

# WHO-IAEA

## National Cancer Control Programmes Core Capacity Self-Assessment Tool

(NCCP core self-assessment tool)



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The NCCP core self-assessment tool was produced under the overall direction of Dr Ala Alwan (Assistant Director-General, Noncommunicable Diseases and Mental Health) and Dr Shanthi Mendis (Coordinator Chronic Diseases Prevention and Management).

Cecilia Sepúlveda (Senior Adviser Cancer Control) coordinator of the overall publication provided extensive editorial input. Inés Salas acted as adviser and developed the conceptual framework as well as the initial draft of the tool. Kenneth Stanly provided valuable technical advice in the early phases of development. Maria Villanueva (IAEA) provided editorial support and Joel Tarel (WHO) provided administrative assistance.

Core contributions for the tool were received from the following experts: Robert Burton, Australia; Rolando Camacho, IAEA; Jean-Marie Dangou, AFRO; Ibtiha Fadhil, EMRO; James Hospedales, PAHO; Jerzy Leowski, SEARO; Silvana Luciani, PAHO; David MacLean, Canada; Anthony Miller, Canada; Leanne Riley, WHO; Inés Salas, Chile; Massoud Samiei, IAEA; Cecilia Sepúlveda, WHO; Kenneth Stanley, USA; Andreas Ullrich, WHO; Cherian Varghese, WPRO.

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Valuable advice and guidance were received from David Ott and Liubov Basova (Information Worker Applications) for developing the online tool and using it during the field-testing.

Javiera Blanco, Venezuela; Ximena Calvo, Chile; Connie Kazairwe, Uganda; Venus Sharifi, Iran; and Yuer Yan, China worked in the development of the tool and its adaptation to the online system during their internship at WHO.

Multidisciplinary teams from 15 countries (Algeria, Cambodia, Bahrain, Ghana, Guinea, Honduras, Iraq, Jordan, Mongolia, Nicaragua, Oman, Philippines, Sri Lanka, Sudan and Vietnam) contributed significantly by participating in the field-testing of the tool during 2009. Maria Villanueva worked in data collection and Javiera Blanco did the statistical analysis.

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### BACKGROUND

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Since the early 80's the World Health Organization (WHO) has been promoting National Cancer Control Programmes (NCCP) within the prevention and control of noncommunicable diseases, as a key strategy in its fight against cancer worldwide. WHO and the International Atomic Energy Agency (IAEA) are at present working together, in order to assist countries in building and reinforcing their capacity for planning and implementing effective programmes. The **WHO-IAEA Joint Programme on Cancer Control** regards the development of systematic NCCP Capacity Assessment as an essential necessity for identifying gaps, strengths and monitoring progress of cancer control.

### OBJECTIVES AND SCOPE

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The objective of the **WHO-IAEA NCCP Core Self-Assessment Tool** is to carry out a simple qualitative assessment in a short period of time (for example two months).

The NCCP core-self assessment tool will facilitate the evaluation of the countries' capacity of cancer control plans and programmes. This tool will be used on a regular basis to monitor the progress of plans and programmes at the national, regional and global levels.

From the countries' perspective, the core self-assessment tool can be used to:

- Assess the quality of the current cancer control plan in the country.
- Assess the core elements of the country's cancer control performance.
- Provide an overview of the resources available for managing the cancer control programme.
- Provide information on strengths and gaps in order to improve cancer control in a comprehensive way.

From the WHO-IAEA Joint Programme perspective, the above situation analysis will be useful to:

- Assess the current level of the cancer control plan and its performance within each country.
- Determine how to assist countries according to their specific situation and needs on a national, regional and global basis.
- Facilitate the development of a WHO-IAEA JOINT web-based international cancer control community and provide a platform for information exchange, through the sharing of knowledge and experiences among country key stakeholders and partners.

### DESCRIPTION OF THE TOOL

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The NCCP core self-assessment tool is available online and in word format.

The tool is divided in 2 forms and 5 sections:

I. NCCP core self-assessment form:

- Section 1: Cancer control plan
- Section 2: Ongoing cancer services/activities related to the cancer control continuum
- Section 3: Ongoing cancer services/activities and resources related to overall cancer control programme management
- Section 4: Current barriers and strengths in cancer control

II. Principal authors and co-authors:

- Section 5: Identification of the country and respondent/s

### INSTRUCTIONS

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Designate a focal point and setup a team

Each country needs to designate a focal point who will coordinate the assessment and liaise with the regional and global focal points.

We highly recommend that the country focal point convenes a team to carry out the assessment. It is advisable that the team members represent different sectors and expertise in public health, cancer prevention, early detection, treatment and palliative care and other related fields. A team of 5 to 7 members is the best option.

Please read the section *Key Definitions* of this document and the modules "*Cancer control knowledge into action. WHO guide for effective programmes*" before answering the forms, particularly the assessment section in the Planning module (<http://www.who.int/cancer/modules/en/>).

### **How to respond to the questionnaire**

All the questions are structured questions, and offer either qualitative scale options (e.g. low, medium, high) or numerical options. Ideally, all the team members should be in agreement with the selected response option. If this is not the case, the option voted by the majority should be selected. If consensus still cannot be reached, the lowest response option on the scale will then be selected. For example, if disagreement exists between "low" and "medium" involvement of stakeholders in the planning process, the option "low" will be selected.

### **Sources of information**

Most of the information required to fill in the forms can be obtained in published documents, web based sources, cancer registries, project reports, and interviews with those responsible for cancer-related matters at the country level, as well as personal contacts. Some questions require the expert opinion of cancer control managers. The team should document all sources and review them taking into account quality and quantity. However, if data are unavailable, please provide the best estimate based on the opinion of experts and record it as such.

### **Filling in the online form**

A username and a password will be provided for the focal point to access the tool online.

For practical reasons and to avoid data loss, we recommend that you print out a copy of the tool and mark the answers on the hard copy before completing the questionnaire online.

When filling in the online form we suggest that you follow the sequence provided (sections 1 to 5). Please fill in all sections of the tool as indicated. Put a tick mark (✓) in the box against the selected answer or select the answer from the drop down list. Please note that the online forms allow partial saving.

Most questions require an answer, and the system will not allow you to submit the form unless you have answered all the required questions (mandatory fields are marked with an \*). Before submitting the form, check that you have clicked on the right boxes, as no further changes will be permitted once the form is submitted.

### KEY DEFINITIONS

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#### **What is a plan?**

A plan is a set of intended actions that are expected to achieve a specified goal within a certain time frame. "A good plan is like a road map: it shows the final destination and usually the best way to get there." Judd HS. *H. Stanley Judd Quotes*

#### **What is a planning process?**

Planning is a formalized procedure, in the form of an integrated system of decisions, to produce an articulated result. Thinking about, and attempting to control, the future are important components of planning (Mintzberg, 1994).

#### **What is a programme?**

A programme is the organized and systematic implementation of the actions or services described in the plan, according to a defined time frame and using defined resources (human, physical and financial).

#### **What are comprehensive cancer control programmes?**

These are programmes developed at the national, state, provincial or district levels aiming at reducing cancer incidence and mortality as well as improving quality of life. They consider the systematic implementation of evidence based interventions across the whole cancer continuum from prevention to end of life care.

#### **What are community-based health programmes?**

These are programmes that rely on active community involvement and participation whereby specific groups, with shared needs living in a defined geographical area, actively pursue identification of their health needs, take decisions and establish mechanisms to meet these needs (adapted from Rifkin et al. 1988).

#### **What is cancer prevention?**

It is the elimination or reduction of the exposure to known and avoidable causes of cancer or cancer risk factors. It includes reducing individual susceptibility to the effect of such causes or risk factors.

#### **What is cancer early detection?**

It is the organized and systematic implementation of: early diagnosis or screening (or both) coupled with timely diagnosis (confirmation of cancer), treatment and follow-up.

#### **What is early diagnosis?**

It is the awareness (by the public or health professionals) of early signs and symptoms of cancer in order to facilitate diagnosis before the disease becomes advanced. This enables more effective and simpler therapy. The concept of early diagnosis is sometimes called "down-staging".

#### **What is screening?**

It is the systematic application of a screening test in a presumably asymptomatic population. It aims to identify individuals with an abnormality suggestive of a specific cancer. These individuals require further investigation.

#### **What are precancerous/premalignant lesions?**

These lesions are abnormal changes that occur in tissues in an early stage of cancer development which have the potential to progress to invasive cancer if left untreated. Screening for cervical cancer aims to detect cancer at this stage.

#### **What is cancer diagnosis?**

It comprises the various techniques and procedures used to confirm the presence of cancer. Diagnosis typically involves evaluation of the patient's history, clinical examinations, review of laboratory test results and radiological data, and microscopic examination of tissue samples obtained by biopsy or fine-needle aspiration.

### **What is cancer staging?**

It is the grouping of cases into broad categories based on the extent of disease, that is, how far the cancer has spread from the organ or site of origin (the primary site). Knowing the extent of disease (or stage) helps the physician determine the most appropriate treatment to either effect a cure, decrease the tumour burden, or relieve symptoms. "*Early cancer*" refers to stages I and II. "*Advanced cancer*" refers to stages III and IV.

Stage of disease at diagnosis is generally the most important factor determining the survival of cancer patients.

### **What is cancer treatment?**

It is a series of interventions, including psychosocial support, surgery, radiotherapy, chemotherapy and hormone therapy, aimed at curing the disease or prolonging the patient's life considerably (for several years), while improving the patient's quality of life.

### **What is cancer management?**

It involves cancer staging and treatment. Cancer management starts from the moment the patient's diagnosis of cancer is confirmed.

### **What are curable cancers?**

They are cancers for which treatment can give patients a high potential for being disease-free in the 10 years following cessation of treatment, such that the patient may eventually die of another condition. Curable cancers include:

- cancers that can be detected early and effectively treated;
- Cancers that, although disseminated or not amenable to early detection methods, have a high potential for being cured with appropriate treatment.

### **Cancers that are treatable, but not curable**

These are cancers for which treatment can prolong life considerably (for several years) by temporarily stopping or slowing down the progression of the disease.

### **What is palliative care?**

Palliative care (WHO, 2002a) is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and assessment, and treatment of pain and other problems – physical, psychosocial and spiritual. It includes bereavement care.

### IDENTIFICATION OF COUNTRY

Official Name of the country	
Name of region/province/state (if this form is completed at sub national level)	
WHO Region	
Date (dd/mm/yy) the tool is completed	

The promotion of National Cancer Control Programmes (NCCP) is a key strategy in WHO's fight against cancer worldwide. WHO is assisting Member States to build and reinforce capacity for planning and implementing effective programmes. Within this context, the development of systematic NCCP Capacity Assessment is considered an essential necessity in order to identify gaps, strengths and monitor progress of cancer control plans and programmes at the country, regional and global levels. The NCCP Capacity Assessment will be part of a broader capacity surveillance system for noncommunicable diseases which is under development.

## 1. CANCER CONTROL PLAN

1.1. Plan existence	NO (0)	NO, but there is a plan in preparation (1)	YES (2)
1.1.1. Is there a written and official (endorsed by the Ministry of Health) cancer control plan? (either exclusive or included in a broad plan document, such as a noncommunicable disease control plan)	( )	( )	( )

Please read carefully...

- If your answer to the above was **NO** in any of its forms please put a tick mark in the box against "Not applicable" to all questions from **1.1.2** to **1.6** and continue answering this form in question number **2.1**
- If your answer to the above was **YES** please answer the following questions:

1.1.2. Cancer Control Plan Document	NO (0)	YES (1)	Not applicable (9)
1.1.2.1. Document is attached (File size is limited to 5 MB)	( )	( )	
1.1.2.2. Link to document available here:			

1.2. Plan timeliness	YEAR (S)		Not applicable (9)
1.2.1. When was the most recent written cancer control plan created?			( )
1.2.2. What is the timeframe of the plan? Indicate the year when this plan starts			( )
1.2.3. What is the timeframe of the plan? Indicate the year when this plan ends			( )
	NO (0)	YES (1)	Not applicable (9)
1.2.4. If the plan was done over 5 years ago, does the country intend to develop a new one?	( )	( )	( )

1.3. Plan scope	National (whole country)	Sub-National (one or more states/provinces/ regions of the	Not applicable
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