

Achieving measurable

progress towards the NCD Targets:

The importance of National Cancer Control Plans (NCCPs)



**INTERNATIONAL
CANCER CONTROL
PARTNERSHIP**

In 2018, it is estimated that the global cancer burden reached 18.1 million new cases and 9.6 million deaths. Cancer, alongside cardio-vascular diseases, diabetes, chronic lung conditions and other non-communicable diseases (NCDs), account for over 70% of global deaths, clearly showing that NCDs are a public health priority for governments around the world. The Global Action Plan on NCDs, which urges governments to set national targets for 2025 and to develop and implement NCD plans in order to reach these, outlines a set of interventions that can be delivered across all countries. In 2017, the World Health Assembly passed a resolution on cancer control which recommends that countries develop National Cancer Control Plans (NCCPs) to guide all cancer prevention and management activities undertaken in a country to address the national cancer burden.

There has been an increase in the number of operational cancer plans globally, from 66% in 2013 to 81% of countries in 2017. Despite this encouraging trend, many cancer plans do not address country specific issues in a goal-oriented, problem-specific and resource-appropriate manner. From a global cancer control perspective, greater attention needs to be paid to the content of NCCPs- particularly their goals, objectives and strategies and the funding and governance structures that need to be put in place for successful implementation. As few studies have been conducted on NCCPs globally, a review of available NCCPs from countries around the world serves as an important way to collect baseline data as a starting point to monitor the evolution of NCCPs and assess their impact.

National cancer control plans: a global analysis

The International Cancer Control Partnership (<http://www.iccp-portal.org/>) (ICCP), with project leadership from WHO and UICC, conducted a [global review of NCCPs and other cancer-related documents](#). As part of this international collaboration, a group of 67 expert reviewers based in 16 different countries reviewed over 500 documents from 158 countries. The survey consisted of a 121-question tool covering the cancer control continuum. The purpose of the review was to understand the strengths and limitations of current plans and the key domains addressed. Data from the review can be used by all stakeholders, from national planners to researchers to civil society, to advocate for NCCPs that are effectively formulated, financed, implemented and monitored.

Main findings

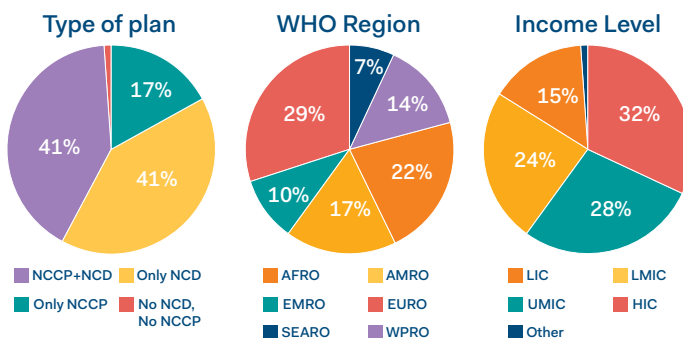
Types and characteristics of plans reviewed

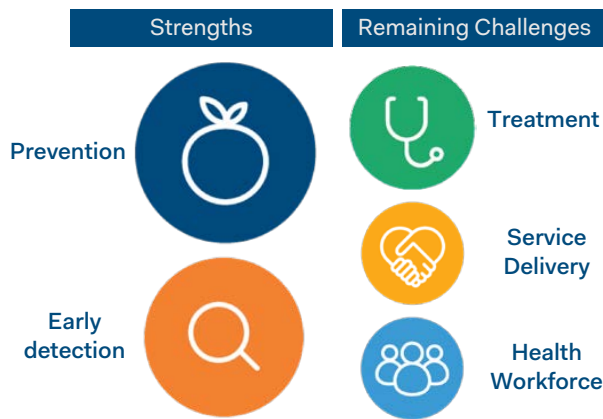
The majority of countries had either NCCP and NCD plans or only NCD plans available. A limited number of countries had only NCCP or plans other than NCD or NCCP type (1%). Plans were available from all WHO regions and from across all country income levels.

Progression of operational cancer plans worldwide per region

Region	2013	2017
Africa	46%	74%
Americas	61%	77%
Eastern Mediterranean	48%	71%
Europe	82%	90%
South-East Asia	73%	91%
Western Pacific	83%	83%
Total	66%	81%

Global Health Observatory data repository, <http://www.who.int/gho/en/>, Noncommunicable diseases > National capacity, Policies, strategies and action plans - last update 2018-8-14.





Strengths and limitations of plans reviewed: Greater attention was placed on prevention and early detection compared to cancer treatment and care. Overall, countries had strong inclusion of early detection in their plans with stronger emphasis on cancer screening than other interventions that promote early diagnosis. The delivery of cancer services and the health workforce were poorly addressed across the plans.

Main statistics by domains

Objectives: 61% of plans mentioned country-specific goals and 70% reported targets that aligned with global commitments, such as the reduction of premature mortality from NCDs. 95% of plans were published within 10 years from the time of this study.

Prevention: Countries acknowledged the need for increased physical activity (91%) and obesity reduction (86%), but less than half of these countries (47% and 39% respectively) had a dedicated programme. Immunization against HBV and HPV were mentioned in 57% and in 67% of plans respectively.

Early Detection & Screening: 80% of the countries included breast cancer screening and 85% included cervical cancer screening.

Treatment: Globally, almost half of countries (45%) specified radiotherapy services in their national plans. However, among LICs, it was a lower percentage (30%). Radiotherapy was included in only 11% of countries that only had NCD plans as compared to 67% of countries with NCCPs. Guidelines for cancer treatment and the WHO List of Essential Medicines (EML) were specified in the plans of 53% and 30% of countries respectively. Cancer surgery training was referenced in 27% of plans.

Palliative and survivor care: Pain management was specified by 30% of countries and 22% had a specific strategy to ensure availability of and accessibility to oral morphine.

Equity: A focus on vulnerable populations, indigenous populations and lesbian, gay, bisexual, transgender and intersex (LGBTI) people was included in 35% of plans.

Governance: 79% of countries mentioned a mechanism to implement and monitor a plan; however, only 7% detailed how monitoring and evaluation (M&E) would be undertaken.

Health workforce: Oncology nursing was mentioned in 52% of the NCCPs, compared to only 7% of NCD plans.

Health Information Systems: A cancer registration strategy was mentioned in all countries with NCCPs compared to 70% of countries without NCCPs.

Research: Cancer research was mentioned in 56% of countries but only 6% had specific national cancer research strategies and priorities.

Finance: 55% of countries listed the need to budget cancer-related plans; among them only 10% provided details about how the plan would be costed or resourced.

Key messages

- Effective cancer control planning can guide countries in making the right investments towards improving cancer outcomes.
- In order to achieve NCD Global Action Plan targets by 2025 and the SDGs by 2030, there must be greater emphasis on setting realistic priorities, robust costing of cancer plans and sustained budgeting for cancer programmes.
- As countries move towards Universal Health Coverage (UHC) greater emphasis is needed on developing NCCPs that are evidence-based, financed and implemented. Our study found limited reference to monitoring and evaluation mechanisms in cancer-related plans, particularly in LMICs. A framework for M&E is essential to measure the impact of NCCPs on the cancer burden over time and ensure quality, affordable, accessible and equitable health care for every cancer patient.
- The ICCP partner organisations, using their collective network and resources, will use the findings of this study to monitor priority areas for attention in the planning and implementation cycles of National Cancer Control Programmes and NCCPs.

Read the Lancet Oncology article here: <https://www.thelancet.com/oncology>



Union for International Cancer Control

31 – 33 Avenue Giuseppe Motta 1202 Geneva, Switzerland
 T +41 (0)22 809 1811 F +41 (0)22 809 1810 E iccp@uicc.org
www.uicc.org