Implementation of Comprehensive National Cancer Control Program in Iran: an experience in a developing country

In Iran, cancer, which is ranked third to cardiovascular diseases and car accidents for mortality, accounted for 30 000 of the 300 000 deaths in 2003 [1]. More than 70 000 new cases of cancer have being occurring annually [2]. The
World Health Assembly passed a resolution in May 2005 recommending that all governments create and implement cancer control plans [3], the International Atomic Energy Agency has instituted a multi-partner program of action for cancer treatment [4], and the USA Institute of Medicine has recently published a report on cancer control programs in low- to middle-income countries [5].

A National Cancer Registry was commenced in 2004, and data became available by 2006. In Iran in 2006, cancer services were overwhelmed and most patients who went to a facility, capable of providing care, had advanced diseases, with no specific record of diagnosis, or a national protocol for treatments, and palliative therapy. Therefore, a Comprehensive National Cancer Control Program (CNCCP) was designed [6] and was approved by the Nutrition and Health Group of the Academy of Medical Sciences of the Islamic Republic of Iran in early 2007; Managers Council in the Ministry of Health (MOH) approved this program on January 2007. The plan implemented multi-dimensional approaches to cancer, including prevention, early diagnosis, effective treatment, and palliative care programs, which are integral parts of preventing cancer and providing an appropriate care for cancer patients. Such approaches need to be considered in developing countries such as Iran, which have a rapid increase in aging population and are being exposed to several new risk factors that are being increasingly introduced to these countries as a result of changing lifestyles.

Six strategies were selected for implementing this program: establishing the infrastructure, gaining political and financial support for planning and execution, using the data and research in the field of cancer to plan and eventually amend the program, and establishing joint cooperation with the offices, bureaus, and other centers of the MOH with the other governmental ministries and public institutes for planning and executing the program.

The target population in this program is not limited to any particular class, age, sex, ethnic, or racial groups. Since many common carcinogens could be risk factors for other noncommunicable diseases, it has been necessary to have a coalition between the CNCCP and other programs of MOH and also other governmental ministries and related organizations which has been started. National Technical Committees will define the policies. An Academic Executive Committee of each of 30 provinces is responsible for executing this program in the medical universities under the supervision of the dean of each university. The committee also selects one of the academic members of the university to be responsible for implementation of this program in that province. This program has been started in five provinces as a pilot project from March 2007.

Continuous negotiations with health policy makers and efforts to increase the public awareness through mass media, of cancer as a health priority, and the importance of cancer prevention, were the basic approaches to implement this program. It has been essential to establish cooperation between different governmental, nongovernmental, financial, and health policy makers who have common goals for decreasing the burden of this disease on the community. It is planned that later the focus will be on early diagnosis, correct treatment, cancer pain relief, and other aspects of cancer care. A national plan for palliative care is being developed.

During the first year, the following activities have taken place designing and planning public awareness by naming a National Cancer Week Campaign (4–12 February 2007), formation of a National Committee for Palliative Care and Pain Control of Cancer Patients as the first priority of CNCCP, capacity building in the area of human training in this issue, and setting up pilot studies for feasibility of screening and early detection for breast cancer, colorectal cancer, prostate cancer, and bladder cancer in selected provinces. A comprehensive strategy including banning of tobacco advertising and sponsorship, tax increases on tobacco products, and smoking cessation program has been formulated.

The main conflicts and complaints about this program in Iran concern the fact that the effect of primary prevention will be limited to certain types of cancers, and no matter how successful it may be, the benefits will accrue over a long period of time (15–20 years); many politicians do not like to involve themselves in the prolonged and arduous task.

Because of many different factors such as financial, human resources, technical, knowledge of the target population, difference in the epidemiology [7], and effectiveness of the established (standard) methods, mass screening for certain types of cancer (i.e. mammographic screening for breast cancer [8]) were not recommended at the present time and we need to propose a different method according to conditions in, and resources of, our society.

We are aware of many problems: the financial burden of different types of treatment, the advanced stage at presentation of cancer patients, inadequate medical staff training for diagnosis, treatment, palliative care, and psychological care of cancer patients [9]. We need to support development of local clinical trials to provide the evidence for the next 5–10 years in the area of cancer treatment and use existing experts consensus for patient treatment at the present time.

We recognize that we may need to establish an independent National Cancer Center (NCC) (with strong financial support and legal support). We also recognize the necessity of coordination of all efforts for prevention, education, diagnosis, treatment including palliative care, and research for cancer. There is need for further cooperation and partnership between NCC and all the medical schools’ academic staff, research centers, family physicians in the villages, nongovernmental organizations and scientific societies in the field of cancer, who could have an important role in helping to develop, establish, and improve the strategies for CNCCP. Clearly, we must make maximum use of Web-based systems for communication, education, and collaboration between organizations. At the same time, training and capacity building through international collaboration is an urgent priority. We need to develop a system for financial support for all aspects of cancer care.

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references


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