MINISTRY OF HEALTH

NATIONAL POLICY ON CANCER PREVENTION AND CONTROL PROGRAM

PREVENTIVE MEDICINE
DEPARTMENT

NATIONAL CANCER PREVENTION
AND
CONTROL PROGRAM

MARCH 1999
II/ INTRODUCTION

Cancer is an public health problem not only in the developed countries but also in the developing countries. In Cambodia, data available from national hospitals, the laboratory of the faculty of Medicine, the Maternal and Child Health Center, and provincial hospitals, show that cancer is the second leading cause of death after communicable diseases. With a population increasingly exposed to tobacco and alcohol, cancer is expected to become a major health problem in Cambodia in the near future.

It is, therefore, imperative that the Ministry of Health should establish a National Cancer Prevention and Control Program.

II/ POLICY ON CANCER PREVENTION AND CONTROL PROGRAM IN CAMBODIA

A/ PRIMARY OBJECTIVES

The primary objectives of the National Cancer Prevention and Control Program are:

1/ To reduce morbidity and mortality of cancers

2/ Improve the quality of life of cancer patients

B/ SECONDARY OBJECTIVES

The secondary objectives of the program are:

1/ To organise the management structure of the program

2/ To develop cancer prevention and control strategies.
• Disseminating health education on the health consequences of tobacco, alcohol and the problems arising from the lack of prevention measures and early cancer diagnosis.

• Integrating HBV infant immunization in the Expand Program of Immunization.

• Promoting of good nutrition

3/ To improve the quality of diagnosis and treatment of cancer by:

• Upgrading the knowledge and skills of health workers in cancer diagnosis, prevention and control of cancer and treatment of cancer.

• Develop guideline on cancer diagnosis, treatment, and cancer pain relief and palliative care.

4/ To ensure effective implementation of strategies developed by the National Cancer Prevention and Control Program.

C/ MANAGEMENT OF CANCER PREVENTION AND CONTROL

1/ The National Cancer Prevention and Control Program (NCPCP) will adopt a systematic, comprehensive, and integrated management of cancer prevention and control aimed at significant reduction of morbidity and mortality. This approach involves primary and secondary prevention at the community level, tertiary prevention at specified hospitals, and cancer pain relief and palliative care at hospital and community levels.

2/ The NCPCP in close collaboration with other concerned institutions, international organizations, nongovernmental organizations (NGOs), and public and private sector, will be responsible for policy development, planning and implementation of prevention and control strategies.

3/ The Department of Preventive Medicine will serve as the principle coordinator with other institutions, Ministries, international organization and NGOs in the implement of cancer prevention and control. It is also responsible for fund raising.

4/ The Ministry of Health will strengthen its management capabilities. Hospitals should be upgraded to an appropriate level, giving priority to the curative management of cancer.

5/ Cancer management capabilities will initially at Preah Sihanouk hospital, Calmette hospital and the Mother and Child Health Center, eventually expending to other hospitals.

6/ The NCPCP will identify specific types of cancer, and their clinical stages which are still curable and formulate standard methods of diagnosis and treatment. It will also...
identify specific types of cancer and their clinical stages for which cure is unlikely and which will require cancer pain relief and palliative care.

7/ The NCPCP will establish a Cancer Task Force within the Ministry of Health composed of members from the MOH and the Non Governmental Organization sector. The Director General of the Department of Health will serve as its Chairman. The task force will be responsible for developing specific policies and guidelines on cancer prevention and control, and providing direction to the implementation and evaluation of the Cancer Prevention and Control Program.

8/ Two or three oncology services or center will be established for adult patients and one for pediatric patients.

9/ The National Cancer Prevention and Control Program will develop the plan of action and its implementation within three years of its existence and conduct annual reviews and introduce improvements to ensure the effective implementation of the plan of action of the program.

D/ POLICY ON CANCER PREVENTION AND CONTROL

The National Cancer Prevention and Control Program will develop a comprehensive system aimed at reducing morbidity and mortality of cancer and at improving survival rates and quality of life of cancer patients. To achieve this objective, primary and secondary prevention will be introduced at community level, tertiary prevention at specified hospitals, and cancer pain relief and palliative care at hospitals and community levels.

1/ NCPCP will develop strategies to implement three levels of prevention.

2/ NCPCP will work towards the integration of cancer prevention and undertake early detection activities in conjunction with health promotion at the lowest possible level.

3/ National hospitals, provincial hospitals, Mother and Child Health Center, Referral hospitals and health centers are responsible for the dissemination of health education to the users of their facilities and in making them aware of the importance of primary prevention of common cancer diseases.

4/ National hospital, provincial hospital, Mother and Child Health Center, referral hospital, and private hospitals will be responsible for the implementation of secondary prevention such subjecting to patients suspected of having to early diagnosis and providing them with effective treatment.

5/ To ensure early detection of cancer, any patient suspected of having cancer will be referred to specialized screening services.

6/ Tertiary prevention is focused on pain relief and palliative care. The Cancer Prevention and Control Program will promote the WHO method of cancer pain relief and palliative care.
7/ The Cancer Prevention and Control Program will develop guidelines on cancer pain relief and palliative care based on WHO guideline and ensure the availability of required drugs, particularly oral morphine tablets to medical institutions.

8/ Guidelines on cancer prevention, cancer diagnosis and treatment will be developed and disseminated to all medical institutions to ensure the success of the program and facilitate the clinical research.

E/ CANCER PREVENTION AND CONTROL STRATEGIES

D-1/ Public Information and Health Education

Public information and health education will focus on identified primary and secondary intervention measures and cancer pain relief.

The Ministry of Health will coordinate, standardize and promote public information and health education activities relating to cancer in the government and private sectors, as follows.

1/ Provide education on the dangers of undetected cancer diseases.

2/ Promoting good nutrition, particularly the importance of eating fresh vegetables and fruits.

3/ Providing education on the health consequences of tobacco and alcohol

4/ Promoting cancer prevention and control activities at the community level.

D-2/ Integrating HBV infant vaccination in the Expanded Program of Immunization

D-3/ Improving the quality of diagnosis and treatment of common cancers.

1/ Strengthening common diagnosis and treatment skills of physicians and surgeons at national, provincial and district level.

2/ Upgrading nursing care for cancer patients at all levels of health sector.

3/ Developing and disseminating standard national guideline for the diagnosis and treatment of common cancers.

4/ Develop guideline for cancer pain relief and palliative care.

5/ Making it a policy to declare cancer as a reportable disease.

6/ Developing cancer registration or the systematic collection of data on the occurrence and characteristics of malignant neoplasms as a basic strategy of diseases surveillance.
Establishing a population-based cancer registry at the unit of Non Communicable Diseases Surveillance within Preventive Medicine Department and appointing Registrar.

B/ Conducting Clinical research.

Phnom Penh, May 10th, 1999

Senior Minister and Minister for Health

Dr. HONG SUN HUOT