The Kingdom of Eswatini National Cancer Control Plan

2025-2029

ESWATINI NATIONAL CANCER CONTROL UNIT

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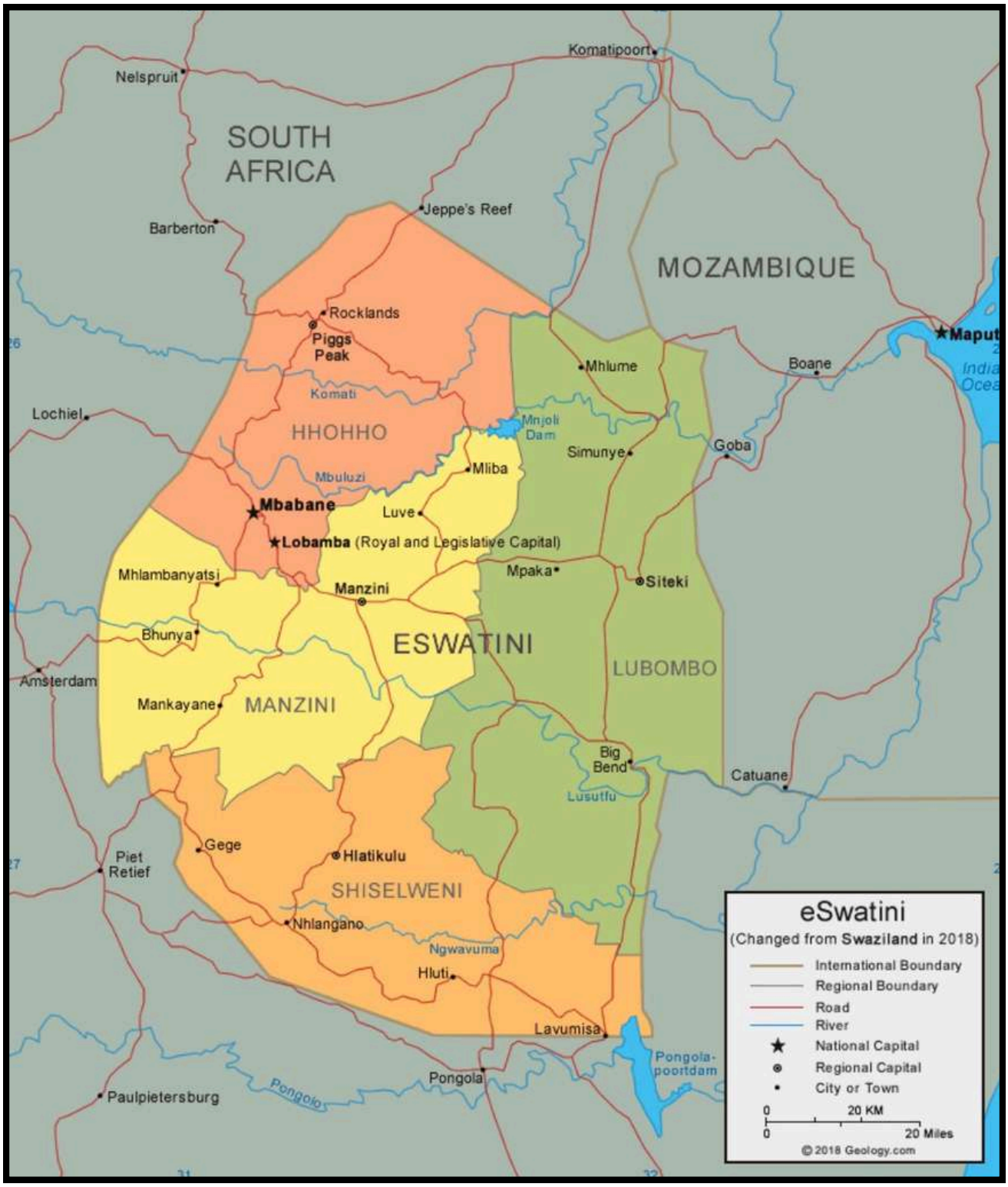


Forward

Cancer is an increasing public health challenge in Eswatini, placing a significant burden on individuals, families, communities, and the health system. In 2022, the country recorded an estimated 1,108 new cancer cases and 697 cancer-related deaths, with cervical cancer remaining the leading cancer among women and prostate cancer the most common among men. Globally, cancer remains one of the leading causes of death, accounting for an estimated 10 million deaths in 2022. These trends underscore the urgent need for coordinated and effective action to prevent cancer, detect it early, and ensure timely access to quality care.

The National Cancer Control Plan 2025-2029 provides a comprehensive framework for strengthening cancer prevention, early detection, diagnosis, treatment, palliative care, and survivorship services in Eswatini. It reflects our commitment to reducing the impact of cancer and improving the quality of life of all people affected by the disease.

This Plan builds on previous achievements and aligns with national and global commitments, including the National Health Sector Strategic Plan, the National Non-Communicable Diseases Strategy, and the World Health Organization's global initiatives on cancer control. It outlines evidence-based and cost-effective interventions across the cancer care continuum and promotes a multisectoral approach to reducing cancer incidence, mortality, morbidity, and related suffering.

The successful implementation of this Plan will require the collective efforts of government institutions, healthcare professionals, civil society organizations, development and implementing partners, the private sector, communities, and individuals. Strengthening cancer surveillance, data collection, and reporting systems will be critical to guiding decision-making, monitoring progress, and ensuring the efficient use of resources.

On behalf of the Ministry of Health, I extend my sincere appreciation to all stakeholders who contributed to the development of this National Cancer Control Plan. Their expertise, dedication, and collaboration have been invaluable in shaping this important document.

Together, we have an opportunity to transform the cancer landscape in Eswatini. By working in artnership and remaining committed to the goals and priorities outlined in this Plan, we can redu eventable cancer deaths, improve survival and quality of life, and ensure that all people in Eswat have equitable access to timely, quality cancer services.

REV. ANTHONY Y. MASILELA
ACTING PRINCIPLE SECRETARY

Acknowledgements

The development of the **National Cancer Control Plan 2025-2029** is the result of collective efforts and collaboration of a wide range of stakeholders.

The Ministry of Health extends its sincere gratitude to all individuals and organizations who contributed to the development of this important document. Special recognition is extended to the World Health Organization (WHO) and Clinton Health Access Initiative (CHAI) for its financial and technical leadership throughout the process, and to the International Atomic Energy Agency (IAEA) and the International Agency for Research on Cancer (IARC) for supporting the imPACT Review, the findings of which informed the development of this plan.

Appreciation is also extended to government institutions, non-governmental organizations (NGOs), development partners, implementing partners, including PEPFAR, and other local and international organizations whose expertise, technical support, and shared experiences contributed significantly to the formulation of this Plan.

Special appreciation is extended to the technical teams within the Ministry of Health, including public health programmes and units, whose invaluable input, expertise, and guidance were critical throughout the development process. Their contributions helped ensure alignment and integration of the National Cancer Control Plan across relevant health programmes and units.

The Ministry further recognizes the contributions of healthcare professionals from all levels of the health system for their active participation in consultative meetings and workshops. Their firsthand experience and practical knowledge of health service delivery provided critical insights that informed the development of a realistic, evidence-based, and contextually relevant Plan.

Lastly, the Ministry acknowledges the dedication and expertise of the members of the Cancer Task Force, who served as the Steering Committee throughout the development of this National Cancer Control Plan. Their leadership in coordinating activities, guiding stakeholder consultations, and overseeing the planning process was instrumental in ensuring the development of a comprehensive, evidence-based, and nationally responsive Plan.

DR. VELEPHI NHLENGETFWA OKELLO
DIRECTOR OF HEALTH SERVICES

List of Acronyms

AFCRN- African Cancer Registry Network
AI - Artificial Intelligence
CBE- Clinical Breast examination
DRE- Digital Rectal examination
EHCP- Essential Health Care Package
EML- Essential Medicines List
ENCR- Eswatini National Cancer Registry
IAEA- International Atomic Energy Agency
IARC- International Agency for Research on Cancer
LEEP- Loop Electrosurgical Excision Procedure
LMIC- low- and middle-income countries
MOH- Ministry of Health
MOU- Memorandum of Understanding
NCCP- National Cancer Care Program
NCCS- National Cancer Care Strategy
NCCU- National Cancer Control Unit
NCD- non-communicable diseases
NORA- Network for Oncology Research in Africa
PSA- Prostate-Specific Antigen
SACU-Southern Africa Customs Union
SARA- Service Availability and Readiness Assessment
SDG- Sustainable Development Goals
VIA- Visual Inspection with Acetic Acid

Definition of Terms

Capacity Building- is the systematic process of enhancing and expanding the skills, knowledge, and overall abilities of individuals or organizations.

Comprehensive Cancer Services- cancer care services that address the full spectrum of a patient's needs physical, nutritional, emotional, psychosocial, spiritual, and financial have been found to greatly improve survivor's quality of life and outcomes**.**

Workforce- the group of people who work in a company, industry, country, etc**.**

Metastases- when cancer cells break off from the original tumor, enter the bloodstream or lymphatic system, and then spread to other areas of the body.

Human Development Index- a metric compiled by the United Nations Development Programme and used to quantify a country's "average achievement in three basic dimensions of human development: a long and healthy life, knowledge, and a decent standard of living."

Essential Health Care Package- a critical set of most cost effective, affordable, and acceptable interventions for addressing health conditions, diseases associated factors that are responsible for the greater part of the disease burden of a given community.

Patient Navigation- the individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality health and psychosocial care

Referrals and Linkages- key components of improved service demand and accessibility. Effective referral systems combine high-quality communication and operations (structure, monitoring systems and referral tools).

Executive Summary

Cancer is a growing public health challenge in Eswatini, with an estimated 1,108 new cases and 697 deaths in 2022. Cervical cancer is the leading cancer among women, while prostate cancer is the most common among men. The country's high HIV burden further contributes to the burden of infection-related cancers, particularly cervical cancer and Kaposi sarcoma, underscoring the need for a strengthened and coordinated national response.

The National Cancer Control Plan (NCCP) 2025-2029 provides a comprehensive framework to reduce cancer morbidity and mortality through evidence-based interventions across the cancer continuum, including prevention, early detection, diagnosis, treatment, palliative care, survivorship, research, and governance. The Plan aligns with national priorities and global commitments, including the WHO Global Strategy to Eliminate Cervical Cancer, the Global Breast Cancer Initiative, the Global Initiative for Childhood Cancer, Sustainable Development Goal 3.4, and the recommendations of the 2024 imPACT Review.

The vision of the Plan is "**An Eswatini free from preventable cancers and related suffering**," with the goal of achieving a **30% reduction in cancer mortality by 2030 from the 2024 baseline**.

The Plan is organized around seven strategic focus areas:

1. Cancer prevention and risk reduction.
2. Early detection, diagnosis, and quality systems.
3. Integrated cancer treatment and timely access to care.
4. Comprehensive cancer care, including palliative, rehabilitative, and survivorship services.
5. Governance, leadership, financing, and multisectoral coordination.
6. Cancer surveillance, health information systems, and research.
7. Childhood cancer care and improved survival.

Key targets include:

- 90% HPV vaccination coverage among girls aged 9-14 years.
- 70% screening coverage with high-performance tests among eligible women.
- 90% treatment initiation within 30 days of diagnosis for priority cancers.
- At least 90% of health facilities providing the essential cancer care services package.
- Strengthened cancer surveillance and research systems.
- At least 60% survival for children with cancer by 2029.

Priority interventions include expanding HPV vaccination and cancer awareness; decentralizing screening and diagnostic services; strengthening pathology, imaging, and laboratory capacity; improving access to treatment, palliative care, and survivorship services; establishing radiotherapy and nuclear medicine capacity; enhancing referral and patient navigation systems; and strengthening cancer registration, digital health, and operational research. Implementation will leverage existing primary healthcare, HIV, TB, sexual and reproductive health, and non-communicable disease platforms.

Implementation will be led by the National Cancer Control Unit in collaboration with government, healthcare providers, civil society, academia, communities, development and implementing partners, and the private sector. Progress will be monitored through a results-based monitoring and evaluation framework.

The National Cancer Control Plan (2025-2029) is a costed framework with an estimated implementation budget of **E19.2 million** over the five-year period. Investments will focus on prevention, early detection, diagnosis, treatment, palliative care, childhood cancer, workforce development, research, health information systems, and programme management.

Successful implementation of this Plan will strengthen health system capacity, expand equitable access to quality cancer services, reduce preventable cancer deaths, improve survival and quality of life, and contribute to the achievement of national health and development goals.

Chapter 1: Introduction

1.1 Background

Cancer is one of the four major non-communicable diseases, that has become a leading global cause of death and a major barrier to increased life expectancy. It encompasses over 100 disease types characterized by the uncontrolled growth and spread of abnormal cells, with metastasis being the primary cause of cancer deaths.

Globally, cancer causes more than 19 million new cases and nearly 10 million deaths each year, with the burden rising due to aging populations, lifestyle changes, and inequitable access to healthcare. Low and middle-income countries carry over 70% of cancer deaths, and survival rates for common cancers like breast and cervical cancer are often below 15% in low-income settings. Sub-Saharan Africa, including Eswatini, faces heightened challenges due to limited healthcare infrastructure, low awareness, and competing health priorities.

1.2 Country Profile

Eswatini's high HIV burden contributes to elevated rates of infection-related cancers, especially cervical cancer and Kaposi's sarcoma. Women living with HIV require adapted early detection intervals and differentiated clinical pathways, which should be explicitly reflected in national guidelines. The National Cancer Control Program has made important progress in prevention, early detection, and treatment, but significant gaps remain in diagnosis, treatment access, palliative care, and cancer data systems.

The NCCP Strategic Plan 2025–2029 outlines a roadmap to address these challenges and align with global WHO priorities. It aims to operationalize integrated, people-centered cancer services anchored in PHC platforms and aligned with the WHO Cervical Cancer Elimination Initiative.

1.2.1 Demographic information

According to the 2017 census, Eswatini has a population of 1.093,238 million, with slightly more females (51.4%) than males. The population is very young, with a median age of 21.7 years and 56% of people under 25. Only 4.6% are aged 60 and above. Women of

reproductive age (15–44 years) represent over a quarter of the female population. The largest age groups are children and adolescents (0–19 years). This youthful demographic requires the need for strong, long-term cancer prevention strategies.

1.2.2 Socioeconomic situation

Eswatini is a lower-middle-income country with an HDI of 0.608, ranked 138 globally. Economic growth remains below the level needed to reduce poverty, affected by drought and declining SACU revenues. The country invests 12% of GDP in social sectors, but social protection coverage still has gaps. Poverty remains widespread: 58.9% of the population lives below the national poverty line and 20.1% are in extreme poverty, with rural areas most affected. This situation requires Eswatini government to allocate cancer resources for the underprivileged.

1.2.3 Health System Overview

Eswatini's health system delivers cancer services through five levels of care:

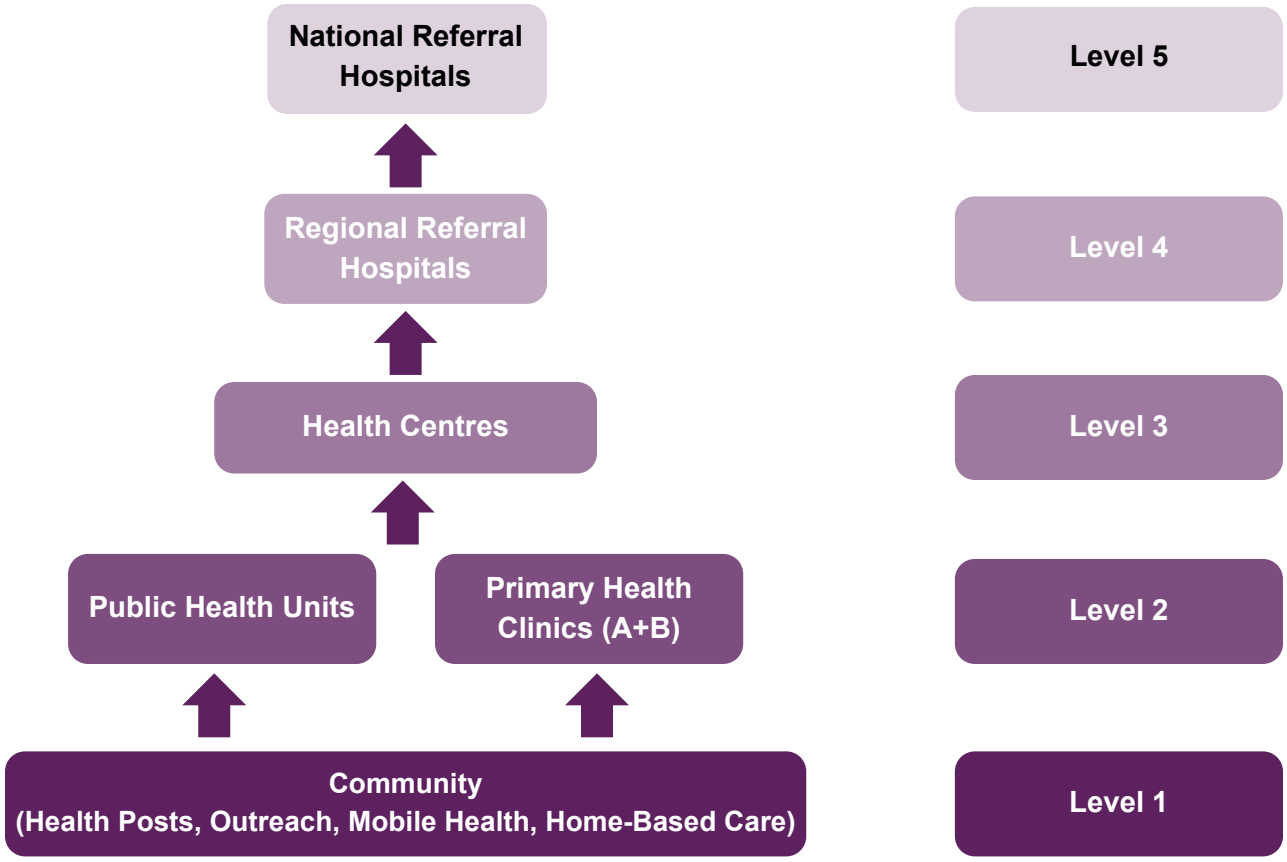


Figure 1: Health Care Delivery System

The Essential Health Care Package (EHCP) report 2025 divides the health care system into five (5) health services delivery levels.

Level 1 – Community: Community health workers serve as the first entry point for cancer prevention, community awareness, navigation, and linkage to HIV, maternal health and PHC services, supporting early identification and continuity of care.

Level 2 – Primary Care (Clinics & Public Health Units): Primary health care facilities serve as the main platform for integrated cancer prevention and early detection. Services include HPV-based early detection, screen-and-treat approaches, management of precancerous lesions, integration with HIV and SRH services, and basic palliative care.

Level 3 – Health Centres: Health centres function as intermediate diagnostic hubs, supporting biopsy services, triage, and referral coordination to reduce delays across the continuum of care.

Level 4 – Regional Hospitals: Cancer early detection and biopsy services and surgery. Regional hospitals should host multidisciplinary tumor boards and provide decentralized chemotherapy and surgical oncology services where feasible.

Level 5 – National Referral Hospitals: National referral hospitals provide specialized oncology services, including advanced diagnostics, surgical oncology, systemic therapy, and coordination of radiotherapy and international referrals.

Phalala Medical Referral Fund

Supports patients who need specialized care unavailable in Eswatini, mainly in South Africa. Radiation therapy are currently accessed through international referral mechanisms, highlighting the urgent need to accelerate national radiotherapy capacity as a core component of cancer control.

Chapter 2: Situational Analysis

Overview of Cancer Control in Eswatini

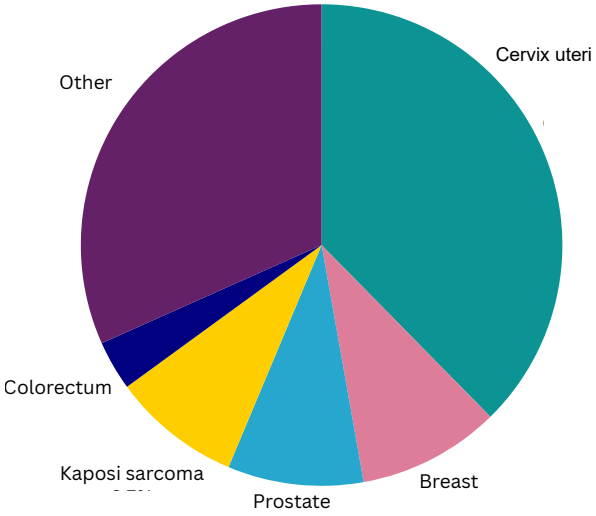
This section outlines the current landscape of cancer control in Eswatini, describing the cancer burden and its strong links to HIV. It highlights progress and remaining gaps across the cancer care continuum, including early detection, diagnosis, treatment, palliative care, and data systems. It also reviews national planning, leadership, and governance structures to assess the effectiveness of coordination. These insights guide priority-setting and help strengthen the country's overall cancer prevention and control efforts

2.1 Burden of Cancer

Eswatini faces a high cancer burden, with incidence at 135.3 per 100,000 and mortality at 88.8 per 100,000 (Globocan 2022). Cervical cancer is the leading cancer among women, largely preventable and yet has very high incidence (95.9/100,000) and mortality (64.3/100,000). Among men, prostate cancer is the most common and the top cause of cancer deaths (incidence 41.0/100,000; mortality 24.4/100,000).

In 2022, the country recorded 1,108 new cancer cases and 697 deaths, with women disproportionately affected. Childhood cancers made up about 3% of cases, with leukemia being the most common. These patterns highlight the urgent need to strengthen prevention, early detection, and treatment services especially for cervical, breast and prostate cancer.

Top 5 Most Frequent Cancers in Both Sexes

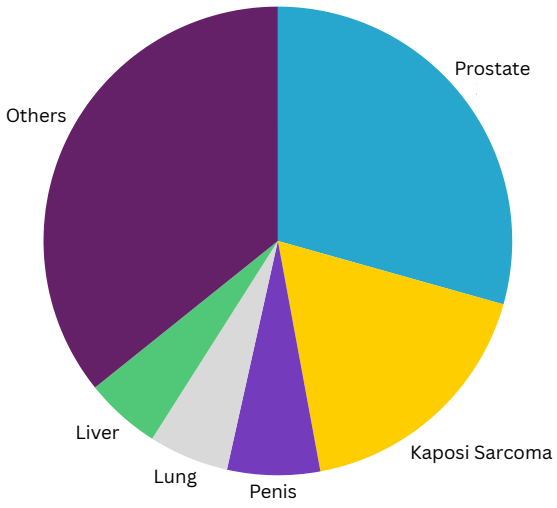


Rank	Cancer Site	Number of Cases	Percent
1st	Cervix uteri	417	37.6%
2nd	Breast	106	9.6%
3rd	Prostate	35	9.1%
4th	Kaposi sarcoma	24	8.7%
5th	Colorectum	23	3.3%
-	Others	159	31.7%

Total Number of Cancer Cases: 1 106

Figure 2: Number of new cases 2022, both sexes, all ages
Source: GLOBOCAN, 2022

Top 5 Most Frequent Cancers in Males

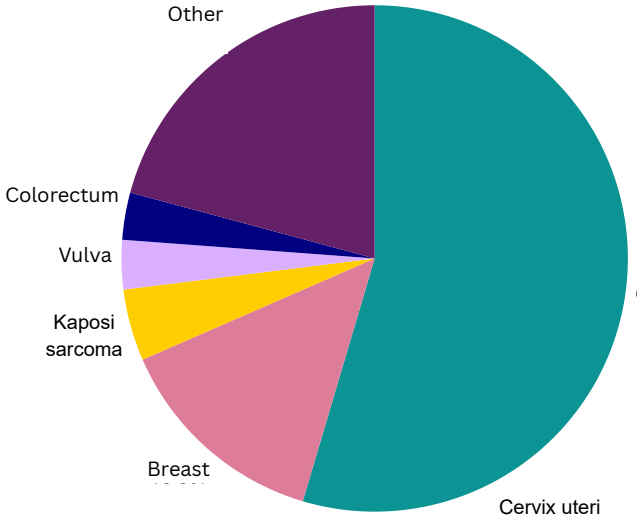


Rank	Cancer Site	Number of Cases	Percent
1st	Prostate	101	29.4%
2nd	Kaposi sarcoma	61	17.7%
3rd	Penis	22	6.4%
4th	Lung	19	5.5%
5th	Liver	18	5.2%
-	Others	123	35.8%

Total Number of Cancer Cases: 344

Figure 3: Number of new cases 2022, males, all ages
Source: GLOBOCAN, 2022

Top 5 Most Frequent Cancers in Females



Rank	Cancer Site	Number of Cases	Percent
1st	Cervix uteri	417	54.6%
2nd	Breast	106	13.9%
3rd	Kaposi sarcoma	35	4.6%
4th	Vulva	24	3.1%
5th	Colorectum	23	3.0%
-	Others	159	20.8%

Total Number of Cancer Cases: 764

Figure 4: Number of new cases 2022, females, all ages
Source: GLOBOCAN, 2022

2022 Incidence & Mortality Rates

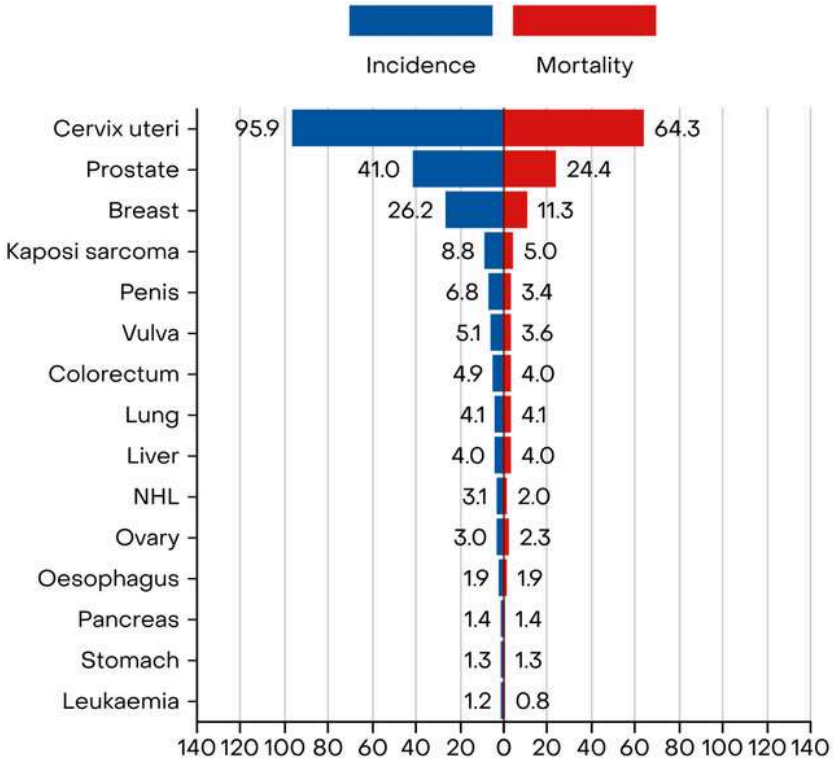


Figure 5: ASR (World) incidence and mortality rates, top 15 cancers
Source: GLOBOCAN, 2022

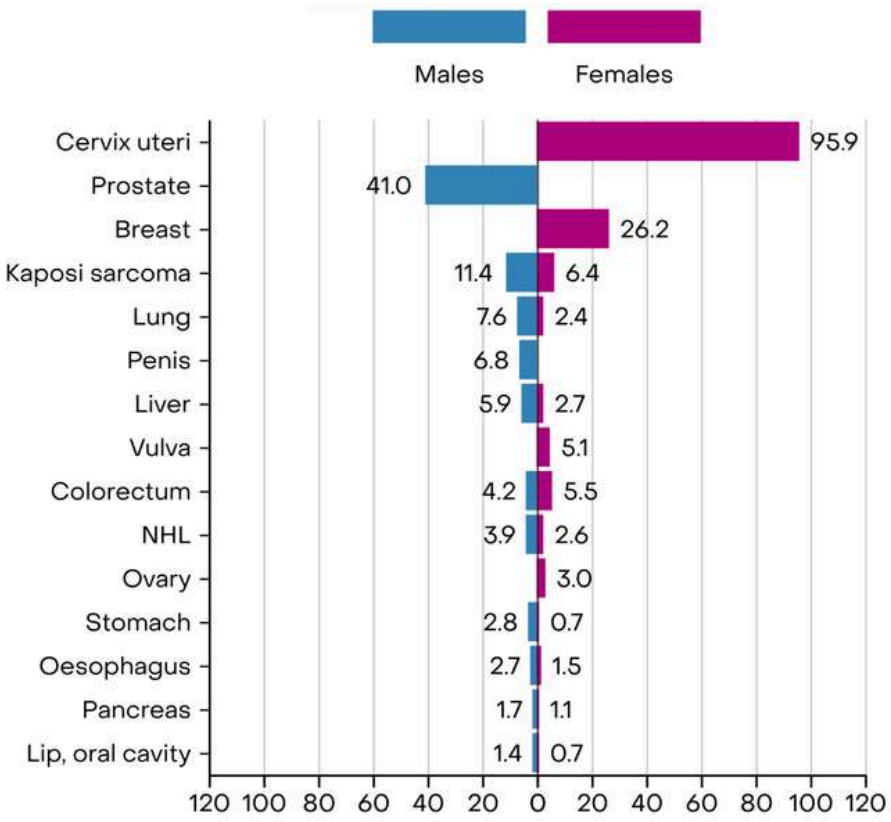


Figure 6: ASR (World) incidence rates per sex, top 15 cancers
Source: GLOBOCAN, 2022

2.2 National Cancer Control Planning & Governance

The NCCU leads Eswatini's cancer control, implementing the NCCP, aligning with national/global priorities, and coordinating multi-sectoral partners.

Achievements

- Implemented NCCP 2019–2023; 82% progress by 2022.
- NCCU partially staffed (53%).
- Increased early detection access (60% → 69%) and operationalized the National Cancer Registry.
- Formed multisectoral technical working group and integrated with other health programs.
- Supported by Phalala Fund for oncology referrals, especially pediatric.

Challenges

- Childhood cancer is underrepresented in NCCP.
- Limited NCCU capacity; irregular TWG meetings.
- Weak private/NGO coordination and referral backlog.
- No structured resource mobilization; limited multisectoral data.

Recommendations

- Fully staff NCCU and establish a dedicated budget line.
- Establish a formal integrated governance platform linking HIV, SRH, NCD and cancer programmes.

2.3 Registration & Surveillance

The Eswatini National Cancer Registry, established in 2015, collects nationwide cancer data from multiple sources using CanReg5 and international standards to inform policy and planning.

Achievements

- Population-wide data coverage and integrated sources.
- Functional infrastructure and staff training.
- Early research partnerships and international collaborations.

Challenges

- Cancer not legally notifiable; limited private sector data and underreporting.

Recommendations

- Advocate for mandatory cancer reporting, improve data sharing and diagnostics, platforms interoperability of data systems , and enhance data quality.

2.4 Prevention

Cancer prevention in Eswatini targets modifiable risk factors and infections. Key lifestyle risks include tobacco, alcohol, poor diet, physical inactivity, and obesity, while infections such as HIV, HPV, and HBV drive infection-related cancers. ART clinics serve as priority entry points for cervical cancer screening and follow-up. Prevention efforts include vaccination, health education, early detection, and lifestyle interventions.

2.4.1 Lifestyle Risk Factors

- Tobacco use increased from 6% (2014) to 11% (2024).
- Alcohol use rising (22% current drinkers; binge drinking (12–15%).
- Over 85% of people consume insufficient fruits/vegetables; physical inactivity and obesity are increasing, especially in urban women.
- Cervical cancer screening improved (21.7% - 65.9%), but high-performance tests like HPV DNA testing are limited.

Challenges

- Low public awareness and knowledge gaps.
- Limited resources for prevention and lifestyle modification.
- Unclear roles across NCD and cancer programs.

Recommendations

- Launch targeted public health campaigns.
- Increase resources for lifestyle and cancer prevention programs.

2.4.2 Infections as Risk Factors

- HIV prevalence 24.8%, driving Kaposi sarcoma, cervical cancer, and non-Hodgkin lymphoma.
- HPV vaccination achieved 74.4% coverage among eligible girls: plans for boys underway.
- HBV vaccination nearly universal for third dose; birth dose not yet implemented.

Challenges

- Lack of national HPV burden data; dependency on donor funding.
- Limited HPV DNA testing; delays in pap smear results.
- Weak surveillance for infection prevalence.

Recommendations

- Implement the Cervical Cancer Elimination Plan.
- Strengthen HBV and HPV vaccination, including boys and birth dose (HepB0).
- Improve early detection and lab capacity, ensure reagent supply, and enforce tobacco control.
- Generate national data on HPV to guide interventions and increase domestic funding for sustainability.

2.5 Early Detection

Early detection is crucial for improving cancer survival in Eswatini, where most cases are diagnosed at advanced stages.

Challenges

- Limited early detection and diagnostic infrastructure.
- Insufficient skilled staff.

Recommendations

- Expand early detection equipment and infrastructure.
- Train and retain adequate staff to achieve full coverage by 2027.

2.5.1 Cervical Cancer

Eswatini is committed to the WHO Cervical Cancer Elimination Initiative, aiming to reach the 2030 targets of 90% HPV vaccination, 70% early detection coverage, and 90% treatment for cervical disease. This effort is critical as the country faces very high cervical cancer incidence (95.9/100,000) and mortality (64.3/100,000). Early detection uptake in Sub-Saharan Africa including Eswatini is affected by low awareness, cultural beliefs, privacy concerns, and financial barriers.

About 91% of health facilities provide cervical cancer screening, and 85% of the population lives within 8 km of a health facility, indicating good access. Eswatini is also piloting nurse led LEEP services, with one trained nurse performing about 10 procedures monthly.

Achievements

- Strong government commitment to WHO elimination initiative
- Draft national cervical cancer elimination plan (2025–2030)
- Established national early detection program
- Early detection availability in most facilities
- Pilots for HPV testing and nurse-led Loop Electrosurgical Excision Procedure (LEEP)
- Clear referral system

Challenges

- Early detection guidelines not aligned with WHO
- Shortage of trained healthcare workers
- Opportunities
- Development of the elimination plan
- HPV guideline alignment underway
- Expanding partnerships (WHO, NGOs, regional bodies)
- Increased community awareness efforts

Recommendations

- Transition to HPV DNA testing as the primary early detection modality should be accelerated through integration with existing molecular testing platforms such as GeneXpert.
- Operational integration of early detection within HIV platforms should be prioritized as the primary scale-up strategy.

2.5.2 Breast Cancer

Breast cancer is the most common cancer globally and a leading cause of cancer deaths among women, with survival gaps driven by late diagnosis and limited healthcare access. The WHO Global Breast Cancer Initiative (GBCI) aims to close these gaps through health promotion, timely diagnosis, and quality treatment. In Eswatini, breast cancer is the third most common cancer, but the country lacks national early detection guidelines and largely depends on clinical breast examinations (CBE) due to limited resources. Early detection coverage is unknown, and infrastructure constraints persist.

Achievements

- Improved CBE skills among nurses through targeted training.
- Youth-focused awareness activities under the ECPT project.
- Strong partnerships with NGOs (ECN, Baylor Clinic, FAWEESWA) supporting early detection.
- Alignment with WHO's GBCI pillars on promotion, early detection, and timely diagnosis.

Challenge

- Limited access to mammography, ultrasound, and trained specialists.
- Unknown national early detection coverage and reliance on CBE with minimal imaging services.

Recommendations

- Intensify public awareness and promote CBE.
- Expand CBE training for health workers.
- Strengthening partnerships with community organizations.
- Increase access to imaging services (mammography, ultrasound).
- Introduce standardized national treatment protocols.

2.5.3 Prostate Cancer

Prostate cancer early detection in Eswatini is mainly done through Digital Rectal Examination (DRE), with very limited use of PSA testing and unknown early detection coverage. Even when abnormalities are detected, a lack of skills, equipment, and biopsy capacity leads to delays in diagnosis and treatment.

Achievements

- DRE is established as the primary early detection method.
- Recognition of the need for provider training and increased awareness among men aged 50+.

Challenges

- PSA testing is rarely available or used; coverage is unknown.
- Limited biopsy skills and resources delay diagnosis.
- Weak laboratory capacity, inadequate provider training, and poor referral linkages.
- Low awareness among high-risk men reduces early detection uptake.

Recommendations

- Conduct targeted awareness campaigns for men aged 50+.
- Expand training for providers on DRE techniques.
- Partner with private labs/NGOs to scale up PSA testing.
- Strengthen integrated care pathways from early detection to treatment.
- Secure sustainable funding for prostate cancer services.

2.5.4 Colorectal Cancer

Colorectal cancer early detection in Eswatini is opportunistic, with no organized national program. The previous National Cancer Prevention and Control Strategy made only minimal reference to colorectal cancer. Systemic challenges, limited infrastructure, funding constraints, and shortages of trained professionals result in late-stage diagnosis and poor outcomes.

Achievements

- Colorectal cancer was minimally included in the previous national strategy, with a target to expand early detection and linkages to care.
- The strategy aimed to increase facilities offering early detection to 60%.

Challenges

- No formal or organized early detection program.
- Inadequate infrastructure and diagnostic equipment.
- Lack of trained personnel for colonoscopy/sigmoidoscopy.
- Insufficient financial resources for colorectal early detection services.
- Majority of cases are detected at late stages.
- Lower national priority compared to cancers like cervical and breast.

Recommendations

- Integrate colorectal cancer awareness into existing health education efforts.
- Train healthcare workers to identify early signs and refer appropriately.
- Assess current national capacity to guide early detection scale-up.
- Strengthen referral pathways for timely diagnosis.
- Invest in infrastructure and workforce to build endoscopy capacity.

2.5.5 Lung Cancer

Lung cancer early detection and management in Eswatini are improving through collaboration with the TB programme and the *Secure the Future – Lung Cancer in Eswatini* initiative. Efforts include strengthening the cancer registry, improving early diagnosis, and raising community awareness. However, early detection coverage is still limited, and diagnostic capacity remains weak.

Achievements

- Strengthened National Cancer Registry for better lung cancer surveillance.
- Community awareness campaigns have been developed to educate the public about risks and symptoms.
- Training programs were launched to build health worker capacity in diagnosis and patient management.

Challenges

- Very limited early detection availability and constrained diagnostic infrastructure.
- Delays in diagnosis due to lack of standardized tools and limited pathological services.
- Low public awareness, particularly among high-risk groups.
- Symptom overlaps with TB lead to misdiagnosis and delayed treatment.

Recommendations

- Introduce targeted early detection for high-risk groups (e.g., smokers, chronic respiratory patients).
- Invest in radiology, pathology, and biopsy services to strengthen diagnostic capacity.
- Continue healthcare worker training and CME.
- Integrate TB and lung cancer services with clear protocols.
- Mobilize funding and partnerships to expand detection and treatment services.

2.6 Diagnostic Imaging & Nuclear Medicine

Eswatini's diagnostic imaging capacity remains limited and highly centralized, with most services concentrated in Mbabane. The country has no public-sector radiologists and no nuclear medicine services, forcing reliance on private facilities or external referral.

Achievements

- Basic imaging (X-ray, ultrasound) is available in major hospitals, performing 10–15 procedures daily.
- Functional CT/MRI machines exist, along with three mammography units.
- Ultrasound waiting times are under five days; X-rays are available without delays.
- Two radiologists are in training abroad; one medical physicist is available.

Challenges:

- Advanced imaging is limited in rural areas; public sector lacks radiologists, leading to radiographers interpreting scans.
- Frequent equipment breakdowns, lack of maintenance, and unreliable supplies drive patients to costly private services.
- Significant regulatory gaps: no radiation safety oversight, no dosimetry monitoring, and unsafe equipment placement.
- No endoscopy or nuclear medicine services; absence of quality assurance mechanisms.

Recommendations

- Recruit radiologists with IAEA support and strengthen radiation safety systems.
- Enact nuclear legislation and establish a regulatory authority.
- Improve equipment maintenance, expand ultrasound use, and introduce digital imaging technologies.
- Develop a national quality assurance framework and explore long-term nuclear medicine establishment.

2.7 Pathology & Laboratory Diagnosis

Pathology services are centralized in Mbabane and Manzini, with the National Anatomical Pathology Laboratory (NAPL) as the reference center. While basic services exist, significant delays, shortages, and outdated equipment hamper timely cancer diagnosis.

Achievements

- NAPL provides histopathology, cytology, HPV testing, and some immunohistochemistry.
- Routine pathology is available in major hospitals; digital access through Disa Lab exists.
- Government courier system supports sample transport; public pathology services have no user fees.

Challenges

- Severe backlogs (3–6 months) due to high workload and limited staff (only two pathologists).
- Ageing equipment, reagent shortages, and weak supply chains.
- Limited specialized testing, molecular diagnostics are outsourced at high personal cost.
- Weak quality systems and inactive tumor boards.

Recommendations

- Develop an Essential Diagnostics List; upgrade NAPL equipment and expand IHC capacity.
- Strengthen sample transport, IT systems, and supply chain reliability.
- Offer specialized training and pursue laboratory accreditation in the medium term.
- Digital pathology and tele-pathology partnerships should be explored to reduce turnaround times and improve access to expert interpretation.

2.8 Treatment Services

2.8.1 Medical Oncology

Cancer treatment capacity has grown with the establishment of the Manzini Oncology Unit in 2022, significantly improving national access to chemotherapy and specialist care.

Achievements

- A 60-bed oncology ward and outpatient clinic established at Manzini.
- Chemotherapy also available at Mbabane Hospital (12 chairs).
- Presence of oncologists, oncology nurses, and supporting clinical staff.
- National cancer treatment protocols developed.

Challenges

- Limited specialist workforce to support multidisciplinary care.
- Outdated Essential Medicines List misaligned with procurement systems.
- No standard operating procedures for safe chemo administration.
- Lack of regional chemo services and inactive tumor boards.

Recommendations

- Recruit and train oncology specialists; develop SOPs based on WHO guidelines.
- Align the EML with WHO and national tender lists.
- Strengthening forecasting and costing of cancer medicines.

2.8.2 Surgical Oncology

Cancer-related surgeries are mostly conducted by general surgeons, with services concentrated in Mbabane. Specialist capacity and surgical oncology infrastructure remain insufficient.

Achievements

- Surgical oncology available at Mbabane Government Hospital (≈30 electives weekly, 15% cancer-related).
- Free healthcare supports access; NCPCS recognizes surgical oncology needs.

Challenges

- No dedicated surgical or gynecologic oncologists; only three anesthesiologists.
- Limited theatre space, consumable shortages, and long delays (up to 6 months).
- Lack of training programs, tumor boards, and regional surgical capacity.

Recommendations

- Develop a National Surgical, Obstetric, and Anesthesia Plan (NSOAP).
- Expand theatre capacity and train general surgeons in oncologic procedures.
- Establish tumor boards and standardize essential surgical devices.

2.8.3 Pediatric Oncology

Eswatini's pediatric oncology services are nascent, with most children referred abroad for treatment under the Phalala Fund.

Achievements

- Childhood cancer focal person appointed at NCCU; health worker training and caregiver support established.
- Referral pathway to Chris Hani Baragwanath Hospital exists.

Challenges

- No in-country pediatric oncology treatment services or specialists.
- Weak follow-up systems for referred children; poor data quality.
- Inadequate palliative care and limited morphine access.

Recommendations

- Include pediatric oncology in the revised NCPCS and integrate into child health platforms.
- Strengthen early diagnosis and referral systems.
- Develop a roadmap for pediatric oncology services at Manzini Hospital and improve palliative care.

2.8.4 Radiation Oncology

Radiotherapy is a major gap in Eswatini's cancer care system. The Ministry of Health has initiated the process of establishing the country's first radiotherapy unit.

Achievements:

- Site identified at Manzini Hospital; TWG on Radiotherapy established.
- USD 1 million allocated in the 2024 budget for initial works.
- A bankable document is available to guide investment and resource mobilization.
- National Nuclear and Radiation Safety Regulatory Bill 2024 was enacted.

Challenges:

- No national radiotherapy strategy; no trained radiation oncology workforce.
- Weak diagnostic and treatment systems that should support radiotherapy.

Recommendations:

- Expedite establishment of regulatory body of nuclear legislation.
- Develop a phased radiotherapy roadmap aligned with cervical cancer elimination priorities, ensuring access to curative treatment pathways..
- Plan long-term workforce development (radiation oncologists, medical physicists, RTTs).
- Strengthen overall cancer diagnostics and referral pathways.

2.8.5 Palliative Care and Survivorship

An estimated 12,000 people require palliative care annually. Although policy support exists, services face staffing, funding, and medicine availability constraints.

Achievements

- National clinical guidelines established; >100 health workers trained.
- Multi-level service delivery model operating from community to hospitals.
- Government financial support for community organizations.
- NCPCS aims for 80% facility coverage.

Challenges

- Insufficient staffing and inconsistent funding.
- Irregular supply of essential medicines, notably oral morphine.
- No local training programs; reliance on external support.
- Sustainability concerns.

Recommendations

- Review and strengthen the national palliative care strategy.
- Invest in staffing, funding, and reliable medicine availability.
- Establish local training programs and streamline opioid access.
- Sustain partnerships to ensure nationwide coverage.

Chapter 3: SWOT Analysis Summary

This section provides a strategic SWOT analysis of Eswatini's 2019–2023 Cancer Control Strategy. It highlights strong political commitment and governance capacity such as an active National Cancer Control Programme and dedicated funding while acknowledging operational weaknesses like inconsistent resource mobilization and shortages in the cancer workforce. It also identifies major opportunities, including digital health advancements and global partnership support, and outlines key threats such as donor reliance, financial uncertainty, and limited infrastructure. Overall, the analysis offers a clear foundation for sharpening priorities, improving resource allocation, and guiding impactful actions for the next five-year cancer control plan.

SWOT Analysis of Eswatini's 2019-2023 Cancer Control Strategy:

Leadership, Governance, & Financing	
Strengths	**Weaknesses**
• Political will to continuously re-affirm the commitment to cancer elimination and control by the Ministry of Health. • Establishment of National Cancer Control Program. • Government commitment to cancer care through the Phalala Medical Fund, covering referrals and treatment costs for oncology patients, particularly paediatrics. • Functional infrastructure includes office space, IT equipment, secure storage, and dedicated transport. • Mid-Term Review of previous strategy conducted in 2022 identifying progress and gaps. • Integration opportunities identified across MOH programs (e.g., HIV, EPI, TB, Nutrition). • Cervical cancer elimination efforts are integrated into other programs – riding on other program resources (i.e. HPV vaccination being done by School Health program, SRH, EPI and Health Promotion, ENAP).	• Insufficient domestic resource mobilization: Budget line for the established program (responsibility center). • Childhood Cancer not fully integrated into the NCCP (2019-2023) • Limited operational capacity and reliance on partner-supported NCCU positions. • Inconsistent technical working groups • Sub-optimal coordination and reporting mechanisms among non-governmental and private sector stakeholders. • Absence of a structured resource mobilization plan. • Limited data to track progress in multisectoral partnerships and stakeholder engagements.

Early Detection	
Strengths	**Weaknesses**
• Availability of health care workers and staff trained in cancer continuum of care (early detections, treatment, palliative care) • Decentralization of early detection services such as breast, prostate, cervical, childhood cancers • Increased types of cancers screened from breast and cervical cancers to prostates, lung and childhood cancers. • Increased access to early detection services (from 60% to 69%). • Partnership Development: Active collaboration with NGOs such as ECAN, Baylor Clinic, LISTEN, FAWEESWA to support early detection and education. • Strong government commitment to the WHO Cervical Cancer Elimination Initiative • Developed Cervical Cancer Elimination strategic plan (2025 - 2030) • Alignment with Global Initiatives: pillars promotion, early detection, and timely diagnosis	• Low uptake of prostate and childhood cancers early detection services. • Lack of access to expertise for prostate, colorectal early detections • Under-utilization of cancer early detection equipment • Referral pathways & counselling not well integrated. • Lack of Male involvement in female cancers and the same with lack of female involvement in male cancers. • Current guidelines not aligned with WHO recommendations. • Shortage of trained healthcare workforce.

Pathology & Laboratory Diagnosis	
Strengths	**Weaknesses**
• Centralized Pathology Services • Basic Infrastructure in Place: Key facilities like NAPL, Raleigh Fitkin Memorial Hospital, and several faith-based and public hospitals are equipped to provide routine pathology services, including immunohistochemistry and HPV testing. • Sample Transportation and Information Systems in place through government support and partners. • Availability of a Pathology Laboratory • Availability of Immunochemistry tests • Reduced turn-around times for pathology results. • Available of Immunohistochemistry equipment and reagents • Diagnostic imaging services, including X-ray and ultrasound, are available in major public and private hospitals, with a daily volume of 10–15 procedures. • Functional CT and MRI machines exist, along with three mammography units (one public, two private).	• Under-utilizing of equipment that can give a broad spectrum of diagnosis such as HPV genotyping early detections. • Inadequate skills and resources prevent timely biopsies, delaying diagnosis and treatment. • Long turn-around time due to backlog • Low awareness among high-risk male populations affects early detection uptake. • However, the CT & MRI machines exist with mammography, they are not enough for the country. • Equipment breakdowns, lack of consumables, and absence of maintenance programs disrupt public sector services, pushing patients to unaffordable private options. • Endoscopy and nuclear medicine services are virtually non-existent, and there are no established quality assurance frameworks or radiation protection officers. • Weak Quality Systems: No National Cancer diagnostic standards or funded external quality assurance programs are in place

Treatment	
Strengths	**Weaknesses**
• Development and Implementation of National Cancer Treatment Protocols based on International Standards. • Chemotherapy drugs included in the Government's medicines tender system. • Chemotherapy drugs are partner supported. • Precancerous lesions treatment available (thermos-coagulation, cryotherapy, and LEEP) • Availability of Patient Navigators has improved patients' retention to care and treatment. • Radiation Therapy services available with private sector and government in the process of establishing radiation therapy. • Establishment of a 60-bed oncology ward and outpatient clinic at Manzini Hospital. • Expansion of Chemotherapy Unit • Two radiologists are currently training abroad, and there is one medical physicist in the country. • The NCCU has appointed a focal person for childhood cancers who is part of the Ministry's child health Technical Working Group. • Ongoing pilot programs for HPV testing-based early detection strategy and LEEP training for nurses	• Under-utilizing of equipment that can give a broad spectrum of diagnosis such as HPV genotyping early detections. • Inadequate skills and resources prevent timely biopsies, delaying diagnosis and treatment. • Long turn-around time due to backlog • Low awareness among high-risk male populations affects early detection uptake. • However, the CT & MRI machines exist with mammography, they are not enough for the country. • Equipment breakdowns, lack of consumables, and absence of maintenance programs disrupt public sector services, pushing patients to unaffordable private options. • Endoscopy and nuclear medicine services are virtually non-existent, and there are no established quality assurance frameworks or radiation protection officers. • Weak Quality Systems: No National Cancer diagnostic standards or funded external quality assurance programs are in place

Strengths (cont.)	Weaknesses (cont.)
• Health worker training on early detection and awareness campaigns has been conducted. • Caregiver support groups have been established on childhood cancers. • A referral system exists through the Phalala Fund, allowing suspected paediatric cancer cases to be treated at Chris Hani Baragwanath Hospital in South Africa. • Funding allocated in the 2024 national health budget for the construction of the radiotherapy unit. • Availability of cancer documents (guidelines, Standard operational procedures [SOPs])	

Prevention Strategies	
Strengths	**Weaknesses**
• Partnership support for cancer prevention • Dedicated government funds for vaccine procurement. • Community engagement towards awareness and education • Ongoing campaigns to raise awareness, early detection services, community engagement and social mobilization activities. • Program on cancer control risk factors has been introduced (tobacco, alcohol,). • Reviewing of tobacco product control Act. • Cancer elimination efforts are integrated into other programs – riding on other program resources (i.e. HPV vaccination being done by School Health program, SRH, EPI, TB and Health Promotion, ENAP, CBHS).	• Limited evidence on the prevalence of HPV in the country hinders targeted interventions. • Limited enforcement of tobacco & alcohol control on legislations. • Integration is limited to some prevention interventions, but there is a gap for more integration in the other parts of the continuum of care (diagnosis, treatment). • Cervical cancer interventions are donor dependent. • Undefined roles and responsibilities on integration with other programs. • Current guidelines not aligned with WHO recommendations: • Inadequate skills and resources prevent timely biopsies, delaying diagnosis and treatment. • No Organized Early detection Program: Current colorectal cancer early detection is opportunistic, lacking systematic protocols or population-level outreach.

Palliative Care & Survivorship	
Strengths	**Weaknesses**
• Formation of Cancer Survivors in some cancers. • National Palliative Care clinical guidelines have been developed. • Over 100 healthcare professionals have received training in pain management and palliative care. • A multi-tiered palliative care delivery model operates at community, health centre, and hospital levels. • Availability of Palliative Care models (health facility and community based) • Trained personnel on palliative care • Support of partners in Palliative and Survivorship • The government provides financial support to civil society organizations involved in community-based palliative care. • Palliative Care services are introduced in some cancer-related health facilities.	• Waiting time for referral for external services still not well coordinated • There is no comprehensive cancer survivors' network to include all cancers. • Uncoordinated structure on palliative care at national level • Inconsistence of Palliative Care medicines. • Inadequate staffing and limited funding hinder service delivery. • Essential medicines like oral morphine are not consistently available. • There is no local palliative care education or training programs, creating dependence on international support. • Sustainability is a concern due to reliance on external partners.

Human Resource Skills	
Strengths	**Weaknesses**
• Availability of cancer specialist • Oncologist • Pathologist • Nurse oncology • Increased number of health care workers trained on cancer services (early detection, cancer management and palliative care • Formation of intersectoral response team to cancer control • Availability of cancer coordinators overseeing the implementation of cancer in all regions.	• Insufficient human resources at facility level to provide early detection services. • Inadequate training at all levels- Training one person per facility is not sustainable.

Registration & Surveillance	
Strengths	**Weaknesses**
• Population Based National Cancer Registry collecting information on cancer incidence and mortality • Cancer Strategic Information and Surveillance staff on the structure of the National Cancer Control Program. • Cancer indicators and data included in the HMIS & CMIS • Initial partnerships are formed with academic and research institutions for data use. • Operationalization of the National Cancer Registry improving data availability. • Integration of data from diverse sources including public hospitals, pathology labs, and international treatment facilities. • Ongoing capacity development through local and international training (e.g., AFCRN).	• Limited oncology research capacity • Data capturing at community level is not. • Standardised. • Insufficient resources for system maintenance and management. • No unified data collection and reporting across • public and private facilities. • Limited dissemination and sharing of research findings. • Lack of legal and strategic oversight: Cancer is not notifiable, and there is no legal mandate or advisory committee to guide reporting and registry operations. • Data and system gaps: Limited access to private records, underreported deaths, diagnostic delays, and absence from global databases affect data quality.

Opportunities	Threats
• Presence of a decentralized health care system • Some Cancer services are well decentralized • Existence of a well-established decentralized HIV and TB management • On Integration of vaccination in ART/TB/NCDs clinics. • Existence of public private partnerships • Existing HIV infrastructure to promote integration. • Growing partnerships with WHO, NGOs, and regional organizations.	• Global and local financial instability
• Availability of international donors to fund and support cancer initiatives. • Utilize Ministry of Health budget cycle. • Established partnerships with local and international NGOs, businesses.	• Cervical cancer interventions are budgeted under other responsibility centers (Phalala, oncology /NCD hospital)
• Including cancer module in training institutions and in the in-service trainings.	• Rotation of trained healthcare workers in facilities has resulted in brain drain.

Opportunities (Cont.)	Threats (Cont.)
• Availability of local oncologist at the national hospital to train and mentor health care workers • Ongoing development of the National Cervical Cancer elimination plan • HPV guidelines under development with possible alignment to WHO recommendations • Ongoing education and awareness campaigns	• Inadequate infrastructure • Emerging global pandemics • Referral infrastructure challenges • Funding constraints: Insufficient resources to scale up programs. • Cultural/religious resistance: Ongoing challenges in addressing misconceptions. • Resource Limitations: Inadequate access to mammography, ultrasound, and trained personnel due to financial and infrastructure constraints. • Low Early detection Coverage: Unknown early detection coverage with reliance on limited CBE use and low mammography availability.
• Availability of Electronic Medical record systems that can be upgraded to interconnect cancer vaccination, early detection and treatment. • Availability of data to inform evidence-based programming & future research areas.	• High reliance on donor support
• Development of National Plan for cervical cancer elimination that emphasizes HPV vaccination. • Adoption of WHO SAGE recommendations on HPV single dose • Planned review of national HPV guidelines. • Strengthen cervical cancer elimination strategy within the cancer control.	• Global supply limitations that may hinder vaccination efforts. • Insufficient and unpredictable financial resources to support scale up of HPV vaccination. • High dependence on external funding may impact sustainability.

Chapter 4: Strategic Priorities: Vision, Mission & Goal

This chapter outlines the strategic direction for cancer control in Eswatini, articulating the Vision, Mission, overarching Goal, and the key Strategic Pillars that will guide national efforts to reduce the burden of cancer and improve population health outcomes.

Vision

Eswatini free from preventable cancers and related suffering

Mission

To reduce the burden of cancer in Eswatini by strengthening prevention, early detection, diagnosis, treatment, palliative care and survivorship services through sustainable patient, equitable and evidence – based strategies to enhance the wellbeing of the population of Eswatini.

Goal

Achieve a 30% reduction in cancer mortality by 2030 from 2024 baseline.

4.1 2029 Targets:

Cervical Cancer:

- 90% of girls fully vaccinated with the HPV vaccine by 15 years of age
- 70% of women are screened with high-precision test (HPV DNA test) at 35 and 45 years of age
- 90% of women identified with cervical disease receive treatment and care

Breast Cancer:

- Reduce breast cancer mortality by 2.5% per year
- Promote early detection so that at least 60% of breast cancers are diagnosed at an early stage (I or II)
- Comprehensive breast cancer management to deliver the full treatment course to at least 80% of diagnosed patients.

Childhood Cancers:

- At least 60% survival for all children with cancer by 2029.

Lung Cancer:

- Reduce the population of currently smoking by 2.5% annually from 11% (Steps, 2024)

4.2 Strategic Objectives:

1. By 2029, achieve and sustain 90% HPV vaccination coverage among girls aged 9-14 years, and reduce cancer risk factors by at least 3% from 2024 baseline.
2. Expand the national diagnostic capacity and quality systems for early detection of cancers through introduction and decentralization of new technologies by 2027.
3. Scale up integrated cancer services (cervical, breast, prostate, lung) and ensure treatment initiation within one month of diagnosis by 2029.
4. By 2029, ensure that at least 80% of health facilities provide comprehensive quality cancer services including palliative and rehabilitative care as defined in the Essential Health Care Package with zero stock out of essential medicines and supplies.
5. By 2029, enhance the governance and sustainability of cancer control by fully staffing the NCCP, secure long-term financing mechanisms, and foster resilient multisectoral collaboration
6. By 2029, strengthen cancer data systems and research capacity to generate high-quality evidence for informed decision-making
7. Achieve at least 60% survival for children with cancer by 2029.

4.3 Guiding Principles & Values of the National Cancer Control Plan:

The National Cancer Control Plan (NCCP) 2025-2029 is guided by a set of core principles and values that underpin the design, implementation, monitoring, and evaluation of cancer prevention and control interventions. These principles reflect the commitment of the Ministry of Health and its partners to delivering equitable, people-centred, high-quality, and sustainable cancer services for all people in Eswatini.

Universal Access and Equity

Cancer prevention, diagnosis, treatment, palliative care, and survivorship services shall be accessible to all people, regardless of socioeconomic status, geographic location, gender, age, disability, or ability to pay.

Ethics and Confidentiality

All cancer services shall be delivered in accordance with the highest ethical standards, ensuring the privacy, confidentiality, and protection of patient information at all levels of care.

Evidence-Based Practice

Policies, programmes, and interventions shall be informed by the best available scientific evidence, public health principles, and emerging innovations to maximize impact and improve outcomes.

Holistic and Integrated Care

Cancer services shall address the physical, emotional, psychosocial, nutritional, spiritual, and rehabilitative needs of patients and their families across the continuum of care.

Partnership and Multisectoral Collaboration

Effective cancer control requires collaboration among government institutions, healthcare providers, civil society organizations, communities, academia, development partners, the private sector, and people affected by cancer.

Accountability and Transparency

All stakeholders involved in the implementation of the NCCP shall be accountable for their roles and responsibilities, ensuring transparency in decision-making, resource utilization, and reporting of results.

Human Rights and Dignity

Cancer services shall uphold the dignity, rights, and autonomy of all individuals, ensuring that no one is left behind and that care is provided without discrimination or stigma.

Compassion and Empathy

Healthcare providers and stakeholders shall promote respectful, compassionate, and person-centred care that recognizes the experiences, needs, and preferences of patients and their families.

Innovation and Technology

The Plan will promote the adoption of appropriate technologies and innovative approaches, including digital health solutions, telemedicine, artificial intelligence, and modern diagnostic tools, to improve access, quality, and efficiency.

Sustainability and Integration

Cancer prevention and control interventions shall be integrated within existing health systems and programmes to promote long-term sustainability, efficient use of resources, and strengthened health system performance.

People-Centred Approach

Patients, families, survivors, and communities shall remain at the centre of cancer prevention and control efforts, ensuring that services are responsive to their needs, preferences, and lived experiences.

Chapter 5: Strategic Framework: Strategic Objectives & Priority Interventions

To achieve the strategic objective and targets the following interventions have been prioritised for implementation.

Objective 1: By 2029, achieve and sustain 90% HPV vaccination coverage among girls aged 9-14 years, and reduce cancer risk factors by at least 3% from 2024 baseline.

1.1 Priority Intervention: Strengthen multi-sector coordination and policy integration

Activities:

1.1.1 Establish a National Cancer Prevention Task Team including all key MOH programs and partners.

1.1.2 By 2027, establish an SOP or MOU to integrate cancer prevention efforts across Ministry of Health programs, development partners, CSOs, and other government sectors, clearly defining roles, responsibilities, and shared objectives for coordinated action

1.2 Priority Intervention: To significantly reduce cervical and liver cancer risk.

Activities:

1.2.1 Expand access to HPV vaccine

1.2.2 Create awareness on cervical cancer risk prevention

1.2.3 Finalize and implement HPV vaccination guidelines and tools.

1.3 Priority Intervention: Increase community awareness about cancer risk factors, risk reduction behaviors and interventions

Activities:

1.3.1 Train key stakeholders (CHWs, teachers, media, traditional leaders, and healers, religious and youth leaders), at least 1000, annually on cancer risk factors.

1.3.2 Promote healthy lifestyles in communities, workplace, schools and health facilities

Objective 2: Expand the national diagnostic capacity and quality systems for early detection of cancers through introduction and decentralization of new technologies by 2027.

2.1 Priority Intervention: Improve technology integration and service expansion

Activities:

2.1.1 Introduce Picture Archiving & Communication System (PACS) in all imaging departments

2.1.2 Expand ultrasound services in all health centers.

2.1.3 Decentralize imaging services and establish satellite diagnostics e.g. telemedicine in rural areas.

2.1.4 Decentralize HPV / DNA testing by multiplexing of Gene Xpert.

2.1.5 Strengthen immunohistochemistry testing at the National Anatomical Pathology Laboratory.

2.1.6 Establish a rapid frozen section to facilitate urgent cancer diagnosis.

2.1.7 Advocate for recruitment of one haematologist

2.1.8 Conduct training in haematology and molecular diagnostics

2.2 Priority Intervention: Enhance operational systems and quality standards

Activities:

2.2.1 Strengthen sample transport logistics

2.2.2 Advocate for national laboratory accreditation.

2.2.3 Optimize operational efficiency and accuracy at NAPL by standardizing core processes

2.2.4 Engage the laboratory to improve on turn-around time for results

2.2.5 Advocate for improved ordering (supply chain logistics) systems

Objective 3: Scale up integrated cancer services (cervical, breast, prostate, lung) and ensure treatment initiation within one month of diagnosis by 2029.

3.1 Priority Intervention: Expand technical expertise and regulatory capacity

Activities:

3.1.1 Establish in-service training programs for quality cancer continuum of care.

3.1.2 Decentralise cancer early detection and pre-cancer treatment services as per guidelines

3.1.3 Strengthen integration of cancer early detection in existing programs.

3.1.4 Strengthen structured early detection outreach campaigns.

3.1.5 Capacitate health care workers to provide cancer early detection and pre-cancer treatment (LEEP and FNA)

3.1.6 Provide mentorship on palliative care in level 3–5 facilities with primary care linkages.

3.1.7 Strengthen referral and linkages.

Objective 4: By 2029, ensure that at least 80% of health facilities provide comprehensive quality cancer services including palliative and rehabilitative care as defined in the Essential Health Care Package with zero stock out of essential medicines and supplies.

4.1 Priority Intervention: Improve availability of comprehensive cancer treatment services

Activities:

4.1.1 Decentralize cancer services and palliative care programs to secondary and tertiary health facilities

4.1.2 Collaborate with stakeholders to strengthen and coordinate the cancer care services including palliative care.

4.1.3 Improve patient's long-term outcomes and overall quality of life by integrating supportive care with clinical phases of cancer care.

4.1.4 Facilitate establishment of tumor board forums

4.1.5 Facilitate establishment of radiotherapy and nuclear medicine units to improve treatment outcomes.

4.1.6 Review guidelines for palliative care, including curative and palliative surgery.

4.1.7 Train healthcare workers on early warning signs of all priority cancers and refer appropriately.

4.1.8 Incorporate early warning signs of all priority cancers in preservice training

4.1.9 Strengthen patient navigation

4.2 Priority Intervention: Standardize professional practice for cancer care

Activities:

4.2.1 Develop and review guidelines (cancer treatment, palliative care, psychosocial policy, nutritional, cervical cancer early detection and management)

4.2.2 Develop and implement WHO aligned SOPs for chemotherapy safety

4.2.3 Harmonize palliative care curriculum for healthcare worker training into national palliative care policy

4.2.4 Determine oncology specialized needs

4.2.5 Advocate for recruitment and training specialized oncology personnel to enable comprehensive care

4.3 Priority Intervention: Collaborate with CMS for improved supply chain processes

Activities:

4.3.1 Improve forecasting, quantification, and costing of cancer medicines and consumables based on disease burden to ensure consistent availability.

4.3.2 Advocate for procurement of equipment with maintenance plans.

Objective 5: By 2029, enhance the governance and sustainability of cancer control by fully staffing the NCCP, securing long-term financing mechanisms, and fostering resilient multisectoral collaboration.

5.1 Priority Intervention: Strengthen the National Cancer Control Program capacity

Activities:

5.1.1 Advocate for recruitment of personnel, at least 1 epidemiologist, 1 M&E officer.

5.1.2 Conduct skills audit assessment using competency-based tools to assess current skills and identify skills gap

5.1.3 Build NCCU staff capacity based on skills assessment report

5.2 Priority Intervention: Strengthen cancer legislative related frameworks

Activities:

5.2.1 Establish a Multi-sectoral Cancer Response Advisory Committee.

5.2.2 Develop the Cancer Prevention and Control Act.

5.2.3 Advocate policies for essential cancer service access.

5.2.4 Develop, disseminate and implement policies

5.2.5 Advocate for the implementation of Tobacco Act

5.2.6 Institutionalize cancer as a notifiable disease, through the multi-sectoral advisory committee.

5.2.7 Enactment of comprehensive Radiation and Nuclear Act

5.3 Priority Intervention: Strengthen coordination, partnerships and accountability mechanisms for cancer prevention and control

Activities:

5.3.1 Convene quarterly multi-sectoral TWG coordination meetings

5.3.3 Activate national cancer control sub-committees.

5.3.3 Establish public-private partnership through formal agreements for improved reporting systems and delivery of cancer services in line with national standards.

5.4 Priority Intervention: Increase sustainable financing mechanisms

Activities:

5.4.1 Advocate for increased public financing to ensure UHC

5.4.2 Advocate for the National Health Insurance to reduce out-of-pocket expenditure.

5.4.3 Strengthen sustainable financing models to improve cancer services and access programs such as donations, grants etc

5.4.4 Leverage on private medical aid providers for cost savings and financing mechanisms

5.4.5 Support country work plans and ring-fenced cancer budgets.

5.4.6 Advocate for program financing from levies and sin taxes.

Objective 6: By 2029, strengthen cancer data systems and research capacity to generate high-quality evidence for informed decision-making.

6.1 Priority Intervention: Strengthen data collection, quality, reporting and use

Activities:

6.1.1 Conduct quarterly Quality of Care Audits (QOCA) and incorporate recommendations into continuous quality improvement (CQI).
6.1.2 Conduct Data Quality Audits (DQA)
6.1.3 Strengthen data collection system to track patient linkage through the continuum of care (early detection, diagnostic, treatment, and mortality)
6.1.4 Leverage digital health and innovation
6.1.5 Conduct quarterly performance monitoring of program indicators
6.1.6 Monitor client satisfaction and experience
6.1.7 Standardize community data collection tools

6.2 Priority Intervention: Promote operational research and evidence generation

Activities:

6.2.1 Collaborate with academic and health institutions to conduct cancer related research.
6.2.2 Incorporate priority cancer research studies into the Research Agenda.
6.2.3 Create research partnerships and mentorship programs.
6.2.4 Operationalize data for research and programming
6.2.5 Develop research abstract on cancers

Objective 7: Achieve at least 60% survival for children with cancer by 2029.

7.1 Priority Intervention: Strengthen Early Detection of Childhood Cancers

Activities:

7.1.1 Increase Public Awareness
7.1.2 Build Capacity of Health Care Workers
7.1.3 Develop training manual for childhood cancers
7.1.4 Integration of childhood cancers into programs

7.2 Priority intervention: Improve Treatment, Palliative Care, Rehabilitation and Survivorship

Activities:

7.2.1 Map and implement referral pathway at each service delivery point i.e community, primary care site, health center, hospital etc
7.2.2 Advocate for UHC inclusion of childhood palliative services
7.2.3 Establish a Pediatric Oncology Centre of Excellence in Manzini
7.2.4 Actively receive and track children receiving treatment in South Africa through the pediatric oncology unit in Manzini
7.2.5 Establish champion programs to support newly diagnosed children
7.2.6 Improve survivorship support programs and school re-integration programs.

7.3 Priority Intervention: Strengthen Multi-sectoral Coordination

Activities:

7.3.1 Establish a National Childhood Cancer Taskforce
7.3.2 Develop Integrated Referral and Data Systems
7.3.3 Conduct Joint Awareness and Capacity-Building Campaigns

Chapter 6: Implementation Framework

The rollout of Eswatini's Cancer Control Strategy for 2025–2029 will require the active participation of multiple stakeholders, each with a vital role in driving the program's success. Below is an outline of the principal responsibilities assigned to the various entities involved:

6.1 National Cancer Control Unit (NCCU), Ministry of Health

The NCCU will act as the central authority for technical coordination and oversight of the strategy's implementation. Its mandate includes managing all cancer prevention, screening, treatment, and monitoring initiatives across the health system. In addition, the NCCU will lead capacity-building efforts—such as training healthcare professionals, equipping facilities to deliver cancer services, and reinforcing governance structures to ensure effective service delivery.

6.2 High-Level Multi-sectoral Technical Working Groups

This committee will provide strategic direction to ensure that the cancer elimination plan is aligned with broader national health priorities. It will be composed of representatives from diverse sectors, including government ministries, private sector organizations, and civil society groups. Its primary functions are to foster inter-sectoral collaboration, resolve policy challenges, and secure resources and support from across sectors.

6.3 Cancer Prevention & Control Task Force

The task force will function as a technical advisory body, offering scientific expertise to guide the strategy implementation. Comprised of clinical specialists, public health experts, and researchers, it will oversee the development of clinical protocols, quality standards, and performance benchmarks for cancer services. The task force will also support the integration of innovative technologies and approaches in screening, diagnosis, and treatment.

6.4 Healthcare Facilities & Providers

Healthcare providers at all levels—from community health workers to specialists—will be responsible for delivering services such as screening, diagnosis, treatment, and palliative care. They will also play a central role in community outreach and education, raising awareness about cancer prevention and available services. Ongoing training and mentorship will ensure that healthcare workers consistently deliver high-quality care.

6.5 Non-Governmental Organizations (NGOs) & Civil Society Organizations (CBOs)

NGOs and CBOs will be instrumental in mobilizing communities and ensuring that information on cancer prevention, screening, and treatment reaches underserved populations. Their contributions will include public awareness campaigns, community education, and collaboration with survivors and advocacy groups to promote equitable access to services. They will also support capacity-building initiatives, particularly for community health workers.

6.6 Development Partners and Donors

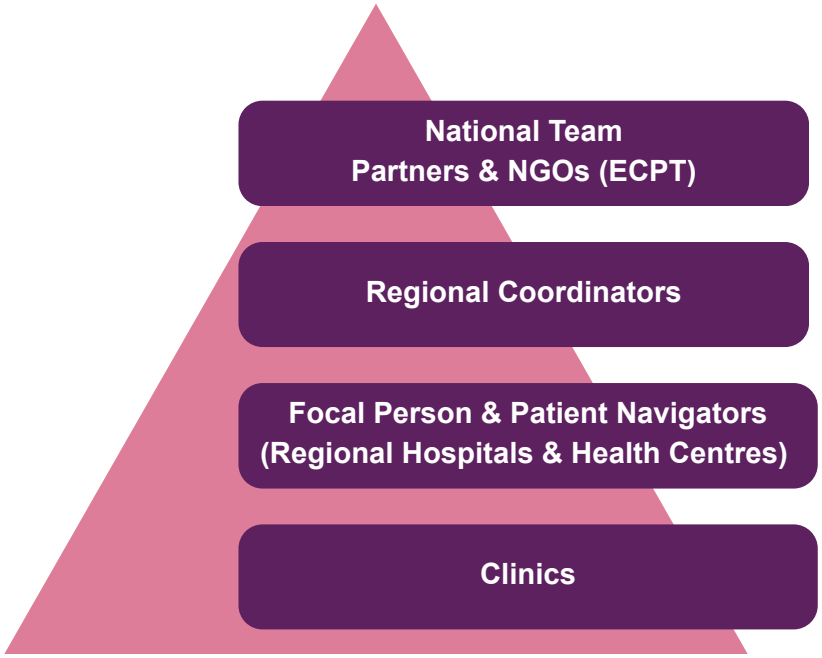
Development partners and donors will provide critical financial support for the successful implementation of the strategy. Their contributions will fund the procurement of HPV vaccines, screening kits, diagnostic equipment, and treatment services, while also supporting public awareness campaigns and infrastructure development. This funding is essential to achieving the coverage targets outlined in the strategy.

6.7 Educational Institutions and Research Bodies

Academic and research institutions will contribute by training healthcare professionals in oncology and related fields, as well as conducting studies on cancer prevention, treatment, and care. They will play a key role in capacity building and in shaping research agendas that inform evidence-based policy and practice.

6.8 Implementation Arrangements

Implementation Structure



Stakeholders

- Ministry of Health Programs (EPI, NCD, ENAP, Health Promotion, SRHU, etc.)
- Technical working group
- UN (WHO, UNICEF, UNFPA)
- Implementation Partners (COAG, GU, ASPIRE, CHAI, Baylor, etc.)
- Civil Society (ECAN, FAWESWA, Hospice at Home, etc.)
- Religious organizations
- Community

Figure 7: Implementation arrangements for cancer control activities

The above figure summarises the implementation arrangements for cancer prevention and control interventions with the support from different partners. One of the key strengths is the availability of regional coordinators and cancer patients' navigators at regional hospitals and health centres helping patients overcome various hurdles in the referral pathway.

6.9 Coordination Framework

Area	Actors	Supporting Partners	Key Outputs
Governance	Ministry of Health (NCCU)	WHO, NGOs, private sector	National Steering Committee
Prevention	NCCU and Ministries such as DPM, Inkhundla, education, finance, public service, commerce etc.	NGOs, schools, workplaces	Awareness campaigns, vaccination
Screening	NCCU, clinics, health centers, public health, Regional Hospitals and National facilities	HIV/AIDS programs, labs	National Cancer Registry, screening coverage
Treatment	NCCU, Public and private Hospitals	Private clinics, international partners	Standardized treatment guidelines
Patient Support	NCCU, Civil societies organizations and Social Services	NGOs, community groups	Counseling, palliative care, financial aid

Chapter 7: Monitoring & Evaluation Plan

7.1 Introduction

The monitoring and evaluation framework measures the country's cancer control programme and improves health outcomes. As a vital component of the National Cancer Control Plan (NCCP) 2025-2029, the Monitoring and Evaluation (M&E) section plays a fundamental role in ensuring that cancer control interventions are effectively implemented, assessed and continuously improved. Monitoring and Evaluation are essential to understanding the effectiveness, efficiency and equity of cancer control interventions. Through robust M&E practices, stakeholders can identify strengths and weaknesses within the cancer control programme, enabling timely interventions to address gaps and challenges. Effective M&E not only assesses the uptake and utilization of cancer services but also highlights disparities in access and coverage across different populations, ensuring that no group is left behind. This commitment to equity aligns with Eswatini's broader health sector goals and sustainable development objectives.

This section provides the objectives, indicators, data collection mechanisms, reporting arrangements, and timelines that will guide the monitoring and evaluation of the National Cancer Control Plan 2025-2029 to systematically track progress, measure impact, and facilitate evidence-based decision-making.

7.2 Objectives of the M&E Framework

It is designed to track the implementation and impact of cancer control interventions, identify challenges and gaps, and facilitate data-driven decision-making for continuous programme improvement and improved cancer outcomes.

7.3 Data Collection Mechanisms

Effective cancer control relies on robust data collection systems that capture accurate, timely, and comprehensive information. These mechanisms ensure evidence based decision making, facilitate monitoring of program performance, and promote equity in access to cancer services.

7.3.1 Routine Data Collection

- Health Management Information System (CMIS/HMIS portal).
- National Cancer Registry.
- Hospital and health facility patient records.
- Cancer screening registers.
- Oncology treatment registers.
- Laboratory and pathology reports.
- Mortality and vital registration systems.
- Palliative care service records.

7.3.2 Surveys

- Periodic surveys to capture cancer risk factors, screening coverage, service utilization, and equity data.
- Health facility assessments and service readiness surveys.
- Exit interviews and patient satisfaction surveys.
- Focus group discussions with patients, caregivers, and communities.
- Key informant interviews with healthcare workers, programme managers, traditional leaders, and community leaders to gather insights on barriers and facilitators to cancer prevention, screening, diagnosis, treatment, and palliative care service uptake.

7.4 Data Analysis & Interpretation

- Use of statistical software (e.g. DHIS2, Cancer Registry databases, STATA) to analyze quantitative data.
- Thematic analysis for qualitative data to derive insights and recommendations.
- Comparing findings with national and international benchmarks, and global targets to assess progress.

7.5 Reporting

- Monthly reports on routine cancer programme data.
- Bi-annual and annual comprehensive reports.
- Establish feedback mechanisms involving stakeholders at all levels, from healthcare workers to policymakers.
- Community meetings to discuss findings and collaboratively identify strategies to address gaps.
- Stakeholder workshops, community forums, and conferences to share findings.
- Digital platforms (websites, social media) to share reports and updates with broader audiences.

7.6 Evaluations

7.6.1 Mid-term Evaluation (Years 2-3: 2026-2027)

- Conduct a mid-term evaluation to assess progress towards the objectives and targets of the National Cancer Control Plan.
- Refine data collection processes and strengthen data quality assurance mechanisms.
- Review programme performance and adjust strategies based on evaluation findings.

7.6.2 End-term Evaluation (Years 4-5: 2028-2029)

- Conduct a comprehensive impact evaluation of the National Cancer Control Plan 2025-2029.
- Assess progress towards achieving the Plan's goals, objectives, and targets.
- Evaluate the effectiveness, efficiency, relevance, sustainability, and impact of cancer control interventions.
- Document lessons learned, best practices, and implementation challenges.
- Review and update national cancer control priorities and strategic directions based on accumulated evidence and evaluation findings.

Chapter 8: Conclusion

This National Cancer Control Strategy provides a comprehensive roadmap to reduce the burden of cancer in Eswatini by 2029. Through clearly defined objectives, priority interventions, and targeted activities across prevention, early detection, treatment, research, and governance, the strategy emphasizes a coordinated, integrated, and evidence-based approach.

Successful implementation will require strong collaboration among Ministry of Health programs, development partners, civil society organizations, and other government sectors, supported by sustainable financing, robust data systems, and continuous capacity building. By operationalizing this strategy, Eswatini can achieve significant improvements in cancer prevention, early diagnosis, treatment outcomes, and survivorship, ultimately improving population health and quality of life.

This strategy serves as a call to action for all stakeholders to work together in a unified effort, ensuring that no one is left behind in the fight against cancer. Its full implementation will position Eswatini to meet its national targets, strengthen health system resilience, and create a sustainable foundation for ongoing cancer control and research.

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Appendix 1: NCCU Implementation Plan

OBJECTIVE 1: By 2029, achieve and sustain 90% HPV vaccination coverage among girls aged 9-14 years, and reduce cancer risk factors by at least 3% from 2024 baseline.										
Intervention	**Activity**	**Sub-Activity**	**Responsible Person**	**Timeline**					**Target**	**Output Measurement**
				2025	**2026**	**2027**	**2028**	**2029**		
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	NCCU Prevention Officer	X	X				Identify 20 stakeholders	List of stakeholders
		Conduct a one-day meeting to develop TOR and orient key stakeholders	NCCU Prevention Officer	X	X				1 Meeting conducted, 1 TOR draft	Register of participants , TOR draft
	1.1.2 Develop a collaborative cancer prevention Standard Operating Procedure (SOP) or Memorandum of Understanding (MOU) that clearly defines the roles, responsibilities, and key objectives of major Ministry of Health programs (e.g., NCCU, NCD, EPI), development partners, CSOs and other government sectors by 2027.	Conduct a 1.5 day meeting with MoH programs, development partners, CSOs, and other government sectors to develop the SOP	NCCU Prevention officer			X			1 Meeting Conducted, 1 SOP	Register of participants, Approved SOP final document

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
1.2 To significantly reduce cervical and liver cancer risk.	1.2.1 Advocate access to HPV vaccine	Conduct a one-day meeting with stakeholders (e.g. EPI, Health Promotion, and School Health) to develop culturally and age appropriate HPV vaccine promotion and educational materials	NCCU Health Promotion Officer	X	X				1 Meeting Conducted	Register of Participants
	1.2.2 Create awareness on cervical cancer risk prevention	Conduct quartley regional 0.5 day trainings for CHWs and RHMs on cervical cancer prevention messaging	NCCU Health Promotion Officer	X	X	X	X	X	135 RHMs trained per quarter	Register of participants
		Conduct community education sessions in collaboration with local leaders, womens' groups,male engagement groups and youth groups	NCCU Health Promotion Officer		X	X	X	X	Conduct 1 session per week per region	Register of participants
		Integrate cervical cancer information into existing health outreach activities	NCCU Health Promotion Officer		X	X	X	X	Integrate with 25 existing health outreach activities per quarterNote: align with Record of outreach events	Record of outreach events
		Disseminate prevention messages via traditional and digital media	NCCU Health Promotion Officer		X	X	X	X	2 interviews per month	Record of interviews

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
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	NCCU Prevention Officer		X	X	X	X	1 training curriculum	Finalized training curriculum
		Half a day meeting with regional coordinators to develop a training plan	NCCU Prevention Officer		X	X	X	X	1 training plan	Finalized training plan
		Conduct regional trainings	NCCU Prevention Officer		X	X	X	X	1,000 stakeholders trained Note: specify by type of stakeholder	Participant register
	1.3.2 Promote healthy lifestyles in communities, workplace, schools and health facilities	Create public awareness on cancer by collaborating with health promotion unit in conducting community outreaches	NCCU Health Promotion Officer		X	X	X	X	Conduct 1 outreach per week per region	Outreach reports
		Dissemination of IEC materials to communities, workplace, schools, and health facilities	NCCU Health Promotion Officer		X	X	X	X	Disseminate 500 IEC materials per month	Dissemination records
		Collaborate with health promotion unit to conduct health education campaigns using available media platforms	NCCU Health Promotion Officer		X	X	X	X	2 interviews per month	Record of interviews
					X	X	X	X	At least 1 social media post per week	Record of posts, engagement records

OBJECTIVE 2: Expand the national diagnostic capacity and quality systems for early detection of cancers through introduction and decentralization of new technologies by 2027.											
Intervention	**Activity**	**Sub-Activity**	**Responsible Person**	**Timeline**					**Target**	**Output Measurement**
				2025	**2026**	**2027**	**2028**	**2029**		
2.1 Improve technology integration and service expansion	2.1.1 Introduce Picture Archiving & Communication System (PACS) in referral facility to improve cancer diagnosis, staging and multidisciplinary care	Conduct PACS readiness and feasibility assessment	NCCU Clinical Officer		X				1 assessment conducted	PACS Feasibility assessment report
		Consultation meeting to develop technical specifications and governance framework	NCCU Clinical Officer		X				1 framework	Framework document approved
		Consultation meeting to develop costed implementation and financing plan	NCCU Clinical Officer			X			1 costed plan	Approved implementation and financing plan
		Implement PACS pilot in referral hospital	NCCU Clinical Officer			X			1 pilot facility	Approved pilot site
		Evaluate pilot and develop phased national scale-up plan	NCCU Clinical Officer				X		PACS pilot evaluated	Evaluation report
	2.1.2 Expand ultrasound services in all health centres.	Procurement of ultrasound machines	NCCU Clinical Officer			X	X	X	16 machines	Procurement records
		Train staff on how to use ultrasound	NCCU Clinical Officer			X	X	X	40 clinicians trained	Training register and report.
		Facilities equipped with ultrasound	NCCU Clinical Officer			X	X	X	16 facilities equipped	Installation list
		Use of ultrasound machines	NCCU Clinical Officer			X	X	X	≥5,000 ultrasound scans/year	System usage statistics

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
2.1 Improve technology integration and service expansion	2.1.3 Decentralize imaging services and establish satellite diagnostics e.g. telemedicine in rural areas	Conduct assessment of regional hospitals and health centers for telehealth readiness	NCCU Clinical Officer			X			10 rural sites assessed	Assessment report
		Procurement of Equipment for telemedicine	NCCU Clinical Officer				X		10 telemedicine kits procured	Inventory list/procurment records
		Conduct a 1 day in service training on telemedicine	NCCU Clinical Officer				X	X	20 clinicians	Training register
		Utilization of telehealth services	NCCU Clinical Officer				X	X	≥600/year Cases (50/month)	Telehealth logbook
	2.1.4 Decentralize HPV / DNA testing by multiplexing of Gene Xpert.	Identify and assess site for GeneXpert	NCCU Clinical Officer			X			5 sites identified	Assessment report
		Establish a costed list of all commodities and equipment required for functionality for GeneXpert	NCCU Clinical Officer			X			Commodities and equipment list established	Costed and appproved commoditities list with Lab supply chain team
		Procurement of HPV cartridges and other listed commodities	NCCU Clinical Officer			X	X		5,000 cartridges	Procurement records with Lab supply chain team
		Conduct 1 day training for Lab staff	NCCU Clinical Officer			X	X	X	15 staff trained	Training register, report
		Utilization of GeneXpert	NCCU Clinical Officer				X	X	≥4,000 tests/year	Lab reports
	2.1.5 Strengthen immunohistochemistry testing at the National Anatomical Pathology Laboratory.	IHC reagents procured	NCCU Clinical Officer			X	X	X	12 months stock	Stock records-quantification report data
		IHC tests conducted	NCCU Clinical Officer			X	X	X	Increase by 30% from baseline	Annual lab reports
		Conduct quality audits assessments	NCCU Clinical Officer			X	X	X	4 internal audits	QA reports

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
2.1 Improve technology integration and service expansion	2.1.6 Establish a rapid frozen section to facilitate urgent cancer diagnosis.	Conduct a meeting with pathology department on feasibility of frozen section	NCCU Clinical Officer			X			Meeting with pathology department	Meeting minutes
	2.1.7 Advocate for recruitment of one haematologist	Conduct an advocacy meeting with MOH directorate,Public service	NCCU Clinical Officer			X	X		Approval and initiation of recruitment for heamatologist	Report detailing
	2.1.8 Conduct training in haematology and molecular diagnostics	Conduct training needs assessment	NCCU Clinical Officer			X			1 Taining needs assessment	Assessment report
		Conduct 1.5 day staff training	NCCU Clinical Officer				X	X	10 staff Members	Training register
		Post training mentorship	NCCU Clinical Officer				X	X	6 mentorship sessions	Mentorship reports
2.2 Enhance operational systems and quality standards	2.2.1 Strengthen sample transport logistics	Develop Standard Operations Procedure for sample transport management	NCCU Clinical Officer			X			SOP developed, ensure 95% of samples reach laboratories within recommended time frames	Validated SOPs, % samples transported within established time frame
	2.2.2 Advocate for national laboratory accreditation.	Conduct gap assessment and readiness evaluation for laboratories seeking accreditation.	NCCU Clinical Officer			X			Evaluation conducted	Assessment report
	2.2.3 Optimize operational efficiency and accuracy at NAPL by standardizing core processes	Advocate for the decentralization of lab testing during quarterly meetings	NCCU Program Manager, NCCU Prevention Officer		X	X	X	X	4 Quarterly meetings	Meeting minutes
	2.2.4 Engage the laboratory to improve on turn-around time for results	Establish a baseline for turn around times (especially for biopsies)	NCCU Prevention Officer		X				1 report of baseline turnaround times	Report
		Monthly monitoring of processes samples and results.	NCCU Prevention Officer		X	X	X	X	Improve turnaround times by a minimum of 30%	Monthly turnaround time reports

OBJECTIVE 3: Scale up integrated cancer services (cervical, breast, prostate, lung) and ensure treatment initiation within one month of diagnosis by 2029.										
Intervention	**Activity**	**Sub-Activity**	**Responsible Person**	**Timeline**					**Target**	**Output Measurement**
				2025	**2026**	**2027**	**2028**	**2029**		
3.1 Expand technical expertise and regulatory capacity	3.1.1 Establish in-service training programs for quality cancer continuum of care.	Conduct a training needs assessment	NCCU SID Lead		X				1 report on training needs	1 report on training needs
		Develop a training plan	NCCU SID Lead		X				1 training plan	Training plan
		2 day workshop to develop a national cancer master trainer framework and core training package	SID Lead, NCCU Prevention Officer		X				1 validated national cancer master trainer framework and core training package	National cancer master trainer framework and core training package
		Advocate,identify and train 8 cancer master trainers in 5 day workshop	NCCU SID Lead, NCCU Prevention Officer		X	X			8 cancer master trainers trained	Cancer master trainers list
		Conduct a 1 day meeting to present and dessiminate plan to the relevant stakeholders	NCCU SID Lead		X				1 day meeting with 25 inservice cordinators	Disseminated training plan, meeting minutes
		Conduct/ facilitate training based on the training plan	NCCU SID Lead		X	X	X	X	25 DOCTORS,200 NURSES,5 social workers,5 psychologists trained twice/quarter according to treatment	Report, training register

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
3.1 Expand technical expertise and regulatory capacity	3.1.2 Decentralise cancer screening and pre-cancer treatment services as per guidelines	Conduct an assessment and inventory of the different facilities to ascertain screening capabilities	NCCU Prevention Officer		X	X	X	X	25 facilities assessed during this period	1 assessmemt and inventory report
		Submission and presentation of the assessment and inventory report to NCCU program manager and staff	NCCU Prevention Officer		X	X	X	X	1 internal meeting	Meeting minutes
		Conduct courtesy calls to different facilities to ascertain availability of missing equipment as per inventory report	NCCU Prevention Officer		X	X	X	X	25 phone calls	1 update report
		Develop promotional material for all 5 cancers	NCCU Prevention Officer		X	X	X	X	IEC materials for all regions	Developed IEC material
		Conduct mentorship and supervisory vists to facilities to ensure service delivery	NCCU Prevention Officer		X	X	X	X	25 facilities visited and mentored	Mentorship and supervisory report
	3.1.3 Strengthen integration of cancer screening in existing programs.	Conduct assessment of the available programs in the country explore interlinking with the different cancers	NCCU Prevention Officer		X	X			1 internal meeting,	1 assessment report
		Engage stakeholders on possibility of collaboration on screening tools	NCCU Prevention Officer		X				1 meeting with stakeholders	Meeting minutes
		Develop an action plan for the integration of screening tools based on the meeting minutes	NCCU Prevention Officer		X				1 internal meeting	1 action/ work plan document

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
3.1 Expand technical expertise and regulatory capacity	3.1.4 Strengthen structured screening outreach campaigns	Develop an annual outreach plan	NCCU Prevention Officer		X	X	X	X	1 outreach plan	Outreach plan
		Liaise and cordinate with RHMTs /CBHWs to coordinate outreach program	NCCU Prevention Officer/Regional Coordinators		X	X	X	X	59 CBHW Leads for 59 tinkhundla	1 report on CBHWs contacted
		Liaise and share the outreach planwith targeted industry governing body and ministry of Tikhundla and cordinate outreach campaigns	NCCU Prevention Officer		X	X	X	X	1 meeting held	Minutes, shared outreach plan
		Share outreach plan with health promotion officer: to create advertisments on social media/print media etc	NCCU Health Promotion Officer		X	X	X	X	1 meeting held	Social media posts, advertisments, radio talk show
		Liaise and collaborate with external partners and NGOs that provide screening services to prevent duplication of services	NCCU Program Manager	X	X				1 half day meeting	Meeting minutes,plan reflecting collaboration
	3.1.5 Capacitate health care workers to provide cancer screening and pre-cancer treatment (LEEP and FNA)	Organise capacity building workshops for HCWs according to the training plan	NCCU Prevention Officer		X	X	X	X	3 week long trainings	200 Trained healthcare workers with certification (EMDC accredidation)

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
3.1 Expand technical expertise and regulatory capacity	3.1.6 Provide mentorship on palliative care in level 3–5 facilities with primary care linkages.	Liaise with SMOs and Matrons to nominate healthcare workers to form a comprehensive palliative care team in their respective facilities	NCCU Palliative Care Officer		X		X		Comprehensive palliative care team	25 nominated palliative care teams list
		Train 25 palliative care teams (different cadres),according to training manual/plan	NCCU Palliative Care Officer		X	X	X	X	25 trained palliative care teams	Official list of 25 palliative care teams with certification (EMDC accredidation)
		Conduct mentorship and supervisory vists to facilities to ensure service delivery	NCCU Palliative Care Officer		X	X	X	X	25 palliative care mentorship visits	1 comprehensive report
		Liaise with CMS and the different pharmacists of the different facilities to ensure drug availability and address issues of stock outs	NCCU Palliative Care Officer		X	X	X	X	25 On-going phone calls to different facilities	Quaterly reports/updates on stock outs and availability
		Conduct a 1 day meeting with representatives of the different palliative care teams ,to share lessons learned and address challenges faced	NCCU Palliative Care Officer		X	X	X	X	1 day review meeting/annual	Report on the challenges /lessons learnt
		Conduct an assessment of the different health facilities in relation to patient navigators	NCCU Patient Navigator		X	X	X	X	Patient navigation status assessed across health facilities	1 report on the status of patient navigators in the different health facilities
		Request hospital management to nominate patient navigators	NCCU Patient Navigator		X	X	X		Patient navigators nominated	complete list of 25 patient navigators

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
3.1 Expand technical expertise and regulatory capacity	3.1.6 Provide mentorship on palliative care in level 3–5 facilities with primary care linkages. (Continued)	Conduct a 2,5 day training on patient navigation(role, duties,community resources and how to access them)2.5	NCCU Patient Navigator		X	X	X	X	Training of 25 navigators conducted.	Training report inclusive of list of certified navigators.
		Request slots and conduct presentations(CME meetings) at the different health facilities to capacitate and inform healthcare workers on the role and duties of patient navigator (to include basic referral package for referral to oncology units i.e-histology results,recent labs,ultrasound results etc)	NCCU Patient Navigator		X	X		X	25 ongoing CME meeting slots	Comprehensive CME meetings report
		Obtain and review national referral and linkages report (consultant hired to review and develop strategy)	NCCU Patient Navigator		X			X	1 Document received on national referral/linkages, 1 internal meeting to review document	report on findings and action plan (cancer related) aligning with national referral and linkages framework

OBJECTIVE 4: By 2029, ensure that at least 80% of health facilities provide comprehensive quality cancer services including palliative and rehabilitative care as defined in the Essential Health Care Package with zero stock out of essential medical supplies.											
Intervention	**Activity**	**Sub-Activity**	**Responsible Person**	**Timeline**					**Target**	**Output Measurement**
				2025	**2026**	**2027**	**2028**	**2029**		
4.1 Improve availability of comprehensive cancer treatment services	4.1.1 Decentralize cancer services and palliative care programs to secondary and tertiary health facilities	Conduct assessment on institutional capabilities of providing chemotherapy	NCCU Clinical Officer		X	X	X	X	25 health facilities assessed	1 assessment report
		1 day meeting with NCCU team, presenting the findings of assessment	NCCU Clinical Officer		X	X	X	X	1 meeting held	1 action plan or a detailed report
	4.1.2 Collaborate with stakeholders to strengthen and coordinate the cancer care services including palliative care.	Stregthen and improve the exsisting referral systems with (palliative care) stakeholders such as hospice at home/hope house	NCCU Palliative Care Officer		X	X	X	X	ongoing quaterly meetings	quaterly meeting reports, updated SOP linking external service providers with institutions
		Establish a multi- stakeholder committee to cordinate cancer services. Committee to comprise of palliative care reps, oncology reps and external service providers	NCCU Clinical Officer		X				Ongoing quaterly meetings	quaterly reports from the coordinating committee

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
4.1 Improve availability of comprehensive cancer treatment services	4.1.3 Improve patient's long-term outcomes and overall quality of life by integrating supportive care with clinical phases of cancer care.	Assess the supportive services provided in the existing oncology units	NCCU Clinical Officer		X	X	X	X	2 visits/annual to the different oncology units	report on the services provided
		Develop an action plan based on the assessment report	NCCU Clinical Officer		X	X	X	X	1 action plan	1 action plan, approved by the PM
		Conduct capacity building workshops for the healthcare workers according to the gaps identified/ facility	NCCU SID Lead		X	X	X	X	2 capacity building workshops/annual	1 report detailing workshops
		Liaise and advocate with SMOs and Matrons to facilitate and take the necessary steps to close the gaps found in the assessment report.i.e. human resource,drug shortages,equipment shortages etc	NCCU Clinical Officer			X	X	X	2 institutional action plan	2 institutional plan with timelines
		Liase and form partnerships with NGOs that provide services that may not be available in governement in an attempt to close the gaps.	NCCU Clinical Officer			X			Partnership engagement meeting with NGOs conducted	Report on services and possible partnerships to be explored.

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
4.1 Improve availability of comprehensive cancer treatment services	4.1.4 Facilitate establishment of tumor board forums	Review the different specialities available at the Mbabane government hospital and the Manzini government hospital	NCCU Clinical Officer		X				Review of specialists conducted	2 lists detailing the specialist available
		Nominate a tumor board, the board's focal medical officer, who will prepare case list, book hospital venue for meeting and appoint patients to come if needed at tumour board	NCCU Clinical Officer		X		X		Tumor board nominated and 1 medical officer (TB coordinator)	Official list of tumor board nominees
		prepare tumor board TORs and annual meeting sechdule	NCCU Clinical Officer		X		X		1 TOR document, 1 tumor board meeting schedule	Finalized TOR document
		Conduct an evaluation and prepare quaterly reports of the board meetings	NCCU Clinical Officer		X	X	X	X	4 quaterly tumor board reports	Quartely reports

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
4.1 Improve availability of comprehensive cancer treatment services	4.1.5 Facilitate establishment of radiotherapy and nuclear medicine units to improve treatment outcomes.	Conduct review, follow-up of status of the available radiotherapy and nuclear medicine road map for Manzini government.	NCCU Program Manager	X	X	X	X	X	1 status review report	1 approved report and approved way forward
		Collaborate with technical experts for setup of radiotherapy and nuclear medicine in country	NCCU Program Manager	X	X	X	X	X	Establish at least 1 framework	1 framework established and approved
		Conduct a training needs assessment and skills audit for HCWs in oncology related departments	NCCU Program Manager	X	X	X			Oncology training needs assessment and skills audit conducted	Skills audit assessment report
		A 5 day workshop to capacitate HCWs in specialised oncology related departments on radiotherapy and nuclear medicine as per training needs assessment report	NCCU Program Manager		X	X	X	X	Trained HCWs in facilities providing radiotheray and nuclear medicine services	Training report
		a 2 day workshop to develop or update radiation safety and nuclear medicine policies plus regulatory frameworks	NCCU Program Manager			X	X	X	1 approved radiation safety and nuclear medicine policies plus regulatory frameworks	Finalized policies and regulatory frameworks
		2 day workshop to develop radiotheraphy module linked with cancer screening and oncology module in CMIS	NCCU SID Lead			X			1 approved CMIS radiotherapy module linked to cancer screening & oncology modules	Report detailing

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
4.1 Improve availability of comprehensive cancer treatment services	4.1.6 Review guidelines for palliative care, including curative and palliative surgery.	Conduct stakeholder mapping and form guidelines review committee of experts	NCCU Clinical Officer			X			Form committee of 15 members and conduct reviews within 6 months	Official list of committee, Review reports
		Assess current guidelines against best practices	NCCU SID Lead				X		Updated guidelines developed.	Updated guidelines
		Development and alignment of palliative care guidelines.	NCCU Clinical Officer			X			dessiminate 200 guidelines to health facilities and	Distribution metrics

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
4.1 Improve availability of comprehensive cancer treatment services	4.1.7 Train healthcare workers on early warning signs of all priority cancers and refer appropriately	Conduct 5 day workshop to update, develop, standardize and validate cancer training materials across the entire cancer care continuum for prioritized cancer types.	NCCU Prevention Officer			X			Develop training materials for at least 5 priority cancers within 6 months.	Validated training materials
		conduct 3 day workshop to develop and standardize clinical guidelines on early warning signs and referal pathways across entire continuum of care	NCCU Prevention Officer			X			Clinical guidelines standardization workshop conducted	Validated and standardized clinical guidelines on early warning signs and referral pathways across entire continuum of care
		Conduct a 5 day workshop to update and develop new visual algorithms and screening checklist for priority cancers	NCCU Prevention Officer				X		Visual algorithims and screening checklist workshop conducted	Validated visual algorithms and screening checklist for priority cancers
		conduct 1 day meeting to establish mentorship programs ,multi -disciplinary clinical case review sessions(physical and virtual) linking primary healthcare facilities and oncology specialists	NCCU Prevention Officer			X			1 Meeting conducted	reports for mentorship programs ,multi - disciplinary clinical case review sessions(physical and virtual)
		conduct a 3 day workshop to update and develop new training manual for CBHCWs	NCCU Prevention Officer			X			Training manual development meeting	Validated CBHCWs training manual
		conduct a 2 day training for CBHCWs on cancer early warning signs and referral pathways	NCCU Prevention Officer			X	X	X	CBHCWs trained on cancer early warning signs and referral pathways	Training report

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
4.1 Improve availability of comprehensive cancer treatment services	4.1.8 Incorporate early warning signs of all priority cancers in preservice training	Collaborate with educational institutions to update curricula.	NCCU Prevention Officer				X		Collaborate with at least 5 educational institutions.	Number of institutions engaged.
		Develop assessment tools for preservice students.	NCCU Prevention Officer				X		Assessment tool developed.	Validated assessment tools.
		Monitor the implementation of updated curricula	NCCU Prevention Officer					X	Monitor implementation in at least 3 institutions.	Implementation reports.
	4.1.9 Strengthen patient navigation	select patient navigation champions in targeted facilities and conduct 2 day training on patient navigation pathway	NCCU Patient navigator			X	X	X		
		Strengthen paper based referral system and strenghten integration of digital health platforms establish electronic patient tracking system to monitor movement along cancer continuum of care(like whatsapp notification system between public and private facilities when they have any abnormal results, CMIS appointment and SMS notification)	NCCU Patient Navigator			X	X			Documented paper based referals and feedback tools, formulate a whatsapp notification system between public and private lab facilities when they have any abnormal results, CMIS dashboard for CMIS appointment and SMS notification
		Conduct 3 day workshop to formulate gudelines and SOPs to strenghten the provision of pre and post diagnosis and treatment counselling for clients and families	NCCU Patient Navigator				X		Guidelines and SOP development meeting conducted.	Validated guidelines & SOPs
		Conduct 1 day meeting to develop trackable patient navigation indicators	NCCU Patient Navigator			X			Indicator table developed	Validated Indicator table
		Conduct quarterly data review meetings	NCCU Patient Navigator			X	X	X	Quarterly review meetings	Patient navigation performance review report

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
4.2 Standardize professional practice for cancer care	4.2.1 Develop and review guidelines (cancer treatment, palliative care, psychosocial policy, nutritional, cervical cancer screening and management)	conduct inventory of all available cancer guidelines and 5 day cancer document development workshop	NCCU Prevention Officer			X				reviewed and validated cancer guidelines
	4.2.2 Develop and implement WHO aligned SOPs for chemotherapy safety	conduct a 3 day workshop to develop and disseminate WHO aligned SOPs for chemotherapy safety for HCW and client	NCCU Clinical Officer			X				reviewed,validated and diseminated WHO aligned SOPs for chemotherapy safety for HCW and client
	4.2.3 Harmonize palliative care curriculum for healthcare worker training into national palliative care policy	Review existing palliative care educational materials.	NCCU ClinicalOfficer/ NCCU Palliative Care Officer			X			Complete reviews within six months.	Curriculum review documentation.
		Include palliative care training curriculum in all cancer trainings and rehabilitation centres	NCCU ClinicalOfficer/ NCCU Palliative Care Officer				X	X	Collaborate with at least 5 institutions.	Number of institutions engaged.
		Integrate Palliative care training in nursing training institutions	NCCU ClinicalOfficer/ NCCU Palliative Care Officer				X		Implement updated curricula in at least 3 institutions.	Implementation reports
	4.2.4 Determine oncology specialized needs	Conduct needs assessments in palliative care services in oncology centres and rehabilatation centres.	NCCU Clinical Officer			X	X	X	Conduct assessments in at least 5 facilities annually.	Needs assessment reports.
		Gather data to identify gaps in oncology care.	NCCU Clinical Officer			X	X	X	Gaps in oncology care identified	Number of findings presented/report
		Report findings to stakeholders and develop a training plan to mitigate the gaps.	NCCU Clinical Officer				X		Develop recommendations based on identified needs.	Recommendations documented.
	4.2.5 Advocate for recruitment and training specialized oncology personnel to enable comprehensive care	half a day meeting to conduct oncology skills audit	NCCU Program Manager	X	X	X		X	Oncology training needs assessment and skills audit conducted	oncology skills audit report
		half a day advocacy meeting for recruitment specialized oncology personnel and explore training opportunities.	NCCU Program Manager		X	X	X	X	Recruitment advocacy meeting conducted.	adopted minutes for advocacy meeting

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
4.3 Collaborate with CMS for improved supply chain processes	4.3.1 Improve forecasting, quantification, and costing of cancer medicines and consumables based on disease burden to ensure consistent availability.	Assess historical data for cancer medicine usage.	NCCU Program Manager		X	X			Complete assessments within four months.	Assessment reports completed.
		Develop a forecasting model based on disease burden.	NCCU Program Manager		X	X	X	X	Develop a forecasting model within six months.	Forecast model documentation.
		Collaborate with CMS to ensure medicine availability.	NCCU Program Manager		X	X	X	X	Achieve a 80% availability rate for critical medicines.	Availability metrics.
	4.3.2 Advocate for procurement of equipment(CT scan, LEEP machines, sterilizers, colposcopies and screening truck) with maintenance plans.	Conduct a 1/2 day meeting to collaborate with Biomed, Diagnostic and Cancer Prevention unit and World Bank (Health Sytems strengthening project)	NCCU Program Manager	X			X		Collaboration meeting with relevant stakeholders.	Report detailing

OBJECTIVE 5: By 2029, enhance the governance and sustainability of cancer control by fully staffing the NCCP, secure long-term financing mechanisms, and foster resilient multisectoral										
Intervention	**Activity**	**Sub-Activity**	**Responsible Person**	**Timeline**					**Target**	**Output Measurement**
				2025	**2026**	**2027**	**2028**	**2029**		
5.1 Strengthen the National Cancer Control Program capacity	5.1.1 Advocate for recruitment of personnel, at least 1 Clinical Officer,1 prevention officer, 1 M&E officer.	Three x 2 hour meeting with the Directorate, Public service to recruit the 3 relevant posts	NCCU Program Manager	X	X	X			Approval and initiation of recruitment for at least 3 key positions	Reporting detailing
	5.1.2 Conduct skills audit assessment using competency-based tools to assess current skills and identify skills gap to NCCU staff	2 days subsequent meetings to develop and validate Competency Framework	NCCU Program Manager		X				Develop and validate Competency framework	Validated Competency framework
		3 subsequent days to administer Skills Assessment Tools	NCCU Program Manager			X			Conduct a skills assesment of NCCU staff	Skills assessment report
		3 days to analyze results and identify Skills Gaps	NCCU Program Manager			X			Identifying NCCU staff skills gap	Skills gap analysis report
	5.1.3 Build NCCU staff capacity based on skills assessment report	3 days meeting to develop training modules aligned with identified skills gaps.	NCCU Program Manager			X			3 day meeting to develop training modules	Validated training modules aligned to priority skills gap
		3 x 3 months Continuous Professional Development (CPD) Initiatives	NCCU Program Manager			X	X	X	3 CPD Initiatives	CPD Initiatives Reports
		2 days meeting Annual to monitor, evaluate, and adjust Capacity-Building Efforts	NCCU Program Manager				X	X	2 day evaluation meetings/Annual	Evaluation report
5.2 Strengthen cancer legislative related frameworks	5.2.1 Establish a Multisectoral Cancer Response Advisory Committee.	1/2 day meeting to review and replace missing stakeholders for the Multisectoral Cancer Response Advisory Committee	NCCU Program Manager				X		Advisory committee membership reviewed and updated	Revised and validated membership list with comprehensive meeting minutes
	5.2.2 Advocate the review of the policies for essential cancer service access.	1/2 day meeting to discuss the review of the policies for the essential cancer service access	NCCU Program Manager			X			1 Advocacy meeting	Advocacy meeting minutes

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
5.2 Strengthen cancer legislative related frameworks	5.2.4 Develop, disseminate and implement policies	1 day meeting to conduct stakeholder consultations to ensure policies align with organizational goals and compliance requirements.	NCCU Program Manager			X	X		Stakeholder policy consultation meeting	Aligned policies
		1 day meeting to finalize the documents, circulate for review, and secure formal approval from leadership	NCCU Program Manager			X			Policy validation meeting	Validated policy finalized for implementation
	5.2.5 Advocate for the implementation of Tobacco Act	5 subsequent days meeting to discuss the implementation of the Tobacco Act	NCCU Program Manager				X		5 Advocacy meetings	Implementation of Tobacco Act if successful
	5.2.6 Institutionalize cancer as a notifiable disease, through the multisectoral advisory committee.	Conduct a 5 days meeting for the multisectoral advisory committee to review, refine, and formally endorse the framework.	NCCU Program Manager		X	X	X		Framework review meeting	Review report, Validated framework
		Conduct a 2 days meeting to design standardized reporting tools.	NCCU M&E Officer		X				Standardized reporting tools developed.	Standardized reporting tool
		Conduct 3 days meeting to train 40 health workers annually about the reporting tools for notification procedures	NCCU M&E Officer			X	X	X	3 days training for HCWs on reporting tools/annually	Training report
		Hold monthly 1/2 a day monitoring meetings to review compliance, assess data quality, and ensure timely reporting of cancer cases.	NCCU M&E Officer			X	X	X	Reporting and data evaluation meetings on reporting tools.	Evaluation report

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
5.2 Strengthen cancer legislative related frameworks	5.2.7 Enactment of comprehensive Radiation and Nuclear Act	Advocate for a 5 days meeting to with legal experts, health authorities, and the multisectoral advisory committee to prepare the draft Radiation and Nuclear Act.	NCCU Program Manager	X	X				Advocacy meeting	Validated Radiation and Nuclear act
		Conduct 5 subsequent trainings for HCWs on Radiation and Nuclear Act	NCCU Program Manager			X	X	X	5 HCWs Trainings	Strengthened patient and occupational safety, Training report
5.3 Strengthen coordination, partnerships and accountability mechanisms for cancer prevention and control	5.3.1 Convene quarterly multisectoral TWG coordination meetings	Conduct 1/2 day stakeholder coordinating meeting every quarter	NCCU Program Manager	X	X	X	X	X	At least 20 stakeholders mapped	List of relevant stakeholders
		Reviewing of TORs	NCCU Program Manager	X	X	X	X	X	TOR developed, Quarterly meeting held at 75% annuall	Reviewed TORs, Quartely meeting minutes.
	5.3.2 Activate national cancer control sub-committees.	Review stakeHolder list - Childhood, Strategic Information, cervical cancer, Prevention and Treatment	NCCU Program Manager	X	X				5 list of thematic areas	5 sub-committes revived,Reviewed stakeholder list
	5.3.3 Establish public-private partnership through formal agreements for improved reporting systems and delivery of cancer services in line with national standards.	3days workshop to develop the ppp document to improve the reporting system	NCCU Program Manager			X			5 list of thematic areas	5 sub-committes revived,Reviewed stakeholder list
		Identify at least one ppp annually	NCCU Program Manager			X	X	X	1 ppp identified annually	Public-private partnerships established and improved reporting systems.

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
5.4 Increase sustainable financing mechanisms (reminder to add training resources)	5.4.1 Advocate for increased public financing to ensure UHC	Conduct 3 subsequest 1/2 day meetings to discuss the increase of public financing for cancer services	NCCU Program Manager	X	X	X	X	X	3 advocacy meetings	Increased public financing for cancer services
	5.4.2 Strengthen Sustainable Financing Models to Improve Cancer Services	Identify potential donors and grant opportunities.	NCCU Program Manager	X	X	X	X	X	Identify 5 potential donors or grants per-year.	Number of funding proposals submitted.
		Create a database of funding sources for cancer services.	NCCU Program Manager		X	X	X		Establish at least 3 partnerships with NGOs within 12 months.	Amount of funding secured through grants and donations.
		Develop partnerships with NGOs and private sectors for collaborative funding.	NCCU Program Manager	X	X	X	X	X	Create 2 funding proposal templates for different programs.	Number of partnerships established.
	5.4.4 Leverage on Private Medical Aid Providers for Cost Savings	Conduct assessments of existing private medical aid plans.	NCCU Program Manager			X			Map private providers by year-end.	Number of negotiations initiated with medical aid providers.
		Develop negotiation strategies for better financing terms.	NCCU Program Manager			X			Sign MOUs with 2 key providers within the first year.	Documented cost savings from improved financing agreements.
		Organize workshops for private providers to discuss mutual benefits.	NCCU Program Manager			X	X		Collaborate with at least 3 government agencies on budget alignment.	Participation rates in workshops organized.
	5.4.5 Support Country Work Plans and Ring-Fenced Cancer Budgets	Collaborate with government relevant offices to integrate cancer financing into national budgets.	NCCU Program Manager	X	X	X	X	X	Complete budget analyses for 2 years.	Number of meetings and work plans

OBJECTIVE 6: By 2029, strengthen cancer data systems and research capacity to generate high quality evidence for informed decision-making										
Intervention	**Activity**	**Sub-Activity**	**Responsible Person**	**Timeline**					**Target**	**Output Measurement**
				2025	**2026**	**2027**	**2028**	**2029**		
6.1 Strengthen data collection, quality, and use	6.1.1 Conduct bi- annual Quality of Care Audits (QOCA) and incorporate recommendations into continuous quality improvement (CQI).	Conduct standardized bi-annual QoC audits at two cancer treatment facilities using the national audit tool	NCCU Cancer Registry Officer		X	X	X	X	4 quality audits	Signed audit reports, meeting minutes , audit summary matrix
		Conduct an assessment of the developed facility-level corrective plans based on audit findings (3 months after the QoC audit)	NCCU Regional Cancer Coordinators		X	X	X	X	4 CQI plans	Approved CQI plans, number of corrective plan assessment conducted
		Conduct a follow up assessment to improve quality of care	NCCU Cancer Registry Officer		X	X	X	X	4 follow up assessments	Follow up audit reports, Comparative scoring sheet
	6.1.2 Conduct Data Quality Audits (DQA)	Develop and standardize a DQA tool aligned with cancer registry and cancer screening indicators	NCCU Cancer Registry Officer		X				1 standard DQA tool	Approved DQA tool
		Conduct annual onsite DQA in all regional referral hospitals.	NCCU Cancer Registry Officer		X	X	X	X	8 facilities	Audit reports
		Conduct a one day data review meeting for all regions, and develop corrective plans	NCCU Cancer Registry Officer			X	X	X	1 data review meeting	Meeting report, attendance register, singed action plans
		Conduct facility visits to monitor improvement in the subsequent quarter	NCCU Cancer Registry Officer		X	X	X	X	8 follow up visits	Visit reports, registry Database review, Consolidated reports

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
6.1 Strengthen data collection, quality, and use	6.1.3 Strengthen data collection system to track patient linkage through the continuum of care (screening, diagnostic, treatment, and mortality)	Conduct a 1 day meeting to engage stake holders to consult on possibility of a system for patient linkage tracking	NCCU Cancer Registry Officer			X			1 consultation meeting	Meeting minutes
		1 1/2 days meeting to develop standardized patient linkage tracking tool (screening , diagnosis, treatment, mortality)	NCCU SID Officer		X				1 national linkage tool	National linkage tracking tool developed and approved
		Pilot linkage tracking system in priority oncology facilities	NCCU SID Officer						2 facilities piloting	Implementation reports
		Establish bi annual linkage analysis (loss-to-follow-up & delays)	NCCU Cancer Registry Officer		X	X	X	X	2 reports	Analytical reports, Registry linkage review
	6.1.4 Leverage digital health and innovation	Conduct a 1 day meeting to engage stake holders to consult on possibility of digital sytems assessment.	NCCU SID Officer			X			1 meeting	Meeting minutes
		Conduct digital system assessment (CMIS, DHIS2, facility EMR integration gaps)	NCCU SID Officer			X	X	X	1 national assessment report finalized	Digital health assessment report completed
		Integrate priority cancer indicators into DHIS2/EMR	NCCU M&E Officer		X				At least 5 new indicators integrated by Q4	Number of cancer indicators integrated into digital system
		Develop simple cancer quality dashboard	NCCU M&E Officer		X				1 dashboard operational and updated quarterly	Functional national cancer dashboard established
	6.1.5 Conduct quarterly performance monitoring of program indicators	Develop and update indicator tracking tools	NCCU M&E Officer		X	X	X	X	1 Updated indicator tracking tool	Comprehensive Quartely PIRS
		Analyse and compile quarterly perfomance report	NCCU M&E Officer		X	X	X	X	4 Quartely perfomance reports	Quarterly perfomance report

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
6.1 Strengthen data collection, quality, and use	6.1.6 Monitor client satisfaction and experience	Design standardised client satisfaction tools in both English & Siswati for screening and confirmed cancer clients	NCCU Regional Cancer Coordinators			X			Disseminate standardised and validated client satisfaction tools to facilities	Facility based client satisfaction measurement coverage report
	6.1.7 Standardize community data collection tools	Conduct a review of existing community data collection tools	NCCU M&E Officer		X		X		Review of data collection tools conducted	Review report
		Develop and harmonize community data collection tools	NCCU M&E Officer		X		X		1 Community data collection tool	Standardized community data collection tool
6.2 Promote operational research and evidence generation	6.2.1 Collaborate with academic and health institutions to conduct cancer related research.	Identify and engage local and regional academic institutions, teaching hospitals, and research organizations to co-develop cancer research initiatives.	NCCU SID Officer			X	X	X	Conduct at least 1 stakeholder engagement meetings or research collaboration forums annually	Number of stakeholder engagement meetings or research forums conducted annually
	6.2.2 Incorporate priority cancer research studies into the Research Agenda.	Design and conduct multi-institutional research studies leveraging data from the National Cancer Registry, oncology units, and screening programs in line with research agenda	NCCU SID Officer			X	X	X	Develop and implement at least 3 multi-institutional cancer research studies by 2028	Number of multi-institutional cancer research studies developed.Number of approved research protocols and ethical clearances obtained.Number of collaborating institutions participating in studies.
	6.2.3 Create research partnerships and mentorship programs.	Establish a structured mentorship program linking junior researchers, clinicians, and registry staff with experienced local and international mentors.	NCCU SID Officer			X	X	X	Develop and operationalize a national cancer research mentorship framework by 2026	One national cancer research framework

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
6.2 Promote operational research and evidence generation	6.2.4 Operationalize data for research and programming	Translate findings into actionable outputs such as policy briefs, program improvement plans, and research questions.	NCCU SID Officer			X	X	X	Produce at least 1 policy brief or programmatic recommendation documents annually based on research findings.	Number of policy briefs
		Select high-impact cancer research topics based on national priorities and data gaps	NCCU SID Officer			X	X	X	Identify and prioritize at least 10 high-impact cancer research topics informed by registry and program data by 2026	Existence of a documented national cancer research priority list or agenda.Availability of dissemination reports or stakeholder validation reports for the prioritized topics

OBJECTIVE 7: Achieve at least 60% survival for children with cancer by 2029s										
Intervention	**Activity**	**Sub-Activity**	**Responsible Person**	**Timeline**					**Target**	**Output Measurement**
				2025	**2026**	**2027**	**2028**	**2029**		
7.1 Strengthen Early Detection of Childhood Cancers	7.1.1 Increase Public Awareness on childhood cancer EWS	Conduct community outreaches for 25 constituences	NCCU Health Promotion Officer		X	X	X	X	25 Constituences reached	Community outreach reports and registers
		Conduct 12(monthly) mass media CC awareness compaigns on radio TV and social media platforms	NCCU Childhood Cancer Officer		X	X	X	X	12 mass media compaigns	mass media campaign reports
		Print 5000 childhood cancer pamphlets materials	NCCU Health Promotion Officer		X	X	X	X	1000 pamphlets	1000 pamphlets printed
		Distribute 1000 Childhood Cancer pamphlets materials to the public	NCCU Health Promotion Officer		X	X	X	X	1000 pamphlets	1000 pamphlets distributed
		Commemorate 5 CC awareness events - 15 February International CC day, September CC month	NCCU Childhood Cancer Officer		X	X	X	X	2 CC events	2 cancer events commemorated
	7.1.2 Build Capacity of Health Care Workers	Conduct 25% (25) in-service trainings for health care workers in the different regions on EWS and referral	NCCU Childhood Cancer Officer		X	X	X	X	25% of facilities per region trainings CCs EWS ans referral	Training reports
		Conduct 100 supportive mentoring facility visits (25 per region)	NCCU Childhood Cancer Officer		X	X	X	X	100 supportive visits	Supportive mentoring visits reports.
		Conduct 1 1/2 day regional off-site CC trainings for 100 HCWs on early warning signs of CC(25 per region)	NCCU Childhood Cancer Officer		X	X	X	X	100 HCWs trained	Signed and approved attendence training register and report
		Connect HCWs to at least 1 online CC platform/webinar to 15 HCWs	NCCU Childhood Cancer Officer		X	X	X	X	1 online platform/webinar	List of 15 HCWs attended CC webinar

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
7.1 Strengthen Early Detection of Childhood Cancers	7.1.3 Develop training manual for childhood cancers	Conduct a 3 Day workshop for 20 people to develop a comprehensive CC training manual	NCCU Childhood Cancer Officer		X	X	X		1 CC training manual	1 CC training manual developed, workshop report and attendance list
		Conduct a 1 day validation meeting for 25 stakeholders	NCCU Childhood Cancer Officer		X				1 Validation meeting	Validated CC training manual document
		Conduct a half-day meeting to disseminate the training manual to 25 stakeholders	NCCU Childhood Cancer Officer		X				1 dissemination meeting	Number of manuals disseminated, number attending meeting
	7.1.4 Integration of EWS screening for childhood cancer into existing public health programs.	Revise and update existing CC stakeholder mapping document	NCCU Childhood Cancer Officer		X				Revised stakeholder document	Revised mapping document
		Invite 25 CC stakeholders and partners to a coordination meeting using updated list	NCCU Childhood Cancer Officer		X	X	X	X	1 coordination meeting	Meeting minutes
		Conduct a 1-day CC stakeholder coordination meeting to discuss cc integration points to existing programs	NCCU Childhood Cancer Officer		X	X	X	X	1 meeting	Number of events conducted in integration
		Participate in all child-health campaigns initiated by CC related programmes and stakeholders.	NCCU Childhood Cancer Officer/NCCU Regional Coordinators		X	X	X		All CC events attended	Number of CC events organized by other stakeholders attended
		Conduct a meeting with HMIS to align the CC module with existing programs	NCCU Childhood Cancer Officer & NCCU M&E Officer		X	X		X	1 meeting	CC module aligned with existing programs

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
7.2 Improve Treatment, Palliative Care, and Rehabilitation	7.2.1 Map and implement pediatric palliative care referral pathway at each service delivery point: community, primary health care, health center, and hospital.	Conduct a stakeholder mapping/ analysis for PPC	NCCU Childhood Cancer Officer			X			1 mapping document	PPC stakeholder mapping report
		Conduct a 1-day meeting with 20 stakeholders to map the current Pediatric Palliative Care (PPC) referral pathway and identify gaps and barriers.	NCCU Childhood Cancer Officer		X	X	X		1 stakeholder meeting	Meeting report, signed and approved register
		Conduct a 2-day workshop to update on the CC referral pathway.	NCCU Childhood Cancer Officer		X		X		1 workshop	Report
		Conduct a 1-day PPC referral pathway orientation meeting for 18 cancer focal nurses.	NCCU Childhood Cancer Officer		X	X	X	X	1 workshop	Signed and approved register
		Conduct a 3 days workshop to develop Standardised Paediatric Palliative & Rehabilitation Referral Pathway Guidelines (including psychosocial, OT, Physio, dietetics, spiritual care and pain management)	Psycho-social Support Officers		X				1 national referral guideline developed	Approved referral pathway document disseminated
		Integrate Psychosocial Support into Referral Pathway (including assessments at diagnosis, during treatment, survivorship and end-of-life)	Psycho-social Support Officers		X	X	X		100% newly diagnosed children screened for psychosocial distress)	%of children receiving psychosocial assessments within 7 days of diagnosis
		Advocate for Rehabilitation Services Linkage (Including OT, physiotherapy, speech therapy etc.)	NCCU Childhood Cancer Officer		X	X	X		80% of children with identified functional limitations referred to rehab	Number and % of children receiving rehab services
		Establish Nutritional Support Referral Mechanism	Dietetician		X	X			90% of paediatric oncology pt receive nutritional assessment at diagnosis	% with documented nutrition plan. Development of SOP for Nutritional Support Referral Mechanism

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
7.2 Improve Treatment, Palliative Care, and Rehabilitation	7.2.1 Map and implement pediatric palliative care referral pathway at each service delivery point: community, primary health care, health center, and hospital.	Train 100 Health Workers at Community & PHC Level on Referral Pathway	NCCU Childhood Cancer Officer		X	X	X	X	70% of PHC facilities trained	Number of health workers trained. Post test competency scores
		Monitor Referral Compliance and Continuity of Care	NCCU M&E Officer			X	X	X	80% referral completion (quarterly review)	% of referred cases successfully linked across levels
	7.2.2 Advocate for UHC inclusion of childhood palliative services	Develop policy briefs/ investment cases to advocate for pediatric oncology palliative services to MoH	NCCU Childhood Cancer Officer			X	X	X	1 Policy brief	Policy brief document
	7.2.3 Establish a Pediatric Oncology Centre of Excellence in Manzini	Conduct advocacy meetings with MoH for the establishment of a pediatric oncology center.	NCCU Program Manager	X	X	X	X	X	3 advocacy meetings	3 advocacy meetings conducted
	7.2.4 Actively receive and track children receiving cancer treatment in South Africa	Conduct a desk review of the current referral protocols and tools in collaboration with Phalala.	NCCU Childhood Cancer Officer		X	X			1 desk review meeting	reviewed CC referral protocols
		Conduct a meeting with Phalala and other stakeholders to co-develop a formal S.A.-Eswatini referral and follow-up SOP.	NCCU Childhood Cancer Officer		X				1 meeting	co-developed referral SOP
	7.2.5 Establish champion programs to support newly diagnosed children	Conduct a 3 days worksop to develop Champion Program Framework	NCCU Childhood Cancer Officer		X	X			1 structured model developed	Approved framework document
		Identify and Train 8 Survivor and Parent Champions	Pyscho-social Support Officers		X	X	X	X	Atleast 2 champions per region	Number of trained champions
		Pair Newly Diagnosed Families with Champions Within 72 Hours	NCCU Patient navigators/ Psycho-social Support Officers		X	X	X	X	80% of new cases paired	% of families matched within 72 hours

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
7.2 Improve Treatment, Palliative Care, and Rehabilitation	7.2.5 Establish champion programs to support newly diagnosed children	Provide Structured Psychosocial Group Sessions for Families	Pycho-social Support Officers		X	X	X	X	1 group session per month	List, satisfaction survey
		Integrate Rehabilitation Education into Champion Program	Pycho-social Support Officers		X	X	X	X	90% of champion families receive rehabilitation orientation	Rehab checklist completed
		Monitor Impact of Champion Program	NCCU M&E Officer			X	X	X	Improved treatment adherence rates to ≥85% (Bi-annual review)	Treatment abandonment rate, Psychosocial distress scores
	7.2.6 Improve survivorship support programs and school re-integration programs.	Convene quarterly meetings with the psychosocial support teams, the School Health and the DPMs office to discuss and report on CC survivorship and school reintegration programs.	NCCU Childhood Cancer Officer		X	X	X	X	3 meetings	Meeting minutes
		Conduct at least 3 caregiver support group meetings in each region.	NCCU Childhood Cancer Officer		X	X	X	X	3 support group meeting	Meeting register
		Establish a support group for teenagers and young adult cancer survivors	NCCU Childhood Cancer Officer		X	X	X	X	1 support group for teenagers	1 support group established
		Conduct 1 childhood cancer survivors' day comemoration in September 2026.	NCCU Childhood Cancer Officer		X	X	X	X	1 childhood cancer day	1 chilldhood cancer day event
7.3 Strengthen Multi-sectoral Coordination	7.3.1 Revive Childhood Cancer Core Working Group	Convene a 1 day meeting for the CC core working group to revise ToRs	NCCU Childhood Cancer Officer		X	X	X	X	1 meeting	Revised ToR documents
		Conduct quarterly CC core working Group meetings	NCCU Childhood Cancer Officer		X	X	X		4 CWG meetings	Meeting minutes
	7.3.2 Develop Integrated Referral and Data Systems.	Integrate CC referral and data systems into other child health programs in CMIS	NCCU Childhood Cancer Officer & NCCU M&E officer		X	X			1 integrated module in CMIS	Functional, intergrated and user-friendly module in CMIS

Intervention	Activity	Sub-Activity	Responsible Person	Timeline					Target	Output Measurement
				2025	2026	2027	2028	2029		
7.3 Strengthen Multi-sectoral Coordination	7.3.3 Conduct Joint Awareness and Capacity-Building Campaigns	Share awareness and capacity-building schedule with stakeholders	NCCU Childhood Cancer Officer		X	X	X	X	10 capacity-building schedules	10 integrated capacity-building workshops, Minutes
		Participate in child health program awareness campaigns	NCCU Childhood Cancer Officer		X	X	X	X	25 integrated campaigns	Participation in 25 integrated campaigns

Appendix 2: NCCU Implementation Plan Costing

OBJECTIVE 1: By 2029, achieve and sustain 90% HPV vaccination coverage among girls aged 9-14 years, and reduce cancer risk factors by at least 3% from 2024 baseline.										
Intervention	**Activity**	**Sub-Activity**	**Resources**	**Item Description**	**Unit of Meansure**	**Unit Price**	**Quantity**	**Frequency**	**Total Sub-Activity Cost**	**Total Activity Cost**
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	Staff time, airtime/data	MTN Airtime	per bronze package per month	SZL 370.00	15	1	SZL 5,550.00	SZL 20,550.00
		Conduct a one-day meeting to develop TOR and orient key stakeholders	Board room, tea, lunch, transportation for 30 people	Meeting - Full Day package	per person	SZL 500.00	30	1	SZL 15,000.00	
	1.1.2 Develop a collaborative cancer prevention Standard Operating Procedure (SOP) or Memorandum of Understanding (MOU) that clearly defines the roles, responsibilities, and key objectives of major	Conduct a 1.5 day meeting with MoH programs, development partners, CSOs, and other government sectors to develop the SOP	1.5 day conference package, transportation for 30 people	Meeting - Full Day package	per person	SZL 500.00	30	1.5	SZL 22,500.00	SZL 22,500.00
									Total Intervention Cost	SZL 43,050.00

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
1.2 To significantly reduce cervical and liver cancer risk.	1.2.1 Advocate access to HPV vaccine	Conduct a one-day meeting with stakeholders (e.g. EPI, Health Promotion, and School Health) to develop culturally and age appropriate HPV vaccine promotion and educational materials	Board room, tea, lunch, transportation for 30 people	Meeting - Full Day package	per person	SZL 500.00	30	1	SZL 15,000.00	SZL 15,000.00
	1.2.2 Create awareness on cervical cancer risk prevention	Conduct quartley regional 0.5 day trainings for CHWs and RHMs on cervical cancer prevention messaging	board room, tea, lunch, transportation	Meeting - Half Day package	per person	SZL 400.00	135	16	SZL 864,000.00	SZL 3,109,600.00
		Conduct community education sessions in collaboration with local leaders, womens' groups,male engagement groups and youth groups	transportation, IEC materials (fliers, posters-1000)	Print - Fliers	A5/500	SZL 10.00	50000	4	SZL 2,000,000.00	
			Posters	Poster-A2 gloss laminated	each	SZL 61.40	1000	4	SZL 245,600.00	
		Integrate cervical cancer information into existing health outreach activities	staff time, tranportation	Staff time	per person	SZL -	25	4	SZL -	
		Disseminate prevention messages via traditional and digital media	staff time, tranportation	Staff time	per person	SZL -			SZL -	
									Total Intervention Cost:	**SZL 3,124,600.00**

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
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	staff time, board room, tea, lunch, transportation	Meeting - Full Day package	per person	SZL 500.00	20	8	SZL 80,000.00	SZL 612,000.00
		Half a day meeting with regional coordinators to develop a training plan	staff time, board room, tea, lunch, transportation	Meeting - Half Day package	per person	SZL 400.00	20	4	SZL 32,000.00	
		Conduct regional trainings	Training materials, venue, tea, lunch, transportation, facilitators	Meeting - Full Day package	per person	SZL 500.00	250	4	SZL 500,000.00	
	1.3.2 Promote healthy lifestyles in communities, workplace, schools and health facilities	Create public awareness on cancer by collaborating with health promotion unit in conducting community outreaches	Transportation, lunch, staff time for 50 people	Lunch Pack per day	per fedix lunch pack	SZL 150.00	50	4	SZL 30,000.00	SZL 252,000.00
		Dissemination of IEC materials to communities, workplace, schools, and health facilities	staff time, tranportation	Staff time	per person	SZL -	500	4	SZL -	
		Collaborate with health promotion unit to conduct health education campaigns using available media platforms	staff time, tranportation	Staff time	per person	SZL -			SZL -	
			Staff time, social media boosters, airtime/data	MTN Airtime	per bronze package per month	SZL 370.00	30	20	SZL 222,000.00	
									Total Intervention Cost:	**SZL 864,000.00**

OBJECTIVE 2: Expand the national diagnostic capacity and quality systems for early detection of cancers through introduction and decentralization of new technologies by 2027.										
Intervention	**Activity**	**Sub-Activity**	**Resources**	**Item Description**	**Unit of Meansure**	**Unit Price**	**Quantity**	**Frequency**	**Total Sub-Activity Cost**	**Total Activity Cost**
2.1 Improve technology integration and service expansion	2.1.1 Introduce Picture Archiving & Communication System (PACS) in referral facility to improve cancer diagnosis, staging and multidisciplinary care	Conduct PACS readiness and feasibility assessment	consultant, Staff time	Consultancy (Consultant, stakeholder engagement, production of materials)	(45 Days contract)	SZL 291,375.00	1	1	SZL 291,375.00	SZL 1,456,975.00
		Conduct PACS readiness and feasibility assessment	consultant, Staff time	Consultancy (Consultant, stakeholder engagement, production of materials)	(45 Days contract)	SZL 291,375.00	1	1	SZL 291,375.00	
		Consultation meeting to develop costed implementation and financing plan	consultant, Staff time	Consultancy (Consultant, stakeholder engagement, production of materials)	(45 Days contract)	SZL 291,375.00	1	1	SZL 291,375.00	
		Implement PACS pilot in referral hospital	consultant, Staff time	Consultancy (Consultant, stakeholder engagement, production of materials)	(45 Days contract)	SZL 291,375.00	1	1	SZL 291,375.00	
		Evaluate pilot and develop phased national scale-up plan	consultant, Staff time	Consultancy (Consultant, stakeholder engagement, production of materials)	(45 Days contract)	SZL 291,375.00	1	1	SZL 291,375.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
2.1 Improve technology integration and service expansion	2.1.2 Expand ultrasound services in all health centres.	Procurement of ultrasound machines	Budget for 16 utltrasound machines	Diagnostic ultrasound, B/M/colour-Doppler, convex+linear probes, 15-inch LCD	Each	SZL 96,740.87	16	1	SZL 1,547,853.92	SZL 1,607,853.92
		Train staff on how to use ultrasound	1 day training package	Meeting - Full Day package	per person	SZL 500.00	40	3	SZL 60,000.00	
		Facilities equipped with ultrasound	staff time	Staff time	per person	SZL -			SZL -	
		Use of ultrasound machines	staff time	Staff time	per person	SZL -			SZL -	
	2.1.3 Decentralize imaging services and establish satellite diagnostics e.g. telemedicine in rural areas.	Conduct assessment of regional hospitals and health centers for telehealth readiness	staff time	Staff time	per person	SZL -			SZL -	SZL 364,980.00
		Procurement of Equipment for telemedicine	Telemedicine kits	Logitech conference kit (camera and speaker)	per kit	SZL 25,499.00	10	1	SZL 254,990.00	
				Conference Projector	per projector	SZL 9,999.00	10	1	SZL 99,990.00	
		Conduct a 1 day in service training on telemedicine	Facility board room , lunch, internet connectivity	Lunch Pack per day	per fedix lunch pack	SZL 150.00	20	2	SZL 6,000.00	
		Utilization of telehealth services	Internet connectivity	Internet connection monthly subsciption	per monthly	SZL 2,000.00	1	2	SZL 4,000.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
2.1 Improve technology integration and service expansion	2.1.4 Decentralize HPV / DNA testing by multiplexing of Gene Xpert.	Identify and assess site for GeneXpert	Staff time	Staff time	per person	SZL -			SZL -	SZL 6,750.00
		Establish a costed list of all commodities and equipment required for functionality for GeneXpert	Staff time	Staff time	per person	SZL -			SZL -	
		Procurement of HPV cartridges and other listed commodities	HPV commodity tender line list	Staff time	per person	SZL -	15	3	SZL 6,750.00	
		Conduct 1 day training for Lab staff	Facility board room, lunch	Lunch Pack per day	per fedix lunch pack	SZL 150.00			SZL -	
		Utilization of GeneXpert	Staff time	Staff time	per person	SZL -			SZL -	
	2.1.5 Strengthen immunohistochemistry testing at the National Anatomical Pathology Laboratory.	IHC reagents procured	Procurement budget	Staff time	per person	SZL -			SZL -	SZL -
		IHC tests conducted	Staff time	Staff time	per person	SZL -			SZL -	
		Conduct quality audits assessments	Staff time	Staff time	per person	SZL -			SZL -	
	2.1.6 Establish a rapid frozen section to facilitate urgent cancer diagnosis.	Conduct a meeting with pathology department on feasibility of frozen section	Staff time, boardroom, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	10	3	SZL 8,100.00	SZL 8,100.00
	2.1.7 Advocate for recruitment of one haematologist	Conduct an advocacy meeting with MOH directorate,Public service	Staff time, transport, boardroomc, venue, refreshments	Meeting - Full Day package	per person	SZL 500.00	20	2	SZL 20,000.00	SZL 20,000.00

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
2.1 Improve technology integration and service expansion	2.1.8 Conduct training in haematology and molecular diagnostics	Conduct training needs assessment	Staff time	Staff time	per person	SZL -		2	SZL -	SZL 15,000.00
		Conduct 1.5 day staff training	Staff time,1.5 day transport, conference package	Meeting - Full Day package	per person	SZL 500.00	10	3	SZL 15,000.00	
		Post training mentorship	Staff time	Staff time	per person	SZL -		3	SZL -	
									Total Intervention Cost:	**SZL 3,479,558.92**
2.2 Enhance operational systems and quality standards	2.2.1 Strengthen sample transport logistics	Develop Standard Operations Procedure for sample transport management	Staff time, boardroom, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	15	1	SZL 4,050.00	SZL 4,050.00
	2.2.2 Advocate for national laboratory accreditation.	Conduct gap assessment and readiness evaluation for laboratories seeking accreditation.	Staff time, boardroom, refreshments, stationery	Breakfast and lunch pack per day	per person	SZL 270.00	15	1	SZL 4,050.00	SZL 4,050.00
	2.2.3 Optimize operational efficiency and accuracy at NAPL by standardizing core processes	Advocate for the decentralization of lab testing during quarterly meetings	Staff time	Staff time	per person	SZL -			SZL -	SZL -
	2.2.4 Engage the laboratory to improve on turn-around time for results	Establish a baseline for turn around times (especially for biopsies)	Staff time	Staff time	per person	SZL -			SZL -	SZL -
		Monthly monitoring of processes samples and results.	Staff time	Staff time	per person	SZL -			SZL -	
									Total Intervention Cost:	**SZL 8,100.00**

OBJECTIVE 3: Scale up integrated cancer services (cervical, breast, prostate, lung) and ensure treatment initiation within one month of diagnosis by 2029.										
Intervention	**Activity**	**Sub-Activity**	**Resources**	**Item Description**	**Unit of Meansure**	**Unit Price**	**Quantity**	**Frequency**	**Total Sub-Activity Cost**	**Total Activity Cost**
3.1 Expand technical expertise and regulatory capacity	3.1.1 Establish in-service training programs for quality cancer continuum of care.	Conduct a training needs assessment	Staff time, airtime, internet access ,transport,	MTN Airtime	per bronze package per month	SZL 370.00	20	1	SZL 7,400.00	SZL 2,385,960.00
		Develop a training plan	Staff time, meals for 14 people 2 days	Breakfast and lunch pack per day	per person	SZL 270.00	14	2	SZL 7,560.00	
		2 day workshop to develop a national cancer master trainer framework and core training package	2 day residential conference package ,2 day transport, venue	Meeting - Residendetial per night	per person per night	SZL 2,500.00	20	2	SZL 100,000.00	
		Advocate,identify and train 8 cancer master trainers in 5 day workshop	5 day residential conference package for 15 people, 5 day transport, staff time, venue	Meeting - Residendetial per night	per person per night	SZL 2,500.00	15	10	SZL 375,000.00	
		Conduct a 1 day meeting to present and dessiminate plan to the relevant stakeholders	Venue, transport, airtime, internet access, refreshments	MTN Airtime	per bronze package per month	SZL 370.00	25	1	SZL 9,250.00	
				Breakfast and lunch pack per day	per person	SZL 270.00	25	1	SZL 6,750.00	
		Conduct/ facilitate training based on the training plan	Staff time, transport for participants, venue, airtime, refreshments	Meeting - Full Day package	per person	SZL 500.00	235	16	SZL 1,880,000.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
3.1 Expand technical expertise and regulatory capacity	3.1.2 Decentralise cancer screening and pre-cancer treatment services as per guidelines	Conduct an assessment and inventory of the different facilities to ascertain screening capabilities	Transport,staff time,stationary (assesment tools) 10 for people	Stationery Essentials	Each	SZL 109.00	10	100	SZL 109,000.00	SZL 2,385,960.00
		Submission and presentation of the assessment and inventory report to NCCU program manager and staff	Staff time, NCCU boardroom	Staff time	per person	SZL -			SZL -	
		Conduct courtesy calls to different facilities to ascertain availability of missing equipment as per inventory report	Staff time, airtime	MTN Airtime	per bronze package per month	SZL 370.00	1	4	SZL 1,480.00	
		Develop promotional material for all 5 cancers	IEC material	Print - Fliers	A5/500	SZL 10.00	25000	4	SZL 1,000,000.00	
		Conduct mentorship and supervisory vists to facilities to ensure service	Staff time, transport, stationary	Stationery Essentials	Each	SZL 109.00	5	4	SZL 2,180.00	
	3.1.3 Strengthen integration of cancer screening in existing programs.	Conduct assessment of the available programs in the country explore interlinking with the different cancers	Staff time, airtime	Staff time	per person	SZL -			SZL -	SZL 10,000.00
		Engage stakeholders on possibility of collaboration on screening tools	Staff time, venue, transport, refreshments, airtime, internet access	Meeting - Full Day package	per person	SZL 500.00	20	1	SZL 10,000.00	
		Develop an action plan for the integration of screening tools based on the meeting minutes	Staff time	Staff time	per person	SZL -	30	25	SZL -	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
3.1 Expand technical expertise and regulatory capacity	3.1.4 Strengthen structured screening outreach campaigns	Develop an annual outreach plan	Staff time	Stafftime	per person	SZL -			SZL -	SZL 149,920.00
		Liaise and cordinate with RHMTs /CBHWs to coordinate outreach program	Staff time, airtime	MTN Airtime	per bronze package per month	SZL 370.00	59	4	SZL 87,320.00	
		Liaise and share the outreach plan with targeted industry governing body and ministry of Tikhundla and cordinate outreach campaigns	Staff time, internet access, airtime, venue,transport	Meeting Venue Hire	Per day per meeting	SZL 3,100.00	1	1	SZL 3,100.00	
		Share outreach plan with health promotion officer: to create advertisments on social media/print media etc	Staff time, graphic designers, transport, print media, radio	Times of Swaziland quarter page B&W	per page	SZL 7,000.00	1	4	SZL 28,000.00	
				Radio talk show - 15 minutes	30 minute talkshow for 10 - 24 weeks	SZL 6,000.00	1	4	SZL 24,000.00	
		Liaise and collaborate with external partners and NGOs that provide screening services to prevent duplication of services	Staff time, venue, refreshments, internet access,airtime	Meeting - Full Day package	per person	SZL 500.00	15	1	SZL 7,500.00	
	3.1.5 Capacitate health care workers to provide cancer screening and pre-cancer treatment (LEEP and FNA)	Organise capacity building workshops for HCWs according to the training plan	Staff time, venue, accomodation for participants, refreshments, transport, facilitators (experts), stationary	Meeting - Residendetial per night	per person per night	SZL 2,500.00	50	15	SZL 1,875,000.00	SZL 1,875,000.00

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
3.1 Expand technical expertise and regulatory capacity	3.1.6 Provide mentorship on palliative care in level 3–5 facilities with primary care linkages.	Liaise with SMOs and Matrons to nominate healthcare workers to form a comprehensive palliative care team in their respective facilities	Staff time, airtime, data	MTN Airtime	per bronze package per month	SZL 370.00	15	2	SZL 11,100.00	
		Train 25 palliative care teams(different cadres),according to trainning manual/plan	Staff time, venues, accommodation, transport, facilitators (experts)	Meeting - Residendetial per night	per person per night	SZL 2,500.00	25	4	SZL 250,000.00	
		Conduct mentorship and supervisory vists to facilities to ensure service delivery	Staff time, transport, stationary	Stationery Essentials	Each	SZL 109.00	10	4	SZL 4,360.00	
		Liaise with CMS and the different pharmacists of the different facilities to ensure drug availability and address issues of stock outs	Staff time, airtime	MTN Airtime	per bronze package per month	SZL 370.00	2	4	SZL 2,960.00	
		Conduct a 1 day meeting with representatives of the different palliative care teams ,to share lessons learned and address challenges faced	Staff time, internet access, transport, venue, refreshments	Meeting - Full Day package	per person	SZL 500.00	15	4	SZL 30,000.00	
		Conduct an assessment of the different health facilities in relation to patient navigators	Staff time, internet access, airtime	MTN Airtime	per bronze package per month	SZL 370.00	5	5	SZL 9,250.00	
		Request hospital management to nominate patient navigators	Staff time, internet access, airtime	Staff time	per person	SZL -			SZL -	
		Conduct a 2,5 day training on patient navigation(role, duties,community resources and how to access them)2.5	Staff time, venue, accomodation, transport, refreshments	Meeting - Residendetial per night	per person per night	SZL 2,500.00	30	10	SZL 750,000.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
3.1 Expand technical expertise and regulatory capacity	3.1.6 Provide mentorship on palliative care in level 3–5 facilities with primary care linkages.	Request slots and conduct presentations(CME meetings) at the different health facilities to capacitate and inform healthcare workers on the role and duties of patient navigator (to include basic referral package for referral to oncology units i.e-histology results,recent labs,ultrasound results etc)	Staff time, transport, airtime, internet access	MTN Airtime	per bronze package per month	SZL 370.00	25	3	SZL 27,750.00	**SZL 1,100,220.00**
		Obtain and review national referral and linkages report(consultant hired to review and develop strategy)	Staff time, airtime, internet access, venue	MTN Airtime	per bronze package per month	SZL 370.00	20	2	SZL 14,800.00	
									Total Intervention Cost:	**SZL 7,907,060.00**

OBJECTIVE 4: By 2029, ensure that at least 80% of health facilities provide comprehensive quality cancer services including palliative and rehabilitative care as defined in the Essential Health Care Package with zero stock out of essential medical supplies.										
Intervention	**Activity**	**Sub-Activity**	**Resources**	**Item Description**	**Unit of Meansure**	**Unit Price**	**Quantity**	**Frequency**	**Total Sub-Activity Cost**	**Total Activity Cost**
4,1 Improve availability of comprehensive cancer treatment services	4.1.1 Decentralize cancer services and palliative care programs to secondary and tertiary health facilities	Conduct assessment on institutional capabilities of providing chemotherapy	Transport, staff time	Staff time	per person	SZL -			SZL -	SZL -
		1 day meeting with NCCU team, presenting the findings of assessment	venue, staff time	Staff time	per person	SZL -			SZL -	
	4.1.2 Collaborate with stakeholders to strengthen and coordinate the cancer care services including palliative care.	Stregthen and improve the exsisting referral systems with (palliative care) stakeholders such as hospice at home/hope house	Staff time, venue, internet access, airtime, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	15	1	SZL 4,050.00	SZL 25,650.00
		Establish a multi-stakeholder committee to cordinate cancer services. Committee to comprise of palliative care reps, oncology reps and external service providers	Staff time, venue, internet access, airtime, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	20	4	SZL 21,600.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
4.1 Improve availability of comprehensive cancer treatment services	4.1.3 Improve patient's long-term outcomes and overall quality of life by integrating supportive care with clinical phases of cancer care.	Assess the supportive services provided in the existing oncology units	Staff time, transport, stationary	Stationery Essentials	Each	SZL 109.00	10	4	SZL 4,360.00	SZL 28,230.00
		Develop an action plan based on the assessment report	Staff time, venue, stationery	Stationery Essentials	Each	SZL 109.00	10	4	SZL 4,360.00	
		Conduct capacity building workshops for the healthcare workers according to the gaps identified/ facility	Staff time, venue, stationary, transport	Stationery Essentials	Each	SZL 109.00	10	4	SZL 4,360.00	
		Liaise and advocate with SMOs and Matrons to facilitate and take the necessary steps to close the gaps found in the assessment report.i.e. human resource,drug shortages,equipment shortages etc	Staff time, airtime, internet access	MTN Airtime	per bronze package per month	SZL 370.00	10	3	SZL 11,100.00	
		Liase and form partnerships with NGOs that provide services that may not be available in governement in an attempt to close the gaps.	Staff time, venue, refreshments, airtime, internet access	Breakfast and lunch pack per day	per person	SZL 270.00	15	1	SZL 4,050.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
4.1 Improve availability of comprehensive cancer treatment services	4.1.4 Facilitate establishment of tumor board forums	Review the different specialities available at the Mbabane government hospital and the Manzini government hospital	Staff time, internet access, airtime	MTN Airtime	per bronze package per month	SZL 370.00	15	1	SZL 5,550.00	SZL 12,950.00
		Nominate a tumor board, the board's focal medical officer, who will prepare case list, book hospital venue for meeting and appoint patients to come if needed at tumour board	Staff time, internet access, airtime, projector, laptop, telemedicine facilities where applicable	MTN Airtime	per bronze package per month	SZL 370.00	10	2	SZL 7,400.00	
		prepare tumor board TORs and annual meeting sechdule	Staff time, internet access	Staff time	per person	SZL -			SZL -	
		Conduct an evaluation and prepare quaterly reports of the board meetings	Staff time	Staff time	per person	SZL -			SZL -	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
4.1 Improve availability of comprehensive cancer treatment services	4.1.5 Facilitate establishment of radiotherapy and nuclear medicine units to improve treatment outcomes.	Conduct review , follow-up of status of the available radiotherapy and nuclear medicine road map for Manzini government.	Staff time, transport	Staff time	per person	SZL -			SZL -	SZL 269,800.00
		Collaborate with technical experts for setup of radiotherapy and nuclear medicine in country	Staff time, transport, lunch	Lunch Pack per day	per fedix lunch pack	SZL 150.00	20	4	SZL 12,000.00	
		Conduct a training needs assessment and skills audit for HCWs in oncology related departments	Transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	2	SZL 20,000.00	
		A 5 day workshop to capacitate HCWs in specialised oncology related departments on radiotherapy and nuclear medicine as per training needs assessment report	Transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	20	SZL 200,000.00	
		a 2 day workshop to develop or update radiation safety and nuclear medicine policies plus regulatory frameworks	Transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 270.00	20	6	SZL 32,400.00	
		2 day workshop to develop radiotheraphy module linked with cancer screening and oncology module in CMIS	Transport, venue, refreshments, staff time	Breakfast and lunch pack per day	per person	SZL 270.00	20	1	SZL 5,400.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
4.1 Improve availability of comprehensive cancer treatment services	4.1.6 Review guidelines for palliative care, including curative and palliative surgery.	Conduct stakeholder mapping and form guidelines review committee of experts	Transport, staff time, refreshments for 5 days	Breakfast and lunch pack per day	per person	SZL 270.00	15	5	SZL 20,250.00	SZL 160,250.00
		Assess current guidelines against best practices	Transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	1	SZL 10,000.00	
		Development and alignment of palliative care guidelines.	Designing and printing cost, 4 regional meetings for distribution 50 people/ region, transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	200	1	SZL 100,000.00	
				Print - Guidelines	per 50 pages (colour)	SZL 150.00	200	1	SZL 30,000.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
4.1 Improve availability of comprehensive cancer treatment services	4.1.7 Train healthcare workers on early warning signs of all priority cancers and refer appropriately	Conduct 5 day workshop to update, develop, standardize and validate cancer training materials across the entire cancer care continuum for prioritized cancer types.	5 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	5	SZL 50,000.00	SZL 230,000.00
		conduct 3 day workshop to develop and standardize clinical guidelines on early warning signs and referal pathways across entire continuum of care	3 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	3	SZL 30,000.00	
		Conduct a 5 day workshop to update and develop new visual algorithms and screening checklist for priority cancers	Transport, venue, refreshments, staff time	Meeting - Full Day package	per person	SZL 500.00	20	5	SZL 50,000.00	
		conduct 1 day meeting to establish mentorship programs ,multi - disciplinary clinical case review sessions(physical and virtual) linking primary healthcare facilities and oncology specialists	Transport, venue, refreshments, staff time	Meeting - Full Day package	per person	SZL 500.00	20	1	SZL 10,000.00	
		conduct a 3 day workshop to update and develop new training manual for CBHCWs	3 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	3	SZL 30,000.00	
		conduct a 2 day training for CBHCWs on cancer early warning signs and referral pathways	2 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	6	SZL 60,000.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
4.1 Improve availability of comprehensive cancer treatment services	4.1.8 Incorporate early warning signs of all priority cancers in preservice training	Collaborate with educational institutions to update curricula.	15 people in a 3 days residential workshop, staff time	Meeting - Residendetial per night	per person per night	SZL 2,500.00	15	3	SZL 112,500.00	SZL 136,550.00
		Develop assessment tools for preservice students.	1 day meeting, meals and transport	Breakfast and lunch pack per day	per person	SZL 270.00	15	1	SZL 4,050.00	
		Monitor the implementation of updated curricula	2 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	2	SZL 20,000.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total
4.1 Improve availability of comprehensive cancer treatment services	4.1.9 Strengthen patient navigation	select patient navigation champions in targeted facilities and conduct 2 day training on patient navigation pathway	3 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	15	9	SZL 67,500.00	SZL 187,650.00
		Strengthen paper based referral system and strenghten integration of digital health platforms establish electronic patient tracking system to monitor movement along cancer continuum of care(like whatsapp notification system between public and private facilities when they have any abnormal results, CMIS appointment and SMS notification)	3 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	15	6	SZL 45,000.00	
		Conduct 3 day workshop to formulate gudelines and SOPs to strenghten the provision of pre and post diagnosis and treatment counselling for clients and families	3 day transport, venue, refreshments, staff time	Meeting - Full Day package	per person	SZL 500.00	15	3	SZL 22,500.00	
		Conduct 1 day meeting to develop trackable patient navigation indicators	Staff time, boardroom, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	15	1	SZL 4,050.00	
		Conduct quarterly data review meetings	Staff time, boardroom, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	15	12	SZL 48,600.00	
									Total Intervention Cost:	**SZL 1,051,080.00**

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
4.2 Standardize professional practice for cancer care	4.2.1 Develop and review guidelines (cancer treatment, palliative care, psychosocial policy, nutritional, cervical cancer screening and management)	conduct inventory of all available cancer guidelines and 5 day cancer document development workshop	5 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	5	SZL 50,000.00	SZL 50,000.00
	4.2.2 Develop and implement WHO aligned SOPs for chemotherapy safety	conduct a 3 day workshop to develop and disseminate WHO aligned SOPs for chemotherapy safety for HCW and client	3 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	3	SZL 30,000.00	SZL 30,000.00
	4.2.3 Harmonize palliative care curriculum for healthcare worker training into national palliative care policy	Review existing palliative care educational materials.	Staff time	Staff time	per person	SZL -			SZL -	SZL -
		Include palliative care training curriculum in all cancer trainings and rehabilitation centres	Staff time	Staff time	per person	SZL -			SZL -	
		Integrate Palliative care training in nursing training institutions	Staff time	Staff time	per person	SZL -			SZL -	
	4.2.4 Determine oncology specialized needs	Conduct needs assessments in palliative care services in oncology centres and rehabilatation centres.	Staff time	Staff time	per person	SZL -			SZL -	SZL 8,100.00
		Gather data to identify gaps in oncology care.	Staff time	Staff time	per person	SZL -			SZL -	
		Report findings to stakeholders and develop a training plan to mitigate the gaps.	2 day transport, venue, refreshments, staff time	Breakfast and lunch pack per day	per person	SZL 270.00	15	2	SZL 8,100.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
4.2 Standardize professional practice for cancer care	4.2.5 Advocate for recruitment and training specialized oncology personnel to enable comprehensive care	half a day meeting to conduct oncology skills audit	2 day transport, venue, refreshments, staff time	Breakfast and lunch pack per day	per person	SZL 270.00	15	2	SZL 8,100.00	SZL 32,500.00
		half a day advocacy meeting for recruitment specialized oncology personnel and explore training opportunities.	2 day transport, venue, refreshments, staff time	Breakfast and lunch pack per day	per person	SZL 270.00	15	6	SZL 24,300.00	
									Total Intervention Cost:	**SZL 120,600.00**
4.3 Collaborate with CMS for improved supply chain processes	4.3.1 Improve forecasting, quantification, and costing of cancer medicines and consumables based on disease burden to ensure consistent availability.	Assess historical data for cancer medicine usage.	Staff time	Staff time	per person	SZL -			SZL -	SZL 108,000.00
		Develop a forecasting model based on disease burden.	Staff time	Staff time	per person	SZL -			SZL -	
		Collaborate with CMS to ensure medicine availability.	10 day transport, staff time, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	10	40	SZL 108,000.00	
	4.3.2 Advocate for procurement of equipment(CT scan, LEEP machines, sterilizers, colposcopies and screening truck) with maintenance plans.	Conduct a 1/2 day meeting to collaborate with Biomed, Diagnostic and Cancer Prevention unit and World Bank (Health Sytems strengthening project)	3 day transport, staff time, conference package, venue	Meeting - Half Day package	per person	SZL 400.00	10	3	SZL 12,000.00	SZL 12,000.00
									Total Intervention Cost:	**SZL 120,000.00**

OBJECTIVE 5: By 2029, enhance the governance and sustainability of cancer control by fully staffing the NCCP, secure long-term financing mechanisms, and foster resilient multisectoral collaboration										
Intervention	**Activity**	**Sub-Activity**	**Resources**	**Item Description**	**Unit of Meansure**	**Unit Price**	**Quantity**	**Frequency**	**Total Sub-Activity Cost**	**Total Activity Cost**
5.1 Strengthen the National Cancer Control Program capacity	5.1.1 Advocate for recruitment of personnel, at least 1 Clinical Officer,1 prevention officer, 1 M&E officer.	Three x 2 hour meeting with the Directorate, Public service to recruit the 3 relevant posts	Staff time, transport, venue	Breakfast and lunch pack per day	per person	SZL 270.00	10	2	SZL 5,400.00	SZL 5,400.00
	5.1.2 Conduct skills audit assessment using competency-based tools to assess current skills and identify skills gap to NCCU staff	2 days subsequent meetings to develop and validate Competency Framework	2 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	10	2	SZL 10,000.00	SZL 32,500.00
		3 subsequent days to administer Skills Assessment Tools	Staff time	Staff time	per person	SZL -			SZL -	
		3 days to analyze results and identify Skills Gaps	3 days transport, stafft ime, conference packag	Meeting - Full Day package	per person	SZL 500.00	15	31	SZL 22,500.00	
	5.1.3 Build NCCU staff capacity based on skills assessment report	3 days meeting to develop training modules aligned with identified skills gaps.	3 days transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	10	3	SZL 15,000.00	SZL 85,000.00
		3 x 3 months Continuous Professional Development (CPD) Initiatives	Staff time, internet, conference package	Meeting - Full Day package	per person	SZL 500.00	20	3	SZL 30,000.00	
		2 days meeting Annual to monitor, evaluate, and adjust Capacity-Building Efforts	2 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	4	SZL 40,000.00	
									Total Intervention. Cost:	**SZL 122,900.00**

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
5.2 Strengthen cancer legislative related frameworks	5.2.1 Establish a Multisectoral Cancer Response Advisory Committee.	1/2 day meeting to review and replace missing stakeholders for the Multisectoral Cancer Response Advisory Committee	Transport, staff time, conference package, refreshments	Meeting - Half Day package	per person	SZL 400.00	20	1	SZL 8,000.00	**SZL 8,000.00**
	5.2.2 Advocate the review of the policies for essential cancer service access.	1/2 day meeting to discuss the review of the policies for the essential cancer service access	Staff time, conference package, refreshments	Meeting - Half Day package	per person	SZL 400.00	20	1	SZL 8,000.00	**SZL 8,000.00**
	5.2.4 Develop, disseminate and implement policies	1 day meeting to conduct stakeholder consultations to ensure policies align with organizational goals and compliance requirements.	1 day transport, staff time, conference package,venue	Meeting - Full Day package	per person	SZL 500.00	20	2	SZL 20,000.00	**SZL 30,000.00**
		1 day meeting to finalize the documents, circulate for review, and secure formal approval from leadership	1 day transport, conference package,venue	Meeting - Full Day package	per person	SZL 500.00	20	1	SZL 10,000.00	
	5.2.5 Advocate for the implementation of Tobacco Act	5 subsequent days meeting to discuss the implementation of the Tobacco Act	Boardroom, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	20	5	SZL 27,000.00	**SZL 27,000.00**

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
5.2 Strengthen cancer legislative related frameworks	5.2.6 Institutionalize cancer as a notifiable disease, through the multisectoral advisory committee.	Conduct a 5 days meeting for the multisectoral advisory committee to review, refine, and formally endorse the framework.	5 days transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	15	SZL 150,000.00	**SZL 362,150**
		Conduct a 2 days meeting to design standardized reporting tools.	2 days transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	2	SZL 20,000.00	
		Conduct 3 days meeting to train 40 health workers annually about the reporting tools for notification procedures	3 days transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	40	9	SZL 180,000.00	
		Hold monthly 1/2 a day monitoring meetings to review compliance, assess data quality, and ensure timely reporting of cancer cases.	1 day transport, staff time, boardroom, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	15	3	SZL 12,150.00	
	5.2.7 Enactment of comprehensive Radiation and Nuclear Act	Advocate for a 5 days meeting to with legal experts, health authorities, and the multisectoral advisory committee to prepare the draft Radiation and Nuclear Act.	Staff time, boardroom, refreshments	Breakfast and lunch pack per day	per person	SZL 270.00	15	5	SZL 20,250.00	**SZL 20,250.00**
									Total Intervention Cost:	**SZL 455,400.00**

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
5.3 Strengthen coordination, partnerships and accountability mechanisms for cancer prevention and control	5.3.1 Convene quarterly multisectoral TWG coordination meetings	Conduct 5 subsequent trainings for HCWs on Radiation and Nuclear Act	5 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	15	SZL 150,000.00	**SZL 162,000.00**
		Conduct 1/2 day stakeholder coordinating meeting every quarter	Staff time	Staff time	per person	SZL -			SZL -	
		Reviewing of TORs	Lunch packs for 20 people	Lunch Pack per day	per fedix lunch pack	SZL 150.00	20	4	SZL 12,000.00	
	5.3.2 Activate national cancer control sub-committees.	Review stakeHolder list - Childhood, Strategic Information, cervical cancer, Prevention and Treatment	Lunch packs for 20 people per sub-committee, venue	Lunch Pack per day	per fedix lunch pack	SZL 150.00	20	1	SZL 3,000.00	**SZL 3,000.00**
	5.3.3 Establish public-private partnership through formal agreements for improved reporting systems and delivery of cancer services in line with national standards.	3days workshop to develop the ppp document to improve the reporting system	3 days transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	3	SZL 30,000.00	**SZL 30,000.00**
		Identify at least one ppp annually	Staff time	Staff time	per person	SZL -			SZL -	
									Total Intervention Cost:	**SZL 195,000.00**

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
5.4 Increase sustainable financing mechanisms (reminder to add training resources)	5.4.1 Advocate for increased public financing to ensure UHC	Conduct 3 subsequest 1/2 day meetings to discuss the increase of public financing for cancer services	3 day transport, staff time, conference package, venue	Meeting - Full Day package	per person	SZL 500.00	20	12	SZL 120,000.00	SZL 120,000.00
	5.4.2 Strengthen Sustainable Financing Models to Improve Cancer Services	Identify potential donors and grant opportunities	Staff time	Staff time	per person	SZL -			SZL -	SZL -
		Create a database of funding sources for cancer services	Staff time	Staff time	per person	SZL -			SZL -	
		Develop partnerships with NGOs and private sectors for collaborative funding	Staff time	Staff time	per person	SZL -			SZL -	
	5.4.4 Leverage on Private Medical Aid Providers for Cost Savings	Conduct assessments of existing private medical aid plans	Staff time	Staff time	per person	SZL -			SZL -	SZL -
		Develop negotiation strategies for better financing terms	Staff time	Staff time	per person	SZL -			SZL -	
		Organize workshops for private providers to discuss mutual benefits	Staff time	Staff time	per person	SZL -			SZL -	
	5.4.5 Support Country Work Plans and Ring-Fenced Cancer Budgets	Collaborate with government relevant offices to integrate cancer financing into national budgets	Staff time	Staff time	per person	SZL -			SZL -	SZL -
									Total Intervention Cost:	**SZL 120,000.00**

OBJECTIVE 6: By 2029, strengthen cancer data systems and research capacity to generate high quality evidence for informed decision-making										
Intervention	**Activity**	**Sub-Activity**	**Resources**	**Item Description**	**Unit of Meansure**	**Unit Price**	**Quantity**	**Frequency**	**Total Sub-Activity Cost**	**Total Activity Cost**
6.1 Strengthen data collection, quality, and use	6.1.1 Conduct bi- annual Quality of Care Audits (QOCA) and incorporate recommendations into continuous quality improvement (CQI).	Conduct standardized bi-annual QoC audits at two cancer treatment facilities using the national audit tool	Data clerks, Transport, lunch out (10 people)	Data collectors	per person per day	SZL 450.00	10	4	SZL 18,000.00	SZL 42,000.00
				Lunch Pack per day	per fedix lunch pack	SZL 150.00	10	4	SZL 6,000.00	
		Conduct an assessment of the developed facility-level corrective plans based on audit findings (3 months after the QoC audit)	Facility board room, Lunch, transport (10 people)	Lunch Pack per day	per fedix lunch pack	SZL 150.00	10	4	SZL 6,000.00	
		Conduct a follow up assessment to improve quality of care	Transport, lunch (10 people per session)	Lunch Pack per day	per fedix lunch pack	SZL 150.00	10	4	SZL 6,000.00	
	6.1.2 Conduct Data Quality Audits (DQA)	Develop and standardize a DQA tool aligned with cancer registry and cancer screening indicators	Technical review costs (if needed), internet, staff time	Staff time	per person	SZL -			SZL -	SZL 60,600.00
		Conduct annual onsite DQA in all regional referral hospitals	Transport, lunch out	Lunch Pack per day	per fedix lunch pack	SZL 150.00	10	4	SZL 6,000.00	
		Conduct a one day data review meeting for all regions, and develop corrective plans	One day conference package (30 people)	Meeting - Full Day package	per person	SZL 500.00	30	3	SZL 45,000.00	
		Conduct facility visits to monitor improvement in the subsequent quarter	Transport, lunch out (16 people)	Lunch Pack per day	per fedix lunch pack	SZL 150.00	16	4	SZL 9,600.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
6.1 Strengthen data collection, quality, and use	6.1.3 Strengthen data collection system to track patient linkage through the continuum of care (screening, diagnostic, treatment, and mortality)	Conduct a 1 day meeting to engage stake holders to consult on possibility of a system for patient linkage tracking	Boardroom, staff time	Staff time	per person	SZL -			SZL -	SZL 6,500.00
		1 1/2 days meeting to develop standardized patient linkage tracking tool (screening , diagnosis, treatment, mortality)	Technical working meetings (15 people), boardroom, tea, lunch	Lunch Pack per day	per fedix lunch pack	SZL 150.00	15	2	SZL 4,500.00	
		Pilot linkage tracking system in priority oncology facilities	Internet	Internet connection monthly subsciption		SZL 2,000.00	1	1	SZL 2,000.00	
		Establish bi annual linkage analysis (loss-to-follow-up & delays)	Data extraction tools, internet, dashboard	Staff time	per person	SZL -			SZL -	
	6.1.4 Leverage digital health and innovation	Conduct a 1 day meeting to engage stake holders to consult on possibility of digital sytems assessment.	Boardroom, staff time, tea, lunch	Lunch Pack per day	per fedix lunch pack	SZL 150.00	20	1	SZL 3,000.00	SZL 889,275.00
		Conduct digital system assessment (CMIS, DHIS2, facility EMR integration gaps)	Consultant fee (if needed), stake holder meetings	Consultancy (Consultant, stakeholder engagement, production of materials)	(45 Days contract)	SZL 291,375.00	1	3	SZL 874,125.00	
		Integrate priority cancer indicators into DHIS2/EMR	Meal support for 3 engagements with NCCU and EDCU for 15 people	Breakfast and lunch pack per day	per person	SZL 270.00	15	3	SZL 12,150.00	
		Develop simple cancer quality dashboard	Laise with EDCU to leverage ongoing efforts	Staff time	per person	SZL -			SZL -	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
6.1 Strengthen data collection, quality, and use	6.1.5 Conduct quarterly performance monitoring of program indicators	Develop and update indicator tracking tools	Staff time, boardroom, refreshments (15 people)	Breakfast and lunch pack per day	per person	SZL 270.00	15	4	SZL 16,200.00	SZL 16,200.00
		Analyse and compile quarterly perfomance report	Staff time	Staff time	per person	SZL -			SZL -	
	6.1.6 Monitor client satisfaction and experience	Design standardised client satisfaction tools in both English & Siswati for screening and confirmed cancer clients	staff time, boardroom, refreshment, 1 day transport to attend MDTs in targeted facilities	Breakfast and lunch pack per day	per person	SZL 270.00	15	1	SZL 4,050.00	SZL 4,050.00
	6.1.7 Standardize community data collection tools	Conduct a review of existing community data collection tools	Staff time, boardroom, refreshments (10 people)	Breakfast and lunch pack per day	per person	SZL 270.00	10	2	SZL 5,400.00	SZL 5,400.00
		Develop and harmonize community data collection tools	Staff time	Staff time	per person	SZL -			SZL -	
									Total Intervention. Cost:	**SZL 1,018,025.00**

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
6.2 Promote operational research and evidence generation	6.2.1 Collaborate with academic and health institutions to conduct cancer related research.	Identify and engage local and regional academic institutions, teaching hospitals, and research organizations to co-develop cancer research initiatives.	Staff time, boardroom	Staff time	per person	SZL -			SZL -	SZL -
	6.2.2 Incorporate priority cancer research studies into the Research Agenda.	Design and conduct multi-institutional research studies leveraging data from the National Cancer Registry, oncology units, and screening programs in line with research agenda	Staff time, half day meeting (conference venue)	Meeting - Half Day package	per person	SZL 400.00	20	3	SZL 24,000.00	SZL 24,000.00
	6.2.3 Create research partnerships and mentorship programs.	Establish a structured mentorship program linking junior researchers, clinicians, and registry staff with experienced local and international mentors.	Staff time, half day meeting (conference venue)	Meeting - Half Day package	per person	SZL 400.00	20	3	SZL 24,000.00	SZL 24,000.00
	6.2.4 Operationalize data for research and programming	Translate findings into actionable outputs such as policy briefs, program improvement plans, and research questions.	Staff time, 5 day work shop	Meeting - Half Day package	per person	SZL 500.00	20	15	SZL 150,000.00	SZL 156,750.00
		Select high-impact cancer research topics based on national priorities and data gaps	Staff time, boardroom, lunch for 15 people	Lunch Pack per day	per fedix lunch pack	SZL 150.00	15	3	SZL 6,750.00	
									Total Intervention Cost:	**SZL 204,750.00**

OBJECTIVE 7: Achieve at least 60% survival for children with cancer by 2029s										
Intervention	**Activity**	**Sub-Activity**	**Resources**	**Item Description**	**Unit of Meansure**	**Unit Price**	**Quantity**	**Frequency**	**Total Sub-Activity Cost**	**Total Activity Cost**
7.1 Strengthen Early Detection of Childhood Cancers	7.1.1 Increase Public Awareness on childhood cancer EWS	Conduct community outreaches for 25 constituences	Transport, Lunch for 25 people, IEC material, Stafftime	Lunch Pack per day	per fedix lunch pack	SZL 150.00	25	4	SZL 15,000.00	SZL 265,000.00
				Print - Fliers	A5/500	SZL 10.00	500	4	SZL 20,000.00	
		Conduct 12(monthly) mass media CC awareness compaigns on radio TV and social media platforms	Transport, material	Staff time	per person	SZL -			SZL -	
		Print 5000 childhood cancer pamphlets materials	Transport, printing costs for 5000 pamplets	Print - Fliers	A5/500	SZL 10.00	5000	4	SZL 200,000.00	
		Distribute 1000 Childhood Cancer pamphlets materials to the public	Transport	Staff time	per person	SZL -			SZL -	
		Commemorate 5 CC awareness events - 15 February International CC day, September CC month	Lunch for 10 officers per activity, transport	Lunch Pack per day	per fedix lunch pack	SZL 150.00	10	20	SZL 30,000.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
7.1 Strengthen Early Detection of Childhood Cancers	7.1.2 Build Capacity of Health Care Workers	Conduct 25% (25) in-service trainings for health care workers in the different regions on EWS and referral	Transport, lunch for 5 officers per visit	Lunch Pack per day	per fedix lunch pack	SZL 150.00	5	4	SZL 3,000.00	SZL 93,000.00
		Conduct 100 supportive mentoring facility visits (25 per region)	Transport, Lunch	Lunch Pack per day	per fedix lunch pack	SZL 150.00	25	4	SZL 15,000.00	
		Conduct 1 1/2 day regional off-site CC trainings for 100 HCWs on early warning signs of CC(25 per region)	Transport, conference package for 100 people	Meeting - Full Day package	per person	SZL 500.00	100	15	SZL 75,000.00	
		Connect HCWs to at least 1 online CC platform/webinar to 15 HCWs	Internet	Staff time	per person	SZL -			SZL -	
	7.1.3 Develop training manual for childhood cancers	Conduct a 3 Day workshop for 20 people to develop a comprehensive CC training manual	3-day conference package for 20 people	Meeting - Full Day package	per person	SZL 500.00	20	9	SZL 90,000.00	
		Conduct a 1 day validation meeting for 25 stakeholders	Venue, break, lunch for 25 people	Meeting - Full Day package	per person	SZL 500.00	25	1	SZL 12,500.00	
		Conduct a half-day meeting to disseminate the training manual to 25 stakeholders	Half day meeting conference	Meeting - Full Day package	per person	SZL 400.00	25	1	SZL 10,000.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
7.1 Strengthen Early Detection of Childhood Cancers	7.1.4 Integration of EWS screening for childhood cancer into existing public health programs.	Revise and update existing CC stakeholder mapping document	Staff time	Staff time	per person	SZL -			SZL -	SZL 32,250.00
		Invite 25 CC stakeholders and partners to a coordination meeting using updated list	Venue, lunch for 25 people	Lunch Pack per day	per fedix lunch pack	SZL 150.00	25	4	SZL 15,000.00	
		Conduct a 1-day CC stakeholder coordination meeting to discuss cc integration points to existing programs	Venue, lunch for 25 people	Lunch Pack per day	per fedix lunch pack	SZL 150.00	25	4	SZL 15,000.00	
		Participate in all child-health campaigns initiated by CC related programmes and stakeholders.	Transport, lunch for 5 officers per visit	Lunch Pack per day	per fedix lunch pack	SZL 150.00	5	3	SZL 2,250.00	
		Conduct a meeting with HMIS to align the CC module with existing programs	Staff time	Staff time	per person	SZL -			SZL -	
									Total Intervention Cost:	**SZL 502,750.00**

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
7.2 Improve Treatment, Palliative Care, and Rehabilitation	7.2.1 Map and implement pediatric palliative care referral pathway at each service delivery point: community, primary health care, health center, and hospital.	Conduct a stakeholder mapping/ analysis for PPC	Staff time	Staff time	per person	SZL -			SZL -	
		Conduct a 1-day meeting with 20 stakeholders to map the current Pediatric Palliative Care (PPC) referral pathway and identify gaps and barriers.	Transport, lunch for 25 people	Lunch Pack per day	per fedix lunch pack	SZL 150.00	25	3	SZL 11,250.00	
		Conduct a 2-day workshop to update on the CC referral pathway.	Transport, lunch for 25 people	Lunch Pack per day	per fedix lunch pack	SZL 150.00	25	4	SZL 15,000.00	
		Conduct a 1-day PPC referral pathway orientation meeting for 18 cancer focal nurses.	Venue, transport	Staff time	per person	SZL -			SZL -	
		Conduct a 3 days workshop to develop Standardised Paediatric Palliative & Rehabilitation Referral Pathway Guidelines (including psychosocial, OT, Physio, dietetics, spiritual care and pain management)	TWG meetings, consultant. 3-day conference package for 25 people	Meeting - Full Day package	per person	SZL 500.00	25	3	SZL 37,500.00	
		Integrate Psychosocial Support into Referral Pathway (including assessments at diagnosis, during treatment, survivorship and end-of-life)	Review meetings for 3 days for 20 people; training materials (PSS screening tools)	Meeting - Full Day package	per person	SZL 500.00	20	9	SZL 90,000.00	
		Advocate for Rehabilitation Services Linkage (Including OT, physiotherapy, speech therapy etc.)	Meals for 15 people, staff time	Meeting - Full Day package	per person	SZL 500.00	15	3	SZL 22,500.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
7.2 Improve Treatment, Palliative Care, and Rehabilitation	7.2.1 Map and implement pediatric palliative care referral pathway at each service delivery point: community, primary health care, health center, and hospital.	Establish Nutritional Support Referral Mechanism	Printing costs for 100 SOPs and meals for 15 people for 3 days	Print - SOPs	per 50 pages (colour)	SZL 149.00	100	2	SZL 29,800.00	SZL 290,3500.00
				Breakfast and lunch pack per day	per person	SZL 270.00	15	6	SZL 24,300.00	
		Train 100 Health Workers at Community & PHC Level on Referral Pathway	Training materials, venue, lunch for 100 people	Lunch Pack per day	per fedix lunch packK	SZL 150.00	100	4	SZL 60,000.00	
		Monitor Referral Compliance and Continuity of Care	Staff time	Staff time	per person	SZL -			SZL -	
	7.2.2 Advocate for UHC inclusion of childhood palliative services	Develop policy briefs/ investment cases to advocate for pediatric oncology palliative services to MoH	Staff time	Staff time	per person	SZL -			SZL -	SZL -
	7.2.3 Establish a Pediatric Oncology Centre of Excellence in Manzini	Conduct advocacy meetings with MoH for the establishment of a pediatric oncology center.	Staff time	Staff time	per person	SZL -			SZL -	SZL -
	7.2.4 Actively receive and track children receiving cancer treatment in South Africa	Conduct a desk review of the current referral protocols and tools in collaboration with Phalala.	Venue, Lunch for 10 people, Transport	Lunch Pack per day	per fedix lunch pack	SZL 150.00	10	2	SZL 3,000.00	SZL 5,250.00
		Conduct a meeting with Phalala and other stakeholders to co-develop a formal S.A.-Eswatini referral and follow-up SOP.	Venue, Lunch for 15 people, transport	Lunch Pack per day	per fedix lunch pack	SZL 150.00	15	1	SZL 2,250.00	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
7.2 Improve Treatment, Palliative Care, and Rehabilitation	7.2.5 Establish champion programs to support newly diagnosed children	Conduct a 3 days worksop to develop Champion Program Framework	Boardroom, staff time, transport. Break and lunch for 20 people	Breakfast and lunch pack per day	per person	SZL 270.00	20	6	SZL 32,400.00	SZL 144,000.00
		Identify and Train 8 Survivor and Parent Champions	Training manuals, transport, break and lunch for 15 people, stipends	Breakfast and lunch pack per day	per person	SZL 270.00	15	4	SZL 16,200.00	
		Pair Newly Diagnosed Families with Champions Within 72 Hours	Airtime, cell phones	MTN Airtime	per bronze package per month	SZL 370.00	10	4	SZL 14,800.00	
		Provide Structured Psychosocial Group Sessions for Families	Venue, tea	Breakfast Meeting	per person	SZL 350.00	15	4	SZL 21,000.00	
		Integrate Rehabilitation Education into Champion Program	Educational materials-SOPs	Print - SOPs	per 50 pages (colour)	SZL 149.00	100	4	SZL 59,600.00	
		Monitor Impact of Champion Program	Data tools, surveys	Staff time	per person	SZL -			SZL -	

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
7.2 Improve Treatment, Palliative Care, and Rehabilitation	7.2.6 Improve survivorship support programs and school re-integration programs.	Convene quarterly meetings with the psychosocial support teams, the School Health and the DPMs office to discuss and report on CC survivorship and school reintegration programs.	Venue, lunch for 20 people	Lunch Pack per day	per fedix lunch pack	SZL 150.00	20	4	SZL 12,000.00	SZL 342,200.00
		Conduct at least 3 caregiver support group meetings in each region.	Venue, lunch	Lunch Pack per day	per fedix lunch pack	SZL 150.00	20	4	SZL 12,000.00	
		Establish a support group for teenagers and young adult cancer survivors	Data, airtime, transport reimbursement for 115 people	MTN Airtime	per bronze package per month	SZL 370.00	115	4	SZL 170,200.00	
		Conduct 1 childhood cancer survivors' day comemoration in September 2026.	100 people venue, Lunch, Transport, T-shirts and ribbons	Branded Golf Tshirts	each	SZL 220.00	100	4	SZL 88,000.00	
				Lunch Pack per day	per fedix lunch pack	SZL 150.00	100	4	SZL 60,000.00	
									Total Intervention Cost:	**SZL 781,800.00**

Intervention	Activity	Sub-Activity	Resources	Item Description	Unit of Meansure	Unit Price	Quantity	Frequency	Total Sub-Activity Cost	Total Activity Cost
7.3 Strengthen Multi-sectoral Coordination	7.3.1 Revive Childhood Cancer Core Working Group	Convene a 1 day meeting for the CC core working group to revise ToRs	Printing cost, venue, brunch for 25 people	Print - Guidelines	per 50 pages (colour)	SZL 150.00	25	4	SZL 15,000.00	SZL 57,000.000
				Lunch Pack per day	per fedix lunch pack	SZL 150.00	25	4	SZL 15,000.00	
		Conduct quarterly CC core working Group meetings	Venue, break and lunch for 25 people	Breakfast and lunch pack per day	per person	SZL 270.00	25	4	SZL 27,000.00	
	7.3.2 Develop Integrated Referral and Data Systems.	Integrate CC referral and data systems into other child health programs in CMIS	Staff time	Staff time	per person	SZL -			SZL -	SZL -
	7.3.3 Conduct Joint Awareness and Capacity-Building Campaigns	Share awareness and capacity-building schedule with stakeholders	Staff time, transport	Staff time	per person	SZL -			SZL -	SZL 12,000.00
		Participate in child health program awareness campaigns	Transport, lunch for 20 people	Lunch Pack per day	per fedix lunch pack	SZL 150.00	20	4	SZL 12,000.00	
									Total Intervention Cost:	**SZL 69,000.00**
								Total Work Plan Cost:	**SZL 19,204,033.92**	

Appendix 3: M&E Framework

Objective	Indicator Name	Definition	Numerator	Denominator	Disaggregation	Data Source	Frequency	Baseline	2025	2026	2027	2028	2029	Target	Responsible Persons	Stakeholders	Notes
1. **By 2029, achieve and sustain 90% HPV vaccination coverage among girls aged 9-14 years, and reduce cancer risk factors by at least 3% from 2024 baseline**	1.1 HPV vaccination coverage	Proportion of girls aged 9-14 years fully vaccinated	Total girls aged 9-14 years fully vaccinated	Total girls aged 9-14 years in population	Age, Regions	CMIS	Annual	74.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	Cervical Cancer Coordinator	EPI Program, NCCU, NGOs	Avoid double counting
	1.2 Percentage of adults aged 18 to 69 years with three or more risk factors	Proportion of population with three or more risk factors as calculated in the survey	Population with risk factors	Total population surveyed	Sex	STEPS Survey	Every 5 years	18.3%	TBD	TBD	TBD	TBD	TBD	-3% reduction	Health Promotion Officer	NCD, NCCU, Health Promotion	Survey-based - Data can be broken down by available risk factors according to analytical needs

Objective	Indicator Name	Definition	Numerator	Denominator	Disaggregation	Data Source	Frequency	Baseline	2025	2026	2027	2028	2029	Target	Responsible Persons	Stakeholders	Notes
2. **Expand the national diagnostic and quality systems for early detection of cancers through introduction and decentralization of new technologies by 2027.**	2.1 Proportion of facilities offering HPV/DNA testing	Percentage of facilities offering HPV/DNA testing during time of assesment	Total number of facilities offering HPV/DNA testing	Total number of facilities	Region, Facility level	Service mapping	Annual	0.0%	0.0%	5.0%	25.0%	35.0%	45.0%	50.0%	Cervical Cancer Coordinator	NCCU, Laboratory, Facilities, Implementing Partners	
	2.2 Proportion of facilities offering HPV/mRNA testing	Percentage of facilities offering HPV/mRNA testing during time of assesment	Total number of facilities offering HPV/mRNA testing	Total number of facilities	Region, Facility level	Service mapping	Annual	16/total facilities	TBD	TBD	TBD	TBD	TBD	50.0%	Cervical Cancer Coordinator	NCCU, Laboratory, Implementing Partners	
	2.3 Percentage of women aged 25–49 who have been screened with a high performance test for the first time	Proportion of women aged 25-49 screened with a high performance test	Total number of women aged 25-49 screened with a high performance test	Total Number of women aged 25-49 in the eligible target population	Age groups,Region	CMIS	Annual	TBD	TBD	TBD	TBD	TBD	TBD	70.0%	M&E Officer	NCCU	
	2.4 Proportion of Health Facilities with functional Decentralized Diagnostic Technologies	Measures the availability of at least one functional decentralised diagnostic Technology (GeneXpert (HPV), Ultrasound, and PACS connectivity) in facilities.	Number of facilities with at least one functional equipment	Total number of targeted facilities	Region, Facility level,Technology type	Facility Inventory	Annual	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Cervical Cancer Coordinator	NCCU, Laboratory, Implementing Partners	Tracks decentralization
	2.5 Median turnaround time (TAT) for key diagnostics (e.g., HPV test result time from sample collection to result; histopathology TAT from biopsy to report)	Median days between sample collection and final result/report.	Total number of tests returning within 4 weeks	Total number of tests ordered	Test type	Laboratory	Semi-annual	Current median TAT (6-8 weeks)	8 weeks	6 weeks	4 weeks	4 weeks	4 weeks	4 weeks	Patient Navigator	NCCU, Laboratory, SNAP	

Objective	Indicator Name	Definition	Numerator	Denominator	Disaggregation	Data Source	Frequency	Baseline	2025	2026	2027	2028	2029	Target	Responsible Persons	Stakeholders	Notes
3. **Scale up intergrated cancer services (cervical, breast, prostate and lung) and ensure treatment initiation within one month of diagnosis by 2029.**	3.1 Proportion of health facilities with trained cancer service providers on the intergrated curriculum	Percentage of health facilities that provide cancer-related services and have at least one healthcare provider trained in cancer prevention, screening, diagnosis, treatment	Number of health facilities that provide cancer services and have at least one provider who has completed standardized, competency-based training.	Total number of health facilities providing any cancer-related service	Region,Facility level	Training registers	Annual	0.0%	TBD	TBD	TBD	TBD	TBD	TBD	Cervical Cancer Coordinator	NCCU, Facilities, Implementing partners	
	3.2 Proportion of newly diagnosed cancer patients initiated on definitive treatment within 30 days of confirmed diagnosis	Percentage of patients with newly confirmed diagnosis of cervical,breast,prostate and lung cancer who commence definitive treatment within 30 days of clinical dignosis during reporting year.	Number of newly diagnosed cancer (cervical,breast,prostate and lung) patients initiated on definitive treatment within 30 days of diagnosis.	Total number of newly diagnosed cancer (cervical,breast,prostate and lung) patients	Cancer type, Sex, Age group	Cancer Registry, Facility Oncology Registers	Annual	TBD	TBD	TBD	TBD	TBD	TBD	90.0%	Cancer Registrar, M&E officer	NCCU, Oncology	
	3.3 Percentage of newly diagnosed invasive breast cancer detected early (STAGE I/II)	Percentage of newly diagnosed invasive breast cancer cases that are detected and staged as Stage I/II at the time of diagnosis, among all newly diagnosed invasive breast cancer cases with a recorded stage in the reporting period.	Number of newly diagnosed invasive breast cancer cases that are detected and staged as Stage I/II at the time of diagnosis, among all newly diagnosed invasive breast cancer cases with a recorded stage in the reporting period.	Total number of newly diagnosed invasive breast cancer cases that are detected and recorded in the same reporting period.	Age group	Cancer Registry, Facility Oncology Registers	Annual	TBD	TBD	TBD	TBD	TBD	TBD	60.0%	Cancer Registrar, Clinical Officer	NCCU, Oncology	

Objective	Indicator Name	Definition	Numerator	Denominator	Disaggregation	Data Source	Frequency	Baseline	2025	2026	2027	2028	2029	Target	Responsible Persons	Stakeholders	Notes
4. **By 2029, ensure that at least 80% of health facilities provide comprehensive quality cancer services including palliative and rehabilitative care as defined in the essential health package with zero stock out of essential medicines and supplies.**	4.1 Proportion of facilities with essential cancer care services package	Percentage of facilities meeting the essential cancer care services package	Total number of facilities with essential cancer care services	Total number of facilities	Facility Level, Region	Service mapping	Annual	78.0%	78.0%	83.0%	85.0%	87.0%	83.0%	≥90%	Clinical Officer	NCCU, SNAP, Implementing Partners	Minimum package includes (prevention, screening,treatment,diagnosis and palliative care as defined in EHCP)
	4.2 Stock-out rate of cancer tracer medicines	Percentage of facilities reporting stock-outs	Facilities with stock-outs	Total number of facilities	Region	CMS, Facility Inventory	Semi-Annual, Annual	N/A	N/A	TBD	TBD	TBD	TBD	0.0%	M&E Officer	CMS, NCCU	Health facilities rely on implementing partners for supplies so facilities donot capture stock outs as of yet.
5. **By 2029, enhance the governance and sustainability of cancer control by fully staffing the NCCP, secure long-term financing mechanisms, and foster resilient multisectoral collaboration**	5.1 NCCP staffing rate	Proportion of positions filled	Total number of filled posts	Total number of approved posts	Post	MOH HR records	Annual	0.0%	0.0%	10.0%	25.0%	55.0%	75.0%	100.0%	Program Manager	NCCU, MOH HR	Governance
	5.2 Proportion of NCCU annual budget that is fully financed from sustainable sources	Sustainable" excludes one-off/short-term (<1 year) emergency grants.	Amount of NCCP annual budget covered by sustainable financing mechanisms (domestic government allocations + recurrent donor funding with multi-year commitments + dedicated cancer levies)	Total NCCP annual budget in Emalangeni		Ministry of finance, NCCP financial records.	Annual	E 1,000,000	TBD	TBD	TBD	TBD	TBD	TBD	Program Manager	NCCU, MOH, Implementing partners	Governance

Objective	Indicator Name	Definition	Numerator	Denominator	Disaggregation	Data Source	Frequency	Baseline	2025	2026	2027	2028	2029	Target	Responsible Persons	Stakeholders	Notes
6. **By 2029, strengthen cancer data systems and research capacity to generate high-quality evidence for informed decision-making**	6.1 Proportion of facilities with a documented Data Quality Audit (DQA) completed at least annually and action plan implemented	DQA- review of data completeness, accuracy, timeliness.	Facilities with completed DQA in past 12 months	Facilities offering cancer services		DQA reports.	Annual	20.0%	25.0%	35.0%	45.0%	55.0%	65.0%	70.0%	Cancer Registrar	NCCU, Quality, Research, Implementing partners	
	6.2 Number of operational cancer research studies initiated in collaboration with academic/health institutions	Initiated = protocol approved or ethics clearance obtained and data collection started.	Number of new operational research studies on cancer initiated in the reporting year with named institutional collaborators	Total number of research priorities identified OR use as absolute count		Research office logs, MoH research registry, NCCU.	Annual	2 studies/ year	2 studies	3 studies	4 studies	5 studies	6 studies	10 studies	Cancer Registrar	NCCU, EDCU, Research, Implementing partners	

Objective	Indicator Name	Definition	Numerator	Denominator	Disaggregation	Data Source	Frequency	Baseline	2025	2026	2027	2028	2029	Target	Responsible Persons	Stakeholders	Notes
7. **Achieve at least 60% survival for children with cancer by 2029.**	7.1 Percentage of children with suspected cancer who receive a confirmed diagnosis within 30 days of first presentation to a health facility	Percentage of children (0–19 years) with suspected cancer signs and symptoms who are identified in a health facility who receive a confirmed diagnosis of cancer within 30 days of first presentation during the reporting period.	Number of children with suspected cancer who received a confirmed diagnosis within 30 days of first presentation.	Total number of children identified with suspected cancer signs/symptoms.	Age, Sex, Region	Childhood cancer screening tool (CMIS), Cancer Registry, Peadiatric Oncolog	Annual	N/A	5.0%	20.0%	40.0%	40.0%	80.0%	90.0%	Childhood Cancer Officer	NCCU, Failities, HMIS, Programs (EPI,School Health,IMNCI, ENAP), NGOs	
	7.2 Childhood cancer survival rate	Percentage of children diagnosed with cancer who are alive 1 year,2 and 5 years after diagnosis.	Total children alive after 1 year, 2 and 5 years of diagnosis.	Total diagnosed children in the same cohort	Age, Sex , cancer type	Phalala Fund, Peadiatric Oncology, Cancer Registry	Annual	Estimated (<30%)	30.0%	40.0%	40.0%	50.0%	55.0%	≥60%	Childhood Cancer Officer	NCCU, Failities, HMIS, Programs (EPI,School Health,IMNCI, ENAP), NGOs	Cohort tracking
	7.3 Childhood cancer treatment rate	Percentage of diagnosed children enrolled into treatment	Total number of diagnosed children initiated on treatment	Total number of children diagnosed	Age, Sex , cancer type	Phalala Fund, Peadiatric Oncology, Cancer Registry	Annual	TBD	55.0%	70.0%	75.0%	80.0%	**90.0%**	90.0%	Childhood Cancer Officer	NCCU, Phalala Fund, Oncology, NGOs	
	7.4 Treatment completion rate	Percentage of children diagnosed with cancer who completed the full prescribed course of treatment within reporting period	Children who completed treatment	All children who initiated cancer treatment during the same cohort period	Age, Sex , cancer type	Phalala Fund, Peadiatric Oncology, Cancer Registry	Annual	TBD	TBD	TBD	TBD	TBD	TBD	TBD	Childhood Cancer Officer	NCCU, Phalala Fund, Oncology, NGOs	
	7.5 Loss to follow up rate	Percentage of children who started cancer treatment but were lost to follow-up before completing the prescribed treatment course	Children with no documented treatment encounter or contact for a defined period (e.g., 60–90 days, per national/WHO definitions) without a recorded reason such as death, transfer, or completion	All children who initiated cancer treatment during the same cohort period	Age, Sex , cancer type	Phalala Fund, Peadiatric Oncology, Cancer Registry	Annual	TBD	TBD	TBD	TBD	**TBD**	TBD	TBD	Childhood Cancer Officer	NCCU, Phalala Fund, Oncology, NGOs	
	7.6 Number of HCWs trained on childhood cancer early warning signs and referral pathways	Number of HCWs trained on childhood cancer early warning signs and referral pathways	Count of HCWs who completed childhood cancer training	N/A	Cadre,Region	Training Register	Annual	TBD	200	200	200	200	200	1000 HCWs	Childhood Cancer Officer	NCCU, Phalala Fund, Oncology, NGOs	