



The Ministry of Health

# NCDs and Cancer Care in Program in Cambodia

---

15 MAY 2019

MANILA, PHILLIPINE

Present by Dr. HOK SIRANY, PMD, MoH, CAMBODIA

# 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

▶ 31%

Cardiovascular  
diseases

▶ 16%

Cancers

▶ 7%

Chronic  
respiratory  
diseases

▶ 3%

Diabetes

▶ 15%

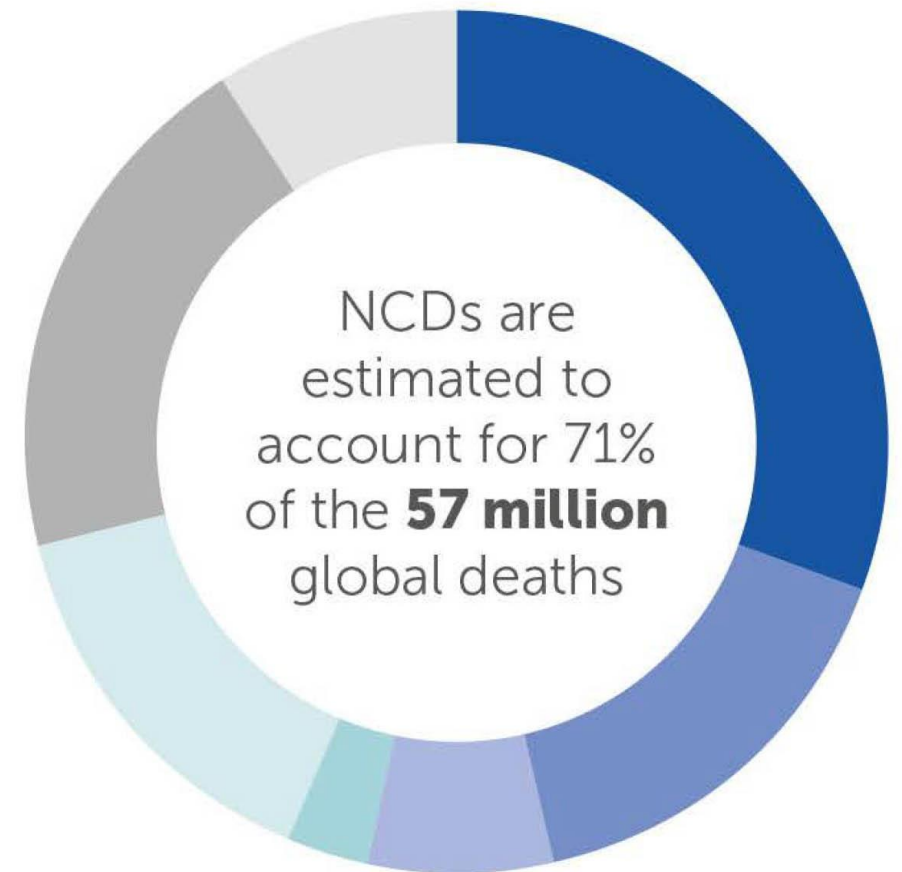
Other NCDs

▶ 20%

Communicable, maternal, perinatal  
and nutritional conditions

▶ 9%

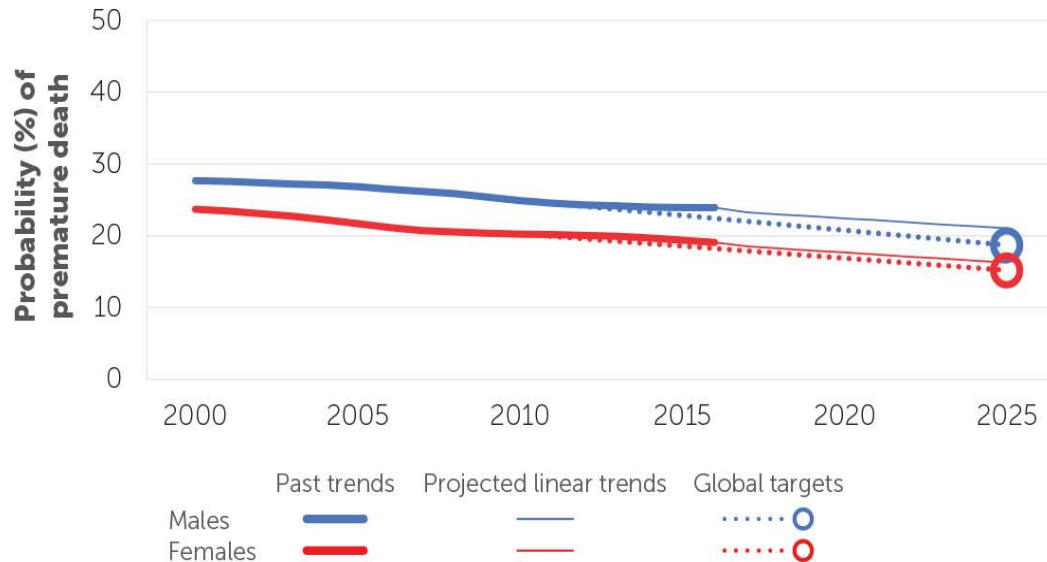
Injuries



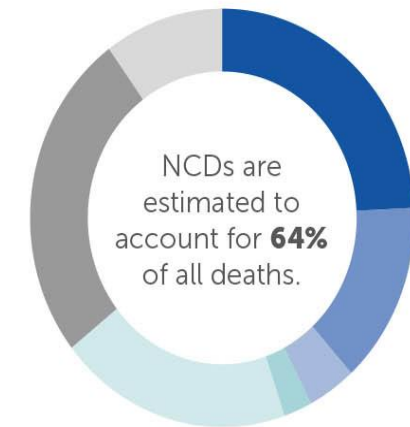
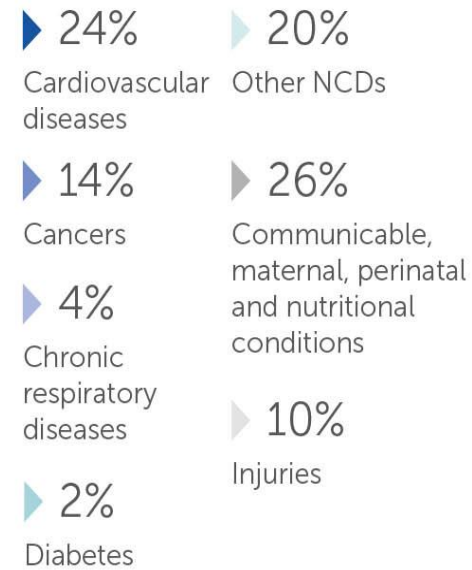
# CAMBODIA

**2016 TOTAL POPULATION:** 15 762 000  
**2016 TOTAL DEATHS:** 93 000

## RISK OF PREMATURE DEATH DUE TO NCDs (%)\*



## PROPORTIONAL MORTALITY\*



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

MORTALITY*		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
🕒 <b>Premature mortality from NCDs</b>	X	Total NCD deaths		2016	28 300	31 500	59 900
		Risk of premature death between 30-70 years (%)		2016	24	19	21
🚒 <b>Suicide mortality</b>	-	Suicide mortality rate (per 100 000 population)		2016	-	-	5

## 2- Goals and Objectives

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

# MESSAGE

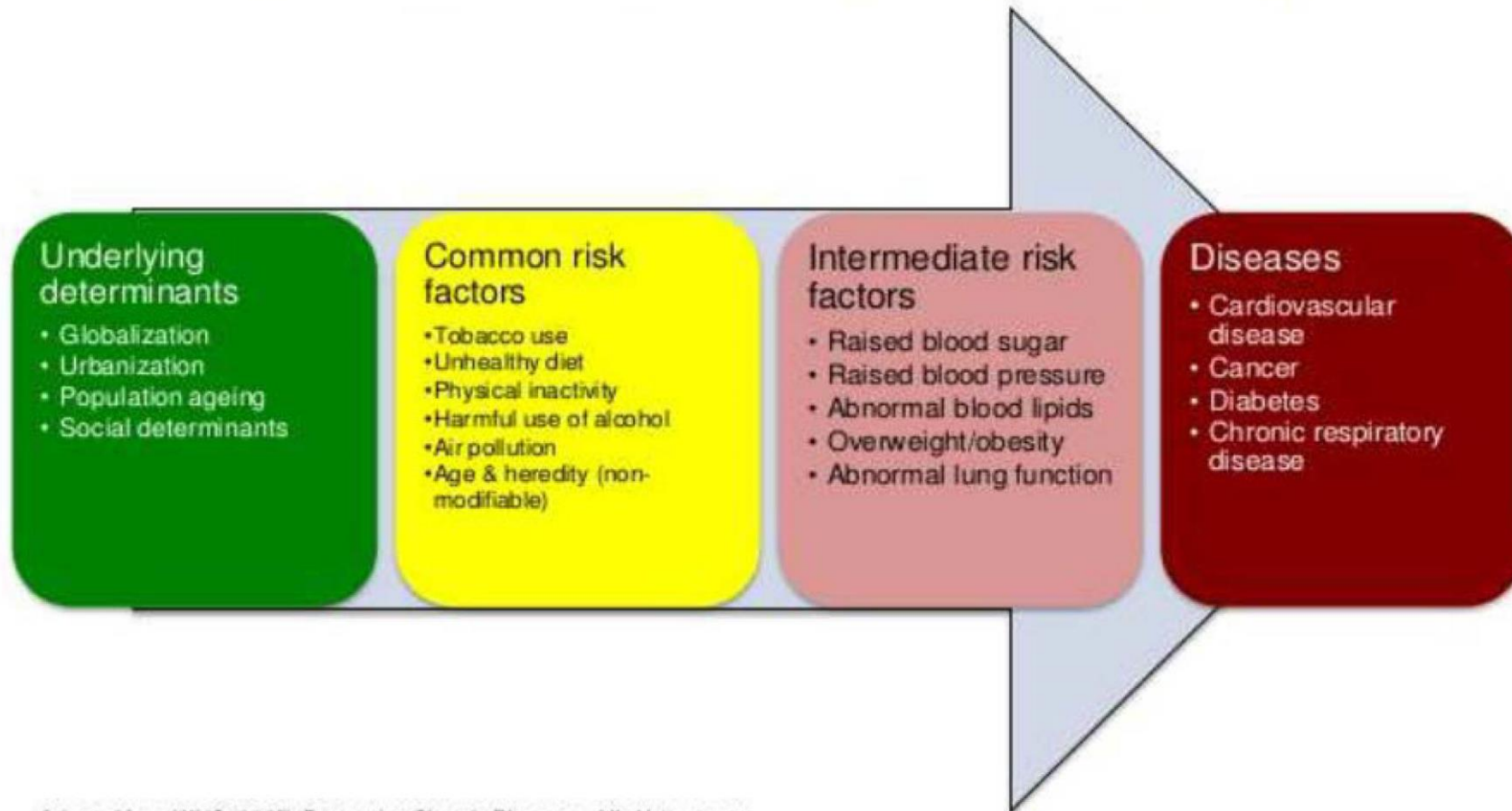
80% of heart disease,  
diabetes and respiratory  
diseases and 40% of cancers  
are preventable by eliminating  
four common risk factors

## Common risk factors



	Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
<b>NCDs</b> Cardiovascular diseases	✗	✗	✗	✗
Diabetes	✗	✗	✗	✗
Cancer	✗	✗	✗	✗
Respiratory diseases	✗			

# The NCD Causation Pathway



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 Management
- 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

**គោលនិទាធនរបស់សម្តេចអគ្គមហាសេនាបតីតេជោ ហ៊ុន សែន  
នាយករដ្ឋមន្ត្រីនៃព្រះរាជាណាចក្រកម្ពុជា ក្នុងឈ្មោះនាយករដ្ឋមន្ត្រី  
ពហុវិស័យជាតិស្តីពីការការពារ និងការប្រយុទ្ធនឹងជំងឺមិនឆ្លង ២០១៨-២០២៧**

ផែនការសកម្មភាពពហុវិស័យជាតិស្តីពីការការពារនិងការប្រយុទ្ធនឹងជំងឺមិនឆ្លង(២០១៨-២០២៧)នេះគឺជា  
ការឆ្លើយតបរបស់រាជរដ្ឋាភិបាលកម្ពុជាចំពោះបញ្ហាប្រឈមដែលកំពុងតែកើនឡើងនៃជំងឺបេះដូង សរសៃឈាម  
ជំងឺមហារីក ជំងឺផ្លូវដង្ហើមកុំផ្លិច និងជំងឺទឹកនោមផ្អែម។ ជំងឺមិនឆ្លងទាំងបួននេះ គឺជាមូលហេតុនៃការស្លាប់ស្ទើរតែពាក់  
កណ្តាលក្នុងចំណោមការស្លាប់ទាំងអស់នៅក្នុងប្រទេសកម្ពុជា ហើយត្រូវបានគេព្យាករណ៍ថានឹងកើនឡើងថែមទៀតដោយ  
សារវត្តមាននៃការផ្លាស់ប្តូររបៀបរបបរស់នៅ និងបរិស្ថានដែលកំពុងតែមានការប្រែប្រួល។

ជំងឺមិនឆ្លងជាជំងឺកុំផ្លិច បណ្តាលឲ្យមានពិការភាព បាត់បង់លក្ខណៈ និងកំពុងតែកំពុងកំហែងដល់ភាពក្រីក្រ និង  
បង្កឲ្យមានការចំណាយយ៉ាងច្រើនទៅលើការថែទាំសុខភាព។ ប៉ុន្តែវិធានការសម្រាប់ការការពារនិងការប្រយុទ្ធនឹងជំងឺមិនឆ្លង  
ដ៏មានប្រសិទ្ធភាព ដែលត្រូវអនុវត្តពីព្រោះ៨០%នៃជំងឺមិនឆ្លងអាចបង្ការបានដោយគ្រាន់តែដោះស្រាយកត្តាប្រឈមចម្បង  
បួន៖ ការប្រើប្រាស់ថ្នាំជក់ ការប្រើប្រាស់គ្រឿងស្រវឹងប្រកបដោយគ្រោះថ្នាក់ របបអាហារដែលគ្មានសុខុមាលភាព និង  
កង្វះកាយវ័យកម្ម។

ជំងឺមិនឆ្លងមិនត្រឹមតែជាបញ្ហាសុខភាពតែមួយប៉ុណ្ណោះទេ ប៉ុន្តែវាគឺជាបញ្ហាប្រឈមមួយចំពោះការអភិវឌ្ឍផងដែរ  
ដែលកំពុងកំហែងដល់កំណើនសេដ្ឋកិច្ចរបស់កម្ពុជា ព្រមទាំងកិច្ចខិតខំប្រឹងប្រែងកាត់បន្ថយភាពក្រីក្ររបស់ប្រជាជន  
និងសង្គមទាំងមូល។

ការរីករាលដាលនៃជំងឺមិនឆ្លងនៅក្នុងប្រទេសកម្ពុជាមិនអាចដោះស្រាយបានដោយក្រសួងសុខាភិបាលតែមួយ  
នោះទេ។ មូលហេតុចម្បងជាច្រើននិងកត្តាកំណត់សុខភាពនៃជំងឺមិនឆ្លងស្ថិតនៅក្រៅវិស័យសុខាភិបាល ដូចជា  
កត្តាចំណីអាហារនិងបរិស្ថានដែលយើងរស់នៅ។ ផែនការសកម្មភាពពហុវិស័យជាតិនេះដាក់ចេញនូវសកម្មភាព  
នានាសម្រាប់ក្រសួងពាក់ព័ន្ធ និងរបៀបអនុវត្តសកម្មភាពដែលកសាងបន្តពីអាទិភាពដែលបានកំណត់នៅក្នុងផែនការ  
យុទ្ធសាស្ត្រជាតិសម្រាប់ការការពារនិងប្រយុទ្ធនឹងជំងឺមិនឆ្លង(២០១៣-២០២០)របស់ក្រសួងសុខាភិបាល។

គម្រោងផែនការសកម្មភាពពហុវិស័យជាតិនេះចង្អុលបង្ហាញថា រាជរដ្ឋាភិបាលកម្ពុជាចាត់ទុកបញ្ហាជំងឺមិនឆ្លងជា  
អាទិភាព ហើយរាជរដ្ឋាភិបាលចូលរួមឆ្លើយតបទៅនឹងភាពប្រឈមថ្មីៗ ដែលកើតឡើងដោយសារជំងឺមិនឆ្លង។

រាជរដ្ឋាភិបាលកម្ពុជាសុំឲ្យក្រសួងពាក់ព័ន្ធទាំងអស់និងដៃគូអភិវឌ្ឍចាត់ទុកជំងឺមិនឆ្លងជាបញ្ហាអាទិភាព និង  
ធ្វើការរួមគ្នាអនុវត្តសកម្មភាពនៅក្នុងផែនការសកម្មភាពពហុវិស័យជាតិនេះ ដើម្បីឲ្យប្រទេសកម្ពុជាមានលទ្ធភាព  
កាត់បន្ថយបន្ទុកជំងឺដែលអាចការពារបាន និងដែលត្រូវចំណាយថវិកាយ៉ាងច្រើន។

ថ្ងៃទី១១ ខែ វិច្ឆិកា ឆ្នាំ ២០១៨ ស៊ីឡូណ ល.ប.២៤៦២  
រាជធានីភ្នំពេញ



សម្តេចអគ្គមហាសេនាបតីតេជោ ហ៊ុន សែន



**ព្រះរាជាណាចក្រកម្ពុជា  
ជាតិ សាសនា ព្រះមហាក្សត្រ**

រាជរដ្ឋាភិបាលកម្ពុជា

**ផែនការសកម្មភាពពហុវិស័យជាតិ  
ស្តីពី  
ការការពារនិងការប្រយុទ្ធនឹងជំងឺមិនឆ្លង  
២០១៨ - ២០២៧**



រៀបចំដោយក្រសួងសុខាភិបាល  
ខែសីហា ឆ្នាំ២០១៨

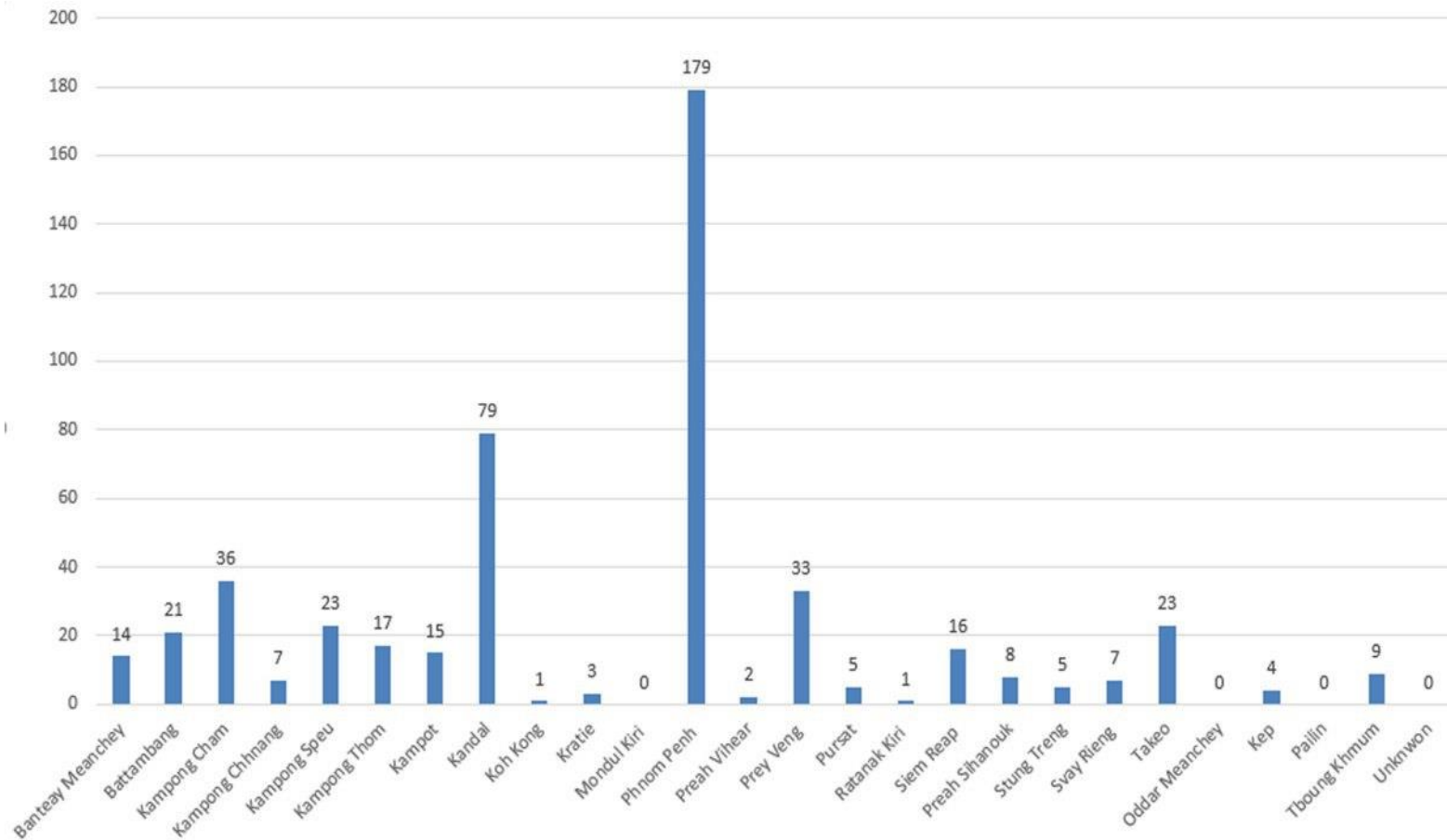
## 3-2. National Action Plan Against Cancer

- **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)

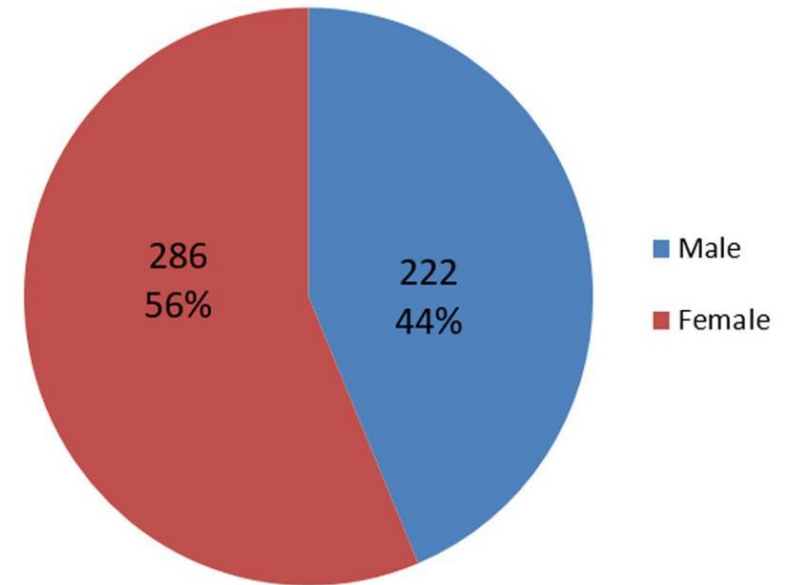
# Cancer Statistics in Cambodia

- ❧ National cancer registry is not established yet
- ❧ Few hospital based cancer registry available
- ❧ National program against cancer available

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



Policy



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 female cancer in 2001-2003. Most women who die from cervical cancer, particularly in developing countries like in Cambodia are in the prime time of their life. They may be raising children, caring for their family, 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 precancerous lesion or micro 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 palliation 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.

March 2008  
Prof. ENG HUOT  
SECRETARY OF STATE

កម្រិតប្រែកម្រិតព្យាបាលការឈឺចាប់ និងវិធីបំបាត់ និងការព្យាបាលសំរេង  
មគ្គុទ្ទេសក៍សំរាប់ការព្យាបាលនៅព្រះរាជាណាចក្រកម្ពុជា  
រៀបចំដោយ ឯកសារព្យាបាល Ian Maddocks  
រៀបចំដោយ ប្រធានាធិការ Simon Kneebone  
Cancer Pain Management and Palliative Care  
A Guide for Practice in Cambodia  
Prepared by Emeritus Professor Ian Maddocks South Australia  
Coauthors by Simon Kneebone

កត្តាជំនុំ ឬ ធាតុសំរាប់ការព្យាបាលឥតជំនុំ (HOLISTIC APPROACH TO PAIN) ១៧  
ក្នុងករណីប្រើប្រាស់ថ្នាំបំបាត់ការឈឺចាប់ (BASIC RULES FOR USING ANALGESICS) ១៨  
ព័ត៌មានលម្អិតស្តីពីថ្នាំបំបាត់ការឈឺចាប់ (DETAILS OF ANALGESIC DRUGS) ១៩  
ប្រភេទថ្នាំបំបាត់ការឈឺចាប់ (SOME SPECIAL CATEGORIES OF PAIN) ២១  
វិធានការដើម្បីបំបាត់ការឈឺចាប់ (OTHER MEASURES FOR PAIN RELIEF) ២២  
ការប្រើប្រាស់ថ្នាំបំបាត់ការឈឺចាប់ក្នុងករណីជំងឺមិនមែនជំងឺមេរោគ (USE OF OPIOIDS IN NON-MALIGNANT PAIN) ២៤  
ត្អូញ ដង្ហើម (VOMITING AND NAUSEA) ២៥  
ដង្ហើម (CONSTIPATION) ២៦  
រោគសញ្ញាដទៃទៀត (OTHER SYMPTOMS) ២៥  
ការបាត់បង់ទំហំសាច់ដុំ ឬ ភ័យខ្លាច (ANOREXIA, ANXIETY) ២៥  
រោគសញ្ញា ការបំបែកសារធាតុប្រូតេអ៊ីន ឬ ការបំបែកសារធាតុប្រូតេអ៊ីន (ASCITES, BEREAVEMENT, CANDIDIASIS, CONFUSION) ២៤

KINGDOM OF CAMBODIA  
MINISTRY OF HEALTH  
GUIDELINE FOR CERVICAL CANCER SCREENING  
Preventive Medicine Department  
Non Communicable Disease Prevention & Control  
2008

KINGDOM OF CAMBODIA  
NATION RELIGION KING  
MINISTRY OF HEALTH  
NATIONAL STANDARD OPERATING PROCEDURES FOR CERVICAL CANCER SCREENING  
2018  
Department of Preventive Medicine  
Noncommunicable Disease Prevention and Control Program

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 cervical cancer is preventable if detected at an early stage. In response, the MOH introduced a cost-effective "cervical cancer screening and treatment" strategy for the developing country to reduce the incidence of cervical cancer. The primary strategy promoted by the WHO entails cervical cancer screening of women aged 30-49 years by "visual inspection with acetic acid" (VIA) and the treatment of VIA-positive lesions with cryotherapy, coagulation, or LEEP. Such a program is urgently needed in Cambodia to reduce the morbidity 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 Cervical Cancer Screening has 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  
Minister of Health  
Prof. ENG HUOT  
SECRETARY OF STATE

Ministry of Health  
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 Cambodia.  
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.  
Phnom Penh, April 2019  
Minister of Health  
Prof. ENG HUOT  
SECRETARY OF STATE

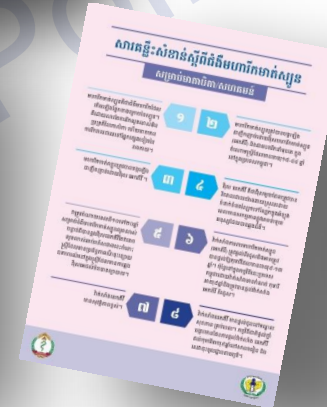
# Cancer prevention



**សារធាន្នៈសំខាន់ៗស្តីពីជំងឺមហារីកមាត់ស្បូន**

សម្រាប់ប្រជាជនក្រសួងសុខាភិបាល

១	ការប្រើប្រាស់បារី និងផ្សិតបារី	៧	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក
២	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក	៨	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក
៣	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក	៩	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក
៤	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក	១០	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក
៥	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក	១១	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក
៦	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក	១២	ការប្រើប្រាស់ថ្នាំបំបាត់ស្បែក



- 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-Soviet 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.





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

Lack of coordination mechanism

## Funding and institutional commitment

Only 6% of the national budget allocated for NCDs

Lack of registry-specific funding

## Inadequate education and training

Lack of qualified professionals in the field

Poor knowledge of cancer registration principles, practices, and CANREG software

## Data collection

Under-reporting

## Information and research

No population based cancer registration

## Sustainability

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.







19 Global Policy

**Thank you!**