

Strengthening national cancer control plans: Putting prevention at the centre

A CALL TO ACTION:

- Despite nearly **40% of cancers being preventable**, new cases are expected to rise from 20 million to 35 million annually by 2050.
- Over 120 countries have National Cancer Control Plans (NCCPs), but **three-quarters are unfunded** and only **30%** include comprehensive prevention strategies.
- World Cancer Research Fund International recommends governments prioritise: **1) Embedding prevention into NCCPs 2) Funding NCCPs adequately and sustainably, and 3) Improving structural interventions and health equity.**
- Prevention-centred, adequately funded NCCPs are among **the most impactful and cost-effective policy tools** governments have to reduce the cancer burden.

The global cancer challenge

Cancer is the second leading cause of death globally, accounting for around 10 million deaths in 2022¹. By 2050, this number is expected to rise to 35 million annually – a 77% increase, driven by ageing populations and rising exposure to preventable risk factors like alcohol consumption, unhealthy diets, physical inactivity, excess body weight, and tobacco use².

The burden is highly unequal: low- and middle-income countries (LMICs) account for over half of new cases and around two-thirds of cancer deaths, reflecting higher risks and reduced access to early detection and treatment³. In high-income countries, groups facing social and economic disadvantages also have the highest cancer burden, related to increased exposures to modifiable risk factors and reduced access to care⁴.



Why are National Cancer Control Plans important?

National Cancer Control Plans (NCCPs) are vital because they provide a clear, government-led strategy to address cancer across the full continuum – from prevention and early detection to treatment and survivorship. They align priorities, coordinate stakeholders, and guide resource allocation; ensuring efforts are efficient and not fragmented. With strong governance and funding, effective NCCPs improve outcomes by making cancer control more organized, equitable, and accountable.

Prioritising prevention


Prevention remains the biggest missed opportunity across the cancer continuum. Around 40% of cancers are preventable, yet only 30% of NCCPs include comprehensive prevention measures – and these often prioritise screening (secondary prevention) over primary prevention, despite primary prevention offering the greatest long-term return on investment. This gap is compounded by a major financing shortfall, with nearly three-quarters of plans unfunded, limiting real-world impact.

Beyond primary prevention, healthy weight, nutrition, and physical activity are associated with better treatment tolerance, fewer complications, lower recurrence risk and improved quality of life following a diagnosis⁵. Prevention and treatment investments should be seen as complementary and mutually reinforcing – not competing priorities – across the cancer care continuum.

Table 1: Prevention Across the Cancer Continuum:

Approach	Aims	Example actions
Primary prevention	Reduce the risk of cancer developing in the first place.	WHO Best Buys ⁶ (see below) that address modifiable risk factors such as unhealthy diets, alcohol consumption, and physical inactivity.
Secondary prevention	Detect cancer early, dramatically improving outcomes and reducing treatment costs. ⁷	Population-based screening programmes (eg for cervical, breast, and colorectal cancers); vaccination against cancer-causing viruses (HPV, hepatitis B).
Tertiary prevention	Reduce the impact of existing disease, prevent recurrence, and improve quality of life. ⁸	Survivorship programmes, lifestyle support, prehabilitation and rehabilitation.

The economic case for prevention: investment, not a cost



Prevention yields high economic returns (at least 7:1)⁹



Interventions can be low cost, revenue generating and fast-acting



Cancer prevention is an investment in the economy, as well as the health of a nation



Prevention is not a cost but an investment. WHO’s NCD Best Buys⁶ – including taxation, food policies, HPV vaccination, and screening – are highly cost-effective, with the potential to deliver strong returns through better health and productivity.

These measures cost around \$3 per person annually, could save 12 million lives, and generate over \$1 trillion by 2030.⁹ Taxes on tobacco, alcohol, and sugary drinks also raise revenue to fund cancer control, while some Best Buys, known as “Quick Buys”¹⁰, can show positive results within five years (with implementation and enforcement). Furthermore, addressing risk factors offers greater economic gains than those achieved through improving survival rates; for example, the impact of reducing obesity prevalence on GDP is more than 10 times larger than the impact of increasing cardiovascular disease survival rates.¹¹

With cancer projected to cost over \$25 trillion by 2050,¹² driven by lost productivity and premature mortality, investing in prevention-centred policies is an economic as well as health imperative.

Co-benefits of cancer prevention policies



Prevention also generates co-benefits beyond health:

- **Health inequities:** prioritising primary prevention can not only reduce disease overall, but improve outcomes in lower socioeconomic and marginalised groups (who are disproportionately exposed to higher levels of modifiable risk factors), thereby narrowing health gaps.
- **NCD burden:** policies cutting cancer risk simultaneously reduce cardiovascular disease, diabetes and obesity – delivering returns across the whole NCD portfolio.
- **Climate and sustainability:** diets lower in animal products reduce greenhouse gas emissions; active transport policies cut carbon as well as sedentary behaviour; redesigning urban environments for health creates more sustainable, liveable cities.
- **Workforce and productivity:** healthier populations are more economically active, reducing absenteeism, informal care burdens and welfare costs.

Recommendations for action

The following recommendations identify the highest-impact actions governments and partners can take to strengthen prevention within NCCPs:

1. Integrating prevention across the cancer continuum

- **Include a dedicated primary prevention component** with its own mandate, targets, budget and accountability framework – spanning the full range of modifiable risk factors including diet, weight, physical activity, alcohol and tobacco.
- **Integrate primary prevention across the cancer pathway**, recognising that nutrition, weight management and physical activity support better treatment tolerance, reduce recurrence risk, and improve quality of life.
- **Include patient advocates** and people with lived experience in the design and delivery of prevention within NCCPs.

2. Prioritise structural approaches and health equity

- **Prioritise structural, population-level interventions** – fiscal measures, marketing controls, built environment policies, and occupational health standards – that reshape the environments where risk is most concentrated.
- **Make health equity an explicit, structural commitment:** disaggregate prevention targets by socioeconomic group, ethnicity and geography; design interventions for distributional impact; and build inequality monitoring into evaluation frameworks from the outset.

3. Ensure accountability and sustainable investment

- **Ensure NCCPs are properly costed and accompanied by a specific implementation plan** with clear responsibilities and timelines, drawing on the WHO cancer costing tool¹³ and International Cancer Control Partnership (ICCP) guidance.¹⁴
- **Establish clear, time-bound prevention targets** with a monitoring and evaluation framework that tracks and reports publicly on progress.
- **Secure cross-government accountability** spanning finance, education, and other relevant ministries; allocate dedicated prevention funding protected from short-term budget pressures; and apply WHO guidance to protect policymaking from the influence of health-harming industries.
- **Champion prevention at the highest political level** with designated senior-level accountability, appointed for prevention delivery across government – not only within the health ministry. Prevention benefits extend beyond electoral cycles, and political leaders must commit to long-term targets and communicate their value to the public and finance decision-makers.



Key international guidance and frameworks

- **WHO NCD Best Buys⁶ and Quick Buys¹⁰:** Highly cost-effective interventions delivering measurable gains, some within five years.
- **European Code Against Cancer¹⁵ and World Code Against Cancer¹⁶:** Population-level guidance covering tobacco; alcohol; healthy weight; physical activity; cancer-preventive diet; sun safety; occupational and environmental carcinogen protection; HPV and hepatitis B vaccination; and cancer screening.
- **World Cancer Research Fund's Cancer Prevention Recommendations¹⁷:** Ten evidence-based recommendations around healthy diets, healthy weight, physical activity, and alcohol – underpinned by the world's most comprehensive ongoing evidence synthesis (the Global Cancer Update Programme).
- **World Cancer Research Fund International Policy Blueprint for Cancer Prevention¹⁸:** Based on WCRF's Cancer Prevention Recommendations¹⁷, the Blueprint outlines a package of best-practice policy recommendations to promote healthy diets and weight, support breastfeeding, increase physical activity, and reduce alcohol consumption.

Advancement of national cancer control plans is needed now

Prevention must be the cornerstone of cancer control. Around 40% of cancers are preventable, and the tools to act are available at every income level – yet most NCCPs remain uncostered and fewer than a third address prevention comprehensively. A plan that exists on paper but cannot be implemented is not cancer control – it is deferred responsibility.

World Cancer Research Fund International urges governments and partners to treat NCCPs as the active instruments of change they were designed to be.

Available support

- The WHO Academy course on National Cancer Control Planning for Programme Managers ([whoacademy.org](https://www.whoacademy.org)) covers costing, prioritisation, governance, and monitoring and evaluation across nine self-paced modules.
- ICCP's Project ECHO programme ([iccp-portal.org/technical-assistance](https://www.iccp-portal.org/technical-assistance)) provides direct technical assistance to countries developing or strengthening NCCPs, including practical support on implementation planning.
- World Cancer Research Fund International NOURISHING and MOVING Frameworks ([wcrf.org/databases](https://www.wcrf.org/databases)) provide practical guidance for implementing healthy food environment and physical activity policies across multiple domains – from fiscal measures and marketing controls, to urban design and school environments.

(These frameworks and accompanying policy databases are being updated in 2026).



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For a full list of references, please visit [wcrf.org/references](https://www.wcrf.org/references)

About us

World Cancer Research Fund International is a leading authority on the links between diet, nutrition, physical activity and cancer, and we work collaboratively with organisations around the world to encourage governments to implement policies to prevent cancer and other non-communicable diseases. World Cancer Research Fund International has been in official relations with the WHO since 2016.

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