Webinar: Tutorial for NCCP Reviews
8 January 2018

“We unite the cancer community to reduce the global cancer burden, to promote greater equity, and to integrate cancer control into the world health and development agenda.”
What is a National Cancer Control Plan (NCCP)?

- A strategic plan to control cancer based on the country’s cancer burden, cancer risk factor burden and the resources available to implement the plan in the context of the culture and health care system in that country.

*(Union for International Cancer Control)*
Why develop a plan?

“a goal without a plan is just a wish”
Benefits of an NCCP

✓ **Increase** the use of evidence to guide policy and program decisions
✓ **Maximize** use of resources
✓ **Communicate** cancer challenges, needs, and path forward to the community, policymakers, and partners
  - **Increase** financial, political and social support
  - **Coordinate** efforts in cancer and other health areas to build on partner efforts and avoid duplication
✓ **Ensure** accountability
✓ **Improve** health outcomes
Common challenges

- Support and funding
  - Cancer control
  - Cancer planning
  - Research
- Infrastructure and resources
  - Access to data, data quality
  - Facilities, equipment, and workforce
- Competing priorities
- Cultural norms and context

Underlines the importance of cancer planning
Cancer control is a “whole-of-society” challenge

- Needs to be embraced by government, civil society, private sector, professionals, patients, and public;
- Interventions need to take into account social determinants of health, public health, and existing health services and systems;
  - This takes time and sustained effort
  - Addressing social determinants involves virtually all government agencies/ministries
- The importance of government support for broad-based cancer control (fully supported by civil society, professionals and the public) through legislation including universal health care, tobacco control policies, and social policy reforms can’t be minimized.

NCCP Process and Outcomes

**Process**
- Partnership
- Incorporation of evidence
- Consensus
- Accountability
- Communication
- Monitoring and evaluation

**Outcomes**
- Plan development
- Plan implementation
- Improved cancer prevention and control
Partnerships

Combine resources
Maximize support
Promote coordination
Increase comprehensiveness
Reduce disparities
Enhance sustainability
Essential elements of an NCCP

- Outlines vision and mission
- Articulates goals, objectives, and strategies
- Uses available data and evidence to identify needs and guide strategies
- Sets up clear monitoring and evaluation of plan
- Outlines a plan for financing, developing additional sources of revenue, and leveraging existing resources
Features of a quality NCCP

- Developed by a multi-stakeholder, multi-level team
  - Government, civil society, academics, community groups, non-health sectors
- Takes into account unique country context and social determinants of health
- Communicates clearly to intended audiences including policymakers, care providers, the public
- Implemented and measured
National Cancer Control Plans

A Comprehensive Review

André Ilbawi, MD
Medical Officer, Cancer Control
World Health Organization
ilbawia@who.int
Outline

• Context: why now?, how did we get here?

• Understanding the methodology

• Lessons learned from an initial review

• Next steps
Outline

• Context: why now?, how did we get here?

• Understanding the methodology

• Lessons learned from an initial review

• Next steps
WHA Cancer Resolution 2017

• **Resolution 2017:** Cancer prevention and control in the context of an integrated approach
  – 18 sponsors and >40 countries & 11 NGOs speaking in support of the resolution

• Calls on **all partners** to assist with NCCP
2005 Resolution

WHA58.22 Cancer prevention and control

The Fifty-eighth World Health Assembly,

Having examined the report on the prevention and control of cancer;

Recalling resolutions WHA51.18 and WHA53.17 on the prevention and control of noncommunicable diseases, WHA57.17 on the Global Strategy on Diet, Physical Activity and Health, WHA56.1 on tobacco control, WHA57.12 on the reproductive health strategy, including control of cervical cancer, and WHA57.16 on health promotion and healthy lifestyles;

Recognizing the suffering of cancer patients and their families and the extent to which cancer threatens development when it affects economically active members of society;

Alarmed by the rising trends of cancer risk-factors, the number of new cancer cases, and cancer mortality and morbidity worldwide, in particular in developing countries;

Recognizing that many of these cases of cancer and deaths could be prevented, and that the provision of palliative care for all individuals in need is an urgent, humanitarian responsibility;

Recognizing that the technology for diagnosis and treatment of cancer is mature and that many cases of cancer may be cured, especially if detected earlier;

Recognizing that tobacco use is the world’s most avoidable cause of cancer and that control measures, such as legislation, education, promotion of smoke-free environments, and treatment of tobacco dependence, can be effectively applied in all resource settings;

2017 Resolution

Cancer prevention and control in the context of an integrated approach

The Seventieth World Health Assembly,

Having considered the report on cancer prevention and control in the context of an integrated approach;

Acknowledging that, in 2012, cancer was the second leading cause of death in the world with 8.2 million cancer-related deaths, the majority of which occurred in low- and middle-income countries;

Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with the annual number of new cancer cases projected to increase from 14.1 million in 2012 to 21.6 million by 2030;

Aware that certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and that they also experience poorer outcomes for cancer; and recognizing that different cancer control strategies are required for specific groups of cancer patients, such as children and adolescents;

Noting that risk reduction has the potential to prevent around half of all cancers;

Aware that early diagnosis and prompt and appropriate treatment, including pain relief and palliative care, can reduce mortality and improve the outcomes and quality of life of cancer patients;

Recognizing with appreciation the introduction of new pharmaceutical products based on investment in innovation for cancer treatment in recent years, and noting with great concern the increasing cost to health systems and patients;

<table>
<thead>
<tr>
<th>Region</th>
<th>2000</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>21%</td>
<td>83%</td>
</tr>
<tr>
<td>Americas</td>
<td>50%</td>
<td>79%</td>
</tr>
<tr>
<td>Eastern Mediterranean</td>
<td>54%</td>
<td>80%</td>
</tr>
<tr>
<td>Europe</td>
<td>60%</td>
<td>92%</td>
</tr>
<tr>
<td>South-east Asia</td>
<td>83%</td>
<td>91%</td>
</tr>
<tr>
<td>Western Pacific</td>
<td>NR</td>
<td>96%</td>
</tr>
<tr>
<td>Total</td>
<td>49%</td>
<td>87%</td>
</tr>
</tbody>
</table>
Cancer prevention and control in the context of an integrated approach

The Seventeenth World Health Assembly,

Having considered the report on cancer prevention and control in the context of an integrated approach,

Acknowledging that, in 2012, cancer was the second leading cause of death in the world with 8.2 million cancer-related deaths, the majority of which occurred in low and middle-income countries;

Recognizing that cancer is a leading cause of morbidity globally and a growing public health concern, with the annual number of new cancer cases projected to increase from 14.1 million in 2012 to 21.6 million by 2030;

Aware that certain population groups experience inequalities in risk factor exposure and in access to screening, early diagnosis and timely and appropriate treatment, and that they also experience poorer outcomes for cancer, and recognizing that different cancer control strategies are required for specific groups of cancer patients, such as children and adolescents;

Noting that risk reduction has the potential to prevent around half of all cancers;

Aware that early diagnosis and prompt and appropriate treatment, including pain relief and palliative care, can reduce mortality and improve the outcomes and quality of life of cancer patients;

Recognizing with appreciation the introduction of new pharmaceutical products based on investment in innovation for cancer treatment in recent years, and noting with great concern the increasing cost to health systems and patients;

Emphasizing the importance of addressing barriers in access to safe, quality, effective and affordable medicines, medical products and appropriate technology for cancer prevention, detection, screening, diagnosis and treatment, including surgery, by strengthening national health systems and international cooperation, including human resources, with the ultimate aim of enhancing access for patients, including through increasing the capacity of the health systems to provide such access;

Recalling resolution WHA58.22 (2005) on cancer prevention and control,

Recalling also United Nations General Assembly resolution 66/2 (2011) on the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, which includes a road map of national commitments from Heads of State and Government to address cancer and other non-communicable diseases;

Recalling further resolution WHA66.10 (2013) endorsing the global action plan for the prevention and control of noncommunicable diseases 2013-2020, which provides guidance on how Member States can realize the commitments they made in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, including those related to addressing cancer;

Recalling in addition United Nations General Assembly resolution 68/200 (2014) on the Outcome Document of the high-level meeting of the General Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, which sets out the continued and increased commitments that are essential in order to realize the road map of commitments to address cancer and other noncommunicable diseases included in the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, including four time-bound national commitments for 2015 and 2016;

Mindful of the existing monitoring tool that WHO is using to track the extent to which its 194 Member States are implementing these four time-bound commitments to address cancer and other noncommunicable diseases, in accordance with the technical note published by WHO on 1 May 2015 pursuant to decision ED136(13) (2015);

Mindful also of the WHO Framework Convention on Tobacco Control,

Also mindful of the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, specifically Goal 3 (Ensure healthy lives and promote well-being for all at all ages) with its target 3.8 to reduce, by 2020, premature mortality from noncommunicable diseases by one third, and target 3.9 on achieving universal health coverage;

Appreciating the efforts made by Member States and international partners in recent years to prevent and control cancer, but mindful of the need for further action;

Reaffirming the global strategy and plan of action on public health, innovation and intellectual property,

Reaffirming also the rights of Member States to the full use of the flexibilities in the WTO Agreement on Trade-related Aspects of the Intellectual Property Rights (TRIPS) to increase access to affordable, safe, effective and quality medicines, noting that, inter alia, intellectual property rights are an important incentive in the development of new health products,
Recommended actions for countries

- Develop & implement NCCP
- Reduce risks through strategies such as imposing higher taxes on tobacco
- Strengthen health systems for cancer control focusing on equity and access
- Ensure that cancer workforce has appropriate skills
- Improve data to inform decision-making
- OECD Cancer Care (2013)

1. Governance
   - NCCP (targets, timeframe, M&E, case management, networks)

2. Practice
   - Short referral & waiting times
   - Adherence to guidelines/optimal treatment
   - Cancer screening

3. Resources
   - National expenditure
   - # of CT scanner
   - Cancer centre/million
Current Status of Cancer Plans

**Figure 1.** Percentage of countries with a policy, strategy or action plan for all or some cancers, by WHO region and World Bank income group.

AFR, African Region; AMR, Region of the Americas; EMR, Eastern Mediterranean Region; EUR, European Region; SEAR, South-East Asia Region; WPR, Western Pacific Region.

Source: WHO 2016 (40).
National Cancer Control Plans

**Starting Point**

- Develop NCCP using inclusive strategy for planning, implementation and monitoring
- Found NCCP on key activities according to epidemiological burden and health system capacity

**Common NCCP Priorities**

1. Emphasize prevention & downstaging disease
2. Ensure high-quality services
3. Promote strategic evidence-based investment
• Context: why now?, how did we get here?

• Understanding the methodology

• Lessons learned from an initial review

• Next steps
National Cancer Control Plans

- Defining “ideal” plan?
- Defining the terms

- Plan?
  - Precise arrangement, following a defined pattern, for a definite purpose according to a value chain coherent with the policy and the strategy. It is concrete but does not need to have all details.

- Strategy?
  - Articulates mission to be accomplished and the generic roadmap to achieve this mission. Includes the layout, design, or concept used to accomplish the vision and mission.

- Policy?
  - Often contains a vision statement, explaining the way a government, institution or organization will look in the future with inspirational dimensions.

- Programme?
  - Arranged selection of systematic steps, activities and tasks and deliverables coherently within the plan.
• What work has been done?
Methodology

1. Review existing documents
2. Organize content into major domains
   - Cancer continuum
   - Health system building blocks
3. Categorize specific guidance into topics
4. Collate topics

- WHO-IAEA NCCP Self-assessment tool
- World Cancer Report
- Cancer Control Knowledge into Action: Planning
- NCD MAP Survey
- NCCP 2002
- NCD MAP Checklist
- Albrecht - European Guide for Quality National Cancer Control Programmes
- Atun - Analysis of National Cancer Control Programmes in Europe
- Supporting national cancer control planning: a tool kit for civil society organisations
- Checklist of the national Multisectoral Action Plan for NCD Prevention and Control
- ICCP-NCCP Plan development and assessment Tool
- WHO cancer resolution 2005
Methodology

• Development of master sheet
  – Over 150 topics
  – Prioritize based on:
    • Frequency of inclusion
    • WHO / UN agency guidance
  – Review process
    • Internal WHO validation
    • Review from key partners & collaborators
<table>
<thead>
<tr>
<th>Domain</th>
<th># docs cited</th>
<th>Topic</th>
<th>Items</th>
<th>Checklist Item</th>
<th>Control function</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Overview</td>
<td>8</td>
<td>Plan objectives/scope</td>
<td>Overall goals specified and scope of activities (depending on country context can include: targets, outcome measurement indicators, timeframe, responsible authorities, partner organizations, costs of implementation). Data to identify gaps should be current and reliable.</td>
<td>Goals specified</td>
<td>Goals</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Plan timeline</td>
<td>Timeline(s) specified</td>
<td>Timeline(s) specified (start and end date for plan)</td>
<td>Timeline</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Integration into existing strategies/plans</td>
<td>Integration of activities to programmes and plans Existing relevant national and regional actions and activities (e.g. RMNCH plan)</td>
<td>Mentions previous NCCP</td>
<td>Strategy</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Assessment of cancer burden - Description of problem (gaps)</td>
<td>Assessment of the cancer problem and cancer risk factors including presentation of data on disease and economic burden</td>
<td>Includes (any) cancer statistics</td>
<td>Reproductive</td>
</tr>
</tbody>
</table>
## Methodology

<table>
<thead>
<tr>
<th>Domain</th>
<th># docs cited</th>
<th>Topic</th>
<th>Items</th>
<th>Checklist Item</th>
<th>Control function</th>
<th>Control function</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Overview</td>
<td>8</td>
<td>Plan objectives/scope</td>
<td>Overall goals specified and scope of activities (depending on country context can include: targets, outcome measurement indicators, timeframe, responsible authorities, partner organizations, costs of implementation). Data to identify gaps should be current and reliable.</td>
<td>Goals specified</td>
<td>Goals</td>
<td>Goals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan timeline</td>
<td>Timeline(s) specified</td>
<td>Timeline(s) specified (start and end date for plan)</td>
<td>Timeline</td>
<td>Timeline</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Integration into existing strategies/plans</td>
<td>Integration of activities to programmes and plans Existing relevant national and regional actions and activities (e.g. RMNCH plan)</td>
<td>Mentions previous NCCP</td>
<td>Strategy</td>
<td>Strategy</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Assessment of cancer burden - Description of problem (gaps)</td>
<td>Assessment of the cancer problem and cancer risk factors including presentation of data on disease and economic burden</td>
<td>Includes (any) cancer statistics</td>
<td>Reproductive</td>
<td>Reproductive</td>
</tr>
</tbody>
</table>

## Methodology

<table>
<thead>
<tr>
<th>Domain</th>
<th># docs cited</th>
<th>Topic</th>
<th>Items</th>
<th>Checklist Item</th>
<th>Control function</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Overview</td>
<td>8</td>
<td>Plan objectives/scope</td>
<td>Overall goals specified and scope of activities (depending on country context can include: targets, outcome measurement indicators, timeframe, responsible authorities, partner organizations, costs of implementation). Data to identify gaps should be current and reliable.</td>
<td>Goals specified</td>
<td>Goals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Plan timeline</td>
<td>Timeline(s) specified</td>
<td>Timeline(s) specified (start and end date for plan)</td>
<td>Timeline</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Integration into existing strategies/plans</td>
<td>Integration of activities to programmes and plans Existing relevant national and regional actions and activities (e.g. RMNCH plan)</td>
<td>Mentions previous NCCP</td>
<td>Strategy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assessment of cancer burden - Description of problem (gaps)</td>
<td>Assessment of the cancer problem and cancer risk factors including presentation of data on disease and economic burden</td>
<td>Includes (any) cancer statistics</td>
<td>%</td>
</tr>
</tbody>
</table>

*Note: The table is a sample to illustrate the methodology and may not reflect the actual content of the page.*
<table>
<thead>
<tr>
<th>Domain</th>
<th># docs cited</th>
<th>Topic</th>
<th>Items</th>
<th>Checklist Item</th>
<th>Control function</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Overview</td>
<td>8</td>
<td>Plan objectives/scope</td>
<td>Overall goals specified and scope of activities (depending on country context can include: targets, outcome measurement indicators, timeframe, responsible authorities, partner organizations, costs of implementation). Data to identify gaps should be current and reliable.</td>
<td>Goals specified</td>
<td>Goals</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Plan timeline</td>
<td>Timeline(s) specified</td>
<td>Timeline(s) specified (start and end date for plan)</td>
<td>Timeline</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>Integration into existing strategies/plans</td>
<td>Integration of activities to programmes and plans</td>
<td>Mentions previous NCCP</td>
<td>Strategy</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>Assessment of cancer burden - Description of problem (gaps)</td>
<td>Assessment of the cancer problem and cancer risk factors including presentation of data on disease and economic burden</td>
<td>Includes (any) cancer statistics</td>
<td>Reproductive</td>
</tr>
</tbody>
</table>

Percent: 

- %
NCCP Checklist

* Required

Introduction and General Overview

How many documents were analysed? *

- 1
- 2
- 3
- 4 or more

Is the NCCP an individual (stand alone) document? *

- Yes
- No, there are other additional cancer related documents
- No, there is no NCCP

Are there any country specific goal/s specified? (goal, target, indicator) *

- Yes, there is a NCD goal (one point)
- Yes, there is a cancer specific goal (two point)
- Yes, both of above (three points)
• Context: why now?, how did we get here?

• Understanding the methodology

• Lessons learned from an initial review

• Next steps
Lessons Learned

1. What constitutes inclusion?
   - Where to find ➔ search terms
   - Point system for level of description/inclusion
Lessons Learned

2. NCCP, NCD plan or both
   – Topic:
     • Either document
     • Select questions – both documents
Lessons Learned

3. Restructuring prompts/question
   – E.g. Leadership

4. Language
   – Review in 2\textsuperscript{nd} language vs. online translations

5. Time
   – Time consuming
   – ...but very interesting
Outline

• Context: why now?, how did we get here?

• Understanding the methodology

• Lessons learned from an initial review

• Next steps
Next Steps

• Trial
  – One review in next 1-2 weeks
  – Feedback on methodology & topic wording
  – Follow-up discussion planned
In relation to occupational carcinogens; is there any plan to track, monitor or address? (occupational, asbestos, mesothelioma, silico*, dust, fume, inhal*) *

- Yes
- No, mentioned but no specific plan
- No, it is not mentioned

In relation to environmental carcinogens; is there any plan to track, monitor or address? (environmental, dust, inhal*) *

- Yes
- No, mentioned but no specific plan
- No, it is not mentioned
Does NCCP (or separate policy document) acknowledge HBV vaccination? (hepatitis, HBV) *

- Yes
- No

Does NCCP (or separate document) ensure HBV vaccination coverage for all newborn babies is consistent with WHO guidance? (hepatitis, HBV) *

All infants should receive their first dose of hepatitis B vaccine as soon as possible after birth, preferably within 24 hours, followed by two or three doses. Reference: WHO. Hepatitis B vaccines. Wkly Epidemiol Rec. 2009;84:405–20.

- Yes
- No
- N/A (HBV vaccination not mentioned)
Next Steps

• Trial
  – One review in next 1-2 weeks
  – You will receive
    • “How to” document in 2-3 days
    • Link to “Google documents” by Monday
  – Feedback
    • Topics needing clarification
    • Tricks to improve efficiency

• Groups
  – Reconciliation group
  – Data analysis group

• Questions
  – Please contact: NCCPReview@uicc.org; ilbawia@who.int
THANK YOU

André M. Ilbawi
ilbawia@who.int
General Logistics

**Reviewers commitment**
Each organisation/individual commits to n country reviews

- **Organisation level**
  Orgs are preferentially asked to make a minimum pledge of **24 reviews**
  Corresponds to **12-18 hours** of review in total, for 3 months.

- **Individual level**
  Individuals are preferentially asked to make a minimum pledge of **6 reviews**

- **UICC team**
  UICC will cover French plans and some in Spanish and Portuguese as well as a number of English plans

**UICC Dispatch**
UICC will dispatch randomly and anonymously in Group1 and Group2 Reviewers

- Separate emails with a list of countries will be allocated to individuals and organisations

- Assignment of plans to team members within a given organisation will be done by the organisation itself

- Non-English plans have been allocated

**Reviews**
Material needed:
- Link to on-line questionnaire and the reviewers “how to” guide will be provided in the dispatch email
- A link to ICCP and WHO repository is the access point for the country plans

- Required for questionnaire:
  - Email address
  - Name/organisation
  - Country plan: Name

- Confirmation of: Non-disclosure and Absence of Conflict of Interest statements

**Reminders, Stats and Requests**
Weekly reminders will be sent to keep you updated on progress of your review status versus your pledge.

Statistics about our collective progress will be shared every two weeks.

**Requests:**
We need 1-2 nominations to join the **review reconciliation working group** (Jan – March commitment)
We need 5-6 nominations to form the **analysis working group** (March – May commitment)
Next steps

**Gaps in review coverage**

2 reviewers needed for:
- Tadjik
- Macedonian
- Danish
- Georgian
- Greek
- Japanese
- Latvian
- Lithuanian

1 reviewer for:
- Arabic
- Croatian
- Korean
- Ukrainian

**Assignment email**

Individual reviewers will receive an assignment list corresponding to their commitment following the tutorial.

**Webinar/Tutorial**

The webinar is recorded and will be posted as an additional support tool.

An additional catch up tutorial webinar is be planned for early February (TBD)

**Questions and Requests**

For any questions, requests or comments regarding the review process, please send an email to NCCPreviews@uicc.org

The email will be active this week
Thank you

Yannick Romero, PhD
Advocacy and Networks Manager
romero@uicc.org
www.uicc.org