



Evaluation of the cancer policy: the National Cancer Plan 2015 - 2019

Paris, June 12nd and 13th 2018

Summary

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preamble

- * As part of the twinning between the Algerian and French Court of Accounts initiated under the EU P3A institutional support program, members of the Algerian Court of Accounts benefited from several workshops and seminars, whose objectives was to acquire the public policy evaluation methodology according to the INTOSAI GOV 9400 guidelines and to share best practices.

This work resulted in:

- * the development of a guide for evaluating public policies;
- * the launch of two evaluation missions with the assistance of members of the French Court of accounts: one concerns the policy of fight against cancer and the other on support for the creation of micro-enterprises;

The work on the preparation of the feasibility note of the policy fight against cancer is being finalized and the first results are presented in this document.

Evaluation of the cancer policy: the National Cancer Plan 2015 - 2019

Why an evaluation of the cancer plan in Algeria?

- * The growing number of new cases (45,000 new cases / year)
- * The increasing number of deaths (24000 / year)
- * The social and individual costs
- * The importance of budget cost (178 billions DA(1,3 billion €)- 36 billions DA (267 million s €) / Year)
- * The Increasing financial burden that has posed a risk of unbalance for the financing of the health care system;
- * The Legal framework (The public health law- Finance Law 2002: establishment of two special trust funds CAS 302 - 096, F L 2011: CAS 302 - 138, Ministerial agreement of 06/11/2013)

Historic

- * In 1975 cancer was the 17th health problem. In 2000, its evolution became worrying and specialists became aware of it;
- * In 2012, it was declared a major public health problem and the fight against cancer was erected as a national priority taken in charge by the presidency of republic;
- * Two evaluations were carried out in 2013 to finally reach, in 2014, a national cancer plan 2015-2019;
- * Previously, and for several years, enormous human and material resources have been implemented, the results of which turned out to be insufficient in terms of efficiency: a medical approach centered on the curative, the absence of strategic thinking centered on the patient and his environment as well as on prevention.

Objectives of the plan

- * Reduce of patient mortality and morbidity;
- * Improve the preventive approach against risk factors;
- * Better efficiency of treatments especially radiotherapy

Strategic objectives

Specific objectives

Operational objectives

reduce mortality and morbidity

- Improve prevention against risk factors
- Improve screening
- Improve the diagnosis
- Revitalize the treatment
- Organize orientation and accompaniment of the patient
- Develop the information system
- Strengthen training and research
- Strengthen funding

- Reduce smoking in the entire population
 - Strengthen protection
 - create a favorable environment
 - help with smoking cessation
 - Monitor smoking
- Organize screening
- Improve laboratory services
 - Improves medical imaging
 - Strengthen nuclear medicine
 - Strengthen biology services
- Improve the care of patients

Actions not considered in the plan

- * Achievement as part of the public equipment budget of 09 anti-cancer centers;
- * Encouragement of the private sector to establish anti-cancer centers, (05 cac are operational);
- * Purchasing accelerators; the number has increased from 14 to 38 in 2017;
- * Actions to support the poor and the sick in the South: payment for air transport.

EVALUATION ISSUES

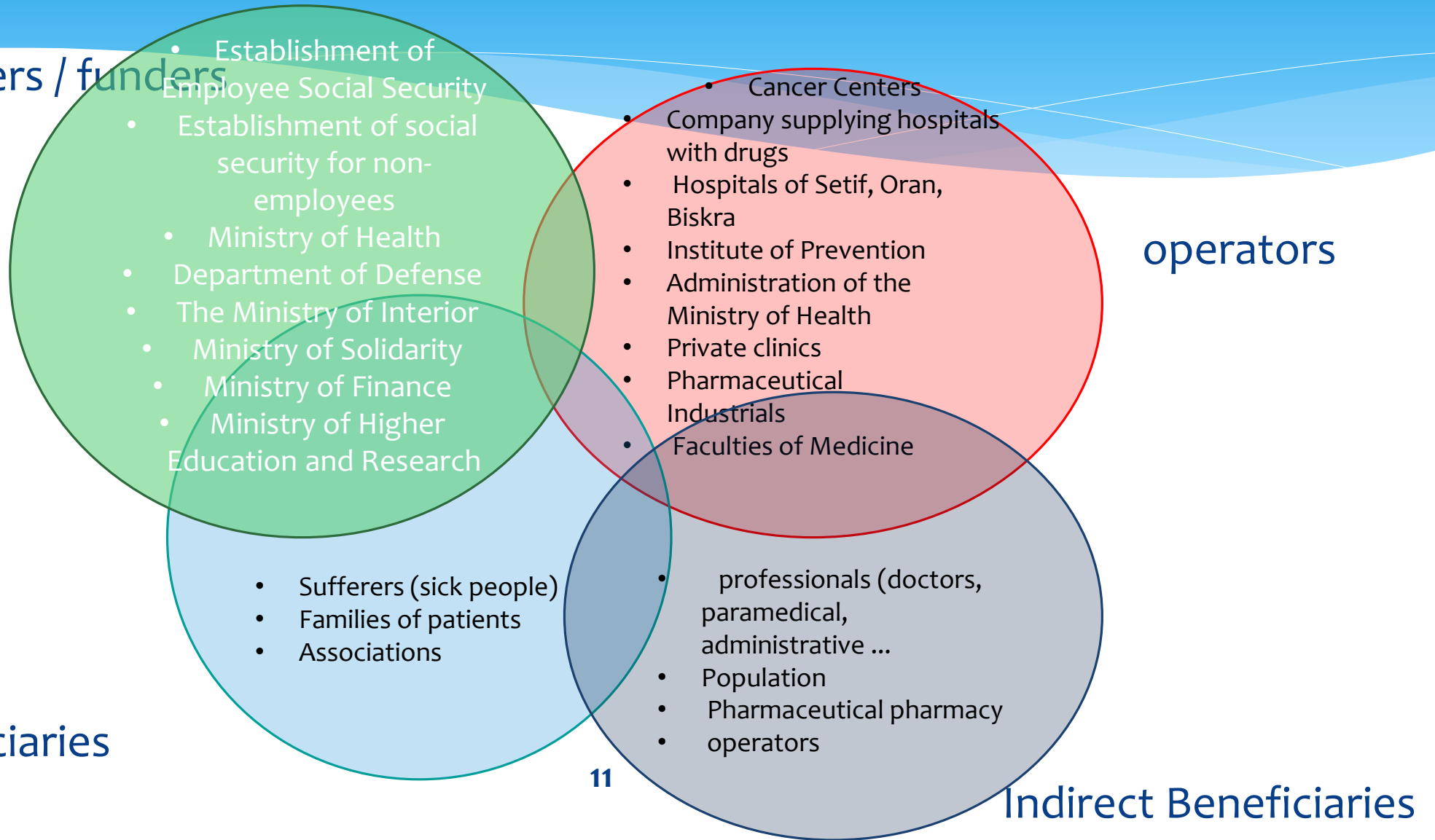
- * To what extent has the cancer plan reduced the mortality and morbidity rate within the expected time frame? (efficiency)
- * To what extent does the cancer plan meet the needs of the targeted cancer patient population?
- * What is the cost of the achievements of the cancer plan and what are the results obtained?
- * To what extent are the programmed actions consistent with the objectives? (consistency)
- * Completeness of the plan or not?

Scope of the evaluation

- * All the plan
- * Off plan actions
- * Exclusion of environmental, agricultural, industrial policies

Sociogram (actors)

* Policy makers / funders



Direct beneficiaries

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Indirect Beneficiaries

Advisory body

- * professor in oncology
- * an anti-cancer committee member
- * DG of Anti-Cancer Center (OUARGLA)
- * DG of Central Pharmacy of Hospitals
- * A senior civil servant from CNAS
- * president of cancer association
- * association of pharmacies
- * Director of Prevention, Ministry of Health
- * Professor in Nuclear Physics
- * Health Policy Researcher

Main indicators

- * Context indicators: eg number of patients affected
- * Resource indicators: eg consumed budget
- * Achievement indicators eg: measures to reduce the accessibility of tobacco products;
- * The outcome indicators: number no new cases of lung cancer
- * Impact indicators: life expectancy

Context indicators

Indicator	the number of patients affected
Definition	The number of new cases annually by type of major cancers (breast, cervix, lung, prostate)
Objective	Judgment of the evolution and effectiveness of the measures taken
Reference situation	44 thousand new cases per year
Target	Number of new cases per year
Data gathering	National Office of Statistics, Ministry of Health, three regional registers
Tools	Examinations of documents, interviews, analytical review
Periodicity	2013-2015/2015-2017
officials	Directors of Cancer Center / Departmental Health Directorate / Ministry of Health
Reporting	Directors of Cancer Center / Departmental Health Directorate / Ministry of Health
Quality Control	Departmental Health Directorate / Ministry of Health/ association Amel(possible survey)

Resource indicators

Indicator	the budget consumed
Definition	The amount of credits consumed
Objective	The judgement of the credits allocated to cancer
Reference situation	budgets allocated to Cancer Center, the amount in DA
Target	Public Budget allocated to cancer (functioning, equipment, special funds CAS) ; familles
Data gathering	Ministry of Finance, Ministry of Health
Tools	Examinations of documents, interviews, analytical review
Periodicity	2013-2015/2015-2017
officials	Directors of Cancer Center / Departmental Health Department / Ministry of Health; Ministry of Finance, drug supply company
Reporting	Directors of Cancer Center / Departmental Health Department / Ministry of Health; Ministry of Finance, drug supply company
Quality Control	Ministry of Finance through accountants

Achievement Indicators: example of Goal 1 of Axis 1 (reduce smoking in the entire population)

Indicator	the decrease in the level of accessibility of tobacco products
Definition	The importance of the tobacco price compared to the average household income
Objective	Judgment of the Evolution of Cancer Credits
Reference situation	80% of the smoking population
Target	Number of smokers
Data gathering	Office of Statistics, Tobacco Manufacturers, Prevention Directorate
Tools	Examinations of documents, interviews, analytical review, investigation
Periodicity	2013-2015/2015-2017
officials	director of the tobacco manufacturing company, director of the statistics office, director of prevention
Reporting	Tobacco Manufacturers, Prevention Directorate
Quality Control	Court overlap

Main sources of financing and financial resources mobilized

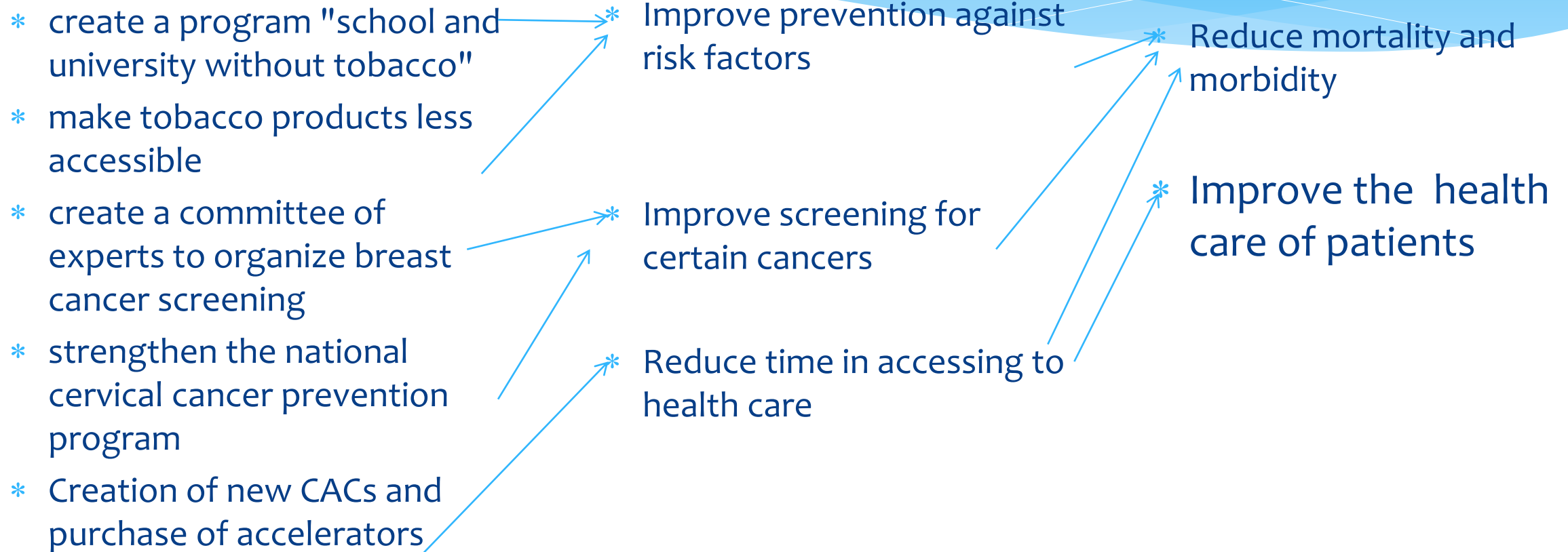
- * Anti-smoking special trust fund (CAS) No 302 - 096 (97 billions DA 718 millions€) and No 302 - 138 anti-cancer (27 billions DA 200 millions €);
- * state budget functioning (purchase of medicines: more than 40 billions dinars per year 296 millions € per year) (basic training: information not available) equipment (construction and equipment of the cac: 48 billions DA 355 millions €)
- * Social Security (CNAS) (information not available);
- * private and associative funds, possibly donations (information not available).

Impact diagram

Achievements:

Results:

Impacts:



Taking into account territorial inequalities

The evaluation plan must integrate a territorial approach taking into account the East - North - West and South regions, focusing on wilayas most affected by cancer (depending on the availability of statistics).

International comparisons

- * **Tunisia:** which has a cancer plan with private sector integration, so this area has had a good informative experience.
- * **Egypt:** which has a more developed register and epidemiological studies which have given interesting results.
- * NB: one of the three registers (SETIF) is the most reliable in Algeria (validated at 86% by WHO)

Planning of the different stages

- * Two national chambers (the 3rd and the 4th) and two territorial chambers (Bechar and Ouargla).
- * The team will be composed of five rapporteurs from the third chamber and one rapporteur for the other chambers.
- * An expert specialist in cancer

The stages of the evaluation:

- ✓ Establishment of the evaluation plan and the share of the plan between the team - determination of the provisional dates of the meetings of the support committee (advisory body);
- ✓ collecting cancer data
- ✓ organization of the interviews and moving on site by region and wilaya chosen according to the frequency of the cancer (hospitals, agency of the cancer ... etc);
- ✓ consolidation of the report;
- ✓ contradiction;
- ✓ deliberation.

Evaluation planning and methodology

- * 1 / collection of information: review of the national anti-cancer plan, press articles, control reports (part relating to cancer), various published assessments;
objectives: identification of potential actors and interesting information;
- * 2 / preliminary mission: - meetings and interviews: MSPRH directorates (health, prevention, infrastructure, finance, equipment, population, human resources), central purchasing of medicines;
- * 3 / development of the plan and control schedule: 300 H / D, 20 structures to visit: hospital structures: Oran, Sétif, Biskra, Adrar, Algiers, public health institute, cancer committee, ministry, association and evaluation questions: axes: budgetary sustainability, piloting, prevention, anti-smoking,

Difficulties, obstacles ...

- * a single reporter and an assistant from the third chamber
- * lack and reliability of statistical data
- * lack of quantification of the objectives of the Algerian cancer plan
- * possible difficulties in bringing together all the members of the Advisory body (Accompanying Committee)
- * Difficulty of access to the patient file

First findings

* **Strong points:**

- * Registry reliability provides solid data Creation of 10 new CACs (1 opened in 2015, 2 in 2017, 4 being completed in 2018 and 3 planned in 2019) in addition to 5 private centers operational in 2017 and 77 medical oncology services, purchasing of equipment (28 operational accelerators in 2017 and 12 planned in 2018 and 2019) in addition to 10 private ones that are operational.
- * The training of medical and paramedical professionals: we went from 1045 in 2015 to 2164 in 2017, an evolution of 1119 in 2 years 107%.

Weak points:

- * Design weakness: almost 50% of non-measurable measures,
- * Absence of completeness of the plan
- * Insufficient monitoring and follow-up
- * Uninsured fiscal sustainability;
- * Absence of a centralized information system capable of constituting a tool for decision support,



THANK YOU FOR YOUR ATTENTION