

Republic of the Philippines
HOUSE OF REPRESENTATIVES
Quezon City, Metro Manila

SIXTEENTH CONGRESS
Second Regular Session



HOUSE BILL NO. **5321**

Introduced by Representative LEAH S. PAQUIZ of ANG NARS Party – List

EXPLANATORY NOTE

The Department of Health (DOH) identifies cancer as the third leading cause of death in the Philippines, afflicting 189 per 100,000 Filipinos. It kills 103 Filipinos a day or four (4) Filipinos per hour. Moreover, one out of five (1:5) Filipinos is expected to acquire cancer up to the age of seventy five (75).

The top cancer sites in the Philippines, according to the DOH, include cancers of the lung/larynx, liver, cervix and colon/rectum/stomach. **These are cancers whose major causes are known and where action can therefore be taken for primary prevention.** For example, anti-smoking campaign for cancer of the lung/larynx, vaccination against hepatitis B virus for cancer of the liver, safe sex for cancer of the cervix, and a healthy diet for cancer of the colon/rectum/stomach. Except for liver cancer, the top Philippine cancer sites are also the top cancer sites worldwide.

In 2012, the Philippine Society of Medical Oncology reported that the Philippines is at the center of the fight against breast cancer in Asia, with the **highest incidence of breast cancer in the continent.** According to the report, an estimated three out of one hundred (3:100) Filipino women will contract the disease before the age of seventy five(75) and one out of one hundred(1:100) will die before the age of seventy five(75). Consequently, the Department of Health and the Philippine Cancer Society, Inc. reports that breast cancer is the most common cancer in the country, comprising sixteen percent (16%) of the 80,000 new cancer cases in 2010.

In the Philippines, the problem of childhood cancer is more significant than in Western countries, because of the relatively young Filipino population. The overall pattern is, however, similar and is dominated by leukemia. The World Health Organization (WHO) identifies Acute lymphoblastic leukemia (ALL) as the most common childhood cancer; and despite the enormous progress in therapy, **fifteen percent (15%) to twenty percent (20%) of the children are incurable** and all are subjected to highly toxic chemotherapy. Hence, the challenge is to identify leukemia-specific genetic alterations that could be used both as biomarkers for high-risk leukemia and as targets for novel therapy.

Worldwide, the economic burden resulting from lung cancer, chronic obstructive pulmonary disease, coronary artery disease and cerebrovascular disease adds up to approximately US\$ 1 billion (59% from health care costs, 39% from premature deaths and 2% from productivity loss), a figure estimated by the WHO.

The Department of Health estimates that thirty to fifty percent (30–50%) of cancer patients in all stages of the disease will experience pain and seventy to ninety-five percent (70–95%) with advanced disease will have significant pain, but only a fraction of these patients receive adequate treatment. In a study conducted by the Philippine Cancer Society (PCS) on cancer pain among Filipino patients, seventy three percent (73%) had pain related to their disease, sixty percent (60%) of which was persistent.

The Department of Health – Philippine Cancer Control Program (DOH-PCCP) – in line with its six Pillars of (1) Epidemiology and Research, (2) Public Information and Health Education, (3) Prevention and Early Detection, (4) Treatment, (5) Training and (6) Pain Relief – identified cancer pain relief as a priority activity in 1989. It was the first activity that led the way to the Outreach Patient Services (the Hospice-At-Home Concept), pioneered by the PCS.

Perforce, unless organized and sustained specialized care and preventive measures against cancer are initiated, these trends are expected to continue to rise. These facts imply that there is **much to be done for cancer education and the implementation of all aspects of cancer prevention**. At present, there is a low cancer prevention and consciousness rate in the country and most cancer patients seek consultation only at advanced stages. Thus, the goal is to establish and maintain a system that **integrates scientific progress and its practical applications into a comprehensive program** that will reduce cancer morbidity and mortality in the Philippines.

Hence, immediate passage of this bill is earnestly sought.



HON. LEAH S. PAQUIZ
Representative
ANG NARS Party-list

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AN ACT
CREATING A NATIONAL CANCER CARE, RESEARCH,
AND DEVELOPMENT AUTHORITY PROVIDING FOR ITS POWERS,
STRUCTURE AND FOR OTHER PURPOSES

Be it enacted by the Senate and the House of the Representative of the Philippines in Congress assembled:

Section 1. **Short Title.** – This Act shall be known as the “National Cancer Care, Research, and Development Authority (National Cancer Authority).”

Section 2. **Declaration of State Policy.** – It is the policy of the State to adopt an integrated and comprehensive approach to health development which shall endeavor to make health care, medicines and other social services available to all people at affordable cost. It is therefore the policy of the State to develop a comprehensive cancer program that would develop the most effective methods of prevention, diagnosis and treatment of cancer through research, human resource development and management of cancer patients.

Section 3. **Creation of National Cancer Care, Research, and Development Authority.**– To implement the policy declared in this Act, there is hereby created a National Cancer Care, Research, and Development Authority, *hereinafter referred to as the National Cancer Authority*, which shall replace and absorb the National Cancer Institute of the University of the Philippines – Philippine General Hospital (UP-PGH) and the personnel and functions pertaining the Department of Health.

Section 4. **Nature and Purpose of the National Cancer Authority** – The National Cancer Authority mandated to promote the nature of its creation and attain the purpose of its existence:

- (a) To be the specialized multidisciplinary and comprehensive cancer research and development, dissemination and/or utilization of the results of research and development including the formulation, updating and implementation of a comprehensive cancer control program with the aim of overcoming cancer;
- (b) To be the national referral and coordinating center for cancer patients from the regional cancer centers as well as referrals from individual and other organizations;
- (c) To promote evidence-based multidisciplinary early detection, screening, diagnosis and treatment of cancer;

- (d) To introduce, develop, and encourage alternative forms of treatment;
- (e) Develop primary health care programs such as promotion of health and prevention of cancer incidence;
- (f) Promote palliative care, such as pain management, rehabilitation, hospice care, including psychosocial, spiritual, and pastoral care, and other measures to improve the quality of life of cancer patients until the end of life;
- (g) To develop internationally competitive health professionals by acting as the lead agency in their training and development towards comprehensive care and management of cancer patients;
- (h) To exercise regulatory powers on maintaining the standards of care and competence of health professional in cancer care.
- (i) To have fiscal autonomy towards promotion and attainment of this Act.

Section 5. **Composition of the National Cancer Board.** – The National Cancer Board shall be composed of the following Ex-Officio members:

Director of the National Cancer Authority	-	Chairperson
UP - PGH Medical Director	-	Co- Chairperson
Secretary of Department of Health	-	Co-Chairperson
President of Philhealth	-	Member
Secretary of Department of Science and Technology	-	Member
Secretary of Department of Social Work and Development	-	Member
President of Philhealth	-	Member
3 Representatives from various related and relevant Civic Society Organization/ Non-Governmental Organizations as members to be recommended by the National Cancer Secretariat.		

The National Cancer Board shall meet at least once a year, or as frequently as may be deemed necessary by its Chairperson, in the latter's absence, a Co-Chairperson shall preside.

The benefits, privileges and emoluments of the Board shall be consistent with existing laws and rules.

Section 6. **Powers and Function of the National Cancer Board** - The National Cancer Authority Board shall be the primarily be responsible for formulating, continuing, coordinating and integrating the state-of-the-art methods and techniques in cancer prevention, treatment and care, development policies, plans and programs taking into consideration the following:

- (a) To promulgate, after due consultation with stakeholders, NGOs, and CSOs, policies and adopt measures that will promote and realize the provisions of this Act;
- (b) To monitor and evaluate the development and execution of programs, activities, and projects carried-out by the Secretariat, and report directly to the President of the Philippines;

- (c) To exercise quasi-judicial powers to settle controversies relative to any violation of the provisions of this Act.
- (d) To submit to the President periodic progress reports on the development and enhancement of Programs;
- (e) To organize and constitute various standing committees, subsidiary groups, or technical working groups for efficient integration, coordination, monitoring, and realization of the intention of this Act, at the national, regional, and local levels;
- (f) To enter into, make, execute, perform and carry-out domestic and foreign contracts subject to existing laws, rules and regulations;
- (g) To restructure the entire sub-sector consisting of all institutions and programs involved in the promotion and development of primary health care, primary care, secondary and tertiary care on cancer prevention and curew .

Section 7. ***Director of the National Cancer Authority*** - The Director of the National Cancer Authority shall exercise direct supervision to and over-all coordination with all activities of the Department of Health (DOH) and other Department of the government and non-governmental agencies or other advocacy and interest groups relating to cancer and the cancer programs.

The Director of the National Cancer Authority shall be appointed by the President of the Philippines as among the nominees submitted by the Board. The Director shall serve for a term of 3 years.

Section 8. ***National Cancer Secretariat*** - There is hereby created a National Cancer Secretariat (Secretariat), hereinafter referred to as the Board, to be composed of nine members to serve as follows:

- (1) Deputy Director for Administration
- (2) Deputy Director for Training and Development
- (3) Deputy Director for Research
- (4) Deputy Director for Nursing Service
- (5) Deputy Director for Public Affairs
- (6) Deputy Director for Health Operation
- (7) Deputy Director for Fiscal Services
- (8) Deputy Director for Legal Affairs
- (10) Director of the National Cancer Authority

Section 9. **Functions of the Secretariat** – To effectively carry out its mandate, the Institute shall perform the following functions:

- (a) Closely coordinate with DOH in the National Cancer Control Program for the implementation of the program;
- (b) Plan and develop a comprehensive cancer program of the National Cancer Institute, here in after refer to the Program;
- (c) Coordinate with the Department of Health National Cancer Prevention Program office in planning, development and implementation of the program;
- (d) Conduct and assist in researches and investigations into the causes, prevention and treatment of cancer, involving basic and clinical sciences;
- (e) Collect and collate a cancer registry information from the regional centers and all over the country;
- (f) Enter into collaborative undertakings with private individuals/entities and international universities/colleges to advance knowledge and technology in the field of cancer; and,
- (g) Perform such other functions as needed and necessary for the implementation of this Act

Section 10. **Cancer Centers.** –Regional Cancer Centers (RCC) for each region in the country are hereby established. The RCCs shall coordinate with the National Cancer Center, through its Executive Chief Officer, to administer the programs developed by the National Cancer Center.

Section 11. **Appropriations.** - The amount of one billion pesos (Php. 1,000,000,000.00) for the establishment of the Institute including initial implementation of its Programs shall be appropriated from the Annual General Appropriations Act. During this period, such amount shall be appropriated directly to the Cancer Institute under the Philippine General Hospital. Thereafter, the amount of two hundred million pesos (Php. 200,000,000.00) every year shall be appropriated for the operational expenses of the Institute.

Section 12. **Implementing Rules and Regulations.** – The Board, in consultation with concerned agencies and non-profit organizations, shall issue the Implementing Rules and Regulations within ninety (90) days from the effectivity of this Act.

Section 13. **Separability Clause.** - If any provision of this Act be declared invalid or unconstitutional, the remaining provisions of this Act not otherwise affected shall remain valid and subsisting.

Section 14. **Repealing Clause.**– All laws, decrees, executive orders, department or memorandum orders and other administrative issuance or parts thereof which are inconsistent with the provisions of this Act are hereby modified, superseded or repealed accordingly.

Section 15. **Effectivity Clause.** –This Act shall take effect fifteen (15) days after its publication at least two (2) newspapers of general circulation.

Approved.