

Practical Strategies to Cancer Plan Implementation and Resourcing

ICCP ECHO

Key factors in costing, prioritizing, and allocating resources for National Cancer Control Plans

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Does your role extend beyond cancer?

Prioritization

Should extend beyond Cost-Effectiveness and incorporate:

- **Social**
- **Capacity**
- **Political**
- **National**

Should shape:

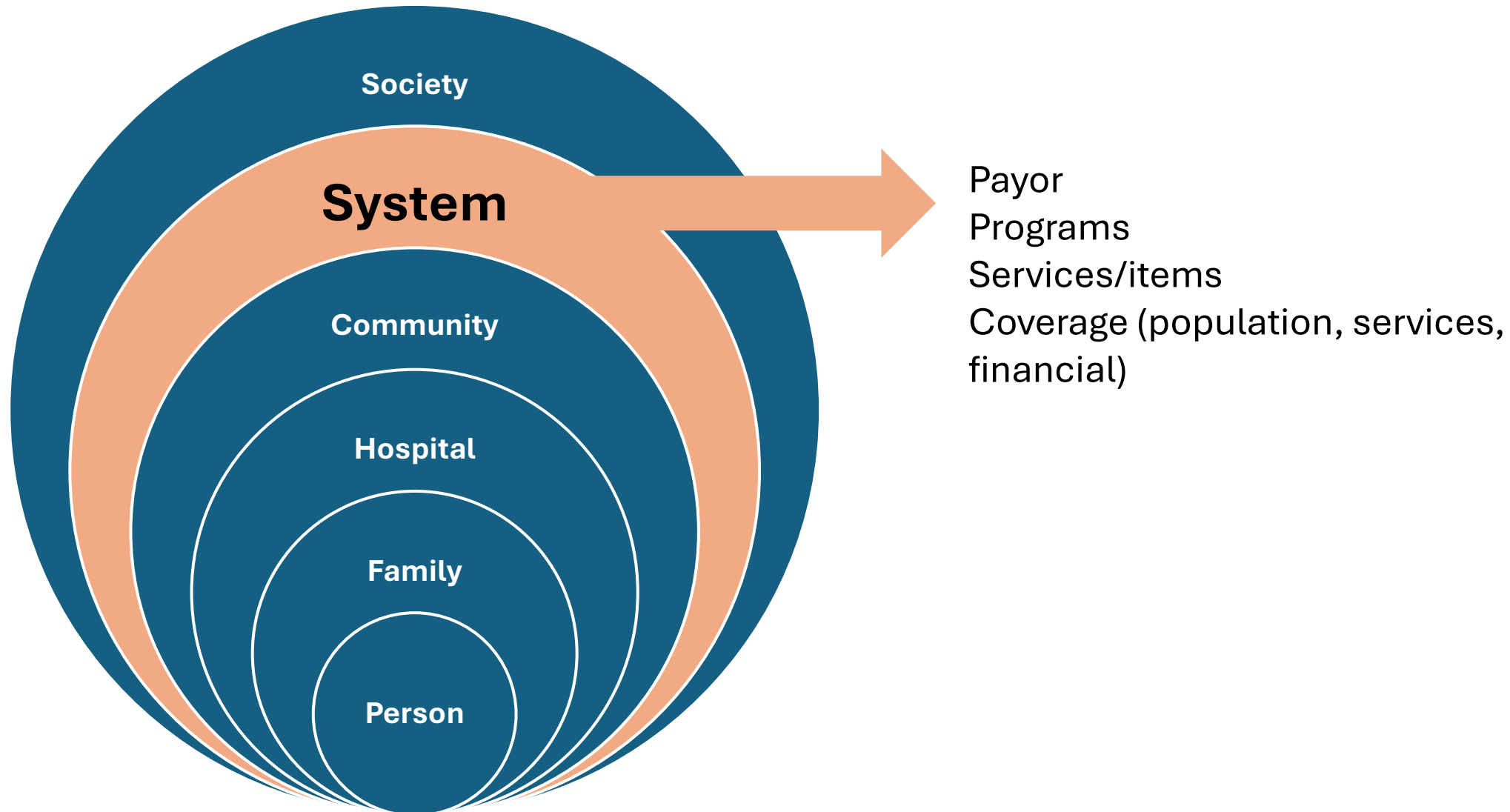
- **What** programs / services are included
- **When** services are offered or introduced
- **Where** services are offered and capacity built
- **How** services are delivered

ALIGNMENT

Why Cost a National Cancer Plan ?

- Planning
- Advocacy
- Priority setting
- Accountability
- Improvement
- ROI / CE assessments
- Efficiency / Refinement

Perspective



Approaches

Top Down

**Total expenditure x %
attributable to oncology**

Sources:

Historical or comparative budgets /
expense reports.
Structured interviews

Features:

Faster
Less resource intensive
Financial data more available
Easier for overhead

Bottom Up

Resource cost x time x quantity

Sources:

Purchase orders
Patient records
Time-motion studies
Structured interviews

Features:

Higher accuracy
More detailed
Greater utility
Novel services

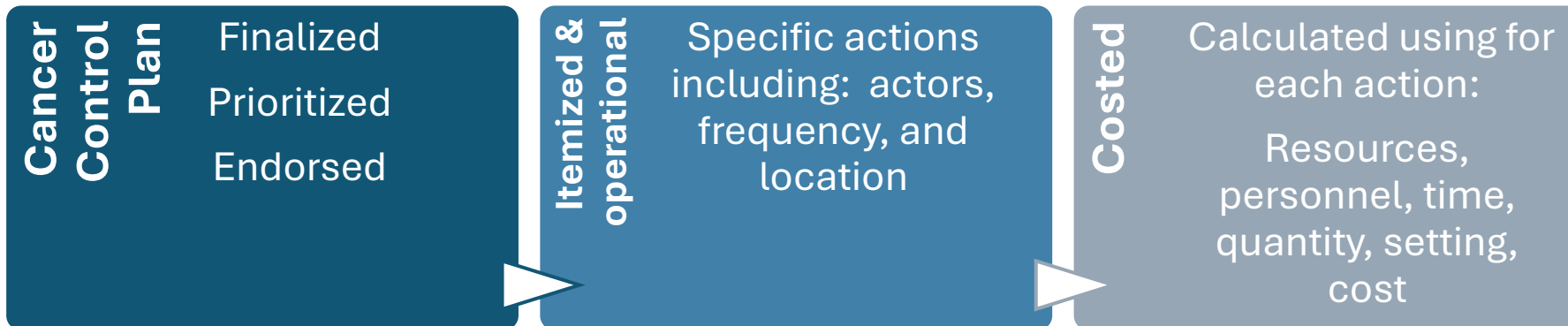
Annual adjustments
for each.
Adjustments = scale
up + inflation

Established:
Need
Coverage growth
Demand
Scale up rate
Inflation rate
Discount rate

COMBINED

Components

Public Health Actions				
Clinical Interventions				
Supportive / Social Care				
Administrative / Overhead				
Prevention	Early Detection	Diagnosis	Management	Follow up/ EoL



Potential Stakeholders

Ministry of Health

HBP / HTA

Insurance scheme

Professional Bodies

Patient groups

Civil Society

Hospitals

Pharmaceutical purchasers

Ministry of Finance

Ministry of Population

Central Bank

Scope

- Workstreams
 - May focus on particular workstreams based on need and purpose of the costing exercise e.g. priority cancers, or marginal scale up. (Activity Based Costing, Program Budgeting and Marginal Budgeting)
- Action Items
 - Data may not be available or accurate for all actions in the action plan, may be necessary to use an average or estimate particularly in the case of some public health interventions.

RESOURCE USE vs ACCURACY vs UTILITY

Available Tools

Tool	Approach to Costing	Description
C4P-HPV and C4P-ST	Bottom Up	Normative based costing based on guideline recommendations for HPV vaccination and cervical cancer screening and treatment. Focuses on the costs associated with the introduction of a cervical cancer program.
One Health Tool	Bottom Up	Ingredient based costing most widely used tool, supports sector wide estimates and minimizes double counting. In addition to costing estimates allows for fiscal space analysis.
UHC Compendium / SPDI	-	Not a fiscal model. Provides a comprehensive list of the various health service interventions including the various components and resources for each- allowing for bottom-up costing
NCCP Costing Platform	Bottom Up	Ingredient based costing with multiple scenario options for tailored cancer package for comparison. Incorporates dynamic responses to interventions and epidemiological or demographic changes through the years. Compares various resource requirements.

Costing Considerations

**Timing /
Scheduling**

**Capacity
Building**

Transition

Scale

Retrofitting

Using the costs

**Decision
Making**

Refining

(complimentary,
dependent,
independent)

Estimate

Funding / Sourcing

Internal

Within the Ministry of Health or Government .

Maybe used to increase budget or reallocate from efficiency gains, reprioritization, restructuring, or negotiation.

Can be used for short-term, transitionary, and long-term actions sustainably.

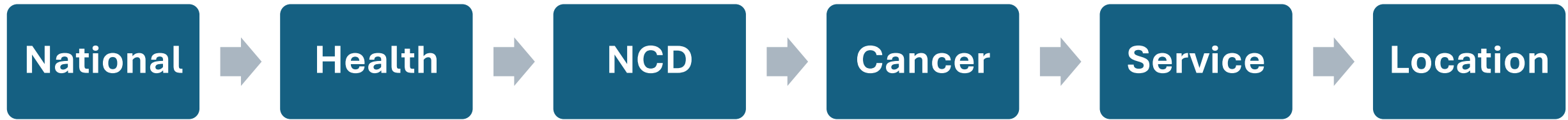
External

Non-governmental sources such as bilateral donors, multilateral agencies, philanthropy, private sector.

Often used to increase total budget.

Can be used for short-term, transitionary, and discrete actions but not preferred for long-term or recurrent actions as unlikely to be sustainable.

Allocation



- Identify fit within the broader ecosystem
- Incorporate funder perspective
- Place within governance / stewardship structures

Should be able to answer :

- Why these services and distribution ?
- Who is paying ?
- What are they paying for ?
- How much does it cost ?
- Why are they paying for it ?
- How long will they pay for it ?
- How long should it operate ?

Takeaways

- Dynamic process
- Aligned coalition
- Data driven / producing
- Grounded
- Iterative
- Essential

Q & A