

CONCEPT PAPER FOR ESTABLISHING AN NCCP FOR UGANDA



2008-9

Introduction:

Efforts have been made in the past to introduce NCCP to Uganda. However this has not moved forward to date.

A renewed effort is being made to introduce this programme to the countries in E Africa to be completed in the next 2 years. These countries include Uganda, Kenya, Tanzania, Somalia, Ethiopia, Rwanda, Barundi, Seychelles and Mauritius(??)

Uganda is in a good position at present having programmes moving forward in all six sections identified by WHO as important sectors to carry this forward. To bring this to fruition in Uganda would be to identify a model that could work in other African countries.

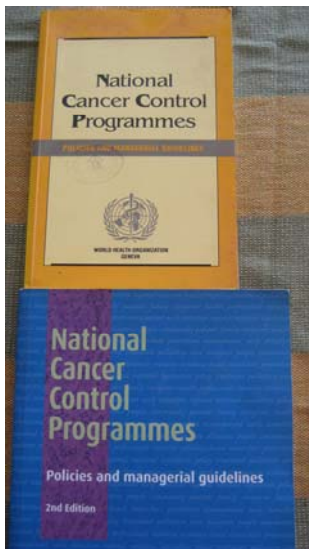
History of NCCP:



1991-1995: First publication from WHO, led by Dr Jan Stjernsward, then Head of Cancer and Palliative care section in Geneva. "National Cancer Control Programmes" 40 countries had NCCP and aimed for 100 countries by 2000.



2000-2002: Second publication: "NCCP" came out from the same department, led by Cecilia Sepulveda.



Those reading this document will be familiar with the books show on the left.

Since then a series of booklets have been produced by WHO which can be downloaded from their website. These booklets cover 6 areas to be planned for within a NCCP and can be a basis for 6 groups in Uganda to come together with a work plan and time lines to work with MoH to have our plan ready by August 2008.

The map below shows the countries that today have NCCP in place. It will be noted that only one country in Africa has this in place and this is Cameroon. However note that both Uganda and Tanzania are noted to be in preparation.

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QUOTES FROM WHO:

"Cancer is a leading cause of death globally. The World Health Organization estimates that 7.6 million people died of cancer in 2005 and 84 million people will die in the next 10 years if action is not taken. **More than 70% of all cancer deaths occur in low- and middle-income countries, where resources available for prevention, diagnosis and treatment of cancer are limited or nonexistent.**

But because of the wealth of available knowledge, all countries can, at some useful level, implement the four basic components of cancer control - *planning, prevention, early detection, diagnosis and treatment, palliative care, policy and advocacy* - and thus avoid and cure many cancers, as well as palliating the suffering.

Cancer control: knowledge into action, WHO guide for effective programmes is a series of six modules that provides practical advice for programme managers and policy-makers on how to advocate, plan and implement effective cancer control programmes, particularly in low- and middle-income countries."

"The WHO guide is a response to the World Health Assembly resolution on cancer prevention and control (WHA58.22), adopted in May 2005, which calls on Member States to intensify action against cancer by developing and reinforcing cancer control programmes. It builds on *National cancer control programmes: policies and managerial guidelines* and *Preventing chronic diseases: a vital investment*, as well as on the various WHO policies that have influenced efforts to control cancer.

Cancer control aims to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment and palliative care. Comprehensive cancer control addresses the whole population, while seeking to respond to the needs of the different subgroups at risk."

In Uganda:

- **Population: 28M**
- **New cancer cases per year: 28,000**
- **Nos. reaching "disease modifying" therapy: 1,700**

The rest languish in their village homes in pain with excruciating suffering for themselves and their families.

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Cancer of the Cervix is the highest cancer among men and women total cancers. Ca of breast is second commonest in women. Both are preventable as are many other cancers. WE NEED NCCP NOW AND TO CONTINUE IN A PRACTICAL FASHION TO PREVENT THIS SUFFERING.

The Plan:

We envisage a lead person for each of the 6 areas, who will carry forward a group who can plan using the booklets. These booklets are approximately 40 pages long and in large print. They are easily understandable and have plans set out.

The following gives the overall plan which will be written up with the 6 areas for the NCCP teams contributing. Please see appendix 1 from WHO planning.

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Appendix 1: Overall plan from WHO "Knowledge into Action" for each of the areas described in the 6 booklets

PLANNING STEP 1

Where are we now? **1 Investigate the present state of the cancer problem, and cancer control services or programmes.**

PLANNING STEP 2

Where do we want to be? **2 Formulate and adopt policy. This includes defining the target population, setting goals and objectives, and deciding on priority interventions across the cancer continuum.**

PLANNING STEP 3

How do we get there? **3 Identify the steps needed to implement the policy.**

The planning phase is followed by the policy implementation phase.

Implementation step **1**

CORE

Implement interventions in the policy that are feasible now, with existing resources.

Implementation step **2**

EXPANDED

Implement interventions in the policy that are feasible in the medium term, with a realistically projected increase in, or reallocation of, resources.

Implementation step **3**

DESIRABLE

Implement interventions in the policy that are beyond the reach of current resources, if and when such sources become available