**National Cancer Control Plan Development and Implementation Assessment Tool**

**Introduction and Background**

A national cancer plan is a strategic plan to control cancer based on the country’s cancer burden, cancer risk factor burden and the resources available to implement the plan in the context of the culture and health care system in that country. National cancer plans should: Be based on available data and an assessment of resource gaps in the country. Include reasonable goals, long term (3-5 years) measurable (SMART) objectives, and specific strategies to achieve objectives. Include feasible implementation strategies supported by a diverse set of partners. Be developed by a diverse group of stakeholders from government and civil society, as well as those who represent organizations who deliver cancer care, such as hospital and cancer centers, in the planning process.

Development and implementation of a national cancer plan should be part of a systematic approach to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a country. Key features of this systematic approach include focusing on the whole continuum of cancer care – from prevention through palliation – and on involving various stakeholders in the process of both developing the written national cancer plan as well as implementing it.

**Purpose of this Assessment Tool**

This Assessment Tool identifies the critical elements of 1) preparing to develop a national cancer plan, 2) developing a national cancer plan, 3) implementing a national cancer plan, 4) evaluating the implementation of the national cancer plan, and 5) updating a national cancer plan. The tool provides countries with an opportunity to assess their own efforts in each of these areas to develop a plan of action to address critical planning and implementation elements. Although the tool is written in a linear sequential format, the user can use the tool in a non-linear way by using the section(s) that are most relevant based on the current status of the country’s cancer control plan development and implementation efforts.

The tool is meant to engage key stakeholders in a thoughtful discussion of essential elements of developing and implementing a country’s national cancer control plan. It may assist in identifying areas for enhancement, improvement, or shed light on reasons for challenges that have been encountered. While this tool is not a guide about how to develop and implement a plan or provide specific solutions to uncovered issues, the resource section at the end of the Assessment Tool provides links to specific resources that provide this kind of “how to” guidance.

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**How to Use this Tool**

**Who to Involve**: Assemble a small team of people (3-7) who are or will be among the larger group of partners responsible for developing and implementing the national cancer plan. Your team should include diverse representation for organizations and agencies such as government, civil society, universities/academia, professional associations, and private and public health systems such as insurers, hospitals and cancer centers. Putting together a team whose members have diverse perspectives, experiences and expertise will enhance your discussions, decisions and support for making progress. Together you will use this Assessment Tool to identify areas for action.

**Where to Start**: Use the “Where to Start” questions to determine where to begin in this tool. These questions quickly assess your country’s needs and where you are in the national cancer plan development and implementation process.

**How to Use the Results**: As your team identifies areas that need to be developed or improved, you will create “actions steps” to guide future efforts. Here is one example:

|  |  |  |  |
| --- | --- | --- | --- |
| Components to Address | Incorporated? Yes, Partially or No | Action Steps to Get Started or Move Forward (Brief description if you answered partially or no) | Who is responsible? |
| We have identified a staff person(s) to lead development of the plan | Partially  | We have a staff person identified within the Ministry of Health, however that person is overextended. Our action step to help address this is to identify additional staff from partnership members to assist the MOH staff person | Organizations responsible: MOH, Cancer Society, Central Hospital  |

**Section A: Determining Where to Start**

Read the following statements. Choose which of the following statements best describes your country’s current situation with national cancer plan development and implementation efforts and proceed to move through the tool.

|  |  |
| --- | --- |
| IF | START |
| We have just learned about national cancer plans, and want to know more | **Section B:** “Before You Develop a Plan” (page 5), then Resources (page 15) |
| We want to assemble a group of cancer control stakeholders to discuss addressing our country’s cancer control needs and issues | **Section B:** “Before You Develop a Plan” (page 5), then Resources (page 15 ) |
| We are thinking about developing a national cancer plan and need information about how to start | **Section B:** “Before You Develop a Plan” (page 5), then **Section C:**  “Plan Development” (page 10) |
| We have a report (IAEA imPACT report or other) about our cancer control burden and capacity and want to determine where we go from here | **Section B:** “Before you develop a Plan” (page 5), then **Section C:**  “Plan Development” (page 10) |
| We have a non-communicable disease (NCD) plan and cancer is included, but is not being implemented | **Section C:** “Plan Development,” (page 10) and “Plan Implementation” (page 13) |
| We have a draft cancer plan but need to have it formally approvedWe have a cancer plan, but it lacks focus for our country needs and implementation  | **Section C:** “Plan Development”(page 10) in order to ensure the plan includes content that will make it a quality plan**Section C:** “Plan Development”(page 10) in order to ensure the plan includes content that will make it a quality plan |
| We have a completed cancer plan but are not implementing it with partners | **Section C:** “Plan Development,” (page 10) and “Plan Implementation” (page 13) to ensure the plan includes content that will make it a quality plan |
| We have started implementing our plan but need help in engaging more partners and resources to implement it | **Section C:** “Plan Implementation” (page 13) |
| We have been implementing our country’s cancer plan and now need to update our plan for the coming years | **Section C:** “Plan Update” (page 15) |
| We had a plan several years ago, the plan is now out of date | **Section B:** “Before You Develop a Plan”(page 5), then complete the tool |

**SECTION B: Before You Develop a Plan – Critical Elements to Assess**

1. **Building Support to Develop a Plan**
2. **Building a Diverse Partnership to Guide Plan Development**
3. **Determining Our Cancer Burden, Our Strengths and Opportunities**

**Start here if:**

You are just learning about national cancer plans and have not begun assembling data to assess your cancer burden.

**OR**

You want to assemble a group of cancer control stakeholders to discuss developing a national cancer plan. If you have brought key partners together you can use these questions to make sure you have taken all the steps necessary to assure critical elements are in place to begin developing a national cancer plan.

**OR**

You had a cancer plan that is now out of date and want to ensure all the critical elements for updating or creating a new plan are in place.

**1. Building Support to Develop a Plan**

Please read through the following “Components to Address” and check the box if the components have been incorporated into your efforts. Then list key action steps you and your partners need to take to fulfill this component.

|  |  |  |  |
| --- | --- | --- | --- |
| Components to Address | Incorporated? Yes, Partially or No | Action Steps to Get Started or Move Forward (Brief description if you answered partially or no) | Who is responsible? |
| We have identified a small team (3-7 people) to serve as the initial core group to move our national cancer plan efforts forward |  |  |  |
| We have leaders such as our President, Minister of Health, elected officials, etc., who have stated that addressing cancer is a priority for our country and support the development of national cancer plan |  |  |  |
| We have identified a larger diverse group of key organizations who need to be involved in developing the plan. *Note: the diverse group of key organizations may include: government, civic society, universities/academia, professional associations, private and public health systems such as insurers, hospitals and cancer centers, women’s groups, NCD representatives, under-represented populations groups, businesses, schools, etc.* |  |  |  |
| We have asked the key organizations and other cancer control experts to be involved in developing the plan. |  |  |  |
| We have the commitment of staff time and other plan development resources (technical writer, meeting space, etc.) from key organizations |  |  |  |
| We have identified a staff person(s) to lead development of the plan. |  |  |  |
| We have begun to build broad-based support for developing and implementing the plan by communicating the country’s cancer burden and the importance of a plan to communities |  |  |  |

**2. Building a Diverse Partnership to Guide Plan Development**

Please read through the following “Components to Address” and check the box if the components have been incorporated into your efforts. Then list key action steps you and your partners need to take to fulfill this commitment.

|  |  |  |  |
| --- | --- | --- | --- |
| Components to Address | Incorporated? Yes, Partially or No | Action Steps to Get Started or Move Forward (Brief description if you answered partially or no) | Who is Responsible? |
| We have formally designated our group of diverse stakeholders as the national partnership that will be responsible for developing the national cancer plan. |  |  |  |
| We have defined and communicated to members of our national partnership what their roles and responsibilities are in the plan development process. |  |  |  |
| We have engaged international and regional partners or organizations and have communicated our efforts and obtained their support in areas such as technical assistance and leveraging existing resources. |  |  |  |
| We have a staff person(s) dedicated to maintaining a national partnership. |  |  |  |
| We have chosen leaders from key organizations to lead our partnership as we develop the plan (e.g. a steering committee) |  |  |  |
| We have an agreed-upon decision making process or set of rules to guide the national partnership |  |  |  |
| We have members of the national partnership who are willing to contribute resources to assist in the plan development process (e.g. meeting space, copying materials, assembling date, etc.) |  |  |  |
| Members of our national partnership are able to bring perspectives and input from communities across our country. |  |  |  |
| We have invited other existing cancer-related partnerships to be a part of developing the cancer plan (e.g. NCD, tobacco partnerships and regional cancer planning partnerships). |  |  |  |

**3. Determining Our Cancer Burden, Our Strengths and Opportunities**

|  |  |  |  |
| --- | --- | --- | --- |
| Components to Address | Incorporated? Yes, Partially or No | Action Steps to Get Started or Move Forward (Brief description if you answered partially or no) | Who is Responsible? |
| We know what data and information is available to assess the cancer burden in our country (e.g. cancer incidence, mortality, cancer risk factors, core health indicators, economic costs of cancer) |  |  |  |
| We have access to the available cancer burden data, trends and information |  |  |  |
| We know what data and information is available to assess the cancer prevention and control infrastructure and policies in our country (e.g. current cancer programs, workforce, cancer care delivery infrastructure, established policies) |  |  |  |
| We have access to the cancer infrastructure and policies data and information |  |  |  |
| We have experts in our national cancer control partnership who can help us determine the completeness and reliability of the available cancer data. |  |  |  |
| We have reviewed the cancer data with our national cancer control partnership to provide an overall view of our cancer burden |  |  |  |
| We have identified additional data we need to gather to determine our cancer burden, strengths and opportunities. |  |  |  |
| We have used current, reliable data to identify gaps (i.e. issues we need to address that are not currently being addressed) in our country’s efforts to address the cancer burden. |  |  |  |
| We have a communications plan for summarizing and sharing data with government leaders, elected officials and communities to help gain their commitment to the development of a national plan to address cancer-related gaps in our country. |  |  |  |

**SECTION C: Developing, Implementing, and Updating a Cancer Plan – Critical Elements to Assess**

**1. Plan Development**

 **a. Process**

 **b. Content**

**2. Plan Implementation**

**3. Plan Monitoring and Evaluation**

**4. Plan Update**

**Start here if:**

You have assembled a national cancer control partnership, assessed your cancer burden, and identified gaps in your country’s national cancer control efforts. You are ready to develop a national cancer plan. Use the “Plan Development” assessment to identify next steps for developing a quality cancer plan.

**OR**

You already have a national cancer plan but have not yet begun to implement it. Use the “Plan Implementation” assessment to help decide how you will actively use the plan to guide national cancer control efforts.

**OR**

You have begun implementing a national cancer plan but need to do more to evaluate how well you are doing with implementation. Use the “Plan Evaluation” assessment to understand the components needed to evaluate your efforts.

**OR**

Your plan has been in existence for five or more years (or longer than the period the original plan covered) and has not been updated. Use the “Plan Update” assessment to guide your efforts.

**1. Plan Development – Process and Content**

**a. Plan Development Process**

|  |  |  |  |
| --- | --- | --- | --- |
| Components to Address | Incorporated? Yes, Partially or No | Action Steps to Get Started or Move Forward (Brief description if you answered partially or no) | Who is Responsible? |
| During the development of our cancer plan we used reliable data to determine and prioritize the focus areas in our current cancer plan (e.g. morality, incidence, infrastructure, screening information, etc.) |  |  |  |
| We have the commitment of a diverse set of key stakeholders from government and non-governmental organizations who are willing to implement our cancer plan |  |  |  |
| We have involved other cancer-related partners (e.g. NCD partners) in development of our cancer plan |  |  |  |
| We have an action plan with a detailed timeline for developing the national cancer plan |  |  |  |

**b. Plan Content**

|  |  |  |  |
| --- | --- | --- | --- |
| Components to Address | Incorporated? Yes, Partially or No | Action Steps to Get Started or Move Forward (Brief description if you answered partially or no) | Who is Responsible? |
| Our plan is time-specific, i.e. it covers a distinct period of time (e.g. five years) and actions are phased within this period |  |  |  |
| Our plan includes a succinct description of the cancer burden in our country |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| We have clearly defined goals included in our cancer plan, based on the cancer burden assessment and gaps identified |  |  |  |
| Our cancer plan goals cover the continuum of cancer, including:  | Prevention |  |  |  |
| Early detection |  |  |  |
| Diagnosis |  |  |  |
| Treatment |  |  |  |
| Palliation/end of life care |  |  |  |
| Survivorship |  |  |  |
| Our plan logically links goals and objectives across the continuum, for example public awareness campaign regarding the need for screening, are linked to screening services being offered, and those screening programs linked to diagnosis, treatment and follow-up services. |  |  |  |
| Our cancer plan is focused on the types of cancer that are the greatest burden for our country and where we can have the greatest impact. |  |  |  |
| Our plan addresses improvements to our cancer data such as improved and/or expanded data collection systems, standards and registries. |  |  |  |
| Our cancer plan addresses the multidisciplinary team needs across surgery, radiotherapy and systemic treatment (including nursing, pharmacy, and social support) for optimal cancer care. |  |  |  |
| We have aligned our goals and objectives with other cancer-related plans (e.g. NCD plan, National Health Plan, breast and cervical cancer plans and strategies) |  |  |  |

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| --- | --- | --- | --- |
| Our plan acknowledges, builds on and leverages national policies and programs that support cancer control efforts (e.g. a national law or policy that establishes a cancer control program, tobacco control policies and programs and insurance coverage and requirements) |  |  |  |
| Our cancer plan includes objectives that are **SMART** and are clearly related to the plan goals. Our objectives are:  | **S**pecific |  |  |  |
| **M**easurable (baseline data and indicators to measure success in achieving the objective) |  |
| **A**ttainable |  |
| **R**esult-oriented |  |
| **T**ime-phased |  |
| Our cancer plan includes evidence-based strategies that are clearly related to the plan objectives |  |  |  |
| Our cancer plan includes a description of current resources (government and non-government funding, existing programs, etc.) available to implement plan objectives and enumerates additional resources, (e.g. equipment and infrastructure) needed to be successful |  |  |  |
| Our cancer plan addresses healthcare workforce pre-service education and in-service training |  |  |  |
| Our cancer plan identifies a strategy for funding implementation of the plan |  |  |  |
| Our cancer plan describes how the plan will be evaluated |  |  |  |
| Our cancer plan describes the national cancer control partnership’s role in implementing the plan and lists its members |  |  |  |
| Our cancer plan includes an executive summary or other short synopsis of the national cancer plan that can easily be shared with key partners and communities. |  |  |  |
| Our cancer plan acknowledges the valued input from key stakeholders that developed the plan and those that have committed to implement the plan.  |  |  |  |

**2. Plan Implementation**

|  |  |  |  |
| --- | --- | --- | --- |
| Components to Address | Incorporated? Yes, Partially or No | Action Steps to Get Started or Move Forward (Brief description if you answered partially or no) | Who is Responsible? |
| We have an ongoing process in place to assess, anticipate and fill partnership member gaps in order to assure we have a sustained, diverse, national cancer partnership that includes organizations and individuals who represent the key cancer control organizations in our country |  |  |  |
| Our partnership includes committees or working groups that meet on a regular basis to work on implementation of the cancer plan and communicate back to the entire partnership and steering committee |  |  |  |
| Our partnership members understand their roles and responsibilities in implementing the cancer plan |  |  |  |
| Our partnership leaders encourage decision making and action from other partnership members |  |  |  |
| Our communication with partnership members is efficient and effective |  |  |  |
| We have identified priorities from the cancer plan to implement over the next 1-2 years and specific partners have agreed specific actions to help implement those priorities |  |  |  |
| Our partnership is focused on achieving outcomes that would not happen without the partnership working on them |  |  |  |
| We have a process in place to assess how well we are doing with implementing the priorities chosen from the national cancer plan and a strategy for reassessing and updating our priorities every 1-2 years |  |  |  |
| We assess our resource needs and have a plan for acquiring the resources needed to implement our plan priorities |  |  |  |
| We have shared the national cancer plan with organizations at the regional and local levels in our country and are working with them to implement the plan at those levels, including developing community education and support to aid implementation. |  |  |  |
| We have a communications plan for summarizing and sharing data with government leaders, elected officials and communities to help gain their commitment to the implementation of a national plan to address cancer-related gaps in our country. |  |  |  |

**3. Plan Monitoring and Evaluation**

|  |  |  |  |
| --- | --- | --- | --- |
| Components to Address | Incorporated? Yes, Partially or No | Action Steps to Get Started or Move Forward (Brief description if you answered partially or no) | Who is Responsible? |
| We have staff and/or specific organizations within our partnership who have experience with and are responsible for monitoring and evaluating our national cancer control efforts |  |  |  |
| We have resources specifically allocated for monitoring and evaluation of our cancer control efforts |  |  |  |
| We track how well we are doing in terms of meeting the SMART objectives outlined in the national cancer plan (e.g. progress in meeting indicators) |  |  |  |
| We evaluated the level of satisfaction and engagement of members in our partnership. |  |  |  |
| We use evaluation results to improve our efforts |  |  |  |
| We share evaluation results with our national cancer partnership, key government leaders, elected officials and communities to sustain and expand support and engagement |  |  |  |

**4. Plan Update**

|  |  |  |  |
| --- | --- | --- | --- |
| Components to Address | Incorporated? Yes, Partially or No | Action Steps to Get Started or Move Forward (Brief description if you answered partially or no) | Who is Responsible? |
| We have identified staff, national cancer control partnership members and other key stakeholders who will be involved in updating our national cancer plan |  |  |  |
| We have assessed our progress in implementing the old/current national cancer plan and have reviewed this with those who will update the plan |  |  |  |
| We have identified strategies for improvements in implementing the plan |  |  |  |
| We have clearly assigned sections of the old/current cancer plan to committees or workgroups to review and update |  |  |  |
| We are using the plan update process as an opportunity to revitalize our partnership and review performance against roles and responsibilities as well as consider involving new partners in our national cancer control partnership |  |  |  |
| We have defined a process for choosing priorities from the updated cancer plan and will align partnership committees/workgroups with those priorities |  |  |  |
| We have a strategy for launching the updated plan (e.g. media coverage, press releases for partners to use) |  |  |  |
| We have assessed our draft updated cancer plan to make sure it includes the content needed to insure it is a quality plan (see “Plan Development” critical elements above) |  |  |  |

**Resources and Information**

The **International Cancer Control Partnership** (**ICCP**), formed in November 2012, is a group of organizations whose member were already individually working to support country cancer control planning efforts. Now, these organizations work together to maximize their collective resources and avoid duplication of effort. The ICCP Portal is an online one-stop shop for cancer planners and policymakers. <http://www.iccp-portal.org/>

**Union for International Cancer Control’s** (**UICC**) second edition of the National Cancer Control Planning (NCCP) toolkit for civil society organizations (CSOs) intends to help CSOs and other stakeholders develop and implement an effective national cancer control plan. <http://www.uicc.org/national-cancer-control-planning-nccp>

The **World Health Organization’s** Cancer Control Knowledge Into Action WHO Guide for Effective Programmes is a practical guide for program managers on how to plan overall cancer control effectively, according to available resources and integrating cancer control with programs for other chronic diseases and related problems. <http://www.who.int/cancer/modules/en/>

**Health in All Policies** is written for policy-makers worldwide, at the national level within all government sectors influencing health. Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health and health systems implications of decisions, seeks synergies and avoids harmful health impacts, in order to improve population health and health equity. <http://www.euro.who.int/__data/assets/pdf_file/0007/188809/Health-in-All-Policies-final.pdf>

The US **National Cancer Institute**: <http://www.cancer.gov/> Specific resources include:

* Developing and Implementing National Cancer Control Plans: A webinar presented by the National Cancer Institute, Center for Global Health. <https://webmeeting.nih.gov/p4x8h8v6frf/>
* Making Data Talk: This workbook provides key information, practical suggestions, and examples on how to effectively communicate health-related scientific data to the public, policy makers, and the media. <http://www.cancer.gov/publications/health-communication/making-data-talk.pdf>
* Research to Reality is an online community of practice that links cancer control practitioners and researchers and provides opportunities for discussion, learning, and enhanced collaboration on moving research into practice. <https://researchtoreality.cancer.gov/>
* Cancer Control P.L.A.N.E.T. (Plan, Link, Act, and Network with Evidence-based Tools) is a web portal that provides access to data and resources that can help planners, program staff, and researchers to design, implement and evaluate evidence-based cancer control programs. <http://cancercontrolplanet.cancer.gov/>
* Research-Tested Intervention Programs (RTIPs) is a searchable database of cancer control interventions and program materials and is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials. <http://rtips.cancer.gov/rtips/index.do>

The US **Centers for Disease Control and Prevention** (**CDC**) National Comprehensive Cancer Control Program resource page, includes a Cancer Plan Self-Assessment Tool, a Collaboration Guide for Pacific Island Cancer and Chronic Disease Programs and an Evaluation Toolkit. <http://www.cdc.gov/cancer/ncccp/toolkits_index.htm>

The **WHO-IAEA National Cancer Control Programmes Core Capacity Self-Assessment Tool** facilitates the evaluation of the countries' capacity of cancer control plans and programs, and can be used on a regular basis to monitor the progress of plans and programs at the national, regional and global levels. <https://iris.who.int/bitstream/handle/10665/44729/9789241502382_eng.pdf?sequence=1>