

Key Points in NCCP Prioritizing, Costing & Allocating Resources

Evidence-Based Costing

- Helps to see what it really takes to scale up priority programs and services
- Use existing tools and models, play with different scenarios
- Involve key stakeholders in decision making process

Prioritization

- Set clear criteria to decide which interventions to scale up first - equity, cost-effectiveness, best buys, feasibility, workforce, readiness and stakeholder input.
- Leverage interventions that can be integrated into existing primary care, NCD and UHC systems for efficiency and reducing duplication.

Resource Allocation

- Implementation phases: start with pilots before national scale-up
- Ensure palliative care and essential medicines access if higher cost treatment is limited
- Balance short-term service delivery with long-term system strengthening (registries, M&E systems, workforce development).

Sustainability & Advocacy

- Leverage realistic financing: sin taxes, partnership funds, pooled procurement
- Establish domestic budget lines for cancer, even if initially small
- Foster political champions who can advocate for a cancer budget within competing national priorities.
- Establish regular costing and reprioritization cycles linked to performance monitoring.