



NCDs and Cancer Care in Program in Cambodia

15 MAY 2019 MANILA, PHILLIPINE

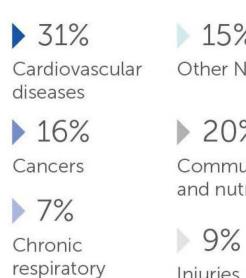
OUTLINE

- 1- Situation NCDs in Cambodia
- 2- Goals and Objectives
- 3- Strategy
- 4- Challenges
- 5- Future Plan

1- Situation NCDs in Cambodia

- The incidence of non-communicable diseases in Cambodia increased from 52% in 2014 to 64% (1), of which cardiovascular risk 24%, cancer 14%, chronic respiratory disease 4% and waterborne illness Diabetes 2% of total mortality (1).
- Currently, these infectious diseases are killing the already-over-aged Cambodian population: more than half of men and more than one-third of women die from infectious diseases are under the age of 60.
- The four major infectious diseases have a common risk factor, such as poor diet, health, lack of physical ability, tobacco use, and risky use of alcoholic beverages.

GLOBAL MORTALITY (% OF TOTAL DEATHS), ALL AGES, BOTH SEXES, 2016

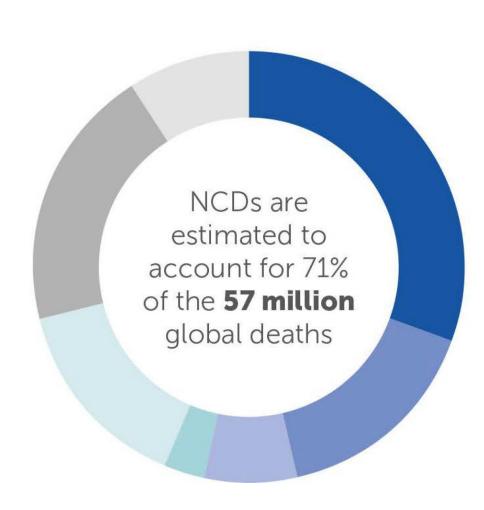


diseases

3%

Diabetes

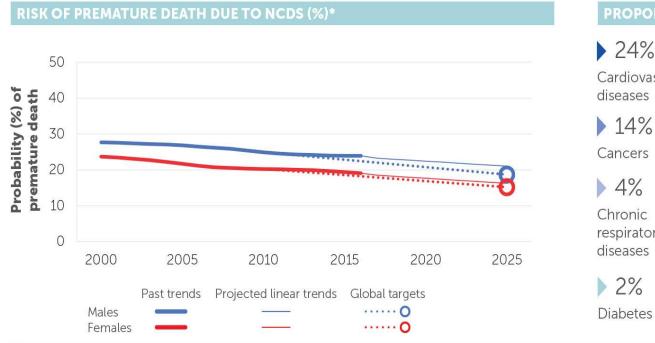


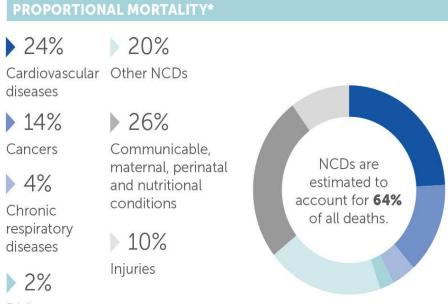


CAMBODIA

2016 TOTAL POPULATION: 15 /62 000

2016 TOTAL DEATHS: 93 000





NATIONAL TARGET SET **DATA YEAR** MALES **FEMALES** TOTAL **MORTALITY*** Total NCD deaths 28 300 2016 31 500 59 900 **Premature mortality** X from NCDs Risk of premature death between 30-70 years (%) 24 21 2016 19 **Suicide mortality** Suicide mortality rate (per 100 000 population) 2016

9 800 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

2- Goals and Objectives

- To reduce population expose to common risk factors
- Pursue cost-effective detection, treatment and palliative care
- Enhance NCD Surveillance
- Strengthen governance and resourcing for NCD

MESSAGE

80% of heart disease,
diabetes and respiratory
diseases and 40% of cancers
are preventable by eliminating
four common risk factors

Common risk factors









on risk factors		lobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
	rdiovascular eases	**	*	*	*
NCDs Dia	betes	*	*	*	*
Car	ncer	*	*	*	*
	spiratory eases	*			

The NCD Causation Pathway

Underlying determinants

- Globalization
- Urbanization
- · Population ageing
- · Social determinants

Common risk factors

- Tobacco use
- Unhealthy diet
- ·Physical inactivity
- ·Harmful use of alcohol
- Air pollution
- *Age & heredity (nonmodifiable)

Intermediate risk factors

- · Raised blood sugar
- · Raised blood pressure
- · Abnormal blood lipids
- Overweight/obesity
- · Abnormal lung function

Diseases

- Cardiovascular disease
- Cancer
- Diabetes
- Chronic respiratory disease

Adapted from WHO (2005) Preventing Chronic Disease: a Vital Investment.



3- Strategy

- 3-1. National Multisectoral Action Plan For The Prevention And Control Of Noncommunicable Diseases 2018- 2027.
 - > It covers all people of all ages, including those who are infected with non-communicable diseases and who are not infected.
 - Together, act from all ministries, institutions, local authorities, development partners and the private sector.

- 1- Ministry of Health
- 2- Ministry of Education, Youth and Sport
- 3- Ministry of Industry and Handicraft
- 4- Ministry of Economy and Finance
- 5- Ministry of Interior
- 6- Ministry of Commerce
- 7- Ministry of Land Management, Urban Planning and Construction
- 8- Ministry of Information
- 9- Ministry of Mines and Energy
- 10- Ministry of Cults and Religions
- 11- Ministry of Labour and Vocational Training
- 12- Ministry of Planning

- 13- Ministry of Agriculture, Forestry and Fisheries
- 14- Ministry of Environment
- 15- Ministry of Tourism
- 16- Ministry of Women's Affairs
- 17- Ministry of Women's Affairs
- 18- National Committee for Disaster Manageme
- 19- Ministry of Culture and Fine Arts
- 20- Ministry of National Defense
- 21- National Committee for the Environment and Health
- 22- Local Authorities
- 23- Private Sector (All employers)



KINGDOM OF CAMBODIA NATION RELIGION KING

ROYAL GOVERNMENT OF CAMBODIA

NATIONAL MULTISECTORAL ACTION PLAN FOR THE PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES 2018- 2027

> Prepared by the Ministry of Health May 2018

សាលើខិតខេស់សម្ដេចអគ្គមហាសេខាបតីតេខៅ ឃុំីស សែន នាយកខ្លេមន្ត្រីខែត្រះពេខាលោចក្រកម្ពុជា គាំទ្រចំពោះថែនកាសេកម្មភាព ពម្យាទិស័យខាត់ស្ដីពីគារការពារ និចការប្រយុទ្ធនីចខំច័និនខ្លួច ២០១៤-២០២៧

ផែនការសកម្មភាពល្បវិស័យជាតិស្តីពីការការពារនិងការប្រយុទ្ធនឹងជំងឺមិនឆ្លង(២០១៨-២០២៧)នេះគឺជា ការឆ្លើយតបរបស់រាជរដ្ឋាភិបាលកម្ពុជាចំពោះបញ្ហាប្រឈមដែលកំពុងតែកើនឡើងនៃជំងឺបេះជូង សរសៃឈាម ជំងឺមហារីក ជំងឺផ្លូវដង្ហើមរ៉ាវ៉ៃ និងជំងឺទឹកនោមផ្អែម។ ជំងឺមិនឆ្លងទាំងបួននេះ គឺជាមូលហេពុនៃការស្លាប់ស្ទើរតែពាក់ កណ្តាលក្នុងចំណោមការស្លាប់ទាំងអស់នៅក្នុងប្រទេសកម្ពុជា ហើយត្រូវបានគេព្យាករថានឹងកើនឡើងថែមទៀតដោយ សារតែដល់វិបាកនៃការផ្លាស់ប្តូរបៀបរបស់នៅ និងបរិស្ថានដែលកំពុងតែមានការប្រែប្រល។

ជំងឺមិនឆ្លងជាជំងឺរ៉ាំវ៉ៃ បណ្តាលឲ្យមានពិការភាព បាត់បង់ពលកម្ម និងកំពុងតែតំរាមកំហែងដល់ភាពក្រីក្រ និង បង្កឲ្យមានការចំណាយយ៉ាងច្រើនទៅលើការថែទាំសុខភាព។ ប៉ុន្តែវិធានការសម្រាប់ការការពារនិងការប្រយុទ្ធនឹងជំងឺមិនឆ្លង ដ៏មានប្រសិទ្ធភាព ដែលត្រូវអនុវត្តពីព្រោះ៨០%នៃជំងឺមិនឆ្លងអាចបង្ការបានដោយគ្រាន់តែដោះស្រាយកត្តាប្រឈមចំនួន ឬន៖ ការប្រើប្រាស់ថ្នាំជក់ ការប្រើប្រាស់គ្រឿងស្រវឹងប្រកបដោយគ្រោះថ្នាក់ របបអាហារដែលគ្មានសុឌុមាលភាព និង កង្វះតាយវប្បកម្ម។

ជំងឺមិនឆ្លងមិនព្រឹមតែជាបញ្ហាសុខភាពតែមួយប៉ុណ្ណោះទេ ប៉ុន្តែវាគឺជាបញ្ហាប្រឈមមួយចំពោះការអភិវឌ្ឍផងដែរ ដែលគំរាមកំហែងដល់កំណើនសេដ្ឋកិច្ចរបស់កម្ពុជា ព្រមទាំងកិច្ចខិតខំប្រឹងប្រែងកាត់បន្ថយភាពក្រីក្ររបស់ប្រជាជន និងសង្គមទាំងចូល។

ការរីកវាលដាលនៃជំងឺមិនឆ្លងនៅក្នុងប្រទេសកម្ពុជាមិនអាចដោះស្រាយបានដោយក្រសួងសុខាភិបាលតែមួយ នោះទេ។ មូលហេតុចម្បងជាច្រើននិងកត្តាកំណត់សុខភាពនៃជំងឺមិនឆ្លងស្ថិតនៅក្រៅវិស័យសុខាភិបាល ដូចជា កត្តាច់ណីអាហារនិងបរិស្ថានដែលយើងរស់នៅ។ ផែនការសកម្មភាពពហ្យវិស័យជាតិនេះដាក់ចេញនូវសកម្មភាព នានាសម្រាប់ក្រសួងពាក់ព័ន្ធ និងរបៀបអនុវត្តសកម្មភាពដែលកសាងបន្តពីអាទិភាពដែលបានកំណត់នៅក្នុងផែនការ យុទ្ធសាស្ត្រជាតិសម្រាប់ការពារនិងប្រយុទ្ធនឹងជំងឺមិនឆ្លង(២០១៣-២០២០)របស់ក្រសួងសុខាភិបាល។

គម្រោងផែនការសកម្មភាពពហ្យវិស័យជាតិនេះចង្អុលបង្ហាញថា រាជរដ្ឋាភិបាលកម្ពុជាចាត់ទុកបញ្ហាជំងឺមិនឆ្លងជា អាទិភាព ហើយរាជរដ្ឋាភិបាលចូលរួមឆ្លើយតបទៅនឹងភាពប្រឈមថ្មីៗ ដែលកើតឡើងដោយសារជំងឺមិនឆ្លង។

រាជរដ្ឋាភិបាលកម្ពុជាសុំឲ្យក្រសួងពាក់ព័ន្ធទាំងអស់និងដៃគួរភាិវឌ្ឍចាត់ទុកជំងឺមិនឆ្លងជាបញ្ហាអាទិភាព និង ធ្វើការរួមគ្នាអនុវត្តសកម្មភាពនៅក្នុងផែនការសកម្មភាពពហុវិស័យជាតិនេះ ដើម្បីឲ្យប្រទេសកម្ពុជាមានលទ្ធភាព គាត់បន្ថយបន្ទុកជំងឺដែលអាចការពារបាន និងដែលត្រូវចំណាយថវិកាយ៉ាងច្រើនៗទៀ





3-2. National Action Plan Against Cancer

- Develop National Cancer Control Program
 - Currently Cancer Prevention & Control program is under the responsibility of Preventive Medicine Department
- Overall cancer: National policy on cancer prevention and control plan in 1999.
- Cervical cancer:
 - > Standard Operating Procedures (SOP) to initiate pilot projects for a preventive screen-and-treat program for cervical cancer in 2014.
 - ➤ National SOP for Cervical Cancer approved on 31 July 2018
 - ➤ National Action Plan for Cervical Cancer Prevention and Control 2018-2022
- Childhood and Adult cancer: Yes (National Cancer Center and AKF)

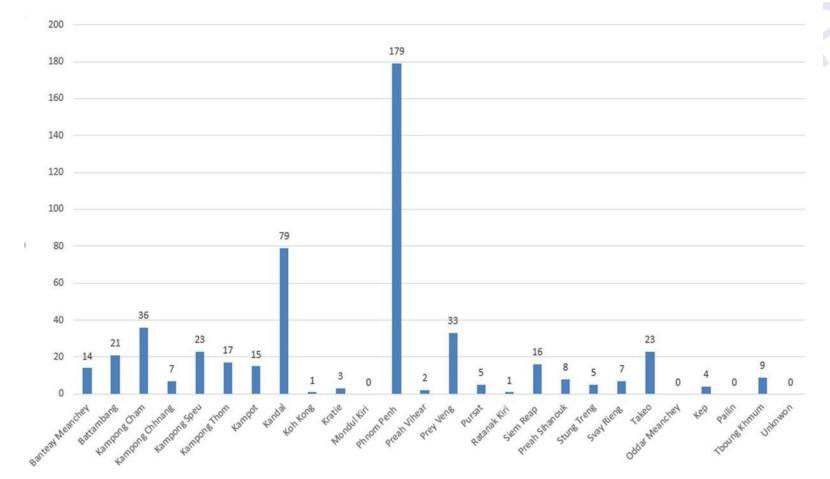
Cancer Statistics in Cambodia

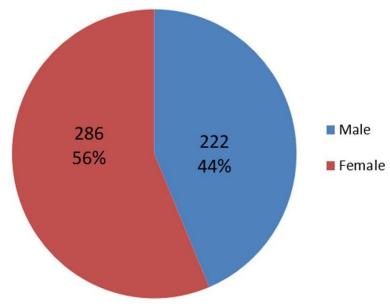
National cancer registry is not established yet

Rew hospital based cancer registry available

CanReg 5 at NCC (over 500 cases) since March 2018







Preface

Cancer is a public health problem and the available data shown that cancer is the second leading cause of death after communicable disease, in Cambodia.

Cervical cancer, the first most common cancer among women in Cambodia, is an important public health issue of the ministry of health. There were 25, 8% of incidence rate among the fentale cancer and 2001-2003. Most women who die from cervical cancer, particularly in developing contrates like in Cambodia are in the prime time of their life. They may be raising children: earing for their finally, and contributing to the social and economic life of their town or village. Unlike many others cancers, Cervical Cancer is mostly preventable by early detection of proteamerous learner on rules invasive cancer with the appropriate treatment.

This guideline is developed according to the strategies for cancer control of the National Strategy for the Prevention and Control of non communicable disease 2007-2010 in order to reduce morbidity and mortality of women who have cervical cancer and to provide affordable quality health care within the existing resources and health system of MOH.

In addition it is intended to help those responsible for providing services aimed at reducing the burden posed by cervical cancer for women, communities and health system. It focuses on the knowledge and skill needed by health providers, at different levels of care, in order to offer quality services for prevention, screening, treatment and pulliation of cervical cancer.

I appreciate that this guideline will further facilitate the prevention and control effort of the ministry of health against cervical cancer with the aim to contribute to CAMBODIA'S POVERTY REDUCTION EFFORTS.

The national guideline for Cervical Cancer Screening should be used as a reference manual by all health care providers, trainers and supervisors for the prevention and control of cervical cancer in Cambodia.

I would like to express my sincere thanks to the working group, physicians and all health partners who have contributed to the successful of the development of this guideline.



KINGDOM OF CAMBODIA



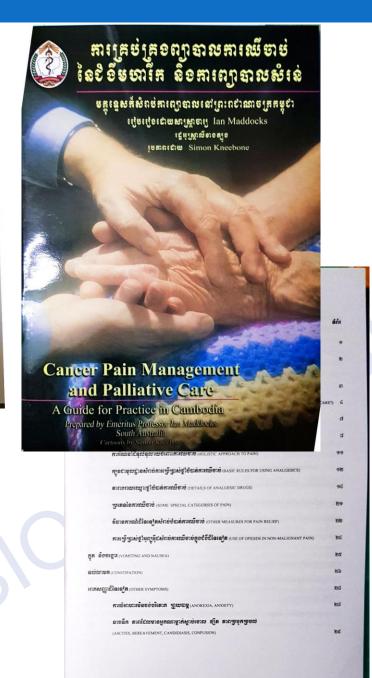
MINISTRY OF HEALTH

OUDELINE FOR

Cervical Cancer Coreenini



Preventive Medicine Department
Non Communicable Disease Prevention & Control
2008



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NATIONAL STANDARD OPERATING PROCEDURES FOR CERVICAL CANCER SCREENING

Department of Preventive Medicine
Noncommunicable Disease Prevention and Control Program

2018

FOREWORD

Each year in Cambodia, an estimated 1,500 women are diagnosed with cervical cancer and at least 900 women die of cervical cancer.

Cervical cancer is the most common cancer among women in Cambodia. Therefore, alleviating the burden of cervical cancer is an important public health issue for the Ministry of Health (MOH).

Medical evidence shows that crevical cancer is preventable if detected at an early stage. In response, the MOII introduced a conseffective "cervical cancer screening and treatment" states for the developing country to reduce the inclusive of cervical cancer. The primary strategy premoted by the WIOI enable cervical cancer screening of women and 30-49 years by visual inspection with actic act (VIA) and the treatment of VIA positive lesions with cryotherapy, consistion, or LEEP 5-such a program is urgently needed in Camboliat to reduce the morbifichity and mortality rate.

In response to the increasing risk of cervical cancer in Cambodia, the Department of Preventive Medicine in the MOH developed a pilot project to conduct cervical screening and treatment in Prey Chhor Kangmeas Operational District, Kampong Cham Province.

In order to adopt the cervical cancer screening and treatment as a program for implementing across the country, using the results of the pilot project, Standard Operating Procedure for Implementing Gervical Canoer Screening have been developed for medical professionals in all cities and provinces to implement more effective cervical screening.

The MOH strongly hopes that the Standard Operating Procedure for Implementing Cervical Cancer Screening is an achievement contributing to the reduction of incidence, and mortality of cervical cancer among women and is implemented all over the country.

Phnom Penh, 31 July 2018





National Action Plan for Cervical Cancer Prevention and Control 2019-2023

Department of Preventive Medicine 2019

in the population, these two interventions together can prevent almost 100% of cervical cancers in

The Ministry of Health urges all relevant national programmes and development partners to make cervical cancer a priority, and to work together to implement this national action plan to reduce mortality of disease in the Kingdom of Cambodia.



Cancer prevention







Risk factor reduction

- Raising awareness on NCD risk factors in communities and through health promoting school.
- Enforcement of Tobacco Control Law implementation.



HPV vaccine demonstration program

- HPV vaccine demonstration program in six selected ODs of two provinces from 2017 to 2018:
 - Svay Rieng (4 ODs: 5,018 girls at 9 years old)
 - Siem Reap (2 ODs: 6,628 girls at 9 years old)
- 2 years demonstration program with two rounds in each year.
 - Target children: 9 years old girl
 - Dose: Two doses- six months apart
- Vaccine: Bivalent Cervarix vaccine

Progress on HPV Scale Up Strategy

- Due to global shortage of HPV vaccine, Cambodia is unable to implement national introduction in 2019.
- National introduction:
 - Single age cohort-annual basis at 9 years old girl, 2021 and cover the missing cohort (2 cohort) in both provinces
 - Optional suggestion: conduct MAC "multi-age cohort campaign" for missing girl from 10 to 13 year olds.
- HBV vaccination
 - Integrated into national immunization program

• Human resource development:

- Provide training on VIA test to midwives at HCs.
- Provide capacity building on VIA test, Pap smear, colposcopy with Cryotherapy therapy LEEP at national and referral hospitals.
- Provide training for hospital-based cancer registry (CanReg5)

Sub technical working group for

- Cervical cancer and Breast Members are consisted of MOH, WHO, MSIC, AFH, PSK,
 World Bank, SHCH and UNFPA.
- Pain Management Hospice and Palliative Members are consisted of MOH, WHO,
 DSF,.....etc.
- NCDs Task Force Members are consisted of MOH, WHO, GIZ, LOWAN,.....etc.

3-3. National Action Plan Against NCDs

- Develop National Standard Operational Procedure For Diabetes And Hypertension Management in Primary Care 2019.
- National Health Care Policy and Strategy for Older People 2016.
- Elderly Hospital located in National Khmer-Soveit Friendship hospital
 - To advocate & raise awareness on health aging
 - To improve healthy aging in the population & more specifically among older people
 - To strengthen the health system to meet the health needs of older people through and integrated approach of adequate preventive, treatment, rehabilitation and palliative care service at all levels.
- Pain Management Hospice and Palliative not yet develop and updated
- Doctor and Nurse are trained by DSF for Pain Management.



National Strategic Plan for the Prevention and Control of Noncommunicable Diseases

Cardiovascular Disease, Cancer, Chronic Respiratory Disease and Diabetes

2013-2020

Supported by



Control of Noncommunicable of Cambodia's response to the and chronic respiratory disease e diseases cause almost half the se further as a consequence of

our changing lifestyles and environments.

This strategy demonstrates that the Royal Government of Cambodia is taking the issue of noncommunicable diseases seriously, and is acting quickly to re-orient the efforts of our health system to deal with the new challenges posed by noncommunicable diseases.

Noncommunicable diseases threaten to exacerbate poverty and exert an enormous cost on the national economy. It is encouraging to remember that 80% of noncommunicable diseases can be prevented, by addressing just four risk factors: tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. This strategy outlines clear actions to address each of these risk factors, in addition to early detection and treatment to ensure those who do develop a noncommunicable disease can remain productive members of their families and communities. Together, these approaches will reduce the overall burden of noncommunicable disease in Cambodia.

The epidemic of noncommunicable disease facing Cambodia cannot be solved by the Ministry of Hearth alone. Many of the underlying causes of noncommunicable diseases lie outside the health sector, in the foods that are available, and the environments we live in. This strategy outlines areas where collaboration between ministries is required. The Ministry of Health urges all relevant ministries and development partners to make noncommunicable diseases a priority, and to work together to implement the actions to reduce the burden of these preventable and costly diseases in Cambodia. —

Phnom Penh, 7 November 2013



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Ministry of Health

NATIONAL STANDARD OPERATING PROCEDURE FOR DIABETES AND HYPERTENSION MANAGEMENT IN PRIMARY CARE 2019

Department of Preventive Medicine

ភាពបម ត្រូវបានរៀបចំទៀតដើម្បីភាពបន្តយបទ្ធកជំតិ និងការចំណាយលើការថែទាំសុខភាពដែល ទាក់ទងនឹងជំងឺទាំងនេះ ចាប់តាំងពី២០១៩មកផ្លេះ ដើម្បីសម្រេចឱ្យបាននូវកត្រម្របផណ្តប់កាន់តែ ខ្ពស់ថែមទៀតនៃអន្តភាពមន៍ជាសារខ្មែ ក្នុងការចំទាំបបមនៅក្នុងប្រទេសកម្ពុជា។

និយាមយាពិនេះ បង្ហាញព្រៃញថ្នា ខេរដ្ឋាភិបាលកម្ពុជាកំពុងតែយកចិត្តទុកជាតំយង់គ្នាត់ទៅ លើដំបំផុតនិងបង្ហាញពីការប្តេជ្ញាតិប្រាស់ខ្លួនក្នុការបរម្យាជនការប្រទេសស្ត្របាតិបត្របាចច្ចារ និងប្រយុទ្ធនិងជំនឹងខ្លួង២០១៤-២០២) និងបានថ្លែងបេទទៅនិងប្រាក្សាធិបត ច្រើនឡើងដែលប្តេទៀតដោយដែក និកពាមខ្មែម និងជំងឺលើសស្តេក្ខណាម ដោយសម្រមទៅនិង ប្រធំថ្នាន់ទាំងខ្លួនការ ដើម្បីផ្តល់ការប្រប្រភពពេលបេខការបកម្មនៃជំងឺមិនខ្លួននៅកម្រិតថែទាំសុខ កាលបេខ នៅបុណ្យមនុស្សគាហិត្តបារា

ដោលបំណងនៃនិយាមជាតិនេះដំណើរ្យូតូលាករំណងកំព្យាតឲ្យន់មួយសម្រាប់ការរៀបចំដំណើរ ការនិងផ្តល់សេវាគ្រប់គ្រងជំពីទីការតាមខ្មែន និងជំនឺលើសសម្អាចឈាម សម្រាប់មណ្ឌលសុខភាព និង សហគមន៍។ និយាមជាតិនេះក៏តូលផងដែរនូវបូលឆ្នាំ» និងទិសដៅសម្រាប់ស្រាប្រវិបត្តិ មន្ទឹសសុខា ក៏បាលខេត្ត ប្រកួងសុខាភិបាល និងស្ថាប់នាក់ព័ន្ធដទៃទៀត ផ្នែកបានគ្រាប់គ្នាដំបូលជាន ទាំងនេះ ដើម្បីរៀបចំផែនការបណ្តុះបណ្តាល ភៀតអាននធាន និងសុគ្គាដែលចាំបាច់នាវា និងការ ដូលសេវាទាំងនេះសម្រាប់នៅមណ្ឌសសម្រាកា។

ក្រសួងសុខាភិបាលសូមតំបានបានលំកាន់ពាក់ព័ទ្ធទាំងរស់ និងដៃខុសខាភិបាល ឱ្យប្រើប្រាស់ និយាមជានិនេះជាមគ្គខ្មេសក៏នៅពេលផ្តល់ការគឺទ្រពល់មណ្ឌលសុខភាពនៅក្នុងប្រទេសកម្ពុជា ក្នុង គោលបែលសបប្បទេធិ្យបានគោលជានៃខែនាការបន្តទាំងស្រុសខាភិបាលឆ្នាំ២០១៦-២០២០ ខែនាការ បន្ទេសស្រ្តបាតិសម្រាហ់ពារបណ្តានិងប្របន្តនិងជំងឺនិងគួងឆ្នាំ២០១៦-២០២០ និងគោលដៅកើឡង់ ប្រភពដោយគឺការបេលកម្ពុជា។

> ฐ อฮออ เลลทั้งรู้โล้ อโต ชุวคุล 3km k ชิงช โ 5000โต ชช 3 4 ซึ่งรู้ โลกที่โดลก **№ เลลที่สะผลงหญังเรา** เพ







GINISTRY OF HEALTH

PREVALENCE OF NON-COMMUNICABLE DISEASE RISK FACTORS IN CAMBODIA (STEPS Survey 2016)

Report prepared by:

The University of Health Sciences, Cambodia

FOREWORD

The current situation of diseases burden in Cambodia is similar to many other low-middle income countries undergoing an epidemiological transition where the burden continue to shift from communicable to non-communicable diseases. Rapid urbanization, change in dietary patterns, behavioral factors and major improvements in prevention of maternal and child bealth to raise life expectancy are all factors contributing to shift disease patterns in Cambodia.

The STEPS survey 2016 is the second National Non Communicable Diseases Risk Factor Survey which provided important information on NCD risk factors and enable Cambodia to measure the trend of the burden of NCDs and to monitor progress in the control of NCDs.

Overall, STEPS survey 2016 shown that there was an improvement over time for some risk factors such as belocous (as harmful to or of acheols, on cromply consuming frintive/epetable and insufficient physical activity. Despite the reduction in prevalence rate for some risk factors, the prevalence of all risk factors remain high and some others risk factors increased over time such as oversweight/obesity, hypertension, impaired blood glucose, raised total cholesterol and combined 3 or more risk factors for NCDs among age group 2.5-64 years old.

The findings from this survey inform that there is a need to scale up NCDs services delivery in primary health care and to raise awareness among population, specifically among population aged 40-69 years old to screen for NCD risk factors. Multi-sectorial response for NCDs prevention and control needs also to be strengthened.

I expressed my sincere appreciation to Professor SAPHONN Vonthanak and his team at the University of Health Sciences for promoting country leadership and ownership of the survey.

Last but not least, I would like to thank the Ministry of Economy and Finance of the Royal Government of Cambodia for the financial support, and the World Health Organization for their financial and technical support without which, this second national survey could not have been achieved a Mr.

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KINGDOM OF CAMBODIA Nation Religion King



MINISTRY OF HEALTH



PREVENTIVE MEDICINE DEPARTMENT

2016

personnance and increase access to neutral services, increasing implementation of social health protection schemes. Also, considerable ecor growth and poverty reduction contributed to these improving health outcomes. Cambodian population.

As a result of these changes Cambodia is experiencing both a demographic and epidemiologic transition. This is seen in the steady growth in the percentage of people age 60 years and over and in the increase in the proportion of non-communicable diseases in adult).

This policy and strategy supports the health system to evolve towards a system with integrated primary, secondary and tertiary health care for older people. This will require a combination of short, nide and long-term strategies that consider sold of a mamber of additional health services, the development of related the following strategies and conditions are sold in machine and implementation guidelines; as well as making availables sufficient

Strengthening outreach and community-based care models that take into account the needs of older people living in both urban and rural populations will be key to an efficient continuum of care. Accreditation in training and implementation of minimum norms and standards will be essential to ensure effectiveness of an intervented amorphism.

This policy and strategy supports the National Policy for Older People and the Health Sector Strategic Plan of the Ministry of Health. It builds on one first policy and strategy on Electry People Health Care as developed by the Ministry of Health in 1999 and is in line with international goals and guidelines such as the Suntainable Development Goals and the World Report on Ageing (Meyer on Ageing (Meyer) on Ageing (Meyer)

The Ministry of Health is proud to present this National Policy and Strategy for Older People Health Care and looks forward to its translation in strategic and action plans towards the realisation of improved health in older people.

The Ministry of Health is grateful for the contribution of all involved in its realisation and contributing civil servants of the Ministry of Health representatives of colleague Ministries and development partners, De World Health Organisation, and participating members of civil society.



Dr. MAM BUNHEN







NCC building at Calmette Hospital in December 2018

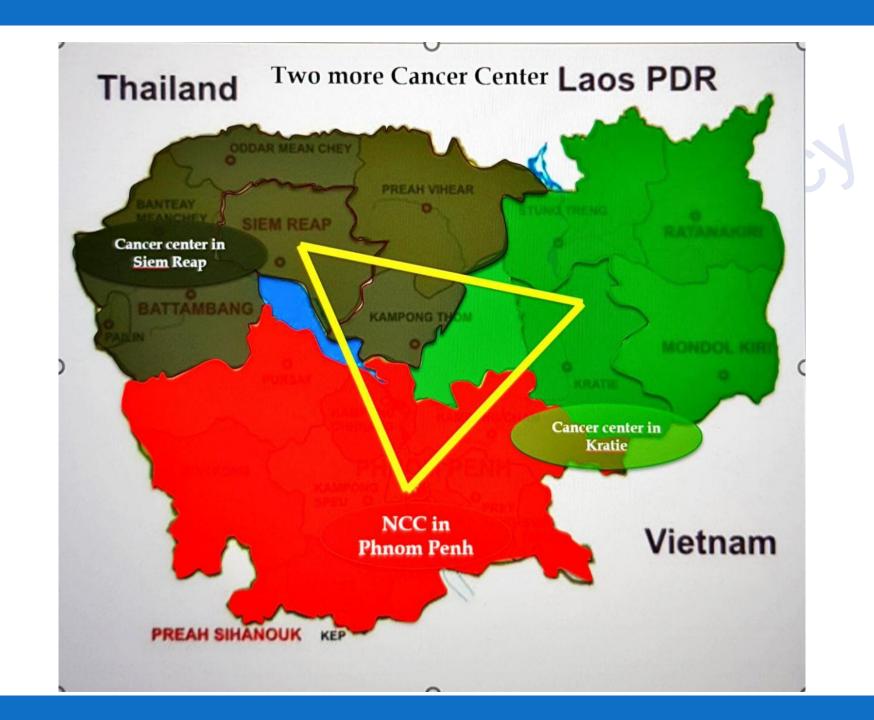
The Marie Curie Radiotherapy and Oncology Department of the Khmer-Soviet Friendship Hospital in Phnom Penh (renovated in 2003).

4- Challenges

Management and mentoring	Funding and institutional commitment	Inadequate education and training	Data collection	Information and research	Sustainability
Lack of coordination mechanism	Only 6% of the national budget allocated for NCDs Lack of registry-specific funding	Lack of qualified professionals in the field Poor knowledge of cancer registration principles, practices, and CANREG software	Under-reporting	No population based cancer registration	Insufficient funding opportunities for cancer registries

5- Future Plan

- Hospital based cancer registry starts from Calmette University Hospital (NCC).
- NCC will become the training center to provide localized and tailored training, technical assistance, and advocacy to various regions in Cambodia.
- Provide the training to the Physician, Nurse, Midwife, who work in hospital and health center.





Thank you!