

Cancer Control Policy and Management

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Política e Gestão no Controle do Câncer

Política y Gestión de Control del Cáncer

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The current National Policy for Cancer Prevention and Control (PNPCC)¹ is simultaneously a product and part of a series of legislation attempting to organize health actions and services to ensure the citizen the universal and equalitarian access to promotion, protection, and recovery. Under the perspective of the Sanitary Reform within the concept of health as social right, it is pursued to construct a National Health System (SUS) grounded in equality and equity, the society's structuring values and beliefs².

The population health demands emphasized by the social determinants, conditions, and inequalities of the offer of health services justify the creation of Health Attention Networks (HAN) under regionalized and hierarchical structure, ensuring the equalitarian integrality of the care. For such, territorial planning, knowledge of management and negotiation tools, technical background, and capacity of articulation across different levels of administration are essential.

Understanding that PNPCC should induce health promotion, protection, and recovery demands initiatives to assess the results. The implementation, therefore, must be followed by evaluation studies to provide information about its efficacy and identification of vulnerabilities, which are expected to explain the results for possible adjustments³. While assessing the policy or the components of its programs it is necessary to determine the scope of the problem, define a theoretical model and indicators to diagnose the situation and support the managers' decision. It is paramount that this practice – monitoring – becomes a continuous routine of evaluation to follow-up its implementation.

The appraising process is complex, nonpartial and with diverse evaluation perspectives, which contributed for the elaboration of a guide to assess non-communicable diseases (NCD)⁴, which helped to systematize some studies of the area and offered examples of what has been actually appraised. So, the guide is a key reference for oncology evaluation studies. Donabedian⁵ and Habicht et al.⁶ are among the leading theoretical references of appraisal and health: the first proposes to evaluate indicators to measure the structure, process, and result; the others suggest indicators of offer, utilization, coverage, and impact (outcome). The theoretical approach⁴ is the difference among these authors: studies evaluating public health are addressed by Habicht et al.⁶, while those assessing services follow Donabedian⁵ model. Habicht et al.⁶ present a theoretical approach targeted to population groups, in addition to three types of causal inference (adequacy, plausibility, probability) for these study designs^{4,7}.

Studies evaluating the policy and its efficacy help managers to adjust the goal and scope⁴. Furthermore, it is important that scientific journals as “*Revista Brasileira de Cancerologia (RBC)*” keep an open channel to disclose the production in this area, favoring a critical construction of the specific knowledge and providing material to improve cancer control actions.

REFERENCES

1. Ministério da Saúde (BR), Gabinete do Ministro. Portaria nº 874, de 16 de maio de 2013. Institui a Política Nacional para a Prevenção e Controle do Câncer na Rede de Atenção à Saúde das Pessoas com Doenças Crônicas no âmbito do Sistema Único de Saúde (SUS). Diário Oficial da União, Brasília, DF; 2013 maio 17. Seção I, p. 129.
2. Paim J. O que é o SUS. Rio de Janeiro: Fiocruz; 2009.
3. Hartz ZMA. Explorando novos caminhos na pesquisa avaliativa das ações de saúde. In: Hartz ZMA organizador. Avaliação em saúde: dos modelos conceituais à prática na análise da implantação de programas. Rio de Janeiro: Fiocruz; 1997. p. 19-28.

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4. Ministério da Saúde (BR), Secretaria de Vigilância em Saúde, Departamento de Análise de Situação de Saúde. Guia metodológico de avaliação e definição de indicadores: doenças crônicas não transmissíveis e Rede Carmen. Brasília, DF: Ministério da Saúde; 2007. (Série A. Normas e manuais técnicos).
5. Donabedian A. La Calidad de la atención médica. *Rev Calid Asist.* 2001;16:S29-S38.
6. Habicht JP, Victoria CG, Vaughan JP. Evaluation designs for adequacy, plausibility and probability of public health programme performance and impact. *Int J Epidemiol.* 1999;28(1):10-8. doi: <https://doi.org/10.1093/ije/28.1.10>
7. Santos IS, Victora CG. Serviços de saúde: epidemiologia, pesquisa e avaliação. *Cad Saúde Pública.* 2004;20(Supl 2):S337-41. doi: <https://doi.org/10.1590/S0102-311X2004000800027>

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