

NCCP Survivorship Profile: Tanzania

This document includes an analysis of survivorship-related content in [United Republic of Tanzania's National Cancer Control Strategy 2013 - 2022](#). For additional information about the analysis, methodology, and survivorship recommendation domains, please refer to [Garton et al. 2023](#). To find language and information to include in a future NCCP, review the resources on the [International Cancer Control Partnership Portal](#).

Cancer burden at a glance:

Total population

59,734,213

Number of new cases

40,464

Number of deaths

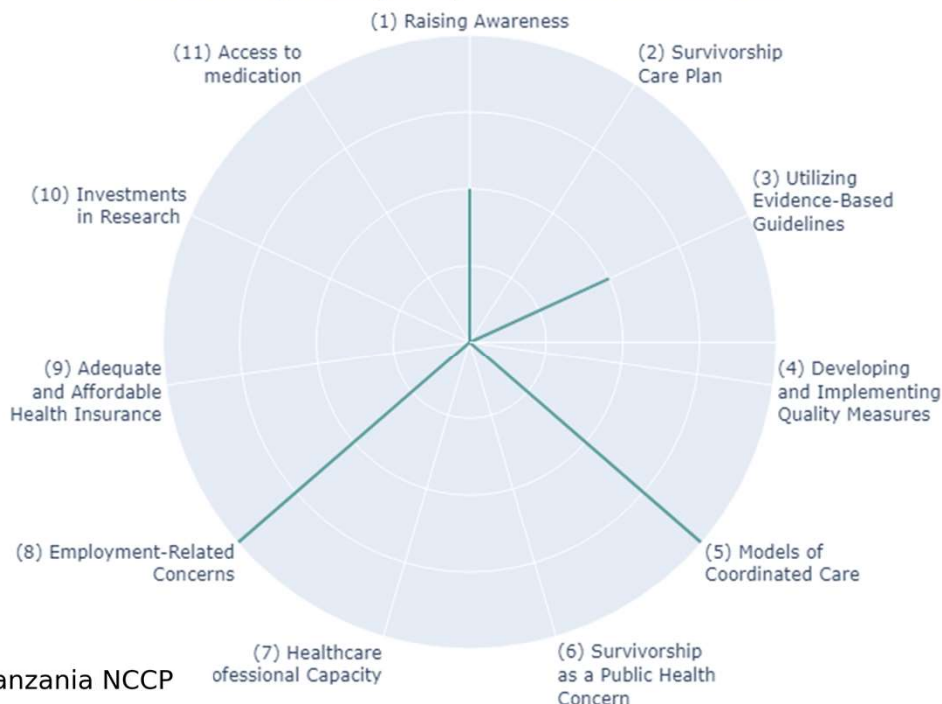
26,945

Number of prevalent cases (5 year)

73,303

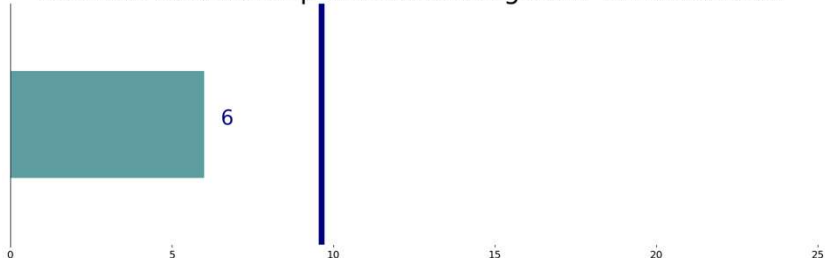
Source: [Globocan Cancer Today 2020](#)

Survivorship strategies by domain in Tanzania NCCP

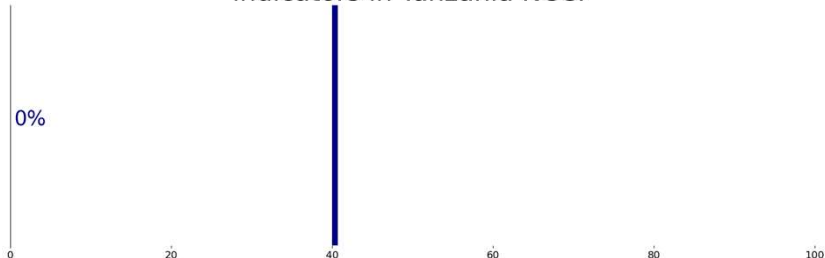


The spider chart indicates a count of survivorship-related strategies per domain; domain descriptions are available on Page 2.

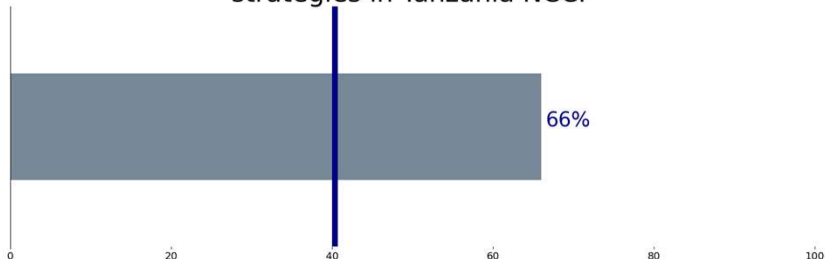
Count of survivorship-related strategies in Tanzania NCCP



Percentage of survivorship strategies with related indicators in Tanzania NCCP



Percentage of non-palliative care specific survivorship strategies in Tanzania NCCP



Blue benchmark lines indicate the average of each measurement across the 21 NCCPs included in analysis.

Suggestions for strengthening survivorship-related strategies in the NCCP:

1. Include strategies that address the four main areas for survivorship care¹:
 1. Short and long-term physical effects
 2. Psychological and social effects
 3. Care delivery, access, and quality
 4. Economic effects (personal and societal)
2. Solicit and include input from people living with and affected by cancer and community partners in Tanzania.
3. Define key survivorship terms for your context, or adapt definitions from sources such as the [U.S. National Cancer Institute](#), [Multinational Association of Supportive Care in Cancer](#), the [ICCP Portal](#), or local sources.
4. Ensure the NCCP contains a plan for measuring survivorship trends in Tanzania moving forward and assessing the impact of the strategies included in the NCCP.

¹[NCI Annual Plan and Budget Proposal FY2019](#)

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Inclusion of definitions of key terms in NCCP:

✓ = included ✗ = not included

✗ Survivorship
✓ Palliative care
✗ Supportive care

✗ Patient navigation
✗ Psychosocial care
✓ Cancer continuum

✓ Community care
✗ Home care

Rows highlighted in teal indicate that the NCCP contained at least 1 survivorship-related strategy in that domain

Adapted NAM Framework Domain	# of Strategies	Description
(1) Raising Awareness	1	Health care providers, patient advocates, and other stakeholders should work to raise awareness of the needs of cancer survivors, establish cancer survivorship as a distinct phase of cancer care, and advocate for the delivery of appropriate survivorship care
(2) Survivorship Care Plan	0	Patients completing primary treatment should be provided with a comprehensive care summary and follow-up plan that is clearly and effectively explained and is provided at no additional cost to the patient.
(3) Utilizing Evidence-Based Guidelines	1	Health care providers should use systematically developed evidence-based clinical practice guidelines, assessment tools, and screening instruments to help identify and manage late effects of cancer and its treatment. Existing guidelines should be refined and where they are insufficient, new evidence-based guidelines should be developed through public- and private-sector efforts.
(4) Developing and Implementing Quality Measures	0	Quality of survivorship care measures should be developed through public/private partnerships and quality assurance programs implemented by health systems to monitor and improve the care that all survivors receive.
(5) Models of Coordinated Care	2	Models of coordinated, interdisciplinary survivorship care should be tested and implemented in diverse communities and across systems of care, with support from organizations across many sectors e.g., insurance, research, and policy.
(6) Survivorship as a Public Health Concern	0	Comprehensive cancer control plans at the national and/or regional level should include consideration of survivorship care, and governments should promote the implementation, evaluation, and refinement of existing cancer control plans.
(7) Healthcare Professional Capacity	0	Government agencies, professional associations, and voluntary organizations should expand and coordinate their efforts to provide educational opportunities to health care providers to equip them to address the health care and quality of life issues facing cancer survivors.
(8) Employment-Related Concerns	2	Employers, legal advocates, health care providers, sponsors of support services, and government agencies should act to eliminate discrimination and minimize adverse effects of cancer on employment, while supporting cancer survivors with short-term and long-term limitations in ability to work.
(9) Adequate and Affordable Health Insurance	0	Governments should act to ensure that all cancer survivors have access to adequate and affordable survivorship care. Survivorship care should be recognized as an essential part of cancer care facilitated by health insurance, universal health coverage, and reduced out-of-pocket expenditures.
(10) Investments in Research	0	Government agencies, private voluntary organizations, and health insurance providers should increase their support of survivorship research and expand mechanisms for its conduct. New research initiatives focused on cancer patient follow-up are urgently needed to guide effective survivorship care.
(11) Access to Medicines	0	Patients should be provided access to necessary cancer care medications, including curative therapies, symptom management, and palliative care, through their inclusion on an essential medicines list, regardless of patient ability to pay or location of treatment.