

# International Cancer Control Partnership ECHO Program



**Presenter:** Mr. Bandzile Mthethwa

**Session Topic:** *Collaborating with Other Health Programs and Data Systems to Improve Cancer-Related Data Collection and Use*

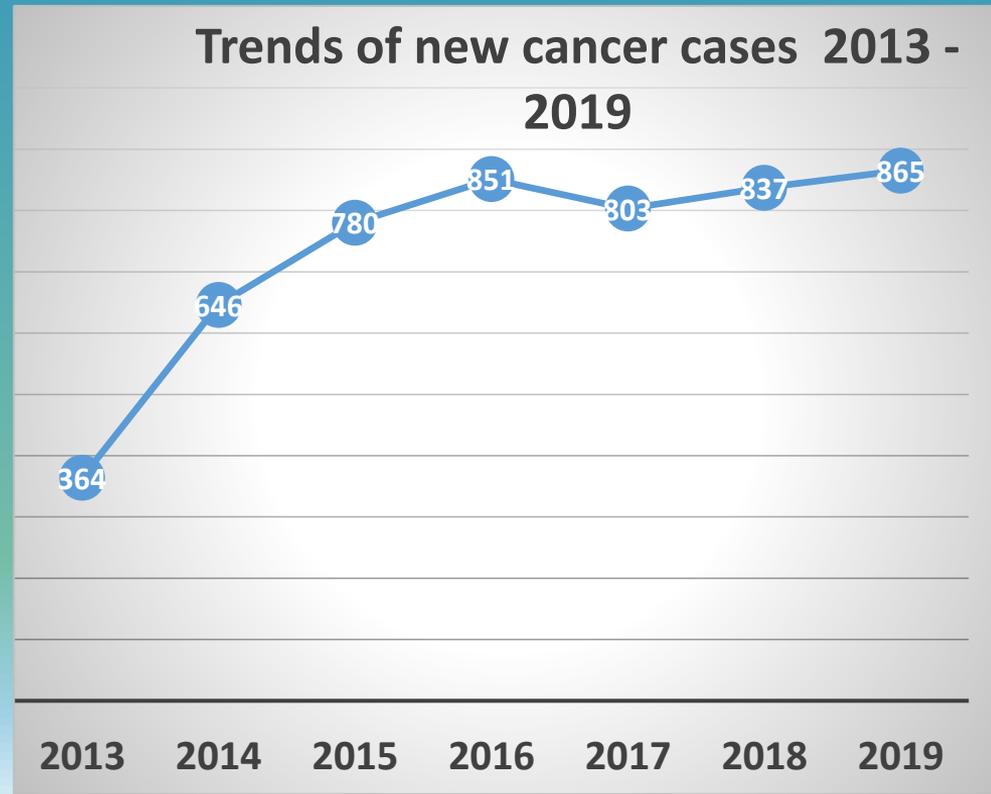
**Presentation Date:** July 20, 2022

# Presentation Outline

1. Brief background of the Cancer Registry in Eswatini
2. The strategies in our national cancer control plan related to:
  - Leveraging **data infrastructure** (e.g., collection and management information systems and staff) across cancer programs and systems and/or outside of cancer-related systems
  - **Aligning indicators** across systems and with other programs (e.g., other NCD programs) to help improve data and the ability to track and assess outcomes
3. Successes achieved with collaborating across programs and systems to improve data
4. Challenges related to collaborating to improve data
5. Questions for discussion

# Background of Eswatini Cancer Registry

- Establishment of the Cancer Registry: 2015
- A total of 4426 new cases have recorded to date.
- Through the cancer registry the National Cancer Control Program was established in 2019
- Cancer Control Strategic Plan was developed and launched in November 2019



# 1. (a) Strategies from the Strategic Plan for Leveraging Data Infrastructure across cancer programs and systems and/or outside of cancer-related systems

- Objective 5 from National Cancer Control Strategic Plan: **To Strengthen the cancer surveillance, research and strategic information systems**

**Intervention: Improve availability and quality of comprehensive data on cancer and its risk factors**

- **Activity 1:** Developed and implement cancer screening registry.
- **Activity 2:** Strengthen the population cancer registry and shared data with researchers.
- **Activity 3:** Orient healthcare workers on cancer data collation, analysis, interpretation and dissemination.
- **Activity 4:** Conduct monitoring of program performance and strengthen information sharing with stakeholders.

Target: 169 facilities in Eswatini

# 1. (b) Strategies from the Strategic Plan for Aligning indicators across systems and other programs to help improve data and the ability to track and assess outcomes

- Objective 3 from the National Cancer Control Plan: **To increase the number of facilities providing screening, early detection, and linkages to care by 60% from baseline 169**

## **Intervention: Expand routine screening, early detection and linkage to care services**

- **Activity 1:** Trained health workers at all levels of care (Doctors, Matrons, nurses, community health workers on screening, early detection and linkages to care.
- **Activity 2:** Update and rollout eligibility screening, early detection tools for all health facilities.
- **Activity 3:** Conduct meetings to expand already existing screening tools into current systems (COVID/TB screening?) at facility entrance.
- **Activity 4:** Integrated cancer screening services in other programs such as ART, TB screening sites.

## 2. Three successes we've had with collaborating across programs and systems to improve data

### 1. **Collaboration with the Strategic Information Department from the Ministry of Health produced the results stated below:**

- Mid-term review of the National Cancer Control Strategic Plan.
- Formulation of the NCCU M&E framework.
- Formulation of a summary sheet to capture all cancer types in the Health Management Information Systems (HMIS) portal (in the past Eswatini was only entering cervical cancer screening data).

## **2. Collaboration with PEPFAR partners to conduct Regional Health Semi Annual Review meetings to assess performance using data for all health facilities in the country**

- Based on the data presented, facility based action plans were developed to improve screening numbers. Plans include: Capacity building for nurses on cancer screening, onsite mentoring and supervision on data entry into electronic systems.

## **3. Deployment of Regional Coordinators to all 4 regions and 8 Focal persons in regional hospitals of the country to identify data gaps and service provision challenges in their regional facilities**

## Challenges related to collaborating to improve data

- Data collection tools are not standardised across programs and partners.
- Partners have different interests when it comes to data, resulting in area specific strengthening as opposed to the whole continuum of care. E.g.
  - interested in HIV positive women age 30-49.
  - support some facilities and ignore some.

# Our Questions for Discussion

- Question 1: The Kingdom of Eswatini, like most developing countries, is moving from paper based recording systems to electronic systems, such as Client Management Information System (CMIS), to host and manage client records. Although the country has seen some benefits in some areas, particularly our Urban areas, however, the use of older technologies such as Wide-Area Network (WAN), we see those in the rural areas struggling to use CMIS. What systems do other developing countries (limited government funding) have in place to collect their data?
- Question 2: In relation to question 1, we then see multiple data sources from our facilities such as note books, excel sheets that they create themselves. How then would we harmonize this data to create report, and most importantly, are such data sources reliable?