

PAKISTAN

Overview: National Cancer Control Plan

Although nationally representative data for Pakistan are lacking, data from the Karachi Cancer Registry indicate that cancer has been on the rise. Among males, lung cancer was the most frequently recorded malignancy, followed by cancer of the oral cavity and cancer of larynx. Breast was the most common cancer site in females, followed by cancers of the oral cavity and ovaries. Karachi reports one of the highest incidences of breast cancer for any Asian population. 40% men and 20% women use tobacco in one form or the other. Exposure to tobacco and other environmental carcinogens is high and infrastructure and human resources for developing cancer prevention, early detection, diagnosis, treatment and palliative care are limited, and in most cases, are not accessible.

A comprehensive cancer control strategy was not there till recently. Existing and previous efforts relating to cancer prevention and control in Pakistan have largely focused on cancer registration and the setting up of cancer registries. There are presently no comprehensive health education initiatives focused on cancer prevention and control. The only effort at the national level has been by the National Programme for Family Planning and Primary Health Care/Health Education Department involving 100 television spots which drew public attention to the early warning signs of cancer. However, this is not a sustainable activity. Cancer associations and societies have also been involved in ad hoc efforts to develop patient information materials in selected hospitals; these efforts remain isolated without recognizable impact.

The WHO Cancer Coordinator for Pakistan has developed the National Cancer Control Council. The Council's mandate is to facilitate the inclusion of all stakeholders in a consultative process, facilitate the development of consensus on technical matters and to uphold ethical values. The national cancer plan is a **new plan** which was started in 2002 together with all the other non communicable diseases (NCDs) as National Action Plan for the Prevention and Control of Non-Communicable Diseases and Health Promotion in Pakistan.

National Action Plan for cancer control includes up-gradation and consolidation of cancer registration, build capacity of health systems, prioritize pain relief and palliative care alongside prevention and control efforts, and build a network of organizations at the national, provincial and local levels. A comprehensive NCD behavioral communication strategy is planned including preventions of cancers and early detection prominently. Cancer prevention and control have evolved as two broad categories – mitigating exposure to risk and early detection or screening as they relate to individual cancers.

Additional information on the National Action Plan for the Prevention and Control of Non-Communicable Diseases and Health Promotion in Pakistan can be accessed at: <http://heartfile.org/napdoc.htm>

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1. Pakistan has started an NCD national planning in which cancer is included. Did you have another national cancer plan before or this is the first time?

This is basically a new plan which was started in 2002. The first biennium was from 2002-2003 it is going on since then. It was started with all the other NCDs that are included in the plan.

2. Can you please explain if you were involved in the planning process?

The plan was basically made by WHO and submitted to the government of Pakistan. They approved the plan and nominated me as coordinator. The plan was already finalized.

3. So you never had any participation in the development of the plan. You were not consulted?

I was one of several people consulted by WHO so I had some input in the planning process.

4. How do you view this planning process, were you happy with it or do you have any opinion to change something in the planning process itself

I have 4 provincial coordinators under me. The government of Pakistan also called health officials and several advisers and consultants. We sit together, discuss and prepare the plan for the biennium. The problem is that of funds. So all the things we plan cannot be funded. The funds only come from WHO. The Government of Pakistan does not contribute any funds. They have more important priorities like HIV/AIDS and other infectious diseases. Therefore we have to cut down the plan drastically to fit the funds immediately available.

5. What are the current priorities of the plan that you have?

Control of hepatitis is a very much higher priority.

6. That is a major preventive measure for cancer control. What about the priorities in the cancer plan?

We gave them a list of top 10 cancers that we need to address. Because of the funds problems they allowed us to select 4. We selected cancer of the breast, cancer of the cervix, rectal and prostate. We were able to address these in the last biennium. We developed protocols for screening people and for making the public aware of what causes these 4 cancers and what steps needed for early detection so that treatment can commence. The training of paramedical staff was possible only in only two, that of cancer of breast and cancer of the cervix. Again that is because of the funding situation. In this current biennium which started from 1 January, we have been given funds for implementing these recommendations and starting a pilot project to screen either two or four of these cancers at the district level.

7. Who is providing the funds?

Funds are entirely from WHO Pakistan country Office. The government does not provide any funds. They do allow us to utilize services of government staff, government hospitals but they are working over and above their duties in the government hospitals. They do not get extra remuneration, so it is an extra burden on the health care providers.

8. What about palliative care, or prevention, or tobacco control?

We have not reached the stage of palliative care yet. These two years we will be working to implement the screening programme in pilot districts, we are in the planning process of this now. We think we will select one district from each of the 4 provinces in addition Islamabad the federal area which will be 5 districts. Out of these 5 we intend to implement the screening programme for early detection.

9. When you say screening, what kind of methods are you going to use?

Well, lets take the breast cancer screening we will be first of all developing pamphlets and booklets for distribution in the colleges and schools regarding self examination. We will be training paramedical staff how to carry out the self examination and they will do this practically in several designated women's groups. The second thing would be to start implementation according to the screening recommendations, to start mammography in 5 designated hospitals. By and large we will be implementing the self examination method and distributing pamphlets and a public campaign to bring about awareness of breast cancer. So that women are aware of lumps in their breasts. The mammography will be on a very small scale. These will be done in government hospitals and only for research and data purposes. We are not going to implement it on a mass scale.

10. How are going to deal with women who need to be referred to specialized clinics for finalizing the diagnostic procedures and for having the treatment if they are diagnosed with cancer. How are you organizing all those services? Do you have the funding to do that? Do you have specialized doctors and nurses to carry out the work?

We are going to use 5 hospitals, one in Islamabad and one each in each the provincial capitals. In these hospitals there are already well functioning maternity and child health units and

gynaecology units. What we are foreseeing at this time is that their screening process will start by self examination or by a paramedical staff. This will be taking place in rural or health peripheral health unit. We are going to device a form and a method for these paramedical staff to refer suspicious cases to the 5 designated hospitals. So that they enter the stream of the gynaecology departments of the 5 hospitals.

11. Which is the age group you are focussing on the breast cancer for example?

Mostly over 45 years. In those cases where, there is family history of breast cancer, the age group will be reduced to around 35 or 40. For example, a woman had breast cancer then sisters, daughters or senior relatives of that patient will be put through to screening process at an earlier age.

12. What is the outcome that you would like from this plan for this biennium?

In fact in 2002-2003 last biennium we had two objectives, which we are carrying forward the first was to set up 5 tumour registries and other was screening. And in this biennium we have given equipment to all these 5 centres like computers, printers etc to registries.

13. Do you have mortality statistics in Pakistan? Or you have only to rely on registries

We have to rely on registries. There is no cancer mortality statistics. We are setting hospital based registries at the 5 hospitals in the districts that we have selected to carry out early detections programmes. And we have already started the process of feeding data into these 5 registries and the very early process of trying to analyse the available data to see what are the common cancers, over the age groups and male and female distribution and so on. However we are not as yet planning on a population based registry because that's a huge undertaking. It will be hospital based to begin with.

14. So you will be able to monitor and evaluate?

Yes, we will be able to monitor data input into the 5 registries and to evaluate and analyse it to make it more useful and meaningful.

15. Do you have some plans for palliative care as well?

We are going to have a conference in the next three or four weeks to deliberate on the current biennium and to see what all we can do in this biennium besides the pilot projects in the 5 districts. Palliative care is left more to the clinicians. It would not be possible to touch palliative care in this biennium. In the next biennium (2008-2009) we can start on palliative care and the second project would be to device uniform protocols for treatment of various cancers.

16. WHO has a strong policy to promote palliative care especially in low resource settings where over 80% of all cancer patients are diagnosed in late stages for humanitarian need. There are low cost public health approaches to implement that kind of programmes. That's why my question is directed to that. I suppose in Pakistan almost 80% patients are diagnosed in very late stages. So in the first few years the biggest needs in your population will be the needs of palliative care?

In fact in all these 5 hospitals and in fact throughout Pakistan in all hospitals they have a very strong bias towards palliative care for cancer patients. Only recently we were able to get oral morphine for pain treatment in advanced cancer cases. This was not possible before this year because the government had such stringent policies for use of morphine. We were able to get that only through designated institutions to import morphine for use in palliative care settings. It should be based in each of these hospitals directly. That was a positive thing that we were able to achieve.

17. What about prevention - How you are tackling prevention?

We will be starting a public awareness campaign about the means that will prevent cancer. That includes i) control of smoking in relation to lung cancer, ii) safe blood transfusion and iii) universal vaccination of new born infants against hepatitis B. In our country where blood products are not screened properly we end up having a huge burden of hepatitis C and B positive cases.

18. We can know coverage you have in vaccination of hepatitis B in children?

We have just started from last year universal coverage of all infants born in government hospitals against hepatitis B. Because WHO has made funds available for this campaign. Now we want to expand it to become a universal practice.

19. Who is responsible for this NCD plan? Is it too separated from the MOH which has the 5 year plan?

The NCD plan is in coordination with the MOH and WHO. Any of these projects including the NCD project that is contemplated is submitted to the ministry for approval before we can implement or before WHO can release the funds for that item.

20. What are you planning to do with prostate cancer?

That has been dropped because of the lack of funds. The medical support is shifting very positively towards women issues and because of that, both cancer of the cervix and breast are well supported.

21. Which is the most important one among the two?

Breast is one of the most frequent one. But in gynaecological cancers, I would say it is cancer of the ovaries. But as prevention and screening of ovarian cancer is more difficult than that of cervix. For this reason, cancer cervix is included in our programmes for screening and prevention.

22. When you talk of the screening of cancer of the cervix, which is the method we are talking about?

We are basically talking about visual inspection method and pap smear.

23. And Pap smear is possible to implement in Pakistan?

Only at designated government hospitals. Any woman in the rural health centre seen by the paramedical staff with unusual bleeding or symptoms will be referred to one of these five hospitals. We have set up screening centres for cervical and breast cancer at all the 5 hospitals. It will be implemented in these pilot areas.

24. When was the implementation of cancer initiatives started?

It is very recent. It started in 2002.

25. In these 4 years, what are the lessons you have learnt in this implementation?

What we have learnt is that we need to have in larger numbers, more motivated and dedicated staff for this project. We are not able to do that because of the lack of resources. We need to have more funds to: i) train more paramedical staff, ii) train media persons for the media campaign, iii) train epidemiologists and public health officials for getting the project forward.

We tried to involve commercial organization in this project. But that has not been success. The public perception of cancer as a problem which cannot be cured, needs to be changed

26. Is someone trying to work in that direction? Do you have someone to help in that?

In the current biennium we have some funding for public messages in newspapers. We trying to involve the media by emphasizing the fact that cancer is a problem which can be helped and in some cases prevented by a determination on the part of the public, the health professionals and the media.

27. How many people work with you in your present position?

We have 4 provincial coordinators. We have nominated provincial coordinators in each province who head the cancer in each province in this project. I am at the national level.

28. Are you the only one at the national level or are there other people with you?

No, this is a problem, because we do not have funds to pay salaries for people. Therefore I ask people who have worked with me in the department to come forward and help me and they are doing that over and above their official duties in the hospitals. Also I have a few public health officials who have worked with me in the province.

That is the way we usually work. Usually we have very little resources but supported by the network. That network is usually working with you on a voluntary basis. The huge burden of the work is done by the head of the cancer control programme. And you have to rely a lot on the network for support but that network has to be motivated and encouraged to move ahead with the project.

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