

International Cancer Control Partnership ECHO Program

Use of Data for Monitoring,
Evaluation, and Research

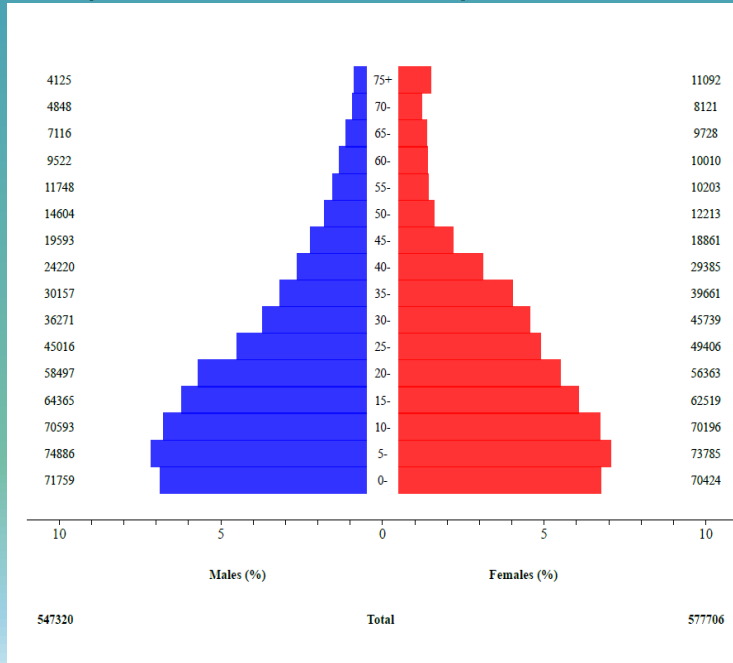
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DATE: 12 MAY 2021

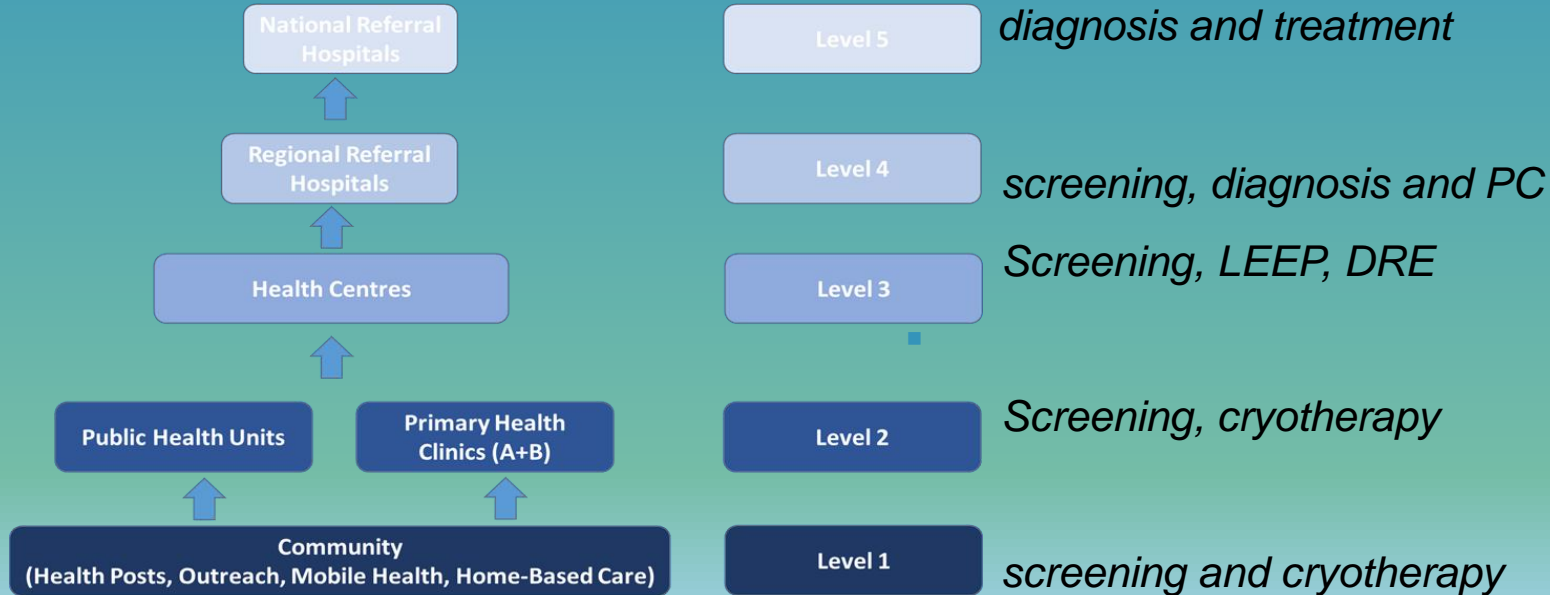


Eswatini Population (2017 census)



- Total population 1,093,238 comprising
 - 531,111 (48.6%) males
 - 562,127 (51.4%) females.
- Women of childbearing (15-49 years) account for 26.1% estimated
- 4.6% of the population is 60 years of age and above
- 56 percent of the population is below 25 years of age

Health System of Eswatini



Implementation infrastructure of the Program (partnership and staff)

Primary care givers	Community Engagement	Strategic support
Prevention	Community leaders	Politicians
Screening	Public health programmes	Academics and Research Institutions
Diagnosis	Collaborating NGOs	Training institutions
Treatment	Rural Health Motivators/ community care workers	International agencies: WHO, PEPFAR, UN, etc.
Palliative care	Mass media	International and Local Private sector Funding Partners
Survivorship care	Peer educators	Public and Private Partnership

Eswatini National Cancer Control Plan

- **Development** : 2018 – 2019
- **Launched** : November 2019
- **Period** : (2019-2023)
- **Program** : NCCU
- **Vision** For Eswatini to have comprehensive national cancer prevention and control systems to reduce cancer morbidity and mortality

Sources of cancer data utilised

- Cancer registry data base
- HMIS data base
- Screening registers
- Facility Assessment data

Objective	Activity	Status	Barriers	Next Steps
1. To reduce the number of new cancer cases attributable to modifiable risk factors by 2023 by 10%.	Recruitment of the NCCU staff	20 trained staff members (National-6, Regional-6 and Facility levels-8)	Capacitating facility staff that are already overwhelmed with day-to-day activities.	Continue capacity building until cancer is fully integrated in all healthcare services.
	Mobilize and allocate adequate resources	Currently supported by BMSF, PEPFAR (EGPAF, GU, PSI, ICAP, CHAI), TAIWAN, UN (UNFPA, WHO), IAEA	Most of the partners only support cervical cancer screening.	Solicit more funding to support other cancers
	Improve the knowledge of cancer among individuals and skills of health personnel	4 trainings already conducted on cancer early detection	Insufficient funds to conduct more trainings.	Proposal writing to solicit more funding.
2. To reduce the number of new cancer cases attributable to modifiable risk factors by 2023 by 10%	Create awareness in the general population on modifiable risk factors that pre-dispose to cancer	<ul style="list-style-type: none"> •Implementation of Tobacco control strategy National Coordination mechanism of tobacco control is in place •HPV vaccination initiation plan in progress. 	<p>No indicators to measure impact of attributable risk factors.</p> <p>Overtaken by COVID-19 vaccination</p>	<p>Review of tobacco control regulations.</p> <p>Implementation of HPV vaccination</p>
	Awareness campaigns on the early warning signs and symptoms of cancer among at risk populations and health workers	Planning of national cancer awareness and screening campaign.	Inadequate resources	3 months cancer awareness and screening campaign.

Objective	Activity	Status	Barriers	Next Steps
3. To expand the number of level 3-5 facilities offering basic cancer diagnosis, treatment, and palliative care to 80%.	Capacity building for health care worker in level 3-5 Conducted an assessment to ascertain services provided	Ongoing trainings for health care workers	Instability of resources to conducted trainings	Increase base of technical support in cancer programs.
4. To strengthen cancer surveillance, research and strategic information systems.	Develop cancer guiding documents (SOP, Job Aids and Cancer guidelines) Assess the referral and linkages system for cancer patients and develop an electronic system	Disseminated cancer guiding documents (SOP, Job Aids and Cancer guidelines)		<ul style="list-style-type: none"> • Incorporate the cancer module into CMIS. • To operationalize the electronic referral system Improve cancer registry data quality • Contribute to the national cancer research agenda
5. To improve the institutional and technical capacity for cancer prevention and control.	Develop and quantify a chemotherapy drug list	<ul style="list-style-type: none"> • Procured Chemotherapy drugs • Supported the histology lab with immunohistochemistry reagents 	Insufficient funding from the government to procure cancer drugs	Soliciting funds to purchase cancer drugs.
6. To establish a high-level mechanism for multi-sectoral coordination and partnership for prevention, treatment, care and rehabilitation of cancer	Cancer TWG Collaborate with ICCP, IAEA and IARC, AFCRN, ACC, AORTIC.	Ongoing collaboration		Strengthen collaboration with partners

Questions for Discussion

- What strategies do you use to measure the impact of prevention activities?