

From strategy to action: assessing approaches and models to the design and implementation of national cancer control plans

March 2026





1. Background and introduction	0
2. Methodology	1
3. Results	3
Contextual analysis.....	4
Partnership, convening and consensus building.....	4
Promotion of equity and patient centricity.....	6
Prioritisation.....	8
Governance and stewardship.....	10
Accountability.....	11
Financing flows.....	13
Strong political will and support.....	14
Flexibility.....	15
4. Discussion	16
5. Limitations	17

1. Background and introduction

Cancer is an increasing global health challenge, with an estimated 20 million new cases and nearly 10 million deaths in 2022 and is now the second leading cause of death worldwide. The global burden of cancer is projected to grow with mortality rates set to rise by nearly 75% to 18.6 million by 2050. A well-defined National Cancer Control Plan (NCCP) is essential for guiding health systems in preventing, diagnosing, and treating cancer, and can be integrated into broader non-communicable disease (NCD) and global health initiatives.

In 2017, the World Health Assembly adopted the resolution *Cancer prevention and control in the context of an integrated approach*¹, urging countries to develop NCCPs to direct all national cancer prevention and management efforts. The resolution also called on WHO to work with Member States and non-State actors to build partnerships that strengthen cancer control.

An NCCP serves as a strategic roadmap tailored to a country's specific cancer burden, risk factors, resources, sociocultural context, and health system, ensuring a coordinated and sustainable approach to reducing cancer's impact. A National Cancer Control Plan is essential for taking a strategic, long-term approach to cancer control. Evidence shows that well-designed plans, supported by strong governance, lead to better cancer outcomes but real impact depends on their effective implementation.

With NCCP implementation now a priority for many countries, advocates, policymakers and cancer professionals are asking the question of what makes the implementation of an NCCP successful. While some studies examine the importance of including an implementation research framework in an NCCP², or the role of the role of partnerships in their development and implementation³, there is a gap in research specifically addressing the elements, facilitators, and barriers to NCCP implementation.

This report is based upon a project that seeks to describe and investigate different models of NCCP development and implementation across a selection of high- and upper-middle income countries according to the World Bank classification¹. The report pulls out the key findings to answer the following question: 'For countries that have had an NCCP in place for 10 years or more, including successive plans, what can we learn from their implementation that works well and what are some challenges?'

¹ WHA Resolution 70.12. <https://iris.who.int/server/api/core/bitstreams/f5d48ef8-93cc-4198-880f-9eb03b944179/content>

² Kataria I, Selmouni F, Duggan C, et al. Application of implementation science methods and theories for cancer control planning in low-income and middle-income countries: a scoping review. *BMJ Open*. 2025;15(10):e108755. doi:10.1136/bmjopen-2025-108755.

³ Vinson CA, Staples C, Shafir S, Given L, Miller N. Collaborating to conquer cancer: the role of partnerships in comprehensive cancer control. *Cancer Causes Control*. 2018;29(12):1173–1180. doi:10.1007/s10552-018-1118-9.

2. Methodology

The methodology of this project is based on an iterative and analytical process that consists of literature review, data collection (drawing on the data from the second global review of NCCPs⁴), information gathering through key informant interviews with individuals representing organisations active in national cancer control planning and analysis of cancer plans and additional documents.

To select the countries to include in the project we considered the World Bank classification (high-income or upper-middle income level), geographical representation to ensure regional diversity, and having more than one successive iteration of an NCCP. We also looked at the NCCP global review index⁵ to include countries whose plans have been reviewed as part of the global analysis and showed involvement of civil society organisations in plan development and implementation, existence of a population-based cancer registry and inclusion of a monitoring and evaluation framework and implementation strategies.

Applying these criteria, we selected nine countries (Australia, Canada, Denmark, England, Ireland, Malaysia, Slovenia, South Africa, United Arab Emirates) and identified individuals responsible for NCCP implementation to invite them to participate in the key informant interviews. Two countries (Denmark and United Arab Emirates) declined to participate in the interviews; we then conducted seven interviews from June to August 2025. An interview guide was prepared adapting some of the questions from the interview guide developed by the International Cancer Control Partnership (ICCP) team for another study focusing on NCCP development.⁶ After transcribing the interviews, we uploaded them into Taguette⁷, a qualitative research tool. We expanded and applied a codebook from the ICCP built using directed content analysis, based on Walt and Gilson's Health Policy Triangle (HPT) framework⁸, which looks at context, content, processes, and actors in policy development and implementation.

The 2018⁹ and 2023¹⁰ global reviews of national cancer control plans (NCCPs) highlighted financing as a key driver of implementation. To explore this, we applied a "health financing lens" during desk research across nine countries. We looked at how they raise, manage, and use resources for health and specifically for cancer control. We built a simple framework using UICC's NCCP domain mapping and WHO's core health financing functions: Revenue Raising, Pooling, and Purchasing. We adapted these functions to national plans and created guiding questions for each NCCP domain to see how financing was considered. These prompts helped us assess whether financing arrangements support or limit the feasibility of implementing NCCP priorities. We then reviewed NCCPs using key search terms (e.g., financing, funding, budget, insurance, cost-effectiveness) and analysed the level of attention to financing. Where possible, we added evidence from grey and published sources, including public budgets,

⁴ Romero Y, Tittenbrun Z, Trapani D, et al. The changing global landscape of national cancer control plans. *Lancet Oncol.* 2025;26(1):e46–e54. doi:10.1016/S1470-2045(24)00405-4.

⁵ International Cancer Control Partnership (ICCP). About the ICCP Map. Available from: <https://www.iccp-portal.org/about-iccp/about-map>.

⁶ Eldridge L, Chtourou A, Duncan K, et al. Understanding the development process of national cancer control plans in low- and middle-income countries. *J Cancer Policy.* 2025;100670. doi:10.1016/j.jcpo.2025.100670.

⁷ Rampin R, et al. Taguette: open-source qualitative data analysis. *J Open Source Softw.* 2021;6(68):3522. doi:10.21105/joss.03522.

⁸ O'Brien GL, Sinnott SJ, Walshe V, et al. Health policy triangle framework: narrative review of the recent literature. *Health Policy Open.* 2020;1:100016. doi:10.1016/j.hpopen.2020.100016.

⁹ Romero Y, Trapani D, Johnson S, Tittenbrun Z, et al. National cancer control plans: a global analysis. *Lancet Oncol.* 2018;19(10):e546–e555. doi:10.1016/S1470-2045(18)30681-8.

¹⁰ Romero Y, Tittenbrun Z, Trapani D, et al. The changing global landscape of national cancer control plans. *Lancet Oncol.* 2025;26(1):e46–e54. doi:10.1016/S1470-2045(24)00405-4.

cancer expenditure data, and reports from OECD, Commonwealth Fund, academia, and advocacy groups.

To frame insights from key informant interviews and broader contextual data, we reviewed recent literature on national cancer control planning and implementation. This included the recent report and commentary “Delivering a National Cancer Control Plan for the UK”¹¹ which emphasise governance, equity, and digital integration as critical success factors, and the BMJ Open paper on applying implementation science to strengthen NCCPs in diverse settings, highlighting stakeholder engagement and system readiness¹². We also drew on All.Can’s recent studies¹³ and Action Guide for Efficient Cancer Care¹⁴, which focus on efficiency, patient-centred care, and sustainability in cancer systems. Together, these sources provided a foundation for understanding global trends, barriers, and enablers in NCCP implementation and informed our analysis of country experiences.



¹¹ Lawler M, Adams C, Pisani E, Romero Y, Quinlan S, Price P. A deliverable national cancer control plan for the UK: lessons from abroad and the need for discipline at home. *Lancet Oncol.* 2025;26(12):1527-1530. doi:10.1016/S1470-2045(25)00650-3

¹² Kataria I, Selmouni F, Duggan C, et al. Application of implementation science methods and theories for cancer control planning in low-income and middle-income countries: a scoping review. *BMJ Open.* 2025;15(10):e108755. doi:10.1136/bmjopen-2025-108755.

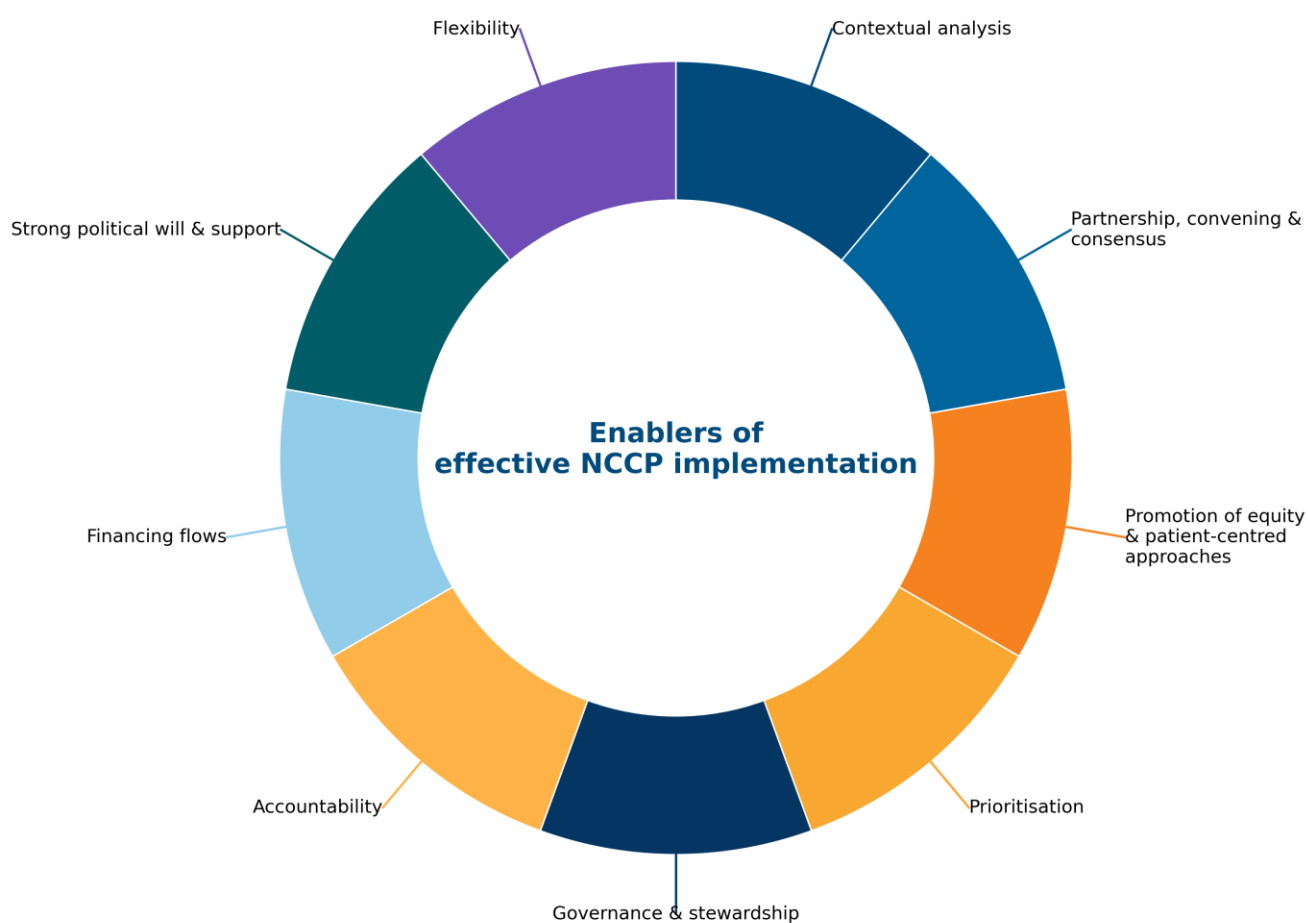
¹³ Carvalho SV, Brito Fernandes O, Ivanković D, et al. Bridging the gap: Enablers and barriers in implementing global cancer care efficiency metrics—a qualitative implementation study. *J Cancer Policy.* 2025;43:100543. doi:10.1016/j.jcpo.2024.100543.

¹⁴ Pais Silva VCD, Ivanković D, Barbazza ES, Brito Fernandes OR, Klazinga NS, Kringos DS. Action Guide for Efficient Cancer Care: An Implementation Toolkit. All.Can; 2024. Available at: <https://www.all-can.org/wp-content/uploads/2024/09/AllCanActionGuide24-1.2.7.pdf>

3. Results

National cancer control plans are policy documents that must operate within their specific health system context. Each NCCP must operate alongside other policies and strategies on NCDs and communicable diseases (e.g. HIV/AIDS, COVID 19, vaccination policy, etc.) more broadly, within the institutional, financial, and governance frameworks of its respective system, which strongly shape both its design and implementation. However, the project has found a number of shared barriers and enablers to implementation across countries and these are described in this report.

Through the literature review and key informant interviews, we have identified the following nine enablers for effective implementation. These enablers are described in the following sections of the report. Where there were composite parts of an enabler, we have subdivided the section using subheadings.



Contextual analysis

Health systems are shaped by political, economic, and social forces at local, national, and global levels. Context includes situational, structural, cultural, and external factors, and it strongly influences how evidence-based interventions are implemented. Because implementation and context are deeply interconnected, understanding contextual factors is essential for effective policy planning and development.¹⁵

Conducting an analysis of health systems barriers and enablers, through, for example, a SWOT (strengths, weaknesses, opportunities and threats) analysis, is a good first step for implementation. Looking at factors such as level of coverage by Universal Health Coverage or health system capacity in terms of health workforce and infrastructure availability are key foundational steps. Without understanding the system that NCCP operates within, for example whether it is a federated or centralised system, a single-payer or multiple-payer it is impossible to develop an implementation plan for an NCCP that would respond to country's current and future cancer control needs.

Understanding the health system context is not just an analytical exercise, it directly shapes how national cancer strategies are designed and implemented. Countries with federated systems, for example, require approaches that balance national coordination with regional autonomy. This interplay between system structure and implementation is evident in countries like Canada and Australia, where national frameworks work alongside provincial or state plans to ensure alignment, avoid duplication, and address shared priorities while respecting local governance.

Canada's national cancer strategy provides a framework that supports alignment across provincial and territorial cancer plans. It brings together partners to tackle shared priorities while respecting provincial and territorial authority over healthcare delivery. The national strategy offers overarching coordination and direction, while provincial and territorial plans focus on implementation and service delivery tailored to local populations. This approach ensures a cohesive yet context-specific system for advancing equitable cancer control across Canada.

Similarly to Canada, Australia has a federated system and launched a national cancer plan in 2023. The Australian Cancer Plan acts as a framework that aligns with state and territory plans, setting strategic goals and concentrating national efforts on areas requiring coordinated action. Rather than duplicating existing plans, it complements them, leverages state initiatives, and prioritises national issues such as equity. Building on state and territory plans, it directs attention to where national coordination is most needed.

Partnership, convening and consensus building

Several studies have highlighted the critical role of partnerships, collaboration, and coalition building in advancing cancer control both nationally and at the state level.^{16,17} Collaboration, stakeholder engagement, and consensus building are essential for successful implementation

¹⁵ Daniels K. Understanding context in reviews and syntheses of health policy and systems research. In: Langlois ÉV, Daniels K, Akl EA, editors. *Evidence Synthesis for Health Policy and Systems: A Methods Guide*. Geneva: World Health Organization; 2018 Oct 8. Chapter 4. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK569586/>

¹⁶ Vinson CA, Staples C, Shafir S, Given L, Miller N. Collaborating to conquer cancer: the role of partnerships in comprehensive cancer control. *Cancer Causes Control*. 2018;29(12):1173-1180. doi:10.1007/s10552-018-1118-9

¹⁷ Hohman K, Given L, Farrell M, et al. The Nine Habits of successful comprehensive cancer control coalitions. *Cancer Causes Control*. 2018;29(12):1195-1203. doi:10.1007/s10552-018-1116-y

of National Cancer Control Plans (NCCPs), as they bring together diverse stakeholders around a shared vision to reduce the cancer burden and improve health outcomes. By fostering collaboration, stakeholders can leverage collective expertise and resources, ensuring strategies are inclusive and sustainable. Active engagement strengthens commitment and accountability, while consensus building aligns varied perspectives, enabling unified action. Together, these practices create resilient partnerships that adapt, innovate, and drive impactful cancer control initiatives.

During key informant interviews, respondents described a range of strategies used to advance NCCP implementation, including oversight and stewardship, building political will, leveraging existing systems, engaging stakeholders, forming partnerships, and convening collaborative forums. Respondents consistently emphasised that partnerships are indispensable for implementation, noting that it is impossible to deliver an NCCP without engaging multisectoral stakeholders throughout the process.

“And we have partnered with the jurisdictions, with the not-for-profit sector, with the charities, with the individuals to actually implement those actions. So we said to everybody, tell us which of the actions you want to work on with us. Partner with us and we'll do it together.”

“We managed to convince everyone that if we work together, we will get further than if we all disagree with each other. So, there is a high degree of consensus around what we should be doing and how we should be helping each other to do it.”

“The partnership model is absolutely key, so we would never do anything that does not align with key partner priorities. And we're a connector, facilitator.”

“Our enabling factors, mainly we work together. I think that's the point. We work together with collaboration because we have very limited resources.”

Partnerships have taken both formal and informal forms, ranging from service level agreements and memoranda of understanding to arrangements driven by committed partners who recognise the value of collaboration. Interviewees repeatedly identified collaboration as a cornerstone of cancer plan implementation, ensuring that policymakers, healthcare providers, researchers, community organisations, and people with lived experience contribute their unique expertise and perspectives. Through technical working groups, advisory committees, and on-the-ground implementation teams, these stakeholders align resources, address gaps, and create a more comprehensive, equitable, and effective approach.

Interview participants also described the range of actors involved in NCCP implementation. Government bodies, Ministries of Health, and dedicated cancer agencies were most frequently mentioned, alongside regional and provincial authorities. Civil society organisations featured prominently across all countries, contributing through awareness campaigns, health literacy initiatives, service delivery, fundraising, and accountability. Respondents stressed the importance of these organisations, particularly patient groups, in amplifying patient voices and ensuring their active role in shaping and delivering cancer control strategies:

“Civil society? Absolutely.”

“So civil society organisations and the NGOs, you know, if it's not for them, we wouldn't be kept on our toes. We have a very, very active cancer, civil society and NGO group (...) and we appreciate them because had it not been for them, (...) sometimes we tend to lag, but working with them, we are also quite, I want to say we quite appreciative of the role that civil society and NGO plays because they also support us in terms of raising awareness within communities. Remember us as government, we aren't able to go out into every community and raise awareness and speak to communities about the importance of early detection.”

Another widely referenced strategy was convening, which included large-scale annual cancer control forums as well as smaller, more frequent meetings with stakeholders directly involved in implementation. Respondents stressed that the value of these gatherings lies not only in

bringing diverse stakeholders together but also in their consistency. Regular meetings and ongoing communication provide a shared space for monitoring progress, addressing emerging challenges, and maintaining momentum. This approach builds trust among partners, ensures alignment with the overall cancer plan, and fosters accountability.

“Convening and collaborating is our secret sauce that it's not secret at all. That is, that is what we bring, the value that we bring to a fragmented healthcare system.”

“So in addition to funding specific projects with specific partners, we also ensure we convene and catalyse.”

“We remain very, very close to them and have a have regular meetings and talk about.”

“We have a technical meeting quite frequently to look into the issues of implementation.”

“I think we just got into very good habits during that period and you know we now so in addition to that quarterly form meeting we also do monthly meetings in between those quarterly meetings with the cancer charities.”

The emphasis on convening and regular engagement highlighted by respondents mirrors the broader national approach to cancer control in Canada. At the heart of this approach is the Canadian Partnership Against Cancer (CPAC), which operationalises these practices by serving as the primary convener and steward at a pan-Canadian level. Building on the principles of collaboration and consistency described above, CPAC provides the structure and resources needed to scale these efforts, ensuring that stakeholder engagement and shared learning are embedded across provinces and territories.

CPAC plays a pivotal role as Canada's national convener and coordinating body for cancer control across national, provincial, and territorial levels. Its mandate is to unite a broad range of stakeholders, align diverse interests and resources towards common goals and drive progress on the shared priorities outlined in the Canadian Strategy for Cancer Control. It brings together people and organisations to share evidence, exchange best practices, and identify opportunities for collective action, including convening pan-Canadian screening networks for lung, breast, colorectal, and cervical cancers. By providing funding, resources, data such as the OncoSim microsimulation model, and tailored support, CPAC accelerates the implementation of evidence-based policies and innovative care models. A strong focus on equity and reconciliation underpins this work, with a focus on collaborating with First Nations, Inuit, and Métis partners and equity-deserving populations to develop culturally relevant initiatives and improve equitable access to high-quality cancer care.

Promotion of equity and patient centricity

Equity is a cornerstone of effective national cancer control implementation, as disparities in access, outcomes, and quality of care persist across populations. Many of the NCCPs reviewed prioritise equity as a cross-cutting theme, with specific objectives aimed at addressing the needs and priorities of vulnerable populations. Addressing equity concerns ensures that cancer strategies do not merely improve overall statistics but actively reduce gaps affecting marginalised and underserved groups. This involves recognising social determinants of health, cultural contexts, and systemic barriers that limit access to prevention, early detection, and treatment. Incorporating equity into planning means prioritising inclusive engagement, tailoring interventions to meet the needs of diverse communities, and allocating resources where they are most needed. By embedding equity principles throughout implementation, national cancer control programmes can deliver fairer, more culturally responsive care and ultimately achieve better health outcomes for all.

The involvement of people with lived experience of disease as equal partners in shaping health policy, research, and healthcare practice has gained recognition in recent years, and respondents repeatedly highlighted its importance during interviews. However, only two cancer plans explicitly referenced people with lived experience, revealing a clear gap between policy and practice. With the *World Health Organization's 2023 framework on the meaningful engagement of people living with non-communicable diseases (NCDs), mental health, and neurological conditions* gaining traction, future national cancer control plans have an opportunity to embed this principle systematically. Ensuring the participation of individuals with lived experience is vital to advancing equitable, person-centred, and rights-based approaches to improving health outcomes.

Patient centricity is fundamental to the successful implementation of national cancer control plans, as it ensures strategies are designed around the needs, preferences, and experiences of those directly affected by cancer. Placing patients at the centre of planning and delivery means engaging them meaningfully in decision-making processes, from policy development to service design. This approach prioritises personalised care, clear communication, and respect for cultural and individual values, leading to interventions that are not only clinically effective but also acceptable and accessible. By incorporating patient voices and lived experiences, NCCPs can improve treatment adherence, enhance satisfaction, and ultimately achieve better health outcomes. As one respondent noted:

“We (...) ensure that the patients are directly involved in the development of everything that we're doing.”

The WHO framework on meaningful engagement offers a robust foundation for involving people with lived experience in health policy and programme design. Centred on inclusivity, transparency, and shared decision-making, it emphasises that engagement must go beyond tokenistic consultation to ensure genuine influence on outcomes. It advocates creating safe spaces, building capacity, and embedding participation throughout the policy cycle, from planning and implementation to monitoring and evaluation. Applied to cancer control, this approach ensures that individuals affected by cancer contribute their insights to shape strategies, improve relevance, and enhance equity. By adopting WHO's framework, national cancer control plans can operationalise patient and survivor voices, making engagement systematic, impactful, and sustainable.



[Case study: Co-designing lung cancer screening services in New Zealand](#)

Lung cancer is the leading cause of cancer deaths in New Zealand and disproportionately affects Māori, contributing significantly to the more than seven-year life expectancy gap between Māori and non-Māori. This disparity stems from multiple factors, including the intergenerational impact of colonisation, targeted tobacco marketing, systemic racism, and an outdated healthcare system that fails to meet the needs of Māori families.

Recognising these inequities, a lung cancer screening service was co-designed with Māori communities to ensure cultural relevance and effectiveness. Responding to community demand, Te Kohāo Health, a grassroots Māori healthcare organisation, led a lung health day, engaging 153 individuals in comprehensive assessments including risk scoring, spirometry, low-dose CT scans, and clinical consultations. Screening took place in communal meeting houses rather than clinical settings, creating a safe and familiar environment. Cultural practices were integrated into the process: kaumatua (elders) blessed the machines and participants, healing plants and running water were introduced into radiology clinics, and music, food, and family presence transformed the experience. This culturally grounded approach resulted in exceptionally high participation rates, contrasting sharply with the low attendance seen in mainstream services.

This case demonstrates that co-design is more than consultation, it redistributes power, respects cultural identity, and fosters community ownership. By embedding lived experience into service design, health systems can address inequities and deliver care that is inclusive, effective, and trusted.

Prioritisation

Prioritisation is essential in cancer control planning because it is rarely feasible to implement every component of a comprehensive plan simultaneously. By selecting and scheduling priorities over time, programmes can concentrate resources and efforts on the most critical areas or those that are easier to implement given existing conditions, such as strong political will, current momentum, available infrastructure, or synergies with other health initiatives. This strategic focus ensures that progress is both achievable and sustainable, laying the groundwork for broader implementation in the future.

Prioritisation is vital to ensure that NCCPs focus on the most pressing cancer control issues identified through contextual analysis. Linking content to implementation means aligning strategies with the country's specific burden and health system capacity. Croatia offers a strong example: facing one of Europe's highest lung cancer rates, it launched the EU's first national lung cancer screening programme in 2020, targeting high-risk smokers aged 50–75 with low-dose CT scans.¹⁸ Integrated into its NCCP, the programme has exceeded early screening targets, shifted diagnoses to earlier, more treatable stages, and aims to reduce mortality by 20% by 2030. Supported by nationwide digital systems, specialised centres, and multidisciplinary care, Croatia demonstrates how prioritisation based on local needs can drive impactful, evidence-based interventions and serve as a model for other countries.

¹⁸ Samaržija M, Krpina K, Marušić A, et al. Design of the first national lung cancer screening program in the European Union: the Croatian model. *Eur Radiol.* 2025. doi:10.1007/s00330-025-12185-w.

Another strong example of successful prioritisation over time comes from South Korea, which has implemented four successive cancer control plans over the past 25 years. Over these phases, National Cancer Control Plans focused on six key areas: surveillance, early detection, diagnosis and survivorship, palliative care, infrastructure, and research.¹⁹ This structured approach enabled major advances, beginning with a robust cancer registration system to inform policy and expanding the National Cancer Screening Programme (launched in 2002) to include lung cancer alongside gastric, liver, colorectal, breast, and cervical cancers. This expansion significantly reduced late-stage diagnoses, improving treatment outcomes and survival rates.

The South Korean NCCP also strengthened patient-centred care by introducing cost-cutting measures for low-income patients, comprehensive survivorship support, and systems for managing treatment side effects and relapse prevention. Palliative care capacity grew through specialised institutions and diversified delivery models, while infrastructure improvements included establishing a National Cancer Data Centre to complement regional cancer centres. Research and development received sustained investment, with annual expenditure increasing by 13.7% and more than 2,400 cancer-related patents registered.

Another critical aspect of prioritisation is that it should be data-driven. The South Korean experience demonstrates how regular evaluation using national-level data ensured accountability and guided policy adjustments.²⁰ These sustained priorities have not only increased survival rates but also broadened the scope of cancer control, covering more cancer types, reaching wider populations, and addressing the full cancer journey from prevention and early diagnosis to palliative care and survivorship.

South Korea's fourth NCCP (2021–2025) exemplifies this data-driven approach. With the vision of “A Healthy Country with No Concerns about Cancer Anywhere at Any Time,” the plan prioritises building and disseminating high-quality cancer data to guide decision-making and reduce preventable cases. Central to this strategy is the activation of cancer big data platforms, integration of population-based registries, and advanced analytics to inform prevention, screening, treatment, and survivorship programmes. The plan also aims to close gaps in cancer control through balanced resource allocation and evidence-based interventions, ensuring policies remain responsive to demographic changes and emerging health challenges. By embedding robust data systems into its framework, Korea demonstrates how leveraging data can drive precision, accountability, and equity in national cancer control efforts.

Aligning NCCPs with international guidelines is critical to ensure evidence-based interventions and accelerate progress towards global targets. For example, adopting WHO-recommended strategies such as HPV DNA testing for cervical cancer screening can significantly improve detection rates and reduce disease burden. A success story comes from Australia²¹, which has focused on a clear pathway to eliminate cervical cancer by adopting the core pillars of the WHO global strategy of HPV vaccination, screening, and treatment, but tailoring them for the Australian context with specific, strengthened targets, broader inclusivity (including boys and diverse groups), and a commitment to equitable outcomes, aiming for elimination by 2035.

¹⁹ Union for International Cancer Control. Case study: South Korea's national cancer control. 2020. Available from: <https://www.uicc.org/resources/case-study-south-koreas-national-cancer-control>.

²⁰ Han KT, Jun JK, Im JS. National Cancer Control Plan of Korea: Current Status and the Fourth Plan (2021–2025). *J Prev Med Public Health*. 2023;56(3):205–211. doi:10.3961/jpmph.23.115.

²¹ Australian Government, Australian Centre for the Prevention of Cervical Cancer. *National Strategy for the Elimination of Cervical Cancer in Australia*. 2023. Available from: <https://www.health.gov.au/resources/publications/national-strategy-for-the-elimination-of-cervical-cancer-in-australia>.

This integrated approach, grounded in global best practice, has positioned Australia to become one of the first countries to eliminate cervical cancer as a public health problem. Although in the Australian example the strategy is a standalone document, many countries would benefit from linking their NCCPs to such international standards as it not only ensures consistency and quality but also enables countries to benchmark progress and mobilise global support.

Canada has adopted a similar, forward-looking approach to cervical cancer elimination by 2040. This commitment is articulated through the Action Plan for the Elimination of Cervical Cancer in Canada, 2020–2030, developed by the Canadian Partnership Against Cancer through extensive engagement and collaboration with partners across the country. The Action Plan is closely aligned with the Canadian Strategy for Cancer Control, 2019–2029, ensuring that prevention, HPV immunisation, HPV primary screening, and equitable access to services are embedded within a unified national effort to accelerate progress toward elimination.

Many countries prioritise cancer prevention and early detection as a way to reduce health-care costs by tackling important risk factors like air pollution, tobacco use, harmful alcohol consumption, unhealthy diets, physical inactivity, and exposure to occupational or environmental carcinogens.

However, for prevention measures known to be effective, such as taxation, the commercial determinants of health and tactics by health harming industries such as the tobacco and alcohol industries weaken legislation and push back on policies to reduce marketing and consumption of health harming products. As mentioned earlier, stakeholder engagement is very powerful in counteracting these policy pushbacks and addressing the commercial determinants of health, particularly the engagement of civil society organisations. However, due diligence must be carried out to ensure that organisations are not acting as front groups for industry.

Governance and stewardship

Governance is a fundamental element in the development and implementation of NCCPs.²² The World Health Organization defines health systems governance as the institutions, structures and processes that guide and regulate a country's healthcare system.²³ More broadly, governance theory examines how diverse actors collaborate to achieve shared objectives.

In practice, governance encompasses decision-making frameworks that involve multiple stakeholders in shaping and delivering public policy. This includes formal institutions such as government bodies, as well as informal networks and partnerships with non-governmental organisations, private entities and civil society. These interactions influence policy formulation, execution and evaluation, and governance is recognised as a dynamic process shaped by historical, social, economic and political contexts.

Evidence shows that countries with strong governance arrangements achieve better cancer outcomes. Effective governance ensures accountability, transparency and efficient resource allocation in cancer control strategies. It also promotes coordination, clarifies roles and responsibilities among stakeholders, and strengthens the capacity to respond to emerging

²² Perin, D.M.P, Cira, M.K., Dlamini, X, et al. Exploring elements of governance in the development and implementation of national cancer control plans. *J. Cancer Policy* 2026, 48, doi:10.1016/j.jcpc.2026.100732.

²³ World Health Organization. Health systems governance. Available from: <https://www.who.int/health-topics/health-systems-governance>.

challenges. Robust governance systems are therefore essential for sustainable improvements in health outcomes.²⁴

The respondents interviewed for the project all highlighted the role of governance, stewardship and multistakeholder engagement in NCCP implementation. In federated systems, many implementation efforts are carried out at the provincial or state level; however, effective stewardship, guidance and coordination at the national level remain essential. Stewardship, defined by the WHO as “the careful and responsible management of the well-being of the population”²⁵ is a core element of governance because it provides the leadership and coordination necessary to turn policy frameworks into effective action. Stewardship serves as a critical catalyst for action in the implementation of national cancer control plans. It provides the overarching leadership and accountability needed to translate strategic plans into tangible outcomes. By setting direction, fostering collaboration among stakeholders and ensuring alignment between national and sub-national efforts, stewardship drives coherence and momentum.

The respondents underlined that an overarching national plan provides the strategic framework within which state or regional plans should align, ensuring coherence and consistency across jurisdictions. It is the responsibility of the national steward (e.g. designated individual, committee or organization) to disseminate this plan and collaborate closely with state or regional committees and organisations tasked with local implementation.

At the same time, provinces and other sub-national levels require sufficient flexibility to adapt implementation to local contexts. The establishment of common reporting frameworks and shared measurement practices can help minimise duplication of efforts and enhance coherence across jurisdictions.

This was also mentioned as an enabling factor alongside having strong leadership support with the Ministries of Health mandating implementation as well as having a dedicated cancer agency or national programme in charge of NCCP implementation.

“We’re probably biased in terms of the benefit of having a dedicated programme within the health service, but you know again I think in terms of you know cross cutting area like different disciplines, (...) the fact that cancer care and the cancer pathway is so broad that having a programme that that focuses en masse, as opposed to having it divvied out in the different areas of the health service, I think that’s been, (...) an enabler.”

Respondents referenced existence of a Steering Committee and technical working groups in all countries, as well as committed and dedicated staff, both at national and regional levels.

Accountability

Monitoring and evaluation

Monitoring and evaluation (M&E) are essential for determining the efficiency, effectiveness and impact of health programmes. Monitoring is the ongoing collection and analysis of data to track progress against defined objectives and indicators. It focuses on daily activities and outputs, ensuring implementation stays on course and highlighting issues as they arise. Evaluation, by contrast, is a periodic, systematic assessment of an intervention’s relevance,

²⁴ Nolte E, Morris M, Landon S, et al. Exploring the link between cancer policies and cancer survival: a comparison of International Cancer Benchmarking Partnership countries. *Lancet Oncol.* 2022;23:e502–e514. doi:10.1016/S1470-2045(22)00450-8.

²⁵ World Health Organization. *The World Health Report 2000: Health systems: improving performance.* Geneva: WHO; 2000. Available from: <https://www.who.int/publications/i/item/924156198X>.

effectiveness, efficiency, impact and sustainability. Conducted at key stages, such as mid-term or completion, it examines whether objectives were met and why. Evaluations provide evidence of value, inform future decisions and strengthen accountability to stakeholders.

A robust monitoring and implementation framework is essential for the successful delivery of a national cancer control plan. Such a framework provides clear mechanisms to track progress, measure performance against defined objectives and ensure accountability at every level. It enables timely identification of gaps and challenges, supports evidence-based decision-making and fosters transparency in resource allocation. By linking monitoring processes with implementation milestones, the framework ensures that actions remain aligned with national priorities while allowing for course corrections as needed. Ultimately, it strengthens coordination across stakeholders and promotes sustained progress in cancer control.

In terms of monitoring and evaluation, all respondents acknowledged the importance of monitoring and evaluation of the NCCP implementation in their respective settings. Respondents from countries with a federal structure mentioned the importance of data frameworks and shared indicators applicable across their territory; others mentioned providing support to the provinces in monitoring and evaluation processes such as standardised reporting templates as well as the importance of regular reporting from regions and decentralisation of data collection. The importance of the role of civil society efforts in monitoring and evaluation and holding implementation to account was called out by respondents from most countries.

Efficiency

Efficiency in cancer control is increasingly recognised as essential for delivering timely, coordinated and patient-centred care. All.Can's work emphasises that efficiency is not simply about reducing costs, but about ensuring that every step of the cancer pathway delivers maximum value to patients. This includes assessing the timeliness of care, reducing unnecessary delays, and ensuring that pathways are well-designed, predictable and accessible for all patients. By focusing on how quickly individuals move from screening to diagnosis to treatment, health systems can identify gaps that undermine outcomes and patient experience.

A core part of efficiency involves using indicators that evaluate the quality and effectiveness of clinical care. These include adherence to evidence-based guidelines, appropriate use of recommended therapies, participation in screening programmes and reductions in avoidable waiting times across the care continuum. All.Can highlights that these markers help identify where inefficiencies exist, such as unwarranted variations in practice or delays in receiving standard-of-care treatments, and provide a roadmap for targeted improvement. Equally important are patient-reported outcomes, including symptom burden, psychological distress and overall well-being, which offer insights that traditional clinical measures alone cannot capture. By integrating these patient-centred indicators, systems can better understand whether care truly meets patient needs.

All.Can also stresses that achieving efficiency requires robust, high-quality data systems capable of linking cancer-specific information with broader health-system data. Such integrated datasets are vital for guiding clinical and policy decision-making, monitoring the performance of national cancer control programmes and driving ongoing quality improvement. High-quality data allow health systems to track outcomes over time, identify

disparities, evaluate the impact of interventions and ensure accountability within cancer control efforts. As All.Can notes, reliable data infrastructure is a prerequisite for building sustainable, modern cancer systems that continuously learn and adapt.

Public-facing communication

Another important aspect of accountability is public-facing communication as it fosters transparency, builds trust and reinforces the concept of shared accountability. By clearly articulating goals, progress and responsibilities to the public, governments and stakeholders create a sense of collective ownership over cancer control efforts. This approach encourages engagement from communities, healthcare providers and civil society, ensuring that implementation is not seen as the sole responsibility of health authorities. Australia's plan exemplifies this principle by framing cancer control as a national endeavour that requires collaboration across sectors and active participation from the public. Effective communication strengthens confidence, promotes equity and helps sustain momentum for long-term success.

Financing flows

Financing flows are a foundational enabler of successful NCCP implementation. While NCCPs set the strategic vision for improving cancer outcomes, their feasibility depends on whether the required financial resources can be mobilised, allocated and tracked effectively. Applying a financing lens makes clear that strong cancer control systems rely not only on well-defined priorities but also on the ability to plan budgets upstream, direct resources downstream to service delivery, and monitor how funds flow through the system. Without these elements, even the most ambitious NCCP risks becoming aspirational rather than actionable.

Upstream financing

Upstream activities, including governance, planning and data systems, are where financing flows begin enabling the NCCP. Here, health financing plays a critical role in forecasting future needs, using disease burden projections and system data to estimate the human, technical and financial resources required. When budgeting cycles are aligned with these projections, governments are better positioned to secure the funds needed for cancer priorities. However, many NCCPs do not articulate their financing requirements, which limits their ability to attract political attention or mobilise new resources. Only a minority of countries have included cost estimates in their plans, and interviews revealed that the absence of multiyear, ringfenced funding remains a major barrier to implementation. This uncertainty affects all income settings, although the impact is particularly acute in middle-income countries, where cancer must compete with other health priorities for constrained budgets.

Downstream financing

Downstream financing determines how resources are organised and used to deliver cancer care along the continuum of early detection, screening, treatment, rehabilitation and palliative care. NCCPs generally set detailed vision for improving each of these components, but few plans explicitly consider how financing arrangements influence their delivery. Systems with a single payer tend to have stronger purchasing levers and clearer alignment between financing and service delivery, while mixed systems often struggle with imbalances in

resource allocation, especially between prevention and treatment. When financing flows are not clearly linked to NCCP priorities, inefficiencies persist, such as unequal access to timely referrals, variation in treatment coverage and fragmented investment across the pathway. Effective downstream resource tracking is therefore essential: it enables policymakers to identify gaps, assess value for money and ensure funds reach the services and populations most in need.

Financing to support equity and other priorities

For many countries, equity is a crosscutting NCCP priority, and financing flows are a critical enabler. Plans that prioritise Indigenous or underserved populations often require additional targeted investment. In several cases, the explicit inclusion of equity objectives in NCCPs helped mobilise significant new funding. However, most plans did not include analysis of the underlying financing arrangements that create inequities, such as inconsistent coverage of cancer medicines, misaligned payment mechanisms or allocation formulas that do not reflect population needs. Strengthening NCCPs with financing considerations can help countries optimise resource flows to address disparities and expand high value services.

Across all countries reviewed, the degree to which financing considerations were embedded in the NCCP strongly influenced the plan's implementability. NCCPs can serve as powerful instruments for securing budget commitments, setting expectations for resource allocation and holding governments accountable. To fulfil this role, financing flows must be treated not as an afterthought, but as a core enabler from upstream planning to downstream service delivery. Including explicit costing, multi-year budgeting, and mechanisms to track resources through the system would significantly strengthen NCCPs and improve the likelihood that their goals translate into measurable improvements in cancer outcomes.

Strong political will and support

Strong political will is fundamental to the successful implementation of NCCPs. It ensures sustained commitment, adequate resource allocation, and prioritisation of cancer control within national health agendas. Without high-level support, even well-designed plans risk stagnation due to competing priorities and limited funding. Political leadership drives policy coherence, mobilises stakeholders, and fosters accountability, creating an enabling environment for effective governance and long-term impact in reducing the cancer burden.

During the interviews, five out of seven respondents raised the importance of political and legal support for cancer plans, the role of established mandates and government support for plan implementation as well as a long history of cancer control planning. The fact that an NCCP should be an apolitical strategy that would not be heavily influenced by changes in government, was also referred to in the interviews. National Cancer Control Plans designed as apolitical, evidence-based frameworks can endure beyond electoral cycles and changes in government. Cancer control is a long-term public health priority, and frequent policy shifts can jeopardise continuity, resource allocation, and implementation progress. Embedding NCCPs within stable governance structures and health systems planning, helps to safeguard consistent action against cancer regardless of political transitions.

Integrating NCCPs into national health legislation or formal policy instruments is a strategy to guarantee continuity and protect cancer control efforts from political fluctuations. When an NCCP is embedded within a legal framework, such as a national health law, cancer control act, or a government-approved policy, it becomes a mandated component of the health

system rather than an optional programme. This legal status ensures that funding allocations, implementation responsibilities, and reporting requirements are institutionalised, making it harder for future administrations to deprioritise or dismantle the plan.



Case study: Philippines' National Integrated Cancer Control Act (NICCA)

The Philippines provides a strong example of legal anchoring through the enactment of the National Integrated Cancer Control Act (Republic Act No. 11215) in 2019. NICCA institutionalised a comprehensive cancer control programme, addressing prevention, early detection, diagnosis, treatment, palliative care, and survivorship. The NICCA marked a major milestone in improving cancer care in the Philippines. It enhanced access to cancer centres, created a multi-sectoral council for policy-making and coordination, and introduced financial support mechanisms. NICCA established the Cancer Assistance Fund to help cover treatment costs and launched the Cancer and Supportive-Palliative Medicines Access Programme, which now provides free medicines at 35 access sites nationwide, offering 61 drugs for the most common cancers. In addition, the legislation supports the development of Cancer Specialty Centres under the Philippine Health Facility Development Plan to deliver comprehensive cancer care, while primary care facilities focus on prevention, screening, and early detection.

Flexibility

Flexibility is another essential factor for the successful implementation of NCCPs, allowing countries to adapt to evolving circumstances and emerging challenges. The COVID-19 pandemic highlighted the need for health systems to pivot rapidly, integrate new approaches, and maintain continuity of care under unprecedented conditions. NCCPs should therefore incorporate mechanisms to bring innovation into both planning and implementation. Importantly, funding for innovation should be embedded within the plan to ensure resources are available for piloting and scaling new strategies. By embracing flexibility and innovation, NCCPs can remain resilient, responsive, and effective in a dynamic health landscape.

In addition to strategic flexibility, financial flexibility at provincial or regional levels is critical for effective NCCP implementation. Several respondents highlighted the importance of decentralisation, allowing regional actors to manage allocated funding, make staffing decisions, and set priorities within their own implementation plans. In some countries, regions receive restricted funding tied to overarching national priorities, but a degree of independence is maintained to adapt to local circumstances. This often includes indicative percentage allocations within funding to reflect the relative importance of different national objectives while preserving room for local adaptation. Such financial flexibility ensures that NCCPs are not only nationally coherent but also locally relevant and responsive.

4. Discussion

This study set out to examine what enables or hinders the effective implementation of National Cancer Control Plans (NCCPs) in high- and upper-middle income countries with mature cancer strategies. Our findings reinforce that while NCCPs provide a strategic vision, their impact is ultimately determined by the realities of policy, financing, and political context. The persistent challenge of attributing improved outcomes directly to NCCPs is well recognised in the literature, yet initiatives such as Australia's near-elimination of cervical cancer demonstrate that well-designed, consistently implemented strategies can drive transformative change.

A key implication of our research is the centrality of context: successful implementation depends on tailoring plans to the health system's structure, financing mechanisms, and sociopolitical environment. This echoes previous work emphasising the need for contextual analysis and adaptive governance. Our results also highlight the indispensable role of partnerships and consensus-building, with national conveners like CPAC in Canada providing a model for sustained, multisectoral collaboration.

Equity and patient centricity emerged as both aspirations and ongoing challenges. While most NCCPs now reference equity, the gap between policy and practice remains, particularly regarding the meaningful engagement of people with lived experience. The New Zealand case study illustrates the potential of co-design to address disparities, but also underscores the need for systematic approaches to inclusion.

Our analysis suggests that prioritisation, robust governance, and accountability mechanisms, especially monitoring and evaluation, are essential for translating plans into action. However, the lack of explicit costing and sustainable financing in many NCCPs continues to undermine implementation, a limitation echoed in prior reviews. Embedding NCCPs in legislation, as in the Philippines, can help insulate cancer control from political cycles and secure long-term commitment.

As high-level policy frameworks, NCCPs may set the vision, yet implementation is often subject to shifting policy, financing, and political dynamics that positively or negatively influence the overall success of the plan, as the experiences documented in this study show. National Cancer Control Plans are critically important for reducing the global cancer burden, and the findings from this study can be used to improve and enhance NCCP design, planning, resource mobilisation efforts, and implementation monitoring. Cancer planners and advocates can use the lessons collected in this report to inform strategies for addressing current and future NCCP implementation challenges, and to more comprehensively design monitoring platforms that allow for plan adjustment and improvement as challenges arise.

In conclusion, our findings suggest that the effectiveness of NCCPs depends not only on their technical content but on the strength of their implementation systems: context-sensitive design, inclusive partnerships, robust governance, sustainable financing, and mechanisms for accountability and adaptation. Addressing these dimensions will be critical for countries seeking to translate strategic plans into measurable improvements in cancer outcomes.

5. Limitations

Our findings are broadly consistent with previous research exploring the barriers and facilitators to NCCP development in low- and middle-income countries. Taken together, these findings reinforce the growing body of evidence supporting NCCP implementation. However, these findings should be interpreted with some caution. Our sample was limited to nine countries that met specific eligibility criteria, and seven of them participated in the key informant interviews. While this ensured relevance, it may not reflect the experiences of countries, especially the low- and lower middle-income countries, where different barriers to NCCP development may arise.

In addition, in the case of five of the seven interviews, only one representative per country was interviewed. Although participants were responsible for the overall NCCP implementation in their country, had significant expertise and institutional knowledge, this approach likely did not capture the full range of perspectives within each implementation context.

In terms of limitations of the desk research, we could only access documents that are publicly available on the websites of Ministries of Health and Finance and other document repositories.

Even with these constraints, the project contributes important insights into how NCCPs are implemented across countries with diverse geographies, populations, and health systems. It complements UICC led global reviews by adding on-the-ground perspectives from those responsible for NCCP implementation, reinforcing broader patterns while also offering context-specific detail that enriches policy research.



**Union for
International
Cancer Control**

31-33 Avenue Giuseppe Motta
1202 Geneva, Switzerland

T +41 22 809 1811
info@uicc.org

uicc.org