International Cancer Control Partnership ECHO Program

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SESSION TOPIC: Resources – The Importance of Costing, Financing and Allocation for a National Cancer Control Plan

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Nigeria is a West African Country with a population of over 200 million people





Nigeria divided into 36 states which are grouped into 6 geo-political zones and a federal capital territory (FCT)-Abuja

Each State is further broken down to local government areas (LGAs) and wards

The healthcare system is split into three levels:

- Tertiary level care: teaching hospitals and federal medical centers managed by the Federal Government
- Secondary level care: general hospitals and state medical centers managed by the state government
- Primary level care: primary healthcare centers and health poste managed by the local governments.
- Cancer treatment services are typically offered at the tertiary level with a few secondary level centers equipped to provide some treatment services.

In March 2018, the Federal Government of Nigeria launched a five-year national cancer control plan (NCCP) (2018-2022)





Copies of the plan was disseminated to stakeholders in cancer control including development partners, institutions and industry partners to guide implementation

Nigeria's NCCP has seven priority areas of action including:

- Prevention
- Diagnosis and Treatment
- Hospice and Palliative Care
- Advocacy and Social Mobilization
- Data Management and Research
- Supply Chain Management and Logistics
- Governance and Finance
- An implementation and M&E framework was developed for the seven priority areas, respectively.

Why Cost Nigeria's 2018-2022 NCCP?

- To guide resource mobilization for execution
- To inform planning and budgeting at national and state levels
- To determine feasibility of implementation
- It was identified as a gap in previous plan
- The most successful plans in the country are costed

What informed the costs presented in Nigeria's 2018-2022 NCCP?

- The monitoring and evaluation framework was developed prior to costing to ensure feasibility of activities listed
- Ingredients based costing was applied to each activity listed in the implementation framework for the seven priority areas, respectively



Identified over 50 cost assumptions/drivers to inform costing exercise for each priority area

S/no	Cost input/Assumptions	Unit cost (NGN)	Unit cost (USD)	
1	Hall rental (Small)	150,000.00	476.19	
2	Hall rental (Large)	600,000.00	1,904.76	
3	Transportation (Interstate travels)	35,000.00	111.11	
4	Local transport within states		2,500.00	7.94
5	Local transport overseas	31,500.00	100.00	
6	Accommodation	25,000.00	79.37	
7	Accommodation overseas		63,000.00	200.00
8	Meals		4,000.00	12.70
9	Meals overseas	7,875.00	25.00	
10	Tea break	1,500.00	4.76	
11	Lunch		4,000.00	12.70
12	Honorarium for participants	20,000.00	63.49	
13	Honorarium for participants overseas	63,000.00	200.00	
14	Stationery	1,000.00	3.17	
15	HPV DNA test equipment	3,150,000.00	10,000.00	
16	Cryotherapy equipment	1,260,000.00	4,000.00	
17	Consumables for cervical cancer screening	4,725.00	15.00	
18	Consumables for breast cancer screening	1,000.00	3.17	
19	Mammogram machine	137,025,000.00	435,000.00	
20	Printing	1,000.00	3.17	
21	Launching and dissemination	50,000.00	158.73	
22	Suncreen	3,150.00	10.00	
23	Baseline Assessment	10,000,000.00	31,746.03	
24	Midline Assessment	10,000,000.00	31,746.03	
25	Endline Assessment	10,000,000.00	31,746.03	
26	Roll-out of health promotion programs in the media	12,000,000.00	38,095.24	
27	Cost of developing the dramas/soaps/jingles	5,000,000.00	15,873.02	
	Cost of airing dramas/soaps/jingles via radio	6,000,000.00	19,047.62	
	Cost of airing dramas/soaps/jingles via Television	12,000,000.00	38,095.24	
Bu	dget Summary Cost Assumptions	Costing_Prevention	Costing_Diagnosis & Treatment	C (+

Costed activities listed under the implementation framework of the 7 priority areas, respectively.

Prevention				Quantity*Frequency per annum				
ctivity	Sub-activities	Cost input/Assumption	Unit cost (NGN)	2018	2019	2020	2021	2
		Hall rental (Smail)	150,000.00	3	3	3	3	
	n The Training and roll-out of aution-wide ear cervical cancer screening program ne)	Transportation (Interstate travels)	35,000.00	80	80	80	60	
		Local transport within states	2,500.00	120	120	120	90	
		Accommodation	25,000.00	160	160	160	120	
Implement nation-wide population		Meals	4,000.00	320	320	320	240	
ased sceening for cervical cancer. The		Tea break	1,500.00	120	120	120	90	
in is to cover 18 states over a 5-year		Lunch	4,000.00	120	120	120	90	
eriod (3 States per geopolitical zone)		Honorarian for participants	20,000.00	160	160	160	120	
		Stabionery	1,000.00	40	40	40	30	
		HPV DNA test equipment	3,150,000.00	40	40	40	30	
		Cryotherapy equipment	1,260,000.00	40	40	40	30	
		Consumables for cervical cancer screening	4,725.00	2,000,000.00	2,000,000.00	2,000,000.00	1,500,000.00	1,500,00
Si	btotal							
		Hall rental (Small)	150,000.00	2	2	2	2	
		Transportation (Interstate travels)	35,000.00	80	80	80	60	
		Local transport within states	2,500.00	80	80	80	60	
Implement nation-wide population		Accommodation	25,000.00	120	120	120	90	
ased sceening for breast cancer. The	Training and roll-out of nation-wide	Meals	4,000.00	240	240	240	180	
in is to cover 18 states over a 5-year	breast cancer screening program	Teabreak	1,500.00	80	80	80	60	
period (3 per geopolitical zone)		Lunch	4,000.00	80	80	80	60	
		Honorarian for participants	20,000.00	120	120	120	90	
							30	

what informed the costs presented in Nigeria's 2018-2022



Resource mobilization following costing has been successful for three priority areas

Prevention	Prevention Mostly associated with cervical cancer screening services	
Diagnosis and Treatment	Linked to access programs facilitated by partners	
Supply chain and logistics	Linked to support for prevention and treatment	

Facilitators

- WHO supported elimination programs
- The Government has successfully allocated funds for cancer care in the last two years,

Barriers

- Broad scope of cancer presentation and control
 - Limited coordination of cancer control activities
- Low precision of the costing approach applied

In 2020, the Honorable Minister of Health inaugurated a technical working group with 7 sub-committees to track the implementation framework by priority areas



Questions for Discussion

How have other countries navigated the resource mobilization without developing cancer-specific strategies?

