

CHINA

Overview: National Cancer Control Plan

Cancer represents 20% of all deaths and is, at present, the leading cause of death in urban populations. Mortalities from cancers of the liver, stomach and esophagus have remained high. Meanwhile, those due to cancers of the lung, colon, rectum, and breast have also noticeably risen. This means that cancers commonly seen in both developing and developed countries would co-exist at high incidence levels in China. This circumstance makes cancer control much more difficult. Of special note is that the rising cancer mortality rate was more marked in the countryside than in the cities. Moreover, high-incidence areas tend to not only be rural but also located in the western part of the country.

China has a Programme of Cancer Prevention and Control, which was stipulated in the Seventh 5-year plan (1986-2000). Traditionally there has been excessive reliance on treatment-oriented approaches, neglecting prevention strategies. Alarmed by rising cancer trends, the department for disease control of the Ministry of Health initiated the planning process in 2002 for cancer control programme (2004-2010). A core team was in charge of developing the plan in close coordination with the prevention and control of other non-communicable diseases. The major difficulty during the planning phase was to agree on the objectives and priorities of the plan. Finally, the most relevant and feasible ones were selected. In June 2003, the plan was published on the web for comments from the public. Meanwhile suggestions were collected from more than 60 experts nationwide via mail. In August 2003, the final draft was approved in a consensus meeting that brought together relevant leaders of the Ministry of Health and other experts.

The Programme of Cancer Prevention and Control in China (2004-2010) was launched in 2003. The aims of the programme are to implement health policies; integrate cancer control with the prevention and treatment of other diseases; focus on rural regions and high cancer incidence areas; and emphasize the government's leading role and participation of society.

The priorities of the plan include: prevention (e.g. tobacco control, hepatitis B vaccination, control of occupational risk factors); early detection and treatment of major cancer types (uterine cervix, breast, stomach, liver, nasopharynx, colon and rectum); rehabilitation and palliative care; and expansion of cancer registries. The major problem encountered in implementation is insufficient funding to carry out the biennial action plan, which mainly focuses on early detection and a public education campaign; however there are ongoing efforts to identify further funding to support the activities.

Additional information on the National Cancer Control Plan can be obtained from the Ministry of Health (2003). Programme of Cancer Prevention and Control in China (2004-2010), (Disease control document 352), and accessed in Chinese at:

http://www.chinacancernet.org.cn/links/jkfw_detail.asp?smallclassid=2&id=4

The following information was provided in a questionnaire (February 2006) by:

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1. Is it a new plan or is it an updated one? When was the previous plan published and who did it?

This plan is a new plan. It was published in December 25, 2003 by Ministry of Health (MoH) People's Republic of China.

THE FOLLOWING QUESTIONS REFER TO THE PRESENT PLAN:

2. When did you start the planning process? Who decided to do the plan and why?

We started the planning process in 2002. Since the 1970s, cancer and mortality rates in China have been steadily increasing. Cancer was the leading cause of death in the urban population in China. The Department of Disease Control, MoH has decided to draft the plan.

3. What steps did you take to do the plan and how long did each step take?

At first, we collected much background material and drafted the framework of the plan. Then we asked some famous experts to write the plan. We invited some other experts to discuss the plan and amend the plan; finally, the MoH published the plan. The whole process took one and a half years.

4. Who were the persons involved in each step of the process?

There were many persons involved in whole process, Mrs. Peng Yu, Dr Dong Zhiwei, Dr Qiao Youlin, Dr Chen Yude, Dr Wang Runtian and I were the core persons of this team.

5. How the plan was done, what resources were used in each step, and what were the results?

We used many documents for information and human resources from academic institutions and NGOs during the draft of plan, it was very effective.

6. When the plan was officially launched? Who and how was the plan disseminated?

The plan was launched in 2003. The MoH issued document to every province at first, then during the "anti-cancer popularize week", we disseminated the plan to media and the public.

7. What problems were encountered in the planning process? How were they dealt with?

The biggest problem we encountered was how to reach the consensus of the main goals and outcomes of the plan. Finally we choose the most important executable outcomes.

8. What were the lessons learned from the planning process?

How to choose the most important outcome and how to translate the knowledge into executable action?

9. What are the priorities, main goals, and objectives of the plan?

The priorities are eight cancers (cancer of lung, liver, stomach, esophagus, colon and rectum, breast, uterine cervix, and nasopharynx).

The main goals are:

1. To establish a system and coordinating mechanism of cancer prevention and treatment sponsored by the government leadership, multi-sectoral cooperation, and joint participation of societal organizations.
2. To implement and perfect the cancer control network, including the professional quality of its working staff, so as to improve the overall prospects for cancer prevention and treatment.
3. To promote widespread public education programs on cancer prevention and treatment, to further health education in general, and to conduct behavioral and other interventions that increase the public awareness and understanding of cancer prevention and control.
4. To give particular emphasis to pertinent information system, surveillance and control of risk factors.
5. To intensify efforts as to the prevention and treatment of major types of cancer in high-incidence rural and urban hotspots so as to create conditions for reducing cancer incidence and mortality at length.

The objectives are:

1. To perfect the system for registration of cancer-related information and to establish a unified cancer data bank.
2. To effectively educate the public about the major risk factors of cancer, attaining a 50% level of awareness.
3. To institute effective preventive measure, especially for the control of tobacco consumption or smoking, prevention of hepatitis B viral infection, nutritional approaches to prevent cancer, decreasing occupational hazards, etc.
4. To develop the plan of early detection, early diagnosis and early treatment of some major types of cancer and to organize its implementation.
5. To set up in high-incidence rural and urban areas demonstrational sites of early detection, early diagnosis, and early treatment of some major cancers, and raise the rate of early cancer diagnosis up to 50% above level to date.

6. To revise and implement the guidelines for clinical diagnosis and treatment of major cancers; to popularize palliative treatment and 3-step analgesia programme; and to actively promote rehabilitation.

10. Is monitoring and evaluation included in the plan? Briefly describe

Evaluation was included in the plan. Intermediate and final evaluations will be undertaken in 2007 and 2010 respectively. The results of the inspection are to be submitted to those departments or entities concerned with cancer prevention and control.

11. What are the resources allocated to carry out the implementation of the plan?

The government is the main financial resource, complemented with funds from multiple sources.

12. Has the plan been implemented? When did the implementation phase start?

Yes, from 2004.

13. What has been implemented so far, when and where?

During 2004-2006, we have established plan of early detection, early diagnosis and early treatment for cancer cervix, nasopharynx, colon and rectum, breast and stomach; expand the registration of cancer-related information; compilation of an “Anticancer Manual”, Guide of Screening and Early Detection of the Common Cancer in China” and “Outline of Anticancer Public Information Campaign”; carry out the third national mortality retrospective survey, etc.

14. What problems have you encountered during the implementation phase?

The fund is not enough.

15. What are the lessons learned from the implementation phase so far?

At first, we should confirm the goals, then according to the goals, take action to implement the plan and make annual inspections of the work.

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