

Political determinants of cancer health

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National cancer control plans (NCCPs) play a critical role in global cancer control. In 2018, the NCCP Global Review Consortium showed that countries with NCCPs intervened on a larger proportion of cancer control elements than countries that only had non-communicable disease plans.¹ A 2024 review of global NCCPs by the same consortium found that since 2018, 72 additional NCCPs were launched.² However, the 2024 study found persistent need for improvement in many NCCPs' evidence bases, integration of cost analyses, and involvement of public opinion and multidisciplinary stakeholders. We write to draw attention to the need to study and engage the political determinants of cancer health in the initiation, design, and implementation of NCCPs.

Politics and health are deeply intertwined, such as in the rollout of universal health coverage across countries.³ The political determinants of health can be understood as "the systematic process of structuring relationships, distributing resources, and administering power, operating simultaneously in ways that mutually reinforce or influence one another to shape opportunities that either advance health equity or exacerbate health inequities."^{4,5} These determinants influence health through political interests, ideas, and institutions.^{3,4}

In the context of cancer, political interests of actors in positions of power can lead to the development of NCCPs; the 2019 Philippine National Integrated Cancer Control Act, passed into law in large part due to mobilization of patient advocate efforts, is one such example.⁶ Politics of ideas influence NCCPs through the inclusion (or lack thereof) of diverse stakeholders such as patients and patient advocates in NCCP design.⁴ Political institutions—the "rules of the game"—represent the sociopolitical contexts in which NCCPs are initiated, including national health financing schemes.⁴

Examples abound. In Brazil, political support for cancer control dates at least to the 1920s, and led to the establishment of the Instituto Nacional de Cancer in Rio de Janeiro in 1937.⁷ More recently, under the United Health System (Sistema Único de Saúde—SUS, established in 1990), the 2013 National Policy for Cancer Prevention and Control reinvigorated support for comprehensive cancer care.⁷

The European Union's Beating Cancer Plan, launched by the European Commission in February 2021, is expressly "a political commitment to leave no stone unturned to take action against cancer," addressing the entire cancer continuum from prevention to survivorship.⁸ By mobilizing €4 billion, the plan aims to reduce cancer incidence and mortality across the European Union.⁸ This political commitment underscores the critical role of governmental action in shaping population-level cancer outcomes.

Perhaps more critically, political determinants influence the implementation of NCCPs.⁴ Political interests of the tobacco industry can hinder implementation of tobacco mitigation efforts, even if these efforts are mandated by many NCCPs.⁹ Political interests can also be leveraged to promote government funding for patient-centric interventions such as breast cancer screening campaigns, such as those of the ICanServe Foundation in the Philippines.¹⁰ The politics of ideas can affect research funding allocation in the context of NCCP rollout. In the Philippines, the National Cancer Research Agenda sought to diversify stakeholders in its design, including civic and professional organizations such as CARE Ph and CerviQ.¹¹ Political institutional support for cancer control in Brazil led to the launch of the National Program of Smoking Control in 1986, fostered the National Coordination of Tobacco Control and Primary Cancer Prevention plan in 1996, and facilitated updated smoking



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cessation guidelines by the Instituto Nacional de Câncer in 2020.⁷

The integration of NCCPs in many national health agendas is encouraging. However, to match the growing global burden of cancer, NCCPs must be understood in the political contexts in which they are embedded. In leveraging the political determinants of health, NCCPs may be translated into tangible and patient-centric change.

Contributors

ECD and EJGF conceptualized the manuscript. ECD and EJGF wrote the original draft. All authors provided critical review, content input, and editing. ECD and EJGF have final responsibility for the decision to submit the study for publication.

Declaration of interests

The authors have no conflicts-of-interest to declare.

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