Meeting Report

Fourth Workshop on Leadership and Capacity-building for Cancer Control (CanLEAD)

27–30 June 2017
Seoul, Republic of Korea
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MEETING REPORT

FOURTH WORKSHOP ON LEADERSHIP AND CAPACITY-BUILDING FOR CANCER CONTROL (CanLEAD)

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC
NATIONAL CANCER CENTER, REPUBLIC OF KOREA

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NOTE

The views expressed in this report are those of the participants of the Fourth Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD) and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Fourth Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD) in Seoul, Republic of Korea, from 27 to 30 June 2017.
SUMMARY

Cancer is one of the four major noncommunicable diseases (NCDs). Globally, there were 8.8 million cancer deaths in 2015. The number of new cases is expected to rise by about 70% over the next two decades, yet the capacity to control cancer is limited, especially in low- and middle-income countries. The WHO Global Monitoring Framework for NCDs includes monitoring of cancer incidence as one of the 25 indicators. Target 3.4 of the Sustainable Development Goals (SDGs) aims to reduce premature mortality from NCDs, including cancer, by one third by 2030. To achieve this, an urgent scale-up of cancer control capacity is needed.

In 2013, the WHO Regional Office for the Western Pacific organized a workshop for leadership and capacity-building for cancer control in collaboration with the National Cancer Center, Republic of Korea (KNCC). The first workshop used the six modules of the WHO publication on cancer control as the basis for a regional cancer control curriculum in the Western Pacific. Since the third workshop in 2015, this initiative has expanded to include global participants in 2016. To increase opportunities for training on cancer control programmes, an online course, e-CanLEAD, was also developed in collaboration with WHO headquarters and KNCC.

The Fourth Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD) was held in Seoul, Republic of Korea from 27 to 30 June 2017. The objectives of the workshop were:

1. to apply leadership skills to the further development of cancer prevention and control programmes;
2. to formulate country-specific actions including strategies for early diagnosis and screening in participating countries; and
3. to explore and agree on additional methods to build capacity such as e-CanLEAD.

The workshop was attended by 25 participants, responsible for cancer prevention and control in their country, from 12 countries in three WHO regions. Four WHO staff served as the secretariat. Temporary advisers from the International Atomic Energy Agency (IAEA) and KNCC gave presentations and facilitated sessions. Experts from the United States National Cancer Institute (US NCI) also delivered a presentation through a webinar.

The fourth CanLEAD workshop was an opportunity for participants to strengthen cancer control capacity, with a focus on the early diagnosis of cancer. The workshop brought together participants from low- and middle-income countries and technical experts from various international agencies to enhance strategic interventions to reduce the cancer burden. The e-CanLEAD course was introduced to the participants and they gave suggestions on the target learners of the course.

In the recommendations of the workshop, Member States are encouraged to:

1) recall the commitments made by Member States on the Global Monitoring Framework for NCDs included in the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020, especially cancer incidence by type of cancer, availability of vaccines against human papillomavirus, cervical cancer screening coverage for women between the ages of 30 and 49 years, and vaccination coverage against hepatitis B virus;
2) establish or strengthen their cancer registries, and utilize the available resources such as CanReg5 to enhance the quality of their cancer data for better guidance in national cancer control planning;

3) follow through on the priority interventions identified during the assessment of strengths and weaknesses, bottlenecks and actions of the early diagnosis pathway, and incorporate these into their national cancer control action plans; and

4) explore the feasibility of adapting the CanLEAD model for national and subnational capacity-building workshops and identify appropriate candidates for the e-CanLEAD online course.

Further, WHO is requested to:

1) provide technical support to Member States for adapting and conducting the CanLEAD capacity-building workshop at subregional, national and subnational levels;

2) collaborate with KNCC to update the e-CanLEAD modules based on the feedback received during the workshop;

3) expand the learning opportunities of the e-CanLEAD online course trainees from the national cancer centres and ministries of health outside the Republic of Korea through a culminating activity of the online course at the KNCC Graduate School of Cancer Science and Policy; and

4) coordinate among the IAEA, International Agency for Research on Cancer, US NCI and KNCC to provide technical assistance, as requested by Member States, in establishing, strengthening, implementing and evaluating national cancer control programmes.
1. INTRODUCTION

1.1 Background

Cancer is one of the four major noncommunicable diseases (NCDs). Globally, there were 8.8 million cancer deaths in 2015. The number of new cases is expected to rise by about 70% over the next two decades, yet the capacity to control cancer is limited, especially in low- and middle-income countries (LMICs). The WHO Global Monitoring Framework for NCDs includes monitoring of cancer incidence as one of the 25 indicators. Target 3.4 of the Sustainable Development Goals (SDGs) aims to reduce premature mortality from NCDs, including cancer, by one third by 2030. To achieve this, an urgent scale-up of cancer control capacity is needed.

In 2013, the WHO Regional Office for the Western Pacific organized a regional workshop for leadership and capacity-building for cancer control in collaboration with the National Cancer Center in the Republic of Korea (KNCC). This first workshop used the six modules of the WHO publication on cancer control as the basis for a regional cancer control curriculum in the Western Pacific. Since the third workshop in 2015, this initiative has expanded to include global participants in 2016. To increase opportunities for training on cancer control programmes, an online course, e-CanLEAD, was also developed in collaboration with WHO headquarters and KNCC.

1.2 Objectives

The Fourth Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD) was held in Seoul, Republic of Korea from 27 to 30 June 2017 with the following objectives:

1) to apply leadership skills to the further development of cancer prevention and control programmes;
2) to formulate country-specific actions including strategies for early diagnosis and screening in participating countries; and
3) to explore and agree on additional methods to build capacity such as e-CanLEAD.

1.3 Participants

Twenty-five participants, responsible for cancer prevention and control in their country, from 12 countries – Brunei Darussalam, Cambodia, Fiji, Jordan, Kenya, Lao People's Democratic Republic, Malaysia, Mongolia, Philippines, Solomon Islands, Uganda and Viet Nam – in three WHO regions attended the workshop. Four WHO staff – from WHO headquarters, the Regional Office for the Western Pacific and the country office in Viet Nam – and temporary advisers from the International Atomic Energy Agency (IAEA) and KNCC served as the secretariat. Experts from the United States National Cancer Institute (US NCI) provided technical assistance through a webinar. A list of participants is provided in Annex 1.

1.4 Organization

The workshop comprised nine sessions in addition to the opening session. These were designed to address different aspects of cancer control programme implementation: progress reports and updates in cancer control activities; the six modules of the WHO publication on cancer control; cancer research; and action planning for early cancer diagnosis. A full outline of the programme is provided in Annex 2. A workbook was also developed to support the sessions and to guide the group work and skill-building activities (Annex 3).
2. PROCEEDINGS

2.1 Opening session

Dr Kang Hyun Lee opened the workshop by welcoming the participants and providing an overview of KNCC. The institution was established in 2000 to reduce cancer incidence and mortality, improve quality of life for cancer patients and promote public health in the Republic of Korea. WHO and KNCC have worked together closely to build capacity for cancer control in the Western Pacific Region. KNCC was designated in 2005 and was recently redesignated, as WHO Collaborating Centre for Cancer Control and Prevention with the additional role of palliative care policy development and research. KNCC remains committed to the goal of cancer eradication through stronger cancer control programmes.

Dr Hai-Rim Shin delivered the opening address on behalf of Dr Shin Young-soo, the WHO Regional Director for the Western Pacific. Cancer causes 8 million deaths annually, and the Western Pacific Region has the highest cancer mortality rate among all WHO regions. To achieve SDG target 3.4, countries need support in building capacity to develop, implement and evaluate their cancer programmes. In strong partnership with WHO headquarters, the US NCI, the IAEA and the International Agency for Research on Cancer (IARC), the Regional Office for the Western Pacific continues to increase national capacity in preventing and controlling cancer, even beyond the Region.

2.2 Updates on the recent cancer control activities in WHO

Participants underwent a set of learning activities in defining their workshop expectations, reflecting upon their personal journey as professionals working for cancer prevention and control, and doing a rapid assessment of the status of the national cancer control programmes (NCCPs) in their countries. This was followed by presentations from all the participants, detailing the state of cancer prevention and control, as well as opportunities and challenges, in their countries.

Dr Cherian Varghese provided updates on the cancer activities led by WHO and recent issues. World leaders have made multiple commitments to curb premature deaths from NCDs, including cancer, and have set this as a specific target in the SDGs. The United Nations (UN) Interagency Task Force on NCDs established the Joint Global Programme on Cervical Cancer Prevention and Control, and WHO published several guides on early diagnosis, palliative care, medical devices for cancer management and cancer pain guidelines. In May 2017, the Seventieth World Health Assembly also issued recommendations under resolution WHA70.12 for an integrated approach to cancer prevention and control.

Professor Kui-son Choi presented the web-based cancer control leadership course known as e-CanLEAD. WHO and KNCC began the development of e-CanLEAD in 2013 with the intention to strengthen health professionals’ knowledge and skills in cancer control, including national cancer control planning. A multi-stakeholder group of experts created the core content from 2013 to 2014, and pilot testing was conducted in 2015 and 2016. The US NCI assisted in developing an additional module on cancer research in 2016; thus, there are currently seven modules. Participants went through each of the modules, providing written and verbal feedback to the course developers.

2.3 Cancer aetiology, epidemiology and prevention

Dr Varghese highlighted that cancer is the second leading cause of death globally, responsible for about 8.8 million deaths in 2015. Approximately 70% of deaths from cancer occur in LMICs. A
significant proportion of cancers, between 30% and 50%, can be prevented through risk factor reduction. Around a third of cancer deaths result from five behavioural and dietary risk factors: high body mass index, low fruit and vegetable intake, lack of physical activity, tobacco and alcohol use. Tobacco use is the most important risk factor for cancer and is responsible for up to 22% of cancer deaths. However, in LMICs, cancer-causing infections such as hepatitis B and C virus and human papillomavirus (HPV) are responsible for up to 25% of cancer cases.

Countries can benefit by utilizing “best buys”, or cost-effective interventions, for the prevention and control of cancer that can be implemented even in resource-challenged settings. Prioritization is key, as most LMICs cannot utilize all interventions simultaneously. Sustainability should be addressed at the outset, as cancer control requires long-term commitments and sustained actions. An incremental approach, starting with the most feasible actions, and building on successes, will result in the greatest impact, especially in LMICs. Universal health coverage is essential for cancer control. Without coverage and financial risk protection, persons with cancer are unable to access cancer services.

2.4 Early detection (early cancer diagnosis and screening)

Dr Varghese reiterated that the cancer burden can also be reduced through early detection of cancer and management of patients who develop cancer. Many cancers have a high chance of being cured if diagnosed early and treated adequately. Screening and early diagnosis are components of early detection: screening is the presumptive identification of unrecognized disease in the general population while early diagnosis focuses on persons with symptoms, and links them to health-care services for diagnosis and treatment.

Detecting cancer at its early stages enables treatment that is generally more effective, less complex and less expensive. Early diagnosis is relevant for cancers that can be identified at an early stage and treated effectively. Understanding the effectiveness and cost of interventions for common cancer types is critical when prioritizing strategies in an NCCP. Detecting cancer early requires an accurate understanding of current barriers to and delays in care. Once known, effective programmes can be prioritized and resources allocated in a cost-sensitive manner.

Participants used a prioritization matrix to identify the priority cancers in their countries. Using the WHO model on the essential elements of early diagnosis, participants underwent an assessment of strengths and barriers for early diagnosis of their chosen priority cancer, identifying the step where the greatest “bottleneck” exists. Annex 4 summarizes the country assessments.

2.5 Surveillance, monitoring and cancer registration

Cancer surveillance is a continuous collection of cancer data for public health decision-making. A good cancer surveillance system captures data on risk factors and their prevalence, as well as cancer incidence, prevalence, mortality, stage distribution, treatment patterns and survival. Cancer registration is an essential component of the NCCP. Cancer registries require a process of systematic collection of data on the occurrence, characteristics and outcome of reportable cancers to assess and control the impact of malignant disease in the community.

Dr Hai-Rim Shin stressed that developing and developed countries face numerous challenges in establishing comprehensive cancer registries, but tools and resources, such as CanReg5, exist to assist countries in planning for registries. IARC’s Global Initiative for Cancer Registry Development (GICR) is the first global strategy to improve in-country capacity to collect, analyse and communicate data to
inform cancer control planning. Coding and staging for cancer registration utilizes the International Classification of Diseases for Oncology (ICD-O).

The Western Pacific Region faces a diverse set of challenges to effective cancer registration, depending on the availability of resources within national health systems. Very-low-resource settings could initially concentrate on developing reliable hospital-based registries, while low-resource settings can work on improving microscopic verification of cancer diagnoses and move towards population-based registries in selected areas. Medium-resource settings could focus on improving the quality of existing registries, expanding coverage and exploring the use of data for survival analysis and other outcome measures. The Republic of Korea, Singapore, Japan, Australia and New Zealand have well-established registries and could serve as resource registries for regional capacity-building.

2.6 Diagnosis, treatment, pain relief and palliative care

The diagnosis and treatment of cancer requires a multidisciplinary approach. The framework of service delivery is a key factor to patient outcomes. Diagnostic tests require a high level of sensitivity and specificity; both misdiagnosis and missed diagnosis carry high health, psychological and socioeconomic costs. Histologic confirmation of diagnosis is critical; patients should be treated with histological confirmation. Treatment of cancer is truly multidisciplinary and multimodal, and health professionals need to be aware of all treatment options to provide the best patient care. When a cure is no longer feasible, palliative care plays a crucial role in ensuring quality of life.

Dr Kirsten Hopkins emphasized that adequate and equitable access to radiotherapy should be one of the essential components in a continuum of cancer care and should be incorporated in NCCPs. Radiotherapy services are complex and expensive; the planning for radiotherapy services is a multistep, interlinked, continuous process requiring a systematic approach. Services must be consistent with international standards, situated within the national regulatory framework, meet the cancer burden, be commensurate with economic resources and national priorities, and be sustainable within the economic and human resource context. The IAEA has a Programme of Action for Cancer Therapy (PACT) to fight cancer in LMICs by ensuring effective partnerships and integration of radiation medicine within a comprehensive cancer control approach. It aids countries through online resources, advice on resource mobilization and support through the technical cooperation programme.

Professor Yoonjung Chang presented the experience on palliative care in the Republic of Korea. Palliative care for cancer patients is addressed in the revised Cancer Control Act. Hospice and palliative care utilization has increased steadily since 2008. The country uses a public health model for palliative care development, with four components: policy, education, implementation and medicine availability. To augment outreach, a website for hospice and palliative care was created and serves as the medium for dissemination of educational materials for the public. Additional training is available for patient caregivers and health professionals. The Republic of Korea’s Cancer Control Act mandates training in palliative care for all health-care professionals. Training is available offline and online and is augmented with cancer pain clinical practice guidelines, the sixth version of which was launched in 2015.

The Research Institute for Hospice and Palliative Care of the Catholic University of Korea was designated a WHO Collaborating Centre for Training in Hospice and Palliative Care. In 1988, Seoul St. Mary’s Hospital within the Catholic University hospital system established the first hospice care unit in the country. Today, the university provides training and research as well as services for hospice and palliative care. The standard and advanced courses use a multi-experiential approach to
generate insight and empathy among the students. Over 1000 graduates of the standard course and over 100 graduates of the advanced course have completed the training. The course has expanded to include students from other countries, as well as conducting the training overseas, with the first workshop to be held in West Africa in the fall of 2017.

2.7 National cancer control programme development

Effective NCCPs are fundamental to cancer control, and the cancer registry is an essential part of the NCCP. Good NCCPs address all four components of cancer control: prevention, early detection, treatment and palliative care. Leadership, intersectoral collaboration and strategic planning are critical to develop and implement effective NCCPs. Globally, capacity-building workshops like CanLEAD provide an opportunity to enhance leadership for cancer prevention and control, resulting in stronger NCCPs and, ultimately, reducing the cancer burden on countries.

Professor Jinsoo Lee shared the Republic of Korea’s experience with national cancer control. The Republic of Korea ranks high in cancer burden. Data on cancer epidemiology demonstrate that about 34% of cancer cases and 45% of cancer deaths are attributable to known risk factors. KNCC was established based on the National Cancer Center Act of 2000 and the Cancer Control Act of 2011. In 2006, the “10 Codes for Cancer Prevention” were developed and disseminated to the public by KNCC. It included key messages to reduce cancer risk factors. Screening guidelines for the major forms of cancer were revised this year and form the core of the national cancer screening programme. Diagnosis and treatment are implemented through the Republic of Korea’s health-care system. Underlying the entire NCCP is sound data from the national cancer registry.

The Republic of Korea started its NCCP with technical assistance from WHO and other international agencies. Today, national capacity for cancer control is robust, and the Republic of Korea has begun expanding capacity-building efforts and extending technical assistance to other countries in the Region. KNCC’s Graduate School of Cancer Science and Policy offers training opportunities for other countries, and participants were invited to consider sending trainees to this centre.

2.8 The role of research in cancer control planning and implementation

At a WHO meeting in 2008, there was broad agreement that research is critical to identifying solutions to human development issues. Funding for research in LMICs may be difficult to secure, but even in these resource-challenged settings, sound research yields a good return on investment. In cancer control, research is needed at every step with multiple cross-cutting issues that require the involvement of diverse stakeholders. Dissemination and implementation research are important to promote the integration of research findings into health-care policy and practice.

The research infrastructure is vital and has four key areas: (1) cancer registries, (2) pathology, (3) biobanks, and (4) workforce training and capacity-building for multidisciplinary research teams. Research collaboration and integration are necessary (1) at the local level to ensure involvement of local institutions, (2) at the national level to promote integration into the health system, and (3) at the international level to protect country priorities and foster institutional twinning, data sharing, joint research and bidirectional learning. Finally, a health communications strategy should be built into the NCCP, to transfer knowledge from research effectively to cancer patients and their families.

The discussion focused on how country priorities are often buried under the research agenda of the funder and that data sharing is often neglected. The government should be a key stakeholder for
cancer research, and ideally, the co-principal investigator driving the research study should be a
country representative in order to address this issue.

2.9 Priority setting and advocacy

Building on the group work during which participants conducted an assessment of strengths and
barriers for early diagnosis of their chosen priority cancer, the same model was then applied to
identify actions and interventions to address the bottlenecks in the early diagnosis pathway. A brief
summary of the country assessment, including (1) priority cancer in their country and (2)
intervention(s) needed to enhance better flow in the identified “bottleneck” throughout the early
diagnosis pathway that the country participants identified, is presented in the following table:

<table>
<thead>
<tr>
<th>Country</th>
<th>Priority area</th>
<th>Identified interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brunei Darussalam</td>
<td>Colorectal cancer</td>
<td>Health promotion to increase public awareness, health literacy and ownership</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Cervical cancer</td>
<td>Upgrade capacity of cytopathologists and physician</td>
</tr>
<tr>
<td>Fiji</td>
<td>Breast cancer</td>
<td>Mandate notification of diagnosed cancers</td>
</tr>
<tr>
<td>Jordan</td>
<td>Breast cancer</td>
<td>Decentralize and reallocate resources out of Amman</td>
</tr>
<tr>
<td>Kenya</td>
<td>Cervical cancer</td>
<td>Train more pathologists; telepathology; retention of pathologists</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>Cervical cancer</td>
<td>Women’s Union and youth head of nongovernmental organizations to provide right information; health centre to provide brochure and leaflets; request support from media and government for advocacy events</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Colorectal cancer</td>
<td>Increase awareness activities targeting public and health-care professionals; conduct a survey to assess knowledge of private and government health-care professionals</td>
</tr>
<tr>
<td>Mongolia</td>
<td>Liver cancer</td>
<td>Increase screening for hepatitis B and C virus; provide regular check-up for chronic hepatitis B and C patients to identify liver cirrhosis at an early stage</td>
</tr>
<tr>
<td>Philippines</td>
<td>Cervical cancer</td>
<td>Using revenues from the Sin Tax, (1) expand the medical assistance programme and PhilHealth benefits packages and (2) expand the medicines assistance programme</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Breast cancer</td>
<td>Improve awareness of (1) breast disease, (2) herbal medicine practices, (3) fear, and (4) breast self-examination</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>Cervical cancer</td>
<td>Develop guidelines and train physicians</td>
</tr>
</tbody>
</table>

Participants then engaged in an exercise to review the elements of effective cancer control advocacy
and to practice developing key messages for advocating early cancer diagnosis. Advocacy begins with
a thorough understanding of the key audience, followed by appropriate “framing” of a key message
that is designed to catch the key audience’s attention. This should lead to convincing the audience of
the importance and urgency of the message, appealing to their intellect and emotion, and moving them
to action. Participants were requested to prepare and present their own creative advocacy piece,
followed by a marketplace where participants were asked to vote for the most appealing team.

2.10 Closing session

Participants completed a post-workshop confidence and knowledge assessment. A written evaluation
of the workshop was conducted using a structured questionnaire to gauge participants’ impressions
and success of the workshop (Annex 4). Participants valued the information, skills and new tools
acquired in the various sessions, as well as the sharing of experiences from other countries.
Dr Hai-Rim Shin closed the workshop by thanking participants for their active involvement. She acknowledged the support of as well as collaboration and partnership with KNCC and the contributions of the IAEA and US NCI. Participants were given the opportunity to express their thoughts and insights about the workshop. There was unanimous support for expanding the workshop to include more countries and adapting the training workshop for national and subnational implementation.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Leadership and advocacy are key elements in attaining progress in cancer prevention and control. The fourth CanLEAD workshop met its objectives, and the participants obtained the necessary information and skills to further enhance leadership and advocacy for cancer prevention, early diagnosis and control in their countries. The didactic lectures, interactive learning exercises, facilitated group work and experiential learning introduced participants to resources and tools for catalysing action and accelerating progress against cancer.

Scaling up the CanLEAD curriculum at subregional, national and subnational levels and strategic utilization of e-CanLEAD will augment efforts to align national cancer control initiatives with the regional and global NCD action plans and assist Member States to attain the global voluntary target of a 25% reduction in NCD deaths from cancer by 2025, and the SDG target of a 30% reduction in premature NCD deaths by 2030.

Future plans include the finalization of management and operational policies for e-CanLEAD and the creation of short-course training and an intensive certificate course for professionals.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to:

1) recall the commitments made by Member States on the Global Monitoring Framework for NCDs included in the WHO Global Action Plan for the Prevention and Control of NCDs, especially cancer incidence by type of cancer, availability of vaccines against human papillomavirus, cervical cancer screening coverage for women between the ages of 30 and 49 years and vaccination coverage against hepatitis B virus;

2) establish or strengthen their cancer registries, and utilize the available resources such as CanReg5 to enhance the quality of their cancer data for better guidance in national cancer control planning;

3) follow through on the priority interventions identified during the assessment of strengths and weaknesses, bottlenecks and actions of the early diagnosis pathway, and incorporate these into their national cancer control action plans; and

4) explore the feasibility of adapting the CanLEAD model for national and subnational capacity-building workshops and identify appropriate candidates for the e-CanLEAD online course.
3.2.2 Recommendations for WHO

WHO is requested to:

1) provide technical support to Member States for adapting and conducting the CanLEAD capacity-building workshop at subregional, national and subnational levels;

2) collaborate with KNCC to update the e-CanLEAD modules based on the feedback received during the workshop;

3) expand the learning opportunities of the e-CanLEAD online course trainees from the national cancer centres and ministries of health outside the Republic of Korea through a culminating activity of the online course at the KNCC Graduate School of Cancer Science and Policy; and

4) coordinate among the IAEA, IARC, US NCI and KNCC to provide technical assistance, as requested by Member States, in establishing, strengthening, implementing and evaluating NCCPs.
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4. SECRETARIAT

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PROGRAMME OF ACTIVITIES

Tuesday, 27 June 2017

08:30-09:00  Registration
            Pre-course assessment

            (1) Opening ceremony

09:00-09:30  Welcome address

            Dr Kang Hyun Lee
            President, National Cancer Center
            Republic of Korea (KNCC)

            Opening address

            Dr Hai-Rim Shin
            Coordinator, NCD and Health Promotion
            World Health Organization (WHO) / 
            Regional Office for the Western Pacific
            (WPRO)

09:30-10:00  Group photo
            Coffee break

10:00-10:30  Self-introduction of participants
            Introduction to course
            Sharing of expectations

            (2) Global and regional level situation and challenges
            for national cancer control

10:30-12:00  Updates on the recent cancer control activities
            in WHO
            Discussion

12:00-13:30  Lunch break

13:30-14:00  Group work (1)
            Where are we in our cancer control journey?

            Dr Annette David
            Senior Partner for Health Consulting Services
            Health Partners, LLC, Guam

14:00-15:00  Group work (2)
            Where are our countries in cancer control?
            Group discussion

            Dr Cherian Varghese

15:00-15:30  Mobility break

15:30-17:00  Marketplace
            Country presentations on early cancer diagnosis

            Dr Annette David

17:30-        Welcome reception
            hosted by KNCC
Wednesday, 28 June 2017

08:45-09:00 Recap of Day 1

09:00-09:30 Introduction of web-based cancer control leadership course (eCanLEAD)  
Professor Kui Son Choi  
Professor, Graduate School of Cancer Science and Policy (NCC-GCSP), Republic of Korea

09:30-10:30 Introduction to National Cancer Control Programme (NCCP): eCanLEAD module 1  
Dr Hai-Rim Shin

10:30-11:00 Mobility break

(3) Cancer aetiology, epidemiology and prevention prevention

11:00-12:00 Cancer aetiology, epidemiology and prevention eCanLEAD module 2  
Dr Cherian Varghese

12:00-13:30 Lunch break

(4) Early detection (early cancer diagnosis and screening)

13:30-14:00 Early cancer diagnosis  
Cancer screening  
Dr Cherian Varghese

14:00-15:00 Early detection eCanLEAD module 4  
Dr Cherian Varghese

15:00-15:30 Mobility break

15:30-16:00 Group work (3)  
Where are we in early cancer diagnosis: Spidergram  
Dr Annette David

16:00-17:00 Group work (4)  
Problem solution tree and prioritizing action to strengthen early cancer diagnosis  
Dr Annette David

Thursday, 29 June 2017

08:45-09:00 Recap of Day 2

(5) Surveillance, monitoring and cancer registration

09:00-09:30 Cancer registration  
Types, methodology and tools - Global Initiative for Cancer Registry (GICR) Development  
Dr Hai-Rim Shin
09:30-10:30 Surveillance, monitoring and cancer registration  
*eCanLEAD module 3*  
**Feedback of eCanLEAD module 3**

**Ms Kyu-Won Jung**  
Chief of Cancer Registration & Statistics  
KNCC, Republic of Korea  
*Video presentation by IARC*

10:30-11:00 *Mobility break*

**Facilitator: Dr Warrick Junsuk Kim**

(6) Diagnosis, treatment and palliative care

11:00-12:00 Diagnosis, treatment, pain relief and palliative care  
*eCanLEAD module 5*  
**Feedback of eCanLEAD module 5**

**Dr Kirsten I. Hopkins**  
Radiation Oncologist  
International Atomic Energy Agency (IAEA)

12:00-13:30 *Lunch break*

13:30-14:00 *Planning and implementation of radiation oncology services for cancer*  
**Dr Kirsten I. Hopkins**

14:00-14:30 Introduction of a palliative care online course in the Republic of Korea  
**Professor Yoonjung Chang**  
Associate Professor, NCC-GCSP, Republic of Korea

14:30-15:00 Introduction of a palliative care training course  
**WHO Collaborating Centre for Training in Hospice and Palliative Care**  
Research Institute for Hospice and Palliative Care, Catholic University of Korea College of Nursing, Seoul, Republic of Korea

15:00-15:30 *Mobility break*

15:30-16:30 Campus tour and physical exercise  
**KNCC**

**Friday, 30 June 2017**

08:45-09:00 Recap of Day 3  
**Professor Jinsoo Lee**  
Emeritus Professor, Graduate School of Cancer Science and Policy, Republic of Korea

09:00-10:00 Experience with national cancer control in the Republic of Korea  
**Dr Hai-Rim Shin**  
Facilitator: Dr LAI Duc Truong

10:00-10:30 NCCP development, implementation and evaluation  
*eCanLEAD module 6*  
**Feedback of eCanLEAD module 6**

10:30-11:00 *Mobility break*
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<th>Session</th>
<th>Facilitator/Presenter</th>
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<td><strong>The role of research in cancer control planning and implementation</strong></td>
<td>Video presentation by NCI</td>
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<td><em>eCanLEAD module 7</em></td>
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<td>Feedback of <em>eCanLEAD module 7</em></td>
<td>Facilitator: Dr Warrick Junsuk Kim</td>
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<td>Lunch break</td>
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<td>13:30-15:00</td>
<td><strong>Group work (5)</strong></td>
<td>Dr Annette David / Dr Warrick Junsuk Kim</td>
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<tr>
<td></td>
<td>Identifying country priority areas to strengthen early cancer diagnosis (2017 to 2020)</td>
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<tr>
<td>15:00-15:30</td>
<td>Mobility break</td>
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<td>15:30-16:30</td>
<td><strong>Group work (6)</strong></td>
<td>Dr Annette David</td>
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<td>Advocacy for early cancer diagnosis and screening</td>
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<td>16:30-17:00</td>
<td><strong>Post-course assessment</strong></td>
<td>Dr Warrick Junsuk Kim</td>
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<td>Workshop assessment</td>
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<td>17:30 -</td>
<td>Closing ceremony</td>
<td>Dr Hai-Rim Shin</td>
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4th Workshop on Leadership and Capacity-Building for Cancer Control

CanLEAD
Building Leadership and Capacity for Cancer Control

Participant’s Workbook
National Cancer Center, Republic of Korea
27-30 June 2017

World Health Organization
Western Pacific Region

WHO Collaborating Center for Cancer Control and Prevention

National Cancer Center
4th Workshop on Leadership and Capacity-Building for Cancer Control

Participant’s Workbook
National Cancer Center, Republic of Korea
27-30 June 2017
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Introduction

Noncommunicable diseases (NCDs) are the leading cause of death in the world. Approximately 42% of premature mortality (death before the age of 70) are due to NCDs. Eighty two percent of these premature deaths occur in low- and middle-income countries (LMICs), imposing a rising burden on productivity and development.

Cancer is one of the four major NCDs. Globally, there were 8.8 million cancer deaths in 2015. The number of new cases is expected to rise by about 70% over the next two decades, yet the capacity to control cancer is limited, especially in LMICs. Data from the NCD country capacity survey carried out in 2015 reveal that only 68% of LMICs worldwide have a cancer control strategy and/or action plan within the national action plan of NCDs that is operational. In most of the LMICs, coverage of cancer registration is relatively low.

Target 3.4 of the Sustainable Development Goals (SDG) aims to reduce, by 2030, premature mortality from noncommunicable diseases including cancer by one third. To achieve this, an urgent scale-up of cancer control capacity is needed. In addition, the WHO Global Monitoring Framework for NCDs includes monitoring of cancer incidence as one of the 25 indicators.

The predominance of lung, stomach, colorectal, breast and cervical cancers – which are preventable through risk factor reduction or amenable to cure with early diagnosis and treatment – necessitates improved cancer control. A well-planned national cancer control programme with strong components of surveillance, screening and early diagnosis can help reduce the cancer burden in low- and middle-income countries. Cancer screening has had a limited impact in many low- and middle-income countries due to low participation, inadequate quality assurance measures and insufficient health infrastructure to deliver organized services. In these resource-challenged settings, improving early diagnosis capacity can be an important strategy.

In 2013, WPRO organized a workshop for leadership and capacity-building for cancer control (CanLEAD) in collaboration with the National Cancer Center in the Republic of Korea (KNCC), which is a WHO collaborating centre for cancer registration, prevention and early detection. The 1st CanLEAD Workshop used six modules of the WHO publication on cancer control as the basis for a Western Pacific regional cancer control curriculum. Since the first CanLEAD workshop in 2013, a second workshop was conducted in 2015, and a third workshop in 2016 expanded into a global level workshop attended by 12 participants from all six WHO regions.

Realizing the limited opportunities for training and dissemination, WHO’s Western Pacific Regional Office (WPRO), Headquarters and the KNCC have developed “eCanLEAD”, a global pioneer online course based on the six modules. To further improve eCanLEAD, the National Cancer Institute (NCI, USA) and NCC has developed an additional module on the role of research in cancer control planning and implementation. It was agreed during the third CanLEAD workshop that once eCanLEAD is launched, WHO (headquarters and WPRO), International Atomic Energy Agency (IAEA), International Agency for Research on Cancer (IARC) and US NCI will be instructors of particular modules.
This year, the 4th CanLEAD will be conducted among participants from 3 WHO regions, with a focus on the early diagnosis of cancer. The 4th CanLEAD Workshop builds upon the lessons learned and feedback from the previous workshops, and complements the technical content of the eCanLEAD modules with analytical and strategic planning skills-building group exercises.

This Participant’s Workbook contains the instructions, worksheets and tools for the group exercises that will be conducted during the 4th CanLEAD Workshop. The group exercises have been aligned with the 2017 WHO publication: “Guide to Cancer Early Diagnosis.” Using this workbook, participants will strengthen their skills and competencies in cancer control leadership and advocacy; build capacity in strategic analysis and prioritization of issues; and identify options and opportunities for strengthening cancer control through early diagnosis and treatment.

**Disclaimer**

This Participant’s Workbook is a dynamic training document – a work-in-progress that is designed to be used flexibly for group discussion and individual reflection. As new material and data become available, it will be revised. At this stage, the Workbook is not an official publication of WHO-WPRO.
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<td>Registration</td>
<td>Recap of Day 1</td>
<td>Recap of Day 2</td>
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<td>09:00 -</td>
<td>Pre-course assessment</td>
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<td>09:00 -</td>
<td><strong>(1) Opening ceremony</strong></td>
<td><strong>Recap of Day 2</strong></td>
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<td>09:00 - 09:30</td>
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<td><strong>National cancer control programme (NCCP) development</strong></td>
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<td>- Opening address</td>
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<td>Experience with national cancer control in the Republic of Korea</td>
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<tr>
<td>09:30 -</td>
<td><strong>Group photo and Coffee break</strong></td>
<td><strong>Introduction to National Cancer Control Programme (NCCP)</strong> (eCanLEAD module 1)</td>
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<td><strong>NCCP development, implementation, and evaluation (eCanLEAD module 6)</strong></td>
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<tr>
<td>10:00 - 10:30</td>
<td><strong>Self-introduction of participants</strong></td>
<td><strong>Feedback of eCanLEAD module 2</strong></td>
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<td>Feedback of eCanLEAD module 6</td>
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<td>10:30 -</td>
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<tr>
<td>11:00 -</td>
<td><strong>(2) Global and regional level situation and challenges for national cancer control</strong></td>
<td><strong>Cancer Aetiology, Epidemiology and prevention</strong> (eCanLEAD module 2)</td>
<td><strong>Diagnosis, treatment and palliative care</strong></td>
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<tr>
<td>11:30 -</td>
<td>- Updates on the recent cancer control activities in WHO</td>
<td><strong>Feedback of eCanLEAD module 2</strong></td>
<td><strong>Diagnosis, Treatment Pain relief and palliative care</strong></td>
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<tr>
<td>12:00 - 12:30</td>
<td><strong>Lunch break</strong></td>
<td><strong>Lunch break</strong></td>
<td><strong>Feedback of eCanLEAD module 5</strong></td>
<td><strong>Feedback of eCanLEAD module 7</strong></td>
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<tr>
<td>13:30 -</td>
<td><strong>Group work (1)</strong></td>
<td><strong>Early detection Early cancer diagnosis Cancer screening</strong></td>
<td><strong>Planning and implementation of radiation oncology services for cancer</strong></td>
<td><strong>Priority setting and advocacy</strong></td>
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<tr>
<td>14:00 - 14:30</td>
<td>Where are we in our cancer control journey?</td>
<td></td>
<td><strong>Introduction of a palliative care courses in the Republic of Korea</strong></td>
<td><strong>Group work (5)</strong></td>
</tr>
<tr>
<td>14:30 - 15:00</td>
<td><strong>Group work (2)</strong></td>
<td><strong>Feedback of eCanLEAD module 4</strong></td>
<td><strong>Introduction of a palliative care training course</strong></td>
<td>Identifying country priority areas to strengthen early cancer diagnosis (2017 to 2020)</td>
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<tr>
<td>15:00 - 15:30</td>
<td><strong>Mobility break</strong></td>
<td><strong>Mobility break</strong></td>
<td><strong>Campus tour and physical activity</strong></td>
<td><strong>Advocacy for early cancer diagnosis and screening</strong></td>
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<td>15:30 - 16:00</td>
<td>Marketplace</td>
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<td><strong>Group work (6)</strong></td>
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<td>Country presentations on early cancer diagnosis</td>
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<td><strong>Group work (3)</strong></td>
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<tr>
<td>17:30 -</td>
<td>Welcome reception: hosted by KNCC</td>
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DAY 1: Assessing the current situation

LEARNING ACTIVITY  
*Where are we in our cancer control journey?*

**OBJECTIVES**

- To get to know each other better;
- To establish workshop expectations; and,
- To reflect upon our personal journey in the prevention and control of cancer.

**GROUP WORK 1.1:** Expectations

**INSTRUCTIONS**

List down 3 things that you expect to achieve in this workshop.

1. 

2. 

3. 

**GROUP WORK 1.2:** Where are you on your journey towards cancer control?

**INSTRUCTIONS**

Look at all the photos that are displayed and select the one that best captures where you are in your journey towards cancer control. The photo can depict either your personal or professional perspective. How does this reflect your expectations from this workshop?

Share your reflections with the group.

**KEY QUESTIONS**

1. Where am I in my cancer control journey?
2. What do I expect from the workshop?
GROUP WORK 2: Where are our countries in cancer control?

INTRODUCTION

Leadership is necessary to catalyze change for the better. Effective leaders understand that change begins with a clear vision of where we want change to take us, and an understanding of the current situation. This exercise provides a framework for countries to reflect upon and provide a quick “snapshot” of their current capacity and infrastructure for cancer control.

Cancer is a group of heterogeneous diseases that can affect almost any part of the body and has many anatomic and molecular subtypes, each requiring specific diagnostic and management strategies. Comprehensive cancer control consists of core components – prevention, early diagnosis and screening, treatment, palliative care and survivorship care – that should be addressed in detail by a national cancer control plan (NCCP), evaluated through a robust monitoring mechanism that critically includes cancer registries and is founded on integrated, people-centred care (Figure 1) (WHO, 2015; WHO, 2002). Cancer control is a complex undertaking that is successful only when the health system has capacity and capability in these core domains and when investments are effectively prioritized.

Figure 1. Comprehensive cancer control

Source: Adapted from WHO 2002
OBJECTIVES

- To familiarize ourselves with the elements of a National Cancer Control Programme (NCCP)
- To conduct a rapid assessment of our current cancer control capacity and infrastructure, and strengths and limitations of our current cancer control program

INSTRUCTIONS

Think about your country in relation to each of the elements of a NCCP in the table on the next page and review your country profiles and NCCP assessment profiles (separately provided in the participant’s folder). For each of these elements, list your country’s strengths and limitations.

Using colored stickers, assess the current status of each component of your country’s NCCP:

- RED – Component is absent or very weak
- YELLOW – Component is present but not optimal
- GREEN – Component is present and optimal

After every country has completed this exercise, come together as a group and share your insights with the other participants.

KEY QUESTIONS

1. Where are your strengths concentrated, across the elements of a national cancer control programme?
2. Where are your limitations?
3. Are there similarities across countries?
4. Are there significant differences?
5. What do your strengths and limitations tell you about where priority actions are needed for your country?
**WORKSHEET:** Where are our countries in cancer control?

<table>
<thead>
<tr>
<th>COUNTRY:</th>
<th>Current status:</th>
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<tbody>
<tr>
<td></td>
<td><strong>DOMAIN</strong></td>
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</table>
| **Cancer control plan** | • Overall cancer  
• Cervical cancer  
• Childhood cancer  
• Financing for cancer  
• Human resource development  
• Cancer control advisory committee (existence, members) | | |
| **Cancer prevention** | • Risk factor reduction – tobacco control  
• Risk factor reduction – other risk factors  
• HPV and HBV vaccination | | |
| **Cancer screening** | • National cancer screening programmes (cervix, breast) | | |
| **Cancer early detection** | • Diagnostic capacity (pathology, cytology, laboratory, etc.) | | |
| **Cancer management** | • Evidence-based practice guidelines (overall or specific cancers)  
• Availability (public and/or private) and affordability of:  
✓ Surgery  
✓ Radiotherapy (including radiation safety)  
✓ Chemotherapy  
✓ Cancer medicines | | |
| **Pain relief and palliative care** | • Community or home-based care  
• Availability and affordability of oral morphine | | |
| **Cancer registration and research** | • Registry and coverage (hospital-based or population-based; national or subnational)  
• ICD coding  
• Vital registration (mortality data)  
• Risk factor surveys (STEPS, etc.)  
• Cancer research | | |
DAY 2: e-CanLEAD interactive learning

INTRODUCTION

One of the barriers to effective cancer control outreach in developing countries is the lack of adequate local resources for education, information dissemination, patient assistance and advocacy. However, technology makes it possible to tap into a diverse set of online resources and tools from all over the world. Cancer control programme managers and advocates need to acquaint themselves with the myriad and rich resource database from the internet. Many of these resources can be accessed directly, and can be linked to programme websites and social media pages.

In this workshop, we will go through an online cancer training resource developed by WHO and the National Cancer Center of the Republic of Korea, called e-CanLEAD. It covers NCCP development and implementation, risk assessment, risk factor reduction and prevention, diagnosis and testing, surveillance data, treatment options, palliative care and cancer caregiving, and cancer research.

OBJECTIVES

- To acquaint and familiarize participants with an available online tool for building capacity for cancer prevention and control;
- To experience using this tool for self-learning; and,
- To reflect upon the utility and adaptability of these tools in our work for the prevention and control of cancer.

MATERIALS NEEDED

Participants are requested to bring their laptops. Wi-fi or Internet connectivity will be needed for this session. e-CanLEAD CD-roms with the modules will be provided for every participant.

KEY QUESTIONS

As we go through this online tool and its various modules, ask yourself:

1. Do you think this resource can be used back in your country to augment your local cancer training resources?
2. What features did you like about the e-CanLEAD modules? Which features would make it more attractive to your population?
3. What features did you not like about e-CanLEAD? How did these features detract from self-learning?
4. What are the limitations in using e-CanLEAD for your population?
5. What adaptations, if any, would be needed to make these resources culturally relevant and useful for your population?
GROUP WORK 3: Where are we in early cancer diagnosis - Barriers

INTRODUCTION

Early diagnosis is defined as the early identification of cancer in patients who have symptoms of the disease. This contrasts with cancer screening that seeks to identify unrecognized (pre-clinical) cancer or pre-cancerous lesions in an apparently healthy target population (WHO, 2007). Cancer early diagnosis and screening are both important components of comprehensive cancer control, but are fundamentally different in resource and infrastructure requirements, impact and cost.

Early diagnosis of cancer focuses on people who have symptoms and signs consistent with cancer. The objective is to identify the disease at the earliest possible opportunity and link to diagnosis and treatment without delay. There is consistent evidence that the early diagnosis of cancer, combined with accessible, affordable effective treatment, results in improvements in both the stage of cancer at presentation and mortality from cancer.

While improving early diagnosis generally improves outcomes, not all cancer types benefit equally. Cancers that are common, that can be diagnosed at early stages from signs and symptoms and for which early treatment is known to improve the outcome are generally those that benefit most from early diagnosis (WHO, 2007). Examples include breast, cervical, colorectal and oral cancers.

There are three key steps in the early diagnosis of cancer (Figure 2).

- **Step 1: Awareness and accessing care** - The first step, “awareness and accessing care” consists of two key components: (1) awareness of symptoms and (2) health-seeking behavior. Patients must be aware of specific cancer symptoms, understand the urgency of these symptoms, overcome fear or stigma associated with cancer and be able to access primary care. Thus, awareness has to be translated into appropriate health-seeking behaviour, and the health care they seek has to be accessible, affordable and culturally and gender appropriate.

- **Step 2: Clinical evaluation, diagnosis and staging** - The second step, “clinical evaluation, diagnosis and staging” can be classified into three components: (1) accurate clinical diagnosis; (2) diagnostic testing and staging; and (3) referral for treatment.

- **Step 3: Access to treatment** - In the third step, “access to treatment”, the patient with cancer needs to be able to access high-quality, affordable treatment in a timely manner. Effective management of cancer requires a multi-disciplinary approach and the development of a treatment plan that is documented and informed by a team of trained providers. The goal is to ensure that as many patients as possible initiate treatment within one month of the diagnosis being confirmed.
OBJECTIVES

• To learn an assessment tool as applied to early cancer diagnosis
• To use the assessment tool to identify the strengths and barriers at each step of early cancer diagnosis and determine areas for action

INSTRUCTIONS

1. For this set of exercises, select a prevalent cancer in your country for which early diagnosis can result in significant reduction in cancer mortality and improvement in survival.
2. Each step along the process of early cancer diagnosis consists of one or more components. For each component, reflect upon and assess what strengths and barriers exist in your country in the early diagnosis for your chosen cancer type.
3. Using a marker, write down and describe the strengths and barriers for every component along the early diagnosis pathway.
4. Select the most critical barriers, causing the bottlenecks along the pathway, for which action is needed immediately. Use your best judgment for making this selection.
### WORKSHEET: The early cancer diagnosis pathway - Strengths and barriers

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<thead>
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<th>STEP 1</th>
<th>STEP 2</th>
<th>STEP 3</th>
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<tr>
<td><strong>Awareness and accessing care</strong></td>
<td><strong>Clinical evaluation, diagnosis, and staging</strong></td>
<td><strong>Access to treatment</strong></td>
</tr>
</tbody>
</table>

| Awareness of symptoms, seeking and accessing care | Accurate clinical diagnosis | Diagnostic testing and staging | Referral for treatment | Accessible, high-quality treatment |

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</tbody>
</table>
KEY QUESTIONS
1. Which component/s is/are the strongest for early cancer diagnosis in your country?
2. Which is/are the weakest?
3. Which component/s should you act on first to strengthen the overall capacity for early cancer diagnosis?
4. Are there cross-cutting strengths and barriers that need to be considered in addition to the component-specific strengths and barriers?

REALITY CHECK
In real life, the components are all interdependent, and all are needed for effective early diagnosis of cancer. But when resources are limited, action needs to be chosen strategically to have the maximum impact. Because the pathway is linear, the earliest bottlenecks often slow down the process the most, and usually need to be acted upon first for improvements in the overall pathway.
GROUP WORK 4: Where are we in early cancer diagnosis – Actions and interventions

INTRODUCTION
Improving cancer early diagnosis requires an accurate understanding of current capacity that can be achieved through a situation analysis and then strengthening capacity at multiple points within the health system. Results from the situation analysis can assist with the development of strategic priorities to address the common barriers. Because there are often multiple barriers across the system, improving early diagnosis requires health system investment at all facility levels and across WHO health system building blocks – health workforce, access to priority technologies, health financing, health information systems, leadership and governance and service delivery – according to local capacity.

OBJECTIVE
• To use the early cancer diagnosis pathway to identify actions and interventions for strengthening early diagnosis capacity

INSTRUCTIONS
1. Go back and review your early diagnosis pathway strengths and barriers. For each component in the pathway, enumerate interventions and action steps to address and overcome the barriers. Identify at least one intervention for each barrier.
2. Are there cross-cutting actions and interventions needed in addition to the component-specific actions? Identify these.

KEY QUESTIONS
1. Which actions need to happen first to begin the process of improving early diagnostic capacity?
2. Which actions would have the greatest impact in strengthening early diagnostic capacity?
3. Which actions can you feasibly carry out now?
WORKSHEET: The early cancer diagnosis pathway – Actions and interventions

<table>
<thead>
<tr>
<th>STEP 1</th>
<th>STEP 2</th>
<th>STEP 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness and accessing care</td>
<td>Clinical evaluation, diagnosis, and staging</td>
<td>Access to treatment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Awareness of symptoms, seeking and accessing care</th>
<th>Accurate clinical diagnosis</th>
<th>Diagnostic testing and staging</th>
<th>Referral for treatment</th>
<th>Accessible, high-quality treatment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Interventions</th>
<th>Interventions</th>
<th>Interventions</th>
<th>Interventions</th>
<th>Interventions</th>
</tr>
</thead>
</table>

Cross-cutting interventions
DAY 3: e-CanLEAD interactive learning (cont.) and campus tour
DAY 4: Priority setting and advocacy

GROUP WORK 5: Identifying country priority areas to strengthen cancer control

OBJECTIVES

- To review our initial country assessment of strengths and limitations of our cancer control programme from Day 1.
- To use this assessment and the knowledge gathered from the previous days in identifying priority areas for action for our overall cancer control programme for the next 4 years.

INSTRUCTIONS

1. Look back at the worksheet “Where are our countries in cancer control?” from Day 1.
2. Based on your initial assessment of strengths and barriers, and on the knowledge and skills you have gained over the past days, identify priority areas for action across the various elements of your cancer control programme.
3. List down priority areas for action at the service delivery level, programme level and policy level.
4. Once everyone has completed their country tables, come together in plenary and share your insights with each other.
### Plans for 2017-2020

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>PROGRAMME LEVEL</th>
<th>SERVICE DELIVERY LEVEL</th>
<th>POLICY LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cancer control plan</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Overall cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cervical cancer</td>
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<tr>
<td>• Childhood cancer</td>
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<tr>
<td>• Financing for cancer</td>
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<td></td>
<td></td>
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<tr>
<td>• Human resource development</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Cancer control advisory committee (existence, members)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Cancer prevention</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Risk factor reduction – tobacco control</td>
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<td></td>
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<tr>
<td>• Risk factor reduction – other risk factors</td>
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<td></td>
<td></td>
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<tr>
<td>• HPV and HBV vaccination</td>
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<tr>
<td><strong>Cancer screening</strong></td>
<td></td>
<td></td>
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<tr>
<td>• National cancer screening programmes (cervix, breast)</td>
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<tr>
<td><strong>Cancer early detection</strong></td>
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<tr>
<td>• Diagnostic capacity (pathology, cytology, laboratory, etc.)</td>
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</tbody>
</table>

Continued in next page
<table>
<thead>
<tr>
<th>Domain</th>
<th>Programme Level</th>
<th>Service Delivery Level</th>
<th>Policy Level</th>
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</thead>
<tbody>
<tr>
<td><strong>Cancer management</strong></td>
<td></td>
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<tr>
<td>- Evidence-based practice guidelines (overall or specific cancers)</td>
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</tr>
<tr>
<td>- Availability (public and/or private) and affordability of:</td>
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<tr>
<td>✓ Surgery</td>
<td></td>
<td></td>
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<tr>
<td>✓ Radiotherapy (including radiation safety)</td>
<td></td>
<td></td>
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<tr>
<td>✓ Chemotherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>✓ Cancer medicines</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>Pain relief and palliative care</strong></td>
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<tr>
<td>- Community or home-based care</td>
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<tr>
<td>- Availability and affordability of oral morphine</td>
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<tr>
<td><strong>Cancer registration and research</strong></td>
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<tr>
<td>- Registry and coverage (hospital-based or population-based; national or subnational)</td>
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<tr>
<td>- ICD coding</td>
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<tr>
<td>- Vital registration (mortality data)</td>
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<tr>
<td>- Risk factor surveys (STEPS, etc.)</td>
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<td></td>
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<tr>
<td>- Cancer research</td>
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</tbody>
</table>
GROUP WORK 6: Advocacy for early diagnosis and screening of cancer

INTRODUCTION
Improving cancer early diagnosis requires an accurate understanding of current capacity that can be achieved through a situation analysis and then strengthening capacity at multiple points within the health system. Results from the situation analysis can assist with the development of strategic priorities to address the common barriers. Because there are often multiple barriers across the system, improving early diagnosis requires health system investment at all facility levels and across WHO health system building blocks – health workforce, access to priority technologies, health financing, health information systems, leadership and governance and service delivery – according to local capacity.

OBJECTIVE
• To practice creating and communicating effective advocacy messages to promote early diagnosis and screening of cancer control in a competitive marketplace.

MATERIALS NEEDED
Make-believe money on post-it paper; 1 large flip chart sheet for recording investment selections

INSTRUCTIONS
1. Scenario: The global cancer control funders are coming to this workshop. You and the other country teams will be competing for their cancer control investment dollars. Each country team is considered an advocacy team.
2. Using the results from the previous exercises, create an advocacy communications strategy to promote early cancer diagnosis to your cancer control audience, who are the cancer control investors.
3. Country teams have a total of 5 minutes to complete their advocacy pitch to the audience of cancer control investors. You can use any audio-visual means of communication to get your advocacy message across clearly and compellingly.
4. Cancer control investors have a fixed amount of money to invest in any and all cancer control interventions that catch their interest.
5. At the end of all the country teams' advocacy presentations, investors will individually decide which team to invest their money in. A flipchart sheet will be set up in front of the audience. The investors will individually affix their investment dollars to the team that they have selected as having the best advocacy “sales pitch.”
6. Criteria for buyers:
   • Which advocacy strategy caught your attention?
   • Which advocacy strategy sustained your attention?
   • Which advocacy strategy presented compelling evidence for urgent action?
   • Which advocacy strategy convinced you that investment would result in significant gains?
   • Which intervention would you invest money on?
7. Once the investment decisions are all in, come back together as a plenary group and discuss the results. What advocacy strategies were effective in getting buyers to invest? Which strategies were less effective? What are the practical take-home lessons on advocacy from this exercise?
REFERENCES


4th Workshop for Leadership and Capacity-building or Cancer Control (CanLEAD)

Seoul, Republic of Korea, 27 to 30 June 2017

Workshop evaluation

The workshop was attended by twenty-five participants, responsible for cancer prevention and control in their country, from twelve countries in three WHO regions – Brunei Darussalam, Cambodia, Fiji, Jordan, Kenya, Lao PDR, Malaysia, Mongolia, Philippines, Solomon Islands, Uganda and Viet Nam. The four-day programme was evaluated using a questionnaire where participants gave scores on a scale of 1-10 (10 being the highest, 1 being the lowest) for operational arrangements and for the technical sessions. Participants also assessed their knowledge and confidence levels on a scale of 1-5 (5 being the highest, 1 being the lowest) before and after the workshop (knowledge assessment results not disclosed). The distribution of the scores is provided below.

**Questionnaire 1 - Overall impression**

<table>
<thead>
<tr>
<th></th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
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</thead>
<tbody>
<tr>
<td>The participation in this meeting was</td>
<td>47%</td>
<td>32%</td>
<td>11%</td>
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<tr>
<td>The facilitation in this meeting was</td>
<td>68%</td>
<td>16%</td>
<td>11%</td>
<td>5%</td>
<td>0%</td>
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<tr>
<td>The leadership in this meeting was</td>
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<td>Facilities of this meeting were</td>
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<td>5%</td>
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<tr>
<td>Accommodation for this meeting was</td>
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<tr>
<td>Meals provided during this meeting were</td>
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<tr>
<td>The overall impression of this meeting was</td>
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<td>26%</td>
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**Questionnaire 2 - What have you achieved?**

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</thead>
<tbody>
<tr>
<td><strong>Session 2:</strong> Global and regional level situation and challenges for national cancer control</td>
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<tr>
<td>a. to understand the objectives of the session</td>
<td>47%</td>
<td>32%</td>
<td>11%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>42%</td>
<td>26%</td>
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<tr>
<td><strong>Session 3:</strong> Cancer aetiology, epidemiology and prevention</td>
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<tr>
<td>a. to understand the objectives of the session</td>
<td>63%</td>
<td>16%</td>
<td>11%</td>
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<td>0%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>53%</td>
<td>26%</td>
<td>16%</td>
<td>5%</td>
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<tr>
<td><strong>Session 4:</strong> Early detection (early cancer diagnosis and screening)</td>
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<tr>
<td>a. to understand the objectives of the session</td>
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<td>26%</td>
<td>5%</td>
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<tr>
<td>b. to exchange views and information in the discussions</td>
<td>58%</td>
<td>21%</td>
<td>11%</td>
<td>5%</td>
<td>5%</td>
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<tr>
<td><strong>Session 5:</strong> Surveillance, monitoring and cancer registration</td>
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<tr>
<td>a. to understand the objectives of the session</td>
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<td>22%</td>
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<tr>
<td>b. to exchange views and information in the discussions</td>
<td>50%</td>
<td>17%</td>
<td>22%</td>
<td>11%</td>
<td>0%</td>
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<tr>
<td><strong>Session 6:</strong> Diagnosis, treatment and palliative care</td>
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</tr>
<tr>
<td>a. to understand the objectives of the session</td>
<td>61%</td>
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<td>17%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>56%</td>
<td>17%</td>
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<td>6%</td>
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</tbody>
</table>
**Session 7: National cancer control programme (NCCP)**

- **a.** to understand the objectives of the session
  - Pre: 65%
  - Post: 63%
  - Improvement: 2%
- **b.** to exchange views and information in the discussions
  - Pre: 56%
  - Post: 58%
  - Improvement: 2%

**Session 8: Cancer research**

- **a.** to understand the objectives of the session
  - Pre: 42%
  - Post: 38%
  - Improvement: 4%
- **b.** to exchange views and information in the discussions
  - Pre: 37%
  - Post: 36%
  - Improvement: 1%

**Questionnaire 3 - Groupworks and Activities**

<table>
<thead>
<tr>
<th>Activity</th>
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<th>9</th>
<th>8</th>
<th>7</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Where are we in our cancer control journey?</td>
<td>58%</td>
<td>16%</td>
<td>5%</td>
<td>11%</td>
<td>5%</td>
</tr>
<tr>
<td>Where are our countries in cancer control?</td>
<td>47%</td>
<td>21%</td>
<td>11%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Country presentations on early cancer diagnosis</td>
<td>42%</td>
<td>16%</td>
<td>16%</td>
<td>21%</td>
<td>0%</td>
</tr>
<tr>
<td>Where are we in early cancer diagnosis? Strengths &amp; barriers</td>
<td>53%</td>
<td>21%</td>
<td>16%</td>
<td>11%</td>
<td>0%</td>
</tr>
<tr>
<td>Where are we in early cancer diagnosis? Actions and interventions</td>
<td>58%</td>
<td>16%</td>
<td>5%</td>
<td>16%</td>
<td>5%</td>
</tr>
<tr>
<td>Campus tour</td>
<td>63%</td>
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<td>21%</td>
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</tr>
<tr>
<td>Identifying country priority areas to strengthen early cancer diagnosis</td>
<td>58%</td>
<td>11%</td>
<td>11%</td>
<td>16%</td>
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<tr>
<td>Advocacy for early cancer diagnosis and screening</td>
<td>63%</td>
<td>11%</td>
<td>11%</td>
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<td>5%</td>
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</tbody>
</table>

**Pre- and post-workshop assessment (average score)**

<table>
<thead>
<tr>
<th>Knowledge assessment</th>
<th>Pre</th>
<th>Post</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing the current status of cancer control in my country</td>
<td>3.61</td>
<td>4.16</td>
<td>+0.55</td>
</tr>
<tr>
<td>Identifying and monitoring the priority problem areas for cancer control</td>
<td>3.67</td>
<td>4.21</td>
<td>+0.54</td>
</tr>
<tr>
<td>Defining the actionable root causes of priority problems</td>
<td>3.28</td>
<td>4.21</td>
<td>+0.93</td>
</tr>
<tr>
<td>Drafting an action plan to address these actionable root causes</td>
<td>3.33</td>
<td>4.37</td>
<td>+1.04</td>
</tr>
<tr>
<td>Delineating priority actions along the service delivery level, the programme level, and at the level of policy</td>
<td>3.33</td>
<td>3.89</td>
<td>+0.56</td>
</tr>
</tbody>
</table>