



GLOBAL HEALTH SECURITY FUND ACCESS AWARDS

2026 Katherine McDonald Urological Oncology Access Award

Program Handbook

Contents

+ Background	3
+ Objectives	3
+ Advisory Committee	4
+ Timeline for 2025–2026	4
+ Criteria	5
+ Example Innovations	5
+ Nominations	6
+ Funding	6
+ Partner Organizations	7
+ Award Community	7
+ Annex A	8
+ Annex B	9
+ Annex C	10
+ Annex D	10

Background

The Global Health Security Fund (GHS Fund) is a Geneva-based nonprofit dedicated to leveraging innovation to promote health security with a particular focus on achieving impact across the Global South. We recognize that equitable access to prevention, diagnosis, and treatment resources is essential to building resilient health systems capable of addressing both infectious and non-communicable disease threats.

The GHS Fund created the Access Awards program as part of our commitment to Universal Health Coverage (UHC), recognized globally as a critical pillar of health security. These awards celebrate and support innovations that break down barriers to care, ensuring that lifesaving health technologies and systems reach those who need them most. The Access Awards are aligned with the United Nations Sustainable Development Goals (SDG) target 3.8, which calls for universal health coverage, and with our role as a committed partner of the UHC2030 movement.



The inaugural Access Award – the **Katherine McDonald Urological Oncology Access Award** – will focus on advancing access to diagnosis and treatment in urological oncology (including bladder, prostate, testicular, kidney, ureter, and urethral cancers regardless of gender). This inaugural award is dedicated to the remarkable cancer care journey of Katherine McDonald, the mother of GHS Fund co-founder Lisa McDonald, who was diagnosed with bladder cancer, initially judged terminal, more than a decade ago. Through a combination of cutting-edge treatment and steadfast determination, she has been cancer-free for over ten years, inspiring this award’s mission: to ensure that patients everywhere, regardless of geography or income, can access similar pathways to survival and healing.

Launched officially during the 2025 World Economic Forum and the 78th World Health Assembly, the Katherine McDonald Urological Oncology Access Award marks the first step in a long-term effort to spotlight and scale transformative solutions to improve healthcare access globally.

Objectives

The Katherine McDonald Urological Oncology Access Award seeks to identify, support, and help scale innovations that improve access to diagnosis and treatment in urological oncology (including bladder, prostate, testicular, kidney, ureter, and urethral cancers regardless of gender), with a focus on impact in the Global South.

The Access Award will support two categories of winners:

- + **Technology Award:** Recognizing innovations in diagnostics, devices, therapeutics, or digital tools that improve access to urological oncology care.
- + **Systems Award:** Recognizing policy, delivery, or systems-level solutions that expand equitable access to cancer services.

The Access Award will accelerate global impact by supporting awardees to scale their innovations through strategic partnerships, visibility, and funding opportunities.

Advisory Committee

The Advisory Committee is the guiding body of the Access Awards program. Its role is to ensure that the nomination and judging process is equitable and maximally impactful.

Responsibilities Include

- + **Defining problem statements:** Articulating the most pressing barriers to access in urological oncology, with emphasis on LMIC contexts.
- + **Identifying key stakeholders:** Engaging patient advocates, innovators, health providers, policymakers, and investors.
- + **Announcing nominations:** Overseeing the call for nominations and ensuring global outreach, particularly to underrepresented communities.
- + **Judging:** Reviewing nominations, deliberating, and selecting the winners.

Membership

The Committee is composed of experts in oncology, health innovation, policy, patient advocacy, and financing. Members are drawn from both the Global North and South to ensure a broad range of perspectives.

Expectations of Members

- + Participation in scheduled meetings
- + Review and scoring of nominations
- + Commitment to confidentiality and conflict-of-interest principles
- + Serving as ambassadors for the award

Resources Provided:

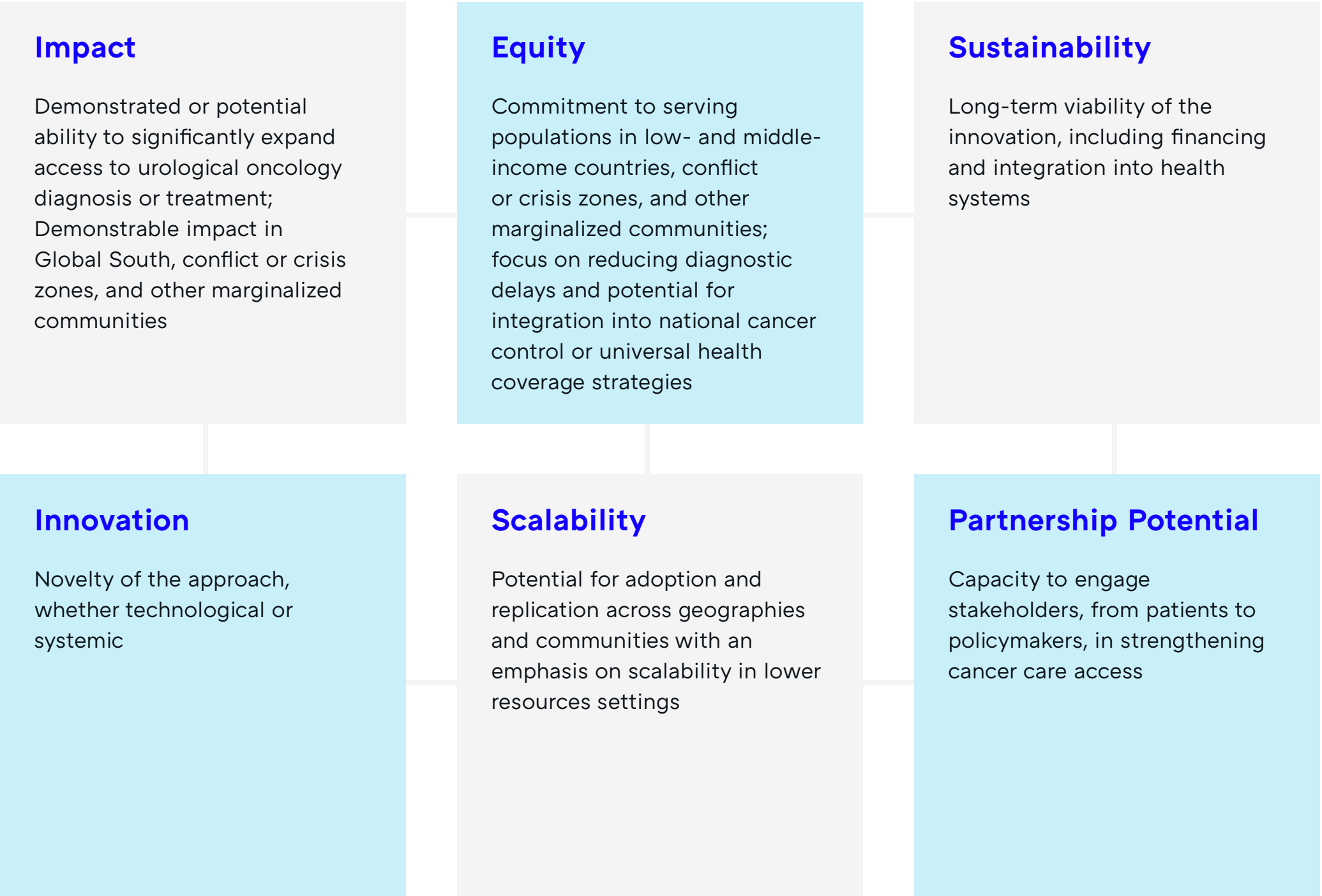
- + Dedicated GHS Fund staff support
- + Access to background research and nomination submissions
- + Travel and accommodation support for in-person events where applicable
- + Honoraria for nomination evaluation activities where applicable

Timeline for 2025–2026

- 20 AUGUST 2025
Advisory Committee initial meeting (Virtual)
- 12 OCTOBER 2025
Call for nominations
Advisory Committee in-person meeting @ World Health Summit, Berlin
- 12 OCTOBER - 31 DECEMBER 2025
Nomination period
- 1-15 JANUARY 2026
Advisory committee judging and awardee selection
- LATE JANUARY 2026
Announcement of winners @ World Economic Forum, Davos

Criteria

Nominations will be evaluated against the following criteria:



Example Innovations

- + Training primary healthcare workers to recognize early signs and symptoms (including hematuria as a urological red flag) and strengthening referral pathways to specialized care.
- + Improving quality standards in pathology and imaging, which are critical not only for urological cancers but also across most cancer types.
- + Building multidisciplinary team capacity (surgeons, oncology nurses, tumor boards) that improves care for all patients, including those with urological cancers.
- + Pilots in digital health and patient navigation, which reduce loss to follow-up and improve continuity of care.

Nominations

The nomination process is open to:

- + Innovators and entrepreneurs
- + Health systems leaders
- + Patient organizations
- + Academic and research institutions
- + Civil society organizations, foundations, and nonprofits
- + Government-affiliated programs
- + Other individuals or organizations advancing access to urological oncology care

Self-nominations are welcome.

Nominations must include:

- + A summary of the innovation (technology or systems approach)
- + Evidence of impact and/or pilot results
- + A plan for scaling, with emphasis on the Global South, conflict or crisis zones, or other lower resource settings
- + Letters of support (optional)



To access the nominations form, scan the QR code, or visit GHSFund.org/nominations

Funding

The total award amount is USD \$50,000, to be divided between the Technology Award and the Systems Award categories.

This funding represents a seed grant designed to catalyze efforts to develop and scale the selected technology and systems innovations. The funding should be directed to local stakeholders and/or institutions in the focus community rather than to external actors.

Awardees will receive:

- + **Financial support** to strengthen and scale their innovation through the award
- + **Strategic mentorship** and technical assistance from the GHS Fund team
- + **Visibility and networking** opportunities at international forums

Partner Organizations



The Global Health Security Fund (GHS Fund)

A Geneva-based nonprofit dedicated to leveraging innovation to promote greater health security with a focus on achieving impact across the Global South.



Health Innovation Exchange (HIE)

A Geneva-based, UNAIDS-launched nonprofit connecting policymakers, innovators, and investors to scale healthcare solutions in the Global South via ecosystem-building, convening, and investment acceleration.



City Cancer Challenge (C/Can)

A Geneva-based nonprofit leading a partnership initiative that supports cities around the world as they work to improve access to quality, equitable cancer care. C/Can does this by transforming the way stakeholders from the public and private sectors collectively design, plan and implement cancer solutions.

Award Community

Winning an Access Award is the beginning of a long-term relationship. Awardees will become part of the Access Awards Community—a global network of innovators, partners, and champions working to advance equitable access to care.

Community benefits include:

- + Ongoing engagement with GHS Fund initiatives
- + Opportunities for co-creation and collaboration with other awardees and partners
- + Invitations to high-level global health events
- + Access to communications and media support to amplify their work

The Access Awards Community embodies the spirit of shared purpose: advancing access, equity, and health security for all.

Annex A: About Katherine McDonald

I was born in Houston, Texas on New Year’s Eve in 1951. My family soon moved to Spring, Texas just outside of Houston where I grew up on a farm riding horses and raising livestock. I was raised in a loving family and have always been very close to my extended family. I did well in school and athletics, and after graduating second in my class, I attended Stephen F. Austin State University in Nacogdoches, Texas. I graduated with a degree in Physical Education, and thought I would become a teacher, but after graduation I returned to Houston and joined the Houston Police Department in 1974.

When I became a police officer, women were not yet patrolling the streets, in fact I was the first woman to work patrol in Houston. That experience led to a career with many such firsts. I met my future husband while we were training in martial arts as part of my duties on the Special Weapons and Tactics (SWAT) team. He later joined me on the SWAT team, and we spent our careers together in the police department. I married my husband Michael in 1978, and our daughter Lisa was born in 1980. Two years later our family was complete when my daughter Angie was born. We made a happy home for ourselves in Tomball, a small suburb of Northwest Houston where we lived next door to my mother, brother, and a host of other cousins and relatives. I had a long and rewarding career in the police department, and in 2006, I was named Houston’s Super Cop by the 100 Club. During my time at HPD I worked in many different departments in a variety of roles and retired at the rank of Sergeant in 2006.

After retiring, I remained active traveling, golfing, swimming and exploring new hobbies. When I turned 60, I challenged myself to get into the ‘best shape of my life’. I began a rigorous program of running and weightlifting alongside a nutrition plan. Despite my healthy habits, I noticed something didn’t feel quite right. I had a nagging discomfort in my back and legs that didn’t improve with rest. I abruptly began to experience frequent urination. After visits to primary care and sports medicine, I received a referral to a community urologist. A mass was found in my bladder and a biopsy confirmed it was cancer. My daughter and son-in-law are both physicians and they quickly took on managing my care. The community

urologist informed us that my cancer was a urothelial carcinoma, plasmacytoid variant and was stage 3. I was not a candidate for surgical intervention. I could receive chemotherapy in Tomball, but my condition was probably terminal.

Facing this diagnosis, my daughter was adamant that I receive a second and then a third opinion. Houston is home to the Texas Medical Center, so after a series of frantic calls from my family I had appointments for consultation at Baylor College of Medicine and MD Anderson Cancer Center. I was surrounded by world class physicians experienced in treating the most rare and aggressive urological cancers. After careful deliberation with my family, my care started at MD Anderson. From there, things moved quickly. I was admitted to the hospital and put on an intensive chemotherapy regimen consisting of 4 different drugs over a one-week period. I would go on to receive numerous rounds of chemotherapy. I lost my hair. I lost weight. I got unrelenting tinnitus and neutropenic fevers. It was grueling, but my tumor was responding. Things were moving in the right direction. My doctors advised that I was ready for surgery, a radical cystectomy to remove my bladder. I chose to have an ileal conduit diversion and now I have a urostomy that will remain for the rest of my life. The combination of chemotherapy and surgical intervention that I received at MD Anderson resulted in a surgical cure for my cancer. The margins of resection were clear, and I have been cancer free following my surgery for over ten years.

I am now in my 70s, still active and living a full life with my children and grandchildren. My cancer journey had a profound effect on me and my family, and I was equal parts privileged and lucky. My daughter and son-in-law are physicians and had insider knowledge about how to navigate the healthcare system. I had access to world renowned care and innovation in the treatment of bladder cancer at my literal doorstep. I was able to afford treatment, and my cancer responded to treatment. I am alive today for all these reasons, and it is important to me that others who are diagnosed with urological cancers have the same access.

Annex B: Advisory Committee – 2025 Katherine McDonald Urological Oncology Access Award

Andrew Nerlinger

Executive Director,
Global Health Security Fund
(Switzerland)

Lisa McDonald

Chair, Board of Directors,
Global Health Security Fund
(Switzerland)

Biju Jacob

Innovation Lead,
Global Health Security Fund
(India)

Isabel Mestres

CEO,
City Cancer Challenge
(Switzerland)

Elina Viitaniemi

CEO,
Cancer Support Switzerland
(Switzerland)

Amirhossein Takian

Professor and Founding Director,
Centre of Excellence for Global
Health Policy, Tehran University
of Medical Sciences (Iran)

Frank Bladou

Uro-Oncology Lead,
Centre Hospitalier Universitaire Bordeaux
(France)

Gauden Galea

Hon. Professor,
University of Malta and
Former Strategic Advisor,
WHO Europe Regional Office
(Malta)

Rukia Männikkö

Technical Advisor,
The Global Fund
(Switzerland)

Salim Afshar

Founder and CMIO,
Reveal HealthTech
(USA)

Moni Abraham Kuriakose

Medical Director and CEO,
Kerala Operations, Karkinos Health
and Vice Chairman, Dept of Health
and Neck Plastic and Reconstructive
Surgery, Roswell Park Comprehensive
Cancer Center
(USA)

Annex C: FAQs

Can a project at the pilot stage be nominated?

Yes, provided there is a credible plan for scale and evidence of early impact.

Are government agencies eligible?

Yes, if they are directly responsible for innovations in cancer care delivery.

Can one organization submit more than one nomination?

Yes, but each must be submitted separately.

Annex D: Nomination Contents

1. Name of nominee (individual or organization)
2. Contact details
3. Title of innovation/project
4. Category (Technology or Systems)
5. Executive summary
6. Evidence of impact to date
7. Scaling strategy
8. Focus on Global South and/or conflict-affected settings
9. Supporting materials, e.g. letters of support, pitch decks, or presentations. Limit two items.



To access the nominations form, scan the QR code, or visit GHSFund.org/nominations

