Meeting Report

FIFTH LEADERSHIP WORKSHOP FOR CANCER CONTROL (CanLEAD)

11–14 September 2018
Seoul, Republic of Korea

World Health Organization
Western Pacific Region
Fifth Leadership Workshop for Cancer Control (CanLEAD)
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MEETING REPORT

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Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Seoul, Republic of Korea
11–14 September 2018
NOTE

The views expressed in this report are those of the participants in the Fifth Leadership Workshop for Cancer Control (CanLEAD) and do not necessarily reflect the policies of the Organization.

This report has been prepared for the World Health Organization Regional Office for the Western Pacific for the use of governments from Member States in the Region and for those who participated in the Fifth Leadership Workshop for Cancer Control (CanLEAD) in Seoul, Republic of Korea from 11 to 14 September 2018.
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SUMMARY

Cancer is one of four major noncommunicable diseases (NCDs). Globally, 9.6 million cancer deaths is estimated to occur in 2018. New cases are expected to rise by about 70% over the next two decades, yet cancer control capacity is limited, especially in low- and middle-income countries (LMICs). The World Health Organization (WHO) Global Monitoring Framework on NCDs includes monitoring of cancer incidence as one of its 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 on Leadership and Capacity-Building for Cancer Control (CanLEAD) in collaboration with the National Cancer Center in the Republic of Korea (KNCC). The first CanLEAD workshop used the six modules of the WHO publication series on cancer control – Cancer Control: Knowledge into Action: WHO Guide for Effective Programmes – as the basis for a regional cancer control curriculum. Since 2015, this initiative has expanded to include global participants. To increase opportunities for training on cancer control programmes, an online course, eCanLEAD, was also developed.

The fifth CanLEAD workshop was held at KNCC from 11 to 14 September 2018. Nineteen participants responsible for cancer prevention and control from 13 countries in four WHO regions attended the workshop: Cambodia, Fiji, Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Philippines and Viet Nam from the WHO Western Pacific Region; Ghana and Zimbabwe from the WHO African Region; Kyrgyzstan and Uzbekistan from the WHO European Region; and Bhutan and Sri Lanka from the WHO South-East Asia Region.

Prevention and treatment of cervical cancer was a particular focus this year as its elimination is a flagship project for NCD management included in the WHO Thirteenth General Programme of Work, 2019–2023. This workshop brought together participants from LMICs, 10 technical experts from three WHO collaborating centres – including KNCC – and four international agencies. It introduced tools and resources to enhance and promote strategic interventions to prevent and reduce the cervical cancer burden.

Participants obtained the necessary technical updates and leadership skills to further enhance their capacity for cervical cancer prevention and control in their countries. They were introduced to resources and tools for catalysing action and accelerating progress against cervical cancer. Scaling up the CanLEAD curriculum at subregional, national and subnational levels; promotion of eCanLEAD; and strengthening national cancer control plans will augment efforts to align national cancer control initiatives with the regional and global NCD action plans and assist Member States to attain the cancer and NCD-related targets in the Global Monitoring Framework, the SDGs and the Thirteenth General Programme of Work.
1. INTRODUCTION

1.1 Background

Cancer is one of the four major noncommunicable diseases (NCDs) and a growing public health concern. Globally, 9.6 million people are estimated to die from cancer in 2018. 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 NCD Country Capacity Survey 2017 revealed that only 63% of countries in the World Health Organization (WHO) Western Pacific Region have a cancer control strategy and/or action plan within the national action plan of NCDs that is operational. In most LMICs, coverage of cancer registration is relatively low.

WHO developed a publication series on cancer control, Cancer Control: Knowledge into Action: WHO Guide for Effective Programmes, which consisted of six modules covering planning, prevention, early detection, diagnosis and treatment, palliative care, and policy and advocacy for cancer control. The goal of the modules is to 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 these six modules, the WHO Regional Office for the Western Pacific in 2013 organized the Workshop on Leadership and Capacity-Building for Cancer Control (CanLEAD) in collaboration with the National Cancer Center of the Republic of Korea (KNCC), which is a WHO collaborating centre (WHO CC) for cancer prevention and control. The first workshop was conducted in 2013, followed by the second regional workshop in 2014 and workshops in 2016 and 2017 that expanded to include participants from other WHO regions.

Realizing the limited opportunities for training and dissemination, KNCC – in collaboration with WHO headquarters and the Western Pacific Regional Office – developed eCanLEAD, a global pioneer online course based on the six modules. After pilot-testing the online course in Fiji in November 2015, it was introduced to participants from all six WHO regions at the 2016 and 2017 CanLEAD workshops. The course is now being used as an official curriculum at the Graduate School of Cancer Science and Policy, Republic of Korea, with colleagues from WHO (headquarters and the Western Pacific Regional Office), International Atomic Energy Agency (IAEA), International Agency for Research on Cancer (IARC) and the United States National Cancer Institute (US NCI) serving as instructors for particular modules.

WHO also revised the cervical cancer management guideline Comprehensive Cervical Cancer Control: A Guide to Essential Practice, Second Edition in 2014 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. Cervical cancer elimination is being discussed as one of three flagship projects for NCD management as part of the Thirteenth General Programme of Work, 2019–2023.

Multisectoral action for cervical cancer has been ongoing since 2016 when seven United Nations (UN) agencies – WHO, IAEA, IARC, Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF) and the United Nations Entity for Gender Equality and the Empowerment of Women (UNWomen) – developed the UN Joint Global Programme on Cervical Cancer Prevention and Control to help countries build solutions for cervical cancer within and beyond the health sector. In 2018, the Global Fund, Gavi, Unitaid, Union for International Cancer Control (UICC) and
others also joined forces with this UN programme to scale up action at the global and country levels.

The fifth CanLEAD workshop had a particular focus on cervical cancer prevention and treatment. The workshop built upon the lessons learnt and feedback from the previous workshops, and complemented the technical content of the eCanLEAD modules with strategic leadership skill-building group exercises.

1.2 Objectives

The objectives of the workshop were:

1) to describe the progress of cancer control programmes in participating countries and identify best practices, with a focus on cervical cancer;
2) to demonstrate skills that would promote good leadership for cancer prevention and control;
3) to discuss opportunities for implementing eCanLEAD at the national level in participating countries; and
4) to organize country-specific steps to scale up prevention, screening, treatment and monitoring of cervical cancer.

1.3 Participants

Nineteen participants responsible for cancer prevention and control from 13 countries in four WHO regions attended the workshop: Cambodia, Fiji, Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Philippines and Viet Nam from the WHO Western Pacific Region; Ghana and Zimbabwe from the WHO African Region; Kyrgyzstan and Uzbekistan from the WHO European Region; and Bhutan and Sri Lanka from the WHO South-East Asia Region. Ten technical experts from three WHO CCs, including KNCC, and four international agencies served as faculty. Temporary advisers, resource persons and staff members from WHO and KNCC provided secretariat support for the workshop. A list of participants, temporary advisers, resource persons and Secretariat members is available in Annex 1.

1.4 Organization

The workshop had eight sessions addressing different aspects of cancer prevention and control: a global overview and challenges for national cancer control; country assessments and sharing of national cancer control programmes (NCCPs); cancer etiology, epidemiology and prevention; surveillance, monitoring and cancer registration; early detection and cancer screening; diagnosis, treatment and palliative care; development of NCCPs; and priority setting. The didactic lectures were supplemented by updates from international experts, country presentations, interactive workshop exercises and online learning. A full outline of the programme is provided in Annex 2; the workbook to guide the group work and skill-building activities are provided in Annex 3.
2. PROCEEDINGS

2.1 Session 1 – Opening session

Dr Eun Sook Lee, President of KNCC, highlighted how cancer is rising globally, but the impact is felt locally – at present, three out of 10 people in the Republic of Korea die of cancer. The WHO Western Pacific Regional Office and KNCC have been working closely on capacity-building for cancer control. Since its inception in 2000, KNCC has persevered to lessen the burden of cancer for Koreans by diagnosing and treating cancer patients, contributing to a 10-year NCCP, and devising cancer control policies and promoting cancer research in the country through a cooperative network forged between Korean cancer-specialized medical institutions and international organizations. As a result, the five-year survival rate from cancer has improved from 44% in 1996–2000 to 70.7% in 2011–2015. KNCC’s vision is to be one of the world’s best cancer centres by developing a new paradigm in cancer research, rendering the best-quality care to cancer patients and functioning as an educational and training hub for next-generation cancer specialists. The centre hosts capacity-building workshops jointly with WHO in pursuit of a common goal – the eradication of cancer.

Dr Hai-Rim Shin, Director, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, presented opening remarks on behalf of Dr Shin Young-soo, WHO Regional Director for the Western Pacific. Cancer is the second leading cause of death across the world, and the Western Pacific Region has the highest number of premature deaths due to cancer. One third of cancer deaths are caused by modifiable risk factors – and are thus preventable. Cervical cancer is preventable, but it kills a quarter of a million women and is estimated to cost the global economy around US$ 2.7 billion every year. This figure is projected to rise by almost 50% by 2030 if no action is taken. Cervical cancer elimination is therefore one of three flagship initiatives under WHO’s new five-year strategic plan, the Thirteenth General Programme of Work, 2019–2023.

In 2013, the WHO Western Pacific Regional Office and KNCC jointly developed the CanLEAD workshop. It was designed to enhance leadership skills for cancer control and strengthen NCCPs. Recently, the online version of the course, eCanLEAD, was introduced and is now ready for use by Member States. This fifth CanLEAD workshop is intended to increase national capacity to respond to country demand for enhanced cancer control programmes. WHO is fully committed to cancer control and will continue to work with and support Member States in strengthening cancer registration and their NCCPs.

Dr Warrick Junsuk Kim, Medical Officer, NCDs and Health Promotion, WHO Regional Office for the Western Pacific, introduced the participants and reviewed the programme of activities for the three-day workshop. Participants reflected upon their personal expectations for the workshop and their insights on working for cancer control.

2.2 Session 2 – Global situation and challenges for national cancer control

Dr André Ilbawi, Technical Officer for Cancer Control at WHO headquarters, provided global updates on cancer control initiatives through webinar. A total of 14 million cases of cancer and 8 million cancer deaths occur annually, at a cost of US$ 1.6 trillion per year. The gaps are associated with inequities: in Asia and Africa, less than 50% of patients diagnosed with cancer survive, and lifetime risk of cancer is markedly higher than in high-income countries. Inefficient health expenditure, weak national policies and delays in diagnosis are the common obstacles to effective prevention and control.
Effective strategies to manage cancer need to highlight “best buy” interventions, promotion of universal health coverage (UHC) and financial protection, and adoption of integrated approaches to care with a sufficiently trained workforce to deliver services. Successful cancer control is also intricately linked with strong national plans that address these strategies and the policies and governance structures necessary to improve risk reduction, early diagnosis and treatment.

The elimination of cervical cancer is a public health concern. Three key WHO recommendations to be implemented at scale based on a life-course approach include: (1) widespread vaccination against human papillomavirus (HPV), (2) early screening and treatment programmes, and (3) treatment of cancer and access to palliative care.

Professor Kui-son Choi presented the web-based cancer control leadership course known as eCanLEAD. WHO and KNCC began the development of eCanLEAD 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. US NCI assisted in developing an additional module on cancer research in 2016; thus, there are currently seven modules.

A marketplace activity followed with presentations from all participants, detailing the state of cancer prevention and control, opportunities and challenges in their countries.

2.3 Session 3 – Cancer etiology, epidemiology and prevention

Professor Marion Saville highlighted that HPV vaccination started in 2006 and over 232 million doses have been delivered to date. Global experience has shown the vaccine to be safe and immunogenic. Moreover, multi-country studies have demonstrated significant declines in HPV prevalence, genital warts and cervical abnormalities among the vaccinated. Projections estimate an approximately 65% decrease with the 4-valent vaccine and 80% reduction in cervical cancer rates with the 9-valent vaccine. Australia’s HPV vaccination programme using a 2-dose, 9-valent HPV vaccine has resulted in documented declines in precancerous lesions following mass vaccination, and a profound impact on cervical and other HPV-related cancers is anticipated in the future.

Cervical cancer screening experiences in Australia and Malaysia highlight the importance of good coverage for positive outcomes. Cancer screening registers – distinct from cancer registries – are pivotal to maximizing follow-up of positive results and to support ongoing evaluation of the screening programme. The screening test should have a high negative predictive value for current and future cancer precursors, particularly if the interval between screening periods is long. The choice of screening test will require careful consideration of workforce and laboratory capacity and cost. Cytology-based screenings are resource intensive and require certified technicians and laboratories, while HPV screening is currently more costly than Papanicolaou (Pap) smear test and visual inspection with acetic acid (VIA). Careful consideration is needed when deciding on which screening approach to adopt.

2.4 Session 4 – Surveillance, monitoring and cancer registration

Ms Kyu-Won Jung emphasized that coding and staging for cancer registration are pivotal to the International Classification of Diseases for Oncology (ICD-O). ICD-O topography is a subset of the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10), but differs at a basic level. Other staging systems such as those from US NCI’s Surveillance, Epidemiology, and End Results (SEER) Program and the American Joint Committee on Cancer (AJCC) Tumor Node Metastasis (TNM) Staging System were presented and compared with the ICD-O.
CanReg5 is a tool that 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 are split into three database tables: patient, tumour and source. CanReg5 is an open source programme with flexibility to adjust to local needs. It is user-friendly, has multi-user functionality and is free of charge. An operating manual is also downloadable.

Participants utilized a visual Spidergram tool to evaluate the status of cervical cancer control in their countries. They conducted a rapid assessment of strengths and gaps in their national cervical cancer control programmes and explored actionable root causes for the priority gaps.

Thereafter, participants attended one of two parallel sessions: (1) integrating childhood cancer into national health plans, or (2) pathology laboratories for cervical cancer screening.

Dr Catherine Lam, Director of Health Systems and Asia Pacific, St. Jude Children’s Research Hospital, and Dr Scott Howard, Professor and Associate Dean for Research, University of Tennessee Health Sciences Center presented the session on childhood cancers. The St. Jude Children’s Research Hospital is committed to improving access to care for children with cancer worldwide. In 2018, WHO designated St. Jude Children’s Research Hospital its first WHO CC for Childhood Cancer, to improve paediatric cancer survival rates worldwide. As a WHO CC, St. Jude develops integrated models of education, capacity-building and research to strengthen health systems and improve the outcomes of children with cancer to reach a goal of doubling the global cure rate from about 30% to 60%, saving the lives of a million children with cancer by 2030. Three experts from the Republic of Korea joined the presenters to discuss further collaboration on improvement of paediatric oncology: Dr Hee Young Shin, Executive Vice President of Research, Seoul National University; Dr Kyung Ha Ryu, Professor, Department of Pediatrics, College of Medicine, Ewha Womans University; and Dr Hyeon Jin Park, Head, Center for Pediatric Cancer, KNCC.

Dr Chong Woo Yoo, Specialist in Department of Pathology, Research Institute and Hospital, KNCC provided the parallel session on cervical cancer screening. Participants had an opportunity to tour the hospital’s pathology laboratory and to engage with the pathologists and cytotechnicians.

2.5 Session 5 – Early detection, early cancer diagnosis and cancer screening

Professor Jin Hee Sohn introduced the development of the Republic of Korea’s national cervical cancer screening guidelines, tailoring it to the local context. Pathologists played a key role in standards development and promotion of screening. A biennial Pap smear test is now provided free of charge to all Korean women aged 20–70.

Cervical cancer screening is covered by national health insurance in the Republic of Korea. The participation rate in the screening programme progressively increased from 2005 to 2011, with increases 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 detected at an earlier stage. Screening was associated with reduced incidence and mortality.

Some challenges remain. For instance, the sensitivity of a conventional Pap smear is still too low and the participation rate needs to be improved. 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.
Based on its success in implementing cervical cancer screening nationwide, the Republic of Korea is providing technical assistance to Mongolia and Fiji through training of pathologists and cytotechnicians.

2.6  Session 6 – Diagnosis, treatment and palliative care

Dr Silvia de Sanjose introduced what support the Program for Appropriate Technology in Health (PATH) is currently providing. PATH gave technical assistance to the ministries of health of El Salvador, Guatemala, Honduras and Nicaragua to introduce and quickly scale up HPV testing for cervical cancer screening in their public medical systems. Dr de Sanjose emphasized that self-sampling is key for overcoming system barriers and reaching at-risk women. Thermal ablation is proving to be a practical, acceptable and efficacious treatment approach for cervical precancerous lesions. These projects are augmented with education and outreach initiatives, such as support for the development of national guidelines and strategies (for example in Myanmar, Uganda and Zimbabwe). PATH is also currently involved in assessing the evidence for single-dose HPV vaccination in collaboration with other partners, including Gavi, WHO, the United States Centers for Disease Control and Prevention (US CDC) and UNICEF.

Professor Jin-Sun Yong introduced the work of the WHO Collaborating Centre for Training Hospice and Palliative Care, based at the Research Institute for Hospice and Palliative Care in the Catholic University of the Republic of Korea. In 1988, the 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 trainees; 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 conducted training overseas, with the first workshop held in West Africa in the fall of 2017.

2.7  Session 7 – National Cancer Control Programme development

Professor Emeritus Jin Soo Lee explained how KNCC was established based on the National Cancer Center Act of 2000 and the Cancer Control Act of 2011. KNCC’s principles and approach to cancer control mirrors the WHO and IARC approaches.

The Republic of Korea ranks high in cancer burden. Prevention is a cornerstone of national cancer control efforts. In 2006, the “10 Codes for Cancer Prevention” were developed and disseminated to the public by KNCC, with key messages to reduce cancer risk factors. Primary prevention services include the national quitline with free nicotine replacement therapy, established by KNCC 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 NCCP of the Republic of Korea. Diagnosis and treatment are implemented through the country’s health-care system. Underlying the entire NCCP is sound data from the national cancer registry. The NCCP was developed with technical assistance from WHO and other international agencies. Today, national capacity for cancer control is robust, and the country 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.
## 2.8 Session 8 – Priority setting

Setting priorities requires countries to consider the impact of specific interventions and the feasibility of implementation given the current situation. Using the “Impact–Feasibility” grid, participants mapped out the prioritization of cervical cancer control interventions (Annex 4). The table below summarizes the interventions identified as having the most significant impact and/or as currently being the most feasible for each country. Mobilizing support for these priorities requires strategic communications and advocacy. Participants familiarized themselves with some of the principles of effective advocacy in developing key benefits and messages for specific audiences.

<table>
<thead>
<tr>
<th>Member State</th>
<th>Identified Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Western Pacific Region</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Cambodia | (1) Fully implement 2018 National Standard Operating Procedures (SOP) for cervical cancer screening and Multisectoral Action Plan for cancer risk reduction  
(2) Develop palliative care curriculum for medical doctors and nurses  
(3) Strengthen health information system by establishing a national cancer registry |
| Fiji | (1) Publish evaluation research on technical assistance training  
(2) Urgently update the 2015 National Cervical Cancer Policy and the National Cancer Control Strategic Plan and assess results  
(3) Assess outcomes of positive cases |
| Lao People’s Democratic Republic | (1) Train health-care providers (medical doctors and nurses)  
(2) Procure medical equipment  
(3) Organize cervical cancer screening teams |
| Mongolia | (1) Introduce the cancer action plan to professionals and the public  
(2) Promote government cost-sharing with health insurance  
(3) Conduct an HPV cost-effectiveness survey |
| Papua New Guinea | (1) Establish a cancer unit for all provincial hospitals with referral mechanism to the National Cancer Institute (NCI)  
(2) Set up a national cancer population registry supported by CanLEAD in-country training  
(3) Review and update the 2015 National Cancer Control Policy with evidence-based and cost-effective strategies for cervical cancer |
| Philippines | (1) Develop a cervical cancer control plan  
(2) Develop IEC (information, education and communication) quad media to include social mobilization  
(3) Review and update existing national comprehensive cancer control plan |
| Viet Nam | (1) Provide guidance to implement the National Plan on Prevention and Control of Cervical Cancer 2016–2025  
(2) Integrate cervical cancer screening into the essential health package covered by health insurance  
(3) Train health-care staff on palliative care |

**African Region**
<table>
<thead>
<tr>
<th>Country</th>
<th>Actions</th>
</tr>
</thead>
</table>
| Ghana        | (1) Engage the Ministry of Finance on sustainable financing options and move away from donor funding  
                  (2) Form health-care network to provide screening services for cervical cancer  
                  (3) Engage Ministry of Health to create a national cervical cancer control plan |
| Zimbabwe     | (1) Create a monitoring board to track NCCP implementation  
                  (2) Establish post-training mentorship for VIA and cervicography  
                  (3) Ensure quality assurance supervision |
| European Region | (1) Improve quality of data  
                  (2) Standardize diagnostic procedures  
                  (3) Work with communities to change the regulation |
| Kyrgyzstan   | (1) Fully roll out the national HPV vaccination programme scheduled to start in 2019  
                  (2) Pilot HPV testing for cost-effectiveness  
                  (3) Formally adopt the national cervical cancer control plan at national level |
| Uzbekistan   |                                                                 |
| South-East Asia Region | (1) Update screening and treatment protocols  
                    (2) Train health workers on screening protocols  
                    (3) Train health assistants and medical doctors on treatment protocols |
| Bhutan       | (1) Further expand surveillance  
                    (2) Establish a timely patient appointment system  
                    (3) Build capacity of health staff for palliative care. |
| Sri Lanka    |                                                                 |

### 2.9 Closing remarks

Participants completed a written evaluation of the workshop using a structured questionnaire (Annex 5). The overall impression of the workshop was positive. Participants valued the information, skills and new tools acquired in the various sessions, the sharing of experiences from other countries, and the observations and insights generated by the field visit. They noted that the CanLEAD format and curriculum are effective in eliciting a higher level of understanding about cancer risk factor modification, by broadening the focus from the purely technical aspects to also encompassing the mindset and leadership skills necessary to catalyse action and commitment at the national level. They suggested further expanding CanLEAD to other regions and strongly supported its continuation as a regional capacity-building strategy for cancer prevention and control.

Dr Hai-Rim Shin closed the workshop by thanking participants for their active involvement. She acknowledged the support of and collaboration with KNCC, WHO CCs and other partners. 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 to extending the invitation to participants outside the health sector.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions

Strong national capacity, leadership, advocacy and strategic networking are key elements in attaining progress in cancer prevention and control. Scaling up the CanLEAD curriculum at subregional, national and subnational levels; promotion of eCanLEAD; and strengthening NCCPs will augment efforts to align national cancer control initiatives with the regional and global NCD action plans and assist Member States to attain the cancer and NCD-related targets in the Global Monitoring Framework, the SDGs and the WHO Thirteenth General Programme of Work, 2019–2023.

3.2 Recommendations

3.2.1 Recommendations for Member States

Member States are encouraged to do the following:

1) Revisit and fulfil the commitments made by Member States on the NCD Global Monitoring Framework included in the WHO Global Action Plan for the Prevention and Control of NCDs, especially the indicators on cancer incidence by type of cancer, availability of vaccines against HPV, and cervical cancer screening coverage for women between the ages of 30 and 49 years.

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) Review the new and emerging evidence on best practices for cervical cancer screening, and review and revise their current screening and early diagnosis protocols, as appropriate, depending on their local contexts, resources, human capacity and health system infrastructure.

4) Follow through on the priority interventions identified during the assessment of strengths and weaknesses, gaps, and actions of the essential components of cervical cancer prevention and control, and incorporate these into their national cancer control action plans.

5) Explore the feasibility of adapting the CanLEAD model for national and subnational capacity-building workshops and identify appropriate candidates for the eCanLEAD online course, including stakeholders from outside the health sector.

3.2.2 Recommendations for WHO

WHO is requested to do the following:

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

2) Provide technical support to Member States to establish or strengthen cancer registries, and to enhance the quality of cancer data.

3) Collaborate with KNCC to disseminate the eCanLEAD online course to be adapted to country contexts.
4) Coordinate among international agencies and KNCC to provide technical assistance, as requested by countries, in establishing, strengthening, implementing and evaluating NCCPs.
ANNEXES

Annex 1:  List of participants, temporary advisers, resource persons and Secretariat

Annex 2:  Programme of activities

Annex 3:  Participant’s workbook

Annex 4:  Priority interventions by country

Annex 5:  Evaluation questionnaire results summary tables
ANNEX 1

List of participants, temporary advisers, resource persons and Secretariat

1. PARTICIPANTS

Ms Pemba YANGCHEN, Deputy Chief Program Officer, Lifestyle Related Disease Program, Department of Public Health, Ministry of Health, Thimphu, Bhutan, Telephone: (975) 2 332308, Email: pyangchen@health.gov.bt

Dr KOL Hero, Director of Preventive Medicine Department, Ministry of Health, No 80, Samdech Penn Nouth Blvd. (289) Sankat Boeungkak 2, Toul Kork District, Phnom Penh 12152, Cambodia, Telephone: (855) 23 885 904/5, Email: khero@online.com.kh / herokol@yahoo.com

Dr HOK Sirany, Vice Chief of Noncommunicable Disease Office, Preventive Medicine Department, Ministry of Health, No 80, Samdech Penn Nouth Blvd. (289), Sankat Boeungkak 2, Toul Kork District, Phnom Penh 12152, Cambodia, Telephone: (855) 12 884 307, Email: hoksirany@gmail.com

Dr Ane VEU, Consultant Physician, Ministry of Civil Service, Level 2 Civic House, Suva, Fiji, Telephone: (679) 3313 444, Email: aratalifo@yahoo.com

Dr Dennis Odai LARYEA, Program Manager for Non-Communicable Diseases, Disease Control and Prevention Department, Public Health Division, Ghana Health Service Headquarters, Accra, Ghana, Telephone: (233) 302 690 549, Email: dennis.laryea@ghsmail.org

Dr Elena TEN, Head of the Sector of Medico-Social Investigation, Scientific and Production Centre for Preventive Medicine, Ministry of the Health of the Kyrgyz Republic, 34 St. Baitik Baatyry, Bishkek 720005, Kyrgyzstan, Telephone: (996) 555 720871, Email: elena_spcpm@yahoo.com

Dr Sitthysack PANYAVATTHANASINH, Gynecological Oncologist, Setthathirath Hospital, University of Health Sciences, Ban Dong Koi, Sisattanak District, Vientiane, Lao People’s Democratic Republic, Telephone: (856) 20 58580909, E-mail: sitthysack9@hotmail.com

Dr Douangprachanh SATHATHONE, Medical Doctor, Cancer Registration, Mittaphab Hospital, Ministry of Public Health, Vientiane, Lao People’s Democratic Republic, Telephone: (856) 20 77571922, Email: dpc.stt@gmail.com

Dr Enkhzaya TAZNAH, Senior Officer, Department of Public Health, Ministry of Health, Government Building VIII, Olympic Street 2, Sukhbaatar District, Ulaanbaatar 14210, Mongolia, Telephone: (976) 51 263925, Email: enkhzayatazna@yahoo.com

Dr Bayarsaikhan LUVSANDORJ, Deputy Director, Planning Policy and Development, National Cancer Center of Mongolia, Nam Yan Ju Street, Bayanzurkh District, Ulaanbaatar 210648, Mongolia, Telephone: (976) 99 096695, Email: bayarmongol@cancer-center.gov.mn
Dr Yvonne SAPURI, Cancer Coordinator, West New Britain Provincial Health Authority, Kimbe Provincial Hospital, P.O. Box 428, Kimbe, Papua New Guinea, Telephone: (675) 7294 0847, Email: ysapuri@gmail.com

Dr Ruby CONSTANTINO, Director III, Disease Prevention and Control Bureau, Department of Health, San Lazaro Compound, Rizal Avenue, Sta. Cruz, Manila 1003, Philippines, Telephone: (63) 917 715 0553 / (63) 920 950 1744, Email: rubyconstantino1@gmail.com

Dr Ma Agnes MABOLO, Medical Specialist IV, Regional Office IX, Department of Health, Upper Calarian, Zamboanga 7000, Philippines, Telephone: (63) 2 983 0315, Email: maboloagnes9@gmail.com

Dr Usha Gayathri JAYASURIYA, Deputy Director, National Cancer Control Programme, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05, Sri Lanka, Telephone: (94) 11 2368627, Email: mdunptccd@gmail.com

Dr De Alwis Kaluthanthiri Liyanage Nayana SANDYAKANTHI, Consultant Community Physician, National Cancer Control Programme, Public Health Complex, 555/5, Elvitigala Mawatha, Colombo 05, Sri Lanka, Telephone: (94) 11 2368627, Email: dealwisnayana@gmail.com

Dr Dilshod EGAMBERDIEV, Academic Secretary, National Research Center of Oncology, 383 Faro St., Tashkent 100174, Uzbekistan, Telephone: (998) 71 246 9853, Email: dr.dilshod@mail.ru

Ms DINH Hai Linh, Officer of Division of Noncommunicable Disease and School Health, General Department of Preventive Medicine, Ministry of Health, 138A Giang Vo Ba Dinh, Hanoi, Viet Nam, Telephone: (84) 4 3736 7184, Email: dinhhailinh86@gmail.com

Professor TRAN Thi Thanh Huong, Vice Director, Vietnam National Cancer Institute, K Hospital, P448 A Building, 30 Cau Buou Street, Thanh Tri District, Hanoi, Viet Nam, Telephone: (84) 9 8456 8118, Email: huongtran2008@gmail.com

Dr Precious ANDIFASI, FCH/HIV/STI Focal Person, Reproductive Health Directurate, Ministry of Health and Child Care, 4th Floor Kaguvi Building, Central Avenue, Harare, Zimbabwe, Telephone: (263) 772 750 026, Email: pandifasi@gmail.com

2. RESOURCE PERSON

Dr Annette DAVID, Senior Partner for Health Consulting Services, Health Partners, LLC, P.O. Box 9969, Tamuning 96931, Guam, Telephone: (1) 671 646 5227/5228, Email: amdavid@guam.net
3. TEMPORARY ADVISERS

Professor Marion SAVILLE, Executive Director, Victorian Cytology Services Ltd., 265 Faraday St. Carlton, Victoria 3054, Australia, Telephone: (61) 407 188 468, Email: msaville@vcs.org.au

Professor Jinsun YONG, Director and Professor, The Catholic University of Korea College of Nursing (WHO Collaborating Centre for Training in Hospice and Palliative Care), 222 Banpo-daero, Seocho-gu, Seoul 06591, Republic of Korea, Telephone: (82) 2 2258 7412, Email: jyong@catholic.ac.kr

Professor SOHN Jin Hee, Director and Professor, School of Medicine, Sungkyunkwan University, 2066 Seobu-ro, Jangan-gu, Suwon-si, Gyeonggi-do 16419, Republic of Korea, Email: jhpath.sohn@samsung.com

Dr Silvia DE SANJOSÉ, Director of Scale-up project, Reproductive Health Global Program, Program for Appropriate Technology in Health, 2201 Westlake Avenue, Suite 200, Seattle Washington D.C. 98121, United States of America, Telephone: (1) 206 285 3500, Email: sdesanjose@path.org

Professor Emeritus Jinsoo LEE, Emeritus Professor, Graduate School of Cancer Science and Policy, National Cancer Center (WHO Collaborating Centre for Cancer Control and Prevention), 323 Ilsan-ro, Ilsandong-gu, Goyang-si, Gyeonggi-do 10408, Republic of Korea, Telephone: (82) 3 1920 1601, Email: jslee@ncc.re.kr

Dr Chong Woo YOO, Specialist, Department of Pathology, Research Institute and Hospital, National Cancer Center (WHO Collaborating Centre for Cancer Control and Prevention), 323 Ilsan-ro, Ilsandong-gu, Goyang-si Gyeyonggi-do 10408, Republic of Korea, Telephone: (82) 3 1920 1645/1531, Email: cwy@ncc.re.kr

4. OBSERVERS

Dr Catherine LAM, Director of Health Systems and Asia Pacific, St Jude Children’s Research Hospital (WHO Collaborating Centre for Childhood Cancer), 262 Danny Thomas Place, Memphis, Tennessee 38105, United States of America, Telephone: (1) 901 595 3300, Email: catherine.lam@stjude.org

Dr Scott HOWARD, Professor and Associate Dean for Research, University of Tennessee Health Sciences Center, 910 Madison Avenue, Memphis, Tennessee 38163, United States of America, Telephone: (1) 901 500 8691, Email: scottchoward@outlook.com

Mr MPAMANI Collins Jackson, Member of National Cancer Control Programme Secretariat, Uganda Cancer Institute, Upper Hill Road, Mulago P.O. Box 3935 Kampala, Uganda, Telephone: (256) 772 574 547, Email: mpamanicj@gmail.com

Professor Kui Son CHOI, Associate Professor, National Cancer Center (WHO Collaborating Centre for Cancer Control and Prevention), 323 Ilsan-ro, Ilsandong-gu, Goyang-si Gyeyonggi-do 10408, Republic of Korea, Telephone: (82) 3 1920 2912, Email: kschoi@ncc.re.kr
Ms Kyu-won JUNG, Senior Scientist/Chief of Cancer Registration and Statistics, Cancer Registration and Statistics Branch, National Cancer Center (WHO Collaborating Centre for Cancer Control and Prevention), 323 Ilsan-ro, Ilsandong-gu, Goyang-si, Gyeonggi-do 10408, Republic of Korea, Telephone: (82) 3 1920 2175, Email: ara@ncc.re.kr

5. SECRETARIAT

Dr Hai-Rim SHIN, Director, Division of NCD and Health Through the Life-Course, WHO Regional Office for the Western Pacific, United Nations Avenue corner Taft Avenue, Manila 1000, Philippines, Telephone: (63) 2 528 9860, Email: shinh@who.int

Dr Warrick Junsuk KIM, Medical Officer, Noncommunicable Diseases and Health Promotion, Division of NCD and Health Through the Life-Course, WHO Regional Office for the Western Pacific, United Nations Avenue corner Taft Avenue, Manila 1000, Philippines, Telephone: (63) 2 528 9860, Email: kimw@who.int

Dr Maria Carmela MIJARES-MAJINI, Consultant, Noncommunicable Diseases and Health Promotion, Division of NCD and Health Through the Life-Course, WHO Regional Office for the Western Pacific, United Nations Avenue corner Taft Avenue, Manila 1000, Philippines, Telephone: (63) 2 528 9866, Email: mijaresmajinim@who.int

Dr Saki NARITA, Consultant, Noncommunicable Diseases and Health Promotion, Division of NCD and Health Through the Life-Course, WHO Regional Office for the Western Pacific, United Nations Avenue corner Taft Avenue, Manila 1000, Philippines, Telephone: (63) 2 528 9083, Email: naritas@who.int

Dr Andre ILBAWI, Technical Officer, Noncommunicable Diseases and Mental Health, World Health Organization, Avenue Appia 20, Geneva 1211, Switzerland, Telephone: (41) 22 791 4202, Email: ilbawia@who.int
PROGRAMME OF ACTIVITIES

Tuesday, 11 September 2018

08:00  Assemble at Somerset Palace Hotel lobby

08:00-08:45  Bus ride from hotel to meeting venue

08:45-09:00  Registration

(1) Opening ceremony

09:00-09:30  Welcome address

Dr Hai-Rim SHIN
Director, NCD and Health through the Life-Course
World Health Organization (WHO)
Regional Office for the Western Pacific (WPRO)

Opening remarks

Dr Eun Sook LEE
President, National Cancer Center (NCC)
Republic of Korea

Introduction of workshop

Dr Warrick Junsuk KIM
Medical Officer, NCD and Health Promotion
WHO WPRO

Group photo

09:30-10:00  Group work 1
Self-introduction of participant: Where are we in our cancer control journey?

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

10:00-10:30  Mobility break

(2) Global situation and challenges for national cancer control

10:30-12:00  Updates on recent cancer control activities in WHO
Q&A and discussion

Dr André ILBAWI (video presentation)
Technical Officer, Cancer control
WHO Headquarters (HQ)

12:00-13:30  Lunch break

13:30-15:00  Introduction of National Cancer Control Programmes (NCCPs) and eCanLEAD

Professor Kui Son CHOI
Professor, Graduate School of Cancer Science and Policy (NCC-GCSP), Republic of Korea

eCanLEAD module 1 – Introduction to NCCPs

15:00-15:30  Mobility break
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<tbody>
<tr>
<td>15:30-17:00</td>
<td><strong>Marketplace:</strong> Where are our countries in cervical cancer prevention and control? (Country presentations)</td>
<td>Dr Annette DAVID</td>
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<td>17:00-18:00</td>
<td><em>Bus ride back to hotel</em></td>
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<tr>
<td>18:00</td>
<td><strong>Welcome reception</strong> (hosted by NCC)</td>
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**Wednesday, 12 September 2018**

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<tbody>
<tr>
<td>07:45</td>
<td>Assemble at Somerset Palace Hotel lobby</td>
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<tr>
<td>07:45-08:30</td>
<td>Bus ride from hotel to meeting venue</td>
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<tr>
<td>08:30-10:00</td>
<td>Recap of Day 1</td>
<td>Dr Saki NARITA</td>
<td>Consultant, NCD and Health Promotion WHO WPRO</td>
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<td></td>
<td>(3) Cancer aetiology, epidemiology and prevention</td>
<td>Professor Marion SAVILLE</td>
<td>Executive Director, Victorian Cytology Service Ltd., Australia</td>
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<td></td>
<td>Burden of cervical cancer and prevention through HPV vaccination</td>
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<td>eCanLEAD module 2 – Cancer aetiology, epidemiology and prevention</td>
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<td>10:00-10:30</td>
<td>Mobility break</td>
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<td>10:30-12:00</td>
<td>(4) Surveillance, monitoring and cancer registration</td>
<td>Ms Kyu-Won JUNG</td>
<td>Chief of Cancer Registration and Statistics National Cancer Center, Republic of Korea</td>
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<td></td>
<td>Cancer registration: types, methodology and tools</td>
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<tr>
<td></td>
<td>eCanLEAD module 3 – Surveillance, monitoring and cancer registration</td>
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<td>12:00-13:30</td>
<td>Lunch break</td>
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<tr>
<td>13:30-15:00</td>
<td>Group work 2</td>
<td>Dr Annette DAVID</td>
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<tr>
<td></td>
<td>Where are we in cervical cancer prevention and control: Strengths and barriers</td>
<td>Dr Maria Carmela MIJARES-MAJINI</td>
<td>Consultant, NCD and Health Promotion WHO WPRO</td>
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<td></td>
<td>Report back of group work 2</td>
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<tr>
<td>15:00-15:30</td>
<td>Mobility break</td>
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<tr>
<td>15:30-17:00</td>
<td>Parallel session 1</td>
<td>Dr Catherine LAM</td>
<td>Director, Health Systems and Asia Pacific; WHO CC for Childhood Cancer, St. Jude Children’s Research Hospital, U.S.A.</td>
</tr>
<tr>
<td></td>
<td>Integrating childhood cancer into national health plans</td>
<td>Dr Scott HOWARD</td>
<td>Professor and Associate Dean for Research, Univ. of Tennessee Health Sciences Center, U.S.A.</td>
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<tr>
<td></td>
<td>Parallel session 2</td>
<td>Dr Chong Woo YOO</td>
<td>Department of Pathology, Research Institute and Hospital, National Cancer Center</td>
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<td></td>
<td>Cervical cancer screening (pathology lab)</td>
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<tr>
<td>17:00-18:00</td>
<td>Bus ride back to hotel</td>
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</table>
Thursday, 13 September 2018

07:45       Assemble at Somerset Palace Hotel lobby

07:45-08:30 Bus ride from hotel to meeting venue

08:30-10:00 Recap of Day 2

(5) Early detection, early cancer diagnosis and cancer screening

Setting up systems for early detection of cervical cancer

**eCanLEAD module 4** – Early detection, early cancer diagnosis and cancer screening

10:00-10:30 Mobility break

10:30-12:00 (6) Diagnosis, treatment and palliative care

Implementation of precancer treatment services for cervical cancer

Introduction of international training courses on palliative care

**eCanLEAD module 5** – Diagnosis, treatment and palliative care

12:00-13:30 Lunch break

13:30-15:00 Group work 3
Where are we in cervical cancer prevention and control: Actions and interventions

*Report back of group work 3*

**Dr Annette DAVID**

Dr Saki NARITA

15:00-15:30 Mobility break

15:30-17:00 Parallel session 1
Campus tour and physical activity

**Parallel session 2**
Experts meeting on childhood cancer

**Dr Catherine LAM**

Dr Scott HOWARD

17:00-18:00 Bus ride back to hotel
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<td>08:30-10:00</td>
<td>Recap of Day 3</td>
<td>Dr Saki NARITA</td>
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<tr>
<td>08:30-10:00</td>
<td>(7) National Cancer Control Programme (NCCP) development</td>
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<td></td>
<td>Experience with national cancer control in the Republic of Korea</td>
<td>Professor Emeritus Jin Soo LEE</td>
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<td>eCanLEAD module 6 – NCCP development, implementation and evaluation</td>
<td>Dr Hai-Rim SHIN</td>
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<td>10:00-10:30</td>
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<td>10:30-12:00</td>
<td>Group work 4</td>
<td>Dr Annette DAVID</td>
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<td></td>
<td>Advocacy for cervical cancer prevention</td>
<td>Dr Maria Carmela MIJARES-MAJINI</td>
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<td>Report back of group work 4</td>
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<td>Lunch break</td>
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<td>13:30-15:30</td>
<td>Group work 5</td>
<td>Dr Annette DAVID</td>
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<td></td>
<td>Identifying country priority area to strengthen cancer prevention (2018 to 2020)</td>
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<td>Report back of group work 5</td>
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<tr>
<td>15:30-16:00</td>
<td>Workshop assessment</td>
<td>Dr Warrick Junsuk KIM</td>
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<td></td>
<td>Closing remarks</td>
<td>Dr Hai-Rim SHIN</td>
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<tr>
<td>16:00-17:00</td>
<td>Bus ride back to hotel</td>
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Introduction

Cancer is one of the four major noncommunicable diseases (NCDs) contributing to premature mortality and rising health burden. Globally, there were 8.8 million cancer deaths in 2015. The number of new cases is expected to increase by about 70% over the next two decades, yet the capacity to control cancer is limited, especially in low- and middle-income countries (LMICs). Data from the NCD country capacity survey carried out in 2017 revealed that only 68% of LMICs worldwide have a cancer control strategy and/or action plan within the national NCD action plan that is operational. In most of the LMICs, coverage of cancer registration is relatively low.

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

Cervical cancer affects over half a million women each year, with a quarter of a million women dying from this disease annually. Cervical cancer strikes women in the prime of their life, especially in the most vulnerable parts of the world. Nearly nine in ten women that die from cervical cancer are in poor countries.

Cervical cancer is preventable through risk factor reduction and human papillomavirus (HPV) vaccination, and it is amenable to cure with early diagnosis and treatment. A well-planned national cervical cancer control programme with strong components of surveillance, primary prevention, screening and early diagnosis, and management and palliation can markedly reduce the health burden from cervical cancer, and contribute to its eventual elimination.

Cervical cancer elimination is one of the three flagship projects for NCD management as part of WHO's thirteenth general programme of work 2019-2023. Multisectoral actions for cervical cancer have been an ongoing effort since 2016 when seven UN agencies - WHO, International Atomic Energy Agency (IAEA), International Agency for Research on Cancer (IARC), Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and the United Nations Entity for Gender Equality and the Empowerment of Women (UNWomen) - developed the UN Joint Global Programme on Cervical Cancer Prevention and Control to help countries build solutions for cervical cancer within and beyond the health
sector. In 2018, the Global Fund, Global Alliance for Vaccines and Immunization (GAVI), Unitaid, the Union for International Cancer Control (UICC) and others also joined forces with this joint UN program to scale up action at global and country levels.

In 2013, WHO Regional Office for the Western Pacific (WPRO) organized a workshop for leadership and capacity-building for cancer control (CanLEAD) in collaboration with the National Cancer Center (NCC), Republic of Korea, which is a WHO collaborating centre for cancer prevention and control. The CanLEAD curriculum is aligned with the six modules that WHO developed for implementation of comprehensive cancer prevention and control programmes. The first CanLEAD workshop occurred in 2013; a second regional workshop was conducted in 2014. The 3rd and 4th workshops were expanded to include participants from other WHO regions in 2016 and 2017.

Realizing the limited opportunities for on-site CanLEAD training and dissemination, NCC in collaboration with WHO Headquarters (HQ) and WPRO developed “e-CanLEAD”, a global pioneer online course based on the six WHO modules for cancer prevention and control. After pilot-testing the online course in Fiji in November 2015, it was introduced to participants from all six WHO regions at the CanLEAD workshops held in 2016 and 2017. The course is now used officially at the Graduate School of Cancer Science and Policy, Republic of Korea, with colleagues from WHO (HQ and WPRO), IAEA, IARC and US National Cancer Institute (NCI) serving as instructors for particular modules.

This year, the 5th CanLEAD workshop will focus on cervical cancer prevention and treatment. The workshop builds upon the lessons learned and feedback from the previous workshops, and complements the technical content of the e-CanLEAD modules with strategic leadership skills-building group exercises.

This Participant’s Workbook contains the instructions, worksheets and tools for the group exercises that will be conducted during the 5th CanLEAD Workshop. Using this workbook, participants will strengthen their skills and competencies in cervical cancer control leadership and advocacy; build capacity in strategic analysis and prioritization of issues; and identify options and opportunities for strengthening cancer control through primary prevention and 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 to reflect these updates. Therefore, at this stage, the Workbook is not an official publication of WHO WPRO.
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<td>08:30 - 09:00</td>
<td>Registration</td>
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<td>09:00 - 09:30</td>
<td>(1) Opening ceremony</td>
<td>Recap of Day 1</td>
<td>Recap of Day 2</td>
<td>Recap of Day 3</td>
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<td>- Welcome address</td>
<td>(3) Cancer aetiology, epidemiology and prevention</td>
<td>(6) Early detection, early cancer diagnosis, and cancer screening</td>
<td>(8) National cancer control programme (NCCP) development</td>
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<td>- Opening address</td>
<td>Burden of cervical cancer and prevention through HPV vaccination</td>
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<tr>
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<td>- Introduction of workshop</td>
<td>eCanLEAD module 2 – Cancer Aetiology, epidemiology and prevention</td>
<td>eCanLEAD module 4 – Early detection, early cancer diagnosis, and cancer screening</td>
<td>eCanLEAD module 6 – NCCP development, implementation, and evaluation</td>
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<td>09:30 - 10:00</td>
<td>Group work 1</td>
<td>(4) Surveillance, monitoring and cancer registration</td>
<td>(7) Diagnosis, treatment and palliative care</td>
<td>(9) Priority setting</td>
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<td>Self-introduction of participants:</td>
<td>Cancer registration: types, methodology and tools</td>
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<td>- Sharing of expectations</td>
<td>eCanLEAD module 5 – Diagnosis, treatment and palliative care</td>
<td>eCanLEAD</td>
<td>Report back of group work 4</td>
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<td>10:30 - 12:00</td>
<td>(2) Global situation and challenges for national cancer control</td>
<td>(5) Childhood cancer</td>
<td>(6) Childhood cancer</td>
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<td>- Updates on recent cancer control activities in WHO</td>
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<td>- Q&amp;A and discussion</td>
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<td>Advocacy for cervical cancer prevention</td>
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<td>Report back of group work 2</td>
<td>Report back of group work 3</td>
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<tr>
<td>12:00 - 13:30</td>
<td>Lunch break (walk in the park)</td>
<td>Group work 2</td>
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<td>Where are we in cervical cancer prevention and control: Actions and interventions</td>
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<td>Report back of group work 5</td>
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<tr>
<td>13:30 - 15:00</td>
<td>Introduction of National Cancer Control Programmes (NCCPs) and web-based cancer control leadership course (eCanLEAD)</td>
<td>(5) Childhood cancer</td>
<td>Campus tour and physical activity</td>
<td>Workshop assessment</td>
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<td>eCanLEAD module 1 – Introduction to NCCPs</td>
<td>Special session: Integrating childhood cancer into national health plans</td>
<td>Side event</td>
<td>Closing remarks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Campus tour and physical activity</td>
<td>Experts meeting with St Jude representatives</td>
<td>Bus ride back to hotel</td>
</tr>
<tr>
<td>15:00 - 15:30</td>
<td>Mobility break</td>
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<tr>
<td>15:30 - 17:00</td>
<td>Marketplace: Where are our countries in cervical cancer prevention and control?</td>
<td>(5) Childhood cancer</td>
<td>Campus tour and physical activity</td>
<td>Workshop assessment</td>
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<tr>
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<td>Side event</td>
<td>Closing remarks</td>
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GROUP WORK 1:
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?
Introduction to web-based cancer control leadership course (e-CanLEAD)

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 National Cancer Control Programme (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.

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?
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 cervical cancer control.

The United Nations Joint Global Programme and its partners have initiated a strategy with the vision of achieving equitable global coverage of cervical cancer prevention and control, and a goal to eliminate cervical cancer (Figure 1). The framework for action involves five strategic directions that are essential if every country is to successfully attain the goal of eliminating cervical cancer.

**Figure 1. The Framework for WHO’s Action Towards Elimination of Cervical Cancer**

**OBJECTIVE:**
- To provide an overview of our current cervical cancer control capacity and infrastructure, and strengths and limitations of our current cervical cancer control program.
INSTRUCTIONS:
Think about your country in relation to each of the six broad domains for cervical cancer prevention and control below. For each of these domains, briefly indicate your country’s status, strengths and limitations. These will be shared with the rest of the group as PowerPoint presentations.

1. Comprehensive cervical cancer control plan or strategy
   a. National plan or strategy to address cervical cancer elimination
   b. Sustainable funding for cervical cancer programme
   c. Advocacy for cervical cancer prevention and early detection
   d. Strategies to reach vulnerable groups (e.g. Women with HIV, commercial sex workers, etc.)

2. Cervical cancer primary prevention
   a. Risk factor reduction - tobacco use, sexual behaviour
   b. HPV vaccination

3. Cervical cancer early detection and screening (secondary prevention)
   a. National cervical cancer screening programmes
   b. Diagnostic capacity (pathology, cytology, etc.)
   c. Integration into primary health care

4. Cervical cancer management (tertiary prevention)
   a. Evidence-based practice guidelines
   b. Trained health care personnel
   c. Surgical interventions
   d. Radiotherapy (including radiation safety)
   e. Chemotherapy
   f. Pain relief and palliative care

5. Cervical cancer monitoring and evaluation
   a. Cancer registry and coverage
   b. International Classification of Diseases (ICD) coding
   c. Vital registration (cervical cancer mortality data)
   d. Risk factor surveys
   e. Indicators for HPV vaccination coverage

6. Cervical cancer research
   a. Cancer research capacity
   b. Ongoing cervical cancer research initiatives

KEY QUESTIONS:
1. Where are your strengths concentrated, across the domains for cervical cancer prevention and control?
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?
GROUP WORK 2:  
Where are we in cervical cancer prevention and control: Strengths and barriers

INTRODUCTION

Cervical cancer was once one of the most common causes of cancer death for women, but the recent experience in high-income countries with HPV vaccination, screening, diagnosis and early treatment of pre-cancerous lessons demonstrates that it is possible to work towards the elimination of cervical cancer. The WHO framework for action towards the elimination of cervical cancer recognizes five essential strategic directions and three critical levels of prevention (Figure 2):

1. Information for focused action – including risk factor and disease surveillance, cancer registries and a monitoring framework to assess progress.
2. Interventions for impact – primary and secondary prevention are highly effective, with cost-effectiveness of ≤ $100 per disability-adjusted life year (DALY) averted in low- and middle-income countries. These interventions are among global best buys for NCDs. At the tertiary level, treatment of established cancer and palliation of advanced cancer are important. Together, primary, secondary and tertiary prevention initiatives are the basis of the comprehensive approach promoted by WHO to prevent and control cervical cancer.
3. Delivery for equity – to ensure that hard to reach and vulnerable populations get access to interventions.
4. Sustainable financing – to support cervical cancer prevention and control programmes, especially in LMICs.
5. Innovation for acceleration – Research on new technologies and therapeutic approaches is essential to speed up the achievement of the goal of eliminating cervical cancer.

In addition, having a national comprehensive cervical cancer control plan or strategy is also important.

OBJECTIVES:

• To learn a rapid assessment tool as applied to country capacity towards the elimination of cervical cancer; and
• To use the assessment tool to identify the strengths and weaknesses for cervical cancer prevention and control, and determine areas for action.
INSTRUCTIONS:

1. To eliminate cervical cancer in the future, the five strategic directions and three levels of prevention delineated in Figure 2 are critical. Each of these can form the 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. Using the following scale for a rapid assessment, 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 the strongest and where it is the 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.

Figure 2. Framework for action and strategic directions to eliminate cervical cancer
WORKSHEET: Eliminating cervical cancer – Strengths and weaknesses 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 are all interdependent, and all are needed for effective cervical cancer prevention and control. But when resources are limited, action needs to be chosen strategically to have the maximum impact. Knowing what to prioritize first can determine success.
GROUP WORK 3: Where are we in cervical cancer prevention and control: Actions and interventions

INTRODUCTION
Improving cervical cancer prevention and control requires an accurate understanding of current capacity that can be achieved through a situation analysis. In real life, there are often multiple barriers and weaknesses across the system; thus, strengthening capacity needs to occur at multiple points within the health system. Results from the situation analysis can assist with the development of strategic priorities to address the barriers and weaknesses.

INSTRUCTIONS:
1. Go back and review the strengths and weaknesses in cervical cancer prevention and control in your spidergram. For each component in the spidergram that you scored 3 or lower, enumerate interventions and action steps to address and overcome these weak components. Identify at least 1 action/intervention for each weak component.
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 capacity for cervical cancer prevention and control?
2. Which actions would have the greatest impact in strengthening cervical cancer prevention and control capacity?
3. Which actions can you feasibly carry out now?
**Directions:** For every component in the spidergram that you scored as 3 or less, identify at least one potential action or intervention to enhance or strengthen that component.

<table>
<thead>
<tr>
<th>Component</th>
<th>Potential actions and interventions</th>
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<tbody>
<tr>
<td>National comprehensive cervical cancer control plan or strategy</td>
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<tr>
<td>Information for action (Surveillance, data, advocacy)</td>
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<tr>
<td>Primary prevention (HPV vaccination, risk factor reduction)</td>
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<tr>
<td>Screening and early detection</td>
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<tr>
<td>Diagnosis and treatment</td>
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<tr>
<td>Palliative care</td>
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<tr>
<td>Delivery for equity (hard-to-reach, vulnerable and marginalized groups)</td>
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<tr>
<td>Sustainable financing</td>
<td></td>
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<tr>
<td>Innovation for acceleration (Research and development)</td>
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</table>
GROUP WORK 4: Advocacy for cervical cancer prevention and 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 cervical cancer prevention and control 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?
GROUP WORK 5:
Identifying country priority areas to strengthen cervical cancer prevention and control

OBJECTIVES:

• To review our initial country assessment of strengths and weaknesses of our cervical cancer prevention and control programmes from Day 2; and
• To use this assessment and the knowledge gathered from the previous days in identifying priority areas for action for our overall cervical cancer control programme for the next 2 years.

INSTRUCTIONS:

1. Look back at the worksheet “Where are we in cervical cancer prevention and control: Actions and interventions” on page 12.
2. List down each action/intervention on a Post-it sheet (1 action/intervention per Post-it).
3. Based on your initial assessment of strengths and weaknesses, and on the knowledge and skills you have gained over the past days, gauge each action along 2 dimensions:
   a. Magnitude of impact: If you implement this action/intervention, how large and significant an impact will you have on reducing cervical cancer incidence, morbidity and mortality?
   b. Feasibility of the action/intervention: Do you have the capacity, opportunity, resources, support and timing to successfully implement the action/intervention at the present time?
5. Once everyone has completed their charts, we’ll discuss how the chart helps to identify the immediate priorities. Then come together in plenary and share your insights with each other.
WORKSHEET: Identifying priority areas for cancer control
Participant’s notes:
Participants are encouraged to note down highlights or key messages from the presentations.

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Participant’s notes:
Participants are encouraged to note down highlights or key messages from the presentations.
References


ANNEX 4: Priority interventions by country

**Bhutan**

- Develop flagship proposal to mobilize fund from government
- Advocacy on early screening
- Develop comprehensive cancer strategy
- Update treatment protocol
- Training health workers on screening protocol
- Strengthening information system
- Develop advocacy material
- Update screening protocol
- Training health assistants and doctors on treatment protocol
- Introduce palliative care component in strategy

Activity spread out to hard-to-reach areas

Screening
Cambodia

Impact

Advocate to social health protection scheme at HEF (delivery for equity)

Sustainable financing: contribution and health insurance

Develop palliative care curriculum for medical doctors and nurses

Strengthen national standard operating procedures and multisectoral action plan

Revise information system

Feasibility

Continue expand HPV vaccination to whole country until 2022

Continue to improve data quality

Expand from pilot areas to national target

Suspected cancer cases referred to national hospital for treatment

Strengthen capacity of TWG and advocacy

Sustainable financing: contribution and health insurance

ToT to PHD-OD and RH, then roll out to HC

ToT (trained) from national to subnational

Monitoring and evaluation

See and treat at HC and RH

ToT (trained) from national to subnational
Results to government!

Assess outcomes of positive cases
Urgent update on 2015-2018 results
Publish research on technical assistance training
Collate 2013-2017 vaccine coverage
Reports from CRCAP teams to NOC
Review of NCCP and NCCCP
Strengthen palliative care team
Ghana

Conduct a stakeholder meeting with laboratory mechanics and scientists

Engage NGOs and CSOs to lead advocacy for HPV vaccination

Engage the MOH on the need for NCCCP

Constitute a working group to develop cervical cancer screening guidelines

Identify and train selected staff on palliative care

Engage the MOF on sustainable financing options

Form HCN to provide screening services for cervical cancer

Develop guidelines for palliative care

Engage NGOs and CSOs for equity

Conduct a stakeholder meeting with laboratory mechanics and scientists

Identify and train personnel for cancer registration

Conduct a stakeholder meeting on NCCCP
IMPACT

Kyrgyzstan

Make it free

Work with HIV living people and community sex workers

Intra-authorities dialogue

Taxes from tobacco and alcohol

Clinical protocols implementation

Training of doctors and nurses

Work with communities

Change the regulation

Standardization of diagnosis procedures

Improve path labs

Governmental support of mobile team

Sustainable financial support

Improve quality of data

Taxes from tobacco and alcohol

Intra-authorities dialogue

Work with HIV living people and community sex workers

Clinical protocols implementation

Training of doctors and nurses

Work with communities

Change the regulation

Standardization of diagnosis procedures

Improve path labs

Governmental support of mobile team

Sustainable financial support

Improve quality of data
MOH has to push with this matter

Government has to participant and support budget

Protocol of national cervical cancer guideline

Training of health care providers (doctors and nurses)

Must provide HPV vaccination as much as possible to girls and boys

Organization of cervical cancer screening team

MOH development of human resource

Medical capacity equipment

Need pathologist provider center

Organization health care team + palliative care unit, medication for palliative patients

Promoting of cervical cancer is not the problem of only on but that’s for everybody

Each other have doing in one gold by heart (equality)

Best quality of life
Mongolia

- QA project
- HPV test introduction
- Colposcopy training
- Integration into health insurance data
- IMC prep and action plan
- HPV cost survey
- Government and cost sharing with health insurance
- District and provincial level training continuation
- Training at provincial and district level
- District and provincial level training continuation
- HPV cost survey
- Government and cost sharing with health insurance
- IMC prep and action plan
- HPV test introduction
- Colposcopy training
- Integration into health insurance data
- QA project

IMPACT

FEASIBILITY
**Palliative care/hospice training**

**Setup a national cancer institute**

**Introduction of HPV testing and thermal ablation**

**Review our cancer control policy, update and must include a cervical cancer strategy (incl. evidence-based and cost-effective strategies)**

**Establish a cancer unit for all provincial hospital**

*refer to NCI

**Setup a central national cancer registry (population registry) – CanLEAD in-country training**

**School-based HPV vaccination program**

**Fix radiotherapy machine and need radio-oncologists**

**Policy brief to MOH – cancer control and prioritization of funds**

**School-based health education program**

**Palliative care/hospice training**
Philippines

Health facility enhancement to increase palliative and hospice care

Post VIA training evaluation

Establish cancer registry

Capability building of health workers on palliative care

Networking and partnership with other hospice and palliative care

Strengthen the SON to reach GIDA

Include in the yearly budget funding specific for cervical cancer

Determine data availability → review the existing unified NCD registry

Pap smear – determine if this is still being needed – do inventory of cytology screening

VIA inventory of trained health workers on VIA – do capability building of untrained health workers

Review AO 2015 on hospice & palliative care

Review existing National Comprehensive Cancer Control Plan – SWOT, PAPs with cervical cancer components

Develop a cervical cancer control plan

Identify existing available advocacy materials on cervical cancer

Increase advocacy and awareness on HPV vaccination

Develop IEC (QUAD media) to include social mobilization
Sri Lanka

- Making cancer a notifiable disease
- Establish palliative care centers at district level
- Introduce personal identification number
- Provide services at community nurses at all district hospital
- Establish a timely set appointment system
- Capacity building of health staff for palliative care
- Enhance services at mobile clinics
- Screen and early detection
- Equity in delivery
- Increase mobile clinic service facility
- Increase mobile clinic service facility
- Further expansion of already based surveillance
- Increase service research
- Development of a communication plan
**Uzbekistan**

- Highlight cancer prevention financing
- Work with international experts → Plan
- Build on new system of health financing
- Simplify the opioids
- Adapt IT and install (CanReg5) at the national level
- Work with civil societies
- Pilot CanReg5
- Register non-injectable opioids
- Work on special program
- Improve molecular diagnostics
- Work on PC guideline
- Follow the standards
- Legalize NCCP on the national level
- Improve molecular diagnostics
- Spread out HPV pilot to the national level
- HPV vaccination – OK!
- Expertise with international experts (NCCCP)
Viet Nam

Advocate the HPV vaccination
Advocate the importance and nominate the CC
Pilot mode at community
Screening

National guidance
Apply essential health package cover by health insurance
Training on palliative care
Training for healthcare staff
Zimbabwe

- Decentralize lab services
- Reduce turnaround time for lab results
- Strengthen cancer registry
- VIAC champions for advocacy
- Costed plan for submission to Minister
- Outreach for hard-to-reach areas
- Decentralize palliative care – train HR
- Monitoring board for NCCP
- Quality assurance supervision
- Post-training mentorship for VIAC sites
ANNEX 5

Fifth Leadership Workshop for Cancer Control (CanLEAD)
Seoul, Republic of Korea, 11–14 September 2018

Workshop evaluation

The workshop was attended by 19 participants responsible for cancer prevention and control from 13 countries in four WHO regions – Cambodia, Fiji, Lao People’s Democratic Republic, Mongolia, Papua New Guinea, Philippines and Viet Nam from the WHO Western Pacific Region; Ghana and Zimbabwe from the WHO African Region; Kyrgyzstan and Uzbekistan from the WHO European Region; Bhutan and Sri Lanka from the WHO South-East Asia Region. The four-day programme was evaluated using a questionnaire where participants gave scores on a scale of 1 to 10 (10 being the highest, 1 being the lowest) for operational arrangements and for the technical sessions. The distribution of the scores is provided below.

**Questionnaire 1 - Overall impression**

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<td>The overall impression of this meeting was</td>
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**Questionnaire 2 - Technical sessions**

*Session 2: Global situation and challenges for national cancer control*

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<tr>
<td>a. to understand the objectives of the session</td>
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<td>16%</td>
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*Session 3: Cancer aetiology, epidemiology and prevention*

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<tr>
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<td>b. to exchange views and information in the discussions</td>
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*Session 4: Surveillance, monitoring and cancer registration*

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<tr>
<td>a. to understand the objectives of the session</td>
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<td>44%</td>
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*Session 5: Early detection, early cancer diagnosis and cancer screening*

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<tr>
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<td>29%</td>
<td>18%</td>
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**Session 6:** Diagnosis, treatment and palliative care

a. to understand the objectives of the session  
   - 58% 26% 11% 5% 0%

b. to exchange views and information in the discussions  
   - 56% 22% 17% 6% 0%

**Session 7:** National Cancer Control Programme development

a. to understand the objectives of the session  
   - 80% 0% 20% 0% 0%

b. to exchange views and information in the discussions  
   - 61% 22% 17% 0% 0%

**Session 8:** Priority setting

a. to understand the objectives of the session  
   - 70% 25% 5% 0% 0%

b. to exchange views and information in the discussions  
   - 61% 22% 17% 0% 0%