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COVID Pandemic as an Opportunity to Build Back Better Cancer Control Programs

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Introduction

To Build Back Better (BBB), it is necessary to analyze the before and the ongoing process to plan solid future actions to strengthen Cancer Control Programs (CCP). A discussion that has been gaining attention is the interaction of COVID-19 infection and non-communicable diseases in populations marked by deep patterns of social inequality, whose social and economic disparity further aggravates the effects of each disease separately, in fact configuring a syndemic [1]. This adverse scenario amplified and highlighted pre-existing failures and themes to the need for innovative initiatives [2]. Building responses from the same approaches and concepts are possibly replicating the same mistakes, strengthening what is already known, and amplifying the inequalities that reside in the absences and gaps in the action. The impact on health systems was devastating, significantly affecting health care for non-communicable diseases. According to WHO, about 42% of the countries have had their health services for cancer treatment partially or completely discontinued [3]. Both the discontinuation of treatment and the suspension of screening for new cases of cancer, combined with the economic crisis, will result in an increase in mortality rates, particularly the ones which are preventable cases [4,5].

In response to this, the European Cancer Organization prepared the document called 7-Point Plan to Address the Urgency and Build Back Better [6], among which some topics will be addressed for an innovative proposal to strengthen CCP:

Urgently Address the Cancer Backlog

It is necessary to analyze that the repressed demand has existed even before COVID-19 and increased its magnitude mainly from situations sensitive to the social determinants of health. Understanding and reformulating the lines of cancer care, from primary health care, a fundamental strategy in the case of cervical cancer, using social technologies such as Health Promotion (HP) with sensitive management arrangements planned for vulnerable groups, can transform this scenario of reconstruction.

Restore the Confidence of European Citizens and Patients in Cancer Health Services

In this case, advocacy is essential, evoking the need for more investments in public health services [7], which are being and will be essential not only in treatment, but also in health surveillance and research. This trust must be re-established by strengthening citizenship and ethical commitments guided by science and evidence-based policymaking with a focus on research and communication (anti-fake news) and allocating adequate resources on a sustainable basis for maintaining a national capacity for responding to future pandemics.

Tackle Medicines, Products and Equipment Shortages

In addition to measures such as the urgent reformulation of the manufacturing capacity and development of the economic-industrial health care complex in the country, as in Brazil [8]. Important themes need to be emphasized, such as the commercial determinates of health [9,10], wherein cancer, the lobby for new treatments without due scientific evidence fiercely compete for incorporation in national health systems, such as high-cost immunobiological drugs. Strengthening Health Technology Assessment mechanisms is essential to maintain the budgetary integrity of the public health sector.

Address Cancer Workforce Gaps Across the European Continent

There is an urgent need to promote actions to strengthen national and international technical

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cooperation for the qualification of health professionals, not only in the clinic area of health care but also in the management of health systems. Investing in multidisciplinary strategies to fortify the capacity and sensitivity of health care from different fields of knowledge is an important action to innovate the ways to reconstruct CCP. In screening strategies, from the perspective of HP, investing in local capacities with field agents, as it is the case in Brazil with community health agents who have a capacity for the dialogue and the generation of bonds between users and health services.

Employ Innovative Technologies and Solutions to Strengthen Cancer Systems and Provide Optimal Care to Cancer Patients

The criticism presented here is the capture of technologies by a concept of commodity and materiality (hard technology). To overcome the obstacles to innovation in the health and cancer agenda, a movement to humanize technologies is needed. Therefore, HP actions that necessarily depend on a soft relational technology are important to recover the construction of comprehensive health that empowers local actors and responds to the real needs of the territory. We highlight here the important movement of technological innovation (hard) in the screening from the HPV-tests that allied with strategies to maximize the opportunity for early detection such as the combined algorithm (traditional + HPV-test) from Turkey [11] and the use of self-collection observed in Argentina [12] are cost-effective arrangements for public health systems [13]. However, this arrangement of hard technologies will not be effective if soft technologies that act within the management of care lines are not implemented. They are the ones that guarantee a harmonization of communication between the points of the health care network from primary care level, immunization, secondary and diagnostic tests and tertiary care level (oncology, complex surgery) ensuring the continuity of the treatment flow. Therefore, the mutual investment among these technologies constituted a differential for the BBB strategy.

Embed Data Collection and the Rapid Deployment of Cancer Intelligence to Enhance Policy Delivery

In the era of hyper-connectivity, it is essential to build integrated care data collection strategies and clinical protocols with granular data and specific information for each level of health action. The presence of the private sector needs to be incorporated into monitoring and evaluation projects, especially when it comes to providing services to the public sector. Telemedicine has made great strides in this scenario and must be effectively incorporated into all public health strategies.

In conclusion, BBB needs an epistemological leap in the modes of clinical practice/health systems management and also in the aspects of implementing programs and policies. Strengthening not only technical but also ethical and political aspects will be essential in the implementation of innovative projects that fill the gaps evidenced by the syndemic.

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