

Key Success Factors for Implementation Plans

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ICCP ECHO PROGRAMME

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INTERNATIONAL
CANCER CONTROL
PARTNERSHIP

Welcome!

The session will begin soon.

Please:

- ✓ Put yourself on mute
- ✓ Turn on video if possible
- ✓ Use the chat to ask questions at any time
- ✓ Introduce yourself via chat when you enter the meeting

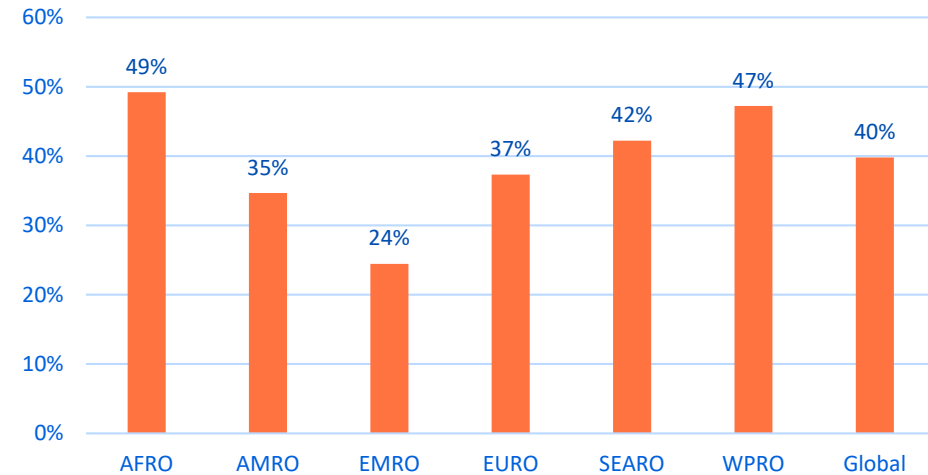
Note: These sessions will be recorded, and the recording made available to participants.

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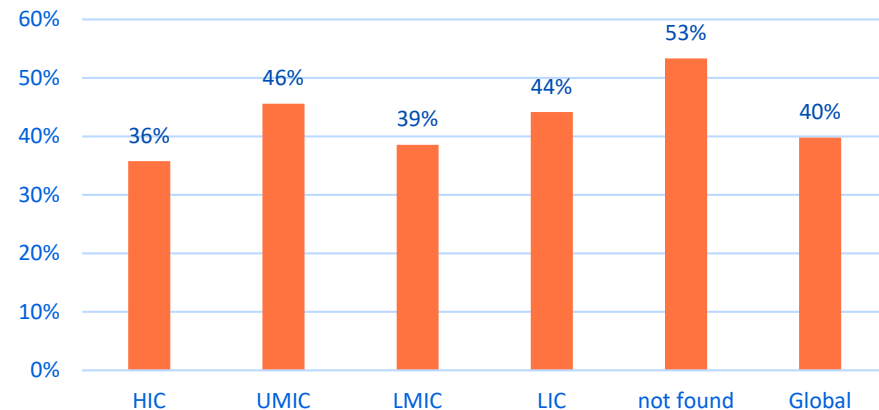
Findings from the global review of NCCPs

1. Plan link to a cancer or NCD policy
2. Stakeholders will be involved in plan implementation
3. Promotion and dissemination of the plan among key stakeholders
4. Responsible for plan implementation
5. Implementation plan or matrix

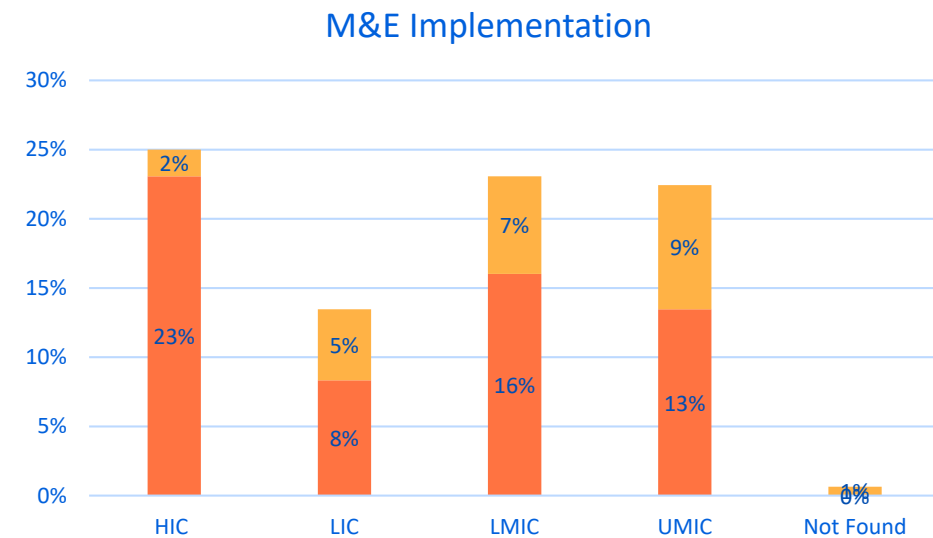
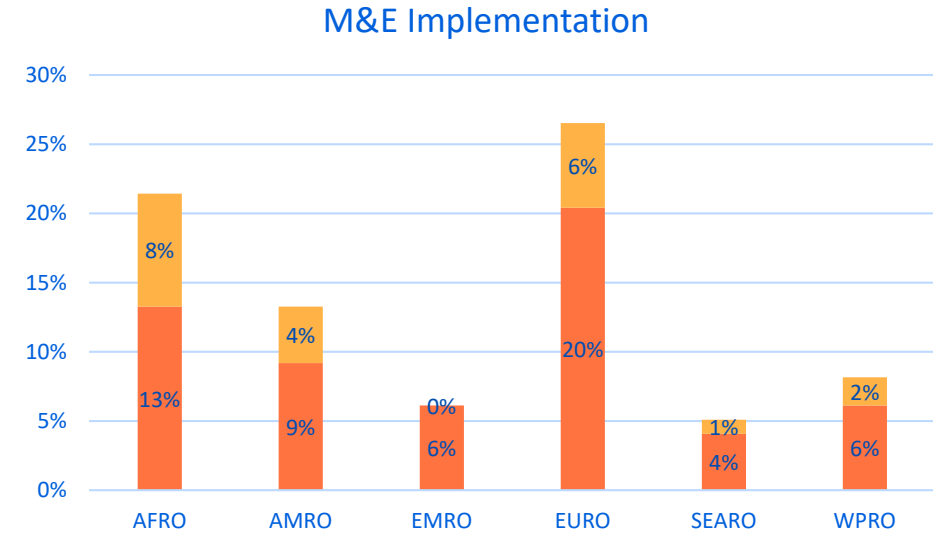
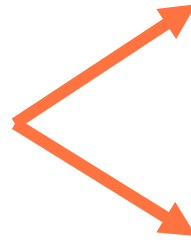
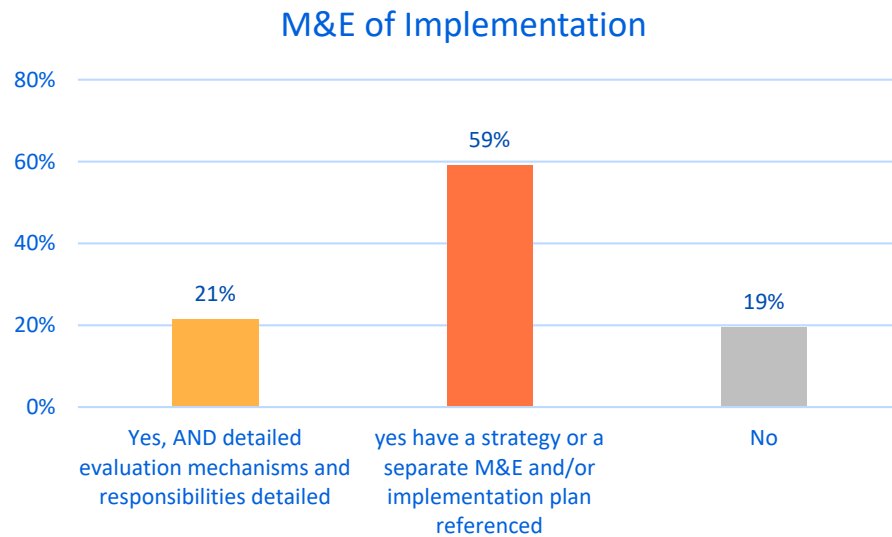
Governance and Implementation



Governance and Implementation



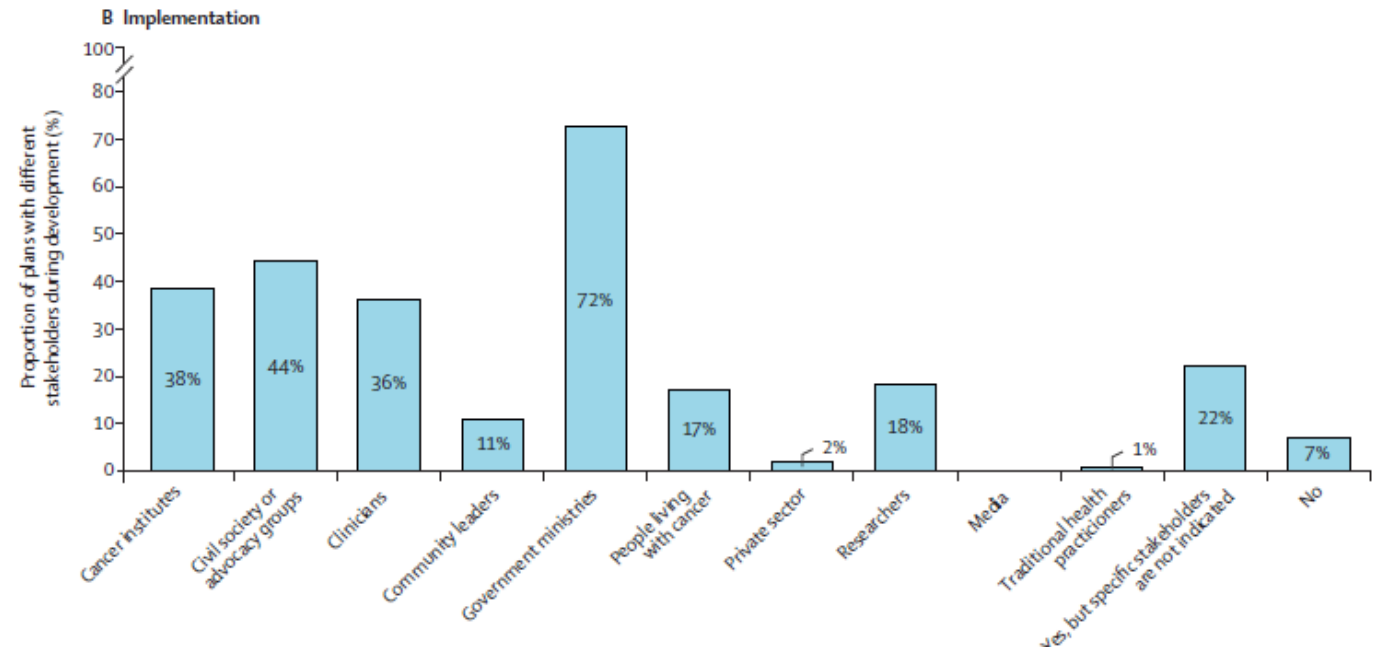
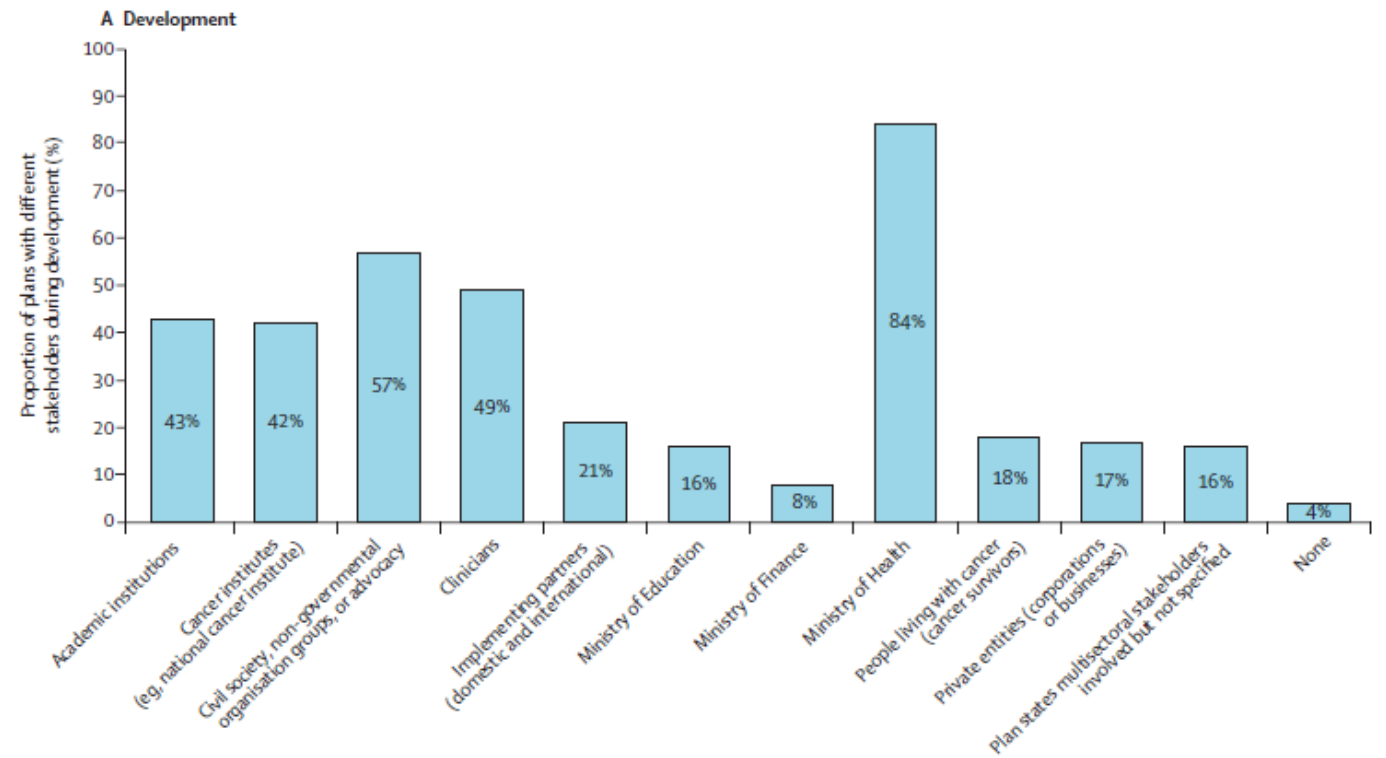
Findings from the global review of NCCPs



Stakeholders: NCCP Development and Implementation

15 categories surveyed:

- Ministry of Health,
- Academic institutions,
- People with lived experience
- Cancer centres,
- Private entities
- etc



From planning to implementing

Pre-planning

- Identify **cancer control** as a key **health priority**, nationally
- Have **the foundations** for a plan been identified?
 - Leadership
 - Political will
 - Financing
 - Public and community support
 - Partnership
- Appoint a **focal point** and a **working group** with national and (when necessary) international experts
- Existence of **other plans** (previous NCCP, health, vaccination, etc)

Decide to start a NCCP

Planning

- Gather **evidence**
- Set **goals** and objectives (realistic)
- Establish **leadership** and roles
- Build **partnership** (govt, CSO, experts, patients, academics, media, health workers, private partners, etc)
- Link to other plans
- Seek governmental/official **endorsement**
- **Cost** the plan including all of its components and activities, **secure** a budget
- Communicate with every **stakeholders**

**Do not leave the plan on
“the shelf”**

Implementation

- Choose **priorities** and establish decision making process
- Build on what already exists (resources, networks, systems)
- Keep **partners** that developed the plan together and enhance communication and accountability
- Adapt structure of work (from planning to implementation)
- Define a **plan of action**
- Identify who **to work with** for the selected priority
- Determine resources needed
- M&E framework (track the progress and adapt) Set **INDICATORS**

Start and Implement

NCCP *Implementation Plans*



Part of the Published NCCP



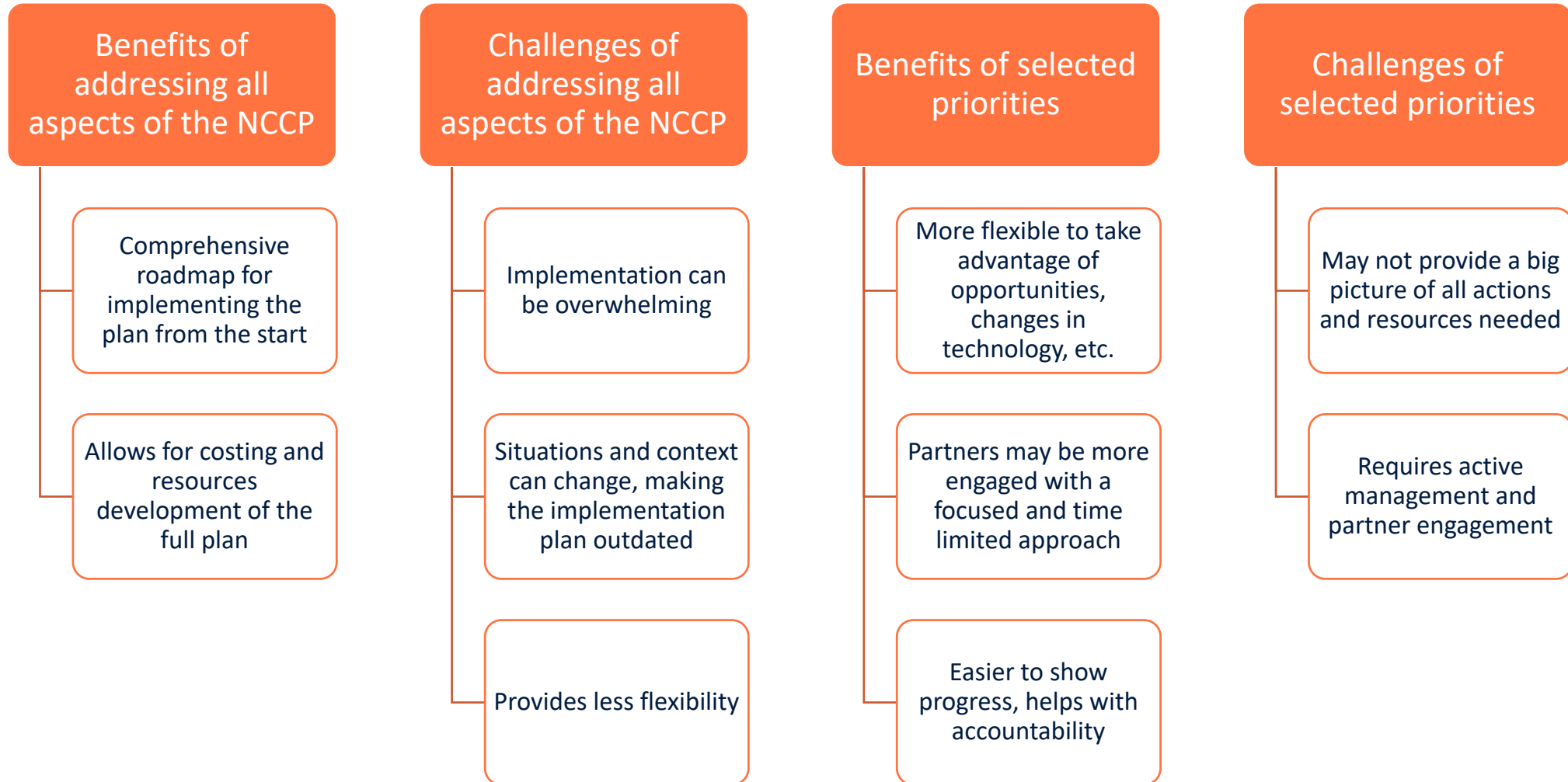
A Separate Document



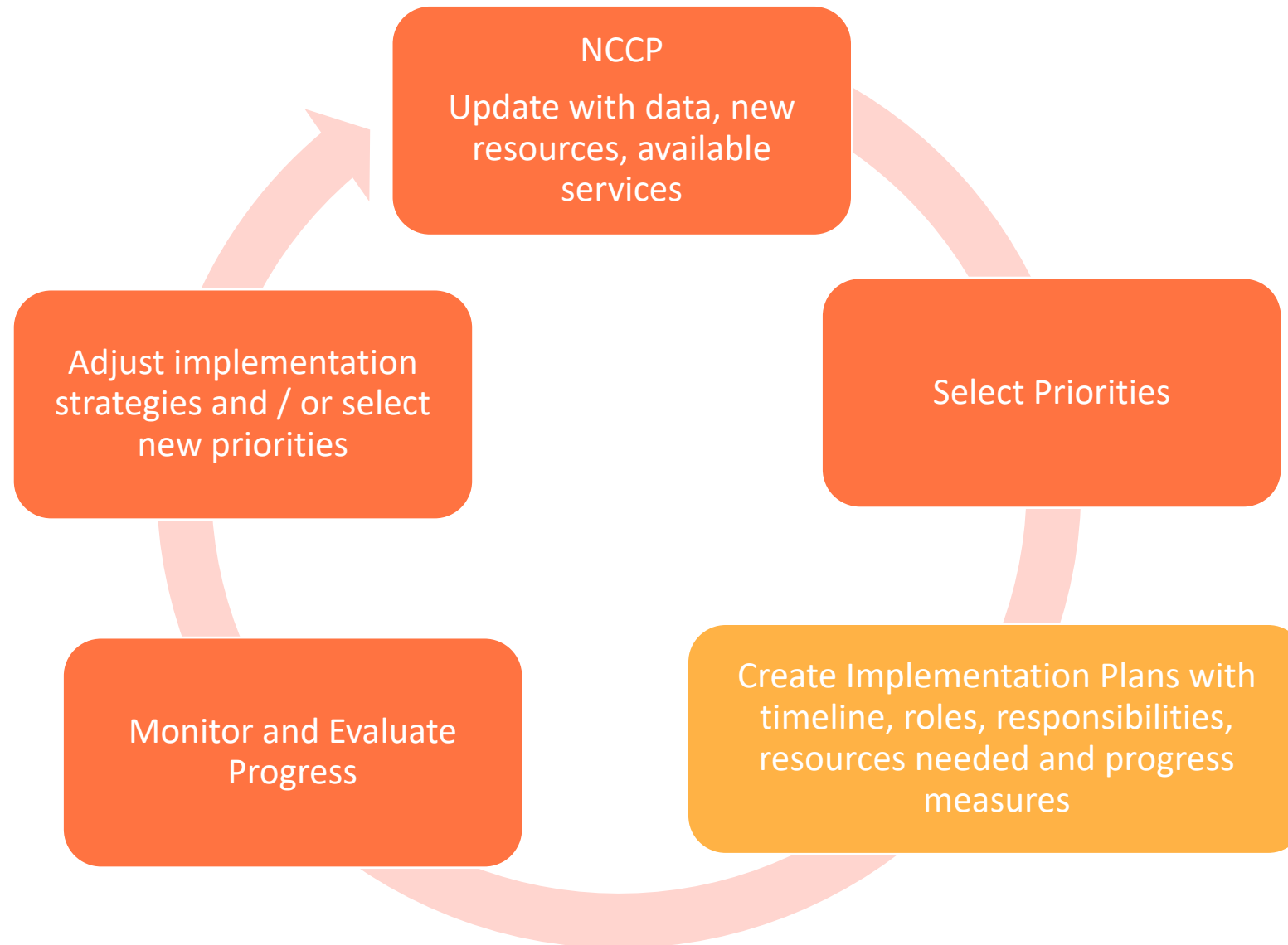
Focus could be:

The entire plan or just selected priorities in the plan

Q: Should a NCCP implementation plan address all aspects of the NCCP or just selected priorities?



A focused implementation plan has the highest chance of success



Identify Priorities

(Because you can't do everything in the plan all at once)

Why Prioritize Objectives in the Plan:

- **Be focused:** Ability to make progress and leverage existing programs
- **Be strategic about resources:** Seek resources for what is most critical
- **Engage partners:** They are more likely to work on specific, timebound, actionable items
- **Build in flexibility:** Adapt to changes in political support, evidence and technology



Sample Criteria for Identifying Priorities

- Is this a significant area of need in our country?
- Does this effort have a reasonable chance for success?
- Do we have or will we be able to obtain resources to successfully implement the priority?
- What is the likelihood that we will be able to recruit other individuals and organizations to work on this over 1-2 years?
- Will this add value to our country's cancer efforts?

Steps to Develop and Use a Priority Implementation Plan

1. Identify priorities from the NCCP

Use criteria to set priorities

2. Identify partners who work in the priority areas

3. Work with partners to develop implementation plans:

- Tasks
- Responsibility
- Other partners to involve
- Timelines
- Resources (have/need)
- Measures to track progress

4. Take action:

- Working groups focused on the priority
- Coordinate across partners, priorities
- Ensure work is evidence-based
- Consider current context/political support and adjust

5. Track and communicate progress

The Best Implementation Plan = The One You Use

Priority Action Plan

Priority Objective from the Cancer Plan: _____

Priority Strategy: _____

Expected Outcomes: _____

Evaluation Milestones (What, When, Targets): _____

Major tasks needed to implement the priority?	Who is responsible for this task?	Partners to contact and work with	Due date	Resources we have (including in-kind)	Resources we need (including in-kind)	How will we track our progress?

- Make it an active tool
- Build on existing programs and systems
- Track progress on the tasks needed to meet measurable outcomes – policy development, data collection, etc.
- Anticipate challenges – in resources, partner involvement, political support, time it takes to complete tasks – and adjust plans as needed

An example of an implementation plan

Interventions & Sub-interventions: Lays out specific actions to reach objectives/goals.

Target: Lays out who is part of the intervention/beneficiary.

Time Frame & Cost: Lays out the target dates and investment needs.

Responsible Person/Dpt: Lays out lead agency/ies. Helpful for partnership building.

Goal 2 : Achieve comprehensive and well-coordinated services for early detection of cancer							
Objective 2.1: To improve and strengthen cancer pathology and laboratory services							
Strategies:1- 11							
Intervention	Sub-intervention	Target	Time Frame			Cost Million Kwacha	Responsible Person
			Year 1 - 2	Year 3 - 5	Year 5 - 10		
1 Design and Develop a common training plan for health workers to fill gaps in required skills and numbers in cancer diagnostics	Train 8 pathologists for 4 Central hospitals	Histopathologists trained and recruited.	57.3	171.9	229.2	458.4	NCD/Department of Planning and Policy Development (DPPD),Department of Human Resource and Management Development (DHRMD)
	Recruit 8 pathologists for 4 Central hospitals	8 Histopathologists trained and recruited.	12.6	50.3	125.5	188.4	NCD/DPPD/ DHRMD
	Expand pathology services to central hospitals.		0	0	0	0	NCD/DPPD/ DHRMD
	Train 8 Cytotechnologists			36.8	110.4	73.6	220.8

Example 2

APPENDIX 1

FOCUS AREA 1: Prevention and Health Promotion					
No	Specific Objectives	Strategic Actions	Performance Indicator	Target	Coordinating / collaborating Agencies
1	To increase health-seeking behaviour through awareness and knowledge of general public and healthcare providers (HCPs) on common cancers	1.1 Develop a Strategic Communication Plan – to address stigma against cancer	Plan developed	2022	MOH (to coordinate)
		1.2 Development of a dedicated landing page of Malaysian Cancer Awareness in MyHealth Portal. Portal will consist of: a) Resources for public and caregivers, common signs and symptoms of common cancer and risk factor. b) E-learning for HCPs c) E-learning for NGO (knowledge for advocacy)	Landing page developed	2022	MOH (BKP, BPK, IKN)
		1.3 Increase promotional activities for the general public (prevention/modifiable risk factors, signs and symptoms of common cancers, importance of screening, unproven therapies) via conventional media (TV channels - RTM, TV3, Astro, Radio). Proposed themes: • Cervical Cancer Awareness Month – January • World Cancer Day – February • Colorectal Cancer Awareness – March	During each awareness months, at least: • 2 infographics (Malay & English) • 1 slot at TV • 2 slots at radio • 1 factsheet	8 topics per year	MOH (BPK, BKP, BPKK, OHP, IKN), NGO, Academy of Family Physicians of Malaysia

Example 3

Indicateurs	Baseline et cibles						Sources	Méthode	Fréquence collecte	Responsable
	Baseline	2023	2024	2025	2026	2027				
Proportion de personnes sensibilisées sur les cancers	ND	20%	40%	60%	70%	80%	Rapport d'activités	Routine	Trimestrielle	Bureau Partenariat et Promotion
Intervention 4 : Dépistage, Détection et traitement										
Nombre d'ACS orientés sur la prévention des cancers et leurs facteurs de risque	1000	1500	3000	4500	6000	7500	Rapport d'orientation	Routine	Trimestrielle	Bureau Cancer
Proportion de structures offrant le dépistage des lésions précancéreuses du col de l'utérus	20%	40%	50%	70%	80%	90%	DHIS2	Routine	Trimestrielle	Bureau Cancer
Proportion de femmes ayant bénéficié d'un dépistage du cancer du col de l'utérus	11% STEP S 2015	20%	25%	35%	40%	50%	DHIS2	Routine	Trimestrielle	Bureau Cancer
Proportion de femmes de présentant des lésions précancéreuses	5%	7%	10%	12%	13%	15%	DHIS2	Routine	Trimestrielle	Bureau Cancer
Proportion de femmes ayant bénéficiés d'un traitement de lésions précancéreuses par thermoablation	ND	70%	75%	80%	90%	95%	DHIS2	Routine	Trimestrielle	DLMNT
Proportion de femmes ayant bénéficiés d'un traitement de lésions précancéreuses par	ND	60%	65%	70%	80%	90%	DHIS2	Routine	Trimestrielle	DLMNT

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