

What is Cancer?

- Over 100 diseases with different causes and treatments
- Can arise at any age and in any organ
- With current knowledge it is possible to:
 - Prevent at least one-third of all cancers
 - Cure one-third of cancers
 - Greatly improve quality of life for those with cancer

What is Cancer Control?

- An organised approach to reducing the burden of cancer
- Recognises that cancer cannot be completely eradicated but its effects can be minimised

The Drivers

- Cancer mortality rate
- 1999 Cancer Control Workshop-
(Organised and attended by
stakeholders – pressure to develop a
cancer control strategy (Cancer Soc &
CCF fund the NZ Cancer Control
Trust)

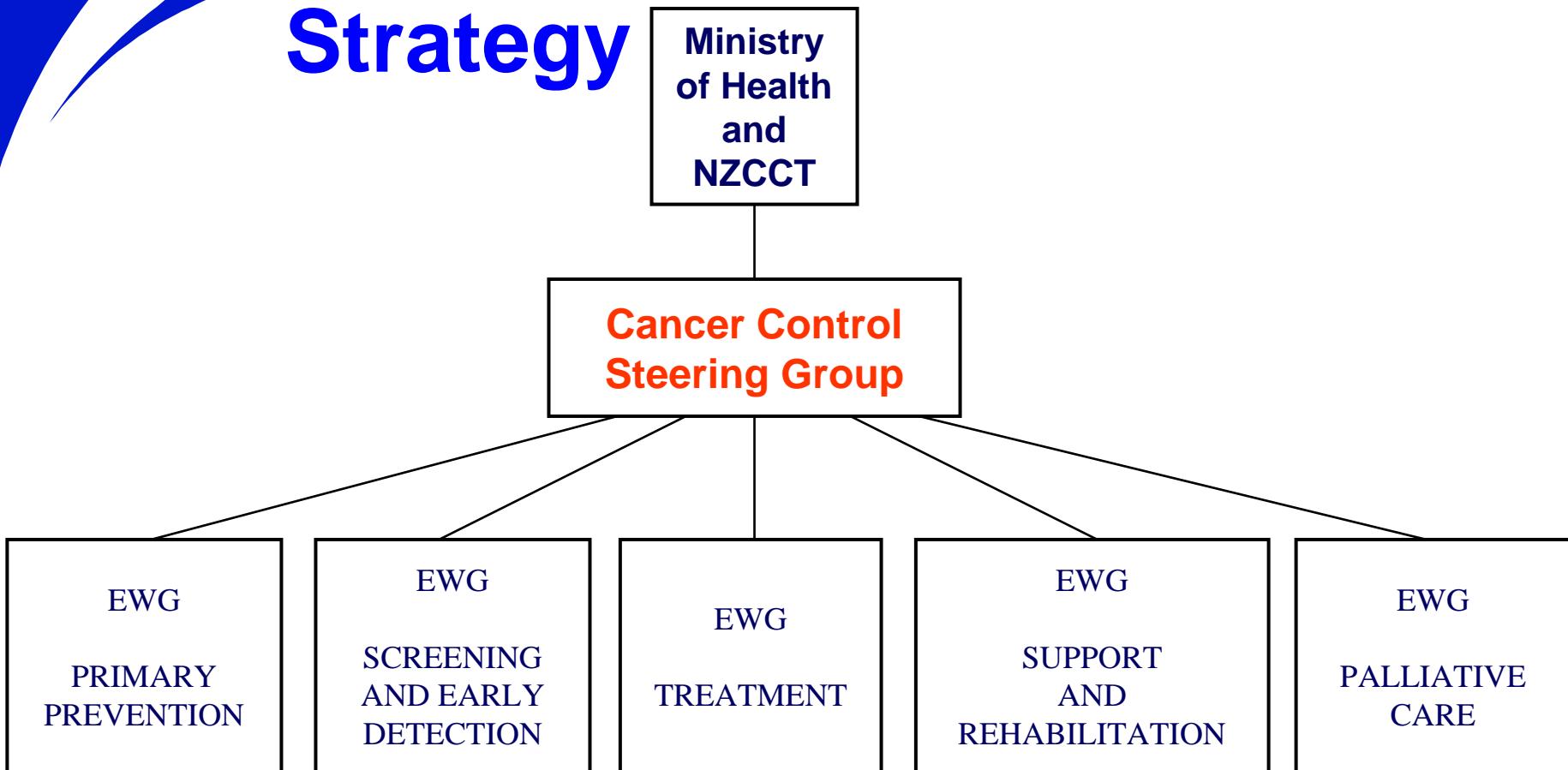
The Drivers (continued)

- 2000 NZ Health Strategy
- reducing incidence and impact of cancer, 1 of the 13 population health objectives
- Cancer Control as a strategic concept advocated by WHO since early 1990's

What a strategy will do

- Provide a framework for the control of cancer in a systematic and co-ordinated way
- Help ensure careful planning and appropriate priorities, making the best use of existing resources
- Identify responsibilities for various agencies

Development of a New Zealand Cancer Control Strategy



Process for developing the strategy

- Steering Group
- Expert Working Groups
- Work already in progress

Process (continued)

- **CANCER CONTROL STEERING GROUP**
To be a collaborative effort of the MoH and the NGO Sector (representative in part by the NZCCT and other expert members)
- Some funding for the Strategy development provided by the Trust
- **INPUT VIA 5 EXPERT WORKING GROUPS**
Prevention/Screening/Treatment/Support and Rehabilitation/Palliative Care (reconvened original group)

Input into strategy document

There are many different areas of cancer control in the MoH in progress already.

- PHD - Public Health work
 - tobacco control
 - Food, nutrition and physical activity advice
 - Breast screening
 - Skin cancer advice (Cancer Soc)
 - Safe sex advice

Input (continued)

- Screening – cervical screening/breast cancer screening
- CSD: radiation oncology
 - NZCTWP
 - Palliative Care Strategy
- NZHIS - Cancer Registry
- DHB Funding and Planning

The Goals

- Developed by the Cancer Control Steering Group advised by the Expert Working Groups
- Supported by proposed objectives and possible actions

The Goals (continued)

- Reflect the cancer control continuum from prevention to palliative care
- Recognises that activities to control cancer involve many agencies and a paid and unpaid workforce

Goals (continued)

- To reduce the incidence of cancer through primary prevention
- To ensure effective screening and early detection to reduce cancer incidence and mortality
- To endure effective diagnosis and treatment to reduce cancer morbidity and mortality

Goals (continued)

- To improve the quality of life for those with cancer, their family and whanau through support, rehabilitation and palliative care
- To improve the delivery of services across the continuum of cancer control through effective planning, co-ordination and integration of resources and activity, monitoring and evaluation
- To improve the effectiveness of cancer control in New Zealand through resource and surveillance

Linked Strategies

- Primary Health Care Strategy
- New Zealand Palliative Care Strategy
- New Zealand Disability Strategy
- He Korowai Oranga – Maori Health Strategy and Whakatataka – Maori Health Action Plan
- Health of Older People Strategy
- Healthy Eating-Healthy Action
- Pacific Health and Disability Action Plan
- Clearing the Smoke: A five year plan for Tobacco Control in New Zealand (2003-2007) Draft
- Improving Quality

Links to other NZHS population health objectives

- Reducing smoking
- Improving nutrition
- Reducing obesity
- Increasing the level of physical activity
- Minimising harm caused by alcohol and illicit and other drug use to individuals and the community

Consultation of the Draft Strategy

January – March 2003

By way of written submissions (115 received)

- 19 open forums including:
- 3 hui
- 1 Mäori specific meeting with Kimi Hauora Trust
- 3 fono
- 1 Asian focus group meeting

Consultation on the goals and possible actions

- All submissions and EWG reports were considered and document adapted where possible to reflect concerns

Strategy launched August 2003

- Minister's Priority -
- Cancer Control Taskforce appointed
(Chair Chris Atkinson and Deputy Chair Jan White)
- NZCCT decline to renew MOU for this part of the process
- Another Cancer Control Workshop held 30 Sept in Wellington, which provided input for the Action Plan
- Action Plan due 20 December 2004

Action Plan

- Developed by Taskforce
- Based closely on Strategy and consultation
- Ready end of December 2004

Next Step

- **Oversight of implementation**
- Proposal: A Cancer Council (a statutory cancer control advisory committee similar to NHC) - advice to the Minister & MoH/Report via DG to the Minister
 - A National Director, (similar to Chief Advisor), reports to DG with access to Minister

Where to now

- Secretariat to the Council –A team to action the work of the council working closely with:
- Ministry Cancer Team: To provide essential linkages into MoH work programme, CSD, DHB Funding & Planning, DSD and PHD.

Where to now (continued)

- Networks (configured through DHB, essentially to ensure co-ordination of services at different levels along the cancer continuum).
- Collaborative – to facilitate collaboration between the publicly funded health sector and the non-government funded organisations.