez, MSc, MD, Faculty of Medicine, University of Antioquia, Medellin, Colombia

EASTERN MEDITERRANEAN REGION

The Eastern Mediterranean Region is working to build stronger, more connected, and fairer cancer care systems in the face of conflict, displacement, less aid, and rising non-communicable diseases. Key priorities include prevention, early detection, HPV vaccination, patient-centred care, strengthening digital health, and integrating cancer care into primary healthcare and universal coverage. There is also greater focus on maintaining cancer care during crises, building local skills, and closing gaps in access and outcomes.

Dr Ibtihal Fadhil, Founder and Chairperson of the Eastern Mediterranean NCD Alliance.

EGYPT

Public practice: Inclusion of more novel cancer therapeutic agents in the national reimbursement initiative specially the unified health insurance.

Private practice: More adoption of comprehensive genomic profiling with local and international panels and better adaption of precision oncology.

Professor Amr Shafik, Professor of Clinical Oncology, Ain Shams University, Cairo, Egypt

- 1. Continuation of national screening initiatives, particularly for breast, liver, and cervical cancers.
- 2. Further progress toward universal health coverage, including cancer care, in different parts of Egypt.
- 3. Establishing new cancer centres and strengthening existing ones.
- 4. The upcoming years will require greater coordination and collaboration among governments, universities, insurance providers, and private health services.
- 5. The ongoing challenge of refugees from neighbouring countries, which places an additional burden on the health system

Professor Ahmed Elzawaway, Professor at Suez Canal University and Chairman of Alsoliman Clinical and Radiation Oncology Centre and the Global Oncology University (GO-U)

GHANA

Ghana is gradually reshaping cancer care from a mainly hospital-based, late-treatment model toward prevention, earlier diagnosis, decentralized services and more comprehensive long-term care. Activities of Breast Care International within the communities are clear examples.

Digital tools, electronic records and telemedicine may also help with specialist consultations, pathology review, follow-up and professional training – particularly for facilities outside the main cities

Ghanaian institutions are increasingly participating in international cancer research, public-health programmes and clinical collaborations. The establishment of the Otumfuo Osei Tutu II Comprehensive Cancer Center of Excellence with Research and an AI Hub is very timely and demand driven for Ghana.

Our aim is to move toward prevention, early detection, decentralized and multidisciplinary care, stronger data systems, digital support, improved financial protection and better palliative care. The biggest challenge is turning these national goals into consistently available services across all regions

Beatrice Wiafe Addai, Chief Executive Offic, Peace and Love Hospitals, Ghana

HEALTHY CARIBBEAN COALITION

The Caribbean has not been immune to the rapidly changing global healthcare environment. Rising costs, inequities and workforce shortages are making access to cancer care – from essential treatment to cutting-edge therapies, particularly medicines – increasingly difficult and putting more and more people's lives at risk. PAHO and CARPHA are supporting equitable access to essential medicines, cervical cancer elimination and childhood cancer initiatives, while countries are expanding radiotherapy, oncology, and diagnostic capacity and CSOs like the Healthy Caribbean Coalition are advocating for meaningful engagement of people affected by NCDs in decision-making.

Current global efforts to shape a new, more equitable and people-centred global health architecture present an important window of opportunity for Caribbean countries and cancer societies to engage and ensure that lived realities help shape solutions that deliver change where it matters most.

Maisha Hutton, Executive Director, Healthy Caribbean Coalition

INTERNATIONAL AGENCY FOR RESEARCH ON CANCER (IARC)

From IARC's cancer prevention perspective, we observe many countries strengthening integrated cancer control approaches that connect prevention, early detection, diagnosis, treatment, and survivorship. Current priorities increasingly include equitable access to care, implementation of evidence-based screening programmes, digital health and AI-enabled solutions, workforce capacity, and data-driven decision-making through cancer registries. There is also growing emphasis on resilience, ensuring cancer services can be sustained despite financial, demographic, and global health pressures.

Dr Véronique Chajès Programme Officer, Office of the Director, International Agency for Research on Cancer, Lyon, France

INDIA

India is transforming its cancer care ecosystem to be more affordable, technologically advanced, and geographically accessible. Several initiatives regarding cancer care are under way in India in response to the new, emerging global healthcare environment. These include import tax exemptions on essential cancer medications, advancing home-grown advanced cell therapies, and expanding cancer care facilities by upgrading existing hospitals as well as setting up new treatment units.

Dr Priya Ranganathan, Department of Anaesthesiology, Critical Care and Pain Tata Memorial Centre, Mumbai, India

India is responding to the changing global healthcare environment by strengthening cancer care through Health Technology Assessment, expanding Universal Health Coverage across states, and reducing customs duties on essential imported drugs and healthcare equipment. There is also greater focus on locally relevant research, healthcare infrastructure and a trained workforce. Hub-and-spoke models are bringing cancer care closer to patients, while the addition of HPV vaccination in the national immunization programme is strengthening efforts towards cervical cancer elimination.

Dr Bhawna Sirohi, Medical Director at Balco Medical Centre, Raipur, Chhattisgarh, India

KAZAKHSTAN

Kazakhstan is strengthening cancer care in response to a rapidly changing global health environment by prioritizing prevention, early detection and equitable access to modern treatment. National screening programmes are being

expanded, while molecular diagnostics, targeted therapies and immunotherapy are increasingly integrated into clinical practice. We are also strengthening regional cancer services, digital health and international collaboration. Our priority is to build a sustainable, patient-centred cancer system and reduce disparities in outcomes across the country.

Professor Dilyara Kaidarova, MD, PhD, Doctor of Medical Sciences, Academician of the National Academy of Sciences of the Republic of Kazakhstan under the President of the Republic of Kazakhstan, First Vice-Rector of Asfendiyarov Kazakh National Medical University, President of the Kazakhstan Cancer Society (KazCS), Almaty, Kazakhstan

LEBANON

Lebanon's cancer care in 2026 is being reshaped by war-related disruption, population displacement, and severe economic strain, requiring urgent national and international action. Medication shortages, damaged oncology infrastructure, and disrupted referral pathways have driven decentralization of services and expanded reliance on NGO support and global solidarity. Efforts now focus on strengthening emergency procurement, restoring diagnostic capacity, and coordinating care for displaced patients to preserve treatment continuity in an increasingly unstable regional environment.

Professor Ali Shamseddine, Professor of Hematology-Oncology, American University of Beirut Medical Center, Lebanon

MALAWI

Across low-resource settings like Malawi, where I provide services, cancer care is shifting as external funding tightens. Health ministries are strengthening the pathway by driving cancer control plans that connect fragmented services across screening, diagnosis, and treatment via remote monitoring. These enable continuous follow-up and reduced costs following early diagnosis, plus sustainable financing models. Digital tools that create connective infrastructure for the care pathway and integrate with national health systems are vital to this shift.

Dr Mercy Ofuya, Medical Statistician and Founder of CupArise

MALAYSIA

In Malaysia, cancer care is gradually shifting towards more person-centred models. Alongside expanding access to diagnosis and treatment, greater attention is being given to earlier diagnosis, patient navigation and financial toxicity. Public hospitals nonetheless need adequate resources to meet rising demand, supported by broader health-financing reform. Deliberate investment in the cancer workforce, sustainable partnerships with civil society and the private sector, real-world data, regional collaboration and global health diplomacy will be increasingly important in addressing resource constraints.

Professor Nirmala Bhoo Pathy, cancer epidemiologist and public health physician at University Malaya Medical Centre and Founder of Well with Cancer (WECAN)

NEPAL

Note: These responses were submitted before the recent flash flood and landslides.

Nepal is advancing cancer care through its National Cancer Control Strategy 2024–2030, shifting the focus from treatment alone to prevention, early detection, diagnosis, palliative care, and survivorship. Key initiatives include free treatments for children under 14, improving access to essential medicines for childhood cancers, implementing decentralized and shared-care models, expanding paediatric and regional oncology services, and promoting multidisciplinary approaches. Additionally, Nepal is exploring innovative therapies such as precision oncology, immunotherapy, and CAR-T therapy, while also focusing on cancer research, surveillance, workforce skills, and quality improvement efforts.

Dr Sudhir Raj Silwal, Consultant Radiation Oncologist, B&B Hospital, Lalitpur, Nepal

Nepal's dependence on imported cancer medicines has major vulnerabilities in its cancer-care system amid the changing global health environment. Recent geopolitical conflicts, particularly in the Middle East, together with global inflation and rising production and transportation costs, have disrupted the supply of essential anticancer medicines such as cisplatin and carboplatin. These shortages have directly jeopardized treatment continuity and optimal cancer outcomes. Currency devaluation and escalating international prices have also constrained the procurement of LINACs and CT simulators. These challenges highlight the urgent need for national policies focused on medicine security and long-term investment in cancer-care infrastructure and the workforce.

Dr Surendra Gauchan, Consultant Radiation Oncologist B P Koirala Memorial Cancer Hospital, Bharatpur, Chitwan, Nepal

PAKISTAN

For Pakistan I would say that the changes are: Increased awareness of cancer and its prevention amongst the general

public fostered by national media campaigns by the Shaukat Khanum Memorial Cancer Hospital and Research Center, with two fully functional state of the art cancer hospitals in Lahore and Peshawar and a third, larger facility in Karachi opening in December this year. This has stimulated other entities to plan similar cancer hospitals in other parts of the country to improve the availability of modern cancer care.

Professor Nausherwan Burki, Shaukat Khanum Memorial Cancer Hospital and Research Centre, Karachi, Pakistan

PHILIPPINES

I practice primarily in a public cancer centre, and I see the situation at first hand. We are expected to deliver care that increasingly reflects global standards while working within very real resource constraints. Advances in targeted therapies and immunotherapy for gynaecologic malignancies are remarkable; however, these breakthroughs remain largely inaccessible, often rendering timely treatment financially out of reach for many patients. Likewise, emerging surgical approaches, including robotic systems, have the potential to enhance precision, accelerate recovery, and improve quality of life. However, technological progress should be judged by whether it delivers demonstrable, meaningful gains in patient outcomes, and it should also be financially prudent for both the government and patients.

For the Philippines, the challenge, therefore, is not merely to embrace every emerging innovation, but to identify which advances and new therapies deliver genuine clinical value – advances that can be implemented equitably and sustained over time. Strengthening the nation's cancer preventive strategies and cancer infrastructure, expanding and supporting the workforce, reinforcing referral pathways, improving financing mechanisms, advancing research, and ensuring access to essential medicines are just as critical as adopting cutting-edge technologies. Ultimately, our objective should be to narrow the divide between what is feasible on a global scale and what is realistically within reach for Filipino patients. Every Filipino cancer patient deserves timely and complete treatment, regardless of where they live or what they can afford. No patient should have to wait for care that could save their life.

Dr Jimmy Billod, Medical Specialist Baguio General Hospital and Medical Center, Baguio City, Benguet, Philippines

SOUTH AFRICA

South Africa is responding to global health funding shifts by strengthening cancer control commitments, though implementation still lags targets. Emphasis has shifted toward earlier detection, with strengthened screening and diagnostic pathways underpinning a 2026–2030 Cervical Cancer Elimination Framework, HPV-DNA testing rollout, and single-dose vaccination. A first IAEA/WHO/IARC imPACT Review is informing a new National Cancer Control Plan, alongside decentralized oncology infrastructure, expanding digital health tools, and domestic financing amid persistent screening and treatment-delay gaps.

Elize Joubert, Chief Executive Officer, Cancer Association of South Africa (CANSA)

SOUTH SUDAN

South Sudan experienced protracted conflicts lasting decades resulting in the creation of "a cancer care desert zone"; no radiotherapy and stark deficiency in workforce and services across the continuum. In this post-conflict recovery phase, health professionals who returned home created the South Sudan Cancer Network and the Cancer Department at the Ministry of Health. International solidarity is urgently needed to collaborate in training the workforce, the development of NCCP and the cancer care delivery system.

Professor Nazik Hammad, Medical Oncologist, Division of Hematology-Oncology, St Michael's Hospital, University of Toronto, Canada

SUDAN

In Sudan, cancer care is adapting to advances in global oncology while addressing conflict and severe resource limitations. Priorities include equitable access to essential medicines, stronger prevention and early diagnosis, clear referral pathways, reliable cancer registries, and improved patient support. Telemedicine, multidisciplinary collaboration, and decentralized services can maintain care for displaced populations. International partnerships, sustainable financing, workforce development, rebuilt infrastructure, and gradual access to precision medicine and modern radiotherapy are essential for resilience and equity.

Dr Nabeeha Karadawi, Consultant Medical Oncologist, Letterkenny University Hospital, Letterkenny, Ireland

UNITED KINGDOM

We all recognize the current challenges brought on by the diversion of governmental support for global health as exemplified by the action taken by the President of the United States and by recent governments in the United Kingdom. Clearly this has had a significant impact on cancer related programmes around the world.

We do still carry with us the lessons learned from the COVID pandemic which illustrated that we are a worldwide inter-related health network and that international collaboration is the path to overcoming the increasing health burden including diseases such as cancer.

From the UK perspective, the motivation remains undimmed. Within the National Health Service we are increasingly recognizing the benefit for our patients and our staff of engagement in cancer projects in collaboration with colleagues working in different health environments around the world. The commitment within the United Kingdom is illustrated by current activity and support for organizations such as the Kenya UK Health Alliance and the UK and Ireland Global Cancer Network.

Although some of the previously convention sources of funding have become more limited, we all know that there is more money in the world now than there has ever been before. We must now focus on exploring ways to reach alternative funding sources in order to maintain our momentum in the knowledge that the political thinking will change, bringing with it more governmental funding in the years ahead.

Professor Richard Cowan, MBBS, MRCP, FRCR, MD, Consultant in Clinical Oncology, The Christie NHS Foundation Trust, Manchester, United Kingdom

UNITED STATES OF AMERICA

For the first time, the 5-year relative survival rate for all cancers in the United States (diagnosed between 2015–2021) combined has reached 70%. Seven out of 10 people now survive from their cancer compared to less than 50% in the 1970s. On the other side, new changes have put a squeeze on funding for cancer research from governmental agencies. Financial toxicity continues to add to the burden of cancer patients. Ending on a bright note, daraxonrasib, benefits of GLP–1s' and new frontiers in artificial intelligence will hopefully continue the optimistically upward trajectory of cancer care and outcomes.

Professor Chandrakanth Are, MBBS, Surgical Oncologist University of Nebraska Medical Center (UNMC), Omaha, Nebraska, United States