

European Observatory on Health Systems and Policies

LEARNING FROM

Progress Addressing Cancer In Europe

(OBS-PACE)



Funded by
the European Union

European
Observatory
on Health Systems and Policies
a partnership hosted by WHO



What is OBS-PACE and what are the project's aims?

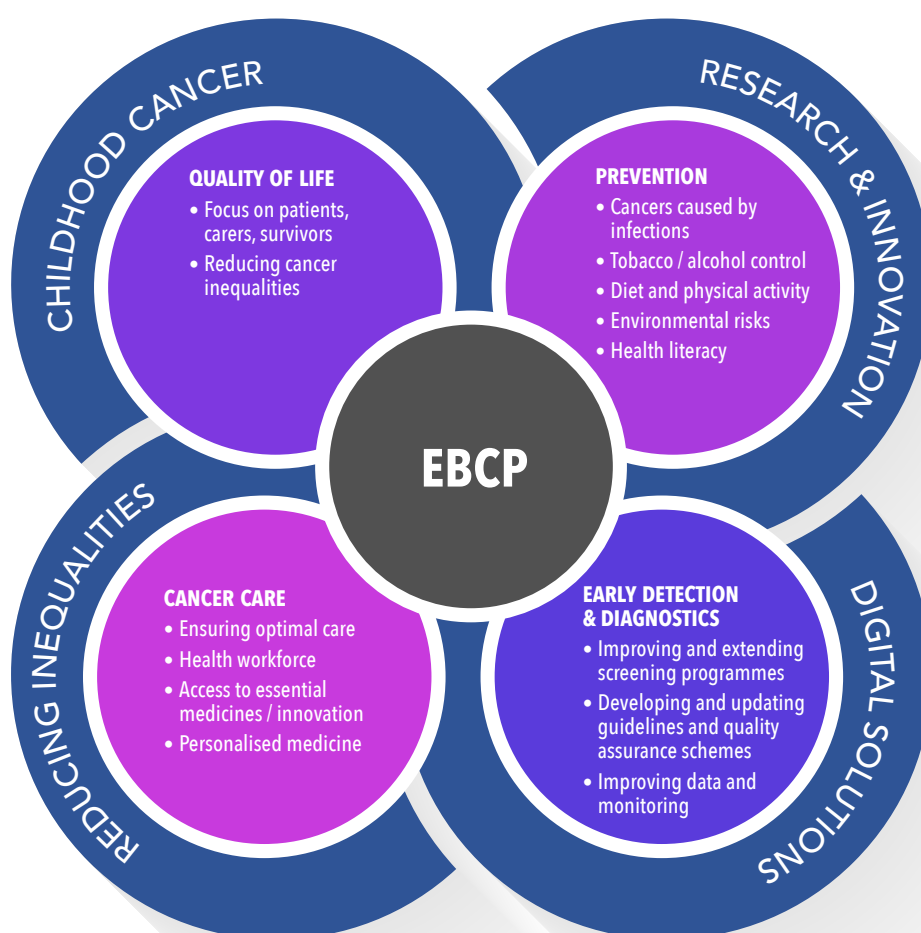
As part of Europe's Beating Cancer Plan (EBCP), Member States (MS) across the EU are seeking to act on their commitments to National Cancer Control Policies and Programs (NCCPs) that encompass the entire disease pathway (see Fig. 1). DG SANTE has commissioned the European Observatory on Health Systems and Policies (OBS) to collect real world examples of how countries are taking this forward through the project 'Learning from Progress Addressing Cancer in Europe' (OBS-PACE).

OBS-PACE aims to collect a series of innovative examples of cancer care and policy (i.e., actions that are innovative **in the country's context** but not necessarily original or ground-breaking, independently of their success). For each example, lessons on strengths and limitations will be explored for learnings across countries and to inform future actions on cancer across the EU.

Evidence will be gathered through a network of cancer experts who describe the actions taken in the cancer field in their respective country, also regarding the implementation of EBCP via NCCPs.

This template to capture the actions should be filled out following a preliminary discussion with the OBS-PACE team. If you have not already been in touch, please contact obs-pace@obs.who.int.

Figure 1: Europe's Beating Cancer Plan (EBCP) tackles the entire disease pathway and is structured around four key action areas



Source: Authors' compilation based on European Commission (2021).

Identifying actions as suitable examples

In line with EBCP, OBS-PACE is interested in examples across the entire disease pathway (see Fig. 1). These include actions that are innovative in the country's context, even if not original or ground-breaking, and irrespective of their success. Selected actions should have the following characteristics:

1. There has been a clearly defined problem and/or gap in cancer care to be addressed;
2. An agency or body (or defined group of actors) was clearly responsible for an initiative/response/action;
3. The proposed action has reached a point where it is possible to comment on its successes/failures and observable (preliminary) outcomes whether positive or negative (ideally the action would have started not more than three years ago and/or in the context of the EBCP);
4. The preliminary outcomes/results, whether positive or negative, are known (note: *this does not imply long-term scientific proof but rather a sense of how far the action could or could not be implemented and whether or not it had any of the desired results*);
5. The national counterpart(s)/expert(s) have sufficient information available to comment on what worked and what did not, as well as to identify barriers and enablers for the implementation of the action.

Please note:

The purpose of this exercise is to identify innovative actions in the cancer care and policy field (for example, self-sampling for cervical cancer; digital solutions in the care pathway; or new ways of delivering cancer services), and to understand the enablers and barriers to implementation. This exercise does not aim to provide a comprehensive overview of all cancer policies in a country.

Using the template

This template is meant to help you to collect and write up the innovative action(s) for this project. Once you have selected the innovative action(s), please consider the following when filling out the template. Please fill out one template per action.

Completeness: The following questions are prompts to guide your thinking and writing of the examples. While it may not be possible to answer every question in detail, please address all subsections as thoroughly as possible. Please use the displayed boxes to respond to each subsection and follow as best as possible the suggested text length.

Additional information: Please use the boxes in section "additional information" at the end of this template, to let us know about additional reports, links, and information that could be of interest to the OBS-PACE project.

Please provide your contact details so that we can discuss with you the action you describe below in more detail. You are free to decide whether you and other contributors will be acknowledged as authors on the OBS-PACE website.

Your name:

Organisation:

Contact info (email):

Template

1. Problem and/or gap

What was/were the perceived problem(s) or gap(s) addressed by the action (e.g., *high incidence of a specific cancer, low access rates to diagnostic tools, low adherence to treatment guidelines*)?

Approx. 50-100 words

Which EBCP key action area(s) (see Fig. 1) is this initiative addressing:

- | | |
|---|--|
| <input type="checkbox"/> Prevention | <input type="checkbox"/> Early detection & Diagnostics |
| <input type="checkbox"/> Cancer care | <input type="checkbox"/> Quality of life |
| <input type="checkbox"/> Research & Innovation | <input type="checkbox"/> Digital solutions |
| <input type="checkbox"/> Reducing inequalities | <input type="checkbox"/> Childhood cancer |
| <input type="checkbox"/> Other, please specify: | |

2. Planned action

Please describe the action that was planned in simple terms. The focus here is on what was intended - there is a section below on what happened in practice. As a guide, consider answering the following questions:

- What was the planned action (e.g., *introducing HPV vaccination in schools, a new approach to promoting breast cancer screening, new reimbursement mechanisms for drugs for childhood cancer, etc.*) and what were the objectives, target population, intervention, timeline, etc.?
- Who prompted the planned action (e.g., *Ministry of Health and/or other ministries, legislators, regulators, insurance, health professionals and/or civil society representatives, etc.*)?
- Who were the main stakeholders directly involved or consulted to carry out this action (e.g., *health and/or public health agencies, health professionals, pharmaceutical industry, civil society, etc.*)?

Approx. 200-250 words

3. Implementation and (preliminary) outcomes of the action

At what stage of development is this action?

☐ Planning ☐ Pilot ☐ Scaled-up

☐ Other, please specify:

At what level is this action taking place?

☐ International ☐ National ☐ Regional ☐ Local

☐ Selected health institutions

☐ Other, please specify:

Does the action involve any type of international collaboration?

☐ NO or NOT APPLICABLE

☐ Joint action ☐ EU-funded project ☐ Policy Dialogue

☐ Inspired by another country's initiative, please specify:

☐ Other, please specify:

Please describe how the implementation of the action went, as well as its (preliminary) outcomes. As a guide, consider answering the following questions:

- In practice, how was the action carried out?
- Did the action get implemented as initially planned?
- Did the goals and/or key features of the action change during implementation? If yes, please specify how and why.
- What were the outcomes of the action (both positive and negative, even if preliminary)?

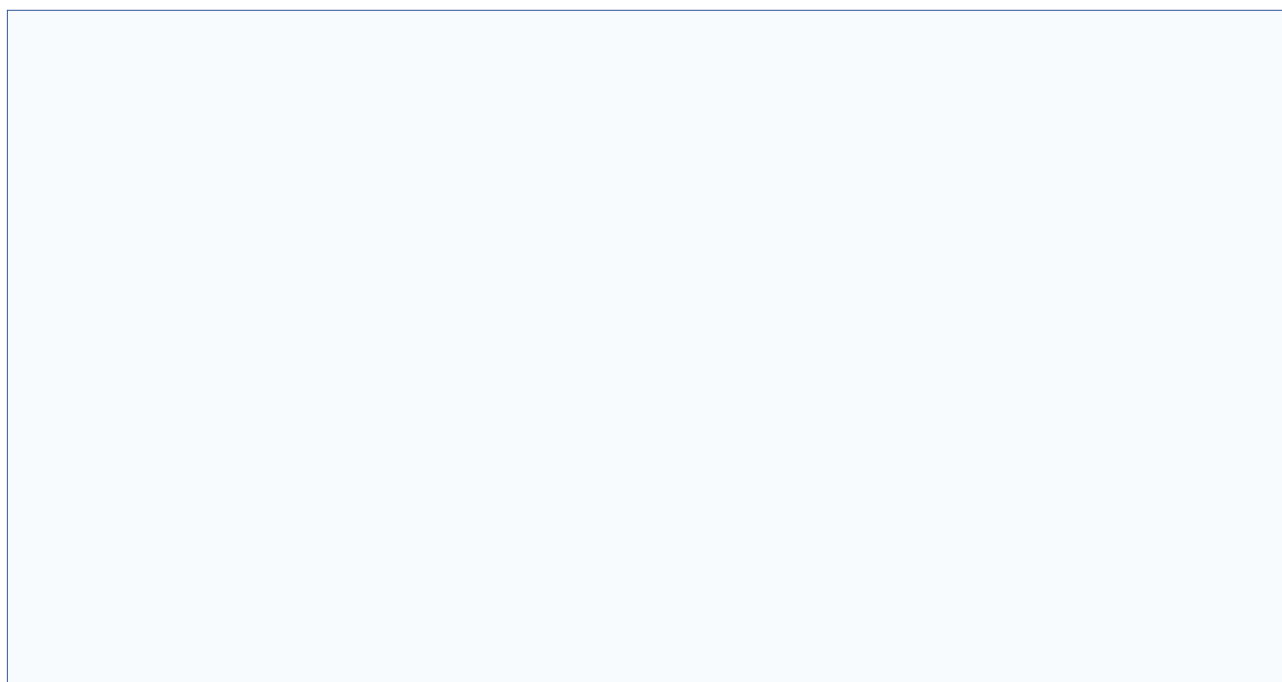
Approx. 200-250 words

4. Enablers and barriers to implementation

We are interested in the enablers (i.e. what helped) and/or the barriers (i.e. difficulties) that occurred when implementing the action. It would be particularly helpful if you could explain these in the context of the four health system functions listed below and in Fig. 2.

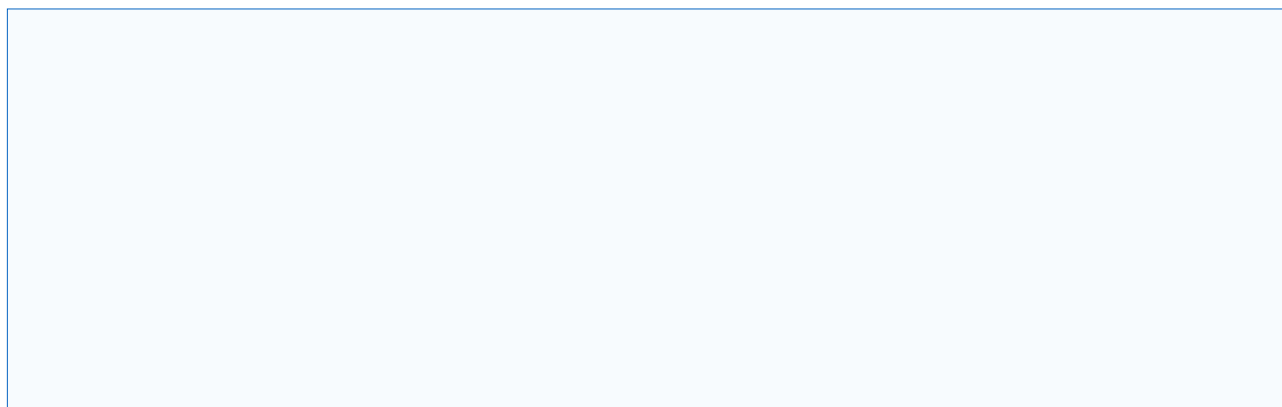
- Financing (e.g., *sufficient and/or stable funds; equitable revenue raising and/or pooling; administrative efficiency; efficient purchasing; allocation according to need*)
- Governance (e.g., *transparency and accountability; publicly available governance and policies documents; quality of strategic direction and multisectoral collaboration; participation in policy-making; political will and priority; collection of relevant data; evidence-informed decisions; regulations and compliance; fit-for-purpose institutions*)
- Resources (e.g., *workforce availability, distribution, skills and training; availability, distribution, and maintenance of infrastructures, digital tools, and equipment; availability and distribution of pharmaceuticals and consumables*)
- Service delivery (e.g., *role of public health, primary care, and specialise/tertiary care, decision-making authority/role; service integration; quality assurance mechanisms; environmental considerations*)

Please describe relevant enablers and barriers, referring whenever possible to their connection with the four health system functions.



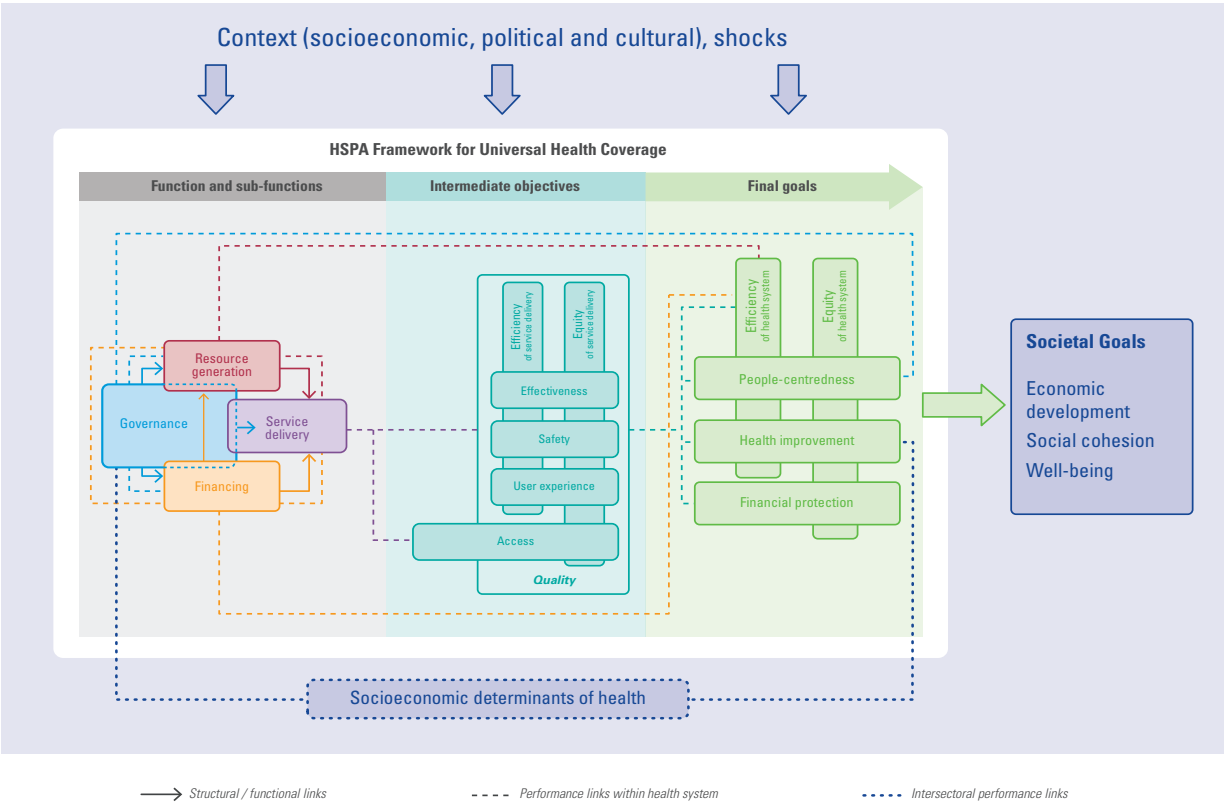
Approx. 200-250 words

Please feel free to add comments on any other enablers and barriers.



Approx. 200-250 word

Figure 2: Overview of the Health System Performance Assessment (HSPA) Framework for Universal Health Coverage (UHC)



Source: Papanicolas et al. (2022)

Also available here (page 35): <https://iris.who.int/bitstream/handle/10665/352686/9789240042476-eng.pdf?sequence=1>

5. Wider impact on health system goals

Wider objectives and goals of health systems include equity, efficiency, access, people-centredness, and quality/safety (see the full list captured in Fig. 2). Please comment on the extent to which the action has (or has not) impacted on objectives and goals. Feel free to refer to any of the intermediate objectives, final or societal goals in Fig. 2.

Approx. 100-150 words

6. Lessons learned

What were the main lessons learned from this action? As a guide, consider answering the following questions:

- Where there were changes from the initial plan, were there important learnings?
- In retrospect, what could have been done differently? What was particularly helpful in moving this action forward?
- What do other countries need to know to be able to undertake similar actions?

Please feel free to include preliminary lessons and flag where you (or your team/organisation/partners) will be doing further work that we could follow up on.

Approx. 100-150 words

Additional information

Is there anything you would like to add?

Are there any other information or resources (e.g., policy documents, academic articles, media coverage, presentations, websites, etc.) that you would like to share?

Are there any other actions that you have heard of and that you would like to highlight as of potentially interesting for policy-makers, practitioners, and people introducing changes in cancer care and policy? Are there any other experts you would recommend we contact?

References

European Commission (2021). Europe's Beating Cancer Plan: Communication to the European Parliament and the Council [Internet]. (https://health.ec.europa.eu/system/files/2022-02/eu_cancer-plan_en_0.pdf, accessed 13 March 2024)

Papanicolas I, Rajan D, Karanikolos M, Soucat A, Figueras J, editors. Health system performance assessment: a framework for policy analysis. Geneva: World Health Organization; 2022 (Health Policy Series, No. 57).