

NCCP Progress Review and Use of Data



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National Cancer Control Programme

Ministry of Health

Sri Lanka



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புற்றுநோய்களைத் தடுப்பதற்கும்
கட்டுப்படுத்துவதற்குமான தேசியக்
கொள்கை மற்றும் தந்திரோபாய
உருவரைச் சட்டகம் - இலங்கை 2015

NATIONAL POLICY & STRATEGIC
FRAMEWORK ON CANCER PREVENTION &
CONTROL - SRI LANKA 2015

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MINISTRY OF HEALTH, NUTRITION & INDIGENOUS MEDICINE - SRI LANKA
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National Strategic Plan on Prevention and Control of Cancer in Sri Lanka (2020-2024)

National Cancer Control Programme
Ministry of Health, Sri Lanka



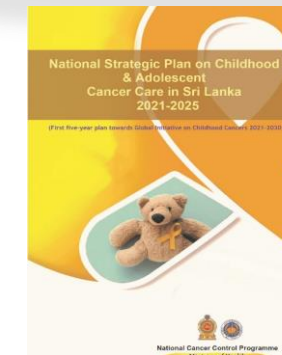
National Strategic Plan to Reach the Interim Targets of Cervical Cancer Elimination, 2021-2030

1



National Strategic Plan on Childhood & Adolescent Cancer Care, 2021-2025

2



3

National Strategic Framework for Palliative Care Development, 2019-2023



National Strategic Plan on Prevention and Control of Cancer in Sri Lanka (2020-2024)

2
National Cancer Control Programme
Ministry of Health, Sri Lanka

National Strategic Plan on Prevention & Control of Cancers, 2020 - 2024

Social Behaviour Change Communication Strategy to Support Prevention & Control of Cancers in Sri Lanka

4

Social Behaviour Change Communication Strategy to Support Prevention & Control of Cancers in Sri Lanka



Organization of NCCP at different levels of health system

National NCD Council

National Advisory Committee on Prevention and Control of cancers

National Steering Committee on Palliative care

Technical Advisory Committees

1. Primary Prevention & Early Detection
2. Oral Cancer Control
3. Diagnosis & Treatment
4. Cancer Registration & Research
5. Childhood & Adolescent Cancer Care

Ministry of Health

Secretary of Health

DGHS

DDG NCD

Director

National Cancer Control Programme

Hospitals/Health Institutions (Line Ministry)

1. TH, PGH, DGH
Cancer Treatment Centers, Breast Clinic, CEDC, OPD Dental Clinic
Palliative Care Consult Service
2. NIHS

PDHS

RDHS

Hospitals
DGH
BH
DH
PMCU
HLC
OPD Dental Clinic

MOH Office
WWC

National Strategic Plan on Prevention and Control of Cancer in Sri Lanka (2020-2024)

National Cancer Control Programme
Ministry of Health, Sri Lanka



Monitoring and Evaluation Indicators for Prevention and Control of Cancers in Sri Lanka 2020 - 2024



National Cancer Control Programme
Ministry of Health




Activity Plan for Prevention & Control of Cancer in Sri Lanka













Strategic Objective 1: High level political leadership, advocacy and governance to accelerate the national response for prevention and control of cancer with a robust integrated, coordinated multi-sectoral, multi- disciplinary national program with community engagement

Strategy 1 – Leadership, advocacy & Governance

Strategic Direction 1.1	Providing highest political leadership to prevention and control of cancer as a national development challenge embracing a multisectoral approach						
Major activities	Sub activities	Responsibility	2020	2021	2022	2023	2024
1.1.1. Harness political leadership to address prevention and control of cancer as a national development issue which needs a “whole of Government” and a “whole of society” approach	Advocate for “Health in all Policies” to ensure multi-sectoral involvement for prevention and control of cancer	SH, Additional Secretaries, DGHS, DDG-NCD, DDG-DS, DDG-PHS-1&2, D-NCCP		x			
	Prepare Financial Models for budgetary support and advocate for adequate financial allocation for National Cancer Prevention and Control Action Plan through Government budget and contributions of development partners	DGHS, Additional Secretaries, DDG-NCD, DDG-MS, DDG-LS, DDG-DS, DDG- Finance MoH, D-NCCP	x	x			
1.1.2. Advocate to include prevention & Control of cancer to be taken up as an agenda item at the National Health Council chaired by Hon Prime Minister and NCD Council chaired by Hon Minister of Health	Ensure prevention and cancer is addressed in National Health Council & NCD Council	SH, DGHS, DDG-MS, DDG-NCD, DDG- DS, D-NCCP	x	x			

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Results Framework

Impact	Desired Outcomes		
1. 25% relative reduction of the premature mortality rate of cancers from the current level by 2025 (2015 -5.26%, Target for 2025 - 3.94%) 2. 25% increase of proportion of cancer patients who receive comprehensive palliative care services out of all cancer patients who require them by 2025. 3. 5% relative reduction of annual increase of cancer incidence rate of preventable cancers (Cervical and Oral), from the current level by 2025	1. Strengthened national cancer control programme through leadership, advocacy & governance 2. Reduction of risk factors and determinants for cancers throughout the life-cycle. 3. Increased early detection (screening and early diagnosis) of breast, cervical and oral cancers 4. Improved diagnostic and treatment facilities for common cancers according to the levels of health care	5. Improved access & availability of survivorship, rehabilitation and palliative care facilities for patients with cancer at each level of care 6. Strengthened cancer information systems and surveillance to provide accurate and timely data for policy formulation, monitoring & evaluation of cancer control programme 7. Evidence generated for national policy and programme development	

I. Strengthened National Cancer Control Programme through leadership, advocacy & governance

Level	Narrative Summary	Indicators	Means of Verification	Key Assumptions
Outcome 1	Strengthened National Cancer Control Programme through leadership, advocacy & governance	Availability of a written policy on Prevention & Control of Cancers and a National Strategic Plan (NSP). Activity Plan and a M&E Plan	NCCP Documents on NSP	
Output 1.1	NSP for prevention and control of cancers (2020-2024) is implemented.	Availability of a full-time team of staff led by the national cancer control programme manager at the Ministry of Health to plan, coordinate, monitor and evaluate the national response Availability of national human resources, medical devices and infrastructure plans	Annual report of NCCP	Required cadre approval, availability of human resources, availability of funds

3. Increased early detection (screening and early diagnosis) of breast, cervical and oral cancers

Level	Narrative Summary	Indicators	Means of Verification	Key Assumptions
Outcome 3	Increased early detection (screening and early diagnosis) of breast, cervical and oral cancer	% of Stage 1 and 11 breast cancer among all detected breast cancers % of Stage 1 and 11 cervical cancer among all detected cervical cancers % of Stage 1 and 11 oral cancer among all detected oral cancers Percentage of precancers detected out of those screened for cervical cancer Percentage of precancers detected out of those screened for Oral cancer	Sri Lanka Cancer Registry (SLCR)Annual reports from FHB Oral health screening report of NCCP	Accurate data is sent through HBCR, PBCR, Pathology Laboratory based cancer registry to National and no duplication of data
Output 3.1	Increased public awareness on early detection of cancer	Number of IEC (video, posters, leaflets) materials developed and distributed on signs and symptoms of common cancers, advantages of early detection, services provided for cancer	Availability of SBCC strategy	Most at risk populations, vulnerable groups and general public in urban and rural and estate sector have been reached
		% of Primary health care workers knowledge on early symptoms of common cancers including breast, cervical, oral cancer	Special Survey	
		% of adults in the age group 18-69 years aware of early symptoms of common cancers including breast, cervical and oral cancer		
		Level of community-awareness on early symptoms of breast, cervical, oral cancers and other common cancers		
Output 3.2	Increased screening facilities for early detection of pre-cancerous lesions / cancers in the community setting	Number of functioning WWCs which are catering to 15,000 population	Annual report of FHB	Effectiveness of SBCC strategy to create public awareness, improve healthcare providers knowledge and perceptions
		Percentage screened for cervical cancer among the 35 year old cohort at Well Women Clinic (WWC) (Target 80% in year 2023)	Annual report of FHB	
		Percentage screened for cervical cancer among the 45 year old cohort at WWC (Target 60% in year 2023)	Annual report of FHB	
		Percentage women underwent clinical breast examination at	Annual report of FHB	

Monitoring and Evaluation Indicators for Prevention and Control of Cancers in Sri Lanka 2020 - 2024

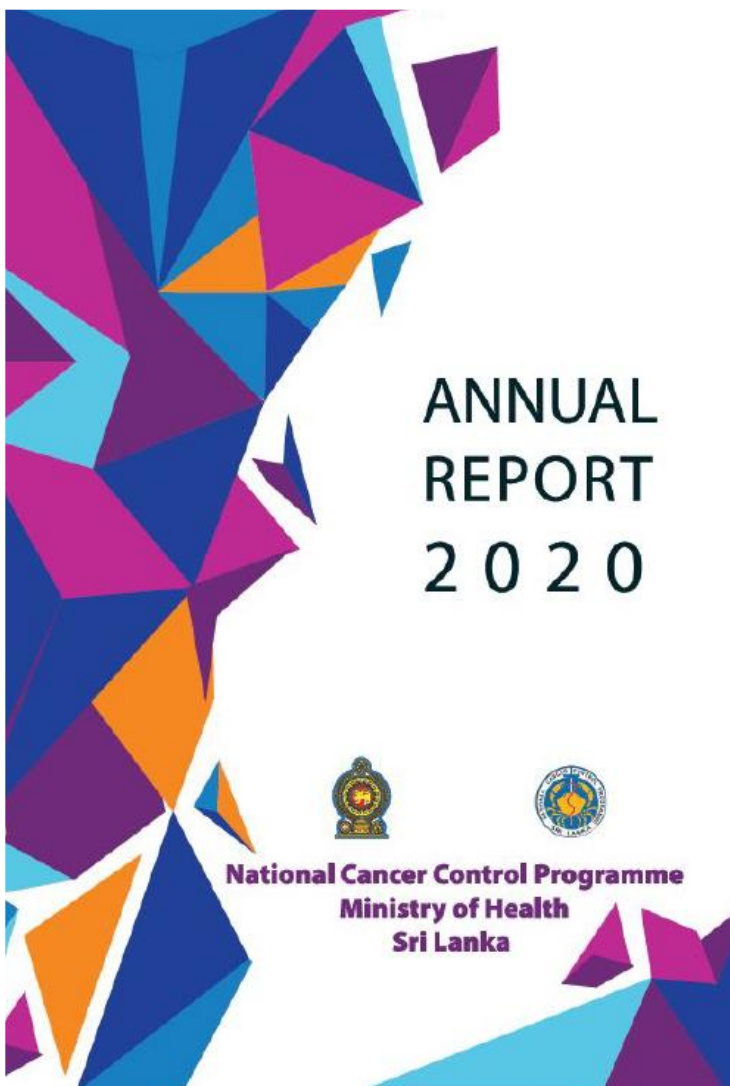


National Cancer Control Programme
Ministry of Health



Strategic Direction 4.2.4: Ensure pathology diagnostic services are available at CoEs

	Major activity	Indicators	Numerator	Denominator	Baseline	Target	Means of verification	Reporting Responsibility	Reporting Frequency
4.2.4.1	Establish flow cytometry facilities for CoE	Percentage of CoEs with flow cytometry facilities	Number of CoEs with flow cytometry facilities	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services/ Diagnosis and treatment unit	Annually
4.2.4.2	Ensure Immuno-Histo-chemistry (IHC) facilities are available in CoE	Percentage of CoEs with Ensure Immuno-Histo-chemistry (IHC) facilities	Number of CoEs with Ensure Immuno-Histo-chemistry (IHC) facilities	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services/ Diagnosis and treatment unit	Annually
4.2.4.3	Establish Molecular genetic testing with DNA sequencing at Apeksha and a Molecular Laboratory at Karapitiya-TH	Availability of Molecular genetic testing with DNA sequencing at Apeksha and a Molecular Laboratory at Karapitiya-TH	NA	NA	NA	100%	Facility survey / Treatment center returns	DDG/Laboratory services/ Diagnosis and treatment unit	2024
4.2.4.4	Establish tumor marker testing at all CoEs	Percentage of CoEs with tumor marker testing	Number of CoEs with tumor marker testing	Number of COEs in Sri Lanka	NA	80%	Facility survey / Treatment center returns	DDG/Laboratory services/ Diagnosis and treatment unit	Annually
4.2.4.4	Strengthen /establish medical devices for sentinel node mapping prior to surgical intervention	Availability of medical devices for sentinel node mapping prior to surgical intervention	NA	NA	NA			DDG/Laboratory services/ Diagnosis and treatment unit	



www.nccp.health.gov.lk

The summary of oral cancer prevention and control activities in 2021 is given below.

Basic data		
Total no. of dental clinics providing routine services; including Adolescent Dental Clinics and Community Dental Clinics*		737
Total no. of Dental Surgeons*		1048
Total no. of institutions with OMF clinics (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)		32
Total no. of OMF surgeons (including line-Ministry and Faculty of Dental Sciences University of Peradeniya)		38
Total number of Oral Pathology Units		03
Total number of Oral Pathologists		04
Clinical services		
Total no. of visits to dental clinics*		2,092,265
No. of OPMDs detected reported at OPD dental clinics*		3,630
Percentage of type of OPMD detected	Leukoplakia	31%
	Erythroplakia	08%

	Oral sub-mucous fibrosis	34%
	Oral lichen-planus	21%
	Other	06%
No. of suspected oral malignancies detected at dental clinics		423
No. of OPMDs reported from OMF units*		4436
No. of confirmed oral malignancies reported from OMF units		1668
No. of oral malignancies reported from Oral Pathology units		675
Awareness, capacity building and active screening - excluding line-Ministry intuitions		
No. of oral cancer awareness programmes conducted for the public (other than screening)		90
No. participated		5379
No. of oral cancer in-service programmes conducted		36
No. participated		1695
No. of active OC cancer screening programmes		144
No. participated		10400
No. of OPMD patients detected		225
Percentage of type of OPMD detected	Leukoplakia	34%
	Erythroplakia	7%
	Oral sub-mucous fibrosis	46%
	Oral lichen-planus	08%
	Other	05%
No. of suspected oral malignancies patients detected		12

* From Research and Surveillance Unit, Institute of Oral Health, Maharagama



Annual Report 2021

Family Health Bureau
Ministry of Health
Sri Lanka



Table 2.18: Well Woman Clinic attendance by women aged 35 years and 45 years (2017-2021)

Source: FHB, eRHMS 2020

Indicator	2017	2018	2019	2020	2021
Percentage of women aged 35 years who attended the WWC	53.3	61.6	59.1	58.1	43.6
Percentage of women aged 45 years who attended the WWC	-	16.6	25.5	20.9	17.9

Attendance for Well woman clinics in both cohorts have been reduced in 2021 due to COVID-19 pandemic situation.

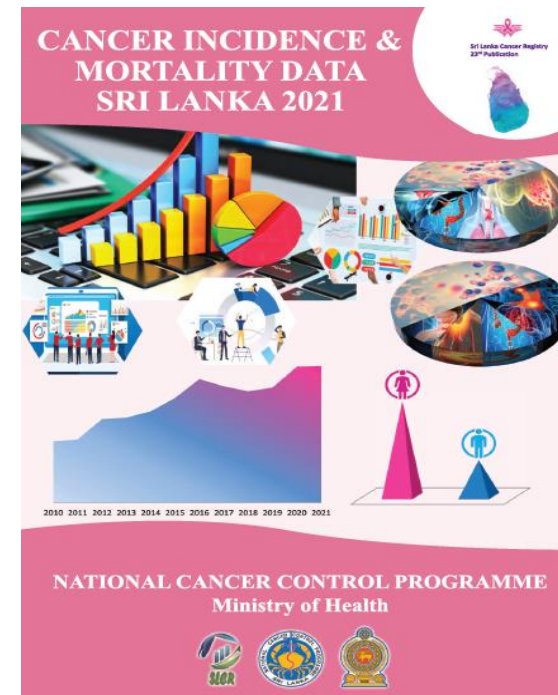


Table : Leading cancer sites by sex in Sri Lanka, 2021

Male					Female				
ICD code	Site	No	CR	ASR	ICD code	Site	No	CR	ASR
C00-C06	Lip, tongue, and mouth	2687	25.0	23.1	C50	Breast	5485	48.0	40.5
C33-C34	Trachea, bronchus, and lung	1540	14.4	13.7	C73	Thyroid	2043	17.9	15.9
C18-C20	Colon and rectum	1522	14.2	13.3	C18-C20	Colon and rectum	1596	14.0	11.6
C15	Oesophagus	1364	12.7	11.9	C56	Ovary	1308	11.4	9.9
C61	Prostate	1286	12.0	11.6	C53	Cervix uteri	1238	10.8	9.1
C09-C14	Pharynx	980	9.1	8.5	C54-C55	Uterus	1228	10.7	9.0
C81-C85,96	Lymphoma	842	7.8	7.5	C15	Oesophagus	965	8.4	6.8
C67	Bladder	731	6.8	6.5	C00-C06	Lip, tongue, and mouth	674	5.9	4.8
C91-C95	Leukaemia	602	5.6	5.7	C81-C85, C96	Lymphoma	619	5.4	4.8
C32	Larynx	586	5.5	5.1	C33-C34	Trachea, bronchus and lung	551	4.8	4.0
	All sites	17582	163.9	155.1		All sites	20171	176.5	150.4

Clinical Staging at the point of diagnosis - 2021

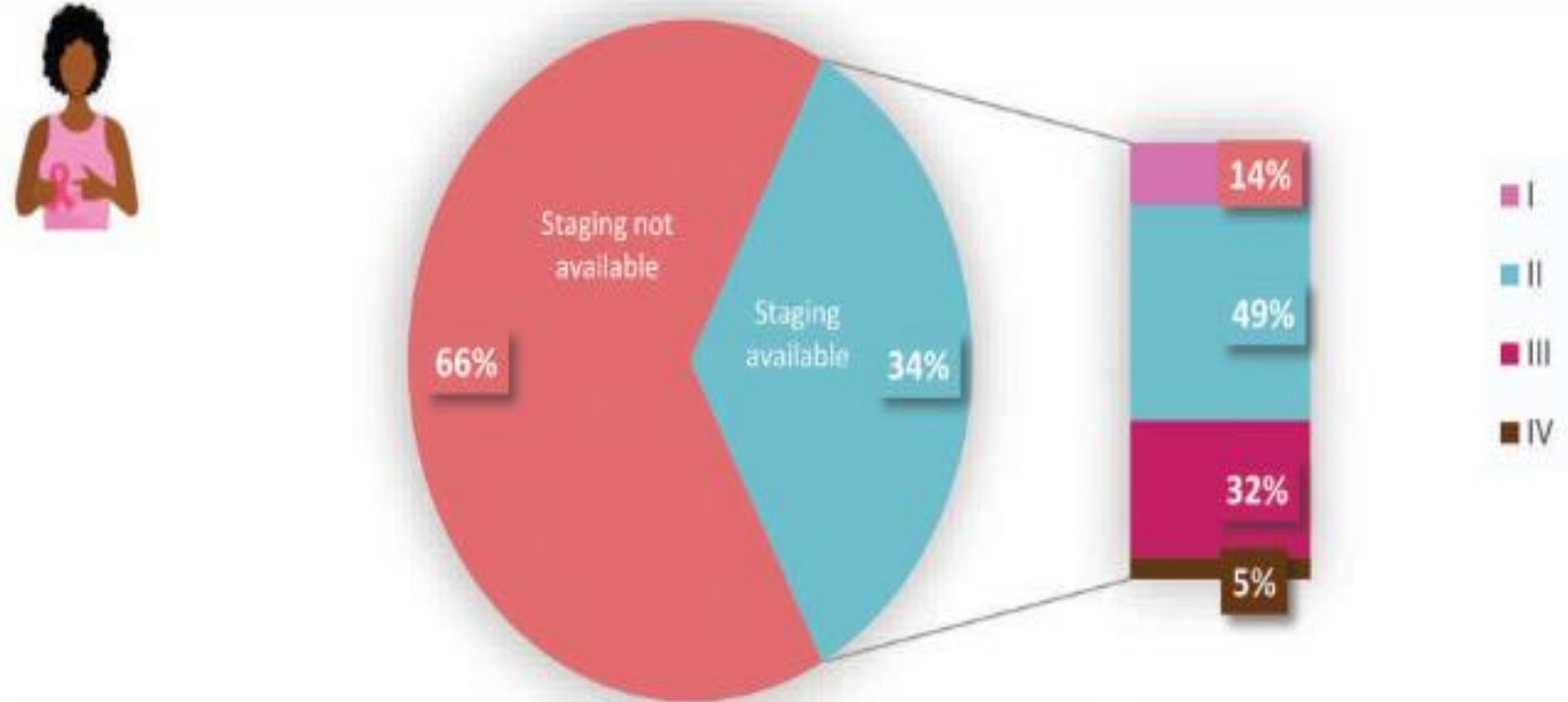


Figure 55: Clinical staging at the point of diagnosis of breast cancer

Table 36: Deaths due to neoplasms out of all deaths reported to vital registration system of Sri Lanka 2001 – 2021

Year	Population	Cancer Deaths		
		No.	CDR	PMR (%)
2001	18,797,000	8,063	42.9	7.1
2002	18,921,000	7,986	42.2	7.1
2003	19,173,000	8,396	43.8	7.3
2004	19,435,000	9,127	47.0	7.9
2005	19,644,000	9,403	47.9	7.1
2006	19,958,000	10,386	52.3	8.8
2007	20,039,000	10,631	53.1	8.9
2008*	20,246,000			
2009	20,450,000	11,286	55.2	8.8
2010	20,653,000	11,836	57.3	9.1
2011	20,892,000	12,267	58.7	10.0
2012	20,359,439	12,581	61.8	10.2
2013	20,585,041	12,954	62.9	10.2
2014	20,777,595	13,514	65.0	10.5
2015	20,970,488	13,825	65.9	10.5
2016*	21,202,665			
2017*	21,444,350			
2018*	21,669,511			
2019	21,802,903	15,598	71.5	10.7
2020*	21,919,415			
2021*	22,155,748			

Source: Department of Census & Statistics, Sri Lanka

* Not published

CDR-Crude Death Rate due to cancers per 100,000 population

PMR – Proportionate Mortality Ratio out of total deaths

International Agency for Research on Cancer



GLOBAL CANCER
OBSERVATORY

CANCER
TODAY

GLOBOCAN 2022

SRI LANKA



Number of new cases

33 243

Number of deaths

19 145

Number of prevalent cases
(5-year)

86 508

Statistics at a glance, 2022

	Males	Females	Both sexes
Population	10 326 769	11 249 075	21 575 844
Incidence*			
Number of new cancer cases	15 733	17 510	33 243

Sri Lanka



imPACT Review

Cancer Control Capacity and
Needs Assessment Report

submitted to the
Ministry of Health, Nutrition and Indigenous Medicine
Sri Lanka

November 2019



International Agency for Research on Cancer



WHO stepwise framework

1

PLANNING STEP 1

Where are we now?

Investigate the present state of the cancer problem, and cancer control services or programmes.

2

PLANNING STEP 2

Where do we want to be?

Formulate and adopt policy. This includes defining the target population, setting goals and objectives, and deciding on priority interventions across the cancer continuum.

3

PLANNING STEP 3

How do we get there?

Identify the steps needed to implement the policy.