

imPACT

Integrated Missions of PACT



Programme of
Action for
Cancer
Therapy

PACT

Together against Cancer

Cancer Crisis in Low and Middle Income Countries

Each year, over five million people in low and middle income (LMI) countries die of cancer. If detected and treated early, many of these deaths could be prevented. Yet, the reality is that **70% of cancer patients in LMI countries are diagnosed too late for curative treatment to remain an option**. In many developing countries, early detection programmes for cancer remain largely unavailable or inaccessible, and resources for cancer control are limited.

While communicable diseases have long been a priority for LMI countries, the growing burden of non-communicable diseases (NCDs), such as cancer, is exerting even greater pressure on overburdened health care systems. According to the World Health Organization (WHO), the burden of NCDs for these countries is expected to rise by more than 60% by 2020. The rising rates of cancer in LMI countries represent an urgent challenge for public health decision-makers and cancer care providers.

Addressing the Cancer Crisis: *National Cancer Control Planning*

To address LMI countries' health system challenges related to cancer control, the WHO has recommended that countries develop a **National Cancer Control Programme (NCCP)**. Devising and adopting an NCCP empowers a country to take a systematic and comprehensive approach to ensure best practices. This includes cancer control planning, cancer information, cancer prevention, early detection, diagnosis and treatment, and palliative care. The implementation of an NCCP enables national authorities to plan investments in cancer control in line with country priorities and evidence-based strategies, while taking resource constraints into account. This approach addresses cancer in a comprehensive and cost effective manner to ensure maximum impact for investments.



Professor Jinsil Seong discusses cancer facilities at Philippines General Hospital during an imPACT mission in the Philippines.

National Cancer Control Programmes

The WHO defines an NCCP as “a public health programme designed to reduce cancer incidence and mortality and improve quality of life of cancer patients, through the systematic and equitable implementation of evidence-based strategies for prevention, early detection, diagnosis, treatment, and palliation, making the best use of available resources.”



imPACT Review

The IAEA, through its Programme of Action for Cancer Therapy (PACT), offers its Member States a service called the **imPACT (integrated mission of PACT) Review**. The imPACT Review provides a comprehensive approach to conducting a needs assessment of a Member State’s cancer control infrastructure and capacity. It is the first step in the IAEA’s cancer strategy to assist Member States to address the cancer burden based on a comprehensive and long term sustainable approach.

An expert in palliative care, Dr Yoon-Jung Chang, discusses the status of services with a counterpart at Calmette Hospital in Cambodia.



The imPACT Review Process

The complete imPACT review process lasts between 18 and 24 months from the initial request from the Minister of Health to the submission of the final report and recommendations for action by the government, endorsement of the recommendations and initiation of implementation in the context of an NCCP. The commitment of the Member State is critical to ensure implementation of the imPACT Review recommendations.

Dr Bidhu Mohanti, an expert in radiation oncology, meets with staff from the Department of Radiotherapy at the Khmer-Soviet Friendship Hospital during a 2013 mission in Cambodia.



An IAEA Member State may be eligible for an **imPACT review** when the following criteria are met:

- *Cancer is recognized as a public health priority in the country and national health authorities are committed to address cancer control;*
- *National health authorities have formally requested IAEA assistance on cancer control;*
- *The Member State is a recipient of the IAEA's Technical Cooperation (TC) Programme with active radiotherapy project(s) or has plans to establish a radiotherapy programme.*

The main stages of the imPACT process are outlined below:

1

The imPACT Review process is initiated by an **official request** from the Minister of Health of a Member State. This request should highlight the commitment of the national health authorities to fight cancer and the nomination of a focal point person for the imPACT Review within the Ministry of Health.

2

A **Country Cancer Profile** is prepared by the PACT Programme Office (PPO) as a reference document for general information on the cancer situation of the Member State. It contains information from IAEA, WHO, International Agency for Research on Cancer (IARC) and other open sources.

3

In consultation with the WHO Regional Office, PPO contacts the country counterpart and sets the best probable date of the mission. Then, PPO contacts the corresponding WHO Regional Office, IARC and IAEA Technical Divisions and solicits the assignment of experts to cover the areas of Cancer Control Planning and Palliative Care; Cancer Information /Registration, Prevention and Early Detection; and Radiation Medicine, respectively, for the mission.

4

The multidisciplinary **imPACT Review team**, composed of experts in different areas of cancer control, with experience in developing countries is assembled in consultation with WHO Regional Office, IARC, IAEA and partners. This is a particularly strong feature of the imPACT review as the participation of a multidisciplinary team of experts allows the Member State's public health authorities to draw on a wide range of evidence-based cancer control knowledge and experience.

5

The **imPACT Review mission** is implemented in close cooperation with national authorities, notably the IAEA National Liaison Office, the WHO Country Office, the Ministry of Health and relevant stakeholders. On the last day of the mission, team leader and experts give a briefing of findings to the Minister of Health and relevant stakeholders.

6

The **imPACT Review mission report** is compiled by PPO based on the inputs and recommendations provided by the imPACT Review team in consultation with WHO Regional and Country Offices, IARC and relevant internal stakeholders.

7

The **imPACT Review mission report**, endorsed by the three Agencies, is sent to the recipient Member State's Ministry of Health requesting comments and/or endorsement of the recommendations and suggestion of follow-up actions.

8

Within three months following the submission of the imPACT mission report, an **official response from the Ministry of Health** to the IAEA is anticipated.



"In many low-middle income settings, there remains a desperate need for high quality, on-going data on cancer patterns and trends to provide the basis for planning and evaluating cancer control activities. The IAEA imPACT missions provide important opportunities to engage with national decision-makers in advocating the establishment of population-based cancer registries as central in the delivery and implementation of national cancer control plans."

*Dr Freddie Bray, Deputy Section Head, Cancer Information Section
International Agency for Research on Cancer*

imPACT Review

The objectives of the imPACT review are to:

- ➔ Carry out a comprehensive assessment of the country's cancer control capacity in the areas of planning, information/registration, prevention, early detection, diagnosis and treatment, palliative care, including training and civil society activities.
- ➔ Carry out a capacity and needs assessment for the effective implementation of the country's radiation medicine programme, including all relevant regulatory and safety aspects, as a component of a comprehensive NCCP.
- ➔ Assist in the planning of the country's cancer related IAEA/TC projects for future cycles.
- ➔ Explore cancer control needs that can be addressed through project proposals and multidisciplinary assistance packages through external funding.

Areas of Assessment

The imPACT Review focuses on the assessment of the following cancer-related areas, with emphasis on those identified as high priorities by the government:

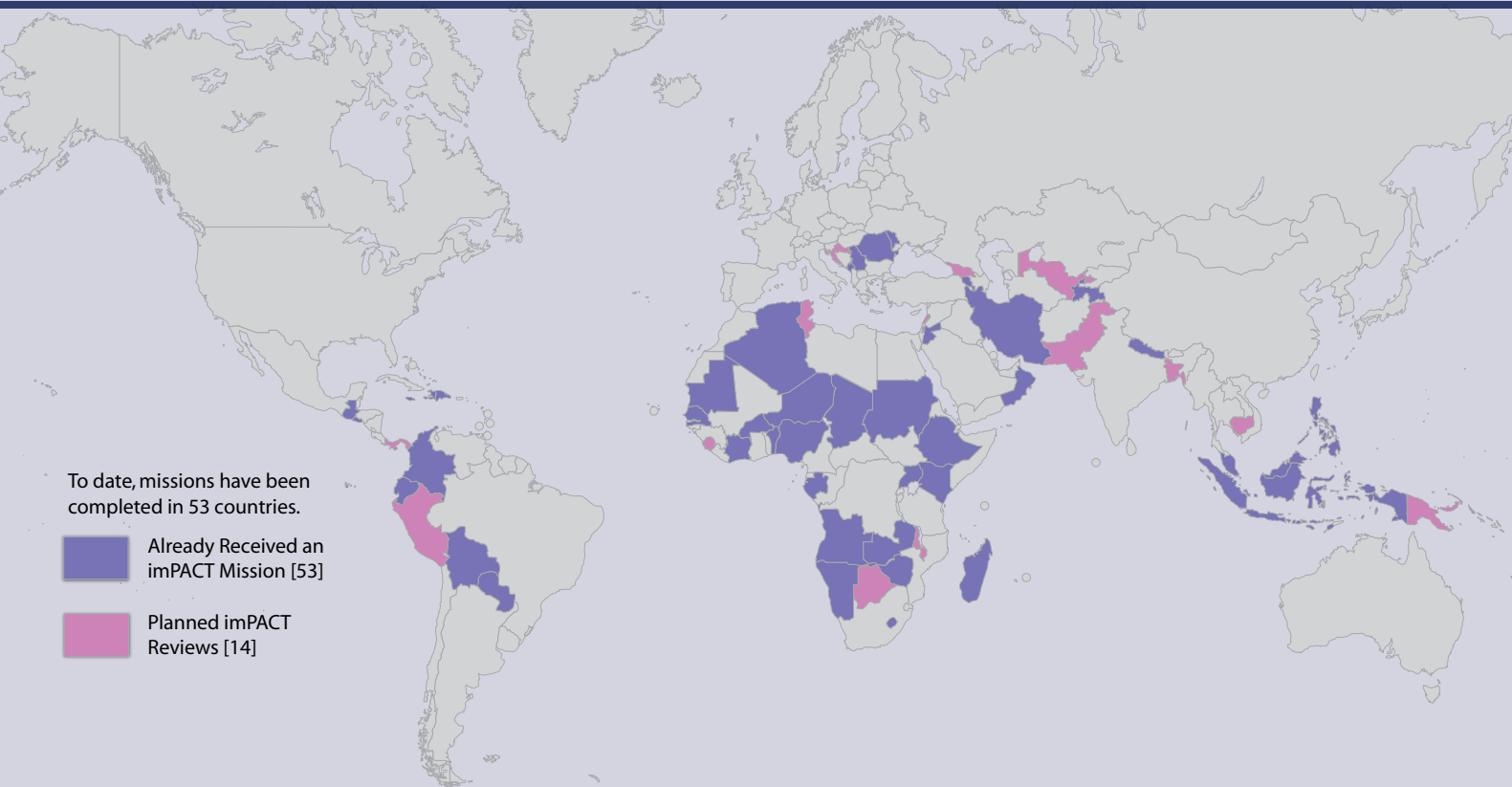
- ➔ Cancer control planning status, according to WHO guidelines.
- ➔ Cancer Information/Registration: Cancer data and information availability and use in planning and decision making.
- ➔ Prevention: Major modifiable cancer risk factors and actions in the country to reduce them through advocacy and public education (relevant legislation and public information).
- ➔ Early detection: Programmes, interventions and activities related to screening and early diagnosis of cancer.
- ➔ Diagnosis and treatment: National health care model, availability of diagnostic and treatment facilities, resources, services and referral systems for cancer patients.
- ➔ National radiation medicine capacity and future plans.
- ➔ Palliative care and patient support: Infrastructure, available options (including radiotherapy and opiates) and patient quality of life.
- ➔ Education and training in cancer, including planning for human resources development at the national level.
- ➔ Civil society activities: Role and activities of non-governmental organizations in cancer control.
- ➔ Indicators to monitor and evaluate cancer control interventions.

"Through the imPACT process, we mark the first time that three UN agencies (WHO, IAEA and IARC) dealing with cancer control come together to a country to make a comprehensive assessment and recommendations."

Dr. Ibtihal Fahdil, Regional Adviser Non communicable diseases, World Health Organization, Regional Office for the Eastern Mediterranean



imPACT Missions around the World



Expected Outcomes and Follow-up Activities

Following the official endorsement of the imPACT Review mission report's recommendations, it is expected that cancer control activities are planned, developed and evaluated in accordance with the recommendations. They can be utilized to develop appropriate strategies, action plans and potentially 'bankable' project proposals, for the expansion of national cancer control capacity and infrastructure, which, in turn, can facilitate resource mobilization at the country level. More specifically, the implementation of imPACT recommendations is expected to lead to a phased planning and investment package for developing comprehensive cancer control services based on government priorities and the following outcomes:

- ➔ Establishment of a National Cancer Control Steering Committee involving all stakeholders. The Committee will be responsible for developing the NCCP.
- ➔ Development of an NCCP following WHO guidelines and national characteristics.
- ➔ Development of a 10-year Action Plan with ranked priority activities, realistic goals, timeframes, milestones and estimated budget. The country's radiation medicine plan should be an integral part of this Action Plan.
- ➔ Development of specific funding proposals, for short-, medium- and long-term assistance packages/projects to meet the country's specific needs covering each component of cancer control. In addition, this process should enable the Member State to prepare better defined projects related to the IAEA's mandate in radiation medicine for support through the IAEA's TC programme.

The Partnership Approach

Considering the global implications of the cancer crisis and the need for improved cancer control in the developing world, PACT works diligently to form global partnerships that can combine their expertise to provide the best possible support to Member States afflicted by cancer. PACT currently conducts cancer assessment missions with technical support from the WHO and IARC. Additional partners are involved in missions on a case-by-case basis.



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