International Cancer Control Partnership ECHO Program

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Session Topic: Resource Mobilization, Allocation, and Use of Costing Outcomes (Part 2 of 2)

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Nigeria launched a 5-year National Cancer Control Plan that spans from 2018-2022



The 7-pillars of the NCCP are designed to improve cancer prevention and treatment services across the three levels of the country's healthcare system

Tertiary level Teaching Hospitals and Federal Medical Centers

• Offers diagnostic and treatment services, including highly specialized care e.g., complex surgeries and laparoscopies

Secondary level State General Hospitals

• Offer screening services, simple diagnostic and treatment services

Primary Level Prin

Primary Healthcare centers

• Offer screening services and secondary prevention e.g., treatment of precancerous lesions



Although the National Strategic Plan for Prevention and Control of Cancer of the Cervix in Nigeria (2017-2021) was developed before the launch of the NCCP, both policy documents are aligned to support Nigeria achieve the global targets

Table 1. Overview of cervical cancer disease burden

Cervical Cancer Age-standardized Incidence Rate in 2018 ^a	27.2 per 100,000 women
Cervical Cancer Age-standardized Mortality Rate in 2018 ^a	20.0 per 100,000 women
HPV Prevalence in adult women*	10.2-43.5%
HIV Prevalence (females aged 15–49) ^b	1.8%

HPV: human papillomavirus; HIV: human immunodeficiency virus.

* HPV prevalence rates have been reported from several small studies with varying populations; the full list of studies can be found in the HPV Information Centre report on Nigeria (6).

Sources: ^aInternational Agency on Research for Cancer (2018) (4). ^bUNAIDS (2020) (5).



To immunize **80%** of girls 9-13years with HPV vaccine by 2020

(2) To increase screening coverage of eligible women by 2020 by 80%

To provide adequate and effective treatment of pre-cancerous lesions for **100%** detected cases

4 To establish an effective referral pathway across all levels of care

5 To ensure that all referred cases of cancerous lesions have access to prompt diagnosis and that management is initiated within one week of presentation

6 To improve palliative care facilities



7 To ensure availability of quality data on cervical cancer programme

8 To ensure adequate and sustainable funding for cervical cancer programs

Nigeria's coverage targets acknowledged the 2030 targets of the global strategy towards eliminating cervical cancer as a public health problem

Costing the National Strategic Plan on Prevention and Control of Cervical Cancer:
Nigeria, 2017–2021
November 2020
World Health Organization

- Costing exercise began in 2018 to assist in the implementation of the National Strategic Plan for the Prevention and Control of Cancer of the Cervix (2017 – 2021)
- The costed plan illuminates the additional resources and expenditures required under the 2017—2021 Plan
- The completed costing reports were launched as part of activities to launch the global strategy for cervical cancer elimination in 2020



Vaccination Screening Management of 90% of girls of 70% of eligible of 90% of women by age 15 women twice having invasive against HPV infection in their lifetime cervical cancer (by ages 35 and 45), with 90% treatment of pre-cancerous lesions HPV: human papillomavirus. Source: World Health Organization (2020) (1). Cost Summary TOTAL COST OVER FIVE YEARS Total financial cost of National Strategic Plan over five years US\$ 1,017,481,645 Total economic cost of National Strategic Plan over five years US\$ 2,329,995,713

Fig. 1. Targets of the Global Strategy towards Eliminating Cervical Cancer as a Public Health Problem

An outcome of the costed cervical cancer strategic plan is the CHAI-UNITAID partnership with the Nigerian government that provides equitable cervical cancer screening and treatment services to women across the continuum of care



- **Program states**: Kaduna, Lagos, Rivers
- Program Sites: 177
- **Target**: 430,000





Questions for Discussion

What are the critical parameters required to achieve set targets?

What approaches have been deployed to obtain firm stakeholder commitments to achieve targets?

What additional resources are required to scale strategies to other communities and states?

