

## The Problem with Cancer

There are no face masks against cancer. No trail of cases to hunt down, no one set of symptoms, no media blitz, no ready cure. Early warning systems, however fine-tuned and high-tech, are no match for this disease, which affects 12 million more people each year and kills nearly 8 million.

The problem with cancer, as with all chronic diseases in the global pandemic, is that it challenges all of us—individuals, professionals, health systems, governments and societies at large—to make fundamental changes. Why? Because at the heart of cancer prevention and control, repeated in forum after forum, is achieving healthier living. And for a world in which poorer countries and people will soon account for three-fourths of cancer deaths, the heart of the matter is also achieving healthier living *for all*.

This issue of *MEDICC Review* focuses on the difficult path to change chosen by one country, faced as the world is with a rising cancer burden and death toll.

In Cuba's case, the impetus for change emerged from the findings and recommendations of health professionals in the cancer field, which pointed to an evident systemic failure among so many other successes (*Trends in Cuba's Cancer Incidence and Mortality*). The problem of cancer prevention and control in Cuba was summed up as fragmentation of initiatives, gaps between research results and their application in policy and practice, and lack of significant involvement by actors outside the health sector—in education, culture, social sciences, commerce, agriculture and sports, to name a few.

The result was the creation in 2006 of the National Cancer Control Unit at the helm of a reorganized, single Comprehensive Cancer Control Program extending from the national level to provinces and municipalities, and into the community-based polyclinics (*Changing the Paradigm of Cancer Control in Cuba*).

While the Unit centralizes coordination of cancer efforts, its virtual networks and decentralized structure are designed to harness local energies for local solutions, facilitate more inclusive decision-making and transformation, and generate a stronger and more relevant evidence base for strategy changes. We publish several thoughtful, polemical articles resulting from the process thus far, among them *Alleviating Cancer Patients' Suffering: Whose Responsibility Is It?* and *Transforming Cancer Indicators Begs Bold New Strategies from Biotechnology*.

In the fight against cancer, the level of biotech development and the collaborative approach it exemplifies are undoubtedly advantages for Cuba that are already yielding promising outcomes (*Clinical Experience with Nimotuzumab in Cuban Pediatric Patients with Brain Tumors*).

Other noteworthy pluses for Cuba in pursuing cancer prevention and control are its universal public health system, with a strong primary care component, and a social justice policy framework, which have actively mitigated health disparities.

### Cancer challenges all of us to make fundamental changes

Scientific development of oncology, immunology, genetics and related fields, along with organized health services, also lend themselves to expanding the evidence base for effective treatment, best practices and uniform standards of care (*FOLFOX-4 Regimen as a First-line Therapy for Cuban Patients with Metastatic Colorectal Cancer*). Finally, the population's high educational level and recent grassroots initiatives suggest untapped potential for public participation in a more holistic focus for these efforts, beginning with cancer survivors themselves (*Coming Back to Life: Voices from Breast Cancer Support Groups in Cuba*).

Yet, the problem of cancer is complex, and the challenge of change great. In Cuba, this means confronting some hard facts: smoking prevalence is among the highest in the Americas, at the same time that cigarette smoking has been identified as the most important preventable cancer risk factor and a major contributor to other chronic diseases worldwide (*Smoking-Attributable Mortality in Cuba*); obesity and physical inactivity are both rising; the capital city of Havana accounts for 25% of cancer deaths; and hidden factors such as stress further complicate the cancer conundrum.

However, as with all low- and middle-income countries and poverty-ridden areas elsewhere, the stiffest challenge is economic. How to do the job with only a fraction of the financial resources available to wealthier nations and communities? Add to this the sobering prospects for the global economy. While equitable development may be the only long-term solution, the humanitarian and economic urgency reflected in cancer projections demands action now—action based on evidence, with little margin of error for health systems already strapped and strained. In the Global South lies the gravity, but also the opportunity to generate relevant cost-effective strategies, and the results of Cuba's comprehensive plan of action merit attention in this regard (*Targeting Cancer with the Resources at Hand*).

Of course, many countries in the developing world do not have Cuba's head start: their public health systems are understaffed, data deficient, poorly organized, and not necessarily accessible to all. These conditions plus daunting social determinants can make prescriptions for healthier living seem like a fantasy. However, effective South-South cooperation can help build better public health systems and programs (*Cuba-Guatemala Cooperation: Building Viable Models for Health*), as can regional initiatives such as the Latin American-Caribbean Alliance for Comprehensive Cancer Control.

As we close this issue, we invite you to join us for upcoming topics in the journal that have everything to do with cancer prevention and control, as we will be addressing questions such as nutrition, a gender perspective on women's health, and efforts by a number of developing countries to extend health equity in this globalized and inequitable world. 

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### The Editors