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Better to light a flamethrower, than curse the darkness

The future of cancer control stands at a crossroads. The COVID-19 pandemic has ruthlessly exposed the weakness of health and cancer control systems across the world, irrespective of economic development. Evidence is mounting that delays to diagnosis and treatment will have huge impacts on cancer outcomes. The consequences of welfare (economic) declines will be felt by cancer patients and their families for probably a decade. The fundamental question is whether this pandemic will be a springboard for progressive universalism in cancer control, or whether we will witness inequalities grow ever wider. Over the next few months our JCP editorials will examine the state of global cancer policy making through the lived experiences of our authors and global faculty. We will draw on wider articles that we feel are important. Dissent will not just be tolerated; it will be encouraged. If this contradicts the prevailing dogma, so be it. *Sometimes it is better to light a flamethrower, than curse the darkness.*

2020 saw a masterful series of articles from the New Zealand cancer community led by Diana Sarfati and Chris Jackson laying the foundations for what would emerge later in the year as the country's first cancer agency. The details are unique to New Zealand, but the process is one many a country could learn from. In particular, the remarkable *Te Tiriti o Waitangi* (Māori text) has been woven into cancer control planning giving a central voice to NZ indigenous culture [1]. A lesson that many other countries with indigenous cultures have yet to learn.

Bob Thomas and Australian colleagues reinforced the central importance of health systems research for cancer policy with their work on Optimal Care Pathways. This extended the traditional definition of care pathways by incorporating core principles and addressing the entire pathway from prevention to survivorship and end of life [2]. Ellen Nolte's team at London School of Hygiene and Tropical Medicine broke new ground with their study on a conceptual ('logic') model that visualises cancer pathways across the entire patient journey through cancer care services, identifying key factors that might be amenable to system-level interventions to enhance cancer outcomes [3]. Not to be left behind the global childhood cancer community also produced valuable policy research in 2020. Avram Denburg and colleagues described how health systems and socio-political contexts intersect with and impact the performance of childhood cancer care in low- and middle-income countries (LMICs), using a new systems-level framework: The Paediatric Oncology System Integration Tool (POSIT) [4]. The importance of these types of health systems evidence for informing National Cancer Control Planning (NCCP) was brought into sharp relief by an excellent study led by Veronica Manduku which found an uneven evidence base across Kenya [5].

One of the most significant deficits in the evidence base to inform NCCP has been in cancer economics, and indeed the wider political

economy of cancer. 2020 saw a welcome increase in economic studies in JCP from major countries, such as Iran [6], Brazil [7] and China [8] that have witnessed very different cancer transitions. What all these studies had in common was their importance for informing national planning to achieve universal health coverage for cancer. The study from Brazil also reflected the reality of inequality with only 14 % of new lung cancer pharmaceuticals available in the public sector. A team from Mount Sinai in USA estimated from Medicare data that some 6 % of US oncology costs were due to avoidable hospitalisations [9].

The relevance of a legal perspective in cancer policy was brought into sharp focus by Grazia Scocca and Françoise Meunier as they discussed the discrimination against cancer patients in their work on the Right to be Forgotten [10]. In the same vein an Italian team also reflected on the significant legal consequences of changing practices and protocols due to COVID-19 [11]. Regulation and legislation is one of the most understudied aspects of global cancer policy with very few examples like the McCabe Centre for Law and Cancer, that focus on this crucial domain.

The importance of policy directed at frontline health care workers faced with cancer patients was also a significant theme of 2020 with work in Niger from Aissami Abdou and colleagues on breast cancer awareness for midwives [12], a major time-motion study in Assam, India on NCD screening programs for cancer [13] and reflections from Saleh Alessy and Shaymaa AlWaheidi on progress around screening in Saudi Arabia [14].

From New Zealand to Niger what all this work in 2020 from JCP authors reflects is a growing sense of the importance of locally owned policy research that matters to cancer patients. In forthcoming editorials, we will reflect more deeply on the implications of much of this work, and what this means in the context of progressive universalism for cancer control and care.

Declaration of Competing Interest

None.

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