



Federal Ministry  
of Health



**NATIONAL INSTITUTE FOR CANCER  
RESEARCH AND TREATMENT**



# **NATIONAL STRATEGIC CANCER CONTROL PLAN**

**2023 – 2027**

recombinant cancer  
from 2255 month



## ABOUT THE INSTITUTE:

The National Institute for Cancer Research and Treatment (NICRAT) was established by the Federal Government to provide National leadership in Cancer Research, Treatment and Control in Nigeria. The NICRAT Establishment Act 2017 also empowers the Institute as to:

- i. Provide national leadership in cancer research, prevention and treatment
- ii. guide scientific improvements to cancer prevention, treatment and care;
- iii. Coordinate and liaise with the wide range of groups and health care providers with interest in cancer;
- iv. Make recommendations to the government about cancer policy and priorities;
- v. Oversee a dedicated budget for research into cancer;
- vi. Assist with the implementation of government policies and programmes in cancer control; and
- vii. Provide financial assistance, out of money appropriated by the national Assembly, for research and treatment and for the implementation of policies and programmes
- viii. The institute is also empowered to carry out such other activities as are necessary or expedient for the full performance of any of the functions of the institute.

## VISION:

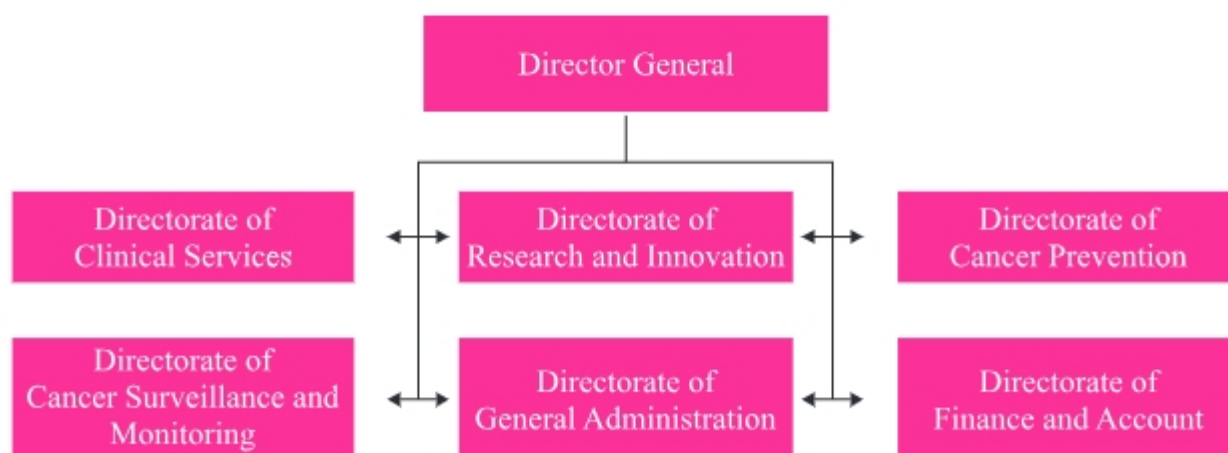
A leading organization in Cancer Research, Treatment, Prevention and Control in Nigeria and Africa.

## MISSION:

To be a leading institution with focus on eliminating Cancer, through regulations and policies that ensure high quality research, evidence-based treatment, prevention and control strategies driven by highly competent personnel.

## Organizational Structure of the Institute

The Institute is headed by the Director General and Chief Executive Officer who is supported by Directors in charge of 6 Departments and other supporting staff. The directorates include:



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## ABBREVIATIONS AND ACRONYMS

AORTIC	African Organization for Research & Training in Cancer
CBE	Clinical Breast Exam
CBO	Community Based Organization
CHAI	Clinton Health Access Initiative
CHEW	Community Health Extension Worker
CSO	Civil Society Organization
DRF	Drug Revolving Fund
DNA	Deoxyribonucleic acid
EU	European Union
FCT	Federal Capital Territory
FEPMAL	Federal Pharmaceutical Laboratory
FMOH	Federal Ministry of Health
HCW	Health care workers
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HPCAN	Hospice and Palliative Care Association of Nigeria
HPC	Hospice and Palliative Care
HPV	Human Papilloma Virus
IEC	Information, Education and Communication
IARC	International Agency for Research on Cancer
LGA	Local Government Area
MDA	Ministry, Department and Agencies
M&E	Monitoring and Evaluation
NACA	National Agency for the Control of AIDS
NAFDAC	National Agency for Food and Drug Administration and Control
NCC	National Cancer Control
NCCP	National Cancer Control Plan
NCD	Non-communicable disease
NGO	Non-governmental Organization
NHIA	National Health Insurance Authority
NICRAT	National Institute for Cancer Research and Treatment
NIMR	National Institute of Medical Research
NIPRID	National Institute for Pharmaceutical Research and Development
NPHCDA	National Primary Healthcare Development Agency
NUC	National University Commission
OSF	Open Society Foundation
PHC	Primary Health Care
PPFN	Planned Parenthood Federation of Nigeria
PPP	Public Private Partnership
PSA	Prostate Specific Antigen
PWA	People With Albinism



SBCC	Social Behavioral Change Communication
SFH	Society for Family Health
SMoH	State Ministry of Health
SON	Standards Organization Of Nigeria
SOP	Standard operating procedure
TBD	To be decided
TETFUND	Tertiary Education Trust Fund
UNODC	United Nations Office on Drugs and Crime
VIA	Visual inspection with acetic acid
WDC	Ward Development Committee
WHO	World Health Organization

## FOREWORD

Cancer is globally recognized as one of the leading Non-communicable diseases (NCDs) and a major contributor of morbidity and mortality with an estimated over 19.3 million new cases and almost 10 million deaths in 2020. The number of new cases is expected to rise by 70% in the next 2 decades with the highest burden in low- and middle income countries where survival rates are less than half of those in developed countries.

In order to change the ugly narrative of incidence, morbidity and mortality of cancer in Nigeria, the Federal government of Nigeria established the National Institute for Cancer Research and Treatment (NICRAT) through the NICRAT Establishment Act 2017 to provide national leadership in cancer Research, treatment and control in the country.

In line with its mandate, the Institute is poised to provide national direction in addressing the myriads of cancer care challenges in the country. This informed the urgency with which I initiated the processes of developing a National roadmap for a comprehensive approach towards preventing preventable cancers. The Institute reviewed all the existing programmes in the Nigeria cancer ecosystem and has put motion in place to implement all policies, programmes and activities that are geared towards actualizing its mandates.

This National Strategic Cancer Control Plan 2023-2027 was developed to ensure effective coordination and availability of adequate resources (including human and material) for cancer research, diagnosis, treatment, prevention and care in Nigeria. This costed National Strategic Plan has 8 priority Areas of Action, strategic implementation framework with time specific activities and monitoring and evaluation framework to track its implementation. Each of the activities has lead organization and other organizations with relevant mandates to coordinate implementation.

I wish to call on all oncology stakeholders within and outside the country to contribute their quota to ensure full and timely implementation of this Plan for a cancer free Nigeria.



**Prof Usman Malami Aliyu, MBBS, MPH, FWACS**  
Director General

## ACKNOWLEDGEMENT

On behalf of the Pioneer Director General, Prof Usman Malami Aliyu, I wish thank all those who contributed towards the successful development of this National Strategic Cancer Control Plan 2023-2027. The wealth of experience of all the contributors made all the difference. It will be impossible to list all the contributors and mention all the roles they played. However, it is pertinent to appreciate in a special way all the members of the National Technical Working Group (TWG) members for their role in reviewing the National Cancer Control Plan 2018-2022 and for developing the zero draft of this Strategic Plan. The role played by the Clinton health Access Initiative which supported the TWG members to most of the meetings cannot be ignored.

I also wish to thank all the oncology experts and other organizations that made useful contributions in the development of the document including the Federal Ministry of Health, National Cancer Control programme lead by Dr Okpako Okpikpi, National Cancer Institute (NCI/NIH) team lead by Cira Mishka, the World Health Organization, Roche, Janssen Pharmaceuticals of Johnson and Johnson, Medicaid Cancer Foundation, Nigeria Cancer Society under the leadership of Dr Adamu Umar Alhassan, American Cancer Society, Bio Venture for Global Health (BVGH), African Health Budget Network, JNC International, Solina Health, members of Nigeria National System of Cancer Registries, Association of radiation and Clonical Oncologists of Nigeria under the leadership of Dr Nwamaka Lasebikan, Paediatric Oncology Society of Nigeria, Retinoblastoma working group etc.

The critical support of the pioneer take-off Staff of the National Institute for Cancer Research and Treatment was also very useful including Prof Sani Malami, Dr Mohammed Usman Waziri, Mr Sanusi Musa among others were also too obvious to be ignored. And just before giving the ultimate thanks to the Almighty God, I wish to thank my indefatigable, action-full, tireless and ever committed Director General, Prof Usman Malami Aliyu for an unprecedented exemplary leadership of the Institute.

Thank you Sir for the opportunity.

Thank you all for making this National Strategic Cancer Control Plan 2023-2027 a reality.



**Dr. Uchechukwu Emmanuel Nwokwu** MBBS, MHM, FWACP  
Director Clinical Services

## EXECUTIVE SUMMARY

The National Strategic Cancer Control Plan 2023-2027 was developed by the National Institute for Cancer Research and Treatment (NICRAT) to serve as a national guide for implementing Cancer research, treatment and control strategies and activities to address cancer care challenges in the country. In the course of developing this Strategic Plan, the National Cancer Control Plan 2018-2022 was reviewed by the National Technical Working Group (TWG) on Cancer Prevention in Nigeria. The review showed an abysmal performance of the expired Plan. It was also observed that childhood cancers were completely omitted.

This Strategic Plan was developed to reflect the current realities and needs of the country. It also passed through series of reviews by various critical stakeholders within and outside the Nigeria including various oncology experts, patients' advocates, cancer survivors, Cancer Equipment manufacturers, Pharmaceutical industry, International Atomic Energy agency, World Health organization, American Cancer society, National Cancer Institute, International Cancer Control Programme (ICCP) etc. the deficiencies noticed in the previous plan was adequately addressed.

The Strategic Plan has 8 strategic goals each with a set of activities and programmes and 8 Priority Areas of Action including:

1. **Prevention**
2. **Diagnosis and Treatment**
3. **Supply Chain Management and Logistics**
4. **Hospice and Palliative Care**
5. **Advocacy and Social Mobilization**
6. **Data Management and Research**
7. **Governance & Finance.**
8. **Survivorship Care**

The Plan is expected to guide quality research that would inform activities and programmes to reduce exposure to risk factors of cancer; establish a framework to ensure access to cancer screening, care and improved quality of life of people diagnosed with cancer and their caregivers. The expected outcomes of the implementation of this Strategic Plan include reduction in incidence of cancers in Nigeria as well as reduction of morbidity and mortality through early detection methods and improved access to high-quality research driven cancer treatment.

The National Strategic Plan will be implemented over a five-year period 2023-2027 in phases based on impact and feasibility as follows:

**Phase I** – This phase covers short term, high impact and feasible activities to be implemented from 2023-2024.

**Phase II** – This phase covers medium and long-term actions to be implemented from 2025-2027. Adjustments may be made periodically to this phasing depending on existing resources and evidence.

This Strategic Plan has a robust implementation framework which outlines the specific activities for each Priority Area of Action, the lead responsible Ministry, Department and Agency for such activity, the expected outcomes, possible risk and strategies to mitigate such risks as well as delivery period for the activity. This will help in tracking implementation of the Plan and to know the agency to hold



accountable. Some of the implementing partners that may play some roles in implementing each activity were also listed.

The Monitoring and Evaluation section of the Strategic Plan has performance indicators for each priority Area of action including targets for the period of 5 years that the Plan would be implemented. These targets were the basis for the costing for the Priority Areas which is needed for budget preparation per year for the period of 5 years. It assumed that if the estimated amount for each Priority Area per year is achieved, the Plan can be fully implemented within the period of 2023-2027.



**Dr Uchechukwu Emmanuel Nwoku MBBS, MHM, FWACP**  
Director, Clinical Services

## INTRODUCTION

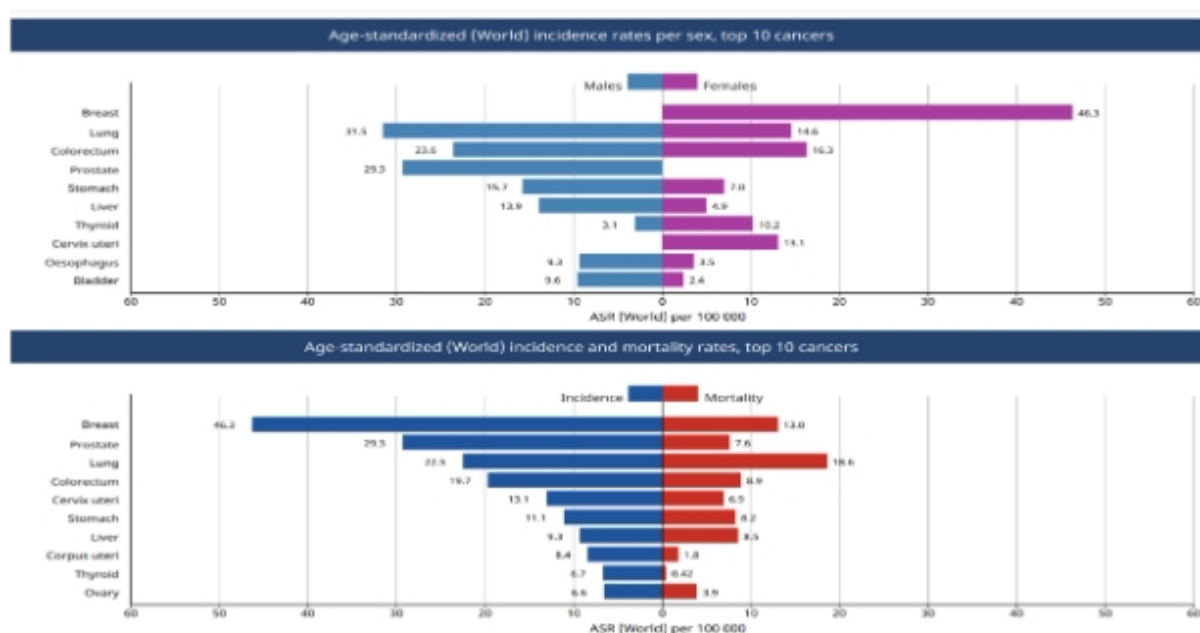
### Global Cancer Burden

Globocan estimates that there were 18.0 million new cancer cases, 9.5 million cancer deaths and 43.8 million people living with cancer (within 5 years of diagnosis) in 2020 worldwide. Female breast cancer has surpassed lung cancer as the most commonly diagnosed cancer, with an estimated 2.3 million new cases (11.7%), followed by lung (11.4%), colorectal (10.0 %), prostate (7.3%), and stomach (5.6%) cancers. Lung cancer remained the leading cause of cancer death, with an estimated 1.8 million deaths (18%), followed by colorectal (9.4%), liver (8.3%), stomach (7.7%), and female breast (6.9%) cancers. Overall incidence was from 2-fold to 3-fold higher in transitioned versus transitioning countries for both sexes, whereas mortality varied <2-fold for men and little for women. Death rates for female breast and cervical cancers, however, were considerably higher in transitioning versus transitioned countries (15.0 vs 12.8 per 100,000 and 12.4 vs 5.2 per 100,000, respectively).

The global cancer burden is expected to be 28.4 million cases in 2040, a 47% rise from 2020, with a larger increase in transitioning (64% to 95%) versus transitioned (32% to 56%) countries due to demographic changes, although this may be further exacerbated by increasing risk factors associated with globalization and a growing economy. Efforts to build a sustainable infrastructure for the dissemination of cancer prevention measures and provision of cancer care in transitioning countries is critical for global cancer control.

Childhood cancers which are predominantly treatable are also becoming disease of public health concern in Nigeria due to inadequate trained manpower and weak infrastructure. Retinoblastoma (RB) is the most common primary intraocular tumor in childhood and is postulated to occur as a result of mutation in the tumor suppressor *RBI* gene (chromosome 13). Globally, it is responsible for 3% of all childhood cancers [1] and occurs in approximately 1 in every 17,000 live births with an estimated 9000 new cases every year.

Retinoblastoma has no sex or racial predilection and over 90% of cases occur before the age of 5 years. Africa and India have the highest incidence of RB in the world (80% of all new cases) and sadly, 70% to 80% of these children will die primarily due to late presentation.



<sup>1</sup> Occurs in approximately 1 in every 17,000 live births with an estimated 9000 new cases every year.

## Nigeria Cancer Burden

Nigeria's cancer burden is significant and growing. Based on Globocan estimate of 2018, there were an estimated 115,950 new cases of cancer and 70,327 deaths from cancer in Sub-Saharan Africa. Based on population aging alone, cancer incidence in Sub-Saharan Africa is projected to increase by 85% in the next fifteen years. Cancer in Africa is characterized by late presentation, low access to treatment, and poor treatment outcomes. Delays in access to cancer treatment result in (80-90%) of cases that are in an advanced stage at the time of arrival to treatment.

In addition to the high mortality incidence ratio of cancer, the availability and quality of cancer data presented for Nigeria is poor. The Globocan data estimation system presents low scores for availability of mortality and incidence data in Nigeria. For cancer incidence in Nigeria, the 2018 cancer incidence data presented by Globocan are estimated as the weighted average of local incidence rate from available regional data. In the case of cancer mortality data, the quality has an even lower value based on the method of estimation. Considering the absence of mortality rates for the country, the rates presented for 2012 were arrived at after modeling survival rates from the weighted incidence rates for the country. This reveals a very critical need in overhauling the country's cancer registry.

**Table 1: Top Five Cancers of greatest burden in Nigeria**

Male	Female	Both sexes
Prostate	Breast	Breast
Colorectum	Cervix uteri	Cervix uteri
Non-Hodgkin lymphoma	Colorectum	Prostate
Liver	Ovary	Colorectum
Stomach	Non-Hodgkin lymphoma	Non-Hodgkin lymphoma

## Review of the National Cancer Control Plan 2018 - 2022

The National Cancer Control Plan 2018-2022 had goals and priority areas that were achieved with some still in the process of being implemented while others are yet to commence. The table below summarizes those priority areas at the various stages of implementation before the timeline for the National Cancer Control Plan elapsed in 2022. The insights obtained based on reflections from the goals, priority areas and strategies have greatly informed the development of the 5 year Strategic Plan of the National Institute for Cancer Research and Treatment 2023-2027.

Completed	In progress	Not started
<ul style="list-style-type: none"> <li>○ Increased access to cancer diagnostic and treatment services through interventions such as the cancer access program and the cancer health fund</li> <li>○ Increased access to cervical cancer secondary prevention services in some Nigerian states through collaboration with implementation partners.</li> <li>○ Facilitated the development, adoption, and dissemination of NCCN treatment guidelines and pain management guidelines</li> </ul>	<ul style="list-style-type: none"> <li>○ Planned and conducted effective cancer awareness and sensitization campaigns. In addition, the FMOH collaborated with NGOs to develop and disseminate IEC materials to tertiary hospitals</li> <li>○ On-going advocacy to influence cancer policy development through civil society organizations and groups such as the First Lady Against Cancer and Healthcare Federation of Nigeria</li> </ul>	<ul style="list-style-type: none"> <li>○ Integration of primary prevention/cancer screening into primary health care (PHC) delivery.</li> <li>○ HPV vaccine yet to be introduced into the PHC routine vaccine schedule</li> <li>○ Integration of childhood cancer financing into the cancer health fund. The fund, as currently structured, covers only adult cancers with high prevalence rates, namely, breast, prostate, and cervical cancers.</li> </ul>
<ul style="list-style-type: none"> <li>○ Institutionalized framework for the regular monitoring and coordination of all cancer control activities through the National Cancer Control Technical Working Group</li> <li>○ Developed evidence-driven hospice and palliative care (HPC) policies – and increased access to HPC services in some hospitals</li> </ul>	<ul style="list-style-type: none"> <li>○ Increased efforts to strengthen the capacity of cancer registries to collect, document and analyze important epidemiological information such as the incidence and prevalence of various cancers</li> <li>○ Improved public financial management by establishing coordinated procurement of anti-cancer medicines through the cancer access partnership</li> </ul>	



## STRATEGIC FRAMEWORK

### Vision

To reduce the incidence and prevalence of cancer in Nigeria

### Mission

To facilitate quality research that would inform activities and programmes to reduce exposure to risk factors of cancer; establish a framework to ensure access to cancer screening, care and improved quality of life of people diagnosed with cancer and their caregivers.

### Goals

1. Provide national leadership and coordinate stakeholders to make screening services and early detection of cancer available for all Cancers.
2. Facilitate quality research addressing risk factors, diagnosis and treatment including clinical trials for all cancers in Nigeria.
3. Improve access to quality, cost effective and equitable diagnostic and treatment services for cancer care
4. Increase cancer awareness and advocate for cancer control among the populace.
5. Conduct and support integrated programs that provide high quality population and facility-based cancer data for dissemination, research, and planning.
6. Ensure the availability of drugs, consumables, and functional equipment for cancer care in Nigeria
7. Ensure effective coordination and availability of adequate resources for cancer care in Nigeria.
8. To reintegrate survivors back into their communities, and create an accommodating environment for them to return to their normal daily work and family life

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### Outcomes

- Reduced incidence of cancers in Nigeria.
- Improved Financing from Government, Private Sector, NGO'S/CSO's for cancer prevention, early detection and care.
- Reduced Morbidity and Mortality through early detection methods and improved access to high-quality research driven cancer treatment.
- Incremental improvement of childhood cancer survival including retinoblastoma by 15% every year to 90% by 5yrs

### Time frame

The plan will be implemented over a five-year period 2023-2027. The plan will be implemented in phases based on impact and feasibility as follows:

**Phase I** – This phase covers short term, high impact and feasible activities to be implemented from 2023-2024.

**Phase II** – This phase covers medium and long-term actions to be implemented from 2025-2027. Adjustments may be made periodically to this phasing depending on existing resources and evidence.

## Guiding Principles:

The following principles will guide implementation of the plan:

- **Ownership and accountability** – The NICRAT will play a leading role in the development and implementation of the plan.
- **People-centered** – Interventions and initiatives must adhere to a people-centered approach.
- **Comprehensive** – The plan must encompass the entire cancer care continuum from primary prevention to tertiary care.
- **Involving the whole of society** – Building multi-sectoral partnerships and community participation are essential to a successful implementation of the plan.
- **Integral to health systems strengthening** – Interventions must be geared towards strengthening the entire healthcare architecture in Nigeria
- **Flexibility through a phased approach** – A phased approach to allow for flexibility to intervene at different points along the continuum depending on our local situation, capacity and resources.
- **Outcomes-based health system management** – Continuous monitoring and evaluation to reveal outcomes that will inform efficient implementation of the plan

## PRIORITY AREAS OF ACTION

### 3.1 PREVENTION

*GOAL 1A: Encourage lifestyle modifications that reduce contact between individuals and carcinogens for all Nigerians.*

#### Situational Analysis

Cancer prevention is defined as the reduction of cancer mortality via reduction in the incidence of cancer. This can be accomplished by avoiding a carcinogen or altering its metabolism; pursuing lifestyle or dietary practices that modify cancer-causing factors or genetic predispositions; medical interventions (e.g., chemoprevention), vaccination or risk-reduction surgical procedures<sup>2</sup>. In Nigeria, the absence of an enabling legislation that reduces the exposure of Nigerians to carcinogens e.g., tobacco use, alcohol consumption, food labeling, mandatory vaccination, expiration dates etc. has significantly increased the risk of developing cancers. This can be mitigated by legislation and creation of appropriate awareness and increased taxation on tobacco products and alcoholic beverages.

#### Strategic Framework

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
1. To attain 50% coverage for Human Papilloma Virus (HPV) vaccine coverage, among eligible population (children aged 9-14yrs) in Nigeria by 2027.	1.1 To expand the National immunization program to include HPV vaccination for children aged 9-14yrs 1.2 To liaise directly with HPV vaccine manufacturers to buy HPV vaccines at a lower price 1.3 To introduce information about cancer prevention into school curricular	Percentage coverage for 2 doses of the HPV vaccine.
2. To attain 95% Hepatitis B vaccination coverage among eligible Nigerians by 2027	2.1 Institute a mandatory Hepatitis B vaccination for eligible children	Percentage of the eligible population vaccinated with full dose of Hepatitis B vaccines.
3. To stop the smoking of tobacco in public places.	3.1 To drive the enforcement of the law prohibiting smoking in public places with deployment of 'no smoking' signs and increased taxation on tobacco products 3.2 To create designated smoking areas in public places 3.3 To increase and enforce punitive measures to manufacturers, facilities and	The proportion of public places with 'no smoking' signs and full compliance  The proportion of public places with designated smoking areas created.

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
	buyers who break the laws regarding smoking in public places	
4. To create awareness on the health impact of consumption and usage of carcinogenic substances.	<p>4.1 To enforce the inclusion of disclaimer messages on all promotions/advertisement of food, drugs, cosmetics, and beverages.</p> <p>4.2 Use of Social Behavioral Change Communication (SBCC) to drive healthy lifestyle modification</p>	50% increase over the baseline survey for Knowledge, Attitude and Practice.

### ***Goal 1B: Make screening services and early detection of cancer available for all Nigerians***

#### **Situational Analysis**

The management of cancer involves the use of a multi-modal approach which includes surgery, chemotherapy, radiotherapy, nuclear medicine, and palliative care. The absence of a well-structured and functional tumor boards in some of the comprehensive cancer care centers affects the quality of care cancer patients receive. Comprehensive cancer care centers are expected to offer pathology, molecular and imaging diagnostics, with any or a combination of surgery, chemotherapy, radiotherapy and nuclear medicine services as part of treatment for cancer patients. Machine downtime, common in many centers, worsens timely access to treatment in Nigeria. The country doesn't have medical oncology as a specialty, rather, those trained as radiation oncologist also have training in the administration of chemotherapy. In some centers, the surgeons also administer chemotherapy to their patients.

#### **Strategic Framework**

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
1. To achieve greater than 50% screening of eligible population by 2027.	<p>1.1 Conduct baseline survey to determine eligible population</p> <p>1.2 Establish a functional service task force/body that provides recommendations/guidelines for screening and early detection programs for common cancers in Nigeria</p> <p>1.3 Introduction and inclusion of pediatric and hematological cancers within the nationwide screening programme</p> <p>1.4 Integrate screening for common paediatric cancers in the child health program</p> <p>1.5 Conduct outreaches to underserved and hard to reach communities to promote awareness of cancer screening programs</p> <p>1.6 Establish Nation-wide routine screening programs for breast; cervical; prostate and colon cancers.</p> <p>1.7 Establish routine screening for Rb at MHCs, PHCs, IECs of pictures showing leukocoria with contact no for referral</p>	<p>Percentage increase of the baseline covered each year</p> <p>Percentage of national screening programs that follow recommendations/guidelines for addressing the detected abnormalities</p>



OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
2. To refer all screened positive cases for treatment	2.1 Develop and disseminate referral protocol across all levels of care	Percentage of referred cases that get treated
3. To ensure that 50% of all levels of health care are strengthened to support cancer screening/early detection.	2.2 Institutional capacity development to deliver cancer screening/early detection	Percent of Health facilities at all levels of healthcare (primary, secondary, and tertiary), providing screening/early detection
	2.3 Use see and treat model to establish long-term follow up and referral	

## 3.2 DIAGNOSIS AND TREATMENT

**GOAL 2: To improve access to quality, cost effective and equitable diagnostic and treatment services for cancer care**

### Situational Analysis

The management of cancer involves the use of a multi-modal approach which includes surgery, chemotherapy, radiotherapy, nuclear medicine, and palliative care. The absence of a well-structured and functional tumor boards in some of the comprehensive cancer care centers affects the quality of care cancer patients receive. Comprehensive cancer care centers are expected to offer pathology, molecular and imaging diagnostics, with any or a combination of surgery, chemotherapy, radiotherapy and nuclear medicine services as part of treatment for cancer patients. Machine downtime, common in many centers, worsens timely access to treatment in Nigeria. The country doesn't have medical oncology as a specialty, rather, those trained as radiation oncologist also have training in the administration of chemotherapy. In some centers, the surgeons also administer chemotherapy to their patients.

Historically, and in many health systems, there has been less focus on pediatric cancer care and treatment. This has halted progress in this area, with fewer hospitals having trained pediatric oncologists when compared with the level of manpower available for the care of adult malignancies. All policy stakeholders and oncologists who participated in the development of this plan agree that this trend should be reversed – and efforts should be made to prioritize pediatric cancer screening and treatment.

### Strategic Framework

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
1. To increase by atleast 90% the functionality of the 12 comprehensive cancer care centers by the year 2027	1.1 Strengthen cancer care and management services 1.2 Institutionalize monitoring and evaluation of cancer treatment centers in Nigeria 1.3 Implement national frame of reference for evaluating cancer treatment centers in Nigeria	Number of comprehensive cancer care centers in the country that can offer radiotherapy as part of treatment for cancer patients Number of centers that can offer Focal laser therapy , Enucleation ,Chemotherapy; IAC and Brachytherapy
2. To increase human capacity development for healthcare personnel in cancer diagnosis and treatment by 60% by the year 2027	2.1 Improve health care provider's knowledge on standards of care for effective treatment and quality cancer care 2.2 Update the treatment guideline for the management of cancer patients 2.3 Establish Medical Oncology and Nuclear medicine specialties in The postgraduate medical colleges (West African College of Physicians and National Postgraduate Medical College.	Number of comprehensive cancer care centers in the country with a functional multi-disciplinary tumor board Number of comprehensive cancer centers in the country that have adopted and implemented the updated treatment guideline for the management of cancer patients Medical oncology and nuclear medicines specialties established in the postgraduate medical colleges

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
	2.4 establish post basic oncology training for pharmacists, nurses, Radiographers (Radiotherapists), Medical physicists, etc	Post basic oncology training for pharmacists, nurses, Radiographers (Radiotherapists), Medical physicists, etc, established.
3. Increase the number of trained pediatric oncologists and Ophthalmic oncologist and providing services in Nigerian hospitals by 50% by 2027	3.1 Incentivize training for pediatric oncology sub-specialty through scholarships and fellowships 3.2 Strengthen pediatric oncology service delivery by expanding the cancer health fund to include financing for childhood malignancies	Number of hospitals offering specialized pediatric oncology services and ophthalmic oncologist services including TTT, IAC and Brachytherapy and Ocularist  Number of pediatric oncologists working in the tertiary facilities  Number of children accessing subsidized/free pediatric oncology services

### 3.3 SUPPLY CHAIN MANAGEMENT (LOGISTICS)

#### *GOAL 3: To ensure the availability of drugs, consumables and functional equipment for cancer care in Nigeria*

##### **Situational Analysis**

Medical devices are assets that directly affect human lives. They are considerable investments and, in many cases, have high maintenance costs. It is important therefore, to have a well-planned and managed maintenance program that is able to keep the medical equipment in a health-care institution reliable, safe and available for use when it is needed for diagnostic procedures, treatments and monitoring of patients' treatment progress<sup>3</sup>. The decline in the number of available radiation therapy units speaks to a poor maintenance culture in Nigeria. Whereas machine breakdown is a common event at the best of times, the overwhelming demand on existing facilities makes a breakdown almost inevitable. There is a need to factor in the cost of operation and comprehensive service level agreements for continuous maintenance of equipment in the establishment of radiation therapy centers to guarantee machine up-time. The insufficient number of trained biomedical engineers makes the turnaround time for repairs very long. There is a need to procure radiation therapy equipment with input from end users. Most items are purchased second-hand without operation manuals and accessories and without an established contract for repair with suppliers at the time of installation. There is no accredited maintenance group and no quality assurance manual<sup>4</sup>.

The chemotherapy market in Nigeria is characterized by a fragmented supplier landscape. The Cancer Access Partnership (CAP) program remains one of the flagship programs of the Federal Ministry of Health and features top-tier supply chain management practices such as data-driven quantification and forecasting, transparent pricing, coordinated procurement, and introduction of high-quality medicines into the healthcare system. The program aims to redefine the fragmented landscape through pooled procurement of chemotherapies across all cancer treatment centers at an agreed discounted rate. As a result, the program attracts life-saving cancer commodities from globally recognized quality-assured pharmaceutical companies. The CAP program is currently being implemented in 20 out of 44 cancer treatment centers, which translates to about 45% coverage. There is a need to up-scale the CAP program to all cancer treatment centers in Nigeria.

##### **Strategic Framework**

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
1. Enhance existing supply chain systems for oncology related medical equipment, drugs, and consumables by the year 2025.	1.1 Mapping of existing oncology centers to scale-up to centers of excellence. 1.2 Conduct a gap analysis on the existing cancer centers to identify gaps in the value chain of oncology (diagnosis, pathology, pharmacy, surgery, and radiotherapy). 1.3 Strengthen oncology supply chain management system through capacity building on best procurement practices. 1.4 Develop and ensure adherence to minimum specifications provided by NICRAT.	- Number of cancer centers of excellence. Percent of identified gaps from the assessment of the country oncology supply chain that is addressed.



<p>2. Develop a robust maintenance strategy for equipment used in the management of cancer patients by the year 2025.</p>	<p>2.1 Ensure that all linear accelerators, brachytherapy and large bore CTs used for radiotherapy services are purchased with a service level agreement back to back with the OEM/or in-country OEM rep for a minimum of 5 years to guarantee 90% machine up-time.</p> <p>2.2 Ensure provision of Diode Lasers with accessories with service level agreement.</p> <p>2.3 Ensure availability of functional equipment for the management of cancer patients in all the comprehensive care centers by exploring public private partnerships for the operation eg., build operate and transfer strategy.</p> <p>2.4 Leverage pooled procurement models for radiotherapy equipment purchasing. Ensure that long-term service and maintenance contracts are embedded in the procurement.</p> <p>2.5 Build capability of local equipment maintenance staff on planned and corrective maintenance.</p>	<ul style="list-style-type: none"> <li>- Percent of time that all the laboratory, pathology, diagnostic radiology, nuclear medicine and radiotherapy equipment in the country at the government owned comprehensive cancer care centers are functional.</li> </ul> <p>Number of local engineers trained that are working in each of the comprehensive cancer care centers.</p> <p>Availability and functionality of Ophthalmic lasers with accessories for Rb care</p>
<p>3. Build capacity for radiation oncology specialties</p>	<p>3.1 Establish a center of excellence to train clinical and radiation oncologists, medical physicists, biomedical engineers, radiographers/ and radiation therapists.</p>	<p>-Number of trained radiation oncology specialists that are working in each of the comprehensive cancer Care centers.</p>
<p>4. To ensure good quality assurance and quality control (QA/QC) practices for radiotherapy equipment</p>	<p>4.1 Development and strict compliance with a standardized QA/QC protocol.</p> <p>4.2 Strict compliance to safety standards and the list of tools that are required.</p> <p>4.3 Hospitals to procure minimum dosimetry tools.</p>	<p>-Zero tolerance for use of equipment that is not validated.</p> <ul style="list-style-type: none"> <li>-</li> <li>-Low risk exposure</li> </ul>

	<p>4.4 Hospital to provide dosimetry badges and PPEs for radiodiagnostic and radiotherapy staff.</p> <p>4.5 Minimum standards for radiation protective gear for radiodiagnostic and radiotherapy staff to be adhered to.</p>	
5. Strengthen existing coordinated procurement mechanisms that will drive cost reduction by an estimated 50-60% for all anti-cancer medicines and consumables by the year 2025.	5.1 Ensure all comprehensive cancer care centers in Nigeria centrally procure oncology Drugs and consumables.	- Percent of comprehensive cancer care centers that pool procurement of chemotherapy Drugs.
	<p>5.2 Ensure visibility into stock availability across the different layers of the supply chain.</p> <p>5.3 Drive cost reduction through manufacturing and packaging of medicines locally as it is happening with analgesics eg. Morphine.</p> <p>5.4 Review of the NHIA medicines list to include most cancer medicines and a partnership with manufacturers to drive the cost of medicines down.</p> <p>5.5 Create a foreign exchange regime for medical consumables to drive availability of products in country.</p>	<p>- -Percent of comprehensive cancer care centers that report no stock out of, analgesics, antiemetic and commonly used chemotherapy drugs for breast, cervical, prostate, colorectal, liver, and other high burden cancers in Nigeria.</p> <p>- NHIA covers all therapeutic cancer medicines by 2025.</p> <p>- 50% of curative palliative medicines also covered under NHIA.</p>
6. To build capacity for oncology navigation at all comprehensive cancer care centers.	<p>6.1 Develop a comprehensive cancer patient navigation training curriculum to be standardized across all cancer centers.</p> <p>6.2 Recruit and train dedicated nurses and hospital support staff.</p>	<p>- Number of active patient navigators at the cancer centers.</p> <p>- Percent of patients with timely access to quality health and psychosocial care through all phases of their cancer journey.</p> <p>- Percent of patients, families, and caregivers with improved awareness of cancer.</p>

<sup>3</sup> Medical equipment maintenance programme overview WHO Medical device technical series

<sup>4</sup> Irabor OC, Nwankwo KC, Adewuyi SA. The Stagnation and Decay of Radiation Oncology Resources: Lessons from Nigeria. Int J Radiat Oncol Biol Phys. 2016 Aug 1; 95(5):1327-33. doi: 10.1016/j.ijrobp.2016.04.026.

### 3.4 HOSPICE AND PALLIATIVE CARE

**GOAL 4: To provide the best quality of life for cancer patients, survivors, and their families**

#### Situation Analysis

Palliative and hospice care is defined as an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering, by means of early identification and impeccable assessment, and treatment of pain and other problems, physical, psychological, social and spiritual. This holistic approach to care, which incorporates all domains of human experience of illness, is traditionally applied to help cancer patients and their families cope with the effects of the disease and the side effects of cancer treatment. Comprehensive cancer control encompasses primary prevention, early detection/screening, treatment and palliative care. The palliative and hospice care component of cancer control needs further emphasis in Nigeria because many of our cancer patients have no hope of cure as they present to hospital late, which makes the disease far advanced at presentation, when cure is no-longer feasible or curative treatments such as surgery and radiotherapy may not be available or affordable. Palliative and hospice care then remains the only source of succor. WHO declares that *“the provision of palliative care for all individuals in need is an urgent humanitarian responsibility”*.

The need for palliative and hospice care will continue to grow as a result of the rising burden of non-communicable diseases and ageing population. Based on WHO estimation of need for palliative care as 1% of a country's total population, about Nigeria with an estimated population of over 200 million inhabitants as at 2023, would have a palliative care burden of about 2 million.

Though palliative care is at its infancy in Nigeria compared to Eastern/Southern Africa, the country now has a palliative and hospice care policy with the overarching goal of ensuring access to good quality for all Nigerians of all ages with a life threatening illness and their families / caregivers. Unfortunately, hospice care is nearly nonexistent in Nigeria, therefore leaving patients to personal solutions for end of life care.

#### Strategic Framework

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
1. Disseminate and support implementation of the National Policy and Strategic Plan on Hospice and Palliative Care (HPC) by the year 2024	1.1 Disseminate National Policy and Strategic Plan on Hospice and Palliative Care for Provision of Hospices and Palliative Care 1.2 implement National Policy and Strategic Plan on Hospice and Palliative Care in different cancer centers for providing quality HPC	Number of facilities that receive the National policy and strategic Plan on Hospice and Palliative care. Number of facilities using developed guidelines and policy documents to provide hospice and palliative care services
2. Increase access to quality palliative care services for cancer patients and their care givers at all levels of health Care by 100% in 2027	2.1 Generate comprehensive database of palliative care needs of the country and available facilities, manpower and drugs by 2024 and annually update through registration	Available comprehensive data on patient load, facilities, manpower and drugs across the country.

	2.2 Facilitate establishment of HPC unit in every facility that provides cancer care across the country with a focus on including providers of psycho-social support by 2027	Number of cancer care facilities that have a HPC unit that has adopted the HPC guidelines
	2.3 Develop the capacity of facilities to optimally adhere to the developed HPC guidelines for cancer survivors and their Caregivers by 2027	Number of providers trained on adherence to the HPC guidelines
	2.5 Build capacity of formal and informal caregivers to provide effective HPC and resources to do so by 2027	Number of caregivers trained on adherence to the HPC guidelines
3. Increase yearly improved access to pain management for cancer patients and survivors	3.1 Establish a functional and resourced Drug Revolving Fund (DRF) for narcotic medicines by 2025.	Functional drug revolving fund established
	3.2 Promote adoption and use of pain management guidelines by 2025	Number of healthcare providers using pain management guidelines
	3.3 Support institutionalization of pain assessment as the 5 <sup>th</sup> vital signs by 2024	Number of facilities that incorporate pain assessment as the 5 <sup>th</sup> vital sign in the Facility chart
	3.4 Build capacity of healthcare workers on pain management by 2024	Number of healthcare workers trained on effective pain management



	3.5 Allocation of certificates and CME points for Pain Management Trainings by Professional bodies/regulatory bodies by 2024	Number of healthcare workers trained on effective pain management and earned certificate and CME points
	3.6 Support incorporation of effective pain management in the under-graduate and post-graduate curricula of healthcare professions by 2027	Incorporation of effective pain management in the curricula of medical, pharmacy and nursing schools
	3. 7 Support the local production of narcotic medicines to drive down the price and increase access for cancer survivor by 2024	Number of local manufactures that produce and supply narcotics to health facilities
4. Increase by 25% yearly population and healthcare provider awareness on hospice and palliative care	4.1 Integrate Palliative care into curriculum of healthcare provider by 2027	Number of Training Institutions with Full integration of hospice and palliative care into the curricula of healthcare Professionals.
	4.2 Establish National training scheme to provide continuing education by 2027 program for practicing healthcare providers in Clinical training/skills acquisition	Number of Healthcare workers who have undertaken Updates in ongoing continuous palliative care education program.
	4.3 Educate the public on palliative care, hospice care and end-of-life care using the PPP Model.	Annual achievement of 25% increase in population awareness of palliative care, hospice and end-of- life care in the country.

### 3.5 ADVOCACY AND SOCIAL MOBILIZATION

*GOAL 5: Increase cancer awareness and advocate for cancer control by the State governments and the community and religious leaders .*

#### Situational Analysis

One of the important ways of reducing the burden of cancer in Nigeria is the use of advocacy and social mobilization. With Nigeria signing and adopting a political declaration of the United Nations high-level meeting on the prevention and control of non-communicable disease, the ground is ripe for an immediate action and advocacy for change through various forms of persuasive communication to create an environment conducive for improving cancer awareness, encouraging early presentation, reducing barriers to cancer control, developing a comprehensive cancer advocacy plan and allocating necessary resources for priority interventions to reduce the cancer burden in Nigeria.

There are well organized social and faith-based organizations as well as community leaders willing to work with health workers in the primary health care and community ward facilities to achieve the overall goal of improving the health of the nation as it relates to cancer. Considering the growing use and reach of social media, the existing mass media networks and the increasing numbers of corporate organizations that are willing to have improved and coordinated working relationships. Nigeria is placed to benefit from the incorporation of the existing community health workers into a mass national cancer awareness campaign. Such campaigns will be the vessel through which harmful practices and cultural beliefs can be identified and appropriately addressed to mitigate the devastating impact in our society.

A precise advocacy strategy for a comprehensive cancer control would involve collaborative action that will be aimed at decision makers, targeting influential leaders and groups, and the general public in order to mobilize the whole society in a sustained fight against cancer. Currently, cancer control sensitization activities at all levels of government are very low. Although human resource for cancer advocacy is poor, existing structures such as primary health care systems (PHC's), community-based organizations and health workers are opportunities for advocacy. We have existing structures mainly for HIV prevention motivated by NGOs and International organization's support and funding. If such can be sought for and applied to cancer control and prevention, we are going very far.

#### Strategic Framework

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
1. To plan and conduct effective cancer Awareness and sensitization activities across the 36 states and FCT by 2027.	1.1 To conduct National, Zonal, States, local government and grassroots cancer education and awareness activities	Number of States implementing Cancer awareness activities based on the national strategic cancer control plan (2023-2027)
2. To increase by 25% yearly, human resource capacity in advocacy for effective cancer control among stakeholders in all sectors of society	2.1 Capacity Building in advocacy for maximum dissemination of information on cancer control.	Number of trained community health workers, nurses, journalists, clergy, youths, and other relevant stakeholders

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
3. Advocate for the mainstreaming of cancer prevention interventions into existing healthcare service delivery structures at all levels by 2027.	3.1 To advocate to government officials and legislators at all levels to institute cancer prevention interventions in their healthcare facilities	Percent of institutions at (primary and secondary levels) implementing prevention interventions
4. To continuously advocate for cancer control legislation and support from policy makers at state levels, community leaders and philanthropists until 2027	4.1 To support the generation of accurate and representative data by cancer registries, for use as a tool for advocacy	Number of new Cancer care and Control legislation/policies passed by the 36 States of the Federation.
5. To mitigate harmful cultural practices and beliefs	5.1 Engage community influencers and leverage on media links	Number of sensitization meetings, Dialogues and trainings held with traditionalists and faith healers.

### 3.6 DATA MANAGEMENT AND RESEARCH

*GOAL 6: To conduct and support integrated programs that provide high quality cancer data for dissemination, ground breaking research, and planning*

#### Situation Analysis

The Institute has a Nigerian National System of Cancer Registries which supervises the 34 Cancer registries in the country comprising of 13 population based and 24 hospital-based cancer registries. Even though some of the cancer registries have the CanReg5 software designed by the WHO/IARC for data management. The major challenge of the registries is lack of funding and continuous training of registry staff. In Nigeria, clinical and population-based research studies in oncology are not well developed; however, the nation through NICRAT plans to achieve significant progress on this over the next 5 years.

#### STRATEGIC FRAMEWORK

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
1. To undertake a baseline comprehensive cancer survey in Nigeria within the year 2023 and ascertain the true incidence and prevalence of all cancers in Nigeria, including capturing data available cancer care personnel, equipments, training opportunities and treatment.  2. To increase the registration of cancer cases from less than 10% yearly to more than 70% through effective cancer registration programs by the year 2027	1.1 conduct nationwide baseline multi-stage cancer survey, human resource and oncology infrastructure mapping across the country.	The true incidence and prevalence of cancer in Nigeria, oncology care personnel, treatment and infrastructure established.
	2.1 Integrate data collection for cancer into the Health management information systems (HMIS)	Number of hospital-based cancer registries with data captured in their HMIS tool
	2.2 Establish/strengthen cancer registries with a focus on population based cancer registries that capture the incidence and prevalence of different cancers per geo-political zone targeting all tiers of care levels; Primary Health Care, Secondary and Tertiary Health Care Facilities.	1. Number of population-based cancer registry that are able to capture 70% of projected cancer cases with 70% validity and completeness on a timely basis. 3. Publish annual cancer reports
	2.3 Implement/Strengthen data flow through the use of digital technology. On cancer case referral between the different levels of health care	Digital Data flow system developed and operationalized
	2.4 Legislate for compulsory reporting of cancer cases i.e. make cancer a reportable disease through effective engagement of the legislators at the National Assembly through Advocacy Performance indicator is making cancer a reportable disease within the next 24 hours	



Support effective data management of cancer- related programme.	3.1 Establish a centralized data base to capture all cancer programs implemented by government, NGOs and CSOs	A centralized Cancer Program Database and national dashboard developed and operationalized Number of cancer programs implemented by Government, NGOs and CSOs that are captured by the centralized cancer program data base
	3.2 Scale the adoption of CanReg5 as a system for data collection, management and assessment of all cancer data to support early detection, prevention, treatment, and palliative care programs by 2022.	Cancer data management system developed
	3.3 Create an effective mechanism for supervision, monitoring and evaluation of facilities and programs implementing cancer interventions across the country	Supportive supervision tools for cancer programs developed. % of programs that utilize supportive supervision tools
4. Support effective data management of cancer- related data (patients, staging treatment and outcomes/ survival )	4.1 To capture all available data across cancer registries, NGOs and all other programs that can provide cancer related data 4.2 To develop a template to integrate all the collated data into the database of the National Nigeria System of Cancer Registries	4.1 To establish an integrated database
5. To secure funding and technical support for 80% of (of education, training and) research activities on prevention, early Detection and management of cancer	5.1 Establish a fund for cancer research pooled from: academia (TETFUND, Government Agencies, Research Funding Organizations including but not limited to foreign and local organizations and agencies. Ministries (through a budget line created for research) companies that contributes to environmental pollution and other risk factors of cancer e.g. tobacco, telecoms and oil companies and International partner Public private partnership: telecoms, Oil & Gas industries.	All sources of funds for cancer research identified.  0.5% of profit of companies identified goes into cancer research fund Budget line for cancer research developed in the ministries (Health, Agric., Women Affairs etc.)
	5.2 Access to research funding from SIN Tax	Number of trainings and personnel trained on grant proposal development for cancer research
	5.2 Develop capacity for competitive grant proposal development for cancer research	

### 3.7 GOVERNANCE AND FINANCE

*GOAL 7: To ensure effective coordination and adequate resources for cancer control and care in Nigeria*

#### Situational Analysis

The National Institute for Cancer Research and treatment was established by law to provide national leadership in cancer research, prevention and treatment in Nigeria. The Institute has well-structured organogram with the Director General as the overall head. There are five Directorates and other supportive units that report to the Director General. The Directorates include Clinical Services, Research and Resource mobilization, Administration, Finance and accounts and Cancer Prevention.

Prior to the establishment of NICRAT, there was poor coordination in Nigeria's cancer space which was responsible for poor provision of effective cancer care and control in the country. The product of this inadequate cancer control measures include few well equipped cancer treatment centers, absence of treatment protocols, as well as inadequate infrastructure and manpower. However, over the past five years, there have been some improvements as a result of collaboration between the Federal Ministry of Health coordinating units and other critical stakeholders.

Factors like prevailing poverty, the inadequate number of treatment centers, the high cost of cancer treatment and, poor uptake of health insurance services negatively impact patient outcomes in Nigeria. However, over the past five years, the cancer health fund has been established to increase access to diagnosis and treatment of cancers of the breast, prostate, and cervix, for vulnerable Nigerians. Although, this provides some succor, it does not provide comprehensive cancer care.

#### Strategic Framework

OBJECTIVES	STRATEGIES	PERFORMANCE INDICATOR
1. To coordinate and provide effective leadership for the management and implementation of the NICRAT Strategic Plan 2023-2027.	1.1 Establish and implement framework for the periodic monitoring and coordination of all stakeholders and activities in the strategic plan. 1.2 Ensure the standardization and implementation of policies and guidelines for all cancers in Nigeria.	1.1.1 Annual listing and publication list of stakeholders and activities 1.1.2 Percentage of Stakeholders' activities accessed and evidence to be in line with the objectives of the Strategic Plan.  1.2.1 Development of non-existing treatment guideline for commonest cancers in adults and pediatrics age groups in Nigeria 1.2.2 Percentage of treatment centers utilizing developed cancer treatment guidelines for common cancers

2. To improve service delivery system in all institutions across the continuum of cancer care by the year 2027	2.1 Develop and strengthen systems to improve accessibility and cost effectiveness of cancer care	2.1.1 Proportion of favorable patient outcomes in relation to total number of patients who received care 2.1.2 Percentage increase in numbers of patients receiving care in all treatment institutions
	2.2 Ensure use of MDTs and NCCN harmonized treatment guidelines in all cancer treatment centers in the country	2.2.1 Number of institutions with functional MDTs utilizing the NCCN treatment guidelines 2.2.2 Number of patients referred to the MDTs
3. To sustain and expand the existing cancer financing solutions by 2027	3.1 Identify and secure innovative and sustainable finance mechanisms for cancer care in Nigeria; such as pro-health taxation for cancer care	3.1.1 Proportion of additional funds generated for cancer care
	3.2 To establish strategic purchasing of cancer care services through blended financing mechanisms	3.2.1 Number of cancer care services purchased
	3.3 Ensure effective budgeting and costing for cancer care including infrastructure, capacity building, information etc.	3.3.1 Percentage of budget implementation achieved
	3.4 Enable infrastructure development through support and facilitation of PPPs	3.4.1 Number of cancer care projects financed by PPPs
	3.5 Create enabling environment for private sector investors providing cancer infrastructure and equipment through incentives such as custom waivers, access to finance, tax, rebates, etc.	3.5.1 Percentage increase in number of functional cancer care infrastructure in the country
4. To increase the number of skilled Healthcare Practitioners in cancer care by 15% annually	4.1 Develop and implement framework to improve capacity and number of skilled personnel for cancer care	4.1.1 Percentage increase in number of skilled healthcare practitioners in cancer care. 4.1.2 Proportion of health care practitioners trained



### 3.8 SURVIVORSHIP CARE:

*Goal 8: To achieve community reintegration and create an accommodating environment to allow cancer survivors to return to their normal daily work and family lives.*

The whole process of having cancer or living with cancer and its post cancer treatment life to those who survive is termed survivorship. Based on time, Survivorship is sub-categorized in three which includes;

1. Acute Survivorship-described as the time when a person is being diagnosed and/or in active treatment of cancer
2. Extended Survivorship-described as the time immediately right after treatment is completed and it is usually measured in months
3. Permanent survivorship described as a long period of time after treatment. It is measured in years.

As the health systems begin to be strengthened and cancer survival rates increase in Nigeria, we expect to see an emerging generation of survivors in need of ongoing care and counseling. Evidence suggests that a significant number of people with a cancer diagnosis have unmet informational, psychosocial, and physical needs which can be effectively addressed through survivorship care interventions. Survivorship care services include treatment of long-term complications, surveillance for cancer recurrence, and counseling on prevention strategies, such as lifestyle modifications. Other issues include early menopause, body image concerns, sexual health, disease-related stigma, and psychosocial issues related to cancer and its treatment. Long-term treatment-related complications include lymphedema and other upper limb dysfunctions, pain, fatigue, insomnia, and bone health concerns. Increased risk of cardiovascular complications and endocrinopathies occurs with some cancer treatments.

Common challenges associated with survivorship care include fragmentation of services when a patient transitions from active oncology treatment to post treatment follow up care. Delivering high-quality survivorship and supportive care can enhance patients' long-term health by managing concerns related to cancer treatment and survivorship. It is essential that health professionals be able to recognize, diagnose and treat long-term complications of cancer treatment, including psychosocial issues that require intervention or referral for support services.

A key endpoint of cancer treatment and survival is to as much as possible reintegrate survivors back into their pre diagnoses life and encourage them to return to their normal daily work and family life, contributing meaningfully into the socioeconomic growth of the nation. This, however, can be complicated and cancer survivors deserve informed, patient-centered, quality health care during this transition.

Core components of survivorship care should include:

- A plan for monitoring for cancer recurrence, managing long-term treatment-related complications and providing psychosocial care specific to survivor issues.
- A well-established referral system: communication and coordination of care are essential to help patients transition from oncology care at a specialized facility to follow up care at a primary care facility.
- Information about survivorship support should be included in awareness and education programs for health professionals, patients, families, and caregivers.
- The psychosocial impact of treatment should be anticipated and addressed.
- Health system and workforce capacity strengthening. A survivorship care team should ideally consist of physicians, palliative care team, nurses, social workers, psychologists, spiritual counselors, volunteers and other survivors, traditional healers, and religious leaders, with close communication and links to pharmacists.



OBJECTIVES	STRATEGIES	PERFORMANCE INDICATORS
1. Develop and support the adoption of national guidelines and policy for survivorship care by the year 2024	1.1 Identify data sources for estimating survivorship needs. 1.2 Conduct a self-assessment using standardized tools. Toolkits are available to assess and support survivorship care program development. 1.3 Identify stakeholders, key decision-makers, and champions. 1.4 Identify who will lead in strengthening the survivorship care program. 1.5 Identify structural, sociocultural, personal, and financial barriers to accessing survivorship care. 1.6 Develop Nationally acceptable guidelines and policies for providing quality survivorship services for all cancer survivors 1.7 Work with stakeholders (community groups, clinicians, patients, policymakers) to disseminate guidelines and facilitate guidelines trainings	Development of socio-culturally acceptable guidelines on supportive care.
2. Increase access to quality Survivorship care services for cancer patients and their care givers at all levels of the healthcare system	2.1 Promote access to survivorship care services. → Train health professionals in survivorship care. → Establish clear protocols for routine surveillance for recurrence or second primary cancer for survivors, as well as counseling services for psychosocial issues. → Improve awareness among health systems, communities and patients and their families regarding the supportive care needs of cancer patients during and after curative treatment. 2.2 Establish a resource-stratified approach to survivorship care as part of a long-term cancer program planning. 2.3 Implement quality assurance measures to monitor and track supportive care services at specialized and primary care facilities. 2.4 Generate comprehensive data base of survivorship care needs of the country and available facilities and manpower to inform sustainability.	Number of facilities using existing guidelines and policy document for survivorship care services 10% in year 1 50% in year 3 75% in year 5

**INSTITUTIONAL & COORDINATION FRAMEWORK**

The National Institute for Cancer Research and Treatment will serve as the coordinating body for the implementation of the Strategic Plan. The Federal Government through NICRAT, all 36 States and Federal Capital Territory (FCT) with support of various expert Committees and development partners, will be responsible for the implementation of the plan. The states will develop annual operational plans that feed into the national Strategic Plan. NICRAT will support the states with the continuous monitoring and evaluation of the plans to ensure accountability. At the State level, the annual operational plans will be reviewed quarterly. NICRAT will facilitate conduct of a national baseline survey to generate data that will inform measurement of progress overtime. In addition, there will be a midline and end line evaluation of the national Strategic Plan.

The working assumption is that the government (Federal and State) will provide 70% of the funding required to implement this plan while the donors/development partners will support by bridging the funding gap of 30 %.

## IMPLEMENTATION FRAMEWORK

<b>1. PREVENTION</b> <i>GOAL: Make screening services and early detection of cancer available for all Nigerians</i>						
ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRATEGY	DELIVERY/ COMPLETION DATE
Invest in nationwide access to information on lifestyle modification, HPV vaccination	Nationwide access to information on lifestyle modification, HPV vaccination	NICRAT (NPHCDA)	NGOs/ CSOs/ Private sector	Political will from policy makers, Opposition from religious groups, Availability of funds in view of competing health needs, Maintaining the cold chain	Legislation, public education enlightenment program	2027
Develop health promotion program on healthy lifestyle, health educate *PWA on effect of direct exposure to sunlight	Positive change in Lifestyle. Protective effect of Sunscreen.	NICRAT	NGOs/ CSOs/ Private sector	Resistance to changes	Educate Key opinion leaders and community influencers.	2027
Legislate against smoking, alcohol and carcinogenic chemical content of processed foods.	Legislation passed on the use of tobacco, alcohol and carcinogenic chemical content of processed foods	NICRAT	NGOs/ CSOs/ Private sector	Resistance to change	SBCC	2027
Incorporate HPV vaccination into the National Program on Immunization	HPV vaccine incorporated into national immunization Program.	NICRAT, NPHCDA/ SMOH	NGOs/ CSOs/ Private sector			2023

Institute new-born screening for early signs of some common childhood cancers e.g., Retinoblastoma in all health facilities/well Baby clinics.	New-born screening for childhood cancers instituted	NICRAT	NGOs/ CSOs/ Private sector	Lack of skilled manpower	Manpower development	2025
Scale the implement of HPV-DNA testing/VIA and management of precancerous lesions at Primary Healthcare (PHC) level.	HPV-DNA testing/ VIA and management of precancerous lesions at PHC level instituted	NICRAT SMOH	NGOs/ CSOs/ Private sector	Lack of skilled manpower, Funds to procure equipment	Manpower development, provision of funds	2024
Implement Clinical Breast Exam (CBE) at PHC level and mammography at Secondary and Tertiary Level.	Clinical Breast Exam at PHC level and mammography at secondary and tertiary level implemented	NICRAT/ SMOH	NGOs/ CSOs/ Private sector	Lack of awareness on CBE among the populace. Funding for mammography at secondary and tertiary,	Public education, Provision of Equipment.	2024
Institute digital rectal examination and prostate specific antigen (PSA) in prostate cancer screening at all levels.	Digital rectal examination and PSA screening instituted across all levels of healthcare (Primary, secondary and tertiary)	NICRAT/ SMOH	NGOs/ CSOs/ Private sector			2023



Institute stool DNA testing and colonoscopy in colorectal cancer screening.	Stool DNA testing and colonoscopy for colorectal cancer screening instituted	NICRAT	NGOs/ CSOs/ Private sector			2024
Establish national cancer screening guidelines for all levels of health care delivery	National cancer screening guidelines across all levels of healthcare established	NICRAT	NGOs/ CSOs/ Private sector			2024

2. DIAGNOSIS AND TREATMENT GOAL: To improve access to quality, cost effective and equitable diagnostic and treatment services for cancer care						
ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRATEGY	DELIVERY/ COMPLETION DATE
Scale adoption of comprehensive cancer management guidelines by the year 2025	Comprehensive cancer management guideline developed	NICRAT	NGOs/ CSOs/ Private sector			2025
upgrade at least one center of excellence for cancer management in each geo-political zone by the year 2024	At least one center of excellence for cancer management in each of the 6 geo-political zones established	FMOH/NICRAT	NGOs/ CSOs/ Private sector			2027
Upgrade the existing radiological, radiotherapy and nuclear medicine services within the centers of excellence in the country.	Existing radiological, radiotherapy and nuclear medicine services in the centers of excellence upgraded	NICRAT	NGOs/ CSOs/ Private sector			2025
Strengthen blood transfusion and laboratory services for accurate cancer diagnosis and supportive care.	Blood transfusion and laboratory services for accurate cancer diagnosis and supportive care strengthened	NICRAT/NBTC	NGOs/ CSOs/ Private sector			2025

Establish effective tumor board in all cancer treatment centers of excellence	Functional tumor board established in all comprehensive cancer care centers	NICRAT	NGOs/ CSOs/ Private sector			2024
Ensure availability and access to quality, cost effective and equitable cancer treatment solutions in all cancer treatment facilities in Nigeria	Cost effective and equitable cancer treatment solutions of high quality available and accessible	NICRAT	NGOs/ CSOs/ Private sector			2025
upgrade a patient navigation program in all facilities to support patients through the treatment journey	Patient navigation programme to support patients through the treatment journey established	NICRAT	NGOs/ CSOs/ Private sector			2024
Establish a comprehensive sub-specialty oncology training program at the post-graduate medical colleges and other relevant institutions in Nigeria by 2027	Comprehensive sub-specialty oncology training programme at the Post-graduate medical colleges and other relevant institutions in Nigeria	NICRAT	NGOs/ CSOs/ Private sector			2025
Facilitate collaboration and twinning with international bodies to support training and research in cancer care.	Collaboration and twinning with international bodies to support training and research in cancer care established	NICRAT	NGOs/ CSOs/ Private sector			2024

3. HOSPICE AND PALLIATIVE CARE GOAL: To provide the best quality of life for cancer survivors and their families						
ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRATEGY	DELIVERY/COMPLETION DATE
Scale the adoption and implementation of the national Policy and guidelines for providing HPC for patients and cancer survivors	Policy and guideline developed	NICRAT	ACS, EU, WHO, UNODC, OSF West Africa, FMoH, etc.	Lack of funds Lack of Will	Secure funding from local and international Donors. Efficient Monitoring and evaluation strategies to check progress.	2024
Disseminate the HPC policy and guidelines	Policy and guideline document approved	NICRAT	FMoH, WHO,	Lack of funds Lack of Will	Secure funding from local and international Donors. Efficient Monitoring and evaluation strategies to check progress.	2024
Generate comprehensive database of HPC needs	A Comprehensive database of HPC burden and available resources in the country	NICRAT, FMoH, SMOH, Health Facilities	NGOs, WHO, CSOs, HPCAN	Lack of funds Will Poor Data Management	Secure funding from local and international Donors. Efficient Monitoring and evaluation strategies to check progress	2024
Support each Cancer care Center to set up a HPC unit	HPC unit set up in cancer centers across the country	NICRAT SMOH, FMoH	Cancer care centers, cancer control steering committee	Lack of funds Lack of Will Poor Facility Management	Secure funding from local and international Donors. Efficient Monitoring and evaluation strategies to check progress	2025
Support all HPC units to include all medical and psychosocial specialist and spiritual care providers	Membership of HPC units should include all relevant healthcare Professionals.	NICRAT, SMOH, FMoH	Cancer centers, cancer control steering committee	Limited number of Psycho social support staff. Non-compliance by care providers	Training and recruitment of additional psycho-social support staff. Effective Monitoring and Evaluation strategies to ensure compliance.	2025
Support the adoption of the HPC guidelines by the HPC unit in every cancer care center	HPC guidelines adopted for implementation	NICRAT SMOH FMoH	Cancer care centers, cancer Control, steering committee	Non compliance by care providers	Effective Monitoring and Evaluation strategies to ensure compliance	2024



Increase the number of health and non-health providers who offer palliative care services	Increased number of HPC providers	NICRAT SMOH FMoH	Cancer care centers, Cancer control, Steering committee	Lack of Interest	Awareness creation and trainings to arouse interest Inclusion of Incentives (money, CME points and certificates)	2024
Develop regulations and standards for HPC services	Regulations and standards for HPC developed	NICRAT SMOH FMoH	NGOs, Cancer control Steering Committees	Lack of will power	Effective Monitoring and Evaluation strategies to ensure compliance	2024
Train all members of the HPC unit on the implementation of the HPC guidelines	HPC providers trained to implement the national HPC guidelines	Cancer care centers	FMOH, SMOH, cancer control steering committee	Level of Exposure and Understanding of trainees can affect reception of training at Rural level	Effective Monitoring and Evaluation to Ascertain receptiveness of training at rural level	2024
Train all oncologist, members of the HPC unit and other health providers of cancer care on the development of an effective HPC plan for cancer patients and their caregivers	Oncologist, members of the HPC unit and other health providers of cancer care trained on the development of an effective HPC plan	Cancer care centers	Universities and Tertiary Institutions, HPCAN, NGOs	Level of Exposure and Understanding of trainees can affect reception of training at the rural level	Effective Monitoring and Evaluation to Ascertain receptiveness of training at rural level	2024
Engage the telecoms industry to establish <b>FREE</b> communication lines at each specialist palliative care unit for <b>Tele Consult</b> with patients and their family members	Free HPC tele consult established	Cancer care centers	Telecommunication companies, NGOs	Refusal of partnership request on free teleconsult	Request for subsidies instead	2024

Support the provision and coordination of HPC services in secondary health facilities! in each state	HPC services available at secondary facilities	NICRAT, SMOH	Public Health institutions	Lack of Will Lack of funds Non-Compliance	Effective Monitoring and evaluation. Sourcing of funds from local and international donors.	2024
Support the provision and coordination of HPC services in private health facilities and centers	HPC services available at private facilities	NICRAT, SMOH FMoH	Private Health institutions	Lack of Will Lack of funds Non-Compliance	Effective Monitoring and evaluation. Sourcing of funds from local and international donors.	2024
Integrate HPC services into the Primary Healthcare (PHC)	HPC services integrated into PHC	NICRAT, SMOH FMoH	NPHCDA	Lack of Will Lack of funds Non-Compliance	Effective Monitoring and evaluation. Sourcing of funds from local and international donors.	2024
Support the provision and coordination of HPC services in at least one comprehensive primary health care facility per LGA	HPC available in Comprehensive PHCs	NPHCDA	FMOH, SMOH			2024
Integrate HPC services for coverage in the National Health Insurance Scheme (NHIS).	HPC services captured as coverable in the NHIA	NHIA	FMOH, SMOH	Lack of Will Lack of funds Non-Compliance	Effective Monitoring and evaluation. Sourcing of funds from local and international donors.	2024
Develop regulations and guidelines for implementing home-based HPC	Regulations and guidelines for implementing home-based HPC approved for implementation	NICRAT, SMOH FMoH	CSOs, NGOs	Lack of will	Effective Monitoring and evaluation	2024
Support the promotion of home-based HPC in accordance to the regulations and guidelines	Home-based HPC available and implemented according to guidelines	NICRAT, SMOH	CSOs, NGOs	Lack of Will Lack of funds Non-Compliance	Effective Monitoring and evaluation. Sourcing of funds from local and international donors.	2026

Establish accredited HPC training centers, one in each geo-political zone	Accredited HPC training centers established	NICRA T, SMOH	Training institutions, Professional bodies; HPCAN	Lack of Will Lack of funds Non-Compliance	Effective Monitoring and evaluation. Sourcing of funds from local and international donors.	2026
Develop and implement in-service training on HPC for at least 10% of healthcare providers at all levels of health care	In-service training on HPC implemented	NICRA T, SMOH	Health Facilities HPCAN	Lack of Will Lack of funds Non-Compliance	Effective Monitoring and evaluation. Sourcing of funds from local and international donors.	2026
Integrate palliative care into the training curricula of medical, nursing, pharmacy, social-work, nutrition, psychology, psychiatry physiotherapy etc.	HPC integrated into training curricula for different medical and health institutions	NUC, Tertiary Institutions and Postgraduate Colleges		Lack of Will Lack of funds Non-Compliance	Effective Monitoring and evaluation. Sourcing of funds from local and international donors.	2026
Establish a Drug Revolving Funding (DRF) Committee for Narcotics in line with FMOH DRF guidelines	DRF committees for narcotics established	FMOH NICRAT	Cancer control Steering committee	Lack of Will Lack of funds	Effective Monitoring and Evaluation plan. Secure counterpart funding from donor agencies.	2026
Create a budget line for DRF for narcotic medicines	Budget line for DRF created	FMOH NICRAT	Cancer control steering committee	Lack of Will	Effective Monitoring and Evaluation plan	2026
Fund the DRF Account for narcotic medicines through budget appropriation	DRF account for narcotics funded	FMOH NICRAT	Cancer control steering committee	Lack of Will Lack of funds	Effective Monitoring and Evaluation plan. Secure counterpart funding from donor agencies.	2026
Develop curriculum and Training manuals for pain management	Curriculum and Training manuals for pain management	NICRAT	Health Facilities	Lack of Will Non Compliance	Effective Monitoring and Evaluation plan	2026

Train a critical mass of HCW in at least 30 tertiary hospitals across the country on pain management	Critical mass of HCW in tertiary facilities trained on pain management	NICRAT	Tertiary Health Facilities	Lack of will Lack of interest	2026
Train a critical mass of HCW in Secondary hospitals across the country on pain management	Critical mass of HCW in secondary facilities trained on pain management	NICRAT	Secondary Health Facilities, NGOs	Lack of will Lack of interest	2026
Incorporate pain management in the curriculum of medical, nursing and pharmacy schools	Pain management integrated into training curricula for different medical and health institutions	Tertiary Institutions	NUC and Professional bodies	Lack of will Non compliance	2025
Institute in-house training of healthcare workers on pain management	Pain management training integrated into in-house training HCW	Health Facilities	FMOH and SMOH		2025
Establish a production line for oral morphine solution and other narcotics at Federal Pharmaceutical Laboratory (FEPMAL)	FEPMAL producing oral morphine solutions	NICRAT	FEPMAL, NAFDAC, NGOs		2025
Create enabling policies and support for local pharmaceutical industries to produce and market narcotic medicines	Policies supporting local production of narcotics established	<b>NICRAT</b> FMoH	NAFDAC and SON		2025



Create regulations for the distribution of narcotics to ensure cancer patients in need of pain management medication is priority	Regulations and guidelines for the distribution of narcotics approved for implementations	NAFDAC; NICRAT				2023
Create distribution hubs for narcotics for cancer care in each of the six geo-political zone	Distribution hubs for narcotics developed	NAFDAC; NICRAT				2023
Develop and disseminate information, education, and communication (IEC) materials on HPC for cancer patients to the medical community	IEC materials on cancer developed and disseminated to the medical community	NICRAT	Health Facilities, Universities, and tertiary hospitals			2025
Work with stakeholders/IPs and NGOs to source, develop and disseminate information, education, and communication (IEC) materials on cancer to the general public	IEC materials on cancer awareness actively disseminated	NICRAT	Health Facilities, CSOs, NGOs, NGOs			2025
Collaborate with relevant stakeholders/IPs and NGOs to organize annually hospice and palliative care awareness campaign especially during the celebration of world Palliative care day.	HPC awareness campaigns	NICRAT	Health Facilities, CSOs, NGOs			2025
Support stakeholders to organize annual general meeting and scientific session as a veritable platform for dissemination of information, education and communication on HPC to the medical community.	Meetings on HPC awareness	NICRAT	Health Facilities, CSOs, NGOs,			2025

4. ADVOCACY AND SOCIAL MOBILIZATION GOAL: Increase cancer awareness and advocate for cancer control amongst the populace.						
ACTIVITY	OUTPUT	LEAD MDA	KEY PARTNERS	RISKS	MITIGATION STRATEGY	DELIVERY/COMPLETION DATE
1. 1A) Advocate for step-down of cancer plan to all levels of government (Zonal, States, Wards, community leaders)	Cancer plan adopted at all levels of government	NICRAT, SMOH	Mass media networks, CSOs, NGOs, Corporate organization Influential Individuals	- Poor buy-in to national plan. -Lack of proper coordination between implementing stakeholder groups.	- Involve representatives from every level of government in the preparation phase to ensure buy-in. - Training of trainers to ensure uniformity in implementation	2023
1.1B) Effective demonstration of the different approaches to cancer control during campaigns	a) Lectures on different types of cancers with emphasis on early detection and early treatment, b) Screening for breast, cervical, prostate & colorectal lesions, c) Phone in radio programs Jingles on different stages of cancers, treatment & outcomes	NICRAT, SMOH	National Orientation on Agency (NOA) Mass media networks	-Language barrier -Inadequate funds	-Budgeting and appropriation -Fundraising -Multi-lingual radio programs and jingles	2023-2027
1.1C) Sustain commemoration of World Cancer Day on 4th February and National Breast Cancer awareness month in October each year.	Yearly planned programs to commemorate these world events.	NICRAT, SMOH	CSOs NGOs, FMOH, Corporate organizations, Celebrities	Funding restrictions to effect planned programs.	Effective and timely planning for collaboration and sustainability with donor agencies, FMOH and corporate groups with	2023-2027

1.1D) Develop school-based activities targeting children, adolescents, and youths in cancer prevention.	Designed Cancer prevention activities which have been adopted by schools	NICRAT SMOH	Ministry of Education, Education boards of all states, CSOs, NGOs,	<ul style="list-style-type: none"> <li>- Unwillingness of schools to adopt the activities.</li> <li>- Disaccord between implementing partner groups</li> <li>- Shortage of manpower</li> </ul>	Get buy-in from education boards or their representatives.	2023
1.1E) Leverage on existing community resources such as PHCs, WDCs, CBOs, etc.	Comprehensive list of participatory PHCs WDCs, CBOs in planned implementation	NICRAT, SMOH	LGAs Responsible for PHCs. Participating hospitals responsible for WDC's	<ul style="list-style-type: none"> <li>- Poorly financed or equipped PHCs, WDCs.</li> <li>- Weak infrastructure of PHCs, WDCs to cope with workload</li> </ul>	Ensure budget for sustainable community resources and infrastructure to allow maximum effectiveness.	2023
1.1F) Encourage adoption of healthy lifestyles that will enhance cancer prevention and early detection including tobacco control.	Targeted messages/programs on healthy lifestyles, cancer prevention and early detection in different languages that can easily be disseminated.	FMOH, Min of Education, Min of Transport, NGOs, CSOs, Min of Communication /Mass media		<ul style="list-style-type: none"> <li>- Lack of coordination between various arms of government.</li> <li>- Insufficient budget allowance for adequate awareness and dissemination.</li> </ul>	<ul style="list-style-type: none"> <li>- Comprehensive plan for dissemination with buy-in of all members.</li> <li>- Adequate budgeting allowance for dissemination.</li> <li>- Low cost methods for production and dissemination to various levels</li> </ul>	Quarterly programs that are to be run (aired/diss emanated) year on year from 2023 - 2027

2.1A) Design Robust human resource capacity building programs for training of trainers which will ensure maximum dissemination of cancer awareness information	Comprehensive capacity building programs designed		Min of Education, AORTIC, NGOs, CSOs, Corporate organizations.	-Timeline of trainings and numbers of master trainers trained who can effectively cascade the training. -Complicated programs that may be difficult to effectively disseminate.	-Robust selection process for recruiting master trainers. -Ensure capacity building programs are well thought out and planned but simple enough for easy dissemination at the various levels.	2024
2.1B) Quarterly lectures and demonstration activities on cancer awareness and Control.	Lectures and demonstrations conducted on cancer awareness and control	NICRAT	Ministry of Communication, Mass media Networks, Corporate Organizations	-Inadequate planning or timing of lectures and demonstrations. - Poor turnout at demonstrations or lectures which will hamper effective cancer awareness.	Thorough planning to involve all stakeholders ensures best results. Adequate advertising and awareness of events to ensure maximum attendances	Quarterly events on year-to-year basis from 2023 – 2027.
3.1 A) Health sector stakeholders (NHIS, NPHCDA NGOs, CSOs etc.) to be involved in an effective cancer control plan by 2023/2024.	Appointment of health sector stakeholders as members of steering committee on national strategic cancer control plan	NICRAT	Corporate organizations, NHIS, NPHCDA, NGOs, CSOs	-Poor attendance of appointed members at key planning events. - Ineffective logistical planning to ensure finished plan by 2019/2020	- Give adequate notice when planning key events to ensure maximum participation. - Ensure budget provision from partners to ensure adequate logistical planning	2024



3.1 B) First ladies of states, faith-based groups, union organizations/associations, traditional rulers, media houses, etc., to be involved in making cancer everyone's business and implement the cancer control plan.	- Commitment from First ladies, FBO's, traditional rulers, Media networks etc. to implement the national cancer control plan.	NICRAT,	NGOs, CSOs, Governor's wives forum	-Conflict of interest of members who run their own NGOs. - Inadequate funding for mass awareness campaigns and effecting of plan.	- Strict selection criteria for electing members to mitigate potential conflicts of interests. - Source and utilize inexpensive means of mass awareness campaigns from key partners that can aid effecting of plan	Quarterly meetings throughout the year from 2023 – 2024.
3.1 C) Synergize with the stakeholders in Polio, Ebola, Tobacco, Covid-19, and HIV successful campaigns.	Established relationships with campaign organizers from successful Polio, Ebola, Covid-19 and HIV programs.	NICRAT	NACA, NPHCDA, NAFDAC, NGOs, CSOs	-Ineffective strategies in the implementation of cancer campaigns. - Unwillingness of groups to cooperate for effective results	-Invite all stakeholders to open event where sharing of ideas and strategies would be encouraged. - Allow groups to have a sense of ownership of the cancer plan	2024
4.1 A) The NCCP office to ensure the cancer plan is formulated and presented to legislators for appropriation before end of 2018.	-Appropriation of budget for cancer plan formulated, presented, and enacted by the legislators.	NICRAT, National assembly	NGO, CSOs	-Incomplete national cancer plan by 2023. - Budget on Cancer plan not presented on time for appropriation.	- Ensure stakeholders work towards timely completion of cancer plan 2023-2024. - Scheduled meetings and reviews to ensure timely formulation and presentation of cancer bill for enactment	End of 2 <sup>nd</sup> quarter of each year

4.1 B) Sensitize and solicit support from Philanthropist and community leaders for the implementation of The bill when passed.	Philanthropists and community leaders sensitized on support granted for cancer bill and its Implementation.	NICRAT	Philanthropists, community leaders, NGOs, CSOs	Failed sensitization of philanthropists.	Strategic sensitization meetings to ensure buy-in from philanthropists and community leaders	2024
5.1 A) Involve Brand ambassadors such as celebrities, influential persons to be involved in championing the fight in dispelling harmful cultural beliefs and practices that negatively affect cancer Control.	Brand ambassadors and cancer champions engaged and involved in fighting to dispel harmful beliefs	NICRAT, SMOH	Celebrities, cancer champions /survivors, Community leaders, NGOs and CSOs, Faith Based Organizations	People unwilling to fully participate in fight against harmful beliefs because of own beliefs or conflicts of interests	Get buy-in of celebrities, reps from FBOs, Community leaders and involve them in planning to ensure ownership of the plan, allowing for improved success.	Quarterly event to be held through out the cancer plan 2023 - 202X
5.1B) Creation of drama/soaps/jingles using script writers, actors, and actresses, as well as school children & villagers.	Jingles/drama/soaps created and prepared for dissemination	NICRAT, SMOH	Min of Education, Media networks, Selected schools, min of Communication	Insufficient budget for creation of drama/jingles etc.	Involve philanthropists and corporate organizations at every stage of planning to ensure adequate budgeting.	2023-2027

5. DATA MANAGEMENT AND RESEARCH GOAL 5: To conduct and support integrated programs that provides high quality cancer data for dissemination, research, and planning						
Activities	Output	Lead MDA	Key Partners	Risk	Mitigation Strategy	Delivery/ Completion Date
Include cancers as part of the integrated disease surveillance system of the country		NICRAT	NGOs			2024
Develop protocols for frontline health care workers to identify cancers and refer to higher levels of care	Protocols for identifying common cancers developed	NICRAT	NGOs; Cancer Centers and Health Facilities			2024
Establish more cancer registries where they don't exist	Additional cancer registries established	NICRAT	NGOs; Cancer Centers and Health Facilities			2024
Adopt for use the existing SOPs of the African cancer registry network	SOPs adopted	NICRAT				2024
Train more data collectors for the cancer registries	More data collectors trained					2024
Employ more cancer registrars	Additional Cancer registries employed	NICRAT/ CANCER CENTRES	Health Facilities; Cancer Centers; NGOs			2024
Develop and implement infrastructure and tools for data capturing in the registries	Additional Tools for data capturing developed	NICRAT	NGOs			2024
Implement supportive supervision to coordinate the activities of cancer registries	Supportive supervision implemented	NICRAT				2024

Develop curriculum for training CHEW's on cancer basics	Training curriculum for CHEW's developed	NICRAT	Health Facilities; Cancer Centers		2024
Identify all organizations working on cancer prevention, early detection, treatment and palliative care	Database of organizations working in the cancer space	NICRAT	NGOs; CSOs		2024
Develop data tracking and supervisory tools	Data tracking and supervisory tools developed	NICRAT			2024
Push for a bill of establishing a trust fund for cancer research and training.	Bill for trust fund developed	NICRAT	NGO		2024
Develop Advocacy Deck for budgetary allocation for cancer research	Advocacy deck developed	NICRAT	NGOs; Cancer Centers and Universities and Research centers		2024
Conduct training of health care workers in cancer care on grant and proposal writing	Training on grant and proposal writing for cancer research	NICRAT	NGOs; Cancer Centers and Universities and Research centers		2024
Establish Cancer research laboratory for clinical trials and ground breaking cancer research	Conduct of clinical trials and high impact research	NICRAT			2026



6. SUPPLY CHAIN MANAGEMENT (LOGISTICS)						
GOAL: To ensure the availability of drugs, consumables, and functional equipment for cancer care in Nigeria						
ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRATEGY	DELIVERY / COMPLETION DATE
Conduct an assessment of a functional oncology supply chain system that is adaptable to Nigerian context.	Assessment of a functional supply chain outside of Nigeria conducted	NICRAT	NGOs/ CSOs/ Private sector			2023
Conduct an assessment of the oncology supply chain system in Nigeria to identify gaps.	Assessment of oncology supply chain system in Nigeria conducted	NICRAT	NGOs/ CSOs/ Private sector			2023
Develop a framework that addresses identified gaps.	Framework to address identified gaps from assessment developed	NICRAT	NGOs/ CSOs/ Private sector			2023
Review existing maintenance plan.	Robust maintenance plan/strategy developed	NICRAT	NGOs/ CSOs/ Private sector			2023
Assess and effect repair of non-functional equipment.	Repair of non-functional equipment across all comprehensive cancer care centers in Nigeria effected	NICRAT				2023
Support the deployment of new equipment.	New laboratory, pathology, diagnostic radiology, nuclear medicine and radiotherapy equipment procured and installed in comprehensive cancer care centers in the 6 geopolitical zones	NICRAT	NGOs/ CSOs/ Private sector	Funding	Public Private Partnership	2024

Conduct workforce capability assessment of local technicians.	Workforce capability assessment conducted	NICRAT	NGOs/ CSOs/ Private sector			2024
Train local equipment maintenance staff based on identified gaps from the workforce capability assessment.	Training of local equipment maintenance staff conducted	NICRAT	NGOs/ CSOs/ Private sector			2024
Integrate oncology into existing supply chain management in various centers	Oncology integrated into existing supply chain management unit at the cancer centers	NICRAT	NGOs/ CSOs/ Private sector			2025
Establish coordinated procurement and distribution of oncology drugs and consumables for Nigeria.	Coordinated procurement of chemotherapy drugs and consumables established for all comprehensive cancer care centers	NICRAT	NGOs/ CSOs/ Private sector			2025
Support the development and deployment of a supply chain management tool that creates visibility into stock across different layers of the Supply chain.	Supply chain management tool deployed in all oncology pharmacies at the comprehensive cancer care centers	NICRAT	NGOs/ CSOs/ Private sector			2025

<b>7. Governance and Finance</b> <b>GOAL:</b> To ensure effective coordination and adequate resources to reduce the incidence and prevalence of cancer in Nigeria by 25% in 2027 (from 102,000 cases per year and 80,000 dying per year)						
ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRATEGY	DELIVERY/ COMPLETION DATE
Collate data on stakeholders in the cancer space in Nigeria by priority areas as outlined in the STRATEGIC Plan and update regularly	Published register of stakeholders and their activities in the cancer space	NICRAT	NGOs/ CSOs/ Private sector	Lack of Funding	Private sector involvement	2023
To develop guidelines for the coordination of activities of different stakeholders to ensure alignment with the PLAN	Guidelines developed and disseminated	NICRAT	NGOs/ CSOs/ Private sector	Lack of Funding	Private sector involvement	2023
Engage with stakeholders to review, streamline, and align activities with the Plan	Stakeholders report activities to the Ministry in line with the NCCP	NICRAT	NGOs/ CSOs/ Private sector			2023
Organize annual stakeholder engagement (e.g., meetings, conferences, workshops) to review and address issues on implementation and progress.	Annual reviews conducted and reports developed	NICRAT	NGOs/ CSOs/ Private sector		Leverage existing NGO/CSO platforms for stakeholder meetings	2023

Periodic review of activities across all priority areas of action and prepare quarterly progress reports	Quarterly reviews conducted and reports developed	NICRAT	NGOs/ CSOs/ Private sector		2023
Leverage technology to improve update of stakeholders and activities	Improved update of stakeholders and activities	NICRAT			2023
Conduct gap analysis annually across cancer care institutions in Nigeria and produce plans to improve accessibility to cancer care	Gap analysis conducted and plans to improve access to cancer care developed	NICRAT	NGOs/ CSOs/ Private sector		2023
Monitor periodically the implementation plans developed to improve accessibility in cancer care	Implementation plan periodically monitored	NICRAT			2024
Develop framework for a National cancer fund	Framework developed for national cancer fund				2024
Provide financial protection for indigent cancer patients e.g. Reimbursement of cancer care by the NHIS	Financial protection provided for indigent cancer patients	NICRAT	NGOs/ CSOs/ Private sector		2024
Review and develop a regulatory framework for commodities for cancer care	Regulatory framework developed for commodities in cancer care	NICRAT			2024
Ensure the alignment of NICRAT yearly budgets with strategic Plan priorities in Phase 1 and Phase 2	NICRAT budget aligned with strategic Plan priorities	NICRAT			2024



8: SURVIVORSHIP						
GOAL: To improve by 75% the reintegration of survivors back into their communities and create an accommodating environment for them to return to their normal daily work and family life.						
ACTIVITIES	OUTPUT	LEAD MDA	KEY PARTNERS	RISK	MITIGATION STRATEGY	DELIVERY/ COMPLETION DATE
Generate comprehensive database of survivorship care needs of the country and available facilities/manpower to inform sustainability	Published register of all potential data sources in the cancer space on survivorship	NICRAT	NGOs/ CSOs/ Private sector	Lack of Funding	Private sector involvement	2023
To develop guidelines for the coordination of activities of different stakeholders to ensure alignment with the strategic plan	Guidelines developed and disseminated	NICRAT	NGOs/ CSOs/ Private sector	Lack of Funding	Private sector involvement	2023
Engage with stakeholders to review, streamline and align activities with the Strategic plan	Stakeholders report activities to the Institute in line with the strategic plan	NICRAT	NGOs/ CSOs/ Private sector			2023
Organize annual stakeholder engagement (e.g., meetings, conferences, workshops) to review and address issues on implementation and progress.	Annual reviews conducted and reports developed	NICRAT	NGOs/ CSOs/ Private sector		Leverage existing NGO/CSO platforms for stakeholder meetings	2023

## SECTION 6 MONITORING & EVALUATION FRAMEWORK

PRIORITY AREAS	INDICATOR	DATA SOURCE	BASELINE	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
PREVENTION	Percent coverage for HPV vaccine	NICRAT/NPH CDA	No	5%	15%	25%	40%	50%
	Percent national screening programs that follow recommendations/guidelines for addressing detected abnormalities	NICRAT/SMo H	TBD	25%	40%	60%	80%	100%
	Percent of Health facilities at all levels of healthcare (primary, secondary and tertiary), providing screening/early detection and HPV vaccination for cancer	NICRAT/SMo H	TBD	30%	45%	60%	75%	90%

PRIORITY AREAS	INDICATOR	DATA SOURCE	BASELINE	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
DIAGNOSIS AND TREATMENT	Number of comprehensive cancer care centers in the country that can offer radiotherapy as part of treatment for cancer patients	Tertiary hospitals	TBD	2	2	3	3	4
	Number of comprehensive cancer care centers in the country with a functional multi-disciplinary tumor board	Tertiary hospitals	0	2	2	3	3	4
	Number of comprehensive cancer centers in the country that have adopted and implemented the updated treatment guideline in the management of patients	Tertiary hospitals	0	2	2	3	3	4

PRIORITY AREAS	PERFORMANCE INDICATOR	DATA SOURCE	BASELINE	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
SUPPLY CHAIN	Percent of identified gaps from the assessment of the country oncology supply chain that is addressed	Assessment report	TBD	50%	75%	85%	90%	100%
	% of time that all the laboratory, pathology, diagnostic radiology and radiotherapy equipment in the country at the government owned comprehensive cancer care centers are functional	Tertiary hospitals	TBD	80%	85%	90%	95%	100%
	# of local engineers trained that are working in each of the comprehensive cancer care centers	Tertiary hospitals	TBD	1	2	3	3	3
	% of comprehensive cancer care centers that pool procurement of chemotherapy drugs	Tertiary hospitals	0%	25%	50%	75%	100%	100%
	% of comprehensive cancer care centers that report no stock-out of commonly used chemotherapy drugs	Tertiary hospitals	TBD	85%	90%	95%	100%	100%

PRIORITY AREAS	INDICATOR	DATA SOURCE	BASELINE	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
HOSPICE AND PALIATIVE CARE	# of cancer care facilities that have a HPC unit that have adopted the HPC guidelines	Health Facilities	TBD	50%	75%	85%	90%	100%
	# of providers trained on adherence to the HPC guidelines	Health Facilities	TBD	50%	75%	85%	95%	100%
	# of healthcare workers trained on effective pain management	Health Facilities	TBD	50 %	80%	90%	95%	100%
	# of local manufactures that produce and supply narcotics to health facilities	FMoH	0%	10 %	0%	30%	35%	50 %

PRIORITY AREAS	INDICATOR	DATA SOURCE	BASELINE	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
ADVOCACY & SOCIAL MOBILIZATION	Number of States implementing Cancer Control activities based on the 5-year strategic plan (2023-2027)	State Cancer Control Plans	0	9	18	27	37	37
	% of planned cancer control sensitization activities conducted	Sensitization Activity Reports.	0	20%	40%	60%	80%	100%
	Capacity Building in advocacy for maximum dissemination of information on cancer control.							
	% of institutions across the three tiers of healthcare delivery system (primary, secondary and tertiary) implementing prevention interventions	Hospital and PHC Surveys	TBD	20%	40%	60%	80%	100%
	Number of new Cancer Control legislation/policies passed	1. National and State House of Assemblies 2. NICRAT/FMOH - Cancer Policies	TBD	25%	50%	75%	100%	100%
	% of identified harmful cultural practices/beliefs detrimental to cancer control which have been reduced.	Hospital & PHC Surveys	TBD	20% decrease	40% decrease	60% decrease	80% decrease	100% decrease



PRIORITY AREAS	INDICATOR	DATA SOURCE	BASELINE	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
DATA MANAGEMENT AND RESEARCH	Proportion of cancer cases documented in cancer registries	NICRAT	TBD	60%	70%	80%	90%	100%
	Establish and operationalize the database of all cancer control programs in the country	NICRAT	TBD	50%	70%	80%	95%	100%

PRIORITY AREAS	INDICATOR	DATA SOURCE	BASELINE	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
GOVERNANCE & FINANCE	% of activities in NCCP delivered/completed	0		30%	40%	50%	60%	70%
	% of institutions across the cancer continuum complying with standard service delivery guidelines	0		30%	40%	50%	60%	70%

PRIORITY AREAS	INDICATOR	DATA SOURCE	BASELINE	TARGET YEAR 1	TARGET YEAR 2	TARGET YEAR 3	TARGET YEAR 4	TARGET YEAR 5
SURVIVORSHIP	Percent number of facilities using existing guidelines and policy document for survivorship care services	NICRAT/SMoH	TBD	10%	30%	50%	60%	75%
	Percent number of persons living with cancer that have access to survivorship cancer services	NICRAT/SMoH	TBD	10%	30%	50%	60%	75%

6. Support survey on Cancer prevalence across different populations	6.1 Implement a routine cancer surveillance to provide data for obtaining an annual report that presents cancer incidence in the country							
6. Support high impact research and clinical trials for cutting-edge cancer treatment across the country	Promote and fund clinical trials and high impact research activities in Nigeria.							Increase by 50% the number of ground breaking cancer research and clinical trials routinely conducted and published in Nigeria.
7. Set up a dashboard linked to the cancer registries for up to date collation of cancer data across the country.	7.1 Procure ICT infrastructure that enable transmission and visibility of cancer data from the Cancer registries 7.2 Train relevant personnel to ensure up to date data collection and management.							Up to date cancer data collected, collated and managed,
8. To increase the actual number of certified cancer registry staff	8.1 To establish the creation of cancer registry cadre through the Federal Civil Establishment mechanisms to allow for full potential up to the director level.							Approval of cancer registry cadre by the National Council of Establishment.

## COSTING

The main objective of this section is to provide cost estimates for the five-year period of the NSCCP so that stakeholders know the cost required to operationalize the plan. The section also provides the cost estimates to be used for advocacy and resource mobilization from stakeholders (international donors and local private sector, civil society, and Government) in the fight against cancer in Nigeria. The approach assumed an inflation rate of 5% for the Nigerian Naira (NGN) on the cost estimates. The official exchange rate used to convert the NGN to the USD is 457 823NGN: 1 USD.

The National Cancer Control Plan opted for an activity-based costing approach to provide as close to accurate as possible costing estimates to inform better budgeting at all levels. It also recognizes the different contributions required by the respective stakeholders involved in the implementation of the plan. It is important to note that many of these activities could be supported by development partners.

**Table:** Cost breakdown by Priority Area and year (in one-hundred thousand Nigerian Naira)

Priority Areas	2023	2024	2025	2026	2027	Total (5-year)
<b>Prevention</b>	122,835.40	128,635.61	135,177.64	106,494.50	111,940.77	605,083.91
<b>Diagnosis and Treatment</b>	204.40	54.81	214.33	-	121.55	595.09
<b>Hospice and Palliative Care</b>	608.80	854.28	458.64	330.27	468.33	2,720.32
<b>Advocacy</b>	1,011.16	681.79	826.13	751.67	910.80	4,181.54
<b>Data Management and Research</b>	739.13	550.58	866.59	1,081.71	959.87	4,197.88
<b>Supply Chain Management (Logistics)</b>	731.84	82,317.92	86,469.43	90,671.78	95,326.92	355,517.88
<b>Governance and Finance</b>	371.60	140.28	257.54	14.47	136.74	920.64
<b>Survivorship Care</b>	-	-	-	-	-	-
<b>Grand total</b>	<b>126,502.32</b>	<b>213,235.26</b>	<b>224,270.29</b>	<b>199,344.39</b>	<b>209,864.99</b>	<b>973,217.25</b>

S/N	Priority Areas	Amount (NGN)	Amount (USD)
1	Prevention	60,508,390,843.09	132,403,481.06
2	Diagnosis and Treatment	59,508,662.50	130,215.89
3	Hospice and Palliative Care	272,032,497.06	595,257.11
4	Advocacy	418,153,850.83	914,997.49
5	Data Management and Research	419,787,613.31	918,572.46
6	Supply Chain Management (Logistics)	35,551,788,079.18	77,793,847.00
7	Governance and Finance	92,063,876.56	201,452.68
8	Survivorship Care		
	<b>Grand total</b>	<b>97,321,725,422.53</b>	<b>212,957,823.68</b>

## NOTE





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