

# Key Success Factors for Implementation Plans

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ICCP ECHO PROGRAMME

XOLISILE DLAMINI,

NATIONAL CANCER CONTROL  
PROGRAM MANAGER (ESWATINI)



INTERNATIONAL  
CANCER CONTROL  
PARTNERSHIP



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## National Cancer Control Program Strategic Plan 2025-2029



*Do not **confuse** **movements** with **progress**. Just because you are doing a lot more does not mean you are getting a lot more done.*

*Denzel Washington*



# 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**

# From planning to implementing



**National Cancer Control Program Strategic Plan 2025-2029**

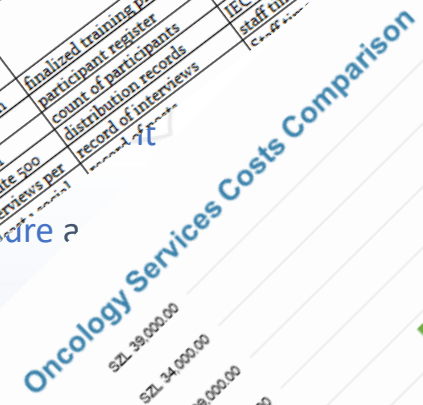
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**Decisions**

- Planning (develop plan, work plan)
- Gather evidence
- Set goals
- Prioritize

- Implementation
- Choose priorities
- Making progress
- Monitor

INTERVENTION	ACTIVITY	SUB-ACTIVITY	RESPONSIBLE	TIMELINE	TARGET	OUTPUT	RESOURCES
1.1 Strengthen multisector coordination and policy integration	1.1.1 Establish a National Cancer Prevention Task & Team including all key MOH programs and partners.	1.1.1.1 Conduct key stakeholder mapping to identify key players in cancer prevention and treatment	Prevention Officer	X	Identify 20 stakeholders	List of stakeholders	Staff time, airtime/data
		1.1.1.2 Conduct a one-day meeting to identify key stakeholders	Prevention Officer	X	1 Meeting	Register of participants	Board room, tea, lunch, 1.5 day conference package.
		1.1.1.3 Conduct a 1.5 day meeting with quarterly regional 0.5 day conduct community education	NCCU Health	X	1 Meeting	Register of participants	Board room, tea, lunch.
		1.1.1.4 Integrate cervical cancer dissemination prevention messages	NCCU Health	X	155 KHM's trained	Record of outreach events	transportation, IEC materials
		1.1.1.5 Disseminate prevention messages	NCCU Health	X	Conduct 1 session	Record of interviews	staff time, transportation
		1.1.1.6 Half a day meeting with regional conduct regional trainings	Prevention Officer	X	Integrate with 25	Record of posts	Staff time, board room, tea, lunch, transportation
		1.1.1.7 Create public awareness on cancer	HPO	X	2 interviews per	Finalized training curriculum	staff time, social media
		1.1.1.8 Dissemination of IEC materials to Collaborate with health promotion	HPO	X	1 training curriculum	Finalized training plan	staff time, board room, tea, lunch, transportation
		1.1.1.9 Create public awareness on cancer	HPO	X	1 training plan	Finalized training plan	staff time, board room, tea, lunch, transportation
		1.1.1.10 Collaborate with health promotion	HPO	X	1000	Finalized training plan	staff time, board room, tea, lunch, transportation
1.2 To significantly reduce cervical and liver cancer risk	1.2.1 Develop a collaborative advocacy access to HPV	1.2.1.1 Create awareness on cervical cancer risk prevention	Prevention Officer	X	1 Meeting	Register of participants	Board room, tea, lunch, 1.5 day conference package.
		1.2.1.2 Finalize and implement key stakeholders (CBHWs, teachers, media, religious and youth leaders), at least 1000, annually on cancer risk factors.	Prevention Officer	X	1 Meeting	Register of participants	Board room, tea, lunch.
		1.2.1.3 Promote healthy lifestyles in communities, workplace, schools and health facilities	HPO	X	2 interviews per	Record of outreach events	transportation, IEC materials
		1.2.1.4 Create public awareness on cancer	HPO	X	Integrate with 25	Record of posts	Staff time, board room, tea, lunch, transportation
		1.2.1.5 Dissemination of IEC materials to Collaborate with health promotion	HPO	X	1 training curriculum	Finalized training curriculum	staff time, social media
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Do not leave the plan on "the shelf"

Implement

# Celebrate **ACHIEVEMENT** - Improved awareness, new partnerships, policy changes, capacity building).



## ICDM

- **HIV/ART services**
- **TB. – HPV DNA testing**
- **NCD screening clinics**

## Early detection and Navigation

- Screening and Patient Navigation guidelines
- Cervical cancer precancer treatment trainings
- Breast cancer Early detection – FNA
- Childhood cancer early detection guidelines
- Navigation system

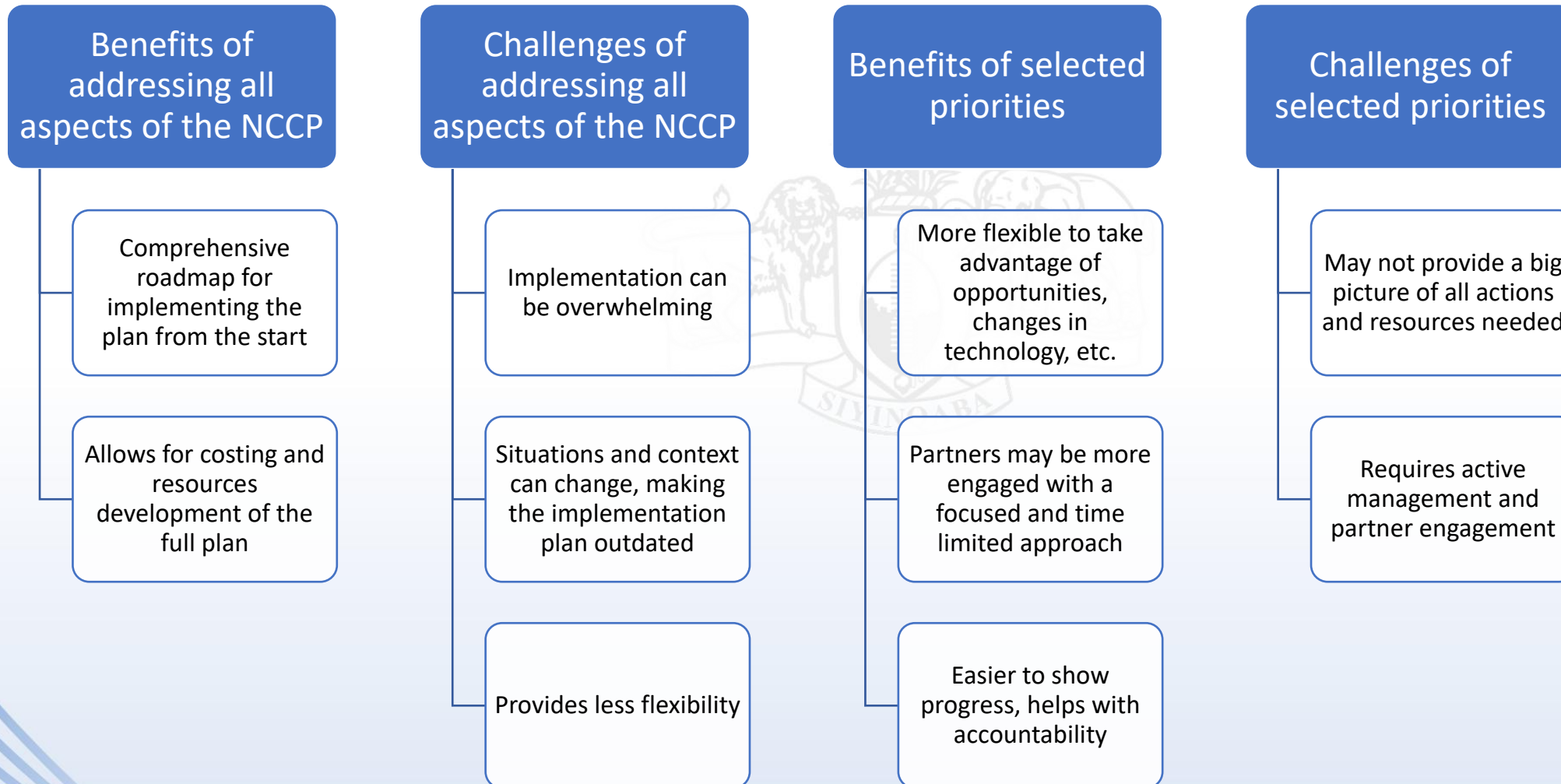
## Expansion of Treatment

- 1.Treatment guidelines** (screening and invasive treatment for chemotherapy)
- 2.Radiotherapy establishment**
  - Bankable development
  - Construction, Equipment & Training

## Partners support

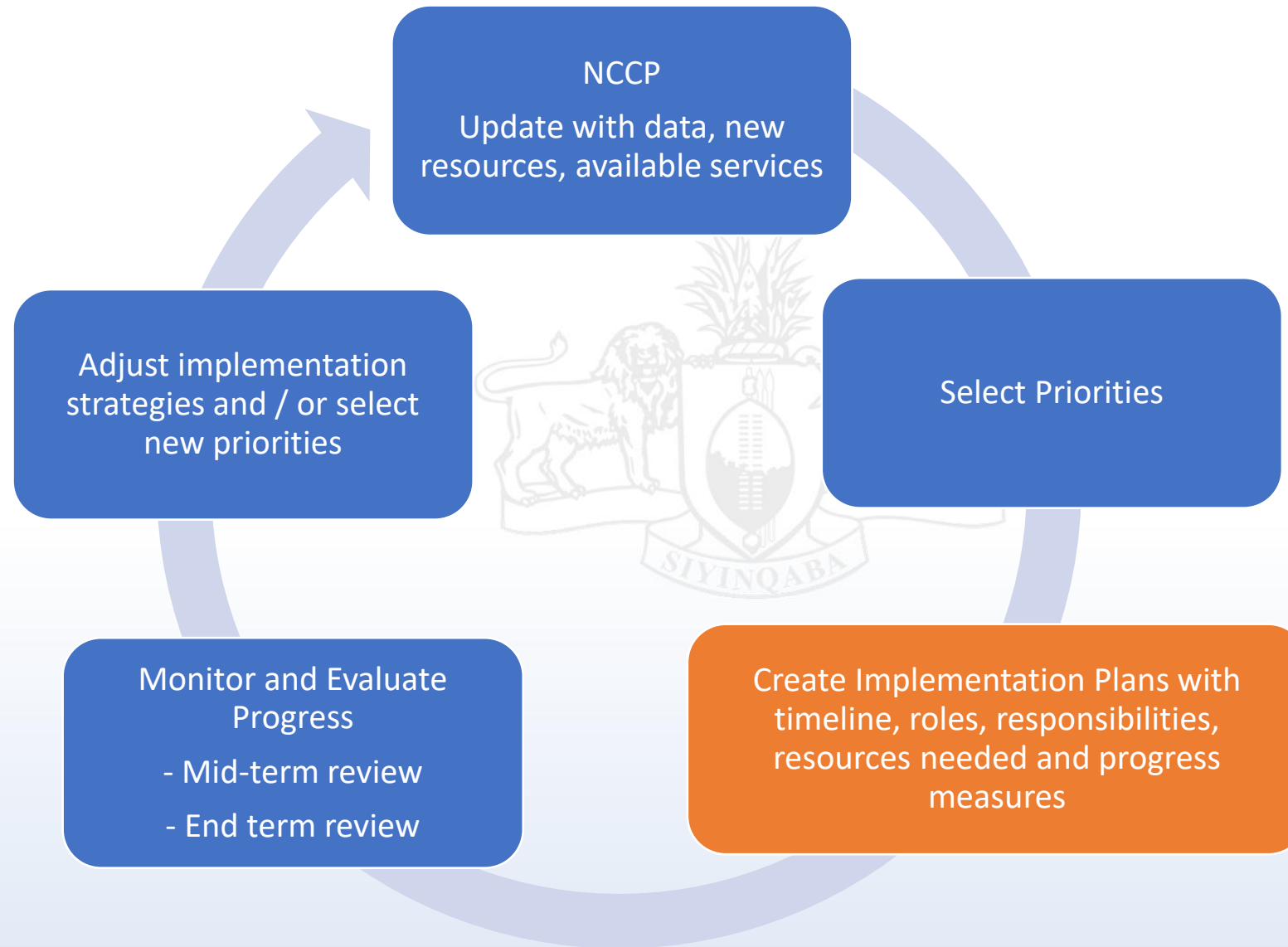
- 1.UICC – capacity building & cancer control Planning
- 2.WHO – Technical and Financial support
- 3.IARC (capacity building) \_ cancer registry & Research
4. IAEA support – Capacity building
- 5.ICCP-ECHO – capacity building and Learning &Sharing
- 6.Global Hope & Baylor (Childhood cancer)
- 7.World Bank – Cervical cancer support
- 8.ACHA – Upscaling cancer screening
- 9.PEPFAR – Cervical cancer Prevention

# 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)



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MINISTRY OF HEALTH

## 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



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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

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

**Time Frame :** Lays out the target dates

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

**Resource:** investment needs.

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

INTERVENTION	ACTIVITY	SUB-ACTIVITY	RESPONSIBLE	TIMELINE				TARGET	OUTPUT	RESOURCES
				Yr1	Yr2	Yr3	Yr4			
<b>OBJECTIVE 1: By 2020, achieve and sustain 90% HPV vaccination coverage among girls aged 9-14 years, introduction of the HPV birth dose, and reduce cancer risk factors by at least</b>										
1.1 Strengthen multisector coordination and policy integration	1.1.1 Establish a National Cancer Prevention Task Team including all key MOH programs and partners.	Conduct key stakeholder mapping to identify key players in cancer prevention and treatment	Prevention Officer	X				Identify 20 stakeholders	List of stakeholders	Staff time, airtime/data
		Conduct a one-day meeting to	Prevention Officer	X				1 Meeting	Register of participants	Board room, tea, lunch,
	1.1.2 Develop a collaborative	Conduct a 1.5 day meeting with	NCCU prevention		X			1 Meeting	Register of participants,	1.5 day conference package,
1.2 To significantly reduce cervical and liver cancer risk.	1.2.1 Advocate access to HPV	Conduct a one-day meeting with	NCCU Health		X			1 Meeting	Register of Participants	Board room, tea, lunch,
	1.2.2 Create awareness on cervical cancer risk prevention	Conduct quartley regional 0.5 day	NCCU Health	X	X	X	X	135 RHMs trained	Register of participants	board room, tea, lunch,
		Conduct community education	NCCU Health	X	X	X	X	Conduct 1 session	Register of participants	transportation, IEC materials
		Integrate cervical cancer	NCCU Health	X	X	X	X	Integrate with 25	Record of outreach events	transportation, IEC materials
	1.2.3 Finalize and implement	Disseminate prevention messages	NCCU Health	X	X	X	X	2 interviews per	record of interviews	staff time, tranportation
1.3 Increase community awareness about cancer risk factors , risk reduction behaviors and interventions	1.3.1 Train key stakeholders (CBHWs, teachers, media, traditional leaders, and healers, religious and youth leaders), at least 1000, annually on cancer risk factors.	2 day meeting to review and standardize training curriculum	Prevention Officer		X			1 training curriculum	finalized training curriculum	staff time, board room, tea, lunch, transportation
		Half a day meeting with regional	Prevention Officer		X			1 training plan	finalized training plan	staff time, board room, tea,
	1.3.2 Promote healthy lifestyles in communities, workplace, schools and health facilities	Conduct regional trainings	Prevention Officer		X	X	X	1,000	participant register	Training materials, venue,
		Create public awareness on cancer	HPO	X	X	X	X	Conduct 1	count of participants	Transportation, venue, staff
		Dissemination of IEC materials to	HPO	X	X	X	X	distribute 500	distribution records	IEC material
Collaborate with health promotion	HPO	X	X	X	X	2 interviews per	record of interviews	staff time, tranportation		
							At least 1 social	record of posts	Staff time, social media	

# Example 2 – M&E Framework



Result	Objective	Indicator	Definition	Numerator	Denominator	Baseline	2025	2026	2027	2028	2029	2030	Data Source	Disaggregation	Frequency
Impact	Reduce cervical cancer incidence rate	Incident cases/ incidence (numbers of new cases and rates) of cervical cancer	Recorded numbers and rates (age-specific, crude, age standardized) of new cervical cancer in a year	Recorded numbers of new cervical cancer in a year	Population-at-risk: number of women in the concerned year	371: Crude 95.9* Incidence rate 269**: Crude	TBD	TBD	TBD	TBD	TBD	TBD	National Cancer Registry	Age, stage at diagnosis, HIV status, residence type (rural/urban) and Region	Annually
	Reduce cervical cancer mortality rate	Numbers and rates of cervical cancer deaths for the year indicated	Recorded numbers and rates (age-specific, crude, age standardized) of cervical cancer deaths for the year indicated	Recorded numbers of cervical cancer deaths	Population-at-risk: women	64.3***: Mortality rate	TBD	TBD	TBD	TBD	TBD	TBD	National Cancer Registry, CRVS	Age, stage at diagnosis, HIV status, residence type (rural/urban) and Region	Annually
Outcome	Scale up HPV immunisation in young girls aged 9 to 14 years old to achieve a population coverage of 90% by 2030	HPV vaccination coverage among girls aged 9 to 14 years	Proportion of girls aged 9 to 14 years that received HPV vaccine in the current reporting year	Number of girls aged 9 to 14 years that received HPV vaccine in the current reporting year	Number of girls in the national target cohort(s) aged 9 to 14 years in the current reporting year	73%	90%	90%	90%	90%	90%	90%	Immunization registries, CMIS, HMIS Census data	Age, HIV status, residence type (rural/urban) and Region	Annually
		Level of knowledge, attitude and Practice on cervical cancer prevention in the population	Proportion of the population with adequate knowledge, attitude and practise on cervical cancer prevention	Number of surveyed people with adequate knowledge, attitude and practice on cervical cancer prevention	Number of people who participated in the survey (representative sample)	TBD	TBD	TBD	TBD	TBD	TBD	TBD	95%	KAP Survey, STEPS	Age, Sex and Residence (rural/urban), Regions

Cervical Cancer Elimination Plan 2025-2030,  
Eswatini

# Findings from the global review of NCCPs

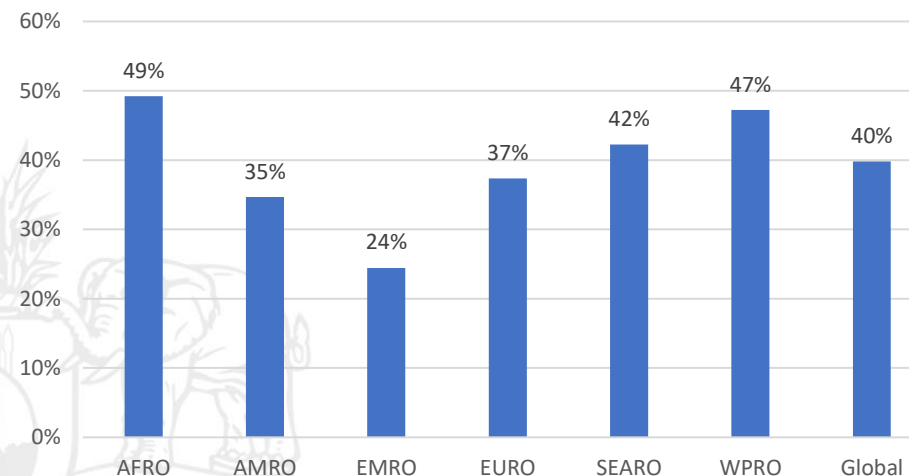


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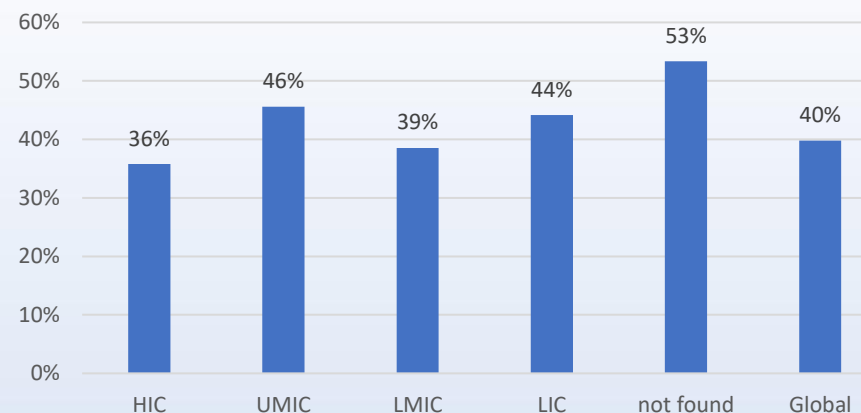
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1. Plan link to a cancer or NCD policy
2. Stakeholders will be involved in plan implementation
3. Promotion and dissemination of the plan among key stakeholders
4. Responsible for plan implementation
5. Implementation plan or matrix

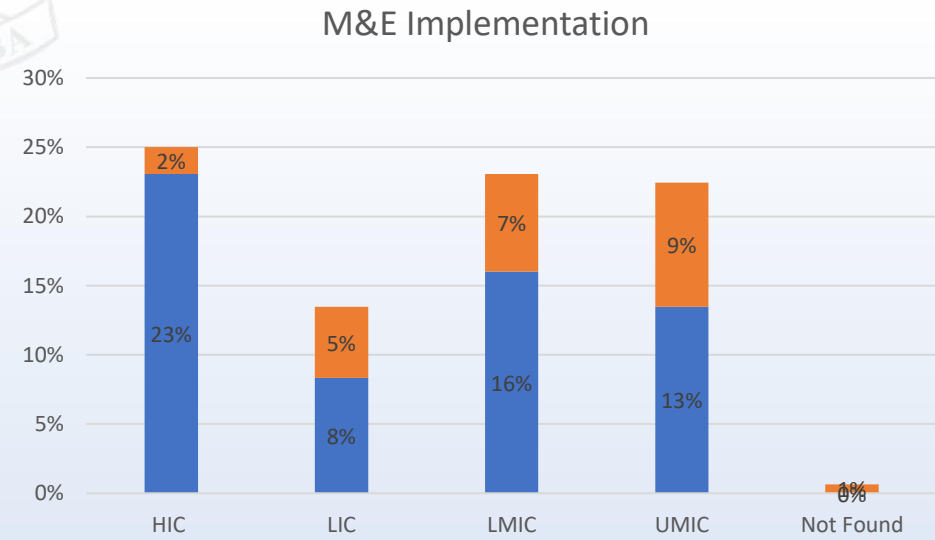
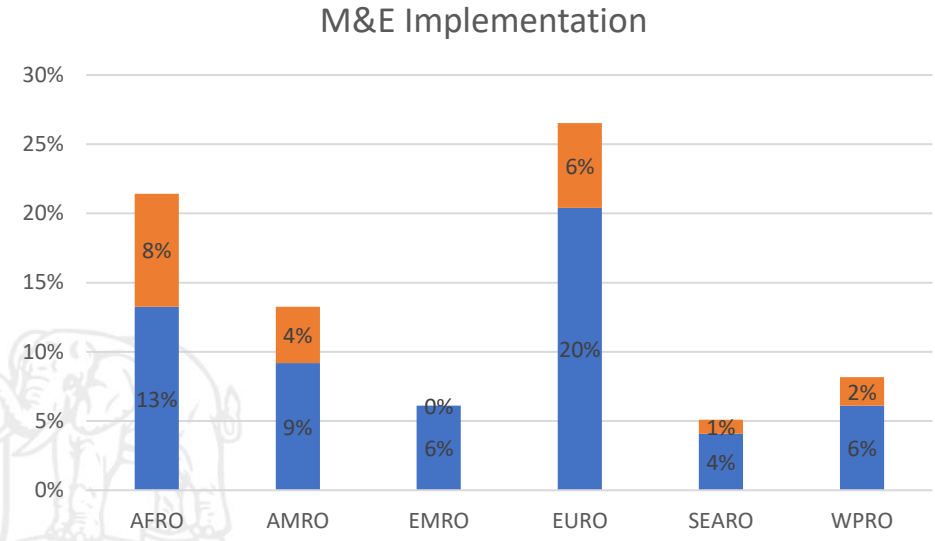
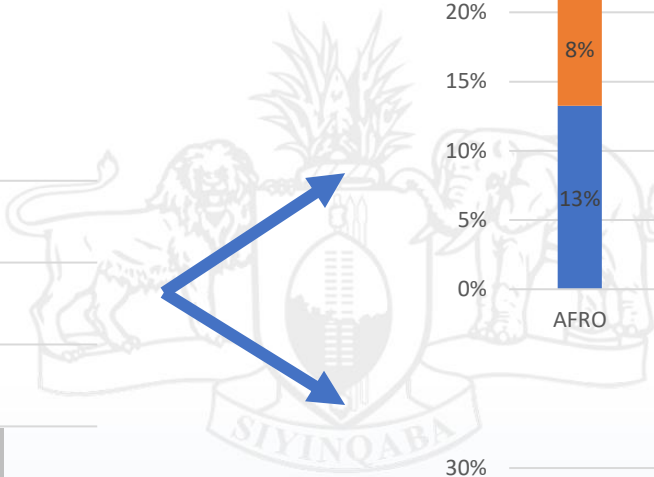
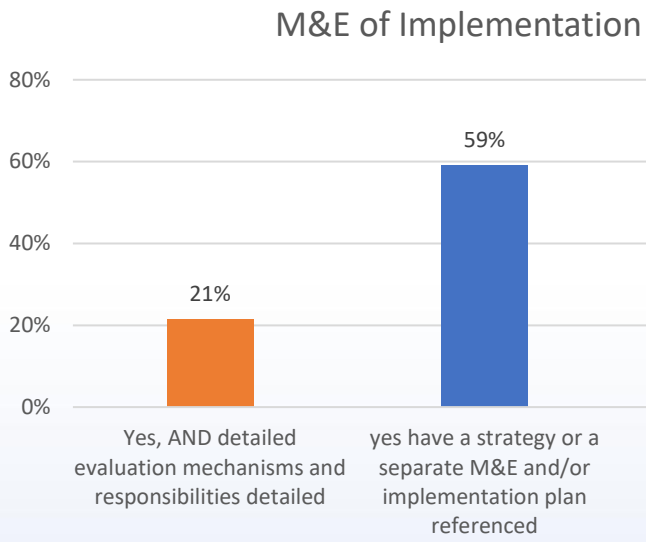
Governance and Implementation



Governance and Implementation



# Findings from the global review of NCCPs

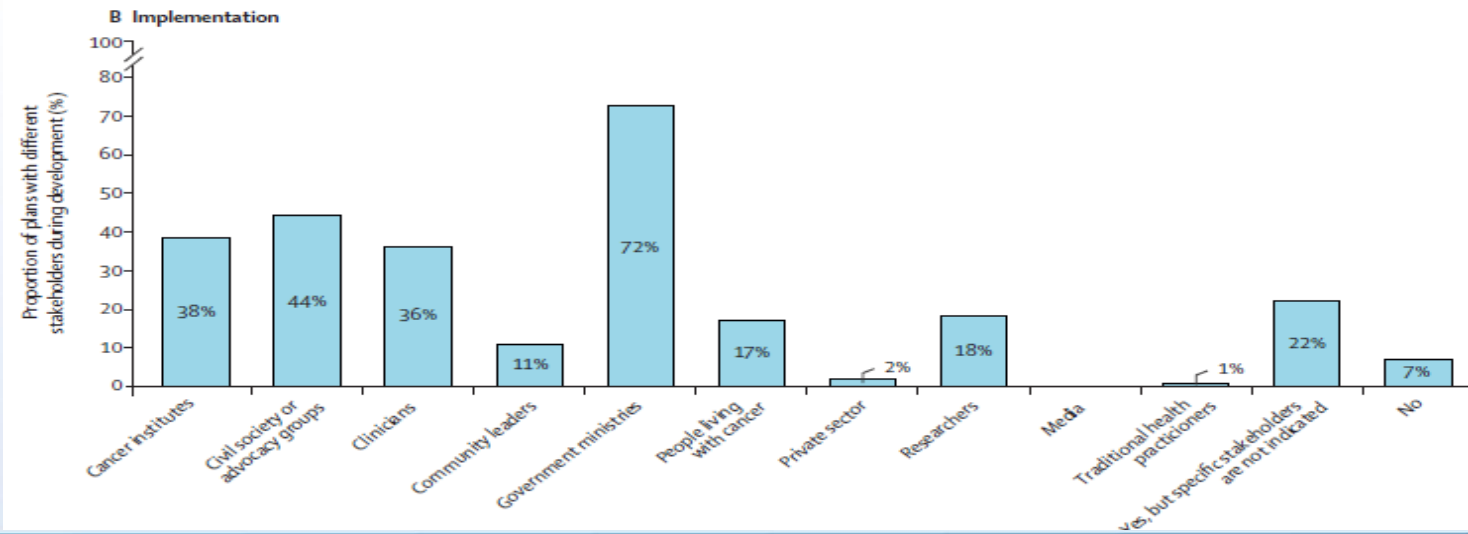
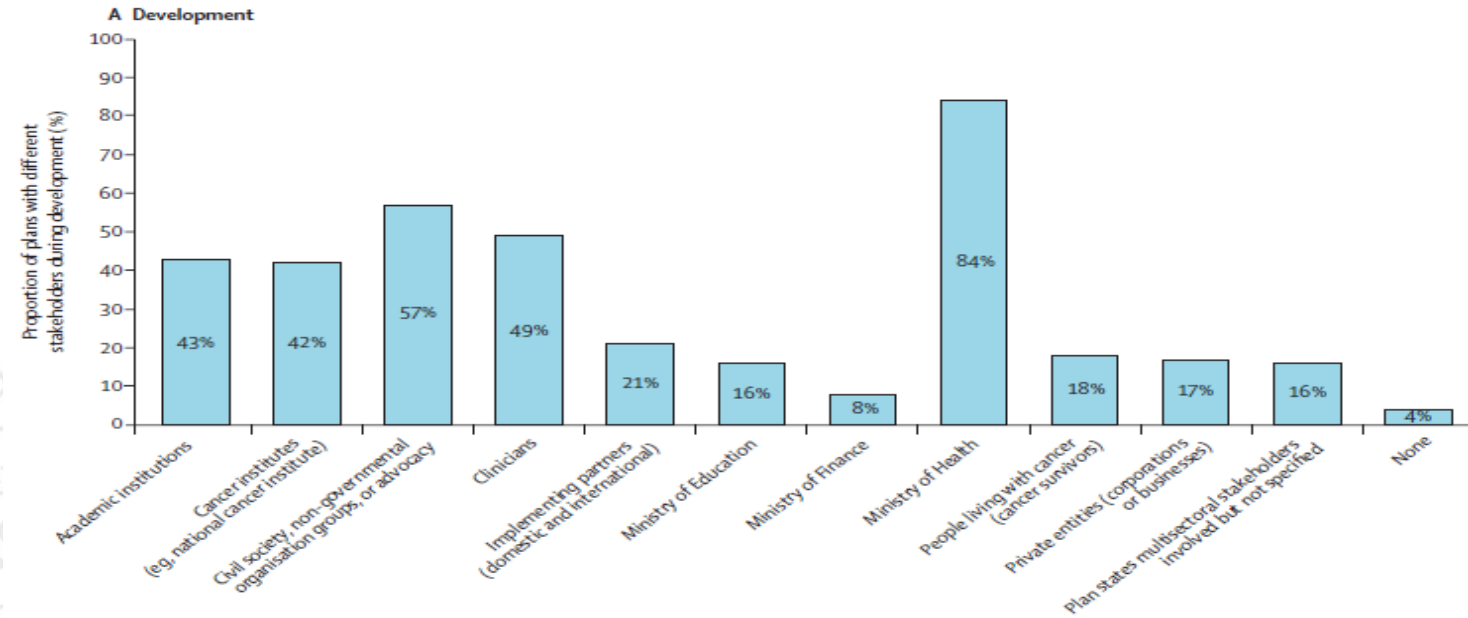


# Stakeholders: NCCP Development and Implementation



15 categories surveyed:

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



# ACKNOWLEDGEMENT

# UICC

