



Use of data for monitoring and evaluation of NCCPs

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Eswatini_ NCCP

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Without data you're just
another person with an opinion.

- W. Edwards Deming

Statistician, Professor, Author,
Lecturer, and Consultant

How often do you share progress reports?

- Quarterly -
 - April- June,
 - July - September
 - October - December
 - January - March

What systems and/or tools are in place to ensure you evaluating progress in implementing the NCCCP?

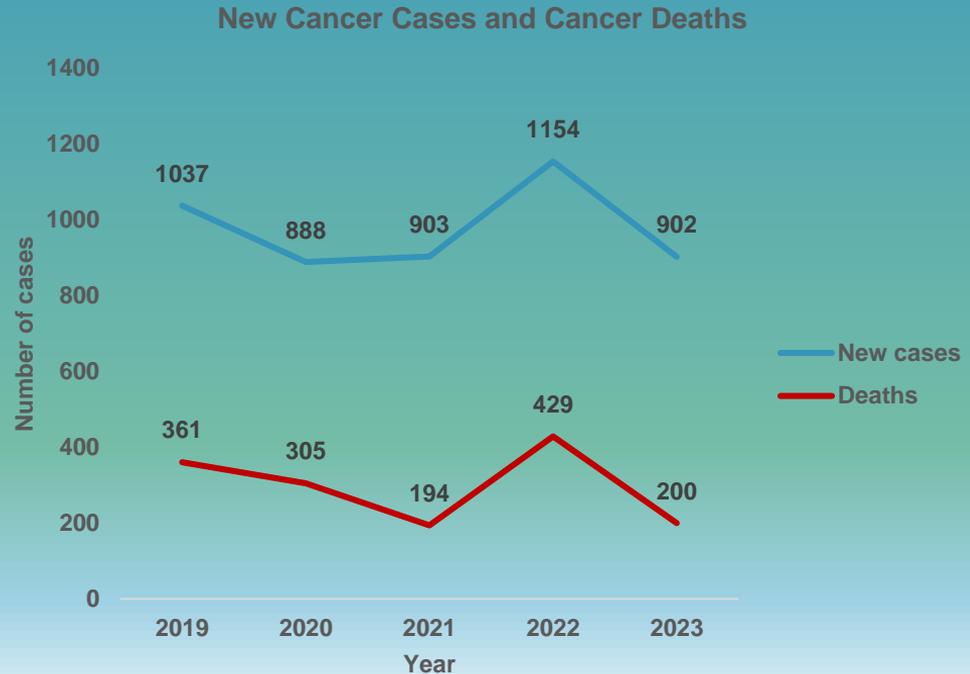
1. Cancer screening registry Both electronic and paper based to cover the downtime
2. Client Management Information System (CMIS)
3. Health Management Information System (HMIS) - summary updates
4. Population Based Cancer Registry
5. CBHIS (community Based Health Information System)

Data Use

- Implementation
- Develop the new strategic plan
- Increase the cancer services uptake
- Enrich the research agenda

NCCU: Evidence (Cancer Registry)

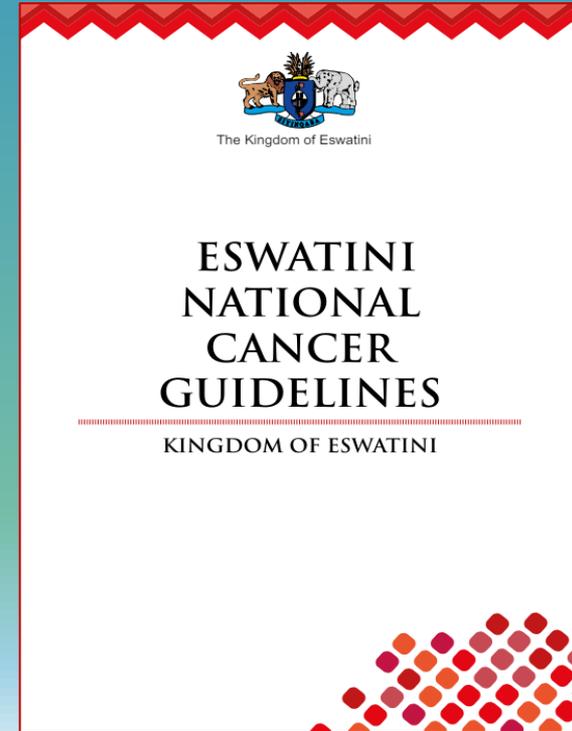
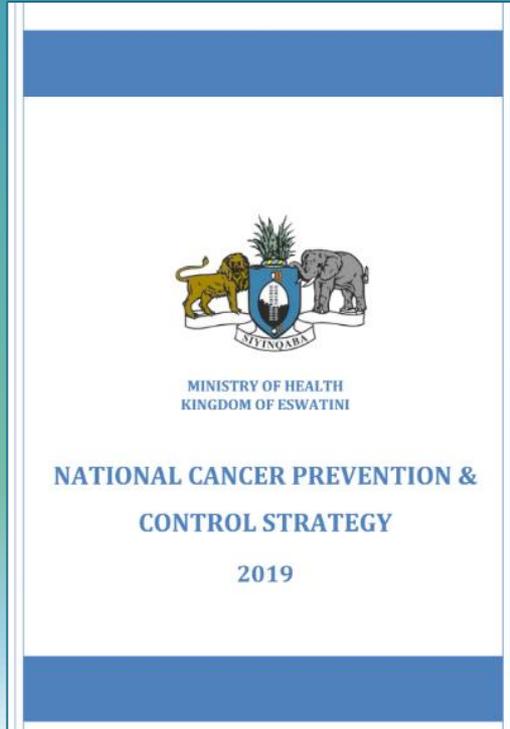
- **Establishment of the Cancer Registry:** 2015 (1st case 2016)
- The cancer registry has a total of 6 785 new cancer cases (2016 to 2023)
- The majority of the cases were female (n= 66%)
- Compared to males accounting for (n=34. %).
- More or less the same trends to both the morbidity and mortality



Objective 1: To improve the institutional & technical capacity for cancer prevention and control

MILESTONES

- 2013 - 1st cervical cancer screening guidelines
- 2015 - Mbabane Chemotherapy Unit
- 2015 - Cancer Registry
- 2019 - National Cancer Control Unit establishment and Strategic plan development Plan
- 2020 - Cancer Treatment Guidelines
- 2021 – Cancer Screening guidelines
- 2022 - Manzini Hospital- Oncology Unit
- 2023 – HPV vaccine introduction
- 2023 – oncology skilled officers (nurses and medical Officers)



Capacity Building: Cancer related training



Paediatric Oncology Fellowship



In Kenya for Oncology in Nursing



In Uganda for Masters degree in diagnostic ultrasound -



In Pretoria for Medical Physicist

HPV vaccine introduction

Her Royal Highness Inkhosikati LaMatsebula at Olympia on 12th June, 2023. (reached 56.5%)

- High commitment at the highest level of the Ministry of Health towards the campaign.
- Routine both in schools through school health program and facility facility targeting girls not in schools
- Targeted: 79 800 girls age 9- 14 years
- Overall update for vaccination since 2023 to 30th June, 2024 - 76.3%



- **Dosage:**

- 1 dose per girl child (HIV negative girls)
- 2 dose per girl who are immunocompromised (second dose not less than 6 months)

To reduce the number of new cancer cases attributable to modifiable risk factors - Awareness and screening

1. HPV Vac. Introduction – 73.8% (90%)



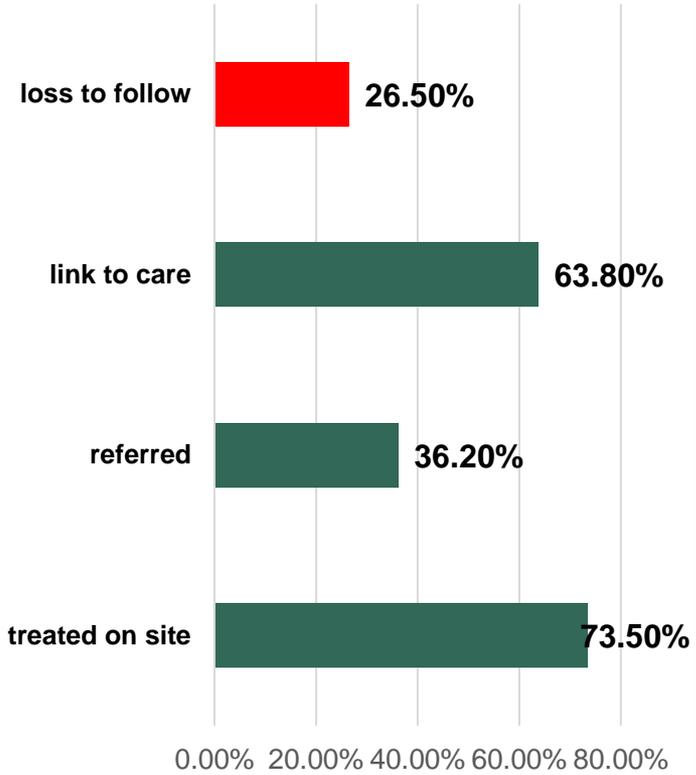
Direct
Community
outreaches
Schools
Churches

Indirect
Television
Radio
Social
Media:
Facebook



Loss to follow and delayed cancer detection

Cervical cancer cascade - 2023



1. Procure cancer screening truck
2. truck
3. for ; Breast, cervix, prostate, childhood
4. Precancers treatment (Thermo, I FFP)



2. Patient Navigators (PN)

In a nutshell, patient navigation assists patients to connect with various cervical cancer services thus prevent them from different barriers in their journey to health.

- In 2018 -2022, the country introduced PN to improve service demand and accessibility in all tertiary hospitals (12).
- The country has experienced effective referral systems combine **high-quality communication** and operations (structure, monitoring systems and referral tools)
- Patient linked to care increase monthly

Increase cancer screening sites and trained HR:

78% of expected facilities provided cancer screening in 2023

- A total of **243** health facilities were assessed and **203** reported that they provided cancer screening services

Hhohho- 67 Facilities

- **95%** of health facilities provided cervical cancer screening (50)
- **83%** of health facilities provided breast cancer screening services (35)
- **90%** for Prostate

Manzini- 91 Facilities

- **91%** of health facilities provided cervical cancer screening (46)
- **74.9%** health facilities provided breast cancer screening services (50)
- **95%** for Prostate Cancer screening

Lubombo- 48 Facilities

- **88%** of health facilities provided cervical cancer screening (40)
- **77%** health facilities provided breast cancer screening services (28)
- **92%** of Prostate

Shiselweni (37)

- **89%** of health facilities provided cervical cancer screening (33)
- **26%** health facilities provided breast cancer screening services (21)
- **84%** of prostate cancer screening



Increase cancer treatment centres

1. Trained Medicals from 15 Health Facilities (Health centres, Regional and National Hospitals) on :
 - *Screening and precancers treatment*
 - *Treatment of some cancers i.e. KS*
 - *Early detection of childhood cancers*
2. Train and Deploy Cancer focal nurses in all Health facilities (Health centres, Regional and National Hospitals)
3. Expand cancer treatment centre (establishment of Mnz. Oncology Unit)
4. Train Clinicians (nurses, doctors, pharmacist, x30 for palliative care



Overall Achievements through evidence

❖ Skilled on Oncology services

- Medical Physicist
- Specialized trainings -Ultrasound
- Pharmacists trained on Chemo-mixing.
- Paediatric nurse Fellowship
- Training of nurses on Oncology Nursing x4

❖ HR Officers

- Oncologist
- Pathologists
- Health promotion Officer
- Regional Coordinators
- Cancer Focal Officers

❖ Diagnoses and Treatment

- Hired the Cytologist
- Get resources for procurement of diagnostic machine (Immunohistochemistry) and reagents (pap-smear, HPV DNA testing reagents)

❖ Treatment

- Oncology Treatment (drugs)
- Govt. commitment –
- CMS
- ROCHE
- Taiwan still maintain the budget for:

Acknowledgement

