WHO-IAEA

National Cancer Control Programmes
Core Capacity Self-Assessment Tool

(NCCP core self-assessment tool)

World Health Organization

IAEA Programme of Action for Cancer Therapy PACT

WHO Library Cataloguing-in-Publication Data
National cancer control programmes : core capacity self-assessment tool : (NCCP core self-assessment tool)
1.Neoplasms - prevention and control. 2.National health programs - organization and administration. 3.Self-evaluation programs. 4.Planning techniques. 5.Health policy. 6.Questionnaires. I.World Health Organization. II.International Atomic Energy Agency. III.Title:NCCP core self assessment tool.

ISBN 978 92 4 150238 2 (NLM classification: QZ 200)

The NCCP core self-assessment tool was produced under the overall direction of Dr Ala Alwan (Assistant Director-General, Noncommunicable Diseases and Mental Health) and Dr Shanthi Mendis (Coordinator Chronic Diseases Prevention and Management).

Cecilia Sepúlveda (Senior Adviser Cancer Control) coordinator of the overall publication provided extensive editorial input. Inés Salas acted as adviser and developed the conceptual framework as well as the initial draft of the tool. Kenneth Stanly provided valuable technical advice in the early phases of development. Maria Villanueva (IAEA) provided editorial support and Joel Tarel (WHO) provided administrative assistance.

Core contributions for the tool were received from the following experts: Robert Burton, Australia; Rolando Camacho, IAEA; Jean-Marie Dangou, AFRO; Ibtihal Fadhil, EMRO; James Hospedales, PAHO; Jerzy Leowski, SEARO; Silvana Luciani, PAHO; David MacLean, Canada; Anthony Miller, Canada; Leanne Riley; WHO; Inés Salas, Chile; Massoud Samiei, IAEA; Cecilia Sepúlveda, WHO; Kenneth Stanley, USA; Andreas Ullrich, WHO; Cherian Varghese, WPRO.

Valuable input were received from several participants attending "Intercountry Meeting for the Adoption of the Regional Cancer Control Strategy", EMRO, Cairo 2008.

Valuable advice and guidance were received from David Ott and Liubov Basova (Information Worker Applications) for developing the online tool and using it during the field-testing.

Javiera Blanco, Venezuela; Ximena Calvo, Chile; Connie Kazairwe, Uganda; Venus Sharifi, Iran; and Yuer Yan, China worked in the development of the tool and its adaptation to the online system during their internship at WHO.

Multidisciplinary teams from 15 countries (Algeria, Cambodia, Bahrain, Ghana, Guinea, Honduras, Iraq, Jordan, Mongolia, Nicaragua, Oman, Philippines, Sri Lanka, Sudan and Vietnam) contributed significantly by participating in the field-testing of the tool during 2009. Maria Villanueva worked in data collection and Javiera Blanco did the statistical analysis.

Printed in Switzerland

BACKGROUND

Since the early 80's the World Health Organization (WHO) has been promoting National Cancer Control Programmes (NCCP) within the prevention and control of noncommunicable diseases, as a key strategy in its fight against cancer worldwide. WHO and the International Atomic Energy Agency (IAEA) are at present working together, in order to assist countries in building and reinforcing their capacity for planning and implementing effective programmes. The **WHO-IAEA Joint Programme on Cancer Control** regards the development of systematic NCCP Capacity Assessment as an essential necessity for identifying gaps, strengths and monitoring progress of cancer control.

OBJECTIVES AND SCOPE

The objective of the **WHO-IAEA NCCP Core Self-Assessment Tool** is to carry out a simple qualitative assessment in a short period of time (for example two months).

The NCCP core-self assessment tool will facilitate the evaluation of the countries' capacity of cancer control plans and programmes. This tool will be used on a regular basis to monitor the progress of plans and programmes at the national, regional and global levels.

From the countries' perspective, the core self-assessment tool can be used to:

- Assess the quality of the current cancer control plan in the country.
- Assess the core elements of the country's cancer control performance.
- Provide an overview of the resources available for managing the cancer control programme.
- Provide information on strengths and gaps in order to improve cancer control in a comprehensive way.

From the WHO-IAEA Joint Programme perspective, the above situation analysis will be useful to:

- Assess the current level of the cancer control plan and its performance within each country.
- Determine how to assist countries according to their specific situation and needs on a national, regional and global basis.
- Facilitate the development of a WHO-IAEA JOINT web-based international cancer control community and provide a platform for information exchange, through the sharing of knowledge and experiences among country key stakeholders and partners.

DESCRIPTION OF THE TOOL

The NCCP core self-assessment tool is available online and in word format.

The tool is divided in 2 forms and 5 sections:

I. NCCP core self-assessment form:

- Section 1: Cancer control plan
- Section 2:Ongoing cancer services/activities related to the cancer control continuum
- Section 3:Ongoing cancer services/activities and resources related to overall cancer control programme management
- Section 4: Current barriers and strengths in cancer control

II. Principal authors and co-authors:

- Section 5: Identification of the country and respondent/s

INSTRUCTIONS

Designate a focal point and setup a team

Each country needs to designate a focal point who will coordinate the assessment and liaise with the regional and global focal points.

We highly recommend that the country focal point convenes a team to carry out the assessment. It is advisable that the team members represent different sectors and expertise in public health, cancer prevention, early detection, treatment and palliative care and other related fields. A team of 5 to 7 members is the best option.

Please read the section *Key Definitions* of this document and the modules *"Cancer control knowledge into action. WHO guide for effective programmes"* before answering the forms, particularly the assessment section in the Planning module (http://www.who.int/cancer/modules/en/).

How to respond to the questionnaire

All the questions are structured questions, and offer either qualitative scale options (e.g. low, medium, high) or numerical options. Ideally, all the team members should be in agreement with the selected response option. If this is not the case, the option voted by the majority should be selected. If consensus still cannot be reached, the lowest response option on the scale will then be selected. For example, if disagreement exists between "low" and "medium" involvement of stakeholders in the planning process, the option "low" will be selected.

Sources of information

Most of the information required to fill in the forms can be obtained in published documents, web based sources, cancer registries, project reports, and interviews with those responsible for cancer-related matters at the country level, as well as personal contacts. Some questions require the expert opinion of cancer control managers. The team should document all sources and review them taking into account quality and quantity. However, if data are unavailable, please provide the best estimate based on the opinion of experts and record it as such.

Filling in the online form

A username and a password will be provided for the focal point to access the tool online.

For practical reasons and to avoid data loss, we recommend that you print out a copy of the tool and mark the answers on the hard copy before completing the questionnaire online.

When filling in the online form we suggest that you follow the sequence provided (sections 1 to 5). Please fill in all sections of the tool as indicated. Put a tick mark (√) in the box against the selected answer or select the answer from the drop down list. Please note that the online forms allow partial saving.

Most questions require an answer, and the system will not allow you to submit the form unless you have answered all the required questions (mandatory fields are marked with an *). Before submitting the form, check that you have clicked on the right boxes, as no further changes will be permitted once the form is submitted.

KEY DEFINITIONS

What is a plan?

A plan is a set of intended actions that are expected to achieve a specified goal within a certain time frame. "A good plan is like a road map: it shows the final destination and usually the best way to get there." Judd HS. *H. Stanley Judd Quotes*

What is a planning process?

Planning is a formalized procedure, in the form of an integrated system of decisions, to produce an articulated result. Thinking about, and attempting to control, the future are important components of planning (Mintzberg, 1994).

What is a programme?

A programme is the organized and systematic implementation of the actions or services described in the plan, according to a defined time frame and using defined resources (human, physical and financial).

What are comprehensive cancer control programmes?

These are programmes developed at the national, state, provincial or district levels aiming at reducing cancer incidence and mortality as well as improving quality of life. They consider the systematic implementation of evidence based interventions across the whole cancer continuum from prevention to end of life care.

What are community-based health programmes?

These are programmes that rely on active community involvement and participation whereby specific groups, with shared needs living in a defined geographical area, actively pursue identification of their health needs, take decisions and establish mechanisms to meet these needs (adapted from Rifkin et al. 1988).

What is cancer prevention?

It is the elimination or reduction of the exposure to known and avoidable causes of cancer or cancer risk factors. It includes reducing individual susceptibility to the effect of such causes or risk factors.

What is cancer early detection?

It is the organized and systematic implementation of: early diagnosis or screening (or both) coupled with timely diagnosis (confirmation of cancer), treatment and follow-up.

What is early diagnosis?

It is the awareness (by the public or health professionals) of early signs and symptoms of cancer in order to facilitate diagnosis before the disease becomes advanced. This enables more effective and simpler therapy. The concept of early diagnosis is sometimes called "down-staging".

What is screening?

It is the systematic application of a screening test in a presumably asymptomatic population. It aims to identify individuals with an abnormality suggestive of a specific cancer. These individuals require further investigation.

What are precancerous/premalignant lesions?

These lesions are abnormal changes that occur in tissues in an early stage of cancer development which have the potential to progress to invasive cancer if left untreated. Screening for cervical cancer aims to detect cancer at this stage.

What is cancer diagnosis?

It comprises the various techniques and procedures used to confirm the presence of cancer. Diagnosis typically involves evaluation of the patient's history, clinical examinations, review of laboratory test results and radiological data, and microscopic examination of tissue samples obtained by biopsy or fine-needle aspiration.

What is cancer staging?

It is the grouping of cases into broad categories based on the extent of disease, that is, how far the cancer has spread from the organ or site of origin (the primary site). Knowing the extent of disease (or stage) helps the physician determine the most appropriate treatment to either effect a cure, decrease the tumour burden, or relieve symptoms. "*Early cancer*" refers to stages I and II. "*Advanced cancer*" refers to stages III and IV.

Stage of disease at diagnosis is generally the most important factor determining the survival of cancer patients.

What is cancer treatment?

It is a series of interventions, including psychosocial support, surgery, radiotherapy, chemotherapy and hormone therapy, aimed at curing the disease or prolonging the patient's life considerably (for several years), while improving the patient's quality of life.

What is cancer management?

It involves cancer staging and treatment. Cancer management starts from the moment the patient's diagnosis of cancer is confirmed.

What are curable cancers?

They are cancers for which treatment can give patients a high potential for being disease- free in the 10 years following cessation of treatment, such that the patient may eventually die of another condition. Curable cancers include:

- cancers that can be detected early and effectively treated;
- Cancers that, although disseminated or not amenable to early detection methods, have a high potential for being cured with appropriate treatment.

Cancers that are treatable, but not curable

These are cancers for which treatment can prolong life considerably (for several years) by temporarily stopping or slowing down the progression of the disease.

What is palliative care?

Palliative care (WHO, 2002a) is 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 assessment, and treatment of pain and other problems – physical, psychosocial and spiritual. It includes bereavement care.

IDENTIFICATION OF COUNTRY

Official Name of the country	
Name of region/province/state (if this form is completed at sub national level)	
WHO Region	
Date (dd/mm/yy) the tool is completed	

The promotion of National Cancer Control Programmes (NCCP) is a key strategy in WHO's fight against cancer worldwide. WHO is assisting Member States to build and reinforce capacity for planning and implementing effective programmes. Within this context, the development of systematic NCCP Capacity Assessment is considered an essential necessity in order to identify gaps, strengths and monitor progress of cancer control plans and programmes at the country, regional and global levels. The NCCP Capacity Assessment will be part of a broader capacity surveillance system for noncommunicable diseases which is under development.

1. CANCER CONTROL PLAN

1.1. Plan existence	NO (0)	NO, but there is a plan in preparation (1)	YES (2)
1.1.1. Is there a written and official (endorsed by the Ministry of Health) cancer control plan? (either exclusive or included in a broad plan document, such as a noncommunicable disease control plan)	( )	( )	( )

Please read carefully...

- If your answer to the above was **NO** in any of its forms please put a tick mark in the box against "Not applicable" to all questions from **1.1.2** to **1.6** and continue answering this form in question number **2.1**
- If your answer to the above was **YES** please answer the following questions:

1.1.2. Cancer Control Plan Document	NO (0)	YES (1)	Not applicable (9)
1.1.2.1. Document is attached (File size is limited to 5 MB)	( )	( )	
1.1.2.2. Link to document available here:			

1.2. Plan timeliness	YEAR (S)		Not applicable (9)
1.2.1. When was the most recent written cancer control plan created?			( )
1.2.2. What is the timeframe of the plan? Indicate the year when this plan starts			( )
1.2.3. What is the timeframe of the plan? Indicate the year when this plan ends			( )
	NO (0)	YES (1)	Not applicable (9)
1.2.4. If the plan was done over 5 years ago, does the country intend to develop a new one?	( )	( )	( )

1.3. Plan scope	National (whole country) (1)	Sub-National (one or more states/provinces/regions of the country) (2)	Not applicable (9)
1.3.1. What is the scope of the official cancer control plan?	( )	( )	( )

1.4. Stakeholders involvement in the planning process Classify the involvement or participation of stakeholders in the cancer control planning process	INVOLVEMENT				
	Not addressed	Low	Medium	High	Not applicable
	(0)	(1)	(2)	(3)	(9)
1.4.1. Stakeholders in the planning process represent a balance among consumers, providers, government, non-governmental and private sectors.	( )	( )	( )	( )	( )
1.4.2. Representatives in the planning process included experts in public health, cancer prevention, early detection, treatment, palliative care and information systems.	( )	( )	( )	( )	( )
1.4.3. Leaders from state and community organizations were included in the planning process.	( )	( )	( )	( )	( )

Please read carefully...
For the next questions, please measure the plan against the ideal stated in each item by the following categories:

- **(0) Not Addressed:** Item was not mentioned or included in the plan.
- **(1) Low Quality:** The plan mentions the item but no detail is given.
- **(2) Medium Quality:** The plan addresses the item to some extent. An item scored "Medium Quality" is a middle-of-the-road score for an item.
- **(3) High Quality:** The plan does a good, solid job in addressing the item which is generally adequate or close to ideal.

1.5. Plan comprehensiveness (cancer prevention and control continuum) Does the written cancer control plan include goals, objectives and priority evidence-based interventions in relation to the following components of the cancer continuum? Before responding see definitions in section "Key definitions" at the homepage	Not addressed	Low	Medium	High	Not applicable
	(0)	(1)	(2)	(3)	(9)
1.5.1. Prevention	( )	( )	( )	( )	( )
1.5.2. Early Detection	( )	( )	( )	( )	( )
1.5.3. Diagnosis & Treatment	( )	( )	( )	( )	( )
1.5.4. Palliative Care	( )	( )	( )	( )	( )

1.6. Critical sections of the plan Does the written cancer control plan include the following sections?	Not addressed	Low	Medium	High	Not applicable
	(0)	(1)	(2)	(3)	(9)
1.6.1. Assessment of the cancer problem and cancer risk factors	( )	( )	( )	( )	( )
1.6.2. Assessment of the cancer control performance	( )	( )	( )	( )	( )
1.6.3. Goals and measurable short, medium and long-term objectives	( )	( )	( )	( )	( )
1.6.4. Plan of action to meet the objectives based on evidence, affordability, and equity	( )	( )	( )	( )	( )
1.6.5. Integration of activities to existing chronic disease and other related programmes	( )	( )	( )	( )	( )
1.6.6. Priority research areas to support the implementation of the plan	( )	( )	( )	( )	( )
1.6.7. Development of an information system for monitoring and evaluating the priorities	( )	( )	( )	( )	( )
1.6.8. Clear process and outcome indicators for monitoring an evaluation	( )	( )	( )	( )	( )
1.6.9. Costing of the action plan and resources needed for its implementation	( )	( )	( )	( )	( )

2. ONGOING SERVICES/ACTIVITIES RELATED TO THE CANCER PREVENTION AND CONTROL CONTINUUM

2.1. Development status of ongoing services or activities

What is the status of the services addressing people's needs for each component of the cancer control continuum?

See definitions in Key Definitions section above or in the respective cancer control modules at http://www.who.int/cancer/modules/en)

For the next questions, please describe the development status of the services or activities for each component of the cancer control continuum, by the following categories:

- **(0) Not addressed:** There are not any services or activities in this subject.
- **(1) Slightly developed:** There are few services or activities that reach a small proportion of the target population.
- **(2) Partially developed:** There are several services or activities available that reach partially the target population.
- **(3) Well established:** All the required services or activities are available and reach most of the target population

	Not addressed (0)	Slightly developed (1)	Partially developed (2)	Well established (3)
2.1.1. PREVENTION				
2.1.1.1. General awareness on cancer prevention	( )	( )	( )	( )
2.1.1.2. Tobacco control	( )	( )	( )	( )
2.1.1.3. Alcohol consumption control	( )	( )	( )	( )
2.1.1.4. Promotion of healthy diet and physical activity	( )	( )	( )	( )
2.1.1.5. HBV vaccination	( )	( )	( )	( )
2.1.1.6. HPV vaccination	( )	( )	( )	( )
2.1.1.7. Control of environmental carcinogens	( )	( )	( )	( )
2.1.1.8. Control of occupational carcinogens	( )	( )	( )	( )
2.1.2. EARLY DETECTION (Includes: early diagnosis or awareness of early signs and symptoms and screening (early detection in asymptomatic at-risk population))				
2.1.2.1. General awareness on cancer early detection and treatment	( )	( )	( )	( )
2.1.2.2. Early diagnosis of cervical cancer	( )	( )	( )	( )
2.1.2.3. Early diagnosis of breast cancer	( )	( )	( )	( )
2.1.2.4. Early diagnosis of oral cancer	( )	( )	( )	( )
2.1.2.5. Early diagnosis of prostate cancer	( )	( )	( )	( )
2.1.2.6. Early diagnosis of bladder cancer	( )	( )	( )	( )

	Not addressed (0)	Slightly developed (1)	Partially developed (2)	Well established (3)
2.1.2.7. Early diagnosis of colorectal cancer	( )	( )	( )	( )
2.1.2.8. Early diagnosis of skin cancer	( )	( )	( )	( )
2.1.2.9. VIA screening of cervical cancer	( )	( )	( )	( )
2.1.2.10. Cytology screening of cervical cancer	( )	( )	( )	( )
2.1.2.11. Breast cancer screening by clinical breast examination	( )	( )	( )	( )
2.1.2.12. Mammography screening of breast cancer	( )	( )	( )	( )
2.1.3. DIAGNOSIS & TREATMENT (DG & T)				
2.1.3.1. DG & T of adults with curable cancers	( )	( )	( )	( )
2.1.3.2. DG & T of children with curable cancers	( )	( )	( )	( )
2.1.3.3. DG & T of adults with cancers that are treatable but not curable	( )	( )	( )	( )
2.1.3.4. Psychosocial support for cancer patients and family members	( )	( )	( )	( )
2.1.3.5. Follow-up of cancer patients	( )	( )	( )	( )
2.1.3.6. Rehabilitation of cancer patients	( )	( )	( )	( )
2.1.4. PALLIATIVE CARE				
2.1.4.1. Pain management of adults with advanced cancer	( )	( )	( )	( )
2.1.4.2. Other symptoms management of adults with advanced cancer	( )	( )	( )	( )
2.1.4.3. Pain management of children with advanced cancer	( )	( )	( )	( )
2.1.4.4. Other symptoms management of children with advanced cancer	( )	( )	( )	( )
2.1.4.5. Psychosocial and spiritual support of patients	( )	( )	( )	( )
2.1.4.6. Psychosocial support for family members and caregivers	( )	( )	( )	( )
2.1.4.7. Bereavement care for family members and caregivers	( )	( )	( )	( )
2.1.4.8. Home-based care supervised by trained health caregivers	( )	( )	( )	( )

3. ONGOING ACTIVITIES AND RESOURCES RELATED TO CANCER CONTROL PROGRAMME MANAGEMENT

3.1. Evaluation

3.1.1. Evaluation of the services/activities delivered	No (0)	Yes, partly (1)	Yes, fully developed (2)
3.1.1.1. Is there a regular comprehensive evaluation of the services/activities delivered that uses process and outcomes indicators?	( )	( )	( )

3.1.2. Mortality trends

For the overall cancers and the most common cancers amenable to effective interventions what are the mortality trends within the last 10 years?

	Not Known	Mortality is increasing	Mortality is stable	Mortality is decreasing
	(0)	(1)	(2)	(3)
3.1.2.1. ALL CANCER TYPES	( )	( )	( )	( )
3.1.2.2. Lung cancer	( )	( )	( )	( )
3.1.2.3. Liver cancer	( )	( )	( )	( )
3.1.2.4. Cervical cancer	( )	( )	( )	( )
3.1.2.5. Breast cancer	( )	( )	( )	( )
3.1.2.6. Oral cancer	( )	( )	( )	( )
3.1.2.7. Prostate cancer	( )	( )	( )	( )
3.1.2.8. Bladder cancer	( )	( )	( )	( )
3.1.2.9. Colorectal cancer	( )	( )	( )	( )
3.1.2.10. Skin cancer	( )	( )	( )	( )
3.1.2.11. Acute lymphatic leukaemia in children	( )	( )	( )	( )
3.1.2.12. Lymphomas in children	( )	( )	( )	( )
3.1.2.13. Lymphomas in adults	( )	( )	( )	( )
3.1.2.14. Testicular seminoma	( )	( )	( )	( )

3.1.3. Which is the source and year of information for the above mortality trends?

3.1.3.1. Source	Not applicable (data is NOT available) (9)	Population based registry (1)	Hospital based registry (2)	Special survey (3)	Experts opinion (4)	WHO statistics (5)	Other (7)
	( )	( )	( )	( )	( )	( )	

3.1.3.2. Year _____

3.1.4. Percentage diagnosed in advanced cancer stage

For the most common cancer types amenable to early detection which is the percentage diagnosed in advanced cancer stage (III + IV)?

	% of cases in advanced stage (III + IV)
3.1.4.1. All cancer types	
3.1.4.2. Cervical cancer	
3.1.4.3. Breast cancer	
3.1.4.4. Oral cancer	
3.1.4.5. Prostate cancer	
3.1.4.6. Bladder cancer	
3.1.4.7. Colorectal cancer	
3.1.4.8. Skin cancer	

3.1.5. Which is the source and year of information for above percentages of cancer in advance stages?

3.1.5.1. Source	Not applicable (data NOT available) (9)	Population based registry (1)	Hospital based registry (2)	Special survey (3)	Experts opinion (4)	Other (7)
	( )	( )	( )	( )	( )	

3.1.5.2. Year _____

3.2. Cancer registries	Not developed (0)	Just started (1)	Partially developed (2)	Well established (3)
3.2.1. Does the country have functional and up to date **pathology-based** registries?	( )	( )	( )	( )
3.2.2. Does the country have functional and up to date **hospital-based** cancer registries?	( )	( )	( )	( )
3.2.3. Does the country have functional and up to date **population-based** cancer registries?	( )	( )	( )	( )

3.3. Number of institutions / areas having well established cancer registries Please answer "00" if there are no well established registries.	**Number of institutions / areas**
3.3.1. Well established pathology-based registries	( )
3.3.2. Well established hospital-based registries	( )
3.3.3. Well established population-based registries	( )
3.3.4. Population-based registries published in the most recent edition of *Cancer Incidence in Five Continents*	( )

3.4. Surveillance system for common risk factors	**Not developed**	**Just started**	**Partially developed**	**Well established**
	(0)	**(1)**	**(2)**	**(3)**
3.4.1. Is there a regular surveillance system for the most common risk factors for noncommunicable diseases including cancer?	( )	( )	( )	( )
3.4.2. Is there a regular surveillance system for the most common occupational carcinogens?	( )	( )	( )	( )

3.5. Cancer control programme manager	**No**	**Yes part-time**	**Yes full-time**
	(0)	**(1)**	**(2)**
3.5.1. Is there a person in-charge of the coordination of overall cancer control activities at the national level?	( )	( )	( )
3.5.2. What is his/her background? **Please check what ever option(s) is (are) appropriate.**	( ) (9) Does not apply (if above answer is NO) ( ) (1) Public Health ( ) (2) Epidemiology ( ) (3) Clinical ( ) (4) Cancer ( ) (5) Noncommunicable diseases ( ) (6) Infectious diseases ( ) (7) Other		

3.6. Cancer control advisory committee

	No	Yes
	(0)	(1)
3.6.1. Is there a functioning comprehensive cancer control advisory committee?	( )	( )

	N°	Not applicable (9)
3.6.2. How many times per year do the cancer control advisory committee meet on average?	( )	( )

3.7. Composition of the advisory committee	NO	YES	Not applicable
	(0)	(1)	(9)
3.7.1. AREAS OF EXPERTISE REPRESENTED	( )	( )	( )
3.7.1.1. Public Health and epidemiology	( )	( )	( )
3.7.1.2. Cancer prevention	( )	( )	( )
3.7.1.3. Early detection	( )	( )	( )
3.7.1.4. Paediatrics cancer treatment	( )	( )	( )
3.7.1.5. Adult cancer treatment	( )	( )	( )
3.7.1.6. Palliative care	( )	( )	( )
3.7.2. SECTORS REPRESENTED	( )	( )	( )
3.7.2.1. Governmental cancer related agencies and institutions	( )	( )	( )
3.7.2.2. Non-governmental cancer organizations	( )	( )	( )
3.7.2.3. Private cancer related institutions	( )	( )	( )
3.7.2.4. Patients groups	( )	( )	( )

3.8. How would you rate the availability of the following resources for cancer control in your country?

	Not available	Low	Partial	Adequate
	(0)	(1)	(2)	(3)
3.8.1. Policies, financial and human resources				
3.8.1.1. Policies for cancer prevention and control in the health agenda	( )	( )	( )	( )
3.8.1.2. Balanced regulations for the use of opioid analgesics	( )	( )	( )	( )
3.8.1.3. National/state cancer control programme managers with public health background	( )	( )	( )	( )
3.8.1.4. Government funding for supporting ongoing cancer control activities	( )	( )	( )	( )
3.8.1.5. Qualified health care professionals at all levels of care	( )	( )	( )	( )
3.8.1.6. Essential list of medicines for chemotherapy	( )	( )	( )	( )
3.8.1.7. Essential list of medicines for palliative care	( )	( )	( )	( )
3.8.2. Resources to support cancer services at the tertiary care level				
3.8.2.1. Diagnosis	( )	( )	( )	( )
3.8.2.2. Oncology surgery (complex surgery)	( )	( )	( )	( )
3.8.2.3. Radiotherapy	( )	( )	( )	( )
3.8.2.4. Chemotherapy	( )	( )	( )	( )
3.8.2.5. Specialized palliative care	( )	( )	( )	( )
3.8.2.6. Oral morphine for moderate to severe cancer pain	( )	( )	( )	( )
3.8.3. Resources to support cancer services at the secondary care level				
3.8.3.1. Diagnosis	( )	( )	( )	( )
3.8.3.2. Oncology surgery (moderately complex)	( )	( )	( )	( )
3.8.3.3. Chemotherapy	( )	( )	( )	( )
3.8.3.4. Palliative care	( )	( )	( )	( )
3.8.3.5. Oral morphine for moderate to severe cancer pain	( )	( )	( )	( )

3.8.4. Resources to support cancer services at the primary care level				
3.8.4.1. Prevention	( )	( )	( )	( )
3.8.4.2. Early diagnosis (awareness of early signs and symptoms)	( )	( )	( )	( )
3.8.4.3. Screening (asymptomatic population)	( )	( )	( )	( )
3.8.4.4. Treatment of pre-cancerous lesions of the cervix (cryotherapy)	( )	( )	( )	( )
3.8.4.5. Basic palliative care (including pain management)	( )	( )	( )	( )
3.8.4.6. Oral morphine for moderate to severe cancer pain	( )	( )	( )	( )
3.8.5. Resources to support community-based programmes that include				
3.8.5.1. Prevention	( )	( )	( )	( )
3.8.5.2. Early diagnosis or awareness of early signs and symptoms	( )	( )	( )	( )
3.8.5.3. Screening (asymptomatic population)	( )	( )	( )	( )
3.8.5.4. Home-based palliative care	( )	( )	( )	( )
3.8.6. Resources to support research to improve cancer control				
3.8.6.1. Basic research	( )	( )	( )	( )
3.8.6.2. Clinical research	( )	( )	( )	( )
3.8.6.3. Public health research	( )	( )	( )	( )

3.9. National Guidelines	**No**	**Partially**	**Fully**
Does the country have updated evidence based national guidelines that are widely adopted in the following topics?	**(0)**	**(1)**	**(2)**
3.9.1. Policy and managerial guidelines for cancer prevention and control public health programmes	( )	( )	( )
3.9.2. Clinical guidelines for paediatric cancers that are curable or treatable but not curable	( )	( )	( )
3.9.3. Clinical guidelines for cancers in adults that are curable or treatable but not curable	( )	( )	( )
3.9.4. Pain and palliative care clinical guidelines for adults	( )	( )	( )
3.9.5. Pain and palliative care clinical guidelines for children	( )	( )	( )

4. BARRIERS AND STRENGTHS IN CANCER CONTROL

4.1. Do you agree with the following statements related to cancer control in your country?

	Do not agree (0)	Partially agree (1)	Fully agree (2)
4.1.1. There is general awareness on the cancer problem and possible solutions	( )	( )	( )
4.1.2. There is strong or adequate involvement of the community to fight cancer	( )	( )	( )
4.1.3. Stigma against cancer does not exist or is very limited	( )	( )	( )
4.1.4. There is strong or adequate political support to the public health approach	( )	( )	( )
4.1.5. There is strong or adequate national/regional cancer control leadership	( )	( )	( )
4.1.6. Decision-making is generally based on evidence, equity and affordability	( )	( )	( )
4.1.7. Cancer control activities are well coordinated and integrated to the health system	( )	( )	( )
4.1.8. There is balanced and efficient use of resources across the cancer continuum	( )	( )	( )
4.1.9. There are enough financial resources to support key activities	( )	( )	( )
4.1.10. There is adequate health infrastructure across all levels of care	( )	( )	( )
4.1.11. There is equitable access to good cancer care	( )	( )	( )

4.2. COMMENTS

If you have any other comments or information you wish to add related to the Cancer Control Programme situation in your country, please write them in the box below.

5. PRINCIPAL AUTHOR AND CO-AUTHORS

Please provide the contact information of the authors and co-authors participating in the core self-assessment.

5.1. Principal author (person in charge of the coordination of answering the questionnaire)	
5.1.1. Last name:	**5.1.2.** First name:
5.1.3. Position/Title:	
5.1.4. Organization	
5.1.5. Address	
5.1.6. City	
5.1.7. Country	
5.1.8. Postal code	
5.1.9. Phone (country code)	
5.1.10. Fax (country code)	
5.1.11. E mail	

5.2. Co-author A (team member)	
5.2.1. Last name:	**5.2.2.** First name:
5.2.3. Position/Title:	
5.2.4. Organization	
5.2.5. Address	
5.2.6. City	
5.2.7. Country	
5.2.8. Postal code	
5.2.9. Phone (country code)	
5.2.10. Fax (country code)	
5.2.11. E mail	

5.3. Co-author B (team member)	
5.3.1. Last name:	**5.3.2.** First name:
5.3.3. Position/Title:	
5.3.4. Organization	
5.3.5. Address	
5.3.6. City	
5.3.7. Country	

5.3.8. Postal code	
5.3.9. Phone (country code)	
5.3.10. Fax (country code)	
5.3.11. E mail	

5.4. Co-author C (team member)

5.4.1. Last name:	**5.4.2.** First name:
5.4.3. Position/Title:	
5.4.4. Organization	
5.4.5. Address	
5.4.6. City	
5.4.7. Country	
5.4.8. Postal code	
5.4.9. Phone (country code)	
5.4.10. Fax (country code)	
5.4.11. E mail	

5.5. Co-author D (team member)

5.5.1. Last name:	**5.5.2.** First name:
5.5.3. Position/Title:	
5.5.4. Organization	
5.5.5. Address	
5.5.6. City	
5.5.7. Country	
5.5.8. Postal code	
5.5.9. Phone (country code)	
5.5.10. Fax (country code)	
5.5.11. E mail	


9 789241 502382