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Methodology for Integrated Missions of the Programme of Action for Cancer Therapy (imPACT Reviews)

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METHODOLOGY FOR INTEGRATED MISSIONS OF THE PROGRAMME OF ACTION FOR CANCER THERAPY (imPACT REVIEWS)

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METHODOLOGY FOR INTEGRATED MISSIONS OF THE PROGRAMME OF ACTION FOR CANCER THERAPY (imPACT REVIEWS)

INTERNATIONAL ATOMIC ENERGY AGENCY
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FOREWORD

According to the International Agency for Research on Cancer (IARC), the global cancer burden is on the rise. Cancer control planning can be used to help prevent or minimize the effects of cancer in communities worldwide. However, it is also a complex and multifaceted task.

To assist its Member States in evidence based cancer control planning, the IAEA — in partnership with the IARC and World Health Organization (WHO) — offers comprehensive assessments of national cancer control capacities and needs in the form of imPACT Reviews. Since 2005 these reviews have provided national governments with expert insights into their national cancer situation and capacities to improve access to cancer care.

In 2018 representatives of the IAEA, the IARC and WHO, contributors from the United Nations Office on Drugs and Crime and the Union for International Cancer Control, international cancer control experts and representatives of Member States launched an effort to revise the methodology to strengthen key aspects of imPACT Reviews. This publication is the result of these efforts.

This publication is intended for imPACT Review experts, national authorities in Member States and global cancer control experts. National authorities may use this publication as a tool for evidence based policy making, assessing the cancer control situation or measuring progress in a country. The publication is also a resource for the most recent evidence based guidelines from the IAEA, the IARC and WHO in relation to cancer control planning and delivery. Contributions in the form of review and input to the data collection tools were provided by WHO and its six regional offices, the IARC and the IAEA. The supplementary files available on-line contain additional material, such as tools to inform scope and purpose, self-assessment questionnaires, terms of reference for national experts and a report writing template that can be used to guide the preparation and conduct of imPACT Reviews.

The IAEA officer responsible for this publication was I. Veljkovikj of the Division of Programme of Action for Cancer Therapy.

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CONTENTS

1. INTRODUCTION

In response to a government request, an imPACT Review is carried out as a comprehensive assessment of national cancer control capacities and needs. It is a partnership effort between the International Atomic Energy Agency (IAEA), the International Agency for Research on Cancer (IARC) and the World Health Organization (WHO). Where relevant, other partners are involved, such as the Union for International Cancer Control (UICC) and the United Nations Office on Drugs and Crime (UNODC). The methodology described in this publication intends to provide guidance and ensure consistency in the conduct of imPACT Reviews. The IAEA Division of Programme of Action for Cancer Therapy (PACT) is responsible for coordinating the imPACT Reviews and for mobilizing the resources for their implementation.

1.1. BACKGROUND

Cancer control planning is a strategic approach to prevent or minimise the effects of cancer in communities. It involves different components that improve health system capacities to address the cancer burden in a comprehensive way. According to WHO, a national cancer control programme is a public health programme designed to efficiently use available resources to reduce the number of cancer cases and deaths while improving the quality of life of cancer patients through the systematic and equitable implementation of evidence-based strategies for prevention, early diagnosis, cancer registry, treatment, and palliation [1] .

Planning a cancer control programme starts with a country specific assessment of needs [1]. In this regard, the IAEA, IARC and WHO offer their Member States an advisory service called "imPACT Review" to assess the national capacities and health system readiness to plan and implement adequate cancer control strategies to respond to the cancer burden.

The imPACT Review provides a situation analysis, with a set of findings and recommendations to the government and partners for:

- Strengthening national capacities in cancer control;
- Supporting the development of a national cancer control plan or related strategies;
- Supporting relevant national resource mobilization efforts.

The specific scope and objectives of the review are agreed upon and tailored based on the national context, priorities and needs, under the following general framework:

- Assess national capacities and needs in cancer control planning, cancer registration, prevention, early detection, diagnosis and treatment, and palliative care;
- Gain an overview of national regulatory infrastructure for the safety of radiation sources, and security of radioactive material in medical uses;
- Identify opportunities for partnerships and resource mobilization in cancer control;
- Provide an overview to the Member State of all cancer-relevant programmatic support and advisory services that can be provided by the IAEA, IARC and WHO.

1.1.1. Guiding principles in conducting imPACT Reviews

Demand-Driven Approach

- An imPACT Review is conducted at the request of a Member State, with the purpose of informing the national cancer policy or plan, cancer control investment planning and/or the formulation of a workforce development strategy.

Evidence-Based Approach

— imPACT Reviews are guided by the most recent available evidence on effective public health policies and interventions in all areas of cancer control, provided by the IAEA, IARC, WHO [1-10] and other relevant partners.

Relevance to National Priorities and International Development Assistance

— imPACT Reviews are conducted to inform development and/or review of relevant national strategic documents (e.g. National Cancer Control Plans or similar strategic documents) and to inform national technical cooperation programme/projects with the IAEA, IARC, WHO and other relevant partners.

Participatory Approach

— imPACT Reviews are conducted using a highly participatory approach toward relevant stakeholders, including those across academia, professional associations and civil society, along the cancer care continuum, to ensure wider national commitment and increased ownership in the implementation of imPACT Review recommendations.

The imPACT Review consists of three phases (*see FIG. 1*):

— Phase 1: Preliminary analysis of the cancer control situation and related capacities and needs, through desk review and self-assessment by national stakeholders;
— Phase 2: In-country mission to validate and complement analysis performed in Phase 1, carry out additional data collection through interviews with key stakeholders and observation of conditions and practices in health care settings;
— Phase 3: Consolidated analysis of findings, formulation of conclusions, prioritization of recommendations and finalization of the imPACT Review report.

1.2. SCOPE AND OBJECTIVE

The objective of this publication is to describe the methodology of the imPACT Review and its data collection tools in a structured and comprehensive manner. This framework is intended to be used along the cancer control continuum and tailored to the specific needs of the requesting Member State. It may also be used as a tool for a cancer specific needs assessment and as a resource for the most up-to-date, evidence-based guidelines from IAEA, IARC and WHO in relation to cancer control planning and delivery.

This methodology is intended to be used primarily to guide the conduct of imPACT reviews**.**

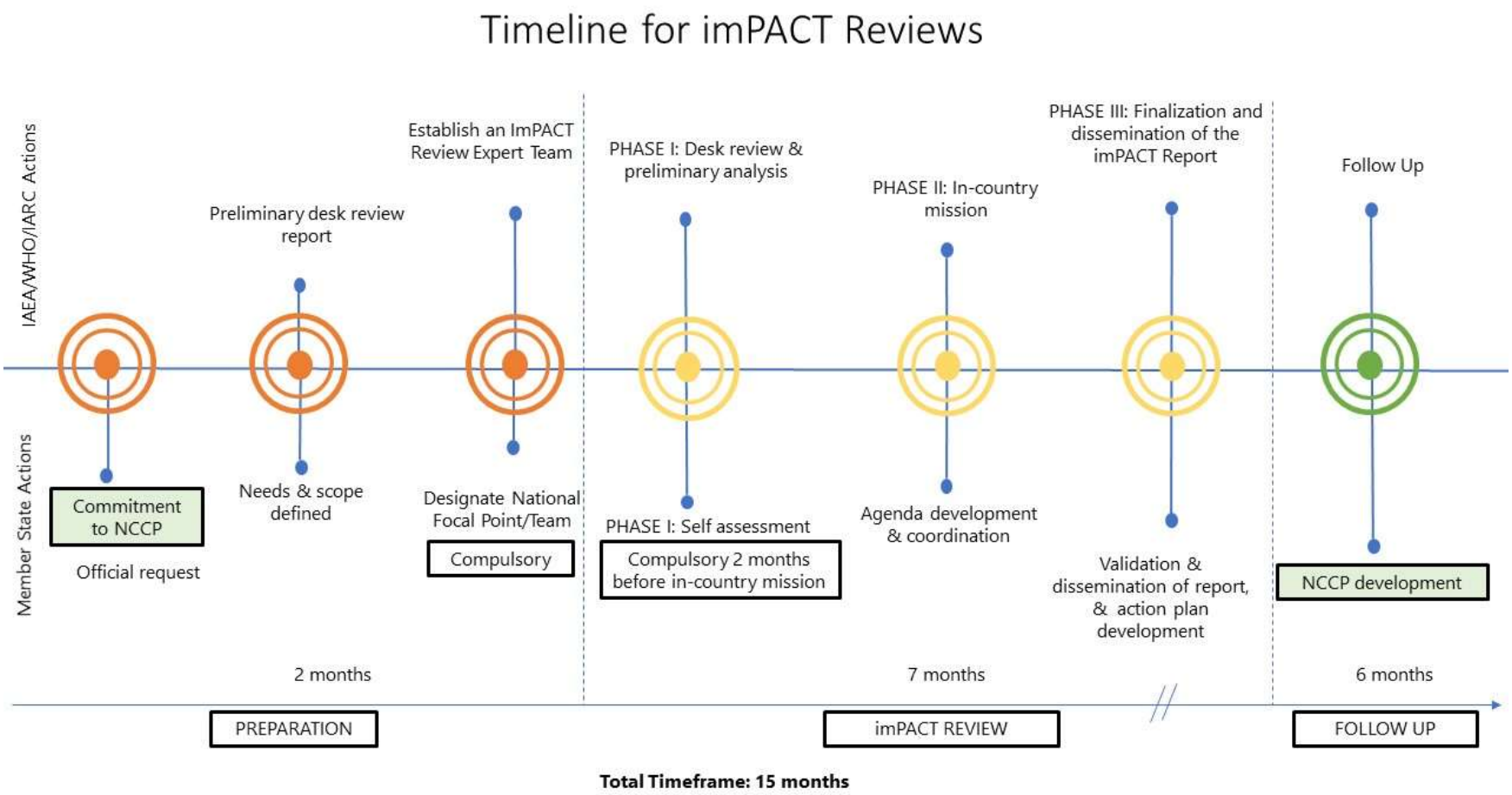

FIG 1. Timeline for preparation and implementation of imPACT Reviews and follow up.

2. PREPARATION OF IMPACT REVIEWS

2.1. MEMBER STATES' NEEDS AND DEFINITION OF SCOPE

Following a formal request from the Ministry of Health for an imPACT Review[1], it is important to identify the scope and specific objectives. While imPACT Reviews are based on a comprehensive package of advisory services, the scope is ultimately determined by the national context, priorities and needs, and if relevant, it is aligned with key WHO global and regional cancer initiatives, particularly those on cervical, breast and childhood cancer.

Two important commitments from the requesting government will improve the conduct and outcomes of the imPACT Review. The first is to commit to develop, review or update the National Cancer Control Programme (NCCP) as a follow up to the Review. The second is to commit to establish a multisectoral and multidisciplinary National Cancer Control Committee to lead the process of NCCP development, implementation and review.

In order to facilitate the process of defining the scope and objectives of the imPACT Review, a Country Readiness Checklist (Annex 1) and corresponding Preliminary Desk Review Report (Annex 2) are available to guide discussions between the relevant national authorities and partner organizations. Consultations are also carried out with the UN Country Team and relevant UN agencies, multilateral and regional development banks, and civil society organizations. The purpose is to determine the relevance, scope, feasibility and appropriate timing of the imPACT Review, its alignment with national strategic planning, its relevance to ongoing and future cooperation with the IAEA, IARC, WHO and other UN/non-UN partners (e.g. UICC). In addition, the dissemination of the imPACT Review report and its recommendations to partners and donors is agreed upon with the Ministry of Health. This consultation process is concluded and formalized with the development of the Terms of Reference (Annex 3) for the imPACT Review, agreed upon and signed by the Member State.

2.2. DESIGNATION OF A NATIONAL FOCAL TEAM

The national Focal Point (FP) for the imPACT Review, nominated by the Ministry of Health, plays the lead coordinating role for the conduct and follow up of the imPACT Review. The FP is encouraged to ensure an inclusive approach to the imPACT Review, including the active participation of relevant national stakeholders. The national Focal Point is expected to be a senior official in the Ministry of Health, involved in the national cancer control programme. The FP will be supported by a Focal Team, also nominated by the Ministry of Health.

The FP coordinates the Focal Team, which consists of at least one national expert for each of the cancer control areas. The Focal Team is responsible for supporting the FP throughout different phases of the imPACT Review. The FP and the Focal Team work in collaboration with the WHO Country Office (WHO CO), IAEA National Liaison Office (NLO) and IARC Regional Hubs for Cancer Registration, to ensure that the imPACT Review is relevant and reinforces technical cooperation of the partner organizations in the country. The designation of

[1] A formal communication from the government to IAEA, WHO or IARC can trigger an imPACT Review. Requests for an imPACT Review, imPACT follow-up or coordinated imPACT review with WHO initiatives in cervical, breast or childhood cancers can be precipitated by high-level political dialogue, through WHO informal country-level dialogue, through WHO Country Representatives or WHO Offices, and/or online request through the IAEA website. High-level political dialogues can occur between UN agencies (IAEA/WHO and country permanent missions in Vienna/Geneva) or through pre-existing relationships between Ministry of Health or the IAEA National Liaison Office with IAEA/WHO, respectively.

a national focal point and focal team is a compulsory step to initiate the imPACT Review. Terms of Reference for the National Focal Point and Focal Team are included as Annex 4.

2.3. ESTABLISHING AN IMPACT REVIEW EXPERT TEAM

Once the needs and scope of the Review are defined, the nomination of experts in each specific area of cancer control is initiated (see *FIG. 2*). Experts are nominated in line with professional qualifications and competencies agreed upon by the IAEA, IARC and WHO.

The Profile of imPACT Review Experts is included in Annex 5. In order to ensure the technical quality of the expert advice provided, a roster of imPACT Review experts is maintained by the IAEA, IARC and WHO, and revised periodically, based on quality performance by each individual expert. The relevant WHO Regional Office (RO), IARC and IAEA are consulted on the imPACT Review team composition. The nomination process follows each partner's mandate:

— WHO RO nominates experts in cancer control planning, prevention, laboratory diagnosis, medical oncology, surgery, palliative care;
— IARC nominates experts in cancer registration, surveillance and early detection;
— IAEA nominates experts in diagnostic imaging, nuclear medicine, radiation oncology, radiation safety, security of radioactive materials and end of life management of radioactive sources in health care settings.

UICC inputs will be sought to gather information on relevant perspectives of civil society organizations, where relevant for the country and along the cancer control continuum.

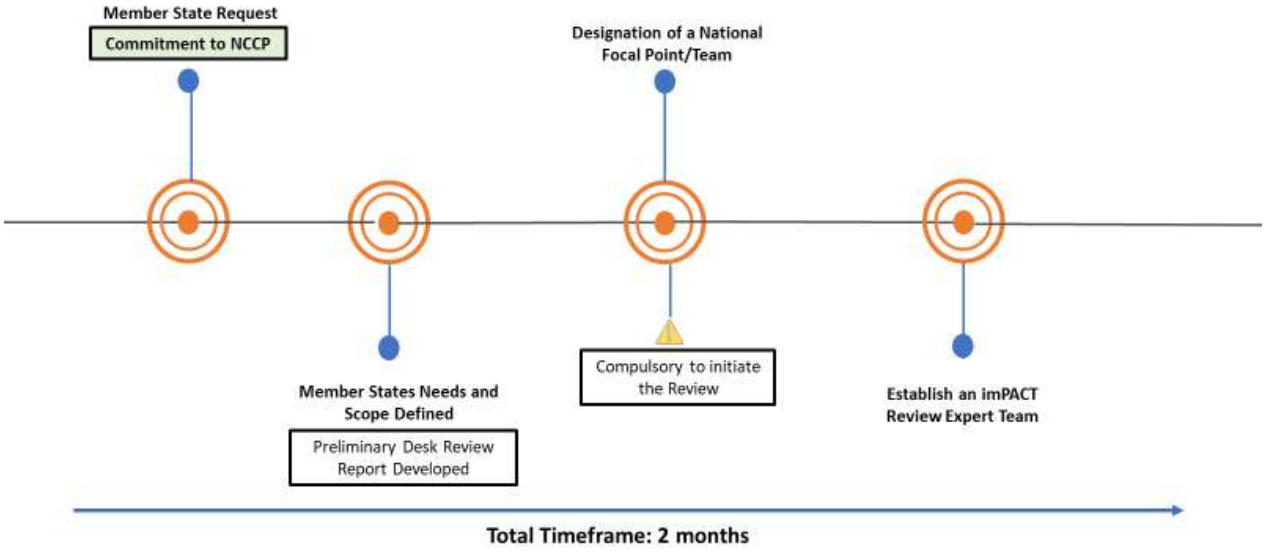

FIG. 2. Timeline for imPACT Review Preparatory Phase.

3. PHASES OF THE IMPACT REVIEW

3.1. PHASE 1: DESK REVIEW, SELF-ASSESSMENT AND PRELIMINARY ANALYSIS

The overall purpose of Phase 1 is to collect relevant documents, reports and data needed for a preliminary analysis of cancer control policies and programmes and to determine the capacities and readiness of health systems to provide prevention, diagnosis, treatment and palliative care services. This phase lasts three months and ends with the development of a preliminary imPACT Review report (*see FIG. 3*). This preliminary report provides the basis for further focused analysis and determines the scope for the in-country mission. In order to improve efficiency in the workflow process, a common web-based platform is used to allow for the storage of relevant documents, regular exchange of information and coordination among partners and experts (national and international).

3.1.1. Background documents and reports (collection phase)

Purpose: To collect relevant and most recent documents and reports.

Method: The search for relevant, peer reviewed articles and reports is done through the online databases and existing data repositories of the IAEA/IARC/WHO and other partners. This data is complemented by information from policies, strategies, guidelines, surveys, and reports provided by the national counterparts.

Tool: A repository of essential and relevant sources of information has been developed (Annex 6) and will be regularly updated.

Process: All partners are responsible for assembling the relevant documents and reports and for providing them to the team of international experts for preliminary analysis.

Timeframe: The collection of all relevant background documents is completed by the IAEA/PACT Division with inputs from all partners within the first month of Phase 1.

3.1.2. Background documents and reports (review and analysis)

Purpose: To provide a preliminary analysis of the cancer control situation based on the review of collected background documents and reports.

Method: Desk Review Analysis

Tool: The template of the imPACT Review report includes guidance for experts regarding the scope and depth of the analysis required along with the structure that experts should follow in presenting findings and recommendations (Annex 7).

Process: Background documents and reports are provided to the experts who are responsible for drafting a preliminary imPACT Review report (Output: Preliminary imPACT Review Report ready before in-country mission deployment).

Timeframe: This exercise is completed one month prior to the in-country mission.

3.1.3. Self-assessment of comprehensive cancer control areas (data collection/analysis)

There are ongoing efforts led by WHO HQ to consolidate and streamline data collection tools on cancer control. Once this process is finalized, the questionnaires used in the imPACT Reviews will be adapted. They will be updated on a regular basis in order to ensure alignment with the most recent available evidence on effective public health policies and interventions in all areas of cancer control, provided by the IAEA, IARC, WHO [3] and other relevant partners. In the meantime, the existing data collection tools described below will be used.

Purpose: To undertake an assessment of capacities, existing programmes and interventions in different areas of comprehensive cancer control: 1) cancer control planning; 2) cancer control financing; 3) cancer registration and surveillance; 4) prevention; 5) early detection; 6) diagnosis; 7) treatment; and 8) palliative care.

Method: Self-assessment method, using PDFs (or equivalent) forms with fillable fields.

Tools: Self-assessment questionnaires

- Cancer Control Planning (Annex 8)
- Cancer Control Financing (Annex 9)
- Cancer Registration (Annex 10)[2]
- Cancer Prevention (Annex 11)
- Cancer Early Detection
    - Breast Cancer Screening (Annex 12)
    - Cervical Cancer Screening (Annex 13)
    - Colorectal Cancer Screening (Annex 14)
- Cancer Diagnosis and Treatment
    - Mapping of Health Facilities for Cancer Diagnosis and Treatment (Annex 15) [5]
    - Diagnosis and Treatment in Health Facilities (Annex 16)
    - Education and Training Capacities (Annex 17)
- Cancer Palliative Care (Annex 18) [6]

Process: Data are collected by the Focal Team in the Ministry of Health through the relevant institutions (e.g. registries, hospitals, MoH Departments, universities, civil society, etc.), under the guidance of the WHO Country Office and the IAEA/IARC/WHO experts. Once completed, the self-assessment questionnaires are provided to the team of experts for further analysis. The findings and conclusions are incorporated into the preliminary imPACT Review report (Output: Preliminary imPACT Review Report ready before in-country mission deployment).

For data collection in health facilities, a three-step process is followed. First, the Ministry of Health provides information on all health facilities providing diagnosis and treatment at different levels of health care (mapping of health facilities). Second, a representative sample is selected for a detailed assessment (sampling of health facilities). Third, health facilities under the selected representative sample are provided with questionnaires for a detailed assessment (data collection in health facilities). Completed questionnaires are provided to the team of experts (diagnosis and treatment related experts) for further analysis.

[2] Final scope of data collection will be determined by the IARC Global Initiative for Cancer Registry Development.

Timeframe: Completion of this exercise is an essential precondition to start planning for the in-country mission and should be completed two months prior to the in-country mission.

3.1.4. Self-assessment of radiation safety (as relevant to review objectives)

To avoid duplication of efforts and burden to national counterparts, this self-assessment questionnaire is deployed only in cases where the IAEA does not have an updated information through the established data collection methods.

Purpose: To gain an overview of national regulatory infrastructure for the safety of radiation sources, as relevant and complementary to the imPACT Review objectives. The justification and scope of data collection is determined by the IAEA Division of Radiation, Transport and Waste Safety (NSRW). In cases where end of life management of radioactive sources is involved, the IAEA Division of Nuclear Fuel Cycle, Waste Technology and Research Reactors (NEFW) will provide technical inputs through the appropriate mechanisms.

Method: Self-assessment method.

Tool: Radiation safety questionnaire (Annex 19).

Process: Focal team collects relevant data through relevant national regulatory body. Completed questionnaires are sent to the experts for preliminary analysis.

Timeframe: This exercise is to be completed two months prior to the in-country mission.

3.1.5. Self-assessment of security of radioactive materials (as relevant to review objectives)

To avoid duplication of efforts and burden to national counterparts, this self-assessment questionnaire is deployed only in cases where the IAEA does not have an updated information through the established data collection methods.

Purpose: To gain an overview of national regulatory infrastructure for the security of radioactive material in healthcare settings, as relevant and complementary to imPACT Review objectives. The scope of data collection is determined by the IAEA Division of Nuclear Security (NSNS). In cases where end of life management of radioactive sources is involved, the IAEA NEFW Division will provide relevant technical inputs through the appropriate mechanisms.

Method: Self-assessment method.

Tool: Security of radioactive material overview questionnaire (Annex 20).

Process: Focal team collects relevant data which, if sensitive, should be managed appropriately under a security perspective (e.g. inventory of radioactive sources in medical use), through the relevant national regulatory body(ies). Completed questionnaires are sent to the nuclear security experts for preliminary analysis.

Timeframe: This exercise is to be completed two months prior to the in-country mission.

3.1.6. Preliminary imPACT review report

The preliminary report is the final product of Phase 1. It includes a draft situation analysis on cancer control derived from the desk review and the self-assessment process, as well as

provisional recommendations. Its purpose is to provide a better understanding of the health system context, to perform a preliminary needs assessment and to set priorities prior to the in-country mission phase. Therefore, this report determines the specific scope of the in-country mission and provides the basis for further focused analysis with national stakeholders, through validation of needs and findings, prioritization, and assessment of feasibility of proposed recommendations. The preliminary report is submitted to national partners at least two weeks before the in-country mission. Prior to this process, its content is reviewed by the IAEA, WHO and IARC.

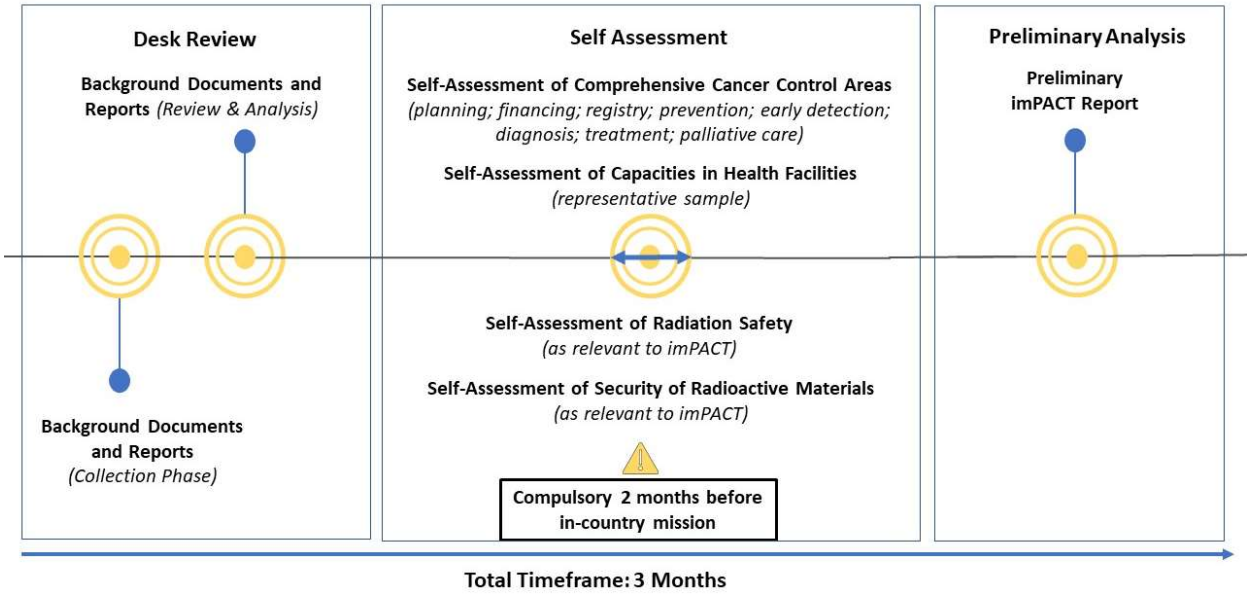

FIG. 3. Timeline for Phase 1.

3.2. PHASE 2: IN-COUNTRY MISSION

The purpose of the in-country mission is to validate and complement the analysis performed in Phase 1, carry out additional data collection through interviews with key stakeholders and observe conditions and practices in health care settings (see *FIG. 4* for an overview). Before the in-country mission, a preliminary report is drafted. It is then further refined during the in-country mission.

The agenda for the in-country mission is developed and agreed upon with the relevant national counterparts. The agenda considers feasibility regarding timeframe and geographical distance and ensures visits to a representative sample of health facilities (e.g. cancer centres, university and military hospitals, the national cancer registry office, laboratories, prevention and early detection sites, primary health care centres at both the public and private level). The Ministry of Health, in collaboration with the WHO Country Office, indicates health facilities to be visited. If there are health facilities that cannot be visited during the in-country mission, separate meetings can be arranged in the capital during the in-country mission and/or virtual meetings before the in-country mission with key staff.

Detailed guidance on the development of the imPACT Review agenda (Annex 21) is provided to the Ministry of Health and partners are consulted regularly during its preparation. During the in-country mission, meetings are held with the UN Country Team, relevant UN agencies, other relevant development partners and regional development banks.

When necessary and justified from a cost efficiency point of view, a preparatory mission may be considered prior to the in-country mission. For example, it could be considered for large countries where the expert team would need to cover sizeable areas or populations. The justification for and specific objectives of the pre-mission are defined and discussed with national counterparts as well as among the IAEA/IARC/WHO. A preliminary scope and terms of reference for the preparatory mission is provided in Annex 22.

3.2.1. Structured interviews on cancer control continuum

Purpose: To complement and validate information collected during Phase 1.

Method: Structured interviews with key stakeholders.

Tool: Completed self-assessment questionnaires on different cancer control areas (Annexes 8 to 18), administered under Phase 1 (see above) are used as interview guidance for experts.

Process: During the in-country mission, experts conduct discussions and structured interviews with health professionals, stakeholders from academia and professional societies, and civil society organizations, covering the comprehensive cancer control continuum.

3.2.2. Structured interviews with key diagnosis and treatment service providers

Purpose: To complement data from the self-assessment questionnaires on diagnosis and treatment collected during Phase 1 of the Review (Annexes 16 and 17).

Method: Structured interviews with key stakeholders.

Tool: Questionnaire for consultations with key diagnosis and treatment service providers (Annex 23) is used as interview guidance for experts.

Process: Structured interviews with key diagnosis and treatment service providers.

3.2.3. Visits to health facilities providing cancer care

Purpose: To validate data from the self-assessment questionnaire on diagnosis and treatment collected during Phase 1 of the Review (Annex 16).

Method: Questionnaires and observation.

Tool: Completed self-assessment questionnaire on diagnosis and treatment collected during Phase 1 of the Review (Annex 16).

Process: Upon agreement with the MoH and partners, a sample of health facilities is visited. This sample should be representative of the public and private sector, various levels of health care (national, regional, community) and geographical distribution (rural, urban). During these visits, experts validate findings obtained from the self-assessment questionnaire on diagnosis and treatment collected during Phase 1 of the Review. At the end of each facility visit, a debriefing is arranged for the health facility senior management. If there are health facilities that cannot be visited during the in-country mission, separate meetings can be arranged in the capital during the in-country mission and/or virtual meetings before the in-country mission.

3.2.4. Structured interviews with relevant regulatory body(ies) for radiation safety and security of radioactive material (as relevant to review objectives)

Purpose: To complement data from the self-assessment overview questionnaires on radiation safety and security of radioactive material collected during Phase 1 of the Review.

Method: Structured interviews.

Tool: Questionnaires are used as interview guidance for experts (Annex 19 and 20).

Process: During the in-country mission, experts conduct discussions and structured interviews with representatives of the relevant regulatory body(ies) for radiation safety and security of radioactive material, and radiation protection officers at relevant health facilities.

3.2.5. Debriefing on imPACT review findings and preliminary recommendations

Findings and preliminary recommendations are presented on the last day of the mission to the Minister of Health and/or other relevant authorities. Prior to this, if necessary, consultations are carried out with technical Divisions at the IAEA, IARC and WHO to receive initial feedback on the technical soundness of the preliminary recommendations to be presented. This is particularly critical in cases where the experts are not staff members of the partner organizations, or where the experts are relatively new to the imPACT Review process. A debriefing is also carried out with the UN Country Team in view of paving the way for the identification of opportunities for programmatic support for the needs identified.

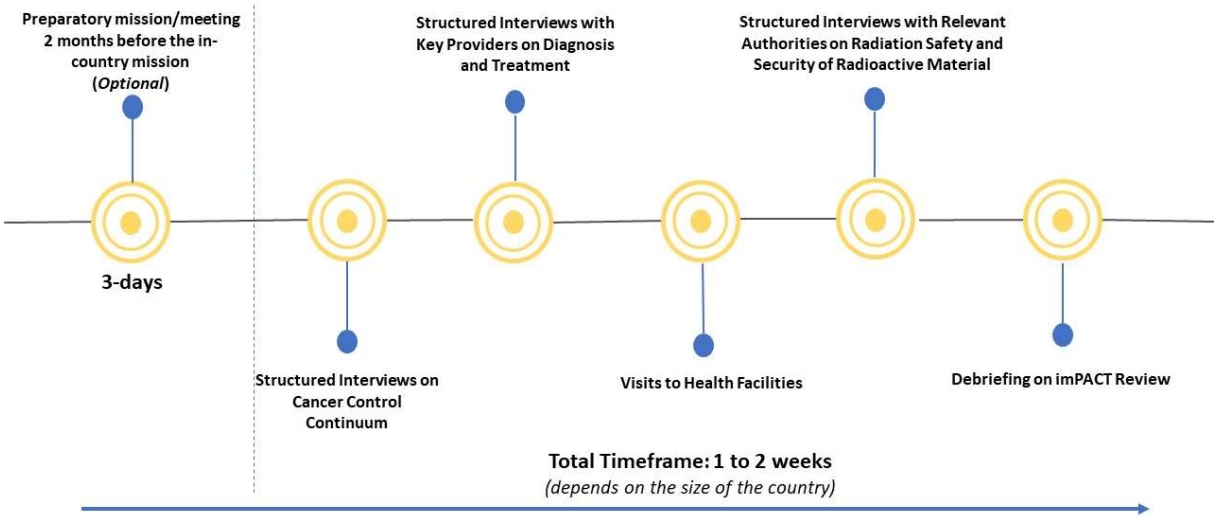

FIG. 4. Timeline for Phase 2.

3.3. PHASE 3: CONSOLIDATED ANALYSIS OF FINDINGS AND FORMULATION OF RECOMMENDATIONS

Purpose: To formulate the report on the comprehensive review of the country's cancer control capacities and needs, corresponding to the current situation, with a set of priority recommendations and a corresponding timeframe for implementation.

An imPACT Review report contains:

— Detailed descriptions as well as a summary of findings and conclusions pertaining to each cancer control area assessed, as part of the broader health system;
— Detailed descriptions of observed gaps and needs concerning compliance with the relevant international standards and evidence-based guidelines of the IAEA, IARC and WHO (Cancer Control Reference Materials and Guidelines, Annex 24); [1-10]
— Actionable and specific recommendations to national authorities seeking to strengthen national cancer control capacities and to address challenges and shortcomings;
— Identification of potential programmatic support to the needs identified.

The imPACT Review report is drafted to support evidence-based decision-making at the national level, including for prioritization of cancer control interventions and investments.

Methods:

— Benchmarking analysis in reference to the most recent standards and guidelines, provided by the relevant international organizations (IAEA, IARC, WHO) and national authorities; and
— Prioritization analysis of the proposed recommendations, based on the cancer burden [13], feasibility and health system capacity for implementation.

Tools: Template of imPACT Review report (Annex 7), which includes specific guidelines for experts for the scope and depth of the analysis.

Process: Based on the analysis of information and data collected under Phases 1 and 2, experts assess capacities in cancer control and determine specific strengths and weaknesses. Subsequent conclusions form the basis for recommendations, for example, national authorities undertake certain measures or initiate dedicated programmes, but also modify or discontinue activities which may not be yielding desired results and may not be in accordance with the most recent evidence-based guidelines.

Recommendations are formulated as specific, priority, time-bound and feasible interventions, designed to result in tangible improvements in cancer control capacities. They also indicate which entity in the country is responsible for implementation. Recommendations refer to relevant IAEA, IARC and WHO guidelines, and provide references to relevant information sources for further use by national counterparts as outlined in Annex 24: Cancer Control Reference Materials and Guidelines. Where relevant, a menu of essential and resource-stratified set of recommendations will be provided, further adjusted to country context.

3.3.1. Finalization and dissemination of the report

Findings and preliminary recommendations of the draft imPACT Review report are discussed and validated with the national counterparts before the end of the in-country mission (Phase 2). The in-country debriefing session should be as detailed and inclusive as possible, including all stakeholders that have responsibilities for the implementation of the recommendations.

Upon the conclusion of the in-country phase, the draft report is presented at a debriefing session with the respective Regional and Technical Divisions of the IAEA, IARC and WHO. A separate debriefing is arranged for the diplomatic representatives and permanent missions of the beneficiary country to seek broader political level engagement and commitment. In parallel, the draft report is submitted to the country for validation of findings. Consequently, the draft report is reviewed and cleared by the technical partners *(see FIG. 5 for more details)*. The final report is submitted to the Ministry of Health of the country within 3 months of completion of the in-

country mission. To follow up, it is recommended that the Ministry of Health conducts a national dissemination workshop with implementation partners on the basis of the final report, so that implementation of the recommendations can be initiated.

Further, the review coordinator and national authorities will agree, before the end of the in-country mission, on the pertinence and contents of a summary report which can be shared with donors and partners, at the government's discretion, to facilitate partnerships and resource mobilization. Dissemination of the report is agreed with the Ministry during the preparatory phase and this is reflected in the Terms of Reference (Annex 3) of the imPACT Review, agreed to by the Member State and the partners.

To reinforce key messages regarding the main outcomes of the imPACT Review, key partners (IAEA, IARC and WHO) will issue joint press releases, web stories and social media communication through their existing information platforms as well as through relevant global and regional media and communication channels.

FIG. 5. Timeline for Phase 3.

4. IMPACT REVIEW FOLLOW-UP

Purpose: The purpose of the imPACT Review follow-up is threefold:

First, to support Member States in addressing the imPACT Review recommendations through: WHO country office activities; WHO global and regional initiatives e.g. UN Joint Global Programme on Cervical Cancer Prevention and Control; Global Initiatives for Breast and Childhood Cancer; IAEA technical cooperation programme and complementary assistance in radiation safety and security of radioactive materials, such as the Regulatory Infrastructure Development Project; IARC's cancer registry development support; and implementation assistance based on coordination efforts with other partners, including ICCP network; UICC; City Cancer Challenge, etc.. For this purpose, a Post imPACT Review Action Plan (Annex 25) is developed with the Ministry of Health as part of the submission of the final imPACT Review report.

Second, to support Member States in the development and/or review of the NCCP, based on the outcomes of the Review. The NCCP development and/or review support will be provided by the IAEA, IARC and WHO according to respective organizational mandates. Standard Operating Procedures to detail this process will be developed in the near future.

Third, to support Member States in the development of strategic documents for resource mobilization purposes (e.g. project proposals; feasibility studies; bankable documents) to address external and domestic funding requirements in cancer control.

Process and timeline: With support from the WHO CO and IAEA NLO office, IAEA/IARC/WHO to follow up with the Ministry of Health within six months of the submission of the final report, to define future technical cooperation support, along the below timeline *(FIG. 6)*.

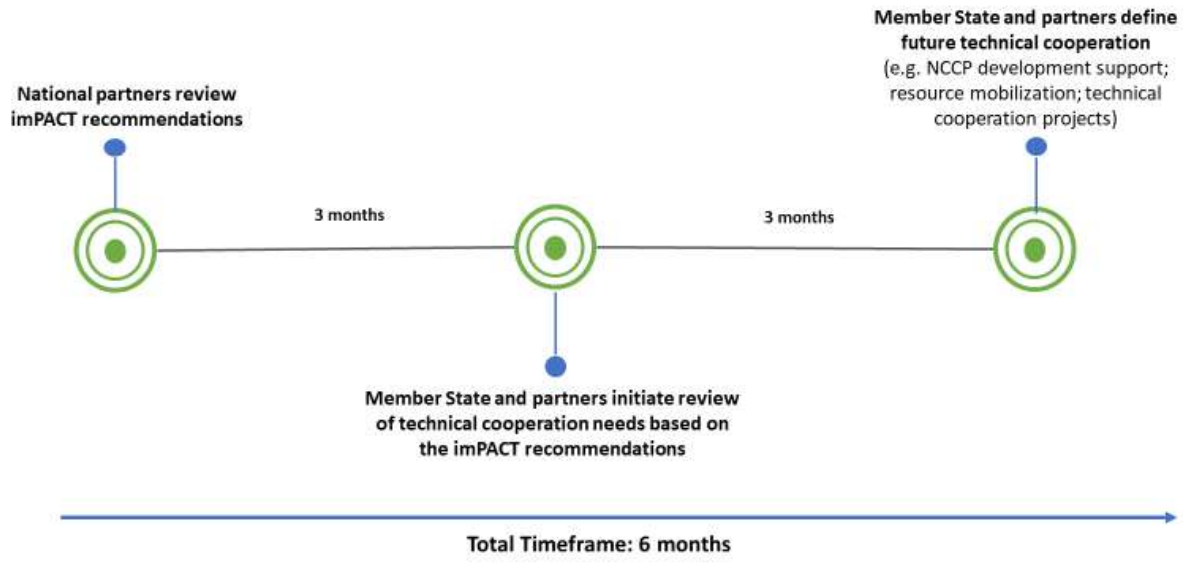

FIG. 6. Timeline for Follow Up.

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ANNEX: CONTENT LIST OF ON-LINE SUPPLEMENTARY FILES

The on-line supplementary files for this publication can be found at www.iaea.org/publications. For ease of reference the content is organized in the following folders:

1. Country Readiness Checklist
2. Preliminary Desk Review Report Table of Contents (Sample)
3. Terms of Reference for imPACT Review
4. Terms of Reference for National Focal Point and Team
5. Profile and Qualifications of imPACT Review Experts
6. Repository of Important Sources of Information
7. imPACT Review Report Table of Contents (Sample)
8. Self-Assessment Questionnaire on Cancer Control Planning
9. Self-Assessment Questionnaire on Cancer Control Financing
10. Self-Assessment Questionnaire on Cancer Registry
11. Self-Assessment Questionnaire on Cancer Prevention
12. Self-Assessment Questionnaire on Breast Cancer Screening
13. Self-Assessment Questionnaire on Cervical Cancer Screening
14. Self-Assessment Questionnaire on Colorectal Cancer Screening
15. Mapping of Health Facilities Providing Cancer Diagnosis and Treatment
16. Self-Assessment Questionnaire on Health Facilities Providing Cancer Diagnosis and Treatment
17. Self-Assessment Questionnaire on Education and Training Capacities
18. Self-Assessment Questionnaire on Cancer Palliative Care
19. Self-Assessment Questionnaire on Radiation Safety
20. Self-Assessment Questionnaire on Security of Radioactive Material
21. Guidance for Country Mission Agenda Development
22. Terms of Reference for Preparatory Mission
23. Guidance Questionnaire for Consultations with Key Diagnosis and Treatment Providers
24. Cancer Control Reference Materials and Guidelines
25. Post imPACT Review Action Plan

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