RINC: The rise and fall of a regional cooperation network for cancer control

Walter Paulo Zoss, Associate Researcher, Center for Strategic Studies, Oswaldo Cruz Institute Foundation (Fiocruz), Rio de Janeiro, Brazil; **Leigh J Passman,** Principal, Indicação Médica Consultoria Ltd, Rio de Janeiro, Brazil; **Simon B Sutcliffe,** President, Two Worlds Cancer Collaboration, Former CEO, Princess Margaret Hospital/Ontario Cancer Institute Toronto, Canada, and the BC Cancer Agency, Canada; and **Luiz Antonio Santini,** Associate Researcher, Center for Strategic Studies, Oswaldo Cruz Institute Foundation (Fiocruz), Rio de Janeiro, Brazil, and Former Director, National Cancer Institute (INCA), Rio de Janeiro, Brazil


WALTER PAULO ZOSS


LEIGH J PASSMAN


SIMON B SUTCLIFFE


LUIZ ANTONIO SANTINI

Recognizing the increasing population burden of cancer, the *Red de Institutos e Instituciones Nacionales de Cáncer* (RINC, the Network of National Cancer Institutes and Institutions) was established in 2011 under the governance of the Union of South American Nations (UNASUR), a regional intergovernmental organization fostering broader political, economic, social, and cultural integration. Notwithstanding relevant collective medical achievements, RINC ultimately failed due to political ideology and terms of office, politically-determined medical institutional leadership change, variable and insecure governance, inconsistent medical leadership support, and insecure, unsustainable financial commitment. Population-based cancer control plans require strategic medical content; implementation necessitates contextual, cultural, and collaborative relationships amongst all stakeholders.

In the 2015 edition of *Cancer Control*, Zoss and Santini published an article entitled "Regional cooperation in Latin America for cancer control: Moving from commitment to implementation" *(1)*. That article presented an overview of how Latin American countries had come together four years earlier establishing a fledgling *Red* ("Network" in Spanish) to support each other in cancer control plans and actions, with the aim of reducing cancer incidence and mortality in the region.

Ten years later, it is clear that the Network failed to achieve its objectives and, worse, the Network effectively dismantled itself. What went wrong?

Historical context for the rise of UNASUR and RINC

Established in 2011 as a regional geopolitical platform for the development and implementation of cancer control programmes and actions in Latin America, the *Red de Institutos e Instituciones Nacionales de Cáncer* (RINC, the Network of National Cancer Institutes and Institutions)[1] germinated out of two favourable conditions: 1) favourable political and ideological circumstances in the region, and 2) the inspiration of initiatives that followed the first two meetings of the International Cancer Control Congress (ICCC) in Vancouver, British Columbia, Canada, in 2005, and in Rio de Janeiro, Brazil, in 2007.

In 1991, several South American states established Mercosur, a regional common market modelled after the European Common Market. In 2008, South American countries established the Union of South American Nations (UNASUR), a regional intergovernmental organization that sought to foster broader political, economic, social, and cultural integration *(2)*. By late 2010, nine countries had ratified the UNASUR Constitutive Treaty *(3)*. This political union provided fertile ground for regional cooperation in various areas, including public health.

The ICCC, first held in Vancouver in 2005, took its population-based cancer control agenda to Latin America for its second congress. With support from Brazil's Ministry of Health, ICCC-2 was hosted by the National Cancer Institute (INCA) in Rio de Janeiro in November 2007.

Among the innovative ideas that emerged from the first two ICCCs was a pragmatic vision that regional approaches could accelerate the elaboration and implementation of national

[1] *The somewhat cumbersome title of the Network reflected the fact that not all participating countries have a National Cancer Institute (NCI), and even countries with an NCI often have agencies or offices within the Ministry of Health that have lead responsibility for population-based cancer control policies, programmes, and actions. Several delegations to RINC included representatives from a country's NCI and its Ministry of Health.*

cancer control policies and programmes into each country's public and private healthcare delivery systems by integrating evidence-based scientific and medical content within socially and financially achievable local contexts. Collaborative relationships among stakeholders and political support were viewed as a strategic ingredient.

This vision was crucial for the beginning of a coordinated strategy that culminated in the creation of the Latin American and Caribbean Alliance for Cancer Control. The strategic vision of the Alliance included establishing a collaborative work process, with one of its main characteristics being the construction of a regional community based on best practices, knowledge sharing, and programmes of common interest. Communication and regional cohesion were facilitated, given that most of the attendees from Latin American countries were Spanish or Portuguese speakers[2].

By 2011, UNASUR emerged as an opportunity to transform the Alliance into a Network of National Cancer Institutes and Institutions (RINC-UNASUR) and boost technical cooperation, bringing together national public institutions from the 12 South American countries that were formal members of UNASUR, as well as other Latin American and Caribbean nations.

With the formal support of governments, the new RINC-UNASUR geopolitical platform defined the following priorities:

- organizing a regional community of best practices for cancer control;
- exchanging information and knowledge related to the selected topics;
- identifying common needs, opportunities, and interests, and seeking shareable alternatives;
- promoting coordination among participating countries to strengthen the management and institutional development of national cancer institutes and institutions in the region; and
- promoting the commitment of governments at all levels to provide the authorizing legislation, budgetary commitments, and human resources necessary for the development and implementation of cancer control programmes.

The choice of cooperative programmes and actions to be developed by RINC-UNASUR was guided by 1) the most urgent cancer control priorities in terms of cancer morbidity and mortality, and 2) the greatest potential for achieving common goals through collective action as perceived by delegations from member countries. Initial priorities included the regional elimination of cervical cancer (the second most common cancer among women of all ages in Latin America), the reduction of breast cancer mortality, the expansion of population-based registries, and establishing a network of tumour tissue biobanks.

RINC made admirable initial progress and was recognized by international organizations such as the World Health Organization (WHO) and Pan American Health Organization (PAHO), the International Agency for Research on Cancer (IARC), and the International Atomic Agency Agency (IAEA) among others as an important milestone in health cooperation in Latin America. However, RINC faced significant structural challenges. UNASUR had some regional funds for projects, and whilst its resources were limited, UNASUR funding supported RINC to develop a Regional Cervical Cancer Control Plan in 2017 *(4)*, which was officially incorporated into the PAHO Action Plan for Central and South America.

UNASUR's precariousness and the impact on RINC

RINC's dependence on UNASUR as the primary source of sustainable long-term financing left the network vulnerable to political and economic fluctuations and rifts within the geopolitical bloc. The lack of adequate investment by member states in the South American Union's own infrastructure and operations prevented UNASUR's institutional structure from becoming sufficiently strong to overcome divergences and drive projects forward.

The vast majority of RINC's operations were funded by the NCIs of member states themselves, particularly by Brazil's National Cancer Institute (INCA), which from the outset provided a technical secretariat with specialists and support from within its own facilities. Resources were also made available by the Brazilian Ministry of Health through an agreement with PAHO, which administered the funds. In retrospect, financial circumstances certainly contributed to the weakening of UNASUR and, consequently, to the fragility of RINC's projects.

The bureaucracy of UNASUR and the governments of several of its member states also hampered the progress of RINC's work. The rigidity and slowness of internal processes of several member states compromised RINC's ability to implement RINC projects in a timely manner.

For a network such as RINC – formed under the auspices of a young regional multilateral union such as UNASUR – there were interesting potential benefits, such as the possibility for each member state's national mobilization for cervical cancer prevention (HPV immunization) and early detection (screening) to be part of a unified regional campaign, but there were also risks.

[2] *This emphasis on Spanish and Portuguese did not ignore the fact that the official language of Guyana is English and of Suriname is Dutch; nor did it ignore the fact that many UNASUR countries recognize indigenous people's dialects as official languages. French Guiana is a department and region of France, and thus is considered part of the European Union.*

The rotation of federal government power in individual member states, expected in democracies, inevitably brings ministerial and NCI leadership turnover, and often changes in policy and programmatic priorities. The change in priorities and political leadership in member countries led to the discontinuation of promising or successful programmes and actions, and waste of resources. The resultant instability challenged the ability to sustain long-term commitments and guarantee the ongoing implementation of multi-year strategic plans such as those encouraged by RINC.

UNASUR gradually began to suffer a process of erosion until its complete cessation in 2018, mainly due to the rise of centre-right and right-wing leaders in most South American governments alleging a "set of problems related to the organization's functioning". Six member countries – Brazil, Argentina, Paraguay, Colombia, Chile, and Peru – ultimately suspended their participation in UNASUR *(5)*. RINC was forced to immediately suspend its activities.

Over the following two years, with support from PAHO efforts were made to find a way to continue its activities reconstituted as RINC-Latin America and the Caribbean (RINC-LAC) *(6)*, but these efforts floundered, and in 2020 the Coronavirus pandemic dominated public health focus.

In 2022, thanks to the efforts of some remaining leaders of cancer care policy in the region, but without the participation of the NCIs and ministries of health, RINC managed to rebuild itself through cooperation with the Latin American and Caribbean Society of Medical Oncology (SLACOM). Today, RINC-SLACOM survives only as a consultative forum for discussing ideas and issues related to cancer control in the region.

Conclusion

RINC, which began as a platform for cooperation, collaboration, and technical coordination with unprecedented and unparalleled political reach, was progressively undermined by the gradual disintegration of UNASUR, its sponsoring body.

The initial cohesion and achievements of RINC – fostered under the auspices of UNASUR – demonstrate the value of the mutual support and reinforcement that regional cooperation initiatives can offer, but also highlight the importance of stability and sustainability of the political structures and budgetary commitments that support them. The decline of UNASUR not only weakened an ambitious regional integration project, but also calls into question the continuity of crucial efforts to control cancer in Latin America, a region that still faces significant challenges in this area. ■

Walter Paulo Zoss, BJ, MBA is a researcher at the Center for Strategic Studies of the Oswaldo Cruz Foundation in Rio de Janeiro and participates in cancer studies in Brazil and in regional cooperation projects in Latin America.

As a journalist with a postgraduate degree in Marketing from the Getúlio Vargas Foundation and a specialization in international health from PAHO, he worked for media outlets in Switzerland. In Brazil, he focused on corporate communications at the Federation of Industries of Rio de Janeiro 1992–1996 and at the National Cancer Institute (1996–2018), where he excelled in developing national communication initiatives for cancer prevention and control, and managed the UNASUR RINC in Latin America. He served as a technical consultant to PAHO/WHO for projects in Latin American countries and to the UN IAEA on cooperation initiatives with the government of Mozambique. Walter is currently also the volunteer President of the Swiss Philanthropic Association in Rio de Janeiro.

Dr Leigh J Passman, MD, PhD is an international consultant to health systems and health plan operators interested in improving the health outcomes of their populations. Dr Passman has resided and worked in Brazil since 2001. From 2007 to 2013, he has served as a consultant to the Director General of Brazil's Instituto Nacional de Cancer (INCA) focused on initiatives and programmes to promote international collaboration in cancer prevention and control.

Dr Passman received his BSc in Life Sciences (Biology) and a Masters in Political Science (Health Policy) from the Massachusetts Institute of Technology. He was a Medical Scientist Training Program (MSTP) scholar at New York University where he received his MD and a PhD in Public Administration.

He completed a primary care track Internal Medicine residency at the UCLA Medical Center in Los Angeles, and then spent two years at the Universidade do Rio de Janeiro (UniRio) as a research fellow of the NIH Fogarty International AIDS Research Program.

From 1992 to 2001, he was an Assistant and then Associate Professor of Medicine at the UCLA School of Medicine. From 2001 until 2023 he has served as an Adjunct Associate Clinical Professor of Medicine. In Brazil, Professor Passman introduced standardized patients into the curriculum and taught at the School of Medicine of the Universidade do Grande Rio; he has also lectured in six graduate health management and health MBA programmes at public, private, and corporate universities.

Dr Simon B Sutcliffe, BSc, MD, FRCP, FRCPC, FRCR is a clinical oncologist with past practice in academic clinical medicine and research. A former CEO of Princess Margaret Hospital/ Ontario Cancer Institute (Toronto, Ontario) and the BC Cancer Agency (British Columbia, Canada), he is the President of Two Worlds Cancer Collaboration (formerly INCTR Canada), a nongovernmental organization focusing on compassionate care, palliative care, and cancer control in lesser-resourced countries. He is Editor-in-Chief of Cancer Control.

Dr Luiz Antonio Santini, MD, served as the Director General of Brazil's Instituto Nacional de Cancer (INCA) from 2005 to 2015. Under his administration, INCA implemented a new institutional technical-scientific model and started building a new campus. Much of Dr Santini´s early career was in clinical education at the School of Medicine of the Fluminense Federal University in Rio de Janeiro where he had completed a Residency Training in Thoracic Surgery. Dr Santini also completed a Fellowship in Public Health at the National School of Public Health at Fiocruz. He served three terms as Executive Director of the Brazilian Association of Medical Education (ABEM). Due to his regional leadership in Latin America, he served as Coordinator of RINC/UNASUR from 2011 to 2015. Dr Santini was elected three times as a UICC board member and represented Brazil on IARC´s Governing Council. Dr Santini is an Associate Researcher at the Oswaldo Cruz Institute Foundation (Fiocruz), and is most recently author (with Clovis Bulcão) of SUS: uma biografia: lutas e conquistas da sociedade brasileira (Editora Record, 2024), a biography of Brazil's universal public healthcare system.

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