#### Planning for Cancer Control in Mozambique with the WHO Prioritization Tool

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### Costing and Prioritization for Cancer Control

- WHO Prioritization Tool
  - Sep 2019 and July 2020 demo meetings: utilization and further development
  - 2020-2021: piloting
- CGH-WHO Collaborating Center for Global Cancer Control
  - TOR1-29797 Support WHO with training in WHO/UN Prioritization Tool for cancer
  - TOR2-29799 Support WHO to assist Member States in cancer program planning, implementation and monitoring through strengthened integrated data systems

## CGH Support through the International Cancer Control Partnership (ICCP)

- ICCP supports the development and implementation of national cancer control plans.
  - CGH is interested in the translation of evidence into policy and practice through these plans.
- Costing is an essential part of cancer control planning.
  - Africa ECHO 2019:

https://drive.google.com/drive/folders/1tOnjleKmsU7VvJtltphmlwLhCxWZXLHo?usp=sharing

ICCP ECHO 2021: <u>https://www.youtube.com/watch?v=\_0LJKsbAhQI</u>

## WHO Prioritization Tool

- Objectives:
- To support national policy makers obtain the best value for money in health spending on cancer by
  - (1) identifying and costing priority interventions included in national cancer planning,
  - (2) designing or updating cancer interventions included in national health benefit packages, and
  - $\circ$  (3) developing an investment case

## WHO Prioritization Tool

- Implementation steps:
  - 1. Develop core team
  - 2. Review and collect data
  - 3. Tool application
  - 4. Report and policy dialogue

## WHO Prioritization Tool







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## Dialogue + Country Ownership → Core Value



#### Validation and "Inputs"

1) Disease Burden, capacity of health system (\* coverage)

2) Public health program & clinical interventions (packages)

3) Cancer management (guidelines)

4) Unit costs (consumables, equipmt)

5) Workforce costs (+ other system)

WHO-IARC Tool Cost Impact analysis "Investment Case"





World Health Organization

# Annual projected investment additional cost per year



Custo em cada ano (US\$)							Custo per capita em 2026	
	2022	2023	2024	2025	2026	Total	Atual	1,22 US\$
Cenário 1%	39350236	41380995	43460847	45609142	47823662	217624883	Cenário 1%	1,57 US\$
Cenário 2%	41281038	45015297	48838902	52786392	56854162	244775791	Cenário 2%	2,04 US\$

## Next steps

• Develop investment case and prioritization process for Mozambique.

- Have team qualified in the use of prioritization tool.
- Increase MISAU ability to prioritize cancer control programs as part of policy formulation toward implementation of NCCP.
  Case study results.

- Better understand how prioritization process plays in cancer control planning.
- Replicate model across the region through several platforms (ECHO, AORTIC, PALOP, etc.).

Medium term (2-3 years)

Long term (3-

5 years)

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Short term (1-

2 years)

Increase capacity to address needs for NCCP costing in the region (only 10% of NCCPs have details about costing/budget).<sup>1</sup>
 Expand and increase capacity of Lusophone oncology network.

- Assess if prioritization process facilitates implementation of cancer control plans.
- Integrate prioritization process in the next round of NCCPs in the region, and have them fully costed/budgeted.
- Integrate Lusophone oncology network in the development and implementation of next NCCP round.

1. Romero Y, Trapani D, Johnson S, Tittenbrun Z, Given L, Hohman K, Stevens L, Torode JS, Boniol M, Ilbawi AM. National cancer control plans: a global analysis. Lancet Oncol. 2018 Oct;19(10):e546-e555. doi: 10.1016/S1470-2045(18)30681-8. Epub 2018 Sep 26. PMID: 30268693.



#### cancer.gov/espanol

cancer.gov