SECOND WORKSHOP ON
LEADERSHIP AND CAPACITY-BUILDING FOR CANCER CONTROL
(CanLeAD)

Seoul, Republic of Korea
9-12 June 2015
Participants of the SECOND WORKSHOP
ON LEADERSHIP AND CAPACITY-BUILDING FOR CANCER CONTROL
(CanLeAD)
9-12 June 2015, Seoul, Republic of Korea
MEETING REPORT

SECOND WORKSHOP ON LEADERSHIP AND CAPACITY-BUILDING FOR CANCER CONTROL (CanLeAD)

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

NATIONAL CANCER CENTER, SEOUL, REPUBLIC OF KOREA

Seoul, Republic of Korea
9-12 June 2015

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NOTE

The views expressed in this report are those of the participants in the Second Workshop on Leadership and Capacity-building 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 Second Workshop on Leadership and Capacity-building for Cancer Control (CanLeAD), from 9 to 12 June 2015.
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Keywords

Neoplasms – prevention and control / Capacity building / Leadership / Uterine cervical neoplasms – prevention and control
SUMMARY

Noncommunicable diseases are the leading cause of death in the Western Pacific Region. Among the four leading NCDs, cancer is a priority in the Region. In 2012, there were an estimated 4,072,049 incidents of cancer and 2,638,469 deaths from cancer in the Western Pacific. One in three cancers in the world are diagnosed in the Region. Furthermore, the number of cancer cases is rising – and expected to increase from 4.5 million new cases in 2012 to 6.4 million in 2025.

Despite the magnitude of the cancer burden, cancer control capacity within the Region is limited, especially in low- and middle-income countries (LMICs). WHO developed a series of six capacity building modules that provide practical advice for programme managers and other cancer control stakeholders on how to enhance their cancer control programmes. These modules cover strategic planning, prevention, early detection, diagnosis and treatment, palliative care, and effective advocacy for sound cancer control policy. The National Cancer Center of the Republic of Korea, a WHO Collaborating Centre, used the WHO modules to develop an online course, e-CanLeAD, in collaboration with WHO Headquarters and the WHO Western Pacific Regional Office. Other tools include CanReg5, various online cancer control resources as well as strategic planning and advocacy tools. This 2nd Workshop on Leadership and Capacity-building for Cancer Control (CanLeAD) was intended to enhance leadership and build capacity for national cancer control programme development in the Region by familiarizing the participants with these capacity building tools and skills.

The 2nd Workshop on Leadership and Capacity-building for Cancer Control (CanLeAD) was held at the National Cancer Center, Seoul, Republic of Korea from 9 to 12 June 2015. The objectives of the meeting were:

- To review the progress of cancer control programmes in participating countries;
- To identify how to implement the online course on cancer control;
- To enhance leadership skills and share good practices on cancer control; and,
- To identify country-specific steps to strengthen capacity to develop or enhance national cancer control plans.

Recommendations for Member States were: 1) CanLeAD is a suitable model to expand training within countries, and can be scaled up to national and subnational levels. Member States may consider exploring the feasibility of adapting the CanLeAD model for national and subnational capacity building workshops; 2) capacity building for cancer control is needed across health programmes and in non-health sectors. The eCanLeAD curriculum is a viable platform for this, and the final revised version of the capacity building curriculum may be disseminated to other critical stakeholders within and outside of the health sector. Member States can assist by identifying key stakeholders who would benefit from the training; 3) cancer registries are fundamental for effective cancer prevention and control. Member States are urged to 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; 4) cervical cancer provides opportunities for prevention, through the HPV vaccine, and mortality reduction through early detection and screening. Member States have undertaken a rapid assessment of the components of essential cervical cancer prevention and control domestically, and identified where initial efforts need to focus. Participants may follow through on the results of these exercises by systematically using the information to guide country actions; and 5)
Member States are requested to support the Country Capacity Surveys, which will start the next cycle of data collection this year. This will permit the assessment of progress and identification of gaps within the Region in the development of national capacity for cancer prevention and control.

Leadership and advocacy are key elements in attaining progress in cancer prevention and control. This workshop had sessions especially focusing on cervical cancer, based on the revised WHO cervical cancer management guideline, *Comprehensive cervical cancer control: a guide to essential practice, 2nd edition*. The workshop met its objective, and the participants obtained the necessary information and skills to further enhance leadership and advocacy for cancer prevention and control in their countries. The didactic lectures, interactive learning exercises, facilitated group work, and experiential learning introduced participants to resources and tools for catalysing action and accelerating progress against cancer. Scaling-up the CanLeAD curriculum at subregional, national and subnational levels, and strategic utilization of e-CanLeAD and CanReg5 will augment efforts to align national cancer control initiatives with the Regional and Global NCD Action Plans and assist Member States to attain the global voluntary target of a 25% relative reduction in overall mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory diseases, and the additional indicator to reduce cancer incidence, by type of cancer, per 100 000 population, by 2025.
1. INTRODUCTION

1.1 Meeting organization
The 2nd Workshop on Leadership and Capacity-building for Cancer Control (CanLeAD) was held at the National Cancer Center, Seoul, Republic of Korea from 9 to 12 June 2015. Twenty participants, representing nongovernmental organizations (NGOs) and Ministries of Health of nine countries in the Western Pacific Region, two observers from the International Atomic Energy Agency (IAEA), one resource person (Guam) and one temporary adviser (Republic of Korea) participated. A list of participants, temporary advisers, resource persons and secretariat members is given in Annex 1.

The workshop was comprised of five modules in addition to the opening and closing sessions. Modules were designed to address various aspects of cancer prevention and control, with a special focus on cervical cancer. Group work and participatory learning exercises accompanied the plenary sessions. A full outline of the programme is provided in Annex 2. A workbook was developed to guide the group work and skills-building activities (Annex 3).

1.2 Meeting objectives
The objectives of the meeting were:

1) to review the progress of cancer control programmes in participating countries;
2) to identify how to implement the online course on cancer control;
3) to enhance leadership skills and share good practices in cancer control; and
4) to identify country-specific steps to strengthen capacity to develop or enhance national cancer control plans.

2. PROCEEDINGS

2.1 Opening session
The president of the National Cancer Center (NCC) noted that ever since its inception in 2000, the NCC has endeavoured to lessen the burden of cancer on Koreans by conducting and offering assistance to cancer research, diagnosing and treating cancer patients and finally, educating and training cancer specialists. He also indicated the Center’s role in hosting capacity building workshops jointly with WHO in pursuit of a common goal, the eradication of cancer.

Dr Hai-Rim Shin stated that NCDs are a global epidemic and the leading cause of death in the Region, accounting for over 50% of all deaths in those under 70 years, and thus adversely affecting the Region’s health and economy. Breakthroughs in cancer treatments are ongoing, and 16 new cancer medicines have been added to the WHO Essential Drugs list. But beyond treatment, building national capacity for cancer prevention and control is critical.

2.2 Cancer prevention and control: current status
After a brief introduction to the course by Dr Warrick Junsuk Kim, Dr Hai-Rim Shin reviewed the current status of cancer prevention and control globally and in the Western Pacific Region. Based on data and estimates from Globocan, the WHO global cancer database, 14 million new cancer cases and
8.2 million deaths occurred globally in 2012. One third of cancers are preventable through risk factor modification; thus, national policies need to address cancer risk factors. However, the 2013 Country Capacity Survey data indicate that not all countries have adequate capacity and infrastructure to tackle cancer prevention and control in a strategic manner.

Thereafter, learning activities were facilitated by Dr Annette David to assist participants in defining their workshop expectations and reflecting upon their personal journey for cancer prevention and control. This was followed by team-building exercises using the DISC model to define predominant leadership styles, facilitated by the Korea Educational Consulting Institute.

2.3 Participation in an international symposium
NCC hosted the 9th International Symposium on “A New Paradigm for Supportive Oncology”. Participants had the opportunity to attend Session 1: Broader Scope of Palliative Care. Three presentations covered the various aspects of supportive care for cancer patients, with experiences and data from the Republic of Korea, Japan and the United States of America.

Dr Yoon-Jung Chang, NCC, discussed the supportive care needs of the later stages of cancer, and emphasized that terminal cancer patients and their caregivers often experience traumatic stress and need many types of assistance. Dr Yosuke Uchitomi from Japan’s National Cancer Center provided an overview of the process of developing communication skills training for Japanese cancer physicians. Dr Dae-Hyun Kim from NCC noted that many patients treated for cancer have a high symptom burden regardless of stage of disease, and pain is one of the most common and distressing symptoms that cancer patients live with.

2.4 e-CanLeAD
One of the barriers to effective cancer control outreach in LMICs 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. Dr Annette David guided participants in exploring three online cancer self-risk assessment tools. Participants conducted their own self-assessment of cancer risk and reflected upon the advantages and disadvantages of these tools.

Professor Kui-son Choi presented the web-based cancer control leadership course known as CanLeAD eLearning for Cancer Control Program, or e-CanLeAD, and Dr Young-Joo Won facilitated a session where participants went through the modules on surveillance and early detection. WHO and NCC Korea began the development of e-CanLeAD in 2013 and pilot testing is ongoing for 2015. Once finalized, a launch is planned for World Cancer Day 2016. Participants provided feedback on e-CanLeAD for consideration.

2.5 Cervical cancer prevention and control
Dr Hai-Rim Shin reviewed cervical cancer pathophysiology, epidemiology and approaches to prevention, early detection, diagnosis and treatment. Dr Nga Pham Thi Quynh provided an overview of Viet Nam’s cervical cancer burden, risk factor profile and cervical cancer screening approaches. It has difficulties in cross-integration and lacks a system for early detection and prompt treatment after
detection, but a new national NCD Strategy 2015–2025 emphasizes the integrated approach across the various NCDs. Professor Jinhee Sohn presented on cervical cancer screening in the Republic of Korea, and reviewed the history and development of national cervical cancer screening guidelines, which are tailored to the local context. Pathologists played a key role in standards development and promotion of screening.

Brunei Darussalam, Lao People’s Democratic Republic, Fiji, Solomon Islands, Papua New Guinea and the Philippines shared their presentations on national cervical cancer control programmes. Dr Annette David introduced the participants to strategic planning exercises including the cervical cancer spidergram and problem-solution tree.

2.6 Cancer registration
Mr Juric Arsen presented an overview of the International Atomic Energy Agency’s mission and work within the Region. The IAEA has a Programme of Action for Cancer Therapy (PACT) to fight cancer in LMICs by ensuring effective partnerships and integration of radiation medicine within a comprehensive cancer control approach. Dr Rajiv Prasad introduced the Division of Human Health within IAEA that focuses on cancer management. The Division also maintains the global radiotherapy (RT) infrastructure directory.

Dr Hai-Rim Shin introduced cancer registration as an essential component of national cancer control programmes. Dr Young-Joo Won discussed coding and staging for cancer registration, and introduced the International Classification of Diseases for Oncology (ICD-O). Dr Kwun-woon Ju introduced CanReg 5, a tool which provides most of what a cancer registry needs in one easy-to-use software package. Thereafter, Dr Annette David facilitated an activity for participants to share their advocacy products through a “Global Marketplace” activity.

2.7 Closing session
Dr Hai-Rim Shin closed the workshop by thanking participants for their active involvement. Dr Shin acknowledged the support, collaboration and partnership of the National Cancer Center, Republic of Korea. 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 acquired. There is unanimous support for expanding this workshop to include more countries, and extending the invitation to an annual basis, rather than the current biennial meeting, including participants outside the health sector.

2.8 Evaluation
An evaluation of the workshop was conducted using a structured questionnaire and a scale of 1–10 (with 10 being the highest score) to indicate participants’ impressions and satisfaction with the workshop. Results are included in the Annex (Annex 4).

3. CONCLUSIONS AND RECOMMENDATIONS
3.1 Conclusions
Leadership and advocacy are key elements in attaining progress in cancer prevention and control. The 2nd Workshop for Leadership and Capacity building for Cancer Control (CanLeAD) met its objectives, and the participants obtained the necessary information and skills to further enhance leadership and advocacy for cancer prevention and control in their countries. The didactic lectures, interactive learning exercises, facilitated group work, and experiential learning introduced participants to resources and tools for catalysing action and accelerating progress against cancer. Scaling-up the CanLeAD curriculum at subregional, national and subnational levels, and strategic utilization of e-CanLeAD and CanReg5 will augment efforts to align national cancer control initiatives with the Regional and Global NCD Action Plans. It will also assist Member States to attain the global voluntary target of a 25% relative reduction in overall mortality from cardiovascular disease, cancer, diabetes, or chronic respiratory diseases, and the additional indicator to reduce cancer incidence, by type of cancer, per 100 000 population, by 2025.

3.2 Recommendations

3.2.1 Recommendations for Member States
1) CanLeAD is a suitable model to expand training within countries, and can be scaled up to national and subnational levels. Member States may consider exploring the feasibility of adapting the CanLeAD model for national and subnational capacity building workshops.

2) Capacity building for cancer control is needed across health programmes and in non-health sectors. The e-CanLeAD curriculum is a viable platform for this, and the final revised version of the capacity building curriculum may be disseminated to other critical stakeholders within and outside of the health sector. Member States can assist by identifying key stakeholders who would benefit from the training.

3) Cancer registries are fundamental for effective cancer prevention and control. Member States are urged to 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.

4) Cervical cancer provides opportunities for prevention, through the HPV vaccine, and mortality reduction through early detection and screening. Member States have undertaken a rapid assessment of the components of essential cervical cancer prevention and control domestically, and identified where initial efforts need to focus. Participants may follow through on the results of these exercises by systematically using the information to guide country actions.

5) Member States are requested to support the Country Capacity Surveys, which will start the next cycle of data collection this year. This will permit the assessment of progress and identification of gaps within the Region in the development of national capacity for cancer prevention and control.

3.2.2 Recommendations for WHO
1) WHO may consider providing technical support to countries for adapting and conducting the CanLeAD capacity building workshop at subregional, national and subnational levels.

2) WHO may consider hosting the CanLeAD on an annual basis, rather than the current biennial meeting, to provide further support for capacity building of cancer control in Member States.
3) WHO and NCC can further improve e-CanLeAD by:

a. developing portable versions of the curriculum using CDs or thumb drives that countries can use when internet connectivity is a problem;

b. awarding Certificates and/or Continuing Medical Education (CME) credits upon completion of the curriculum as incentives for health care professionals;

c. exploring the translation of the curriculum in other languages of the Region;

d. increasing the interactivity of the modules and incorporating post-tests after each module to assess knowledge change.
Annex 1. List of Participants

PARTICIPANTS

Dr Ong Sok King, Specialist (Public Health), Ministry of Health, Bandar Seri Begawan, Brunei Darussalam

Dr Loun Chhun, Chief, Noncommunicable Disease Office, Preventive Medicine Department, Ministry of Health, Phnom Penh, Cambodia

Dr Huy Lim, Implementation Manager of Voucher Project, Action for Health, Phnom Penh, Cambodia

Dr Rajshree Baleisuva, Manager, Fiji Cancer Society, Suva, Fiji

Mr Christopher Bates, Project Officer, Policy, Ministry of Health and Medical Services, Suva, Fiji

Dr Litia T. Buadromo Tdravu, Director/Consultant Pathologist, Ministry of Health, Suva, Fiji

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Dr Gerlee Khatanbaatar, Pathologist, National Pathology Center, Ulaanbaatar, Mongolia

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Dr Seth Fose, Acting Chief Pathologist - Country, Port Moresby General Hospital, Waigani, National Capital District, Papua New Guinea

Mr Dadi Toka Jnr, Deputy Director, Chief Executive Officer, PNG Cancer Foundation, Konedobu, National Capital District, Papua New Guinea

Dr Clarito Cairo Jr., Medical Officer IV, Department of Health, Manila, Philippines

Dr Sharon Lilly Valdez, Medical Officer IV, Department of Health - Region 11, Davao City, Philippines

Dr Jones Ghabu, Consultant (Physician), Ministry of Health and Medical Services (MHMS), Honiara, Solomon Islands

Dr Basil Scott Siota, General Surgeon, Ministry of Public Service, Honiara, Solomon Islands

Dr Nguyen Lam Hoa, Director, HaiPhong Oncology Centre, Hai Phong, Viet Nam
Dr Truong Dinh Bac, Deputy Director, General Department of Preventive Medicine, Ministry of Health of Vietnam, Hanoi, Viet Nam

Dr Nguyen Phi Hung, Vice-Dean, Pathology and Cytology Department, Vietnam National Cancer Hospital, Hanoi, Viet Nam

TEMPORARY ADVISER

Professor Kui Son Choi, Associate Professor, National Cancer Center, Gyeonggi-do, Republic of Korea

RESOURCE PERSON

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

REPRESENTATIVES/OBSERVERS

Dr Wanqing Chen, Director, National Cancer Registration Office, The National Cancer Center, Chinese Academy of Medical Sciences, Beijing, China

Mr Juric Arsen, Programme Officer, imPACT, Programme Design Section, Division of Programme of Action for Cancer Therapy, Department of Technical Cooperation, International Atomic Energy Agency, Vienna, Austria

Mr Rajiv Ranjin Prasad, Radiation Oncologist, Applied Radiation Biology and Radiotherapy Section, Division of Human Health, Department of Nuclear Sciences and Applications, International Atomic Energy Agency, Vienna, Austria

Dr Chong Seung Ah, Resident, Graduate School of Public Health, Seoul National University, Seoul, Republic of Korea

SECRETARIAT

Dr Hai-Rim Shin, Coordinator, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, P.O. Box 2932 1000 Manila, Philippines

Ms Jung Kyu-won, Technical Officer, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, P.O. Box 2932 1000 Manila, Philippines

Dr Warrick Junsuk Kim, Medical Officer, Division of NCD and Health through the Life-Course, WHO Regional Office for the Western Pacific, P.O. Box 2932 1000 Manila, Philippines

Dr Sam Ath Khim, National Professional Officer, World Health Organization – Cambodia, No. 177-179 corner Pasteur (51) and 254, Sangkat Chaktomouk, Khan Daun Penh, Phnom Penh, Cambodia
Mr James Rarick, Technical Officer, World Health Organization – Cambodia, No. 177-179 corner Pasteur (51) and 254, Sangkat Chaktomouk, Khan Daun Penh, Phnom Penh, Cambodia

Dr Pham Thi Quynh Nga, National Professional Officer (TFI), World Health Organization – Viet Nam, 63 Tran Hung Dao Street, Hoan Kiem District, Hanoi, Viet Nam
## Annex 2. Meeting Programme

### Day 1 - Tuesday 9 June 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers / Facilitators</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30 – 09:00</td>
<td>Registration</td>
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<tr>
<td>09:00 – 09:30</td>
<td>Opening Ceremony</td>
<td>Dr Kang Hyun Lee&lt;br&gt;President, National Cancer Center (NCC)&lt;br&gt;Republic of Korea</td>
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<tr>
<td>09:00 – 09:30</td>
<td>Welcome address</td>
<td>Dr Hai-Rim Shin&lt;br&gt;Coordinator, NCD&lt;br&gt;WHO/WPRO</td>
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<tr>
<td>09:30 – 10:00</td>
<td>Coffee break</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Self-introduction of participants</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Cancer Prevention and Control: Current status</td>
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<tr>
<td>10:30 – 11:00</td>
<td>Cancer Prevention and Control Programmes: Global and Regional level</td>
<td>Dr Hai-Rim Shin&lt;br&gt;Coordinator, NCD&lt;br&gt;WHO/WPRO</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Challenges to Prevention and Control: Cambodia example</td>
<td>Dr Khim Sam Ath&lt;br&gt;National Professional Officer&lt;br&gt;WHO/Cambodia</td>
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<tr>
<td>11:30 – 12:00</td>
<td>Discussion</td>
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<td>Time</td>
<td>Event</td>
<td>Speaker(s)</td>
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<tr>
<td>12:00 – 13:30</td>
<td>Lunch break</td>
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<tr>
<td>13:30 – 14:30</td>
<td>Group work introduction</td>
<td>Dr Annette David</td>
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<td></td>
<td>Where are we in our cancer control journey?</td>
<td>Senior Partner Health Partners LLC</td>
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<td></td>
<td>Dr Warrick Junsuk Kim Medical Officer, NCD WHO/WPRO</td>
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<tr>
<td>14:30 - 15:30</td>
<td>Team Building: DiSC (I)</td>
<td>Facilitator</td>
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<tr>
<td>15:30 – 16:00</td>
<td>Cancer prevention break</td>
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<tr>
<td>16:00 – 17:30</td>
<td>Team Building: DiSC (II)</td>
<td>Facilitator</td>
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<tr>
<td>19:00 – 20:30</td>
<td>Welcome reception</td>
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**Day 2 - Wednesday 10 June 2015**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>09:00 – 09:10</td>
<td>Recap of Day 1</td>
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<tr>
<td>09:10 – 11:10</td>
<td>Participation in International Symposium on:</td>
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<td></td>
<td>Broader scopes of palliative care</td>
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<td>Supportive care needs in later stages of cancer</td>
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<td>Supporting communication toward a goal of psychosocial palliative care in Japan</td>
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<td></td>
<td>Experience from a multidisciplinary cancer pain clinic</td>
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<tr>
<td>11:10 – 11:30</td>
<td>Cancer prevention break</td>
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<tr>
<td>11:30 – 11:50</td>
<td>eCanLEAD</td>
<td>Prof Kui-Son Choi</td>
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<tr>
<td></td>
<td>Introduction of web-based cancer control</td>
<td>Professor, Graduate School of Cancer NCC</td>
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<tr>
<td>Time</td>
<td>Activity</td>
<td>Speaker/Institution</td>
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<tr>
<td>11:50 – 12:30</td>
<td>Introduction Module 3: Surveillance, monitoring and cancer registration</td>
<td>Dr Young-Joo Won Head, NCC Republic of Korea</td>
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<tr>
<td>12:30 – 13:30</td>
<td>Lunch break</td>
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<tr>
<td>13:30 – 15:00</td>
<td>Group work: Exercise eCanLEAD Module 3 or Module 4</td>
<td>Prof Kui-Son Choi Dr Hai-Rim Shin</td>
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<tr>
<td>15:00 – 15:30</td>
<td>Feedback on eCanLEAD</td>
<td>Prof Kui-Son Choi Dr Hai-Rim Shin</td>
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<tr>
<td>15:30 – 16:00</td>
<td>Cancer prevention break</td>
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<tr>
<td>16:00 – 17:00</td>
<td>Interactive learning activity Assessing my personal cancer risk</td>
<td>Dr Annette David</td>
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<td>Using online tools</td>
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**Day 3 – Thursday 11 June 2015**

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<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker/Institution</th>
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<tbody>
<tr>
<td>09:00 – 09:10</td>
<td>Recap of Day 2</td>
<td></td>
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<tr>
<td>09:10 – 09:30</td>
<td>Managerial aspects of cancer control: Focus on cervical cancer</td>
<td>Dr Hai-Rim Shin</td>
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<td></td>
<td>Comprehensive approach to cervical cancer prevention and control</td>
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<tr>
<td>09:30 – 10:00</td>
<td>Country example: Cervical cancer screening in Viet Nam</td>
<td>Dr Nga Pham Thi Quynh National Professional Officer</td>
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<td>WHO/Viet Nam</td>
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<tr>
<td>10:00 – 10:30</td>
<td>Cancer prevention break</td>
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<tr>
<td>10:30 – 11:10</td>
<td>Cervical cancer control in Korea</td>
<td>Prof Jinhee Sohn</td>
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<td>Sungkyunkwan University</td>
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<tr>
<td>Time</td>
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<td>Speaker(s)</td>
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<tr>
<td>11:10 – 12:00</td>
<td>Country Presentation</td>
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<td>12:00 – 13:30</td>
<td>Lunch break</td>
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| 13:30 – 15:30 | Group work and presentation: cervical cancer control framework for country action  
(a) The cervical cancer control star: assessing strengths and weakness  
(b) Problem solution tree: identifying actionable causes of programme weakness  
(c) Prioritizing action to strengthen cancer control | Dr Annette David  
Dr Warrick Junsuk Kim |
| 15:30 – 16:00 | Cancer prevention break                                                  |                                                     |
| 16:00 – 17:00 | National Cancer Center Campus Tour                                       |                                                     |

**Day 4 – Friday 12 June 2015**

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<tr>
<th>Time</th>
<th>Activity</th>
<th>Speaker(s)</th>
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<tr>
<td>09:00 – 09:10</td>
<td>Recap of Day 3</td>
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</table>
| 09:10 – 09:30 | Cancer Registration  
Introduction of cancer registration                                    | Ms Kyu Won Jung  
Technical Officer, NCD  
WHO/WPRO  
Dr Hai-Rim Shin |
| 09:30 – 10:00 | Cancer registration method:  
Coding and staging                                                           | Dr Young-Joo Won                                     |
| 10:00 – 10:30 | Cancer prevention break                                                   |                                                     |
| 10:30 – 11:00 | Introduction of CanReg5                                                   | Ms Hyun-Joo Kong  
NCC Republic of Korea  
Ms Kyu-Won Jung |
| 11:00 – 12:00 | CanReg5 exercise                                                          | Ms Hyun-Joo Kong  
Ms Kyu-Won Jung |
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 – 13:30</td>
<td>Lunch break</td>
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</tbody>
</table>
| 13:30 – 15:00 | Market Place: Advocacy for cancer prevention and control | Dr Annette David  
Dr Warrick Junsuk Kim |
| 15:00 – 15:30 | Cancer prevention break                       |                                       |
| 15:30 – 16:00 | Closing session                               |                                       |
2\textsuperscript{nd} Workshop on Leadership and Capacity-Building for Cancer Control

Participants' Workbook
June 9-12, 2015
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Introduction

Noncommunicable diseases (NCDs) are the leading cause of death in the Western Pacific Region (WPR).

In 2012, there were an estimated four million incidents of cancer and over two and a half million deaths from cancer in the Region. As such, cancer control is a priority. One in three cancers in the world are diagnosed in the Region and cancer cases are on the rise -- cancer cases are expected to increase from 4.5 million new cases (2012) to 6.4 million (2025).

Despite the magnitude of the cancer burden, cancer control capacity within the Region is limited, especially in low- and middle-income countries (LMICs). Data from the Progress on the Prevention and Control of Noncommunicable Diseases in the Western Pacific Region country capacity survey (2013) reveal that while 68% of LMICs have a cancer control strategy and/or action plan within their national NCD action plans, only 50% are implementing their strategy or action plan. For most of the LMICs in the Region, coverage of cancer registration remains low and in many instances, cancer registries do not meet the international standards for quality.

The predominant types of cancer in the Region---lung, stomach, colorectal, breast and cervical cancers---are amenable to prevention through risk factor reduction and cure/remission through early diagnosis and treatment. A well-planned national cancer control programme addressing surveillance, prevention, screening and early diagnosis, treatment and palliative care can help to reduce the cancer burden in low- and middle-income countries within the Region.

WHO has developed a series of six capacity-building modules that provide practical advice for programme managers and other cancer control stakeholders on how to strengthen their cancer control programmes. These modules cover strategic planning, prevention, early detection, diagnosis and treatment, palliative care, and effective advocacy for sound cancer control policy. The National Cancer Center of the Republic of Korea, a WHO Collaborating Centre, used the WHO modules to develop an online course, in collaboration with WHO Headquarters and the WHO Western Pacific Regional Office (WPRO).

In 2013, the 1st Workshop for Leadership and Capacity building for Cancer Control (CanLEAD) was held at the National Cancer Center in Seoul, Korea, using the modules as the basis for a regional cancer control curriculum. The 2nd CanLEAD Workshop builds upon the lessons learned and feedback from the 2013 workshop. It complements the technical content of the six modules with analytical and strategic planning skills-building group exercises. This Participants’ Workbook contains the instructions, worksheets and tools for the group exercises that will be conducted during the 2nd CanLEAD Workshop. Using this workbook, participants will strengthen their skills and competencies in cancer control leadership and advocacy; build capacity in strategic analysis and prioritization of issues; and identify options and opportunities for strengthening cancer control.

Disclaimer

This Participants’ Workbook is a dynamic training document – an evolving work-in-progress that is designed to be used flexibly for group discussions and individual reflection. As new material and data become available, it will be revised to reflect these updates. Therefore, at this stage, the Participants’ Workbook is not an official publication of WHO-WPRO.
## Outline of activities

<table>
<thead>
<tr>
<th>Day</th>
<th>Agenda</th>
<th>Activities</th>
</tr>
</thead>
</table>
| 1   | Opening Ceremony  
Cancer Prevention and Control: Current Status | 1.1 Where are we in our cancer control Journey?  
1.2 DISC exercise - Team building |
| 2   | eCanLEAD  
Online course of Cancer Control | 2.1 Exercise - eCanLEAD  
2.2 Interactive learning activity |
| 3   | Managerial aspects of cancer control: focus on cervical cancer | Cervical cancer control: Framework for country action  
3.1 The cervical cancer spider web  
3.2 Problem solution tree  
3.3 Prioritizing action to strengthen cancer control |
| 4   | Cancer registration | 4.1 CanReg 5 Exercise  
4.2 Market Place: Advocacy for cancer prevention and control |
DAY 1: Group work introduction

**LEARNING ACTIVITY: 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.

**ACTIVITY 1.1: Expectations**

**INSTRUCTIONS:** List down 3 things that you expect to achieve in this workshop.

1.

2.

3.

**ACTIVITY 1.2: Where are you on your journey towards cancer control?**

**INSTRUCTIONS:**
Look at all the photos that are displayed and select the one the 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:**

Where am I in my cancer control journey?

What do I expect from the workshop?
ACTIVITY 1.3: What is my leadership profile? The DiSC assessment.

Leadership is fundamental for public health. However, most public health training programmes do not include opportunities for building leadership skills. One of the pivotal components of leadership is self-insight. This exercise will use the DiSC assessment tool to help each of us determine our leadership profile.

The DiSC model was developed by William Moulton Marston. He theorized that the behavioral expression of emotions could be categorized into four primary types, stemming from the person’s perceptions of self in relationship to his or her environment. These four types were labeled by Marston as:

- Dominance (D)
- Inducement (I)
- Submission (S)
- Compliance (C)

Participants are requested to complete the first step of DiSC Classic in advance. A personal report will be sent to each participant to aid increased self-awareness and personal effectiveness.
DAY 2: Interactive learning – Assessing my personal cancer risk using online tools

OBJECTIVES:
- To acquaint and familiarize ourselves with the available online tools for cancer prevention and control;
- To experience using these tools for a self-assessment of cancer risk; 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 and Internet connectivity will be needed for this session.

ACTIVITY 1: Online tools for cancer prevention and control

One of the barriers to effective cancer control outreach in LMICs 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 exercise, we will go through several online cancer resources, covering risk assessment, risk factor reduction and prevention, diagnosis and testing, surveillance data, treatment options, palliative care and cancer caregiving.

As we go through these various websites and online tools, ask yourself:
1. Which of these resources can be used back in your country to augment your local cancer resources?
2. What adaptations, if any, would be needed to make these resources culturally relevant and useful for your population?

ACTIVITY 2: Assessing my personal cancer risk using online tools

Experiencing the process of going through these online tools is crucial to make informed decisions about which ones to use and adapt for your work. For this exercise, we will all undergo a self-assessment of our personal cancer risk using 3 online tools:


Reflect on your experience in performing these self-assessments.
1. What features did you like about the self-assessment tools? Which features would make these tools attractive to your population?
2. What features did you not like about these tools? How did these features detract from the self-assessment?
3. What are the limitations in using these tools for your population?
4. What adaptations can be done to make these tools user-friendly and relevant to your population?
DAY 3: Cervical cancer control: Framework for country action

OBJECTIVES:

- To learn how to use a set of analytical tools in:
  - Assessing strengths and weaknesses of cancer control programs
  - Determining the root causes or programme weaknesses
  - Prioritizing where to act first to strengthen cancer control

Cancer control entails a comprehensive approach. Successful cancer control requires a number of distinct but interacting components that are addressed in the CanLEAD modules and online course—(1) planning, (2) surveillance and data, (3) prevention, early detection, (4) diagnosis and treatment, (5) palliative care, (6) policy, (7) advocacy and partnerships, and (8) national programme capacity. All components are needed, but in reality, not all components may be present or at optimal conditions. Identifying the strongest and weakest components can guide cancer control stakeholders to the “first steps” that are needed to strengthen their cancer control strategy.

For this set of exercises, we will use cervical cancer as our focus for prevention and control efforts.

ACTIVITY 1: The cervical cancer spider web

INSTRUCTIONS:

1. Each of the eight essential components of cancer control forms the eight '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. Use the following scale for a rapid assessment, and 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 strongest and where it is weakest.
4. Select the most critical component, for the action which is needed immediately. This could be the 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.
WORKSHEET: The cervical cancer control spider web

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?

Reality Check: In real life, the components—the eight ‘legs’ of the spider web—are all interconnected. Improvements in one component have an effect on the others. For example, improving early detection and screening also tends to improve treatment success. But when resources are limited, action needs to strategically chosen to have the maximum impact.
ACTIVITY 2: Problem solution tree

INSTRUCTIONS:

1. After selecting the component where immediate action is needed, identify the specific problem associated with that component. For example, if you selected “policy” for immediate action, the specific problem could be: “There is no policy mandating health insurance coverage for HPV vaccination to prevent cervical cancer.” This becomes the body of the problem solution tree.

2. Identify the direct and indirect causes of the specific problem; these are the roots. This can be achieved by asking the question “why?” several times until all possible causes/roots of the problem are exhausted.

3. Draw arrows to show the relationships of the causes among one another and their pathways toward the problem.

4. Once all possible causes are considered, identify possible action solutions to address these causes. Draw boxes around these action solutions. [Note: The more detailed the analysis, the greater will be the probability of identifying effective solutions.]

Below is a simplified example:

Specific problem from the weakest component: POLICY - There is no policy mandating health insurance coverage for HPV vaccination to prevent cervical cancer

Implement awareness raising activities to call attention to the effectiveness and positive health impact of HPV vaccination.

Policymakers are not aware of the magnitude/burden of cervical cancer and availability of an effective vaccine

Data exists, but is not available in user-friendly formats

Invest in data translation to create attractive and easy to read data briefs on cervical cancer and its prevention

HPV vaccination and cervical cancer prevention are a low priority for health policy.

Lack of advocacy from cancer control programme

Programme team lack advocacy skills

Build capacity for policy advocacy on cervical cancer prevention

Partnerships with community stakeholders, who can assist with advocacy, are weak

Other health programmes like TB are given greater importance

Strengthen partnerships and mobilize partners to advocate for HPV vaccine insurance coverage to policymakers

Strengthen partnerships and mobilize partners to advocate for HPV vaccine insurance coverage to policymakers
Specific problem from the weakest component:
ACTIVITY 3: Prioritizing action to strengthen cancer control

The solutions identified through the problem solution tree become the basis of an action plan for successfully strengthening cancer control. While all the solutions are likely necessary and will need to be carried out over time, it makes sense to prioritize which solutions to act on first.

INSTRUCTIONS:

1. List down the action solutions that you identified in the problem solution tree exercise on the table provided.
2. Consider the impact (I) and feasibility (F) of each of the action solutions, relative to achieving progress in strengthening cervical cancer control. For each action solution, assign a score within the range of 1 to 5, with 1 being the lowest and 5 being the highest.
   - Impact – significant progress in cervical cancer control is expected if this is carried out
   - Feasibility – opportunities, resources, timing and support favour success
3. Multiply the scores for (I) and (F).
4. Choose the top 3 scoring solutions. Create an action plan using the tables provided below for these priority action solutions.

WORKSHEETS

Table 1: Prioritization scoring

<table>
<thead>
<tr>
<th>Solution</th>
<th>Important (I)</th>
<th>Feasible (F)</th>
<th>(I) x (F)</th>
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Note: The more action solutions you have for prioritization scoring, the better the outcome of this exercise.
Table 2. An action plan for immediate action to strengthen cervical cancer control

<table>
<thead>
<tr>
<th>Priority solution # 1:</th>
<th>Specific Activities (WHAT will be done?)</th>
<th>Time Frame (WHEN?)</th>
<th>Indicator (HOW will progress be measured?)</th>
<th>Resources Needed (WHAT is needed)</th>
<th>Persons in charge (WHO needs to be)</th>
<th>Comments</th>
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<td>1.</td>
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<td>3.</td>
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<thead>
<tr>
<th>Priority solution # 2:</th>
<th>Specific Activities (WHAT will be done?)</th>
<th>Time Frame (WHEN?)</th>
<th>Indicator (HOW will progress be measured?)</th>
<th>Resources Needed (WHAT is needed)</th>
<th>Persons in charge (WHO needs to be)</th>
<th>Comments</th>
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<tbody>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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Priority solution # 3:

<table>
<thead>
<tr>
<th>Specific Activities (WHAT will be done?)</th>
<th>Time Frame (WHEN?)</th>
<th>Indicator (HOW will progress be measured?)</th>
<th>Resources Needed (WHAT is needed)</th>
<th>Persons in charge (WHO needs to be)</th>
<th>Comments</th>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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</table>
DAY 4: Marketplace – Advocacy for cancer control

OBJECTIVE:
1. To practice creating and communicating effective advocacy messages 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 an NCD and Cancer Control Marketplace. You and the other country teams will be competing for their NCD/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 your cervical cancer control intervention to your NCD/cancer control audience, who are the NCD/cancer control investors.
3. Country teams have a total of 5 minutes to complete their advocacy pitch to the audience of NCD/cancer control investors. You can use any audio-visual means of communication to get your advocacy message across clearly and compellingly.
4. NCD/cancer control investors have a fixed amount of money to invest in any and all cervical 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?
The workshop was attended by 19 participants from national institutes of health and schools of public health and medicine from 9 countries, 5 WHO Secretariat members and 3 resource persons. The 5-day programme was evaluated using a questionnaire where participants gave scores on a scale of 1-10 (10 being the highest, 1 being the lowest) for organization and for the technical sessions. The distribution of the scores is provided below. More than 75% of the participants gave the rating of 9 and 10 for technical sessions.

<table>
<thead>
<tr>
<th>QUESTIONNAIRE 1 – Overall impression</th>
<th>10</th>
<th>9</th>
<th>8</th>
<th>7</th>
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</thead>
<tbody>
<tr>
<td>The participation in this meeting was</td>
<td>47%</td>
<td>26%</td>
<td>21%</td>
<td>5%</td>
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<tr>
<td>The facilitation in this meeting was</td>
<td>68%</td>
<td>11%</td>
<td>16%</td>
<td>5%</td>
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<tr>
<td>The leadership in this meeting was</td>
<td>63%</td>
<td>21%</td>
<td>11%</td>
<td>5%</td>
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<tr>
<td>Travel arrangements for the meeting was</td>
<td>68%</td>
<td>16%</td>
<td>5%</td>
<td>5%</td>
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<tr>
<td>Facilities of this meeting was</td>
<td>79%</td>
<td>11%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Accommodation for this meeting was</td>
<td>74%</td>
<td>16%</td>
<td>0%</td>
<td>5%</td>
</tr>
<tr>
<td>Meals of this meeting were</td>
<td>68%</td>
<td>11%</td>
<td>5%</td>
<td>16%</td>
</tr>
<tr>
<td>The overall impression of this meeting was</td>
<td>63%</td>
<td>21%</td>
<td>16%</td>
<td>5%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>QUESTIONNAIRE 2 – What have you achieved?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 2: Cancer Prevention and Control: Current status</td>
</tr>
<tr>
<td>a. to understand the objectives of the session</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
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<tr>
<td>Session 3: Participation in the International Symposium on Palliative Care</td>
</tr>
<tr>
<td>a. to understand the objectives of the session</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
</tr>
<tr>
<td>Session 4: eCanLEAD</td>
</tr>
<tr>
<td>a. to understand the objectives of the session</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
</tr>
<tr>
<td>Session 5: Managerial aspects of cancer control: Focus on cervical cancer</td>
</tr>
<tr>
<td>a. to understand the objectives of the session</td>
</tr>
</tbody>
</table>
**Session 6: Cancer Registration**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>a. to understand the objectives of the session</td>
<td>42% 26% 16% 16%</td>
</tr>
<tr>
<td>b. to exchange views and information in the discussions</td>
<td>42% 11% 16% 16%</td>
</tr>
</tbody>
</table>

**QUESTIONNAIRE 3 – Groupworks and activities**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where are we in our cancer control journey?</td>
<td>42% 21% 21% 0%</td>
</tr>
<tr>
<td>DiSC exercise – Team building</td>
<td>47% 11% 16% 5%</td>
</tr>
<tr>
<td>Assessing my personal cancer risk using online tools</td>
<td>47% 26% 21% 5%</td>
</tr>
<tr>
<td>Country Presentation</td>
<td>47% 16% 16% 21%</td>
</tr>
<tr>
<td>The cervical cancer spider web</td>
<td>63% 16% 21% 5%</td>
</tr>
<tr>
<td>Problem solution tree</td>
<td>53% 21% 16% 5%</td>
</tr>
<tr>
<td>Prioritizing action to strengthen cancer control</td>
<td>58% 21% 11% 5%</td>
</tr>
<tr>
<td>Marketplace: Advocacy for cancer prevention and control</td>
<td>37% 16% 5% 5%</td>
</tr>
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