

ICCP ECHO

Costing and Prioritization for Cancer Control

- WHO Prioritization Tool
 - Sep 2019 and July 2020 demo meetings: utilization and further development
 - 2020-2021: piloting
- CGH-WHO Collaborating Center for Global Cancer Control
 - TOR1-29797 Support WHO with training in WHO/UN Prioritization Tool for cancer
 - TOR2-29799 Support WHO to assist Member States in cancer program planning, implementation and monitoring through strengthened integrated data systems

CGH Support through the International Cancer Control Partnership (ICCP)

- ICCP supports the development and implementation of national cancer control plans.
 - CGH is interested in the translation of evidence into policy and practice through these plans.
- Costing is an essential part of cancer control planning.
 - Africa ECHO 2019: https://drive.google.com/drive/folders/1tOnjleKmsU7VvJtltphmlwLhCxWZXLHo?usp=sharing
 - ICCP ECHO 2021: https://www.youtube.com/watch?v=_0LJKsbAhQl

WHO Prioritization Tool

- Objectives:
- To support national policy makers obtain the best value for money in health spending on cancer by
 - (1) identifying and costing priority interventions included in national cancer planning,
 - (2) designing or updating cancer interventions included in national health benefit packages, and
 - (3) developing an investment case

WHO Prioritization Tool

- Implementation steps:
 - 1. Develop core team
 - 2. Review and collect data
 - 3. Tool application
 - 4. Report and policy dialogue

WHO Prioritization Tool



Assessment
IARC, WHO, IAEA database
country situational analysis





Data Sources

- ✓ WHO database (>500 variables)
- ✓ Country assessment
- ✓ WHO country profiles
- ✓ IARC Global Cancer Observatory
- ✓ IAEA IMAGINE and DIRAC
- ✓ imPACT reviews report
- ✓ WHO: Knowledge action portal
- ✓ Other partners: ICCP, St Jude, ESMO, NCI









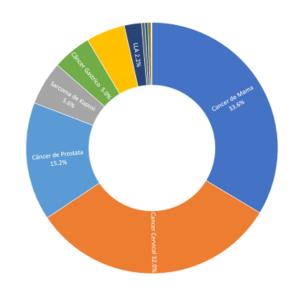
WHO-IAEA-IARC Tool

- ✓ Cost
- ✓ Health Impact
- ✓ "Investment Case"

Mozambique NCCP Timeline

February
2021: NCCP
coordination
meeting /
core team

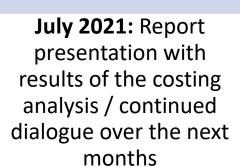
February-May 2021: Data collection, review and tool application



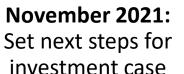
February 2022: 2nd
coordination
meeting











Dialogue + Country Ownership -> Core Value



Validation and "Inputs"

- 1) Disease Burden, capacity of health system (* coverage)
- 2) Public health program & clinical interventions (packages)
- 3) Cancer management (guidelines)
- 4) Unit costs (consumables, equipmt)
- 5) Workforce costs (+ other system)

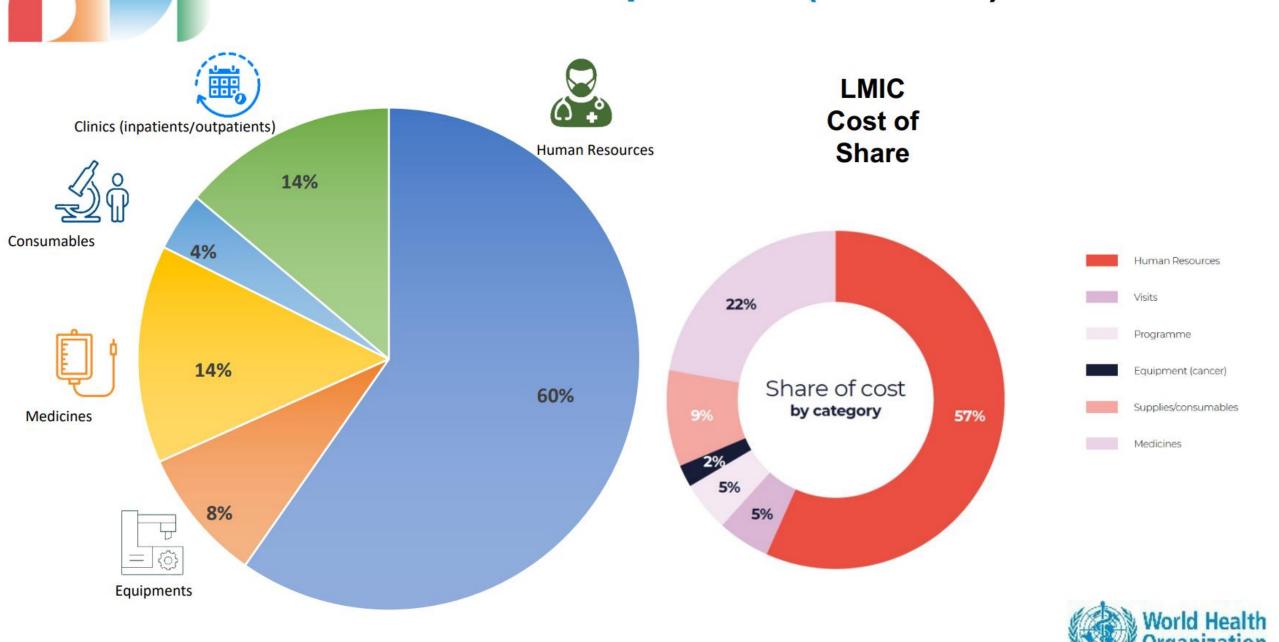


WHO-IARC Tool

Cost ✓
Impact analysis ✓
"Investment Case"

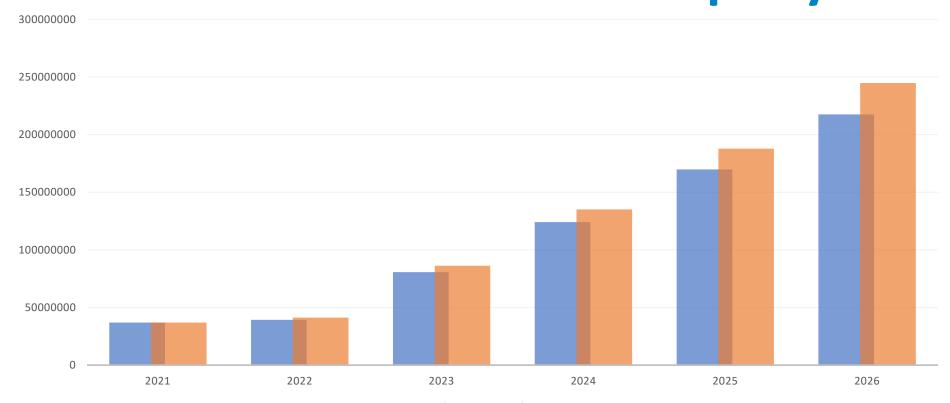


Cost Share - components (baseline)





Annual projected investment additional cost per year



Custo em cada ano (US\$)						
	2022	2023	2024	2025	2026	Total
Cenário 1%	39350236	41380995	43460847	45609142	47823662	217624883
Cenário 2%	41281038	45015297	48838902	52786392	56854162	244775791

Custo per capita em 2026				
Atual	1,22 US\$			
Cenário 1%	1,57 US\$			
Cenário 2%	2,04 US\$			

Next steps

Short term (1-2 years)

- Develop investment case and prioritization process for Mozambique.
- Have team qualified in the use of prioritization tool.
- Increase MISAU ability to prioritize cancer control programs as part of policy formulation toward implementation of NCCP.
- Case study results.

Medium term (2-3 years)

- Better understand how prioritization process plays in cancer control planning.
- Replicate model across the region through several platforms (ECHO, AORTIC, PALOP, etc.).
- Increase capacity to address needs for NCCP costing in the region (only 10% of NCCPs have details about costing/budget). 1
- Expand and increase capacity of Lusophone oncology network.

Long term (3-5 years)

- Assess if prioritization process facilitates implementation of cancer control plans.
- Integrate prioritization process in the next round of NCCPs in the region, and have them fully costed/budgeted.
- Integrate Lusophone oncology network in the development and implementation of next NCCP round.



cancer.gov

cancer.gov/espanol