**2016**

**COUNTRY PROFILE OF CANCER AND CANCER CONTROL PLANS**

**INSTRUCTIONS FOR THE CANCER CONTROL PLAN QUESTIONAIRE**

1) Please not forget to fill in the first page of the questionnaire. Focal point for completion the survey is important if there are some points that are not clear for the analyzer. And also this will help to share the report with the countries at the end before it will be printed.

2) If there are different parts in cancer control department and all units have their own work then please be sure that all the parts that are responsible will fill their own part of the questionnaire.

3) Please note that while there is space to indicate “Don’t Know” for most questions, there should be very few of these. If someone is filling in numerous “Don’t Knows”, another person who is more aware of this information should be found to complete this section.

4) There could be numerous types of organization for Cancer Control in Ministry of Health. There could be a department which is responsible, there could be a branch under for example Non-Communicable disease section, and there could be only a little unit which is responsible to monitor cancer as well as with other health statics. And please indicate the number of full time staff for only those who are working in Ministry of Health for Cancer Control.

5) Cancer Control Plan in Ministry of Health could be officially printed. Or there could be revisions in the plan (for example there could be a plan for years 2010-2012 and the plan could be revised There could be a department which is responsible, there could be a branch under for example Non-Communicable disease section, and there could be only a little unit which is responsible to monitor cancer as well as with other health statics. And please indicate the number of full time staff for only those who are working in Ministry of Health for Cancer Control.

6) Please note that screening questions are similar, that is for avoiding the mix for each cancer type. And there are questions only for breast, cervical and colorectal screening.

7) If there are any questions for filling the questionnaire please do not hesitate to contact to SESRIC.

**MODULES:**

**I CANCER CONTROL PLAN IN GENERAL**

**II CANCER PREVENTION**

**III CANCER SCREENING**

**IV CANCER REGISTRY**

**V CANCER CARe**

**VI INTERNATIONAL ASPECTS**

**Information on those who completed the survey**

**Purpose**

* The purpose of this survey is to gauge your country capacity for cancer control. It will guide Member States of OIC in planning future actions and technical assistance required to address cancers.
* This is also the basis for ongoing assessment of changes in country capacity and response.

**Process**

* A focal point or survey coordinator will need to be identified to coordinate and ensure survey completion. However, in order to provide a complete response, a group of respondents with expertise in the topics covered in the modules will be needed. Please use the table provided to indicate the names and titles of all of those who have completed the survey and which sections they have completed.
* Please note that while there is space to indicate “Don’t Know” for most questions, there should be very few of these. If someone is filling in numerous “Don’t Knows”, another person who is more aware of this information should be found to complete this section.

**Who is the focal point for completion of this survey?**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_**

**Phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name and contact information of others completing survey** | **Sections completed** |
|  |  |
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**Name of Director responsible for Cancer Control unit/branch/department in the ministry of health or equivalent (If available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Address for the Director responsible for Cancer Control unit/branch/department in the ministry of health or equivalent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**e-Mail of the Director responsible for Cancer Control unit/branch/department in the ministry of health or equivalent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I: CANCER CONTROL PLAN IN GENERAL**

1. Is there a unit/branch/department in the ministry of health or equivalent with responsible for Cancer Control?

 Yes No Don’t Know

**If NO or DON’T KNOW please go to question 2**

**If YES please indicate the number of full-time staff in the unit/branch/department.**

□ …..…. person

□ Don’t know

2) Is there any official cancer control plan in your country?

 Yes No Don’t Know

**If NO or DON’T KNOW please go to question 3**

**If YES since when?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_year

3) Is there a national committee or an agency in government/ministry of health helping to advice and monitor for cancer policies?

 Yes No Don’t Know

**If NO or DON’T KNOW please go to question 4**

**If YES;**

**3a) Indicate its stage:**

□ Operational

□ Under development

□ Not in effect

□ Don’t know

**3b) Which of the following are members of this committee or agency?** *(Check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
| □ | Other Government Ministries (non-health, e.g. ministry of sport, ministry of education) | □ | Cancer Institute |
| □ | United Nations Agencies | □ | Nongovernmental organizations/community-based organizations/civil society |
| □ | Academia (including research centres) | □ | Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| □ | National Advisory Board | □ | Don’t know |

**II: CANCER PREVENTION**

4) Does your country have a control plan on tobacco use? Yes No Don’t Know

**If NO or DON’T KNOW please go to question 5**

If YES what are the interventions of this plan?

 Monitoring tobacco use Yes No Don’t Know

 Monitoring prevention policies Yes No Don’t Know

 Ban of tobacco use in common areas (smoke free indoor) Yes No Don’t Know

 Ban of tobacco in open places Yes No Don’t Know

 System in helping people to quit tobacco use Yes No Don’t Know

 Health warnings in tobacco packaging Yes No Don’t Know

 Bans in tobacco advertising Yes No Don’t Know

 Bans in tobacco promotions Yes No Don’t Know

 Bans in tobacco sponsorships Yes No Don’t Know

 Excise taxes on tobacco Yes No Don’t Know

Please specify if there is any other intervention for “Tobacco Control Plan” in your country

……………………………………………………………………………………………………………………………………………………………………………………………………………………

5) Does your country have a control plan on alcohol? Yes No Don’t Know

**If NO or DON’T KNOW please go to question 6**

 Monitoring alcohol use Yes No Don’t Know

 Monitoring prevention policies Yes No Don’t Know

 Ban of alcohol use in some conditions (hours, places, etc) Yes No Don’t Know

 System in helping people to quit alcohol use Yes No Don’t Know

 Health warnings in alcohol bottles Yes No Don’t Know

 Bans in alcohol advertising Yes No Don’t Know

 Bans in alcohol promotions Yes No Don’t Know

 Bans in alcohol sponsorships Yes No Don’t Know

 Excise taxes on alcohol Yes No Don’t Know

Please specify if there is any other intervention for “Alcohol Control Plan” in your country

……………………………………………………………………………………………………………………………………………………………………………………………………………………

6) Does your country have a control plan on obesity and physical activity? Yes No Don’t Know

**If NO or DON’T KNOW please go to question 7**

 Monitoring obesity prevelance Yes No Don’t Know

Monitoring obesity prevelance in children Yes No Don’t Know

 Monitoring physical activity Yes No Don’t Know

 Ban of sugar sweeted beverages in schools Yes No Don’t Know

 Taxation on foods high in fat, sugar or salt Yes No Don’t Know

 Physical activity in schools Yes No Don’t Know

 Promotion programmes for physical activity Yes No Don’t Know

Please specify if there is any other intervention for “Obesity Control Plan” in your country

……………………………………………………………………………………………………………………………………………………………………………………………………………………

7) Please write what are the other policies/programmes that are held in your country for cancer prevention.

a………………………………………………………………………………………..

b………………………………………………………………………………………..

c. ……………………………………………………………………………………….

**III. CANCER SCREENİNG**

III-A SCREENİNG FOR BREAST CANCER

8. Do you have a screening programme for breast cancer? Yes No Don’t Know

**If NO or DON’T KNOW please go to question 14**

9. Is this programme nationwide? Yes No Don’t Know

10. Is it a pilot or a permanent programme? Pilot Permanent

11. Please check each of the items that are correct for your screening programme.

|  |  |
| --- | --- |
| We have a screening policy for breast cancer |  Yes No Don’t Know |
| We have a specified target group for breast cancer and only they can be screened among this programme |  Yes No Don’t Know |
| Not only target group but each person can be screened in this programme |  Yes No Don’t Know |
| We have a specified test(s) for breast cancer screening |  Yes No Don’t Know |
| Physicians can decide which test(s) they want to perform in this programme |  Yes No Don’t Know |
| We have an interval for screening tests |  Yes No Don’t Know |
| We don’t follow up the interval that want to take the tests |  Yes No Don’t Know |
| We have a team organizing screening test for breast cancer in population level |  Yes No Don’t Know |
| Each physician can perform these test in anywhere they want |  Yes No Don’t Know |
| We have a list of target population that are eligible for screening |  Yes No Don’t Know |
| We perform the screening test to all who come to the facility without identifying and following |  Yes No Don’t Know |
| We have an invitation system for target population |  Yes No Don’t Know |
| We have an invitation system but we don’t have a reminding system for the other interval |  Yes No Don’t Know |
| We have a system of diagnosis for those who take screening and get a positive result |  Yes No Don’t Know |
| We have referral hospitals that are charged to make diagnostic tests |  Yes No Don’t Know |
| We can monitor the positive screened ones in health care system |  Yes No Don’t Know |

12. Please fill in the following table based on the target population, interval between tests, the year test started, if there is any fee to be paid and also who is performing the test in which facility (please specify the professional figure (i.e. general/family medical doctor, nurse, midwife, radiologist, radiographer, etc.) performing it and the health care facility (i.e. Hospital, outpatient clinics, Primary Health Care Centres, etc.) where it takes place,). (Add more rows if needed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TEST | Age groups for target population | Interval | Starting year of programme | Is there any fee to be paid by the attended | Performed by | Facility |
| Self Breast Examination\* |  |  |  | □ Yes □ No |  |  |
| Clinical Breast Examination\*\* |  |  |  | □ Yes □ No |  |  |
| Mammography\*\*\* |  |  |  | □ Yes □ No |  |  |
| Others (Please Specify)………. |  |  |  | □ Yes □ No |  |  |

\*Self-Breast Examination: Inspection by a woman of her breasts to detect breast cancer. \*\* Clinical Breast Examination: A physical exam of the breast performed by a health care provider to check for lumps or other changes. \*\*\* Mammography:

13. Which institution(s) is (are) responsible for the management of the breast screening programme?

**□** Ministry of Health

**□** Health Insurance System in the country

**□** United Nations Agencies

□ Academia (including research centres)

□ Nongovernmental organizations/community-based organizations/civil society

□ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Don’t know

III-B SCREENİNG FOR CERVICAL CANCER

14. Do you have a screening programme for cervical cancer? Yes No Don’t Know

**If NO or DON’T KNOW please go to question 20**

15. Is this programme nationwide? Yes No Don’t Know

16. Is it a pilot or a permanent programme? Pilot Permanent

17. Please check each of the items that are correct for your screening programme.

|  |  |
| --- | --- |
| We have a screening policy for cervical cancer |  Yes No Don’t Know |
| We have a specified target group for cervical cancer and only they can be screened among this programme |  Yes No Don’t Know |
| We have specified target group but each person not only in target group can be screened in this programme |  Yes No Don’t Know |
| We have a specified test(s) for cervical cancer screening |  Yes No Don’t Know |
| Physicians can decide which test(s) they want to perform in this programme |  Yes No Don’t Know |
| We have an interval for screening tests |  Yes No Don’t Know |
| We don’t follow up the interval that want to take the tests |  Yes No Don’t Know |
| We have a team organizing screening test for cervical cancer in population level |  Yes No Don’t Know |
| Each physician can perform these test in anywhere they want |  Yes No Don’t Know |
| We have a list of target population that are eligible for screening |  Yes No Don’t Know |
| We perform the screening test to all who come to the facility without identifying and following |  Yes No Don’t Know |
| We have an invitation system for target population |  Yes No Don’t Know |
| We have an invitation system but we don’t have a reminding system for the other interval |  Yes No Don’t Know |
| We have a system of diagnosis for those who take screening and get a positive result |  Yes No Don’t Know |
| We have referral hospitals that are charged to make diagnostic tests |  Yes No Don’t Know |
| We can monitor the positive screened ones in health care system |  Yes No Don’t Know |

18. Please fill in the following table based on the target population, interval between tests, the year test started, if there is any fee to be paid and also who is performing the test in which facility (please specify the professional figure (i.e. general/family medical doctor, nurse, midwife, gynocologist etc.) performing it and the health care facility (i.e. Hospital, outpatient clinics, Primary Health Care Centres, etc.) where it takes place. (Add more rows if needed).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TEST | Age groups for target population | Interval | Starting year of programme | Is there any fee to be paid by the attended | Performed by | Facility |
| VIA\* |  |  |  | □ Yes □ No |  |  |
| VILI\*\* |  |  |  | □ Yes □ No |  |  |
| VIAM\*\*\* |  |  |  | □ Yes □ No |  |  |
| Pap Smearᵝ |  |  |  | □ Yes □ No |  |  |
| HPV DNAˠ |  |  |  | □ Yes □ No |  |  |
| Others (Please Specify)……… |  |  |  | □ Yes □ No |  |  |

\*VIA: Visual Inspection with Acetic Acid \*\*VILI: Visual inspection with Lugol’s Iodine \*\*\*VIAM: Visual Inspection with acetic acid using magnification devices ᵝPap Smear: Papanikolaou test involves collecting cells from cervix ˠHPV DNA: Test looks for the virus that can cause abnormal cells on cervix.

19. Which institution(s) is (are) responsible for the management of the programme?

**□** Ministry of Health

**□** Health Insurance System in the country

**□** United Nations Agencies

□ Academia (including research centres)

□ Nongovernmental organizations/community-based organizations/civil society

□ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Don’t know

20. Is there a national HPV vaccination programme under implementation? Yes No Don’t know

**If NO or DON’T KNOW please go to question 21**

If Yes, please provide the following details of the programme:

 i) Who is targeted by the programme?

 Girls aged \_\_\_\_ to \_\_\_\_

 Boys aged \_\_\_\_ to \_\_\_\_

 Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_

 Don’t know

ii) What year did the programme begin? \_\_\_\_\_\_\_\_\_\_

iii) What is the major source of funding for HPV vaccine?

 General government revenues  Health insurance  GAVI

 International Donors  Out of pocket

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know

III-C SCREENİNG FOR COLORECTAL CANCER

21. Do you have a screening programme for colorectal cancer? Yes No Don’t Know

**If NO or DON’T KNOW please go to question 27**

22. Is this programme nationwide? Yes No Don’t Know

23. Is it a pilot or a permanent programme? Pilot Permanent

24. Please check each of the items that are correct for your screening programme.

|  |  |
| --- | --- |
| We have a screening policy for colorectal cancer |  Yes No Don’t Know |
| We have a specified target group for colorectal cancer and only they can be screened among this programme |  Yes No Don’t Know |
| We have specified target group but each person not only in target group can be screened in this programme |  Yes No Don’t Know |
| We have a specified test(s) for colorectal cancer screening |  Yes No Don’t Know |
| Physicians can decide which test(s) they want to perform in this programme |  Yes No Don’t Know |
| We have an interval for screening tests |  Yes No Don’t Know |
| We don’t follow up the interval that want to take the tests |  Yes No Don’t Know |
| We have a team organizing screening test for colorectal cancer in population level |  Yes No Don’t Know |
| Each physician can perform these test in anywhere they want |  Yes No Don’t Know |
| We have a list of target population that are eligible for screening |  Yes No Don’t Know |
| We perform the screening test to all who come to the facility without identifying and following |  Yes No Don’t Know |
| We have an invitation system for target population |  Yes No Don’t Know |
| We have an invitation system but we don’t have a reminding system for the other interval |  Yes No Don’t Know |
| We have a system of diagnosis for those who take screening and get a positive result |  Yes No Don’t Know |
| We have referral hospitals that are charged to make diagnostic tests |  Yes No Don’t Know |
| We can monitor the positive screened ones in health care system |  Yes No Don’t Know |

25. Please fill in the following table based on the target population, interval between tests, the year test started, if there is any fee to be paid and also who is performing the test in which facility (please specify the professional figure (i.e. General surgeon, gastroenterologist, general/family medical doctor, nurse, midwife, endoscopist etc.) performing it and the health care facility (i.e. Hospital, outpatient clinics, Primary Health Care Centres, etc.) where it takes place,). (Add more rows if needed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TEST | Age groups for target population | Interval | Starting year of programme | Is there any fee to be paid by the attended | Performed by | Facility |
| FOBT\* |  |  |  | □ Yes □ No |  |  |
| FOBT-I\*\* |  |  |  | □ Yes □ No |  |  |
| Sigmoidoscopy\*\*\* |  |  |  | □ Yes □ No |  |  |
| Colonoscopyᵝ |  |  |  | □ Yes □ No |  |  |
| Others (Please Specify)…………….. |  |  |  | □ Yes □ No |  |  |

\*FOBT: Fecal Occult Blood Test \*\*FOBT-I: Immunochemical Fecal Occult Blood Test \*\*\*Sigmoidoscopy: A procedure by which a doctor inserts either a short and rigid or slightly longer and flexible fiber-optic tube into the rectum to examine the lower portion of the large intestine (or bowel). ᵝ Colonoscopy: Colonoscopy is a medical procedure where a long, flexible, tubular instrument is used to view the entire inner lining of the colon (large intestine) and the rectum.

26. Which institution(s) is (are) responsible for the management of the programme?

**□** Ministry of Health

**□** Health Insurance System in the country

**□** United Nations Agencies

□ Academia (including research centres)

□ Nongovernmental organizations/community-based organizations/civil society

□ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Don’t know

27. Is there funding for screening; what is the major source of funding for screening (You can rank an order as 1 the largest, 2 next largest, etc)

**If NO or DON’T KNOW please go to question 28**

 General government revenues  Health insurance

 International Donors  Earmarked taxes on alcohol, tobacco, etc.

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know

**IV. CANCER REGISTRY**

28. Are there pathology laboratories for cancer diagnosis in the country? Yes No Don’t know

29. Do you have a cancer registry system? Yes No Don’t Know

**If NO or DON’T KNOW please go to question 38**

30. Please check each of the items that are correct for cancer registry in your country.

|  |  |
| --- | --- |
| Physicians that diagnosis cancer are responsible to report to Ministry of Health |  Yes No Don’t Know |
| We have a certificated team for collecting data from the hospitals |  Yes No Don’t Know |
| We have some referral hospitals, and we collect data only from these hospitals not nationwide |  Yes No Don’t Know |
| Only pathologists are responsible to report cancer diagnosis to Ministry of Health |  Yes No Don’t Know |
| We have an computer based patient record system and we collect data from this system |  Yes No Don’t Know |
| We use some standards for collecting cancer data |  Yes No Don’t Know |
| We collect all malign cancers |  Yes No Don’t Know |
| We collect all in situ cancers |  Yes No Don’t Know |
| We collect all benign cancers |  Yes No Don’t Know |
| We collect Central Nervous System benign cancers |  Yes No Don’t Know |
| We are collecting childhood cancers as well. |  Yes No Don’t Know |
| We use Can-Reg for registry |  Yes No Don’t Know |
| We use national computer programme to input the data  |  Yes No Don’t Know |
| All citizens have a unique ID number (mostly consists of numbers) from new born |  Yes No Don’t Know |
| We don’t have any unique ID number for our citizens |  Yes No Don’t Know |
| All citizens have a unique ID number (mostly consists of numbers) it is not given to new born but later |  Yes No Don’t Know |
| Using death certificates for all who die is mandatory |  Yes No Don’t Know |
| We have access to death certificates and we use these death certificates to register the cancer cases as DCO (if we can’t trace them) |  Yes No Don’t Know |
| We are collecting mortality data by cause of death in civil/vital registration system |  Yes No Don’t Know |
| We are collecting mortality data by cause of death from sample registration system |  Yes No Don’t Know |
| We can follow up the registered cancers as dead or alive |  Yes No Don’t Know |
| We can follow up the registered cancers as recurrence or cure  |  Yes No Don’t Know |

**IF YOUR COUNTRY HAS ANY POPULATION BASED CANCER REGISTRY CENTER please answer 31-37; IF NOT PLEASE SKIP TO QUESTION 38**

31. How many population based cancer registry centers do you have?

 We have national population based cancer registry center covering the whole population

 We have …..(Please give the number) regional population based cancer registry centers, covering …………..% of the population.

32. What data source are you using in population estimation for your registry/registries covered and what is the last period of this data (as year)? (Please note that there could be only one answer as “Yes”)

|  |  |  |
| --- | --- | --- |
| The last census data  |  Yes No Don’t Know | …. Year |
| The number that we get from primary health cares facilities |  Yes No Don’t Know | …. Year |
| The number that we get from official health directorates |  Yes No Don’t Know | …. Year |
| The data that is given by national statistical bureau |  Yes No Don’t Know | …. Year |
| Other (Please specify)…………………… |  Yes No Don’t Know | …. Year |

33. What is the systems you are using to code data for cancer please clarify?

|  |  |
| --- | --- |
| Topography  |  ICD-O-3 ICD-O-2 ICD-O Field Trial Edition ICD-O-1 ICD-10Other (Please spesify)………….. |
| Histology |  ICD-O-3 ICD-O-2 ICD-O Field Trial Edition ICD-O-1 ICD-10Other (Please spesify)………….. |
| Staging |  TNM SEER Other (Please specify)…………………… |

34. What is the latest year for cancer incidence rates are available (that has been released)?...................Year

35. Are the incidence rates disaggregated by:

 Age Yes No Don’t Know

 Gender Yes No Don’t Know

 Topography Yes No Don’t Know

 Stage Yes No Don’t Know

 Incidence year Yes No Don’t Know

36. Are the mortality data (if your country is collecting) disaggregated by:

 No Data Available Yes

 Age Yes No Don’t Know

 Gender Yes No Don’t Know

 Cause of death Yes No Don’t Know

37. Is there funding for Cancer Registry? Yes No Don’t Know

 If YES what is the major source of funding for cancer registry (You can rank an order as 1 the largest, 2 next largest, etc)

 General government revenues  Health insurance

 International Donors  Earmarked taxes on alcohol, tobacco, etc.

 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Don’t Know

**V. PALLIATIVE CARE AND CANCER TREATMENT**

38. Do you have structured palliative care system in your health care system? Yes No Don’t Know

**If NO or DON’T KNOW please go to NEXT question**

a. Do you have palliative care in primary health care? Yes No Don’t Know

b. Do you have palliative care in home based care? Yes No Don’t Know

39. Do you have hospice system in your country? Yes No Don’t Know

40. Describe the availability of the oral morphine pills (tablet) in the Public Health Sector:

 There is oral morphine pills (tablet) in 50% or more pharmacies;

 There is oral morphine pills (tablet) in less than 50% pharmacies;

 Don't know

41. Do you have an algorithm scheme for using the analgesics in cancer patients? Yes No Don’t Know

42. Can family /general medical doctor prescribe opioids? Yes No Don’t Know

43. Do you have any legislation for DNR (Do not resutitate)? Yes No Don’t Know

44. Is cancer treatment free of charge in your country? Yes No Don’t Know

45. What is the major source of funding for cancer treatment? (You can rank an order as 1 the largest, 2 next largest, etc)

 General government revenues  Health insurance (public) Health insurance (private)

 International Donors  Out of pocket  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_

 Don’t Know

46. Do you have centers and manpower for cancer treatment in your country? Yes No Don’t Know

**If NO or DON’T KNOW please go to NEXT question**

 i. **IF YES** Please indicate the number of centers and physicians also whether the situation for cancer treatment infrastructure is “sufficient (Available and affordable for the majority of the patients), insufficient (not available or not affordable for the majority of the patients)” in your country.

|  |  |  |
| --- | --- | --- |
| **Device** | **Quantity** |  |
| Territory Cancer Hospitals |  |  Sufficient Insufficient Don’t Know |
| Secondary Cancer Hospitals |  |  Sufficient Insufficient Don’t Know |
| Medical Oncologists |  |  Sufficient Insufficient Don’t Know |
| Radiation oncologists |  |  Sufficient Insufficient Don’t Know |
| Gyno-oncologists |  |  Sufficient Insufficient Don’t Know |
| Ped. Haematologists |  |  Sufficient Insufficient Don’t Know |
| Ped. Oncologists |  |  Sufficient Insufficient Don’t Know |
| Pathologists |  |  Sufficient Insufficient Don’t Know |
| General Surgeon |  |  Sufficient Insufficient Don’t Know |
| Onco-surgeon |  |  Sufficient Insufficient Don’t Know |
| Anaesthetists |  |  Sufficient Insufficient Don’t Know |

47. Do you have radiotherapy treatment centres? Yes No Don’t Know

**If NO or DON’T KNOW please go to NEXT question**

 i. **IF YES** Please indicate the number of devices , the number of centers that contains these devices and whether the situation for radiotherapy treatment infrastructure is “sufficient (Available and affordable for the majority of the patients), insufficient (not available or not affordable for the majority of the patients)” in your country

|  |  |  |  |
| --- | --- | --- | --- |
| **Device** | **No of Devices** | **No of Centers** |  |
| LINAC |  |  |  Sufficient Insufficient Don’t Know |
| Cobalt-60 |  |  |  Sufficient Insufficient Don’t Know |
| Brachytherapy |  |  |  Sufficient Insufficient Don’t Know |
| Cyber knife |  |  |  Sufficient Insufficient Don’t Know |
| Gama knife |  |  |  Sufficient Insufficient Don’t Know |
| Tomotherapy |  |  |  Sufficient Insufficient Don’t Know |
| Conventional simulator |  |  |  Sufficient Insufficient Don’t Know |
| CT simulator |  |  |  Sufficient Insufficient Don’t Know |
| PET CT |  |  |  Sufficient Insufficient Don’t Know |

48. Do you have treatment centres which offer chemotherapy? Yes No Don’t Know

**If NO or DON’T KNOW please go to NEXT question**

 i. **IF YES** Please indicate:

The number of chemotherapy units:………………… Don’t Know

The number of centers that contains these units:……………….. Don’t Know

Describe the availability of chemotherapy in the Public Health Sector:

 Sufficient (Available and affordable for the majority of the patients)

 Insufficient (Medication not available or not affordable for the majority of the patients)

 Don’t know

**VI. INTERNATIONAL ASPECTS**

49. Do you have patient advocacy groups working in especially cancer? Yes No Don’t Know

50. Please indicate what OIC countries can do for cancer control in your country?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

51. Please indicate what your country can do for OIC countries in cancer control?

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**THANK YOU FOR YOUR COOPERATION**