

# National Cancer Control Planning and Implementation: The Basics

February 5, 2014

Webinar

*Our presentation will begin shortly.*

*Please standby.*

# Session Logistics

Questions are encouraged. You may submit a question at any point during the presentation.

- Please submit questions via chat available on the left of your screen.
- To submit a question at any point during the presentation please type into the text box and hit the bubble button to send.
- All questions will be addressed at the end of the presentation.

There are three documents available for download and use at the bottom left of the screen.

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You can request a PDF of today's slides by emailing: [NCIGlobalHealth@mail.nih.gov](mailto:NCIGlobalHealth@mail.nih.gov).

*This meeting is being recorded; if you have any objections please disconnect at this time.*

**Catherine A. Muha, RN, MSN**

Public Health Advisor  
Center for Global Health  
National Cancer Institute

# Webinar Outline

- Webinar purpose (What's in it for you?)
- National Cancer Institute (NCI) experience in assisting countries with national cancer control efforts
- Developing and implementing a national cancer control plan

# Webinar Outcomes

- To help you better understand:
  - Benefits of having a cancer control plan
  - Steps to creating a plan
  - How to ensure implementation
  - Key success factors
  - Available resources and support for developing and implementing a plan

# Webinar Speakers

- NCI:
  - Catherine A. Muha, RN, MSN
  - Cynthia A. Vinson, PhD, MPA
  - Brenda Kostecky, PhD
- Strategic Health Concepts:
  - Leslie Given, MPA
  - Karin Hohman, RN, MBA

**Cynthia A. Vinson, PhD, MPA**

Acting Deputy Director for Implementation Science  
Division of Cancer Control and Population Sciences  
National Cancer Institute

# Why does NCI care about cancer control plan development and implementation?

- NCI's primary mission is research
  - Focus on research is a strong motivation for ensuring cancer control interventions are evidence-based
  - Quality cancer control plans are one key way to help ensure programs have a scientific basis



# NCI Tools Developed to Support Cancer Control Efforts

- Cancer Control P.L.A.N.E.T
  - <http://cancercontrolplanet.cancer.gov/>
- Research to Reality
  - <https://researchtoreality.cancer.gov/>
- Cancer.gov site with many other resources
  - <http://www.cancer.gov/>

# NCI Technical Assistance

- Past activities
  - Domestic training for cancer control leaders in states, tribes and territories
  - International cancer control forums with country teams
- Current activities
  - International Cancer Control Leadership Forums
  - International Cancer Control Partnership

**Leslie Given, MPA**

Owner and Vice President  
Strategic Health Concepts



# **BENEFITS OF CANCER PLAN DEVELOPMENT AND IMPLEMENTATION**

# National Cancer Control Plan

- A written **strategic plan** to control cancer based on a country's cancer burden, cancer risk factors and the resources available to implement the plan
  - Unique to each country

# Why Develop a National Cancer Plan?

- Having and implementing a plan allows for:
  - Greatest impact given available resources
  - Evidence-guided implementation of cancer control priorities
  - Leveraging resources through partnerships
  - Building capacity and sustainability by laying groundwork for future strengthening of cancer control

# Benefits of Developing and Implementing a Cancer Plan

- New or renewed focus on cancer as an important health issue
- Enhanced financial, political and social support
- Reduced duplication of effort
- Increased action from prevention to survivorship
- Better coordination of cancer and other non-communicable disease (NCD) efforts

# Long-term Benefits

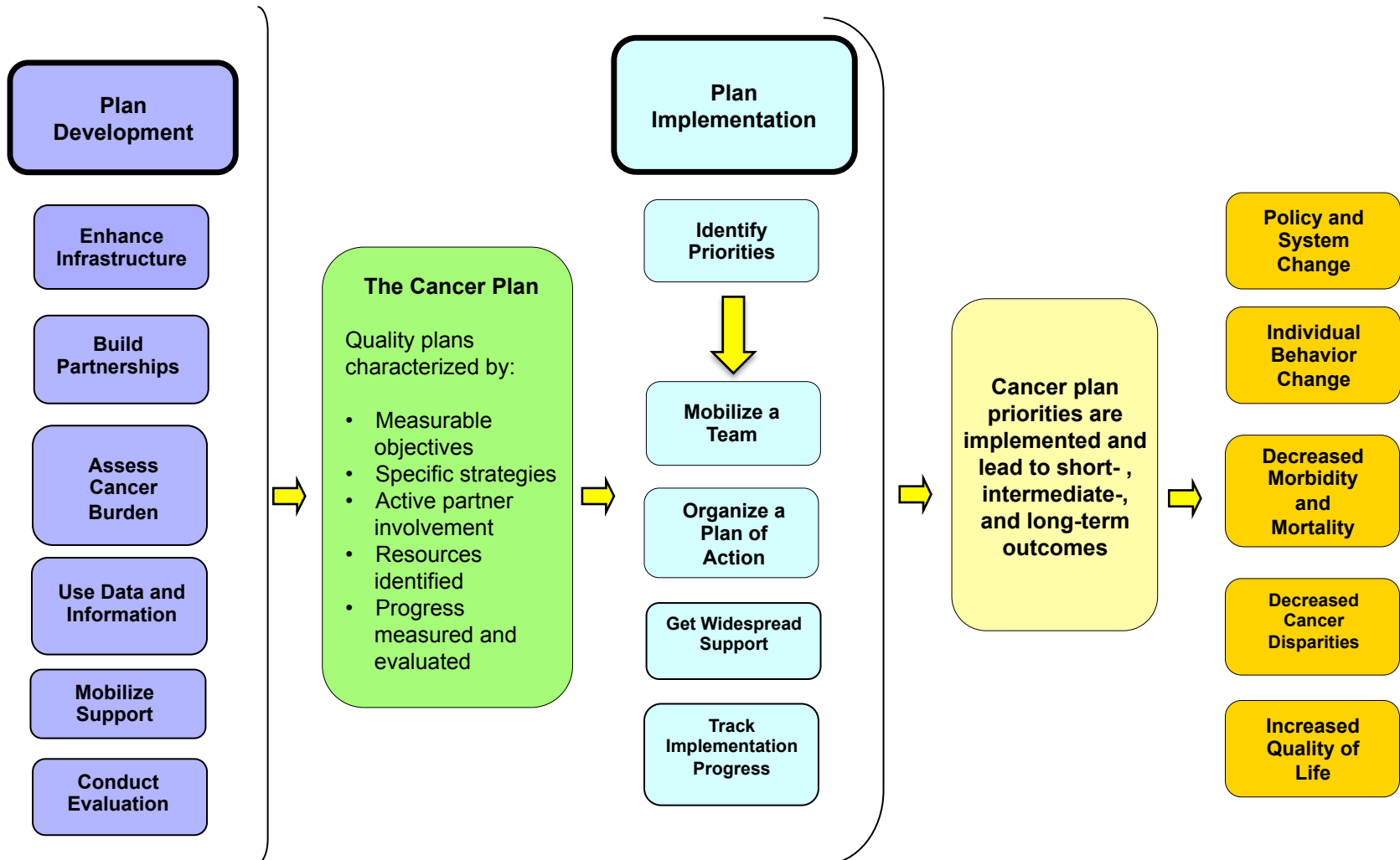
- Ultimately, better health outcomes for people:
  - Reduced cancer risk
  - Earlier cancer detection
  - Better treatment
  - Improved palliative care
  - Increased quality of life



# Key Components for Success

- Use data and information to accurately define cancer burden and gaps
- Actively engage diverse stakeholders
- Committed leadership
- Shared decision-making and priority setting
- Clear plan for implementation
- Comprehensive strategy to acquire resources needed
- Develop evaluation and use evaluation results to guide further planning

# National Cancer Control Planning and Implementation Steps





# BUILDING BLOCKS FOR PLANNING

Plan  
Development

Enhance  
Infrastructure

Build  
Partnerships

Assess  
Cancer  
Burden

Use Data and  
Information

Mobilize  
Support

Conduct  
Evaluation

# Building Block: Enhance Infrastructure

- Commitment to developing the plan requires:
  - Resources: to bring data, information and partners together
  - People: to organize the effort, write the cancer plan, engage stakeholders



# Enhance Infrastructure: An Example

- Morocco:
  - A strong cancer program within Ministry of Health
  - Strong political will, inside and outside of government
  - Diverse partnership that led cancer plan development process



**March 24<sup>th</sup>, 2010**

**Official launching of the NCPCP**

*HRH Lalla Salma chairs the official launching of the National Cancer Prevention and Control Plan (NCPCP) in Skhirat*

# Building Block: Build Partnerships

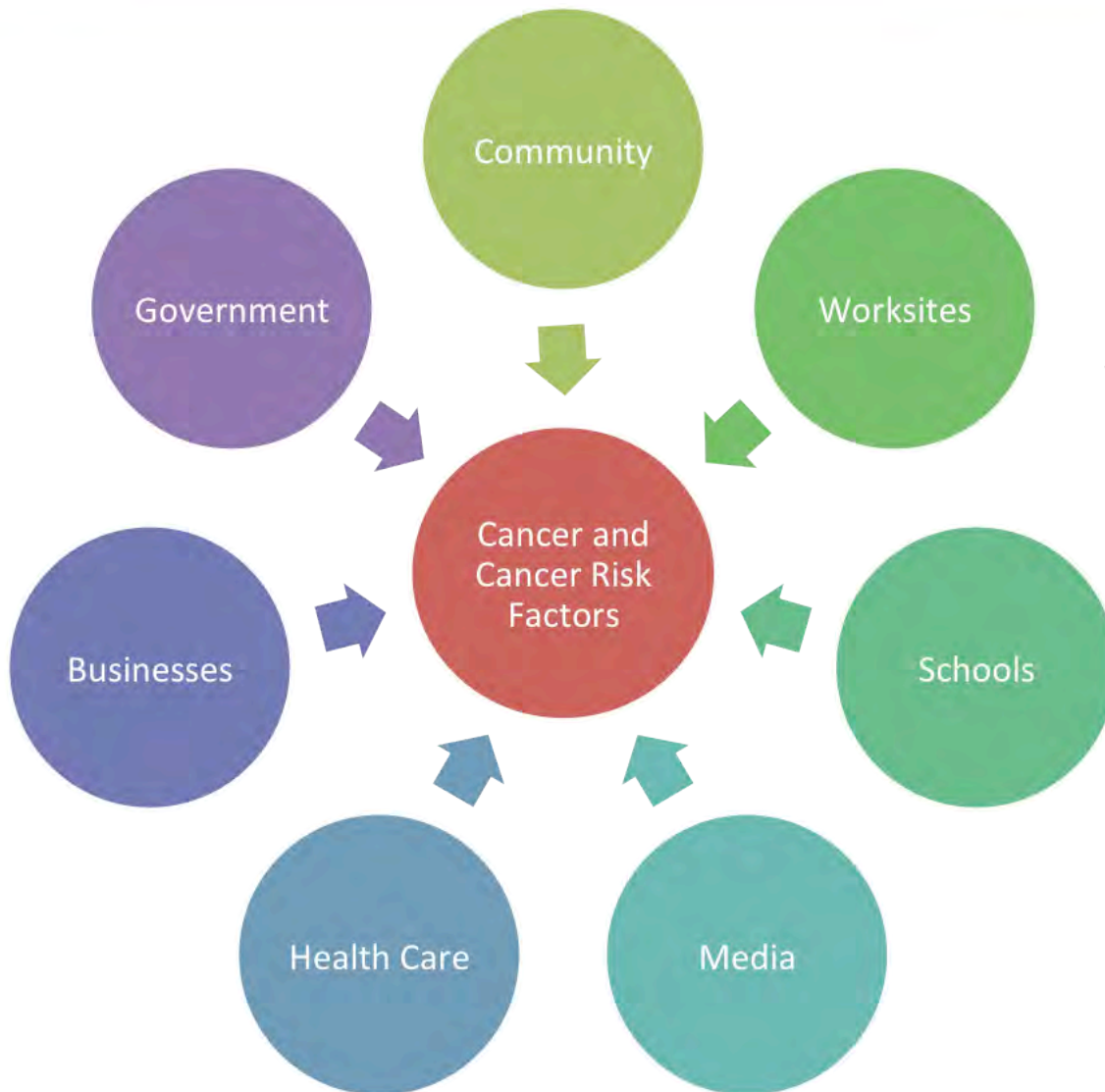
- A strong national cancer control partnership is a key to success!
  - Develop early in process
  - Partners must have input
  - Diversity of stakeholders is critical



# What does a Partnership Look Like?

- Structure typically includes:
  - Leadership group
  - Small workgroups or teams
- Operating guidelines, principles or rules
- Can be called different things: partnership, coalition, alliance, consortium, etc.





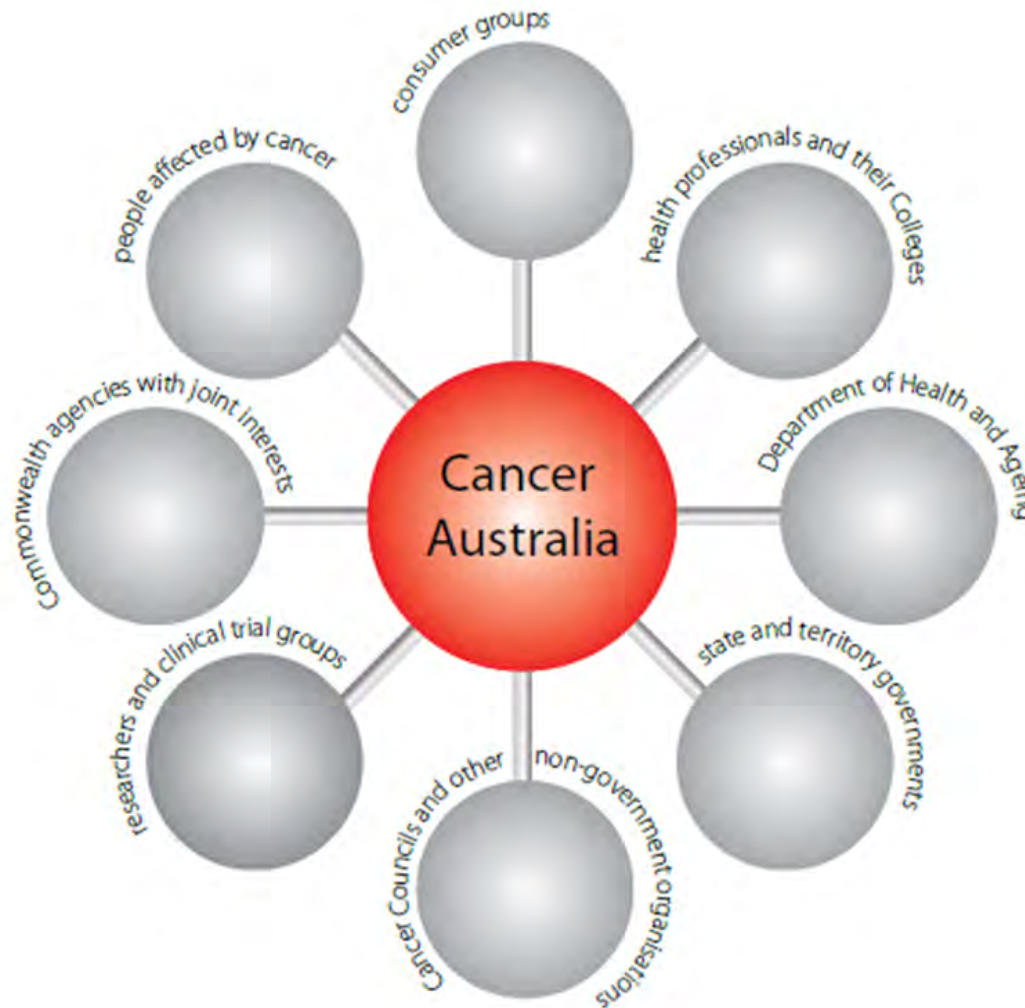
It takes many  
partners to  
tackle cancer



# Who is Involved?

- Organizations and individuals
- A mix of government, private sector and NGOs
- Cancer experts across the cancer continuum
- Cancer patients/survivors/family members
- Elected officials
- Other key stakeholders – media, businesses, educators

# Partnership Example: Australia



# Building Block: Assess Cancer Burden

- Use data and information to assess:
  - Country cancer burden
  - Risk factors
  - Existing cancer control activities and programs
- Answers the question: what are the gaps?



# Types of Data Used for Assessment

- Demographic data
- Cancer data on:
  - Incidence and mortality
  - Risk
  - Screening and stage at diagnosis
  - Treatment
  - Cancer survivorship
  - Age, gender and ethnic disparities
- Other types of data:
  - The evidence base for cancer control strategies (medical and programmatic)
  - Existing cancer resources
  - Policies that support or inhibit cancer control efforts
  - Capacity to support cancer control efforts (systems and providers)

# Building Block: Use Data and Information



- Use the assessment to make decisions about what to put in your cancer plan
  - How to address the gaps

# Building Block: Mobilize Support

- Get all sectors involved in implementation
- Ask for support from organizations outside your national cancer partnership
  - Communities care about cancer!







Source: Qatar Supreme Council of Health



# Building Block: Evaluate Efforts

- Evaluate how the plan development process went and if you are ready for plan implementation
- Get ready to evaluate implementation of the cancer plan





# What to Evaluate

- Cancer plan development
  - Was the process efficient?
  - Does the cancer plan include all critical elements?
- Cancer plan implementation
  - Are we achieving the goals, objectives, strategies outlined in our cancer plan?
- National cancer control partnership
  - Is the partnership effectively implementing the cancer plan?
  - Are partners satisfied with their involvement?

# Make evaluating your plan easier...

- Include SMART objectives in your cancer plan
  - Specific
  - Measurable
  - Attainable
  - Realistic
  - Time-phased
- Example: Increase cervical cancer screening from 25% to 50% of the eligible population by 2018.

# Measurable Objectives: Kenya

Strategy	Objective	Outputs	Activities	Monitoring Indicators	Time Frame (yrs)					Lead Agency	Key Partners
					1	2	3	4	5		
Primary Prevention											
Tobacco Control	To reduce the prevalence of tobacco smoking by 5% by 2016	Legislation on tobacco reviewed	Enhance implementation of legislation on tobacco control.	Reviews of tobacco legislations						MoH	WHO Local Partners
		Increased smoke free environments	Advocate smoke free environments in all indoor workplaces and public places	Laws and regulations describing smoke free environments						MoH	WHO Local Partners
		Tobacco cessation Guidelines developed and in use	Develop and implement national tobacco cessation guidelines	No. of health facilities using the cessation guidelines						MoH	WHO Local Partners
		Tobacco control integrated into 2,500 community health units	Incorporate Tobacco Control Activities (TCA) into community strategy	No. of units undertaking TCA						MoH	WHO Local Partners
		Tobacco control initiatives introduced into 30% of primary schools.	Incorporate tobacco control into school health programme including in school curriculum.	% schools with tobacco control Initiatives						MoH MOE	WHO Local Partners
		Tobacco control messages developed and disseminated.	Conduct advocacy and public awareness of tobacco health effects.	% awareness on tobacco effects						MoH	WHO Local Partners
		Cessation and support services for smokers readily available at the health facilities	Provision of cessation and support services for smokers at the health facilities	Prevalence of tobacco smoking						MoH	WHO Local Partners
Promotion of Healthy Diet and Physical Activity	To reduce the prevalence of obesity and overweight by 2% by 2016	National guidelines for diet and physical activity developed and implemented	Adapt and implement national guidelines on diet and physical activity	Copy of document in place and in use Number of institutions using the guidelines						MoH	WHO, NGOs
		Surveillance systems for nutrition, dietary trends and patterns in household consumption as well as level of physical activity in	To establish surveillance systems for nutrition, including dietary trends and patterns in household consumption as well as level	Surveillance reports and publications						MoH	WHO, NGOs



## OBJECTIVE 1

## Reduce tobacco use among youth and young adults.

### STRATEGIES

- 1.1** Increase the tax on cigarettes and other tobacco products.
- 1.2** Change social norms around tobacco use and exposure.
- 1.3** Enforce/expand policies that limit visibility of and access to tobacco products.
- 1.4** Conduct a statewide youth-focused counter-marketing campaign.

### MEASURES

Young adults who currently smoke cigarettes <sup>4</sup> (ages 18-24)	TARGET	17.0 %
	BASELINE	21.8 %
Adolescents who currently smoke cigarettes <sup>5</sup> (grades 9-12)	TARGET	11.3 %
	BASELINE	19.1 %
Pre-adolescents who currently smoke cigarettes <sup>5</sup> (grades 6-8)	TARGET	1.3 %
	BASELINE	3.4 %
Young adults who use other tobacco products <sup>4</sup>	TARGET	12.7 %
	BASELINE	17.0 %
Adolescents who use other tobacco products <sup>5</sup>	TARGET	16.8 %
	BASELINE	18.8 %
Pre-adolescents who use other tobacco products <sup>5</sup>	TARGET	4.0 %
	BASELINE	5.4 %

<sup>4</sup> Minnesota Department of Health (MDH), ClearWay Minnesota: Tobacco Use in Minnesota 2010 Update, February 2011

<sup>5</sup> MDH, Division of Health Policy, Center for Health Statistics, Trends and Tobacco in Minnesota, the View from 2008, 2009 - [www.health.state.mn.us/ohph/tobacco/tobaccofactsannual08.pdf](http://www.health.state.mn.us/ohph/tobacco/tobaccofactsannual08.pdf).

# National Strategic Plan For Non-Communicable Disease

## NSPNCD

Medium Term Strategic Plan To Further Strengthen  
The Cardiovascular Diseases & Diabetes Prevention  
& Control Program In Malaysia (2010-2014)



NCD PREVENTION AND CONTROL

Non-Communicable Disease Section  
Disease Control Division  
Ministry of Health Malaysia  
2010

# PLAN DECENAL PARA EL CONTROL DEL CÁNCER EN COLOMBIA, 2012-2021



PROSPERIDAD  
PARA TODOS

REPUBLIC OF KENYA



MINISTRY OF PUBLIC HEALTH AND SANITATION  
AND  
MINISTRY OF MEDICAL SERVICES

# NATIONAL CANCER CONTROL STRATEGY



2011 - 2016



REPUBLIC OF TURKEY  
MINISTRY OF HEALTH  
DEPARTMENT OF CANCER CONTROL



# NATIONAL CANCER CONTROL PROGRAM

2011 - 2015

Ministerio de la Salud  
Brasilia-DF  
2012

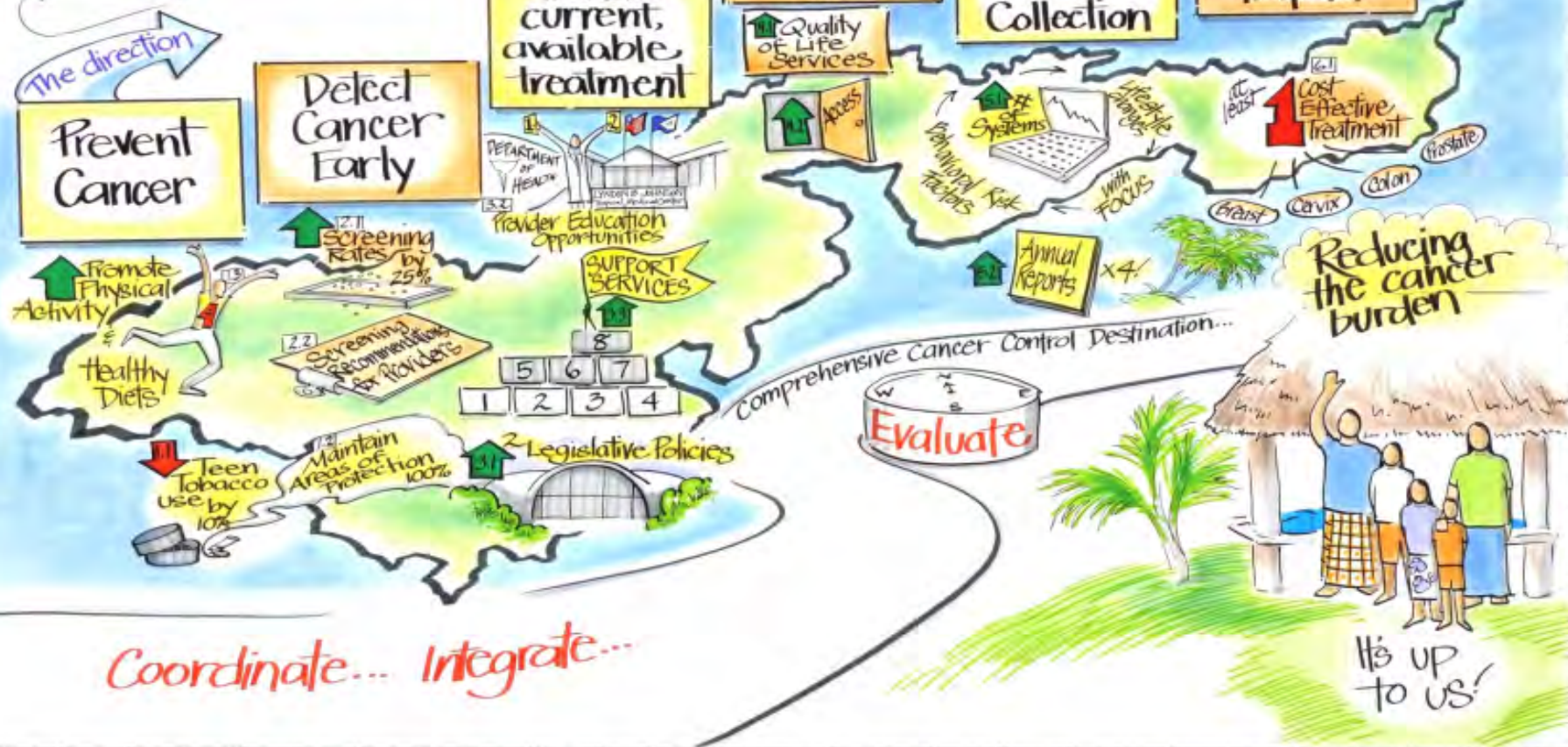
# Cancer Australia Strategic Plan 2011-2014



Plan de Acciones Estratégicas para el  
Enfrentamiento de las Enfermedades  
no Transmisibles (ENT) en Brasil  
2011-2022



# Comprehensive Cancer Control Goals in American Samoa



# What Are the Key Components of a Cancer Plan?

- Current cancer data and an assessment of gaps
- Long-term goals and measureable objectives
- Evidence-based implementation strategies
- Description of partners who are committed to implementing the plan
- Implementation and evaluation plans

# Questions?

Please submit your questions in the chat box to the left of your screen.

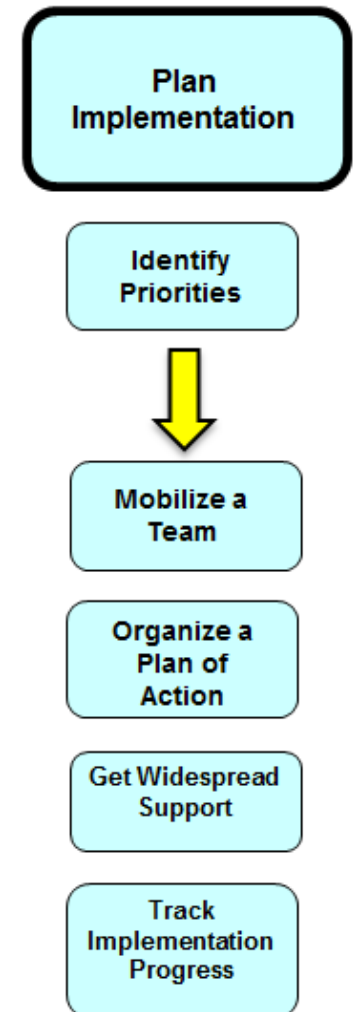


**Karin Hohman, RN, MBA**

Owner and President  
Strategic Health Concepts



# BUILDING BLOCKS FOR IMPLEMENTATION



# Moving from Planning to Implementation

- Keys to success:
  - Be flexible – partnership structure may need to change
  - Set priorities – you can't do everything in the plan at once!
  - Get organized for implementation
  - Recruit partners whose priorities are aligned with yours

# Identifying Priorities for Implementation

- Determine a process and timeline for setting priorities (who, how and when)
- Set criteria for identifying priorities
- Communicate the selected priorities to the partnership and other partners

# Criteria for Setting Priorities

- Is this a significant area of need?
- Does it have a reasonable chance for success?
  - Can we get the resources?
  - Will we be able to recruit others to work on this?
- Does it add value?

# Focus on Value-Added Collaboration

- Partners identify and work on value-added efforts
  - Ask: “What in the national cancer plan would not happen if this partnership doesn’t work on it?”
  - Don’t do things that would happen anyway
- Partnership efforts should enhance, expand, and create – not duplicate

# Implement a Priority

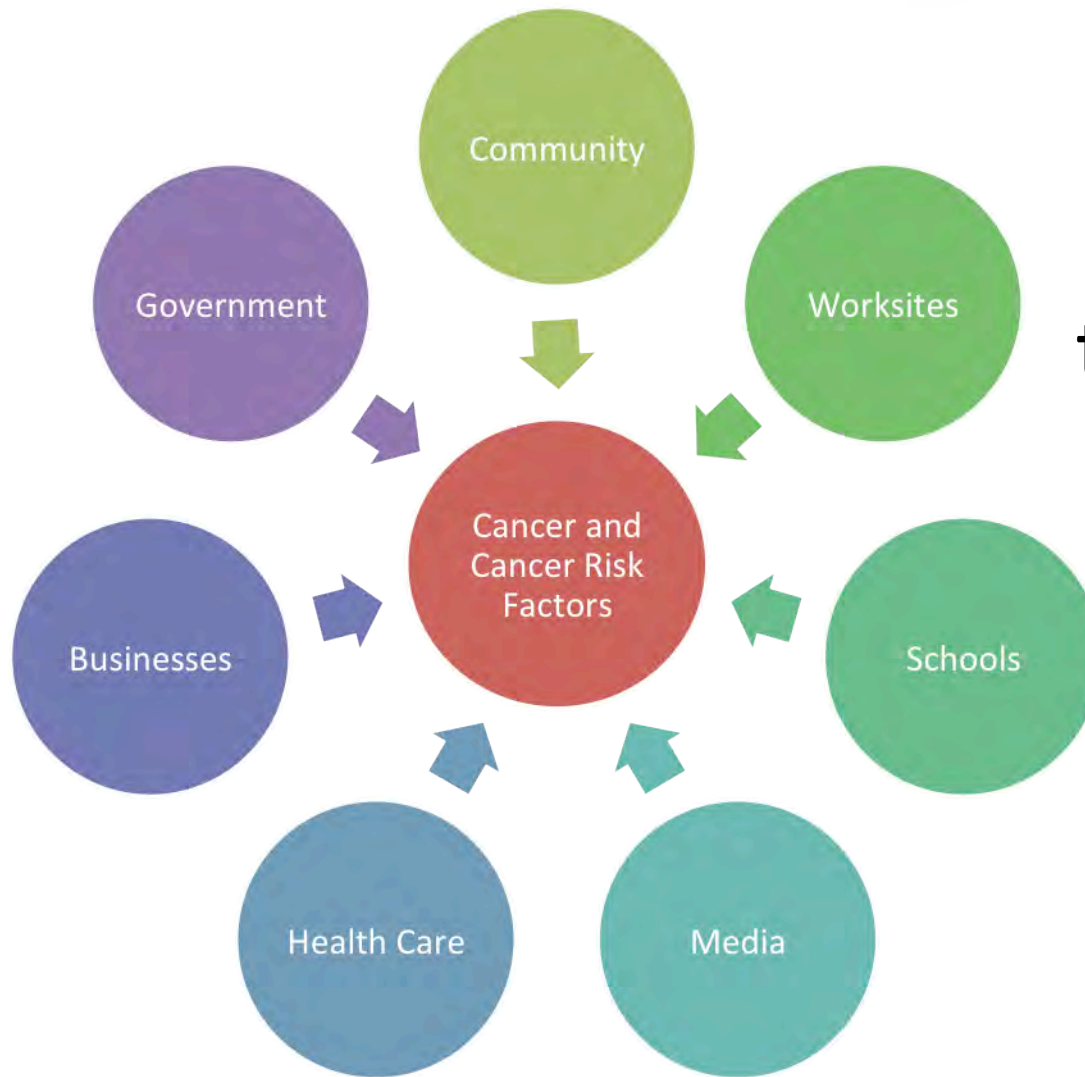


# Step 1: Mobilize a Team

- Build the team
  - Recruit new partners, re-energize existing partners
  - Focus on a priority that has been selected from the plan
- Choose a team leader
  - Direction
  - Accountability
  - Allows others to contribute
- Communicate
  - Clearly communicate team member roles
  - Clarify expectations of team member time and type of commitments needed







Again: It takes  
many partners to  
to implement the  
plan

# Examples of Partner Involvement

- Government representatives
  - Provide data for planning and evaluation
  - Implement through government programs
- Political and community leaders
  - Advocate for policy changes
- Businesses
  - Provide funding and in-kind resources
- Health care systems
  - Participate in initiatives to increase cancer prevention and screening
- Non-governmental organizations
  - Help promote cancer awareness campaigns

## Step 2: Organize a Plan of Action



- The Action Plan:
  - Written plan focused on a single priority
  - Created by the team members
  - 1-2 year time frame
  - Includes resources needed
  - Shared with all members of the partnership

# Example: Turkey

## Early Diagnosis and Screening Action Plan

### Objectives:

1. Preparing screening programs appropriate for the conditions in Turkey for especially those cancers which are proven to have decreased mortality through screening programs (breast cancer, colorectal cancer, cervical cancer etc.).
2. Identification of strategies, activities, agencies to be cooperated with for the effective implementations of the prepared programs, as well as potential obstacles before the implementation of such programs, laying down progress indicators, monitoring and control data
3. Through Early Diagnosis and screening:
  - a. Creating and raising the awareness about cancer by educating the public.
  - b. Intercepting cancer at an early stage.
  - c. Increasing mean survival and disease-free survival rates for cancer patients
  - d. Increasing the quality of life for cancer patients
  - e. Decreasing the amount of social, economic, and psychological obstacles facing cancer patients, their relatives, and the society

### Targets:

1. **Education:**
  - a- Educating the society about cancer, early diagnosis, and screening programs, and create awareness
  - b- Training of medical personnel (doctors, nurses, health officials, midwives, technicians etc) on cancer, early diagnosis, and screening programs, and ensuring their participation
- 2- Ensuring cooperation and coordination among institutions concerned on the issue of early diagnosis and screening

Strategies	Activities	Responsible Institution(s)	Institution(s) to Cooperate with	Completion Date	Potential Obstacles	Indicators of Progress	Data for Monitoring and Control
To create awareness about cancer by education activities	<p><b>Preparation of education module</b></p> <p><b>a- Training of TRAINERS who will conduct training activities (*Observation visits to specialization centers abroad)</b></p> <p><b>b- Training of Medical Personnel</b></p> <p>1. Training of first-step practitioners, family practitioners, midwives, nurses, health officers, and health technicians</p> <p>2. Training of directors</p>	<ul style="list-style-type: none"> <li>○ KSDB</li> </ul>	<ul style="list-style-type: none"> <li>○ MoNE</li> <li>○ Ministry of Health               <ul style="list-style-type: none"> <li>● AÇSAP Gen. Dir.</li> <li>● Gen. Dir. Of Basic Health Services</li> <li>● Gen. Dir. Of Treatment Services</li> <li>● Gen. Dir. Of Medical Education</li> <li>● Other Relevant Units</li> </ul> </li> <li>○ Universities</li> <li>○ Training and Research Hospitals</li> <li>○ Health Directorates</li> <li>○ Specialist</li> </ul>	31.12.2010	<ul style="list-style-type: none"> <li>● Insufficient awareness and education levels in the public,</li> <li>● Failure to make screening and early diagnosis in cancer a priority for public</li> <li>● Inadequate knowledge on the issue, on part of medical personnel, lack of belief in early diagnosis and screening programs</li> </ul>	<p>a- Short term indicators</p> <ul style="list-style-type: none"> <li>● Increase in the number of screening and early diagnosis related training meetings and participants (from public and medical personnel)</li> <li>● Increase in the number of regular meetings on situation assessment and remedy of deficiencies between agencies concerned</li> <li>● A clear and steady increase in the number of participants in</li> </ul>	<ul style="list-style-type: none"> <li>● Identification of available data               <ul style="list-style-type: none"> <li>○ Available data</li> <li>○ Surveys to be conducted</li> </ul> </li> <li>● Number of early stage cancers and pre-cancerous lesions</li> <li>● Number and ratio of cancers diagnosed at an advanced stage</li> <li>● Number of patients diagnosed at the local advanced and</li> </ul>

## Step 3: Get Widespread Support

### Implementation doesn't just happen within your partnership

- Work with supporters and potential supporters
  - Ask: Who is affected by your efforts?
  - Work with them to get their buy-in or address their concerns
  - Share progress, challenges
  - Engage them in solutions
- Engage non-supporters
  - Personally contact those who might be opposed to your efforts and develop approaches to address their concerns and win support





## Step 4: Track Implementation Progress

- Track progress on each specific priority
- Ask team members how they feel about progress made – address concerns
- Use your plan of action to continually track and monitor your progress
- Be flexible – action plans can be changed
- Share progress!

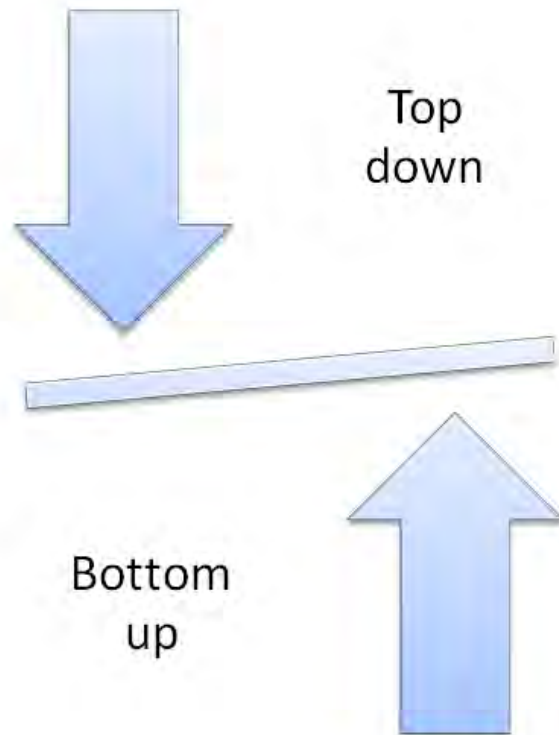


# It's a cycle...





# Remember: Every country is different



How you develop and implement your cancer plan should fit your needs, culture, and experience!

# SELF-ASSESSMENT

# National Cancer Control Planning and Implementation Self-Assessment

Circle a number for each statement that best describes your situation

1 = this is not happening in our country

5 = this sounds just like our country's situation

## National Cancer Plan Development

1

2

3

4

5

Cancer and cancer risk factor data is being used/was used to determine plan focus

1

2

3

4

5

A diverse set of stakeholders, including government and non-governmental organizations, are/were involved in development of the plan

1

2

3

4

5

There are/were resources (funding, staff, etc.) to support the development and completion of the plan

## Our Current National Cancer Plan

1

2

3

4

5

Our cancer plan includes current and valid data that describes the cancer burden and cancer risk factors in our country

1

2

3

4

5

Our cancer plan includes information about cancer disparities in our country

1

2

3

4

5

Our cancer plan includes clearly stated goals that cover a multi-year period

1

2

3

4

5

Our cancer plan includes objectives that are specific, measurable, attainable, results-oriented and time-phased (SMART)

# Self-Assessment

- Tool to assess:
  - Cancer plan development
  - Cancer plan content
  - Partnership
  - Cancer plan implementation
- Suggest leadership/partnership workgroups complete tool, compare answers together and use results to make improvements

**Brenda Kostecky, PhD**

Lead, Cancer Control Leadership Forum Program  
Center for Global Health  
National Cancer Institute



# RESOURCES

# International Cancer Control Partnership (ICCP)

- **Vision:** All countries have and are implementing a quality cancer control plan, which is linked to a country's non-communicable disease (NCD) control efforts.
- “One-stop-shop” web portal of resources for planners
  - <http://www.iccp-portal.org/>



## A ONE-STOP SHOP WEB PORTAL FOR CANCER PLANNERS

The Web portal of the International Control Planning Partnership (ICCPP) is a "one-stop shop" for cancer planners worldwide. The two first main features of this web portal, hosted by UICC, are a map and searchable database of cancer control plans as well as a library of resources in the field of cancer control planning.

[READ MORE](#)

## ABOUT THE PARTNERSHIP

The International Cancer Control Planning Partnership (ICCPP), formed in November 2012, is a group of organizations whose members were already individually working to support country cancer control planning efforts. Now, these organizations will work together on identified priorities to maximize their collective resources and avoid duplication of effort.

[MORE INFO](#)

## RESOURCES



The Library of materials & tools for cancer planners provides information relevant to the development, implementation and evaluation of national cancer control plans. The library is searchable by category, organisation, region and keywords.

[ACCESS THE LIBRARY](#)

## CANCER PLANS



Find national cancer control plans from around the world on the map and listing of cancer plans and strategies available online. You can also search specific topics within the NCCPs through this searchable database.

[BROWSE CANCER PLANS](#)

# Resources to Assist Countries

- US Centers for Disease Control and Prevention
  - <http://www.cdc.gov/cancer/ncccp/>
- World Health Organization
  - <http://www.who.int/cancer/nccp/en/>
- Union for International Cancer Control
  - <http://www.uicc.org/national-cancer-control-planning-nccp>
- International Atomic Energy Agency – PACT
  - <http://cancer.iaea.org/impact.asp>

# Questions?

Please submit your questions in the chat box to the left of your screen.



**Thank you for your participation!**

# CGH Contact Information

**Website:**

[www.cancer.gov/aboutnci/globalhealth](http://www.cancer.gov/aboutnci/globalhealth)

**Telephone number:**

+1-240-276-5812

**New office street address:**

9609 Medical Center Drive  
Rockville, MD (near Shady  
Grove Adventist Hospital)

**Email:**

[NCIGlobalHealth@mail.nih.gov](mailto:NCIGlobalHealth@mail.nih.gov)

**Twitter Handle:**

@NCIGlobalHealth



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