3rd Workshop on Leadership and Capacity-building for Cancer Control (CanLEAD)

13–17 June 2016
Seoul, Republic of Korea
3rd Workshop on Leadership and Capacity-building for Cancer Control (CanLEAD)
13–17 June 2016
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MEETING REPORT

THIRD WORKSHOP ON LEADERSHIP AND CAPACITY-BUILDING FOR CANCER CONTROL (CANLEAD)

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

NATIONAL CANCER CENTER, SEOUL, REPUBLIC OF KOREA

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NOTE

The views expressed in this report are those of the participants of the Third 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 Third Workshop on Leadership and Capacity-building for Cancer Control (CanLEAD) in Seoul, Republic of Korea from 13–17 June 2016.
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Keywords

| Capacity-building / Leadership / Neoplasms – prevention and control / Registries |
SUMMARY

Cancer is one of the four major noncommunicable diseases (NCDs). Globally, there were 14.1 million new cancer cases and 8.2 million cancer deaths in 2012. In the Western Pacific Region, there were an estimated 4.1 million new cancer cases and 2.6 million cancer deaths in the same year. The Western Pacific Region, while home to just one fourth of the world’s population, has one third of all cancer deaths worldwide.

The capacity to control cancer is limited, especially in lower- and middle-income countries (LMICs). Only 75% of LMICs worldwide have a cancer control strategy and/or action plan within the national action plan of NCDs, with just 65% of them reported as operational. In most LMICs, coverage of cancer registration is relatively low, often not meeting international standards for quality.

The World Health Organization (WHO) developed a series of six modules – planning, prevention, early detection, diagnosis and treatment, palliative care and policy and advocacy – that provide practical advice for programme managers and policy-makers on how to advocate, plan and implement effective cancer control programmes, particularly in LMICs.

Based on the six modules, in 2013 the WHO Regional Office for the Western Pacific and the National Cancer Center (NCC) in the Republic of Korea (a WHO Collaborating Centre for cancer registration, prevention and early detection) jointly developed the first CanLEAD course. CanLEAD was designed to enhance leadership skills for cancer control and strengthen national cancer plans.

Realizing the limited opportunities for training and dissemination of the six modules, an online course on cancer control (e-CanLEAD) was developed based on the six modules in collaboration with WHO headquarters and regional offices.

The Third CanLEAD workshop was held at NCC, Seoul, Republic of Korea from 13 to 17 June 2016. The objectives of the meeting were to:
- review the progress of cancer control programmes in participating countries;
- enhance leadership skills and share good practices in cancer control;
- discuss mechanisms for implementing e-CanLEAD (an online course on cancer control); and
- identify country-specific steps to strengthen capacity to develop or enhance national cancer control plans.

Twelve participants attended the workshop, representing the six WHO regions. Observers, resource persons and temporary advisers from the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer (IARC), the NCC Republic of Korea and the United States National Cancer Institute (NCI) also participated.

Strong national capacity, leadership, advocacy and strategic networking are key elements in attaining progress in cancer prevention and control. The Third Workshop on Leadership and Capacity-building for Cancer Control (CanLEAD) met its objectives, and the participants obtained the necessary information and skills to further enhance their capacity for cancer prevention and control in their countries. This workshop provided the opportunity to strengthen
cancer control capacity by bringing together participants from LMICs, technical experts from various international agencies and cancer control capacity building tools and resources to enhance and promote strategic interventions to prevent and reduce the cancer burden.

The didactic lectures, interactive learning exercises, facilitated group work, and experiential learning introduced participants to resources and tools for accelerating progress against cancer. Scaling-up the CanLEAD curriculum at subregional, national and subnational levels, promotion of e-CanLEAD and CanReg5, and strengthening the national cancer control programme (NCCP) 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% relative reduction in premature deaths due to NCDs by 2025.

1. INTRODUCTION

1.1 Meeting organization

The Third Workshop on Leadership and Capacity-building for Cancer Control (CanLEAD) was held at the National Cancer Center (NCC), Seoul, Republic of Korea from 13 to 17 June 2016. Twelve participants attended the workshop, representing the six WHO Regions. Participants were nominated by their countries and represented one of the following: a national cancer society, a nongovernmental organization (NGO) related to cancer control, an expert in cervical cancer or cancer registration or the Ministry of Health. Observers, resource persons and temporary advisers from the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer (IARC), the NCC Republic of Korea, the National Cancer Institute (USA), and Health Partners, LLC (Guam) also participated. Staff members from the WHO Regional Office for the Western Pacific, WHO headquarters and the NCC, Seoul, Republic of Korea, provided secretariat support for the workshop. A list of participants, temporary advisers, resource persons and secretariat members are given in Annex 1.

1.2 Meeting objectives

The objectives of the meeting were to:

(1) review the progress of cancer control programmes in participating countries;
(2) identify how to implement the online course on cancer control;
(3) enhance leadership skills and share good practices in cancer control; and
(4) identify country-specific steps to strengthen capacity to develop or enhance national cancer control plans.

The workshop comprised a mix of didactic lectures, updates from international agencies, country presentations, interactive workshop exercises and online learning in addition to the opening and closing sessions. Sessions were designed to address various aspects of cancer prevention and control, with a special focus on cervical cancer, and strategic planning for NCCP strengthening. The workshop also included participation at the international symposium on Precision Medicine: Bridging Genetics to Cancer Continuum. Group work and participatory learning exercises accompanied the plenary sessions. A full outline of the programme is provided in Annex 2. A workbook was developed to guide the group work and skill-building activities which can be found in Annex 3.
2. PROCEEDINGS

2.1 Opening session

Dr Kang Hyun Lee, President of NCC, opened the workshop by welcoming the participants and providing an overview of the NCC. Ever since its inception in 2000, the NCC has persevered to lessen the burden of cancer for Koreans by conducting and offering assistance to cancer research, diagnosing and treating cancer patients, assisting in the national cancer control initiatives, and finally, educating and training cancer specialists. He indicated the centre’s role in hosting capacity-building workshops jointly with WHO in pursuit of a common goal to eradicate cancer.

Dr Hai-Rim Shin, Coordinator, Noncommunicable Diseases and Health Promotion, WHO Regional Office for the Western Pacific, presented on behalf of the Regional Director of WHO Western Pacific Region, Dr Shin Young-soo. She noted that cancer is one of four major NCDs, which are the leading causes of death in the Region. Breakthroughs in cancer treatments are ongoing, and 16 new cancer medicines have been added to the WHO Model List of Essential Medicines. But beyond treatment, building national capacity for cancer prevention and control is critical, especially since the world has committed to the Sustainable Development Goals, which call for a reduction in NCD deaths by 2030.

2.2 Global and regional situation and challenges for cancer control

Dr Warrick Junsuk Kim provided a brief introduction to the course schedule and activities. Dr Cherian Varghese reviewed the current status of cancer prevention and control globally and in the Western Pacific Region. WHO’s vision is a world free of avoidable NCD burden, and its mission is to reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs by means of multisectoral collaboration and cooperation at national, regional and global levels.

Data indicate that not all countries have adequate capacity and infrastructure to tackle cancer prevention and control in a strategic manner. Effective national cancer control programmes require leadership to drive progress and overcome the barriers that hinder action to reduce cancer burden in countries. The United Nations Interagency Task Force on NCD Prevention and Control fostered collaboration between the IARC, IAEA and WHO; two projects have been proposed to support comprehensive cancer support in seven countries and support national efforts to prevent and control cervical cancer in an initial set of countries.

Effective national cancer control programmes (NCCPs) are fundamental to cancer control, and the cancer registry is an essential part of NCCP. Regionally, 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.

Updates from three other international agencies were presented, from IAEA, IARC and NCI. The various areas of work of these agencies, including technical assistance and capacity-building resources, were reviewed.

Dr Annette David, Health Partners, LLC, Guam, facilitated a set of learning activities to assist participants 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 cervical cancer control in their countries (spidergram). This was followed by presentations from all participants, detailing the state of cancer prevention and control and opportunities and challenges in their countries.

2.3 Introduction to the web-based cancer control leadership course (e-CanLEAD)
Professor Kui-son Choi presented the web-based cancer control leadership course known as e-CanLEAD, and various technical experts facilitated sessions where participants went through the six modules. WHO and NCC Republic of Korea began the development of “CanLEAD eLearning for Cancer Control Program (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 completed in 2015. There are six modules, plus a final project centred on national cancer control planning. Participants went through each of the modules, and provided written and verbal feedback to the course developers. The feedback will be incorporated into the final course curriculum, which will shortly be ready for dissemination.

2.4 Cancer prevention
Dr Hai-Rim Shin reviewed the elements and strategies for effective NCCPs. Dr Varghese followed with an overview of cancer aetiology and epidemiology, and approaches to prevention, early detection, diagnosis and treatment. A significant proportion of cancers can be prevented through risk factor reduction. Countries can benefit by utilizing “best buys” – proven, cost-effective interventions that can be implemented even in resource-challenged settings. Prioritization is key, as most LMICs cannot address all interventions simultaneously. Sustainability should be addressed at the outset, as cancer control requires long-term commitments and sustained actions.

2.5 Cancer registries
Mr Leslie Mery from the IARC introduced cancer registration as an essential component of the national cancer control programme. 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. Developing and developed countries face numerous challenges in establishing good registries, but tools and resources, such as CanReg5, exist to assist countries in planning for good 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.

Ms Kyu-Won Jung discussed coding and staging for cancer registration, and introduced the International Classification of Diseases for Oncology (ICD-O). ICD-0 topography is a subset of ICD-10, but differs at a basic level. Other staging systems such as SEER and AJCC-TNM were presented, and compared with ICD-O.

CanReg 5 is a tool which provides most of what a cancer registry needs in one easy-to-use software package; its modules include data input, quality control, consistency check and analysis of data. Data is split into three database tables: patient, tumour and source. CanReg5 is an open source program with flexibility to adjust to local needs. It is user-friendly, has multi-user
functionality, and is free of charge. Participants were provided with a working copy of CanReg 5 loaded into their laptops.

2.6 Cancer early diagnosis and screening

Professor Kui Son Choi introduced the eCanLEAD module on early detection and screening. Dr Varghese provided an overview of cervical cancer screening guidelines and discussed the issues surrounding screening and early detection. Effective screening programmes have a high coverage of over 80% of the population at risk and are linked to appropriate follow-up and management services for those who have positive screening results. Moreover, screening should be supported by evidence-informed prevention and control policies, sound governance and operational infrastructure, reliable processes that ensure good quality throughout the referral chain, sustainable resources, competent personnel and a registry or data mechanism to track incidence and outcomes.

Dr Alfred Karagu Maina, Head of the Kenya National Cancer Institute, shared the state of cervical cancer screening in Kenya. Cervical cancer is the most common cause of cancer in Kenya, and the leading cause of cancer mortality. Concomitantly, human immunodeficiency virus (HIV) and human papilloma virus (HPV) prevalence rates are significant, and 15% of the female population commence sexual activity before the age of 15 years. A national policy framework for cancer control exists with a multisectoral national technical working group, supported by focal persons at the county level, overseeing its implementation. Services are available throughout the care continuum, and service delivery is tracked through the health information system, which incorporates cervical cancer screening indicators. Cervical cancer screening remains low overall, although advocacy efforts to improve coverage are being spearheaded by the First Lady. HPV vaccination pilots are ongoing and a national scale-up is scheduled for 2018.

Professor Jinhee Sohn from Sungkyunkwan University presented on cervical cancer screening in the Republic of Korea, and reviewed the history and development of national cervical cancer screening guidelines, which are tailored to the local context. Pathologists played a key role in standards development and promotion of screening. Cervical cancer screening is covered by national health insurance. Participation rate in the screening programme progressively increased from 2005 to 2011 and increases were consistent across all age groups and income levels. Evaluation research on the impact of screening on cancer incidence and mortality demonstrated a reduction in invasive cancer and an increase in carcinoma in situ (CIS) across all age groups, indicating that cancers are being caught at an earlier stage. Screening was associated with reduced incidence and mortality. The Republic of Korea is also still developing cost-effective and evidence-based guidelines to address who should be screened, what upper age limits to apply, what types of tests should be prioritized and frequency of screening.

Dr Luisa Cikamatana Rauto from the Ministry of Health and Medical Services in Fiji talked about the cervical cytology training in her country. Fiji’s health care system is decentralized for service delivery, but human resources management and supplies are handled centrally. About 2000 community health workers provide community health care services to supplement the reach of Fiji’s three divisional hospitals and 16 subdivisional hospitals. Health is financed largely by the government, with out of pocket expenditures comprising about 22% of health-care costs. The first Cervical Cytology and Cancer Registration Training was held in November 2015, at the Fiji National University. With WHO assistance, facilitators from the Republic of Korea’s National Cancer Center trained 16 Fijian participants from the Ministry of Health and one Samoan over
four days. The event showcased the feasibility of regional peer capacity-building, by “twinning”
regional institutions for enhancing cervical cancer screening skills.

NCC hosted the International Symposium on Precision Medicine: Bridging Genetics to Cancer
Continuum. Participants had the opportunity to attend Session 1: Overview of hereditary cancer.
Three presentations covered the application of genetics to risk assessment, diagnosis and
prevention for hereditary cancers, with experiences and data from the Republic of Korea, and
globally.

The afternoon focused on strategic planning exercises. Dr Annette M. David introduced the
participants to the problem-solution tree, building on previous work using the cervical cancer
spidergram. Participants conducted a rapid assessment of strengths and gaps in their national
cervical cancer control programmes and explored actionable root causes for the priority gaps.

2.7 Diagnosis, treatment and palliative care
Dr Kirsten Hopkins of the International Atomic Energy Association (IAEA) presented an
overview of IAEA’s mission and work within the Region. Radiotherapy is crucial to cancer
control and adequate and equitable access to radiotherapy should be approached as one of the
essential components in a continuum of cancer care and should be incorporated in NCCP.
Services must be consistent with international standards, situated within the nation regulatory
framework, commensurate with economic resources and national priorities and sustainable within
the economic and human resources context. Moreover, it should be integrated within a national
cancer control programme. 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.

Dr Yoon-Jung Chang from NCC discussed the supportive care needs of the later stages of cancer,
and emphasized that terminal cancer patients and their caregivers often experience traumatic
stress and need many diverse types of assistance. She presented results of their study of
terminally ill cancer patients and caregivers, delineating the care burden for both groups and the
factors important for satisfaction.

Dr Annette David presented an overview of the elements of effective cancer control advocacy.
This presentation was followed by an activity to develop key benefits and messages for advocacy
to funders. Participants shared their advocacy products through a “global marketplace” activity;
the marketplace activity and role-plays helped the participants to familiarize themselves with
some principles of effective advocacy and provide feedback to each other on developing
advocacy messages.

2.8 National cancer control programme development
Dr Jin Soo Lee from NCC provided an overview of the history of national cancer control in the
Republic of Korea, and milestones in the evolution of the NCC. The NCC was established based
on the National Cancer Center Act of 2000 and the Cancer Control Act of 2011. NCC’s principles
and approach to cancer control mirrors the WHO and IARC approaches. 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.
NCC’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.

Prevention is a cornerstone of national cancer control efforts. In 2006, the “10 Codes for Cancer Prevention” was developed and disseminated to the public by NCC, with key messages to reduce cancer risk factors. Primary prevention services include the national quitline with free nicotine replacement therapy, established by NCC in 2006, and linked to 251 public health centre-based cessation clinics. 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 national cancer control programme is sound data from the National Cancer Registry.

Dr Varghese reviewed the components of an effective NCCP, the process of developing a cancer control policy and advocacy plan, effective implementation strategies and monitoring and evaluation approaches. He facilitated an exercise where participants identified priority areas for cancer control across the continuum of cancer care.

2.9 Closing session

Dr Varghese and Dr Hai-Rim Shin closed the workshop by thanking participants for their active involvement. Dr Shin acknowledged the support of and collaboration and partnership with the NCC Republic of Korea and the contributions of IAEA, IARC and NCI. Participants were given the opportunity to express their thoughts and insights about the workshop. The feedback was overwhelmingly positive with all participants stating that their workshop expectations were met and new skills were acquired. There is unanimous support for expanding this workshop to include more countries and extending an invitation to participants outside the health sector.

2.10 Evaluation

An evaluation of the workshop was conducted using a structured questionnaire with a scale of 1 to 10 (with 10 being the highest score) to indicate participants’ impression and satisfaction with the workshop. Participants were also asked to conduct a self-assessment of their knowledge and confidence levels on a scale of 1 to 5 (5 being the highest, 1 being the lowest). The self-assessment was done before the start of the workshop and again during the closing session of the workshop. Results are included in Annex 4.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Leadership and advocacy are key elements in attaining progress in cancer prevention and control. The Third Workshop on Leadership and Capacity-building for Cancer Control (CanLEAD) met its objectives, and the participants obtained the necessary information and skills to further enhance leadership and advocacy for cancer prevention 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 and CanReg5 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.

3.2 Recommendations

3.2.1 Recommendations for Member States

1) The Third Workshop on Leadership and Capacity-building for Cancer Control (CanLEAD) is a suitable model to expand training within countries, and can be adapted for scale-up at national and subnational levels. Member States are encouraged to explore the feasibility of adapting the CanLEAD model for national and subnational capacity-building workshops.

2) Capacity building for cancer control is needed across health programmes and in non-health sectors. The e-CanLEAD curriculum is a viable platform for this, and should be disseminated to other critical stakeholders within and outside of the health sector. Member States are encouraged to assist by identifying key stakeholders who would benefit from the training and promoting the online course. Participants are also asked to disseminate the training opportunity at National Cancer Center’s Graduate School of Cancer Science and Policy in the Republic of Korea to other cancer stakeholders in their countries.

3) Cancer registries are fundamental for effective cancer prevention and control. Member States are encouraged to establish or strengthen their cancer registries, and utilize available resources, such as CanReg5, to enhance the quality of their cancer data for better guidance in national cancer control planning.

4) Cervical cancer programmes provide opportunities for prevention through HPV vaccination and mortality reduction through early detection and screening. Member States have undertaken a rapid assessment of the components of essential cervical cancer prevention and control within their countries, and identified where initial efforts need to focus. Member States are encouraged to follow-through on the results of these exercises by systematically using the information to guide country actions.

5) Participants also performed diagnostic assessments and identified key actions for the immediate future to strengthen their NCCPs. Member States are encouraged to revisit these key actions and engage the relevant stakeholders to ensure their implementation.

3.2.2 Recommendations for WHO

1) WHO and IARC are requested to provide technical support to countries for adapting and conducting the CanLEAD capacity-building workshop at subregional, national and subnational levels.

2) WHO and NCC are requested to launch and disseminate e-CanLEAD, incorporating the feedback and suggested revisions from country participants. A portable version of the curriculum using compact discs or USB flash drives should be made available so that countries with poor or limited Internet connectivity can still access the course.

3) WHO and NCC are requested to encourage schools or programmes to award certificates and/or continuing medical education credits upon completion of the e-CanLEAD course as incentives for health-care professionals. It is also requested to explore the translation of the curriculum.
4) WHO, IAEA, IARC, NCI and NCC are requested to provide technical assistance, as requested by country participants, in establishing, strengthening, implementing and evaluating their respective NCCP.

ANNEXES

Annex 1. List of participants
Annex 2. Meeting programme
Annex 3. Participants’ workbook
Annex 4. Workshop evaluation and pre/post self-assessment results
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**TENTATIVE PROGRAMME OF ACTIVITIES**

**Monday, 13 June 2016**

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 (NCC)  
Republic of Korea  

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 cancer control  

10:30-10:50  Update on the recent global and regional cancer control activities in WHO  
**Dr Cherian Varghese**  
Coordinator, Management of NCDs  
WHO HQ  

10:50-11:00  Update on International Agency for Research on Cancer (IARC) activities and research  
**Mr Leslie Mery**  
Global Manager, Global Initiative for Cancer Registry Development (GICR)  
WHO / IARC  

11:00-11:10  Update on International Atomic Energy Agency (IAEA) activities and research  
**Dr Kirsten I. Hopkins**  
IAEA  

11:10-11:40  Updates from National Cancer Institute (NCI)  
Introduction of National cancer control programmes (NCCP) core capacity self-assessment tool  
**Dr Paul C. Pearlman**  
Science Policy Advisor/Program Officer  
National Institutes of Health (NHI) / NCI  

11:40-12:00  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 / Dr Paul C. Pearlman**  
Senior Partner for Health Consulting Services  
Health Partners, LLC  

14:00-15:00  Group work (2) :  
Where are our countries in cancer control?  
Group discussion  
**Dr Cherian Varghese / Dr Annette David**  

15:00-15:30  Mobility break
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15:30-16:30</td>
<td>Group work (3): Where are we in cervical cancer control: Spidergram</td>
<td>Dr Annette David</td>
</tr>
<tr>
<td>16:30-17:00</td>
<td>Marketplace: Promoting cervical cancer control</td>
<td>Dr Annette David / Dr Cherian Varghese</td>
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<tr>
<td>17:30-</td>
<td>Welcome reception: hosted by National Cancer Center, Republic of Korea (KNCC)</td>
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**Tuesday, 14 June 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>08:45-09:00</td>
<td>Recap of Day 1</td>
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<tr>
<td>09:00-09:30</td>
<td>Introduction of web-based cancer control leadership course (eCanLEAD)</td>
<td>Professor Kui Son Choi (Professor, Graduate School of Cancer Science and Policy, Republic of Korea)</td>
</tr>
<tr>
<td>09:30-10:30</td>
<td>Introduction to National Cancer Control Programme (NCCP): eCanLEAD module 1</td>
<td>Dr Hai-Rim Shin</td>
</tr>
<tr>
<td></td>
<td>Feedback of eCanLEAD module 1</td>
<td>Facilitator: Dr Warrick Junsuk Kim</td>
</tr>
<tr>
<td>10:30-11:00</td>
<td>Mobility break</td>
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<tr>
<td>(3) Cancer prevention</td>
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<tr>
<td>11:00-12:00</td>
<td>Cancer aetiology, epidemiology and prevention: eCanLEAD module 2</td>
<td>Dr Cherian Varghese</td>
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<tr>
<td></td>
<td>Feedback of eCanLEAD module 2</td>
<td>Facilitator: Dr Warrick Junsuk Kim</td>
</tr>
<tr>
<td>12:00-13:30</td>
<td>Lunch break</td>
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<tr>
<td>(4) Cancer registries</td>
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<tr>
<td>13:30-15:00</td>
<td>Surveillance, monitoring and cancer registration: eCanLEAD module 3</td>
<td>Dr Warrick Junsuk Kim/Ms Kyu-Won Jung</td>
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<tr>
<td></td>
<td>Feedback of eCanLEAD module 3</td>
<td>Facilitator: Dr Warrick Junsuk Kim</td>
</tr>
<tr>
<td>15:00-15:30</td>
<td>Cancer registration: Types, methodology and tools - Global Initiative for Cancer Registry (GICR) Development</td>
<td>Mr Leslie Mery</td>
</tr>
<tr>
<td>15:30-16:00</td>
<td>Mobility break</td>
<td></td>
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<tr>
<td>(5) Cancer early diagnosis and screening</td>
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<tr>
<td>16:00-17:00</td>
<td>Early detection: eCanLEAD module 4</td>
<td>Professor Kui Son Choi</td>
</tr>
<tr>
<td></td>
<td>Feedback of eCanLEAD module 4</td>
<td>Facilitator: Dr Warrick Junsuk Kim</td>
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</table>
Wednesday, 15 June 2016

08:45-09:00 Recap of Day 2

09:00-11:30 Participation in international symposium on ‘Precision Medicine: Bridging Genetics to Cancer Continuum’
   Session 1: Overview of hereditary cancer
   - Current status of hereditary cancer
   - Hereditary colorectal cancer: establishment of an institutional registry
   - Risk assessment, prediction & prevention
   - Coffee break

11:30-12:00 Campus tour & physical exercise

12:00-13:30 Lunch break

13:30-14:10 Development of practice guidelines for the early detection and screening of cervical cancer
   Dr Cherian Varghese / Dr Hai-Rim Shin

14:10-14:30 Country example (1):
   Cervical cancer screening programmes in Kenya
   Dr Alfred Karagu Maina
   Ag. Head, Kenya National Cancer Institute Kenya

14:30-15:10 Country example (2):
   Cervical cancer control in the Republic of Korea
   Professor Jinhee Sohn
   Professor, Sungkyunkwan University Republic of Korea

15:10-15:30 Country example (3):
   Cervical cytology training in Fiji
   Dr Luisa Cikamatana Rauto
   Acting Deputy Secretary, Hospital Services Ministry of Health, Fiji

15:30-16:00 Mobility break

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

Thursday, 16 June 2016

08:45-09:00 Recap of Day 3

(6) Diagnosis, treatment and palliative Care

09:00-10:00 Diagnosis, treatment, pain relief and palliative care (with a focus on cervical cancer):
   eCanLEAD module 5
   Feedback of eCanLEAD module 5
   Dr Kirsten I. Hopkins
   Facilitator: Dr Warrick Junsuk Kim

10:00-10:30 Planning and implementation of radiation oncology services for cervical cancer
   Dr Kirsten I. Hopkins

10:30-11:00 Mobility break

11:00-12:00 Introduction of a palliative care online course in Korea
   Professor Yoonjung Chang
   Associate Professor, Graduate School of Cancer, Science and Policy
   Republic of Korea

12:00-13:30 Lunch break
13:30-15:30  Group work (5): Advocacy for cervical cancer control  
Dr Annette David/ Dr Warrick Junsuk Kim

15:30-16:00  Mobility break

16:00-17:00  Report back from Group work (5)  
Dr Warrick Junsuk Kim / Dr Annette David

Friday, 17 June 2016

08:45-09:00  Recap of Day 4  
(7) NCCP development

09:00-10:00  Experience with national cancer control in the Republic of Korea  
Professor Jinsoo Lee  
Emeritus Professor, Graduate School of Cancer Science and Policy, Republic of Korea

10:00-10:30  NCCP development, implementation, and evaluation: eCanLEAD module 6  
Dr Cherian Varghese  
Feedback of eCanLEAD module 6  
Facilitator: Dr Warrick Junsuk Kim

10:30-11:00  Mobility break

11:00-12:00  Country exercise: Identifying priority areas for cancer control for countries (2016 to 2020) including cancer registration, early detection, screening, treatment including radiation therapy, palliative care  
Dr Cherian Varghese

12:00-13:30  Lunch break

13:30-15:30  Report back from country exercise  
Dr Cherian Varghese / Dr Annette David

15:30-16:00  Mobility break

16:00-16:15  Post-course assessment  
Dr Warrick Junsuk Kim

16:15-16:30  Closing remarks  
Dr Hai-Rim Shin / Dr Cherian Varghese
3rd Workshop on Leadership and Capacity-Building for Cancer Control

Can LEAD
Building Leadership and Capacity for Cancer Control

Participant’s Workbook
June 13-17, 2016
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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 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 14.1 million new cancer cases and 8.2 million cancer deaths in 2012. The number of new cases is expected to rise by about 70% over the next 2 decades, yet the capacity to control cancer is limited, especially in LMICs. Data from the NCD country capacity survey carried out in 2013 reveal that only 75% of LMICs worldwide have a cancer control strategy and/or action plan within the national action plan of NCDs, with just 65% of them reported as operational. In most of the LMICs, coverage of cancer registration is relatively low.

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 a strong component of surveillance can help reduce the cancer burden in low- and middle-income countries. The WHO Global Monitoring Framework for NCDs includes monitoring of cancer incidence as one of the 25 indicators.

WHO has developed a series of six modules — planning, prevention, early detection, diagnosis and treatment, palliative care and policy and advocacy — that provide practical advice for programme managers and policy makers on how to advocate, plan and implement effective cancer control programmes, particularly in LMICs. WHO has also revised the cervical cancer management guideline, Comprehensive cervical cancer control: a guide to essential practice, 2nd edition, to provide updates on the recent developments in technologies and strategies that can address the gaps between needs and availability of required services for cervical cancer prevention and control.

In 2013, the 1st Workshop for Leadership and Capacity building for Cancer Control (CanLEAD) was held at the National Cancer Center in Seoul, Republic of Korea, using the modules as the basis for a Western Pacific regional cancer control curriculum. This was followed in 2015 by the 2nd CanLEAD Workshop. To further disseminate the regional experience, the 3rd CanLEAD will be conducted inviting participants from all 6 WHO regions. The 3rd CanLEAD Workshop builds upon the lessons learned and feedback from the 2013 and 2015 workshops, and complements the technical content of the six modules with analytical and strategic planning skills-building group exercises.

This Participants’ Workbook contains the instructions, worksheets and tools for the group exercises that will be conducted during the 3rd CanLEAD Workshop. 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.
Disclaimer

This Participant’s Workbook is a dynamic training document – an evolving 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 to reflect these updates. Therefore, at this stage, the Workbook is not an official publication of WHO-WPRO.

Outline of activities

<table>
<thead>
<tr>
<th>Day</th>
<th>Agenda</th>
<th>Group work #</th>
<th>Activities</th>
</tr>
</thead>
</table>
| 1   | Opening ceremony  
Global and Regional situation and challenges in cancer control | 1  
2  
3 | Where are we in our cancer control journey?  
Where are our countries in cancer control?  
Where are we in cervical cancer control: Spidergram  
The Marketplace: Promoting cervical cancer control |
| 2   | Introduction to e-CanLEAD  
Online course of Cancer Control  
Introduction to NCCP  
Cancer prevention  
Cancer registries  
Cancer early diagnosis and screening | | Exercise - e-CanLEAD  
Interactive learning activity |
| 3   | International symposium: Precision Medicine-Bridging genetics to cancer continuum  
Development of practice guidelines for early detection and screening of cervical cancer | 4 | Cervical cancer control: Action planning  
Problem solution tree  
Prioritizing action to strengthen cancer control |
| 4   | Diagnosis, treatment and palliative care | 5 | Stakeholder mapping  
Advocacy for cervical cancer prevention and control |
| 5   | NCCP development | | Country exercise: Identifying priority areas for cancer control |
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:
Where am I in my cancer control journey?
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.

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.

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?
**Worksheets: Where are our countries in cancer control?**

<table>
<thead>
<tr>
<th>Country</th>
<th>Current status</th>
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</thead>
<tbody>
<tr>
<td><strong>Domain</strong></td>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td><strong>Cancer control plan</strong></td>
<td></td>
</tr>
<tr>
<td>- Overall cancer</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>
<td></td>
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<tr>
<td>- Human resource development</td>
<td></td>
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<tr>
<td>- Cancer control advisory committee (existence, members)</td>
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<tr>
<td><strong>Cancer prevention</strong></td>
<td></td>
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<tr>
<td>- Risk factor reduction</td>
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<tr>
<td>- HPV and HBV vaccination</td>
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<tr>
<td><strong>Cancer early detection</strong></td>
<td></td>
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<tr>
<td>- National cancer screening programmes (cervix, breast)</td>
<td></td>
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<tr>
<td>- Diagnostic capacity (pathology, cytology, laboratory, etc.)</td>
<td></td>
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<tr>
<td><strong>Cancer management</strong></td>
<td></td>
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<tr>
<td>- Evidence-based practice guidelines (overall or specific cancers)</td>
<td></td>
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<tr>
<td>- Availability (public and/or private) and affordability of:</td>
<td></td>
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<tr>
<td>✔ Surgery</td>
<td></td>
</tr>
<tr>
<td>✔ Radiotherapy (including radiation safety)</td>
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<tr>
<td>✔ Chemotherapy</td>
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<tr>
<td>✔ Cancer medicines</td>
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<tr>
<td><strong>Pain relief and palliative care</strong></td>
<td></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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<tr>
<td>- Cancer research</td>
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</table>
GROUP WORK 3: Where are we in cervical cancer control - Spidergram

INTRODUCTION:
Cancer control entails a comprehensive approach. Successful cancer control requires a number of distinct but interacting components that are addressed in the e-CanLEAD online course—(1) planning, (2) surveillance and data, (3) prevention, early detection, (4) diagnosis and treatment, (5) palliative care, (6) policy, (7) advocacy and partnerships, and (8) national programme capacity. All components are needed, but in reality, not all components may be present or not all are at optimal condition. Identifying the strongest and weakest components can guide cancer control stakeholders to the “first steps” that are needed to strengthen their cancer control strategy.

For this set of exercises, we will use cervical cancer as our focus for prevention and control efforts.

OBJECTIVE:
▪ To learn another assessment tool as applied to cervical cancer
▪ To use the spidergram as a way to identify the priority area/s for action in cervical cancer control

INSTRUCTIONS:
1. Each of the 8 essential components of cancer control form the 8 legs of a spider web.
2. For each component, reflect and assess the status in your country, as it relates to the overall national cancer control effort for cervical cancer. Use the following scale for a rapid assessment, and assign a score between 0 to 4 for each component:
   ▪ 0 = component is non-existent or is so rudimentary it makes no impact on cervical cancer control; there is hardly any political or community support and capacity for this component
   ▪ 1 = beginning efforts, with weak support and capacity
   ▪ 2 = growing efforts, support and capacity
   ▪ 3 = advanced efforts, with significant political and community support and good capacity
   ▪ 4 = strong efforts, with sound policies and interventions in place that are fully supported and with capacity at its maximum
3. Using a colored marker, mark out the score for every component along the “legs” of the spider web. Connect the dots and identify where the cervical cancer control web is strongest and where it is weakest.
4. Select the most critical component, for which action is needed immediately. This could be component with the lowest ranking across all eight legs, or the component with the greatest possible improvement in rating if action is taken within one year. Use your best judgment for making this selection. Identify the specific problem associated with that component.
WORKSHEET: The cervical cancer control Spidergram

GUIDE QUESTIONS:

1. Which component/s is/are the strongest for cervical cancer control in your country?
2. Which is/are the weakest?
3. Which component should you act on first to strengthen the overall programme?
4. What are the specific problems associated with that component?

Reality Check: In real life, the components---the 8 “legs” of the spider web---are all interconnected. Improvements in one component have an effect on the others. For example, improving early detection and screening also tends to improve treatment success. But when resources are limited, action needs to strategically chosen to have the maximum impact.
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.

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 a 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 workbooks 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?
DAY 3: Action planning for cervical cancer control

OBJECTIVES:

- To learn how to use a set of analytical tools in
  - Assessing strengths and weaknesses of cancer control programs,
  - Determining the root causes of programme weaknesses
  - Prioritizing where to act first to strengthen cancer control

GROUP WORK 4.1: Problem solution tree

INSTRUCTIONS:

1. Go back and review your spidergram from Day 1. After selecting the component where immediate action is needed, identify the specific problem associated with that component. For example, if you selected “Policy” for immediate action, the specific problem could be: “There is no policy mandating health insurance coverage for HPV vaccination to prevent cervical cancer.” This becomes the body of the problem solution tree.

2. Identify the direct and indirect causes of the specific problem; these are the roots. This can be achieved by asking the question “why?” several times until all possible causes/roots of the problem are exhausted.

3. Draw arrows to show the relationships of the causes among one another and their pathways toward the problem.

4. Once all possible causes are considered, identify possible action solutions to address these causes. Draw boxes around these action solutions. [Note: The more detailed the analysis, the greater will be the probability of identifying effective solutions.]
Weakest component: POLICY

Specific problem: There is no policy mandating health insurance coverage for HPV vaccination to prevent cervical cancer

Policymakers are not aware of the magnitude/burden of cervical cancer and availability of an effective vaccine

Data exists, but is not available in user-friendly formats

Invest in data translation to create attractive and easy to read data briefs on cervical cancer and its prevention

HPV vaccination and cervical cancer prevention are a low priority for health policy.

Lack of advocacy from cancer control programme

Programme team lack advocacy skills

Build capacity for policy advocacy on cervical cancer prevention

Other health programmes like TB are given greater importance

Partnerships with community stakeholders, who can assist with advocacy, are weak

Strengthen partnerships and mobilize partners to advocate for HPV vaccine insurance coverage to policymakers

Implement awareness raising activities to call attention to the effectiveness and positive health impact of HPV vaccination.
Weakest component: _________

Specific problem: _____________________________________________________
GROUP WORK 4.2: Prioritizing action to strengthen cancer control

The solutions identified through the problem solution tree become the basis of an action plan for successfully strengthening cancer control. While all the solutions are likely necessary and will need to be carried out over time, it makes sense to prioritize which solutions to act on first.

INSTRUCTIONS:

1. List down the action solutions that you identified in the problem solution tree exercise on the table provided.
2. Consider the impact (I) and feasibility (F) of each of the action solutions, relative to achieving progress in strengthening cervical cancer control. For each action solution, assign a score within the range of 1 to 5, with 1 being the lowest and 5 being the highest.
   
   - **Impact** – significant progress in cervical cancer control is expected if this is carried out
   - **Feasibility** – opportunities, resources, timing and support favour success

3. Multiply the scores for (I) and (F).
4. Choose the top 3 scoring solutions. Create an action plan using the tables provided below for these priority action solutions.

WORKSHEETS

Table 1: Prioritization scoring

<table>
<thead>
<tr>
<th>Solution</th>
<th>Impact (I)</th>
<th>Feasibility (F)</th>
<th>(I) x (F)</th>
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Note: The more action solutions you have for prioritization scoring, the better the outcome of this exercise.
Table 2. An action plan for immediate action to strengthen cervical cancer control

**Priority solution # 1:**

<table>
<thead>
<tr>
<th>Specific Activities <em>(WHAT will be done?)</em></th>
<th>Time Frame <em>(WHEN?)</em></th>
<th>Indicator <em>(HOW will progress be measured?)</em></th>
<th>Resources Needed <em>(WHAT is needed to act?)</em></th>
<th>Persons in charge <em>(WHO needs to be involved?)</em></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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**Priority solution # 2:**

<table>
<thead>
<tr>
<th>Specific Activities <em>(WHAT will be done?)</em></th>
<th>Time Frame <em>(WHEN?)</em></th>
<th>Indicator <em>(HOW will progress be measured?)</em></th>
<th>Resources Needed <em>(WHAT is needed to act?)</em></th>
<th>Persons in charge <em>(WHO needs to be involved?)</em></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<td>2.</td>
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<tr>
<td>3.</td>
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</tbody>
</table>
### Priority solution # 3:

<table>
<thead>
<tr>
<th>Specific Activities (WHAT will be done?)</th>
<th>Time Frame (WHEN?)</th>
<th>Indicator (HOW will progress be measured?)</th>
<th>Resources Needed (WHAT is needed to act?)</th>
<th>Persons in charge (WHO needs to be involved?)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<tr>
<td>3.</td>
<td></td>
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</tbody>
</table>
DAY 4: Advocacy for cancer control with a focus on cervical cancer

INTRODUCTION:
Change for improved cervical cancer prevention and control doesn’t happen in a vacuum. Effective leaders understand the importance of identifying their stakeholders and target audience/s and developing a communication objective and strategic approach for each audience, to engage them in the process of change. In addition, messages highlighting key benefits, support points and desired action responses need to be tailored for specific stakeholder audiences, for greatest impact.

GROUP WORK 5.1: Stakeholder mapping

OBJECTIVE:
- To identify potential stakeholders for cervical cancer prevention and control
- To assess where each stakeholder is located on the influence-interest grid.

INSTRUCTIONS:
1. Identify all the stakeholders you need to achieve the priority action you identified for cervical cancer prevention and control.

2. Situate each stakeholder group on the influence – interest grid below. This grid attempts to gauge each audience’s standing with regards to their ability to influence the process of change as well as their interest in cervical cancer prevention and control. Ideally, your primary audience should be in the upper outer right hand quadrant of the grid—that is, highly influential and highly interested in preventing and reducing cervical cancer. Sometimes, however, your critical audience may be highly influential but not highly interested; this is where advocacy is especially vital—how do you convince highly influential but uninterested stakeholders to gain interest in supporting cervical cancer prevention and control?

3. Based on the grid results, select ONE key stakeholder audience. For the purpose of this exercise and the one following, we will use cervical cancer programme funders as the key stakeholder audience.

4. Choose a representative member of the key stakeholder audience and create a socio-demographic profile for this person (What does this person consider of value? What are the motivations of this person? What would catch his or her interest?).

5. Develop a profile of this individual and note this down in a short descriptive paragraph.
   - What is the primary audience's socio-demographic profile?
   - How is this person best contacted? Who controls access to this person?
   - Who does this person listen to?
   - Who and what can influence this target?
   - What is this person’s position on promoting cervical cancer prevention and control?
   - What will move this person to support cervical cancer prevention and control programmes in your country?
WORKSHEET: Stakeholder Map

```

```

Influence
Strong

Interest
Obstructive
Supportive
Weak

3rd Workshop on Leadership and Capacity-Building for Cancer Control
GROUP WORK 5.2: Advocacy for cervical cancer control

OBJECTIVE:

- To practice creating and communicating effective advocacy messages to promote cervical 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 your cervical cancer control intervention 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 cervical 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?
DAY 5: Identifying priority areas for 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 5 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 limitations, 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.
## WORKSHEET: Identifying priority areas for cancer control

<table>
<thead>
<tr>
<th>Domain</th>
<th>Plans for 2016-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Service delivery level</td>
</tr>
<tr>
<td><strong>Cancer control plan</strong></td>
<td></td>
</tr>
<tr>
<td>- Overall cancer</td>
<td></td>
</tr>
<tr>
<td>- Cervical cancer</td>
<td></td>
</tr>
<tr>
<td>- Childhood cancer</td>
<td></td>
</tr>
<tr>
<td>- Financing for cancer</td>
<td></td>
</tr>
<tr>
<td>- Human resource development</td>
<td></td>
</tr>
<tr>
<td>- Cancer control advisory</td>
<td></td>
</tr>
<tr>
<td>committee (existence, members)</td>
<td></td>
</tr>
<tr>
<td><strong>Cancer prevention</strong></td>
<td></td>
</tr>
<tr>
<td>- Risk factor reduction</td>
<td></td>
</tr>
<tr>
<td>- HPV and HBV vaccination</td>
<td></td>
</tr>
<tr>
<td><strong>Cancer early detection</strong></td>
<td></td>
</tr>
<tr>
<td>- National cancer screening</td>
<td></td>
</tr>
<tr>
<td>programmes (cervix, breast)</td>
<td></td>
</tr>
<tr>
<td>- Diagnostic capacity</td>
<td></td>
</tr>
<tr>
<td>(pathology, cytology, laboratory, etc.)</td>
<td></td>
</tr>
<tr>
<td><strong>Cancer management</strong></td>
<td></td>
</tr>
<tr>
<td>- Evidence-based practice</td>
<td></td>
</tr>
<tr>
<td>guidelines (overall or specific cancers)</td>
<td></td>
</tr>
<tr>
<td>- Availability (public and/or private) and affordability of:</td>
<td></td>
</tr>
<tr>
<td>✓ Surgery</td>
<td></td>
</tr>
<tr>
<td>✓ Radiotherapy</td>
<td></td>
</tr>
<tr>
<td>(including radiation safety)</td>
<td></td>
</tr>
<tr>
<td>✓ Chemotherapy</td>
<td></td>
</tr>
<tr>
<td>✓ Cancer medicines</td>
<td></td>
</tr>
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</table>
### CanLEAD

#### Domain

<table>
<thead>
<tr>
<th>Service delivery level</th>
<th>Programme level</th>
<th>Policy level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pain relief and palliative care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Community or home-based care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Availability and affordability of oral morphine</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cancer registration and research</strong></td>
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<td></td>
</tr>
<tr>
<td>- Registry and coverage (hospital-based or population-based; national or subnational)</td>
<td></td>
<td></td>
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<tr>
<td>- ICD coding</td>
<td></td>
<td></td>
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<tr>
<td>- Vital registration (mortality data)</td>
<td></td>
<td></td>
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<tr>
<td>- Risk factor surveys (STEPS, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cancer research</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3rd Workshop on Leadership and Capacity Building for Cancer Control

CanLEAD
Third Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD)
National Cancer Center, Republic of Korea, 13 to 17 June 2016

Workshop evaluation

The workshop was attended by twenty four (24) participants representing the Ministry of Health or a national organization working on cancer from twelve countries (six (6) from the Western Pacific Region), five (5) WHO Secretariat members and four (4) resource persons / temporary advisors and three (3) observers. The five 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. The distribution of the scores is provided below.

<table>
<thead>
<tr>
<th>Questionnaire 1 - Overall impression</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>The participation in this meeting was</td>
<td>39%</td>
<td>39 %</td>
<td>23%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>The facilitation in this meeting was</td>
<td>62%</td>
<td>31%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>The leadership in this meeting was</td>
<td>77%</td>
<td>23%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Travel arrangements for the meeting was</td>
<td>54%</td>
<td>31%</td>
<td>15%</td>
<td>0%</td>
<td>0%</td>
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<tr>
<td>Facilities of this meeting were</td>
<td>77%</td>
<td>23%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Accommodation for this meeting was</td>
<td>46%</td>
<td>54%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Meals provided during this meeting were</td>
<td>69%</td>
<td>15%</td>
<td>0%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>The overall impression of this meeting was</td>
<td>85%</td>
<td>8%</td>
<td>8%</td>
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<table>
<thead>
<tr>
<th>Questionnaire 2 - What have you achieved?</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 2: Global and Regional level situation and challenges for cancer control</td>
<td>46%</td>
<td>31%</td>
<td>23%</td>
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<td>0%</td>
</tr>
<tr>
<td>a. to understand the objectives of the session</td>
<td>54%</td>
<td>23%</td>
<td>23%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>46%</td>
<td>46%</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
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</table>

Session 3: Cancer prevention
a. to understand the objectives of the session | 46%| 46%| 8%  | 0% | 0% |
| b. to exchange views and information in the discussions | 54%| 31%| 15% | 0% | 0% |

| Session 4: Cancer registries | 31%| 23%| 38% | 8% | 0% |
| a. to understand the objectives of the session | 31%| 15%| 38% | 15%| 0% |
| b. to exchange views and information in the discussions | 31%| 23%| 38% | 8% | 0% |

| Session 5: Cancer early diagnosis and screening | 46%| 46%| 8%  | 0% | 0% |
| a. to understand the objectives of the session | 39%| 46%| 15% | 0% | 0% |
| b. to exchange views and information in the discussions | 46%| 46%| 8%  | 0% | 0% |

| Session 6: Diagnosis, treatment, and palliative care | 46%| 39%| 15% | 0% | 0% |
| a. to understand the objectives of the session | 38%| 31%| 31% | 0% | 0% |
### Session 7: National cancer control programme (NCCP) development

a. to understand the objectives of the session

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<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Improvement</th>
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<tr>
<td></td>
<td>54%</td>
<td>31%</td>
<td>15%</td>
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b. to exchange views and information in the discussions

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<th>Pre</th>
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<th>Improvement</th>
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<tr>
<td></td>
<td>46%</td>
<td>39%</td>
<td>8%</td>
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### Questionnaire 3 - Groupworks and Activities

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<tbody>
<tr>
<td>Where are we in our cancer control journey?</td>
<td>10</td>
</tr>
<tr>
<td>Where are our countries in cancer control?</td>
<td>9</td>
</tr>
<tr>
<td>Where are we in cervical cancer control: Spidergram</td>
<td>8</td>
</tr>
<tr>
<td>Marketplace: Promoting cervical cancer control</td>
<td>7</td>
</tr>
<tr>
<td>eCanLEAD</td>
<td>6</td>
</tr>
<tr>
<td>Problem solution tree and prioritizing action to strengthen cervical</td>
<td></td>
</tr>
<tr>
<td>Advocacy for cervical cancer control</td>
<td>10</td>
</tr>
<tr>
<td>Identifying priority areas for cancer control for countries (2016 to 2020)</td>
<td>9</td>
</tr>
</tbody>
</table>

### Knowledge assessment (average score)

<table>
<thead>
<tr>
<th>Knowledge assessment</th>
<th>Pre</th>
<th>Post</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global and regional cancer epidemiology</td>
<td>2.9</td>
<td>4.1</td>
<td>+1.2</td>
</tr>
<tr>
<td>Roles and functions of the various international agencies in cancer control</td>
<td>2.9</td>
<td>4.2</td>
<td>+1.2</td>
</tr>
<tr>
<td>Cancer prevention</td>
<td>3.7</td>
<td>4.4</td>
<td>+0.7</td>
</tr>
<tr>
<td>Cancer surveillance, monitoring and cancer registries</td>
<td>3.2</td>
<td>4.3</td>
<td>+1.0</td>
</tr>
<tr>
<td>Early detection and screening for cancer</td>
<td>3.5</td>
<td>4.4</td>
<td>+0.9</td>
</tr>
<tr>
<td>Diagnosis, treatment and palliative care for cancer</td>
<td>3.4</td>
<td>4.3</td>
<td>+0.9</td>
</tr>
<tr>
<td>Development of practice guidelines for the early detection and screening of cervical cancer</td>
<td>3.2</td>
<td>4.3</td>
<td>+1.1</td>
</tr>
<tr>
<td>Planning and implementation of radiation oncology services for cervical cancer</td>
<td>2.2</td>
<td>3.8</td>
<td>+1.6</td>
</tr>
<tr>
<td>Developing, implementing and evaluating a NCCP</td>
<td>2.7</td>
<td>4.6</td>
<td>+1.9</td>
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### Confidence assessment (average score)

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<th>Pre</th>
<th>Post</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing the current status of the national cancer control programme</td>
<td>2.8</td>
<td>4.3</td>
<td>+1.4</td>
</tr>
<tr>
<td>Identifying the priority problem areas within a cancer control programme that need immediate action</td>
<td>3.2</td>
<td>4.5</td>
<td>+1.3</td>
</tr>
<tr>
<td>Defining the actionable root causes of priority problems</td>
<td>2.7</td>
<td>4.6</td>
<td>+1.9</td>
</tr>
<tr>
<td>Drafting an action plan to address these actionable root causes</td>
<td>2.5</td>
<td>4.4</td>
<td>+1.9</td>
</tr>
<tr>
<td>Mapping stakeholders for cancer control along an influence and interest grid</td>
<td>2.7</td>
<td>4.4</td>
<td>+1.7</td>
</tr>
<tr>
<td>Generating effective advocacy messages and approaches that can mobilize stakeholders to action for cancer control</td>
<td>2.5</td>
<td>4.5</td>
<td>+2.0</td>
</tr>
<tr>
<td>Delineating priority actions along the service delivery level, the programme level, and at the level of policy</td>
<td>2.8</td>
<td>4.5</td>
<td>+1.7</td>
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</table>