Monitoring and Evaluation of National Cancer Control Programme

'Experience of Sri Lanka - Process, Tools and Lessons Learned'

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National Cancer Control Programme

Ministry of Health & Mass Media

Sri Lanka

imPACT Review

Cancer Control Capacity and Needs Assessment Report

submitted to the
Ministry of Health, Nutrition and Indigenous Medicine

Sri Lanka

November 2019

World Health Organization | IAEA | International Agency for Research on Cancer | World Health Organization

WHO stepwise framework

1 PLANNING STEP 1

Where are we now?

Investigate the present state of the cancer problem, and cancer control services or programmes.

2 PLANNING STEP 2

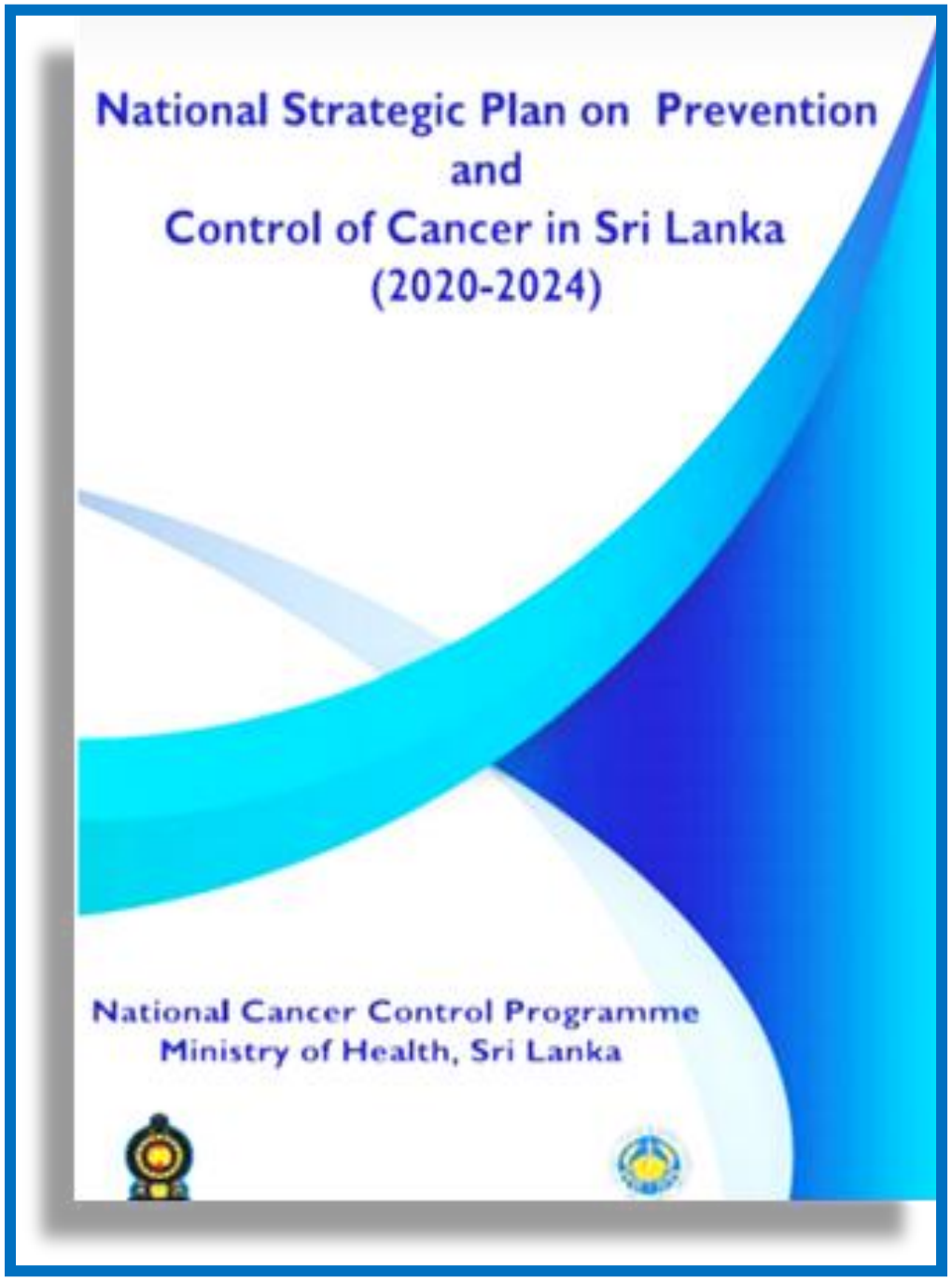
Where do we want to be?

Formulate and adopt policy. This includes defining the target population, setting goals and objectives, and deciding on priority interventions across the cancer continuum.

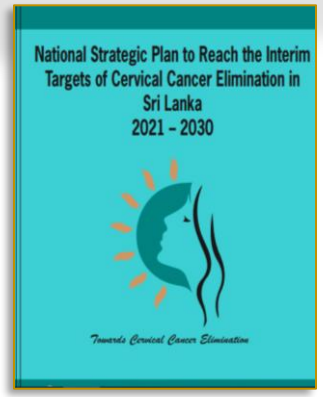
3 PLANNING STEP 3

How do we get there?

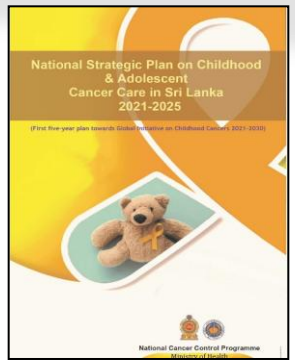
Identify the steps needed to implement the policy.

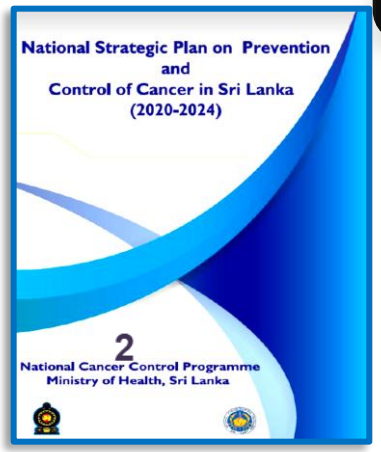

National Strategic Plan on Prevention
and
Control of Cancer in Sri Lanka
(2020-2024)
National Cancer Control Programme
Ministry of Health, Sri Lanka

1 National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination, 2021-2030



2 National Strategic Plan on Childhood & Adolescent Cancer Care, 2021-2025





National Strategic Plan on Prevention & Control of Cancers, 2020 - 2024

3 National Strategic Frame work for Palliative Care Development, 2019-2023

4 Social Behaviour Change Communication Strategy to Support Prevention & Control of Cancers in Sri Lanka

Strategy 7:
Research on Prevention & Control of Cancers

Strategy 1:
Leadership, Advocacy & Governance

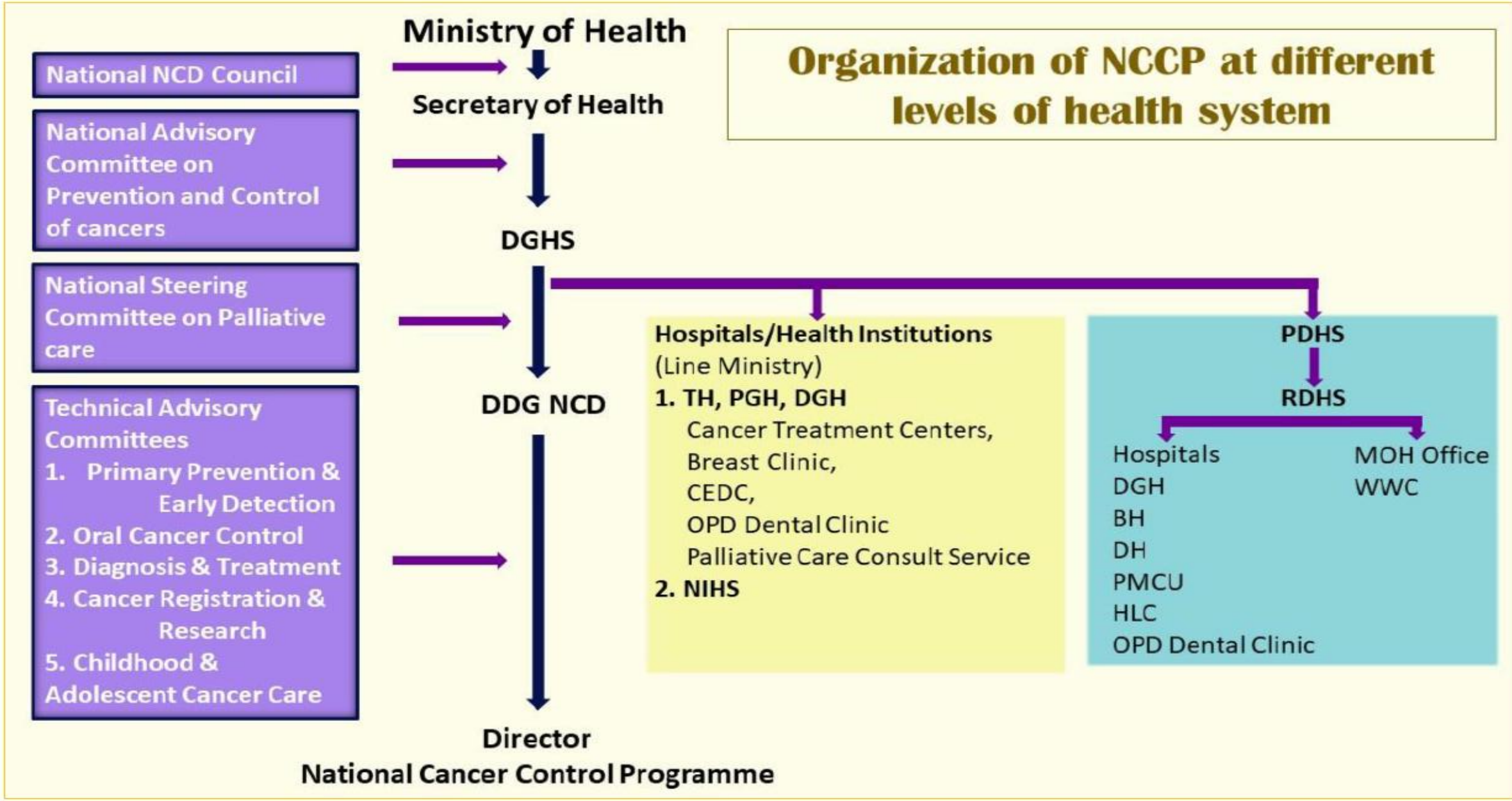
Strategy 6:
Strategic Information Management

Strategy 2:
Primary Prevention through Health Promotion

Strategy 5:
Survivorship, Rehabilitation & Palliative Care

Strategy 3:
Early Detection of Cancers

Strategy 4:
Diagnosis, Treatment & Care


Organization of NCCP at different levels of health system
Ministry of Health
Secretary of Health
National NCD Council
National Advisory Committee on Prevention and Control of cancers
National Steering Committee on Palliative care
Technical Advisory Committees
1. Primary Prevention & Early Detection
2. Oral Cancer Control
3. Diagnosis & Treatment
4. Cancer Registration & Research
5. Childhood & Adolescent Cancer Care
DGHS
DDG NCD
Director
National Cancer Control Programme
Hospitals/Health Institutions
(Line Ministry)
1. TH, PGH, DGH
Cancer Treatment Centers,
Breast Clinic,
CEDC,
OPD Dental Clinic
Palliative Care Consult Service
2. NIHS
PDHS
RDHS
Hospitals
DGH
BH
DH
PMCU
HLC
OPD Dental Clinic
MOH Office
WWC

Activity Plan for Prevention & Control of Cancer in Sri Lanka

Strategic Objective 1: High level political leadership, advocacy and governance to accelerate the national response for prevention and control of cancer with a robust integrated, coordinated multi-sectoral, multi- disciplinary national program with community engagement

Strategy 1 – Leadership, advocacy & Governance

Strategic Direction 1.1	**Providing highest political leadership to prevention and control of cancer as a national development challenge embracing a multisectoral approach**						
Major activities	**Sub activities**	**Responsibility**	**2020**	**2021**	**2022**	**2023**	**2024**
1.1.1. Harness political leadership to address prevention and control of cancer as a national development issue which needs a "whole of Government" and a "whole of society" approach	Advocate for "Health in all Policies" to ensure multi-sectoral involvement for prevention and control of cancer	SH, Additional Secretaries, DGHS, DDG-NCD, DDG-DS, DDG-PHS-1&2, D-NCCP		x			
	Prepare Financial Models for budgetary support and advocate for adequate financial allocation for National Cancer Prevention and Control Action Plan through Government budget and contributions of development partners	DGHS, Additional Secretaries, DDG-NCD, DDG-MS, DDG-LS, DDG-DS, DDG- Finance MoH, D-NCCP	x	x			
1.1.2. Advocate to include prevention & Control of cancer to be taken up as an agenda item at the National Health Council chaired by Hon Prime Minister and NCD Council chaired by Hon Minister of Health	Ensure prevention and cancer is addressed in National Health Council & NCD Council	SH, DGHS, DDG-MS, DDG-NCD, DDG- DS, D-NCCP	x	x			

Inbox (78) - nccpmohsl@gmail. | Home - Google Drive | Activity Plan for Prevention & C

docs.google.com/spreadsheets/d/1BrpLGzZBXO8sm0i8x8hghsHIaKW3VkDa/edit?gid=1252308125#gid=1252308125

Apps | YouTube | Maps | Global Cancer Obse... | Coronavirus (COVID... | Files - Dropbox | Gmail | References | CBDE:... | Adobe Acrobat | All Bookmarks

Activity Plan for Prevention & Control of Cancers in Sri Lanka 2020 - 2024 .XLSX

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	A	B	C	D	E
1					
2	**Strategic Objective 6: Strengthen cancer information systems and surveillance to provide accurate and timely data to monitor the progress and evaluate the outco**				
3	**Strategy – Strategic information & management**				
4	**Major activities**	**Sub activities**	**Responsibility**	**2020**	**2021**
5	**Strategic Direction 6.1**	**Strategic information for monitoring & evaluation of national response to cancer prevention and control in Sri Lanka**			
6	6.1.1. Establish a dedicated Strategic Information and Management Unit (SIM) at the NCCP with infrastructure and trained human resources	Establish Strategic Management Unit with a Terms of Reference (TOR)	DDG-NCD, D-NCCP	X	
7		Allocate dedicated staff and identify TOR of each member			X
8		Identify a package of infrastructure required for the SIM unit (computers, printers, pen-drives, external hard disks, dongles, tables, internet modems, furniture etc)			X
9		Provide required infrastructure			X
10	6.1.2. Develop an Electronic Management Information System (eMIS) at the NCCP to monitor and evaluate prevention & control of cancers in Sri Lanka	Conduct consultative workshops to identify variables to be monitored at each level (National, Provincial, District, Health Institution & MOH level ....) according to each technical area of cancer control including reporting indicators as per the Indicator Framework	D-NCCP, D-Information	X	X
11		Develop software package using technical expertise of a local consultant			X
12		Identify funds of developing e MIS for cancer control in coordination with Directorate of Health Information of Ministry of Health			X
13		Implementing e MIS for cancer control through - out the country in a phased out manner			X

SO1 | SO2 | SO3 | SO4 | SO5 | SO6 | SO7

Search

USD/JPY -1.21%

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Results Framework

Impact

1. 25% relative reduction of the premature mortality rate of cancers from the current level by 2025 (2015 -5.26%, Target for 2025 - 3.94%)
2. 25% increase of proportion of cancer patients who receive comprehensive palliative care services out of all cancer patients who require them by 2025.
3. 5% relative reduction of annual increase of cancer incidence rate of preventable cancers (Cervical and Oral), from the current level by 2025

Desired Outcomes

1. Strengthened national cancer control programme through leadership, advocacy & governance
2. Reduction of risk factors and determinants for cancers throughout the life-cycle.
3. Increased early detection (screening and early diagnosis) of breast, cervical and oral cancers
4. Improved diagnostic and treatment facilities for common cancers according to the levels of health care
5. Improved access & availability of survivorship, rehabilitation and palliative care facilities for patients with cancer at each level of care
6. Strengthened cancer information systems and surveillance to provide accurate and timely data for policy formulation, monitoring & evaluation of cancer control programme
7. Evidence generated for national policy and programme development

1. Strengthened National Cancer Control Programme through leadership, advocacy & governance

Level	Narrative Summary	Indicators	Means of Verification	Key Assumptions
Outcome 1	**Strengthened National Cancer Control Programme through leadership, advocacy & governance**	**Availability of a written policy on Prevention & Control of Cancers and a National Strategic Plan (NSP). Activity Plan and a M&E Plan**	**NCCP Documents on NSP**	
Output 1.1	NSP for prevention and control of cancers (2020-2024) is implemented.	Availability of a full-time team of staff led by the national cancer control programme manager at the Ministry of Health to plan, coordinate, monitor and evaluate the national response Availability of national human resources, medical devices and infrastructure plans	Annual report of NCCP	Required cadre approval, availability of human resources, availability of funds

3. Increased early detection (screening and early diagnosis) of breast, cervical and oral cancers

Level	Narrative Summary	Indicators	Means of Verification	Key Assumptions
Outcome 3	**Increased early detection (screening and early diagnosis) of breast, cervical and oral cancer**	**% of Stage 1 and 11 breast cancer among all detected breast cancers % of Stage 1 and 11 cervical cancer among all detected cervical cancers % of Stage 1 and 11 oral cancer among all detected oral cancers Percentage of precancers detected out of those screened for cervical cancer Percentage of precancers detected out of those screened for Oral cancer**	**Sri Lanka Cancer Registry (SLCR)Annual reports from FHB Oral health screening report of NCCP**	**Accurate data is sent through HBCR, PBCR, Pathology Laboratory based cancer registry to National and no duplication of data**
Output 3.1	Increased public awareness on early detection of cancer	Number of IEC (video, posters, leaflets) materials developed and distributed on signs and symptoms of common cancers, advantages of early detection, services provided for cancer	Availability of SBCC strategy	Most at risk populations, vulnerable groups and general public in urban and rural and estate sector have been reached
		% of Primary health care workers knowledge on early symptoms of common cancers including breast, cervical, oral cancer	Special Survey	
		% of adults in the age group 18-69 years aware of early symptoms of common cancers including breast, cervical and oral cancer		
		Level of community-awareness on early symptoms of breast, cervical, oral cancers and other common cancers		
Output 3.2	Increased screening facilities for early detection of pre-cancerous lesions / cancers in the community setting	Number of functioning WWCs which are catering to 15,000 population	Annual report of FHB	Effectiveness of SBCC strategy to create public awareness, improve healthcare providers knowledge and perceptions
		Percentage screened for cervical cancer among the 35 year old cohort at Well Women Clinic (WWC) (Target 80% in year 2023)	Annual report of FHB	
		Percentage screened for cervical cancer among the 45 year old cohort at WWC (Target 60% in year 2023)	Annual report of FHB	
		Percentage women underwent clinical breast examination at	Annual report of FHB	

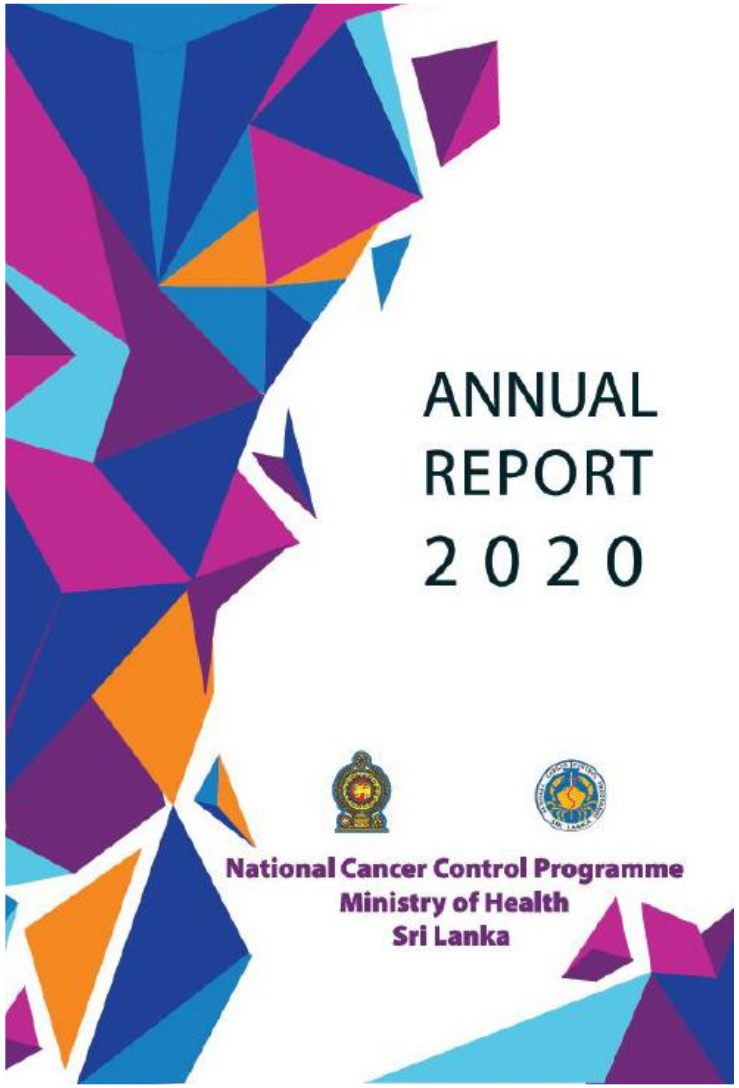
Monitoring and Evaluation Indicators for Prevention and Control of Cancers in Sri Lanka 2020 - 2024

National Cancer Control Programme

Ministry of Health

Strategic Direction 4.2.4: Ensure pathology diagnostic services are available at CoEs

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.2.4.1.	Establish flow cytometry facilities for CoE	Percentage of CoEs with flow cytometry facilities	Number of CoEs with flow cytometry facilities	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services/ Diagnosis and treatment unit	Annually
4.2.4.2.	Ensure Immuno-Histo-chemistry (IHC) facilities are available in CoE	Percentage of CoEs with Ensure Immuno-Histo-chemistry (IHC) facilities	Number of CoEs with Ensure Immuno-Histo-chemistry (IHC) facilities	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services/ Diagnosis and treatment unit	Annually
4.2.4.3.	Establish Molecular genetic testing with DNA sequencing at Apeksha and a Molecular Laboratory at Karapitiya-TH	Availability of Molecular genetic testing with DNA sequencing at Apeksha and a Molecular Laboratory at Karapitiya-TH	NA	NA	NA	100%	Facility survey / Treatment center returns	DDG/Laboratory services/ Diagnosis and treatment unit	2024
4.2.4.4.	Establish tumor marker testing at all CoEs	Percentage of CoEs with tumor marker testing	Number of CoEs with tumor marker testing	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services/ Diagnosis and treatment unit	Annually
4.2.4.4	Strengthen /establish medical devices for sentinel node mapping prior to surgical intervention	Availability of medical devices for sentinel node mapping prior to surgical intervention	NA	NA	NA			DDG/Laboratory services/ Diagnosis and treatment unit	



www.nccp.health.gov.lk

The summary of oral cancer prevention and control activities in 2021 is given below.

Basic data		
Total no. of dental clinics providing routine services; including Adolescent Dental Clinics and Community Dental Clinics*		737
Total no. of Dental Surgeons*		1048
Total no. of institutions with OMF clinics (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)		32
Total no. of OMF surgeons (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)		38
Total number of Oral Pathology Units		03
Total number of Oral Pathologists		04
Clinical services		
Total no. of visits to dental clinics*		2,092,265
No. of OPMDs detected reported at OPD dental clinics*		3,630
Percentage of type of OPMD detected	Leukoplakia	31%
	Erythroplakia	08%
	Oral sub-mucous fibrosis	34%
	Oral lichen-planus	21%
	Other	06%
No. of suspected oral malignancies detected at dental clinics		423
No. of OPMDs reported from OMF units*		4436
No. of confirmed oral malignancies reported from OMF units		1668
No. of oral malignancies reported from Oral Pathology units		675
Awareness, capacity building and active screening - excluding line-Ministry intuitions		
No. of oral cancer awareness programmes conducted for the public (other than screening)		90
No. participated		5379
No. of oral cancer in-service programmes conducted		36
No. participated		1695
No. of active OC cancer screening programmes		144
No. participated		10400
No. of OPMD patients detected		225
Percentage of type of OPMD detected	Leukoplakia	34%
	Erythroplakia	7%
	Oral sub-mucous fibrosis	46%
	Oral lichen-planus	08%
	Other	05%
No. of suspected oral malignancies patients detected		12

** From Research and Surveillance Unit, Institute of Oral Health, Maharagama*

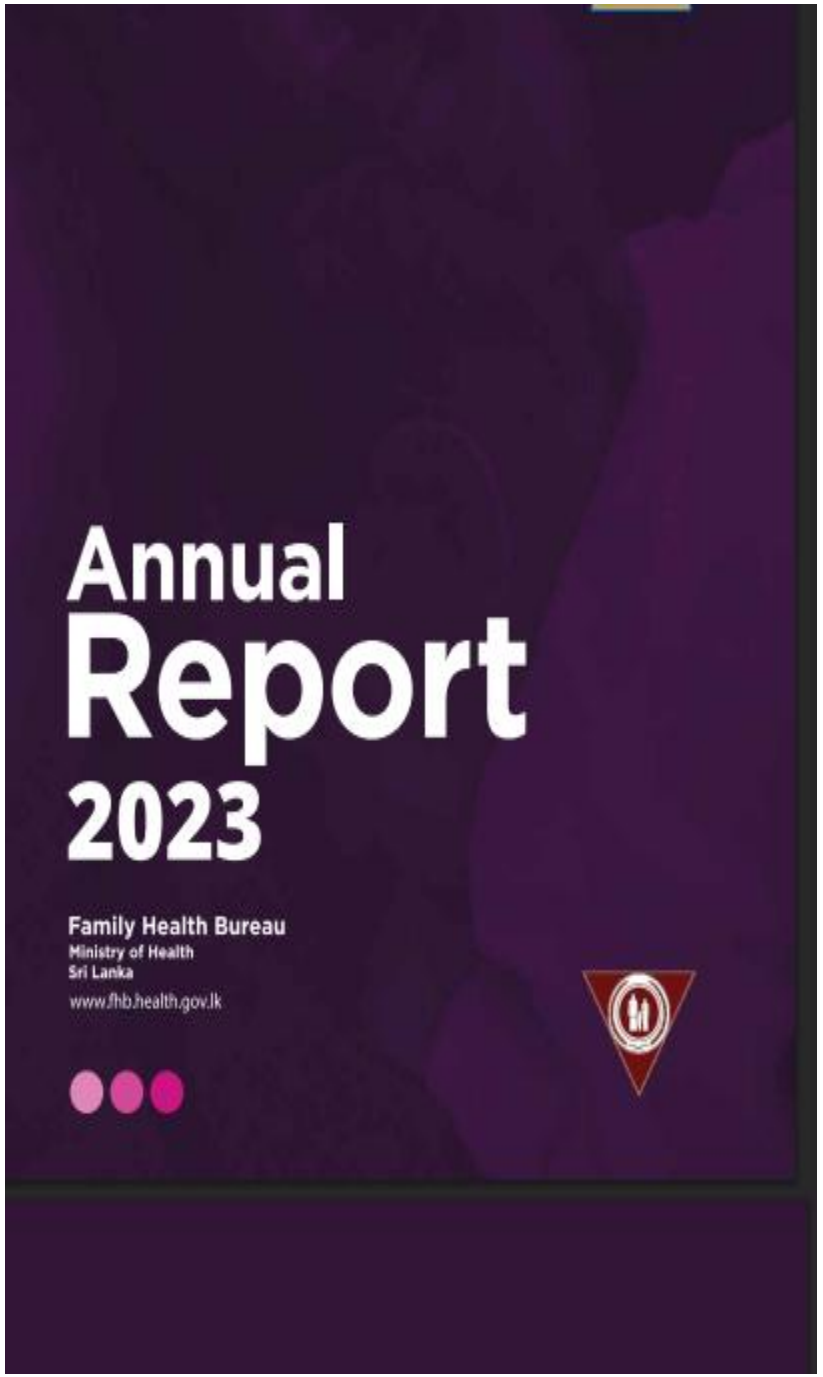


Table 3.0 Well Woman Clinic attendance by women aged 35 years and 45 years (2019-2023)

Indicator	2019	2020	2021	2022	2023
Percentage of women aged 35 years who attended the WWC	59.1	58.1	43.6	55.2	65.6
Percentage of women aged 45 years who attended the WWC	25.5	20.9	17.9	30.1	46.7

Source: FHB, eRHMIS 2023

Table 3.1 Clinic attendance (first visits) and morbidities detected (2019-2023)

Indicator	2019	2020	2021	2022	2023
Number of 35year women attending WWC clinics	129321	102,389	76,890	98,852	116,456
Cervical smears reported as high and low-grade lesions	704	347	378	565	589
Cervical smears reported as malignant (Carcinoma)	34	3	9	3	12
Breast abnormalities detected	3726	2780	1848	3762	5278
Diabetes Mellitus detected	5955	4959	5255	8837	6079
Hypertension detected	7618	6259	4912	7729	10784

Monitoring & Evaluation of Cancer Control Activities

- **Medical Officer of Health (MOH) Monthly Conference**
- **District Monthly MOH Review**
- **District Quarterly NCD Review**
- **Institutional Cancer Services Review**
- **Provincial Cancer Control Review**

- **National Review – CEDC, Breast Clinic, Oral Cancer Control, Palliative Care, Cancer Registry**

- **Team Supervision**
- **Best Practices**

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CANCER REGISTRY
1985
1986
1987
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CANCER INCIDENCE
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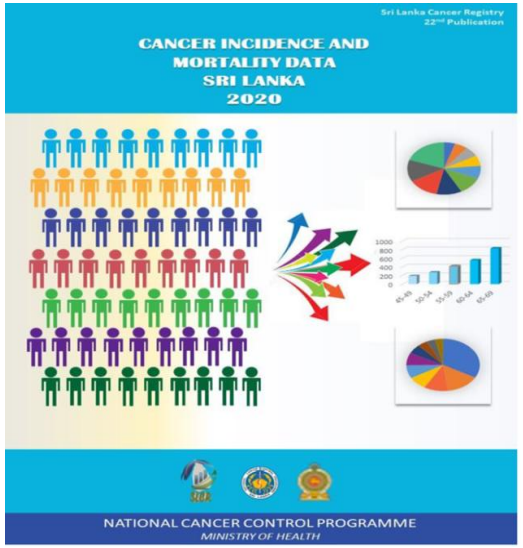
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22nd Publication
CANCER INCIDENCE AND
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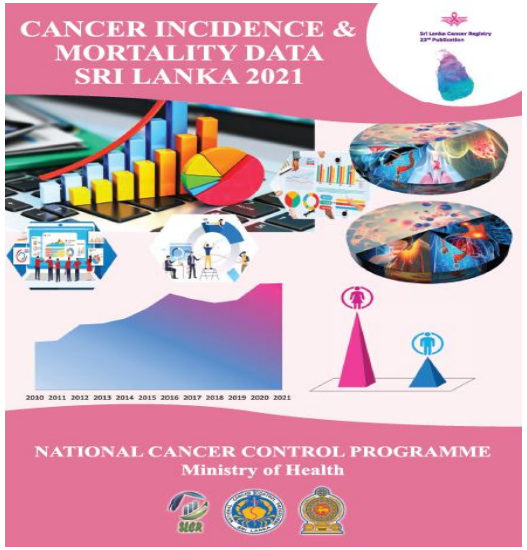
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Sri Lanka Cancer Registry
23rd Publication
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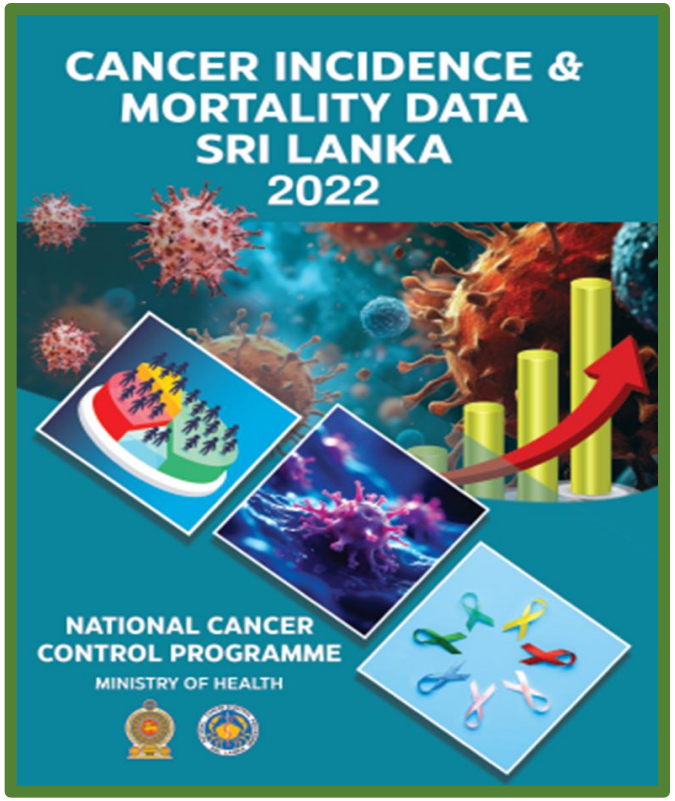
NATIONAL CANCER CONTROL PROGRAMME
Ministry of Health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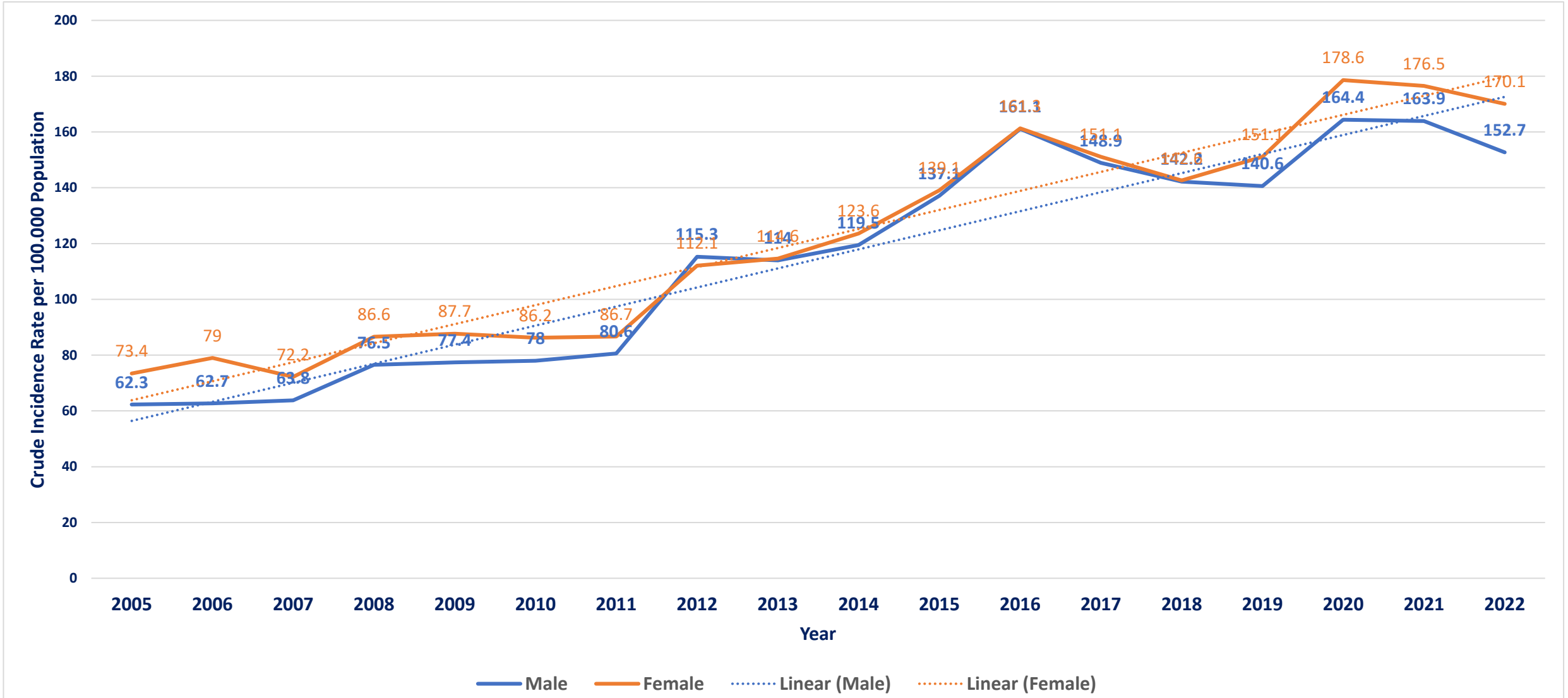
MORTALITY DATA
SRI LANKA
2022
NATIONAL CANCER
CONTROL PROGRAMME
MINISTRY OF HEALTH

Crude Incidence Rate of Cancers in Sri Lanka 2005 - 2022



Leading Cancer Sites by Sex in Sri Lanka, 2022

Male					Female				
ICD code	Site	No	CR	ASR	ICD code	Site	No	CR	ASR
C00-C06	Lip, tongue and mouth	3013	28.1	26.1	C50	Breast	5447	47.6	40.3
C18-C20	Colon and rectum	1564	14.6	13.8	C73	Thyroid	2369	20.7	18.4
C33-C34	Trachea, bronchus and lung	1381	12.9	12.3	C18-C20	Colon and rectum	1519	13.3	11
C61	Prostate	1226	11.4	11.1	C54-C55	Uterus	1238	10.8	9.2
C15	Oesophagus	1178	11.0	10.4	C53	Cervix uteri	1226	10.7	8.9
C09-C14	Pharynx	877	8.2	7.6	C56	Ovary	1112	9.7	8.4
C81-C85, C96	Lymphoma	601	5.6	5.3	C15	Oesophagus	805	7.0	5.7
C32	Larynx	600	5.6	5.3	C00-C06	Lip, tongue and mouth	792	7.0	5.7
C67	Bladder	573	5.3	5.1	C33-C34	Trachea, bronchus and lung	553	4.8	4.1
C73	Thyroid	560	5.2	4.8	C81-C85, C96	Lymphoma	428	3.7	3.3
All sites		16398	152.7	144.9	All sites		19457	170.1	145.0

Crude Mortality Date due to Cancers in Sri Lanka Year 2001 – 2022

Ref. Department of Census & Statistics , Sri Lanka

Cause of Death due to Cancers – Year 2022

(Ref. I Department of Census & Statistics)

Neoplasms C00-D48	16655	9205	7450
1-026 Malignant neoplasm of lip,oral cavity and pharynx C00 - C14	1210	953	257
1-027 Malignant neoplasm of oesophagus C15	699	445	254
1-028 Malignant neoplasm of stomach C16	404	241	163
1-029 Malignant neoplasm of colon,rectum and anus C18-C21	750	416	334
1-030 Malignant neoplasm of liver and intrahepatic bile ducts C22	1009	704	305
1-031 Malignant neoplasm of pancreas C25	249	141	108
1-032 Malignant neoplasm of larynx C32	294	228	66
1-033 Malignant neoplasm of trachea, bronchus and lung C33-C34	1574	1132	442
1-034 Malignant melanoma of skin C43	7	4	3
1-035 Malignant neoplasm of breast C50	1037	36	1001
1-036 Malignant neoplasm of cervix uteri C53	177	0	177
1-037 Malignant neoplasm of other and unspecified parts of uterus C54 - C55	341	0	341
1-038 Malignant neoplasm of ovary C56	347	0	347
1-039 Malignant neoplasm of prostate C61	310	310	0
1-040 Malignant neoplasm of bladder C67	223	178	45
1-041 Malignant neoplasm of meninges , brain and other parts of central nervous system C70 - C72	537	309	228
1-042 Non-Hodgkin s lymphoma C82-C85	255	162	93
1-043Multiple myeloma and malignant plasma cell neoplasms C90	203	99	104
1-044 Leukaemia C91-C95	608	317	291
1-045 Remainder of malignant neoplasm C17, C23-C24, C26-C31, C37-C41, C44-C49, C51-C52, C57-C60, C62-C66, C68- C69, C73-	6245	3441	2804
1-046 Remainder of neoplasms D00-D48	176	89	87

Towards ‘National Strategic Plan on Prevention and Control of Cancer 2026–2030’

- A comprehensive situation analysis including ‘imPACT Review Report on Cancer Control Capacity’
- National and Provincial-level stakeholder consultations
- Consultations with Technical Advisory Committees (TACs)
- Consultations with relevant professional colleges and other key stakeholders.

CANCER CONTROL CAPACITY AND NEEDS ASSESSMENT REPORT

SRI LANKA

imPACT Review Report

Submitted to the Ministry of Health

August 2025

IAEA

International Agency for Research on Cancer

World Health Organization

World Health Organization

WHO stepwise framework

1 PLANNING STEP 1

Where are we now?

Investigate the present state of the cancer problem, and cancer control services or programmes.

2 PLANNING STEP 2

Where do we want to be?

Formulate and adopt policy. This includes defining the target population, setting goals and objectives, and deciding on priority interventions across the cancer continuum.

3 PLANNING STEP 3

How do we get there?

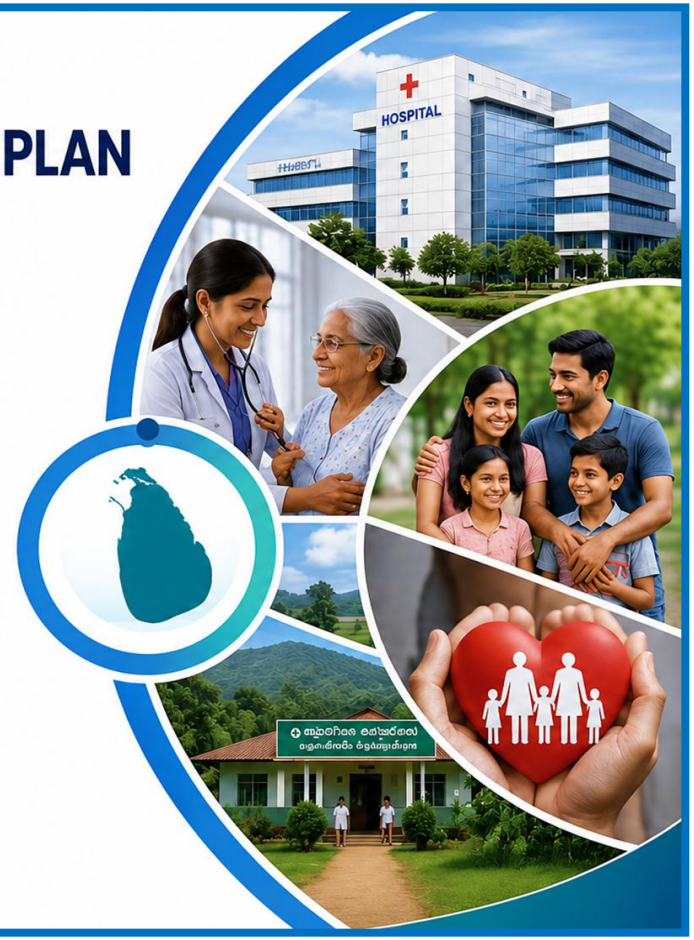
Identify the steps needed to implement the policy.

Ministry of Health
Sri Lanka

NATIONAL HEALTH STRATEGIC MASTER PLAN 2026–2035

OBJECTIVE

To ensure accessible, equitable, affordable, safe, and quality healthcare for all Sri Lankans, enabling the achievement of optimum health outcomes to support the sustainable development of the nation.



National Strategic Plan on Prevention and Control of Cancer in Sri Lanka 2026–2030

Together Towards
Lower Cancer Incidence
Through Prevention, Early Detection and Quality Care