

# GLOBAL FOCUS ON CANCER

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## ICCP ECHO

### Building Partnerships and Engaging Partners in NCCP Implementation

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CLINICIAN-LED  
SUPPORT



PEER-TO-PEER  
SUPPORT



HEALTH  
LITERACY



NAVIGATION



LEADERSHIP  
& ADVOCACY



PATIENT  
CENTRICITY

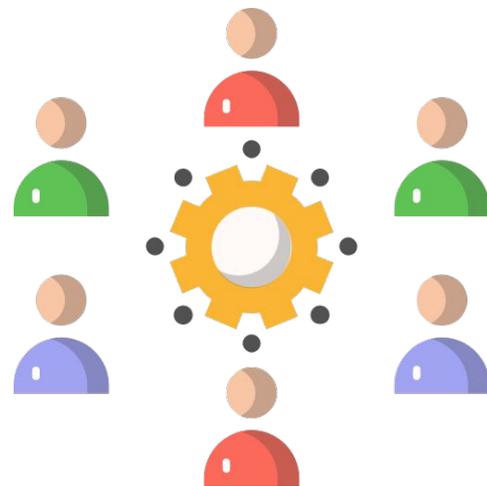




# Advocate & Community Involvement

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- Collaborations with advocacy & community organizations can help develop and drive policies that directly address community concerns and needs, are culturally relevant and appropriate, and build trust.
- Community engagement has emerged as a promising strategy to reduce cancer disparities and promote health equity.
- Evidence suggests that advocacy & community insights and input have significant implications for patient outcomes.
- As such, there is a need to recognize and accept these organizations as credible contributors in cancer care and ensure they are active partners in the development of NCCPs.



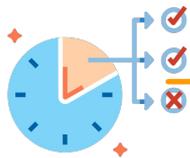


# Advocate & Community Involvement

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- By involving communities as active partners in cancer control efforts, healthcare systems can design more effective and sustainable interventions.
- This approach not only contributes to reducing cancer disparities but also fosters a sense of ownership and empowerment within the communities affected, paving the way for a more equitable and inclusive healthcare landscape.
- Community engagement ensures that interventions are culturally appropriate, responsive, and sustainable by fostering collaborative partnerships between researchers, healthcare providers, policymakers, and community members.
- Community engagement moves beyond a passive recipient model to an active collaboration, empowering communities to be equal stakeholders in decision-making processes related to their health.





# Shared Decision Making

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- Achieving governmental support for NCCPs requires collaboration between committed health experts, advocates and policymakers to generate the necessary political will and support.
- Advocacy efforts by cancer patients and survivors, their families and friends, health professionals, health industry, community/religious organizations and the media have all affect the promotion of cancer care.
- Greater impact can be achieved when efforts are coordinated and aligned to guide policymakers toward effective and desirable change.





# Where Advocates Should be Involved



## NGOs

- Advocacy organizations
- Awareness
- Education
- Service Provision
- Information
- Counseling services
- Support Groups



## Community

- Local hospitals
- Cancer centers
- Community health clinics
- Church and Civic Groups
- Community Organizations
- Media



## Universities

- Institutional review board
- Monitoring progress of funded grants
- Serving in a project advisory committee
- Assisting in design of research proposals
- Working on CT recruitment
- Developing consumer-oriented information
- University boards
- Medical & nursing students



## State, municipal, local programs & government agencies

- NCCPs
- Review committees
- Advisory panels
- Regulatory agencies
- Early detection programs
- Education & awareness programs
- Statewide coalitions
- State research programs



## Private sector

- Insurance providers
- Pharma companies
- Private physicians
- Research & CT protocols
- Developing patient resources
- Translating science for patients
- Serving on data monitoring & advisory committees





# Advocate Involvement

Involving patient perspectives as early and thoroughly as possible in the development and implementation of Cancer Control Plans will help prioritize policies that are acceptable and valuable to patients.



## Policy Makers

Send letters, call, meet with legislators, testify at governmental hearings, use their experience to translate unmet needs & issues.

Speak publicly about cancer-related policy issues, address myth and stigma, build awareness and support.

## Public Speaking



## Boards

Regional and national - support, awareness, education, research, CT, quality of care, legislative & regulatory issues.

Avoid "token advocacy", advocates should not be viewed as a requirement to fulfill, but as a meaningful & equal partner.

## Tokenism



## Training

Not everyone makes a good advocate: must be informed, educated and able to relate their experience in support of the plan.





# Partner & Stakeholder Mapping

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The aim of this activity is to understand and map the landscape of advocacy organizations, patient groups, NGOs, community and faith-based organizations who work on advocacy, public policy, or provide support of any kind to cancer patients and caregivers.

- This activity will help to inform:
  - What community-based patient organizations exist
  - What services they provide
  - Who they work with
  - How they can best support the development and implementation of NCCPs





# Snowball Mapping

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- Name & address
- Mission & Objectives
- Size of the organization
- Annual budget
- Staff size - paid / volunteer / mixed
- Do you have patient representation
  - Board of Directors, leadership, staff, volunteers
- Activities - awareness, outreach, education, navigation, financial support, supportive services, advocacy, policy, other
  - What services do you provide?
  - What is the flagship program?
- General cancer or specific type?





# Partner & Stakeholder Mapping

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	Partner Type	Organization/Agency	Cancer Planning	Cervical Cancer	Breast Cancer	Childhood Cancer	Other Cancer (High burden)	Cancer Registry	Immunization	Screening	HPV Testing	Diagnosis	Treatment	Survivorship	Research	Outreach	Financing	Training	Equipment/ Infrastructure	Focus Area X	Focus Area Y	Focus Area Z
2		Ministry of x	X					X										X				
3		Ministry of y	X																			
4	Government	Ministry of z																				
5		MOH Division of x	X										X									
6		MOH Division of y											X	X		X						
7		MOH Division of z																X				
8		National Referral Hospital X													X				X			
9		Health Clinic Y															X		X			
10		Health Clinic Y																				
11	Clinical/Academic	Health Clinic Y		X																		
12		University of X		X						X	X				X						X	
13		University of X		X						X					X							
14		University of X			X							X		X	X	X				X		
15		Foundation X		X		X		X				X	X									
16	NGO/CSO	Community Organization Y																X				
17		Palliative Care Association Z											X	X			X					
18		Patient Group X		X						X	X	X							X			
19		UNFPA		X																		
20	Development partner/Funder	UNFPA		X							X	X										
21		Global Fund								X	X	X					X			X		
22		World Bank											X		X					X		
23		IAEA		X														X	X			X
24		WHO						X														
25	Global partners	WHO		X																		
26		IASC													X							
27		ICCP										X	X									
28		Organization X		X														X				
29		Organization X		X	X	X			X	X							X					





# Thank you!

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