



A MEMBERSHIP ORGANISATION
FIGHTING CANCER TOGETHER

National Coordination of Cancer Control Efforts and Partners

ICCP ECHO Session 4

13th of January 2021

“We unite and support the cancer community to reduce the global cancer burden, to promote greater equity, and to ensure that cancer control continues to be a priority in the world health and development agenda.”



National Coordination of Cancer Control Efforts and Partners

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1. Importance of partnerships

- The more **involved people** are in discussing a plan, the more likely they are to be **engaged** in its future implementation, which can help to ensure that the plan is realistic and viable.
- This group should represent different parts of society, including CSOs, government officials, and both public and/or private health professionals.
- The number of people involved may depend to some extent on the population of the country as well as the availability and expertise of national stakeholders.



2. Partnerships: from planning to implementation

- The group that worked on the plan will need to reorganise itself in order to support implementation.
- Some individuals who worked in the development of the cancer control plan may choose to delegate someone else from their organisation to work on implementation.
- Individuals and organisations who were not involved in developing the plan may want to be active in implementation and should be given the opportunity to do so.

POLL – Question 1

1. Has leadership for implementation been assigned in your NCCP?

3. Global review of NCCPs - Leadership

158 plans (NCCP and/or NCD plans), **121** questions, some focusing on or related to partnerships:

- Leadership for implementation? **82%** YES
- Assignment of leadership position/role and responsibilities for cancer control [i.e. not just implementation of NCCP]? **65%** YES
- Any mention to enhancing mutual accountability? **24%** Lack information, **38%** NO and **38%** YES
- Does it mention staff dedicated for **monitoring and evaluation** of NCCP? **31%** Lack information, **35%** NO and **34%** YES

Leadership for plan implementation, roles & resp. for cancer control are well addressed globally, and partially aligned with National Health Strategy, but accountability seems to be less addressed

POLL – Question 2

1. Have you conducted a stakeholder mapping for your NCCP implementation?

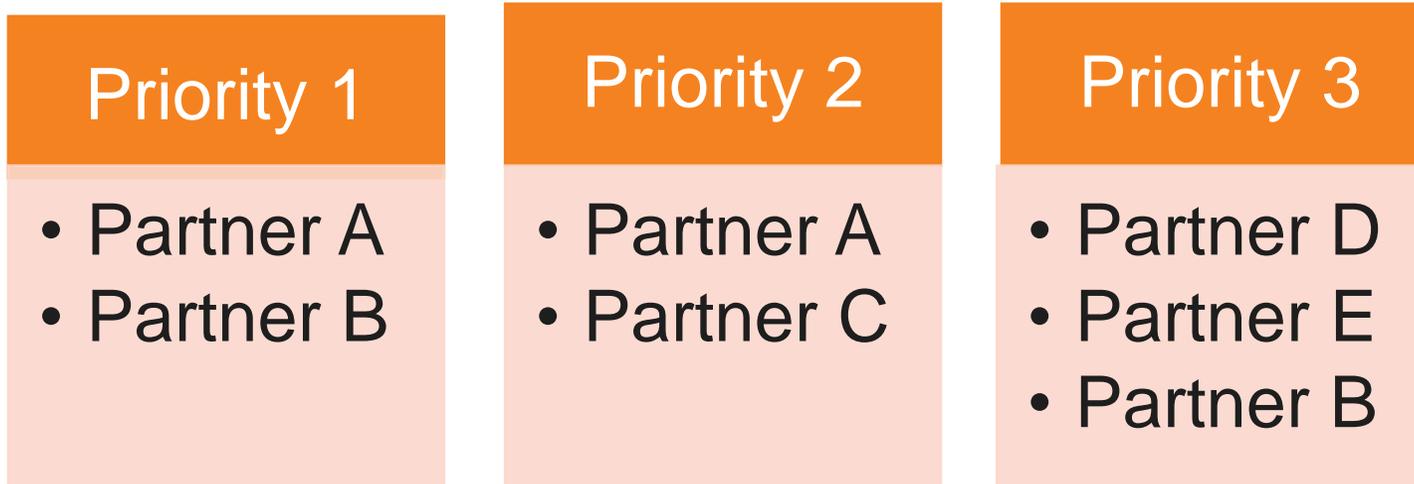
4. Global review of NCCPs: Stakeholders and coordination

- Are there any mention of engaging and empowering individuals and families OR engaging and empowering communities? **70% YES**
- Which stakeholders participate in the NCCP?
70% of plans do not show coherent stakeholders participation, **6%** have not identified stakeholders, **24%** have clearly identified at least one of the above
- Does the plan mention patient groups, providers, government, NGO or private sectors? **24%** Lack information, **38%** NO and **38%** YES
- Dissemination/promotion of the plan to key stakeholders? Lack information **28%** and NO **44%**, **28%** YES

Identification of stakeholders is lacking or less addressed. But empowering communities has been widely addressed. Poor communication with Stakeholders is noted. Low M&E score indicates potential issue with coordination.

5. Partnerships for specific priorities

- Partners can join **implementation** efforts for selected priorities
- An effective strategy for implementation is forming a team to oversee the implementation of each individual priority.
- Implementation of plan priorities that involve **local communities**, for example, should allow for some flexibility in how those local communities can be involved so that they can take ownership of the process and increase their **commitment and involvement** in the effort.



5. Partnerships for specific priorities - continuation

- If your cancer control plan has three priority strategies, your action group should thus form three smaller **action teams** to work on implementing each strategy.
- Each action team would be asked to work on the specific action steps **identified in the plan** and to report back to the full group on progress and any problems in the implementation.
- These action teams will need **leaders and experts**, either chosen or assigned to them. Teams will also need administrative support for their work (e.g. conference calls, or grant writing).

Organisation type / area of expertise	What can this person /organisation do to help us implement our plan?	Are they currently involved or do we need to recruit them?	Who in the organisation should be contacted to invite this person?	Who in our partnership should make the contact, and by what date?
Leaders of government agencies/ ministries				
Civil society organisations/cancer leagues				
National and community leaders				
Businesses				
Health programme leaders				
Religious leaders and workers				
Associations of cancer patients and/or family members				
Media (radio, print, online etc.)				
Legislators/elected officials				
Community organisations (e.g. women's groups)				
Hospitals/health clinics				
Health professionals				
Schools and educational organisations				
Traditional medicine				
Home care/nursery care				
Hospices				

6. Mapping exercise for NCCP implementation

6. Mapping exercise – example from Zambia

Stakeholder	Role of stakeholder	Current status	Interest in Issue	Influence	Position	Impact
Civil Society Organisations (CSOs)	Advocate for: <ul style="list-style-type: none"> • Delivery of quality cancer health services to communities • Equal access to cancer health care services • Community participation in cancer prevention and control programmes • Dissemination of information on cancer • Resource mobilization for cancer activities, ensure drug availability by both government and private sector • Stigma reduction 	<ul style="list-style-type: none"> • Few organizations mostly confined to Lusaka and Copper-belt provinces • Low focus on funding cancer programs 	Moderate	Medium	Supportive	High
Health care workers	<ul style="list-style-type: none"> • To have appropriate training, exposure, and support in the prevention, early detection, and management of cancer for different cadres at all levels of care • To have a community health worker package that includes education regarding prevention, early detection, and control of cancers • Appropriate and prompt referral to appropriate level and follow-up 	<ul style="list-style-type: none"> • Inadequate knowledge of cancer prevention among health care workers without formal training in cancer prevention and control • Inadequate number of health care workers with formal cancer prevention and treatment training 	High	High	Supportive	High
Suppliers of goods and services	<ul style="list-style-type: none"> • To supply in a fair, efficient, consistent, and transparent manner, quality goods and services to MoH for the control and management of cancer 	<ul style="list-style-type: none"> • Procurement procedure is laborious and bureaucratic • No local manufacturers for cancer drugs and most equipment • Non-adherence of suppliers to contracts • Government suppliers are now only registered by the Zambia Public Procurement Authority (ZPPA) • Apparent lack of understanding of the procurement act and terms of contracts by some suppliers • Challenges in obtaining drugs from international drug companies 	High	Low	Supportive	High

7. Accountability framework

An accountability framework will support the plan implementation, it helps to identify **ownership** of the processes and allocate **roles & responsibilities** while building your partnerships.

Indicators and targets help to keeping track of the implementation.

It helps to gather regular information on the implementation advancement.

A strong **monitoring & evaluation** process will allow you to follow implementation of the plan as well as to **adapt** in case of changes.

A framework also ensure the **performance measurement** of the plan implementation.

You can issue **regular reports** by setting key or intermediary **milestones**

<https://www.gov.nl.ca/pep/files/Developing-an-Accountability-Framework-Reference-Guide.pdf>

<https://www.who.int/management/partnerships/accountability/AccountabilityHealthSystemsOverview.pdf>

7. Accountability: Roles and responsibilities – Kenya example

Role of the National Government

1. Provide leadership and stewardship in cancer prevention and control.
2. Development, review and monitoring of policies that enable coordination of cancer prevention and control activities
3. Allocate sustainable and predictable resources for cancer prevention and control.
4. Forge appropriate multi-sectoral partnerships locally, regionally and globally.
5. Integrate cancer prevention and control in sustainable development agenda f or the country.
6. Prioritize cancer prevention and control in the health financing policy.
7. Enhance universal health coverage by:
 - i. Increasing enrolment to health insurance
 - ii. Extending coverage for the entire spectrum of cancer care
 - iii. Reducing catastrophic out-of-pocket expenditure on cancer services

Role of NHIF

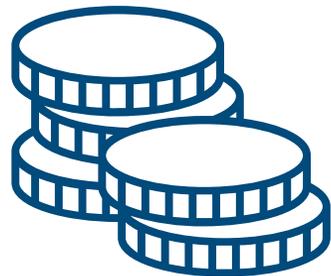
1. Increase NHIF enrolment
2. Harmonize packages for cancer treatment, palliative care including access to morphine and other opioids, screening, prevention, end of life, hospice care and survivorship support

Role of County Governments

1. Prioritize cancer prevention and control activities at the County level.
2. Allocate resources for cancer prevention and control at the county.
3. Integrate cancer prevention and control into the broader county health agenda
4. Forge appropriate multi-sectoral partnerships at the county level.
5. Implement national government policies and guidelines for cancer prevention and control.

8. Investment in building partnerships

- Building and maintaining partnerships is an on-going, **time and resources** consuming process, not a one-off activity
- Required investment:
 - Time
 - Financial resources (for coordination meetings, salaries, materials, communication tools)
 - Leadership, coordination and communication skills



9. Internal Communication

Consistent and purposeful **dialogue** that uses all appropriate **channels** for discussion and feedback, including emails, phone calls, meetings, newsletters.

All **stakeholders** involved should be given an **opportunity to share their feedback**, discuss what does and does not work in the implementation process and discuss ideas for improvement.

Internal communication is key

Feedback through surveys and other means of communication.

Frequency of communications matters.
Regularity.

10. External communication and dissemination

On-going need to communicate with the cancer community, keeping them informed on progress and issues that may arise.

Your group should decide who will be responsible for initiating the communication.

Policymakers and professional

Send copies of the plan to health professionals and ask for comments.

Ask each member of your cancer group to communicate the plan to their own organisations.

Deliver copies of the plan to key political leaders in the country. In case of a change in political leadership inform them who is and who should be involved in implementing the country's plan.

Community and general public

Hold community meetings around the country to present the cancer control plan and discuss how communities can implement parts of it.

Hold a major public event to announce the plan to the general public, and invite national leaders and mass media. Your event should engage interest, remind people of the major burden that cancer places on the citizens, and invite people to get involved in implementing the plan to reduce the cancer problem in your county.

Media

Arrange interviews between key mass media and the leaders of your NCCP implementation group. Group members who are interviewed should know the contents of the plan thoroughly, particularly the facts about the cancer burden in the country and the priority strategies you want to adopt and implement.

Prepare short, comprehensive answers, and practice them with your leaders prior to interviews to ensure effective communication of your national cancer control plan.

Thank you

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