



<b>Title</b>	<b>Comparative Overview of Cancer Control Strategies in Selected Jurisdictions</b>
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<b>Reference</b>	2007-08. ISBN 978-2-550-50997-4 (print). www.aetmis.gouv.qc.ca/site/en_publications_2007.phtml

## Aim

To provide better knowledge of the choices made by different public administrations regarding priorities, governance models, service organization, quality, and factors of success for implementing change.

## Conclusions and results

Although priorities differ, the initiatives recommended in the current strategies overlap and have two main cancer-control objectives: to ensure the ability of the healthcare system to deal with a growing demand for services and to ensure an optimal care pathway for known and suspected cancer patients. We find wide diversity in the means of implementation used, whether for service organization, the governance model, or levers of change.

Two underlying philosophies are identified, depending on whether or not a disease management approach has been developed. While all of the countries and provinces embrace better service integration through oncology networks and programs, the organizational configurations are characterized by the more or less extensive use of dedicated structures and infrastructures to meet quality requirements and the need to coordinate services.

As regards governance, we distinguish 3 approaches according to the degree of authority sharing and the degree to which responsibilities are assigned to central cancer control organizations by the Ministry of Health: 1) authority delegated to one agency (Alberta, British Columbia, Ontario); 2) authority shared with separate dedicated organizations (France, England); and 3) authority distributed within the ministry, which comprises a dedicated ministerial organization (Québec, Nova Scotia).

The variable progress observed in organizational reforms may depend on the complexity of the recommended changes and the coexistence of more global healthcare system reforms, but especially on the levers of change made available. Yet, all countries and provinces are not

at the same level in terms of the availability of these levers. Five lessons are drawn from analyzing the main findings: 1) adopt a tailored approach specific to the particular context of a given healthcare system to configure the organizational means required to ensure an optimal patient pathway in that system; 2) obtain a clear commitment from the highest government authorities, an essential condition for implementing a strategy; 3) assess the applicability of an "effective solution" from another country or region to the specific context of the healthcare system before implementing it; 4) go beyond the dichotomous view of "ministry or agency?" to define the conditions for functional governance in which the organizations responsible have sufficient authority and adequate means to carry out their mandates and coordinate to implement change; and 5) bring together all the critical levers – accountability and performance management systems, including evaluation and information gathering/management mechanisms – to ensure the implementation of service organization reforms.

## Methods

Comparative overview of cancer control strategies (and programs) in selected countries and Canadian provinces (ie, England, France, Alberta, British Columbia, Nova Scotia, Ontario, and Québec). Detailed search of the gray literature and interviews with key informants.