

REPUBLIC OF THE PHILIPPINES
HOUSE OF REPRESENTATIVES
QUEZON CITY

SEVENTEENTH (17th) CONGRESS
Second Regular Session

HB No. **6299**



Introduced by Bernadette Herrera-Dy

**AN ACT INSTITUTIONALIZING NATIONAL INTEGRATED CANCER CONTROL
AND APPROPRIATING FUNDS THEREFOR**

Explanatory Note

Cancer is a growing and serious public health concern in the Philippines, which requires urgent and concerted action. Every day, people are needlessly dying and suffering; families are robbed of their loved ones; communities lose productive contributors to a brighter future. A recent report of the Philippine Statistical Authority (PSA) states that one in every ten registered deaths in the country is attributable to cancer. In 2013, cancer ranked 3rd, in the list of top ten leading causes of adult mortality and morbidity; for child mortality and morbidity, cancer ranked 4th. As of 2012, the International Agency for Research on Cancer (IARC) estimates that in the Philippines, there are 269 new adult cancer cases every day, 11 every hour. Moreover, there are at least 7 Filipinos dying from cancer every hour. Experts opine that the actual cancer burden and cancer mortality in the Philippines is in fact very much higher. Many more cases and deaths from cancer remain uncounted, unrecorded, and unreported.

Cancer affects not just the patient; it has a significant impact on their families, friends, communities and the country as a whole. The WHO and Harvard based Global Task Force on Expanded Access to Cancer Care has recognized this enormous burden, both in years of life lost, human pain and suffering, as well as in economic terms. The economic impact of cancer is significant and is increasing. It is now considered as one of the three leading global economic risks based on its immense impact on global productivity and economic growth. The total annual economic cost of cancer in 2010 was estimated at approximately US\$ 1.16 trillion; this includes the direct and indirect costs of treatment, the income loss by patients and their families as a result of being unable to work during treatment, and, most importantly, the lost productivity of the patient and the family from premature death, disability and the demands of care-giving. Numerous studies have emphasized that the value of lost productivity from cancer is very much more than the estimated costs of government support for prevention and treatment. Given the country's focus on

reducing poverty and accelerating achievement of development goals, it becomes imperative for the government to address the cancer challenge.

Cancer pushes Filipino families deeper into poverty. Cancer treatment costs are catastrophic and the economic burden is overwhelming. This is because financial risk protection mechanisms are limited, with patients and their families often shelling out money from their own pockets to cover not only treatment but other costs, such as laboratory tests, medicines, medical supplies, nutritional supplements, food, temporary housing arrangements and transportation. Evidence shows that in a study of cancer patients, the mean out-of-pocket expenditure for cancer treatment, far exceeded their mean household income; 117 percent at baseline to 253 percent twelve months after, leading more than 56 percent of households into financial catastrophe. These huge out of pocket costs often deter health seeking behavior or leads to discontinuance and abandonment of treatment (i.e. voluntary stoppage by patient, beyond one month, of necessary treatment). In some areas and with certain types of cancer, abandonment or discontinuance of treatment can be as high as 75 per cent. These conditions are most observed among the poor marginalized sectors but occur even among the middle class.

Current mortality statistics from various types of cancer in the Philippines are alarming. Survival rates for the most common adult cancers (i.e. lung, breast, colon, cervical, prostate, liver) are relatively low compared to other countries in Asia and the world. For females, all-cancer mortality rate, the Philippines ranks second highest among 15 countries in Asia, with 124 deaths per 100,000 population. Compared to Asian countries, the Philippines has the highest mortality rate for 2 types of cancer: breast (27 per 100,000 population) and prostate cancer (13 per 100,000 population). Lung cancer mortality rates are also high exceeding 40 per 100,000 population. For breast cancer, the Philippines also has the lowest survival (.58 mortality to incidence ratio.) For childhood cancers, which now has an average survival rate of 84 percent in high income countries and a growing number of middle income countries, average survival rate in the Philippines is at a low 30 percent. These data become doubly distressing when we consider that: a) most cancers are now curable and b) in high income countries and a growing number of middle income countries, survival rates for various types of cancer now range from a high of 60-96 per cent. (WHO 2016)

Cancer poses a substantial challenge to our health care systems. Many of the preventable and premature deaths from adult and childhood cancers are attributable to a combination of the following factors: low awareness of signs and symptoms of cancer; delayed diagnosis or misdiagnosis; poor access to health facilities; limited health systems infrastructure for cancer treatment and care (many regions and provinces in the country do not have health facilities with necessary equipment, vital technologies and workforce ready to provide cancer-related services); limited number of trained health professionals for cancer-related services (e.g. pathology, surgery, radiotherapy, psychosocial support, palliative care and pain management etc.); weak or absent referral systems, patient pathways, programs and mechanisms for early detection, accurate diagnosis, timely and optimal treatment, palliative care and pain management, survivorship follow up care, detection and management of late effects and rehabilitation. Global experts have asserted that 50-60% of cancer mortality in low-resource countries like the Philippines, could be avoided with country-specific strategies for prevention and treatment.

Given the limitations of the health system in addressing current requirements for cancer care, the country is ill prepared and is likely to be further overwhelmed to effectively care for the expected upsurge of new cancer cases. According to the World Health Organization (WHO), incidence of cancer by 2030 is projected to exponentially increase by as much as 80%, with the greatest impact being felt in low resource countries, like the Philippines.

Thus, the government must act now to institutionalize an integrated, multi-disciplinary, multi sectoral, nationwide cancer control and management for all types of cancer, for all genders and ages. It needs to achieve a progressive and sustainable increase in its response capacity as well as build for expected future needs and requirements. It must scale up its investments in the different components and patient pathways of cancer control, to provide high-quality, adequately resourced, geographically distributed and connected networks of patient and family focused integrated cancer care services for the whole cancer care continuum. Failure to do so shall be costly and can lead to a health system crisis in cancer care. Moreover, strengthening health systems capacity for cancer care shall also provide opportunities for timely and effective response to the burden of other non-communicable diseases.

All these actions are aligned and supportive of Article 2, Section 15 ("The State shall protect and promote the right to health of the people and instill health consciousness among them"), and Article 13 Section 11 (The State shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people at affordable cost).

This bill is also pursuant to national commitments to the United Nations, that Member States should increase efforts to strengthen health systems at the national and local levels to ensure early diagnosis, accessible, affordable and high-quality care for all cancer patients as well as reduce risk factors for cancer through adequate policies and programs. It is aligned and supportive of the country commitment to the 2017 70th World Health Assembly Resolution of the World Health Organization, on Integrated Prevention, Control and Management of Cancer which calls for strengthening and expanding national level actions and initiatives. It shall contribute to the country's attainment of Sustainable Development Goal 3, which seeks to ensure healthy lives and promote well-being for all ages as well as to reduce premature mortality from cancer and non-communicable diseases by at least 1/3 by 2030.

In view of the foregoing, the enactment of this bill is earnestly sought.



BERNADETTE HERRERA-DY

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**AN ACT INSTITUTIONALIZING NATIONAL INTEGRATED CANCER CONTROL
AND APPROPRIATING FUNDS THEREFOR**

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

SECTION 1. Short Title. – This Act shall be known as the “National Integrated Cancer Control Act”.

SECTION 2. Declaration of Policy. – The State is mandated to adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other services available to all the people at affordable cost. Towards this end, and in view of the fact that cancer is a complex and catastrophic disease which is an urgent public health concern, the State shall support and expand efforts to strengthen integrative, multi-disciplinary, patient- and family-centered cancer control policies, programs, systems, interventions, and services at all levels of the existing health care delivery system. The State shall likewise improve survivorship from adult and childhood cancers, by scaling up essential programs and increasing investments for robust prevention of cancer, better screening, early detection, prompt and accurate diagnosis, responsive palliative care and pain management, timely and optimal treatment, effective survivorship care and late effects management and rehabilitation.

The State shall make cancer treatment and care more equitable and affordable for all, even as it endeavors to increase support for the most vulnerable sectors of society, the under-privileged, sick, elderly, women, children, persons with disabilities, the poor, marginalized, and disadvantaged.

This law shall contribute to the country’s attainment of Sustainable Development Goal 3, which seeks to ensure healthy lives and promote well-being for all ages as well as to reduce premature

mortality from cancer and non-communicable diseases by at least 1/3 by 2030. It is also pursuant to national commitments to the United Nations, that Member States should increase efforts to strengthen health systems at the national and local levels to ensure early diagnosis, accessible, affordable and high-quality care for all cancer patients as well as reduce risk factors for cancer through adequate policies and programs. Furthermore, it is aligned and supportive to the World Health Organization 2017 World Health Assembly resolution on Integrated Cancer Prevention, Control and Management which calls for strengthening and expanding national level actions and initiatives.

SECTION 3. Rationale and Objectives. – High mortality, premature, preventable deaths and related disabilities from cancer in both adults and children, are oftentimes attributed to late diagnosis, combined with poor access to care related to inadequate and uneven distribution of facilities, personnel, equipment and technologies, poor treatment compliance and high abandonment of treatment, primarily due to high out-of-pocket costs, unaffordable costs of treatment and medicines and prevalence of myths and misconceptions on cancer. These underscore the importance of institutionalizing a systematic, well-organized, well-coordinated, well-funded, patient- and family-centered, integrated cancer control program in all levels that shall:

- (a) Decrease overall mortality and impact of all adult and childhood cancers;
- (b) Decrease incidence of preventable cancers in adults;
- (c) Prevent cancer relapse or recurrence and secondary cancers among people living with and survivors;
- (d) Reduce inequities in timely access to optimal cancer treatment and care;
- (e) Increase support and PhilHealth benefits to make cancer treatment and care more affordable;
- (f) Improve patients and families experience of cancer treatment and care;
- (g) Support cancer survivors to recover, effectively reintegrate and thrive; and
- (h) Eliminate various forms of burden on patients, people living with cancer, survivors, and their families.

SECTION 4. Definition of Terms. – As used in this Act:

- (a) Cancer is a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs, the latter process is referred to as metastasizing. Metastases are the major cause of death from cancer. (WHO February 2015)
- (b) Cancer Burden - Differences in the burden of cancer between different countries relates to cancer incidence, cancer mortality and prevalence of individuals with cancer. Cancer incidence is defined as the number of new cases in a defined population over a specific time period. Cancer prevalence represents the disease burden in a population at a specific time and is related to survival of individuals diagnosed with cancer.
- (c) Cancer Control aims to reduce the incidence, morbidity and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systemic

1 implementation of evidence-based interventions along the continuum of care from
2 prevention to end of life.

3 (d) Cancer Diagnosis comprises the various techniques and procedures used to detect or
4 confirm the presence of cancer. Diagnosis typically involves evaluation of the patient's
5 history, clinical examinations, review of laboratory test results and radiological data, and
6 microscopic and genotypic examination of tissue samples obtained by biopsy or fine-
7 needle aspiration or blood samples obtained by blood extraction. (WHO Cancer Control
8 Knowledge Into Action 2008)

9 (e) Cancer Prevention:

10 Primary Cancer Prevention refers to measures and interventions that shall decrease the
11 likelihood or risk of an individual of acquiring cancer;

12 Secondary Cancer Prevention involves the use of tests to detect a cancer before the
13 appearance of signs or symptoms (screening) followed by prompt treatment;

14 Tertiary Cancer Prevention involves diagnosis and treatment of clinical apparent disease

15 (f) Cancer Registry – The cancer registry is a database that contains information about people
16 diagnosed with various types of cancer. The registry shall require systematic collection,
17 storage, analysis, interpretation and reporting of data on subjects with cancer. There are
18 two main types of cancer registry - population-based and hospital-based cancer registries:

19 1. Population-based cancer registries seek to collect data on all new cases of cancer occurring
20 in a well-defined population. Usually, the population is that which is resident in a particular
21 geographical region. As a result, and in contrast to hospital-based registries, the main
22 objective of this type of cancer registry is to produce statistics on the occurrence of cancer
23 in a defined population and to provide a framework for assessing and controlling the impact
24 of cancer in the community. Thus, the emphasis is on epidemiology and public health;

25 2. Hospital-based cancer registries are concerned with the recording of information on the
26 cancer patients diagnosed and treated in a particular hospital. The main purpose of such
27 registries is to contribute to hospital patient care by providing readily accessible
28 information on the subjects with cancer, the treatment they received and its result. The data
29 are used mainly for hospital administrative purposes and for reviewing clinical
30 performance. These registries cannot provide measures of the occurrence of cancer in a
31 defined population because it is not possible to define their catchment populations, that
32 is, the populations from which all the cases arise.

33 (g) Cancer Survivorship starts at the time of disease diagnosis and continues throughout the
34 rest of the patient's life. Family caregivers and friends are also considered survivors. It has
35 three distinct phases: living through, with and beyond cancer. (MD Anderson Cancer
36 Center)

37 (h) Cancer Treatment is the series of interventions, including psychosocial and nutritional
38 support, surgery, radiotherapy, radio-isotope therapy, and drug therapy (chemotherapy,
39 hormone therapy, biotherapeutics, immunotherapy, gene therapy, supportive therapy), that
40 is aimed at curing the disease or prolonging the patient's life considerably (for several
41 years) while improving the patient's quality of life. (WHO Cancer Control Knowledge Into
42 Action 2008) Some people with cancer shall have only one treatment. But most people
43 have a combination of treatments.

44 (i) Carer is anyone who provides care for a friend or family member.

45 (j) Complementary and Alternative Medicine - Alternative medicine is distinct from
46 complementary medicine which is meant to accompany, not to replace, standard

1 medical practices. Alternative medicine includes dietary supplements, megadose
2 vitamins, herbal preparations, special teas, massage therapy, magnet therapy, and
3 spiritual healing, not generally recognized by the medical community as standard or
4 conventional medical approaches.

5 (k) Comprehensive Cancer Care Center model was initiated in the United States (Cancer Act
6 1971) and has been adopted across continents as a base for a networked approach to cancer
7 care built on the fundamental premise that an integrated, highly functioning network, with
8 different categories of cancer centers, equitably distributed geographically for easier
9 patient access, shall more effectively and quickly address the multi-faceted challenges of
10 cancer. CCCC has a focused program of work that is multidisciplinary and integrates
11 cancer research, education, and clinical care to accelerate the control and cure of cancer.

12 (l) Continuum of Care - The continuum of cancer care includes risk assessment, primary
13 prevention, screening, detection, diagnosis, treatment, survivorship, and end-of-life care.
14 Palliative care and pain management are considered as an integral, cross cutting part of the
15 continuum of care. Movement across the span of the cancer care continuum involves
16 several types of needed care, as well as transitions between the types of care. Type refers
17 to the care delivered to accomplish a specific goal, such as detection, diagnosis, or
18 treatment. Transition refers to the set of interactions necessary to go from one type of care
19 to another, such as from detection to diagnosis. Each type and transition in care is subject
20 to influences at multiple levels that can facilitate or impede successful achievement.

21 (m) Hospice care is a type of care and philosophy of care that focuses on the palliation of a
22 chronically ill, terminally ill or seriously ill patient's pain and symptoms, and attending to
23 their emotional and spiritual needs. Hospice care is part of palliative care particularly at the
24 latter stage of cancer. The goal of the care at end of life is to help people die in peace,
25 comfort, and dignity.

26 (n) Management of late effects - Long-term and late effects shall vary depending on the type
27 and stage of cancer as well as the type of treatment given. But all the common cancer
28 treatments (chemotherapy, radiotherapy, surgery and hormone therapy) can cause both
29 long-term and late effects; although not everyone who has cancer treatment shall have long-
30 term or late effects. Management of these effects is needed.

31 (o) Multidisciplinary care is an integrated (interdisciplinary) team approach to cancer care in
32 which medical and allied health care professionals consider all relevant treatment options
33 and develop collaboratively an individual treatment plan for each patient. The
34 multidisciplinary team includes professionals from different disciplines forming a team to
35 implement multidisciplinary-interdisciplinary process to cancer management. The
36 multidisciplinary care process involves the bringing of insights from different disciplines
37 together, contributing to one plan of management for the patient.

38 (p) Philippine Cancer Control Program (PCCP) refers to the program of the national
39 government for the comprehensive and integrated control of cancer in the Philippines

40 (q) Optimal treatment and care - quality treatment care adherence to the standards of treatment
41 and care based on evidence-based guidelines

42 (r) Out-of-pocket expenditure - any direct outlay by households, including gratuities and in-
43 kind payments, to health practitioners and suppliers of pharmaceuticals, therapeutic
44 appliances, and other goods and services whose primary intent is to contribute to the
45 restoration or enhancement of the health status of individuals or population groups. It is a
46 part of private health expenditure

- (s) Palliative Care is treatment to relieve, rather than cure, symptoms caused by cancer. It can help people live more comfortably. Palliative care relieves suffering and improves quality of life for people of any age and at any stage in a serious illness, whether that illness is curable, chronic, life limiting or life-threatening. Relief from physical, psychosocial and spiritual problems can be achieved in over 90% of advanced cancer patients through palliative care. (ITHO February 2015)
- (t) Patient Navigation refers to individualized assistance offered to patients, families, and caregivers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care. Cancer patient navigation works with a patient from pre-diagnosis through all phases of the cancer experience.
- (u) Patient Pathway is the route that a patient shall take from their first contact with the health worker, through referral, to the completion of their treatment. It also covers the period from entry into a hospital or a health care facility, until the patient leaves.
- (v) Premature Mortality refers to deaths that occur between the ages of 30 and 70 (WHO).
- (w) Secondary Cancer may be used to refer to either a second primary cancer or to cancer that has spread from one part of the body to another (metastatic cancer).
- (x) Supportive Care - Supportive care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer experience from diagnosis, through anticancer treatment, to post-treatment care. Enhancing rehabilitation, secondary cancer prevention, survivorship and end of life care are all integral to Supportive Care. [Multinational Association of Supportive Care in Cancer (MASCC) 2015]
- (y) Practical assistance refers to help on non-medical costs such as financial assistance, transient housing, transportation, food and nutrition, among others.
- (z) Notifiable Disease means a disease that, by legal requirements, must be reported to the public health authority when the diagnosis is made.

ARTICLE I

Establishing the National Integrated Cancer Control Advisory Board and Strengthening the Cancer Program in the Disease Prevention and Control Bureau of the Department of Health

SECTION 1. Composition of the National Integrated Cancer Control Advisory Board (NICCAB).
– The NICCAB shall be composed of the following:

- The Secretary of the Department of Health who shall serve as the Chairperson or a designated representative, not lower than Assistant Secretary, as ex officio member. The Vice-Chair shall be elected by the non-ex officio members, from among themselves, and shall serve for a term of two (2) years;
- The Director General of the Food and Drug Administration or a designated representative as ex officio member;
- The President and CEO of the Philippine Health Insurance Corporation (PhilHealth) or a designated representative, as ex officio member;
- The Secretary of the Department of Social Welfare and Development (DSWD) or a designated representative, as ex officio member;

- 1 • The Secretary of the Department of Labor and Employment (DOLE), or a designated
2 representative as ex officio member;
- 3 • The Secretary of the Department of the Interior and Local Government (DILG), or a
4 designated representative as ex officio member;
- 5 • The Secretary of the Department of Finance (DOF), or a designated representative as ex
6 officio member;
- 7 • The Secretary of the Department of Science and Technology (DOST), or a designated
8 representative as ex officio member;
- 9 • The Secretary of National Economic Development Authority (NEDA), or a designated
10 representative as ex-officio member;
- 11 • The Chairperson of the Commission on Higher Education, or a designated representative
12 as ex officio member;
- 13 • Three (3) members, in total, drawn from among the cancer-focused professional societies
14 President of the Philippines and shall serve for a term of 3 years, renewable every year,
15 upon recommendation of the DOH Secretary;
- 16 • Two (2) members, in total, drawn from the academe representing key disciplines of
17 oncology as later determined by the Implementing Rules and Regulations of this law, to be
18 appointed by the President of the Philippines and shall serve for a term of 3 years,
19 renewable every year upon recommendation of the DOH Secretary; and
- 20 • Two (2) members, in total, drawn from cancer-focused patient support organizations and
21 advocacy network, to be appointed by the President of the Philippines and shall serve for
22 a term of 3 years, renewable every year, upon recommendation of the DOH Secretary.

23
24 The Cancer Program in the Disease Prevention and Control Bureau of the Department of Health
25 shall act as the secretariat for the NICCAB.
26

27 **SECTION 2. Roles and Functions.** – The State, through the Department of Health, shall establish
28 a NICCAB to oversee the implementation of this law. The NICCAB shall recommend policies,
29 programs and reforms that shall enhance synergies among stakeholders and ensure well-
30 coordinated, effective and sustainable implementation of the provisions of this law. The
31 NICCAB shall provide technical guidance, advice and support in planning, policy making,
32 program development, development of good practice models, standard setting, stakeholder
33 engagement, program monitoring, evaluation and assessment, strategic, programmatic and
34 operational review. It shall, as necessary, create expert groups or technical working groups to assist
35 the DOH to undertake any of the following key tasks:
36

- 37 (a) Secure from government agencies and other stakeholders concerned,
38 recommendations and plans on how their respective agencies could operationalize specific
39 provisions of this Act. The Board shall consider and integrate sound recommendations in
40 the implementing rules and regulations for this act;
- 41 (b) Develop the National Integrated Cancer Control (NICC) roadmap with annual
42 targets, priorities and performance benchmarks, for the effective institutionalization of
43 integrated cancer control strategies, policies, programs and services in the national and
44 local health care system for the effective institutionalization of integrated cancer control
45 strategies, policies, programs and services in the national and local health care system;

- (c) Develop integrated and responsive cancer control policies and programs tailored to the socio-economic context and epidemiological profiles of the Philippines and aimed at improving survivorship, making cancer care more accessible and affordable, expanding and enhancing cancer care to include the whole continuum of care, promoting integrated, multidisciplinary, patient- and family-centered care, and enhancing the well-being and quality of life of cancer patients and their families;
- (d) Develop, periodically update and promote, evidence-based treatment standards and clinical practice guidelines for all adult and childhood cancers, of all stages, including the management of late effects;
- (e) Develop innovative and cost-effective cancer care service models for effectively delivering integrated cancer care in the most appropriate settings and improving patient care flow from primary to tertiary care;
- (f) Develop clearly defined patient pathways and evidence-based standards of care for the network of cancer centers; that is, Comprehensive Cancer Care Centers, Specialty Care Centers, Regional Cancer Centers, Satellites and others, as deemed essential;
- (g) Set quality and accreditation standards for cancer-focused health service facilities, health care providers, medical professionals, allied health professionals, as well as, ethical cancer research;
- (h) Monitor and assess the implementation of prioritized packages of cancer services, for all ages and all stages of cancer, ensuring they are provided in an equitable, affordable and sustainable manner, at all levels of care; that is, primary to tertiary health care;
- (i) Develop mechanisms on improvement of core systems and processes related to availability and affordability of quality, safe, and effective medicines, not limited to those in the WHO List of Essential Medicines and the Philippine National Formulary, and to include vaccines, diagnostics for cancer, innovative medicines and technologies, and compassionate use protocols, as necessary;
- (j) Establish mechanisms and platforms for multi-sectoral and multi-stakeholder collaboration, coordination, and cooperation, especially in, health promotion, disease prevention, capacity development, education, training and learning, information and communication, social mobilization and resource mobilization;
- (k) Establish mechanisms and platforms for patient, family, and community engagement, especially on protection and promotion of the rights of patients, survivors and their families and their active involvement in multi-disciplinary patient care, patient navigation, and survivors' follow-up care;
- (l) Strengthen linkages with local and international organizations for possible partnerships in treatment and management of challenging and rare cases, education, training and learning, advocacy, research, resource mobilization and funding assistance; and
- (m) Establish a system for program review, monitoring and evaluation, inclusive of financial aspects and submit an annual report to the Secretary of Health on the progress, accomplishments, implementation challenges encountered and recommendations for way forward.

The NICCAB shall meet quarterly or as the need arises.

SECTION 3. Strengthening of the human resource complement for the cancer program in the Disease Prevention and Control Bureau of the Department of Health. In order to ensure that this law shall be effectively operationalized and implemented, the human resource complement of the cancer unit under the Department of Health shall be strengthened. A Director for Cancer Control shall be designated to provide operational leadership, undertake coordination with program stakeholders, and ensure effective and sustainable implementation of the program.

ARTICLE II

Optimizing Quality Health Care Systems for Cancer Control in All Levels

SECTION 1. Strengthen Cancer Care Infrastructure and Other Resources. – The State through the Secretary of Health, the Local Government Units and its instrumentalities, shall strengthen the capacity of public health systems and facilities, in the provision of services, in the cancer care continuum, through the following key activities, but not limited to:

- (a) Allocate adequate resources for investments in health facility renovation or upgrade, inclusive of technologies and equipment for use in cancer treatment and care (from diagnosis to rehabilitation);
- (b) Develop robust and effective patient referral pathways across levels of health service delivery;
- (c) Provide reliable supply of cancer drugs and cancer control related vaccines (HPV, Hepatitis B) to patients by ensuring that health facilities and local health centers, through coordination with local government units (LGUs), consistently have sufficient supply of essential medicines and vaccines;
- (d) Enhance and strengthen the oncology related competencies of health providers in all levels of care;
- (e) Establish clear standards and guidelines for patient care, psychosocial support, palliative care and pain management, and patient navigation;
- (f) Establish and strengthen community level of care for cancer patients, cancer survivors, and people living with cancer, of all gender and ages;
- (g) Ensure the proper recording, reporting and monitoring of cancer cases, of all gender and ages, in all levels of care;
- (h) Network and link-up with Comprehensive Cancer Care Centers, specialty centers, privately managed cancer centers and relevant health facilities and international institutions, for knowledge and resource sharing;
- (i) All other activities and initiatives as may be identified by the NICCAB.

SECTION 2. Establish an integrated, robust, well connected, accredited network of cancer care centers in strategic areas of the country. The State, through the Secretary of Health, and with assistance from NICCAB, shall develop standards to classify cancer centers, accredit and designate Comprehensive Cancer Centers, Specialty Centers, Regional Cancer Centers and satellites. The required diagnostic, therapeutic, research capacities and facilities, technical, operational and personnel standards for these centers shall be defined in the Implementing Rules and Regulations of this law.

1 The Regional Cancer Centers shall have the following objectives and functions:

- 2 (a) Provide timely and high-quality cancer services such as screening, diagnosis,
- 3 optimal treatment and care, supportive care and palliative care, survivorship follow-up care
- 4 and re-integration, rehabilitation, to cancer patients of all gender and ages;
- 5 (b) Establish as necessary, networks with both public and private facilities, to improve
- 6 access, expand range of services, reduce costs and bring services closer to patients;
- 7 (c) Provide and promote supportive care, palliative care and pain management, patient
- 8 navigation, hospice care and other measures to improve the well-being and quality of life
- 9 of cancer patients, people living with cancer, their families and carers;
- 10 (d) Ensure there are separate units and facilities for children/adolescents with cancer
- 11 and that they are not mixed with the general population;
- 12 (e) Design and implement high-impact, innovative, and relevant local communications
- 13 campaigns that are context and culture-sensitive, and aligned with national programs;
- 14 (f) Undertake and support the training of physicians, nurses, medical technicians,
- 15 pharmacists, health officers, social workers, and other allied health professionals on
- 16 evidence-based, good practice models for delivery of responsive, multi-disciplinary,
- 17 integrated cancer services;
- 18 (g) Address the psychosocial and rehabilitation needs of cancer patients and survivors;
- 19 (h) Adapt and promote evidence based innovations, good practice models, equitable,
- 20 sustainable strategies and actions across the continuum of care;
- 21 (i) Engage and collaborate with LGUs, private sector, philanthropic institutions and
- 22 civil society organization to make available programs and services for practical assistance
- 23 to cancer families and cancer survivors;
- 24 (j) Promote and/or assist in ethical scientific research on matters related to cancer; and
- 25 (k) Institutionalize and implement the comprehensive and integrated Philippine Cancer
- 26 Control Program.
- 27
- 28

29 **SECTION 3.** Strengthen the capacities of the Human Resources for Health in Cancer Care. – The

30 Department of Health in collaboration with cancer-focused professional societies, LGU leagues

31 and LGU-based health associations, academic institutions, human resources units of designated

32 Comprehensive Cancer Care Centers (Centers of Expertise or Excellence), designated Specialty

33 Cancer Centers, designated Regional Cancer Centers, civil society organizations, and the private

34 sector shall create and implement competency-based learning packages, for all health care workers

35 providing cancer care service and support at all levels of the healthcare delivery system. This

36 continuing learning program shall include adoption and institutionalization of cost-effective,

37 learner friendly, learning platforms and modalities, so as to broaden reach and accelerate

38 enhancement of key competencies of health providers.

39

40 **SECTION 4.** Strengthen oncology-related academic curricula of higher educational institutions

41 (HEIs). Integration of cancer care brings with it increased demand for highly specialized and

42 relevant expertise. Oncology related health professionals, need to adapt to rapid changes in

43 standards of practice and further sharpen their expertise, gaining in-depth, disease-specific

44 knowledge and learning how to collaborate effectively with other specialists in an integrated,

45 multi-professional setting. The Commission on Higher Education in collaboration with DOH,

46 PSC, HEIs, professional oncology societies, accrediting institutions and patient support

1 organizations, shall undertake an assessment of current oncology-related academic curriculum and
2 ensure that it meets local needs and global practice standards. It shall encourage HEIs to offer
3 degree programs for high priority oncology related specializations as well as continuing education
4 programs related to oncological treatment and care.

5
6 **SECTION 5.** Establish and implement regulatory and accreditation standards for cancer centers
7 and cancer facilities, both public and private. This also covers stand-alone clinics that provide
8 services to cancer patients, people living with cancers and survivors.

10 **ARTICLE III**

11
12 **Enhancing Public Awareness on Cancer in Schools, Workplaces, and Communities and Creating**
13 **a Supportive and Safe Environment in Various Settings**

14
15 **SECTION 1.** National Cancer Consciousness Month. The Department of Health, in collaboration
16 with partners, shall lead in the celebration of National Cancer Consciousness Month every
17 February of every year.

18
19 **SECTION 2.** National Cancer Information Service. The State shall intensify provision of up-to-
20 date, evidence-based information, as well as practical advice, support, and referral for cancer
21 patients, people living with cancer, survivors, their families, carers, and caregivers. The service
22 shall be provided through the existing Department of Health Call Center, website, help line or
23 other platforms that may be developed, including that of the Department of Information,
24 Technology and Communications. This shall increase cancer literacy and understanding of risk
25 factors associated with cancers, help combat myths and misconceptions, as well as reduce the
26 anxiety, fear, distress and uncertainty associated with cancer and/or a cancer diagnosis.

27
28 **SECTION 3.** Health Education and Promotion in Schools, Colleges, Universities, and other
29 Training Institutions. – The Department of Health, in collaboration with partners, such as the
30 Commission on Higher Education and Department of Education, shall develop policies and
31 provide technical guidance to academic institutions and administrators to: a) Promote and facilitate
32 integration of age-appropriate key messages on cancer risk factors, early warning signs and
33 symptoms of adult cancers and childhood cancers, cancer prevention and control, adoption of
34 healthy lifestyles and healthy diets, in their curriculum, health and wellness programs, and co-
35 curricular activities; b) Undertake mainstreaming of practical supportive care and psychosocial
36 support programs for people living with cancer, cancer survivors, and their family members,
37 especially those who act as carers for cancer patients; and c) Adopt initiatives that shall minimize
38 or eliminate stigma and discrimination in schools, colleges, and universities. For this purpose,
39 funds shall be allocated for training of key staff, lead personnel and counselors.

40
41 **SECTION 4.** Health Education and Promotion in the Workplace. – The Department of Health, in
42 collaboration with partners, such as the Department of Labor and Employment (DOLE) and Civil
43 Service Commission (CSC), and Technical Education and Skills Development Authority
44 (TESDA), shall develop policies and provide technical guidance to employers, employees
45 associations, and unions to: a) Promote and facilitate integration of key messages on cancer risk
46 factors, early warning signs and symptoms of adult cancers and childhood cancers, cancer

1 prevention and control, adoption of healthy lifestyles and healthy diets, in their communication
2 initiatives, health and wellness programs, and employee development programs; b) Undertake
3 mainstreaming of practical supportive care and psychosocial support programs for people living
4 with cancer, cancer survivors, and their family members; (c) Integrate appropriate cancer services
5 in their health services and clinics; and d) Develop programs, initiatives or mechanisms that shall
6 minimize or eliminate stigma and discrimination in the work place that is experienced by people
7 living with cancer, survivors, and their families. The Armed Forces of the Philippines (AFP) and
8 the Philippine National Police shall likewise be engaged and assisted by the Department of Health
9 in collaboration with appropriate agencies.

10
11 **SECTION 5.** Health Education and Promotion in Communities. The Department of Health, in
12 collaboration with partners such as the Department of the Interior and Local Government, League
13 of Provinces, League of Cities and League of Municipalities, DOH Regional Offices, local cancer-
14 focused patient support organizations and professional oncology societies, shall implement a
15 locally based, multi-sectoral community response to cancer. This shall not be limited to
16 information and cancer focused health education but shall include assisting cancer patients,
17 people living with cancer, cancer survivors and their families in accessing community resources
18 for cancer services and support for effectively coping and living with cancer. Gender and
19 Development Funds and other appropriate local sources may be utilized for these purposes.

20
21 The Department of the Interior and Local Government, in coordination with the Regional Offices
22 and the Department of Social Welfare and Development, shall conduct age-appropriate cancer-
23 focused health education and promotion for out-of-school youth.

24
25 **SECTION 6.** Health Education and Promotion for Special Communities and Vulnerable Groups.
26 The Department of Health shall collaborate with respective national government agencies in
27 developing and conducting cancer-related information and education campaigns as well as
28 providing much-needed services to under-privileged and marginalized population, such as but not
29 limited to, inmates, indigenous people, workers in the informal sector, and internally displaced
30 persons.

31 32 33 **ARTICLE IV**

34 **Making Cancer Care and Treatment More Affordable**

35
36 **SECTION 1.** Establishment of Cancer Assistance Fund (CAF). Every year, the State shall
37 automatically appropriate the initial amount of Php30 billion to support the medical (diagnostics)
38 and treatment assistance program. Funds for the CAF shall initially be drawn from the
39 appropriations of the DOH, the DSWD, PCSO and PAGCOR. The amount may be adjusted
40 according to macroeconomic variables and projected demand.

41
42 **SECTION 2.** Expansion and Introduction of Innovative PhilHealth Benefits for Cancers. – The
43 Philippine Health Insurance Corporation (PhilHealth) shall expand current benefits to include
44 screening, detection, diagnosis, treatment assistance, palliative and supportive care, survivorship
45 follow up care and rehabilitation, for all types and stages of cancer, in both adults and children.
46 It shall also develop innovative benefit packages such as community-based models of care to

1 improve cancer treatment journey and reduce costs of care; this may include, but not limited to,
2 stand-alone chemotherapy infusion centers, ambulatory care, home-based palliative care and pain
3 management, community based hospice facility.
4

5 **SECTION 3.** Institutionalizing Social Protection Mechanisms for cancer patients, persons living
6 with cancer, survivors, their families and carers. – The DOH, in close coordination with SSS,
7 GSIS, PCSO, PAGCOR, DOLE, DSWD, and LGUs shall develop appropriate, easily accessible
8 social protection mechanisms to support the needs of cancer patients, people living with cancer,
9 survivors, their families and carers and to reduce, if not eliminate catastrophic costs of cancer, so
10 as to reduce distress and ensure their well-being.
11

12 **ARTICLE V**

13 14 **Ensuring Essential Medicines are Available, Accessible, Affordable and of Quality** 15

16 **SECTION 1.** Facilitating Access to Cancer and Related Supportive Care Medicines. – The
17 Department of Health and other agencies (i.e. Food and Drug Administration, PhilHealth,
18 Philippine Pharma Procurement Inc., Bureau of Customs, among others) shall implement reforms
19 supporting early access to essential medicines and health technologies to ensure highest possible
20 fighting chance of survival among people with cancer. This shall include facilitating quick access
21 to drugs for compassionate use and developing a more responsive system for effectively addressing
22 emergency cases.
23

24 **SECTION 2.** Availability and Accessibility of Medicines for Palliative Care and Pain
25 Management. – The Department of Health shall lead in the provision and distribution of medicines
26 for palliative care of cancer patients, such as but not limited to, analgesics, anesthetics, and opioids
27 and shall be available and accessible in the community.
28

29 **SECTION 3.** Misinformation on Cancer. - False and misleading advertising and claims in any of
30 the multimedia and/or promotional marketing of drugs, devices, agents or procedures without prior
31 approval by the FDA and without the requisite medical and scientific basis, purporting to be a cure
32 for cancer or a fail-safe prophylaxis against cancer, shall be prohibited.
33

34 **ARTICLE VI**

35 36 **Creating a Supportive Environment for Persons Living with Cancer and Cancer Survivors** 37

38 **SECTION 1.** Designation of Persons Living with Cancer and Cancer Survivors as Persons with
39 Disabilities. – Persons Living with Cancer and Cancer Survivors shall be considered as persons
40 with disabilities (PWDs), in accordance with Republic Act No. 7277, as amended, or the Magna
41 Carta for Disabled Persons.
42

43 **SECTION 2.** Rights and Privileges of Persons with Cancer and Cancer Survivors. – The
44 appropriate national government agency shall ensure that they are accorded the same rights and
45 privileges as PWDs, to wit:

(a) The Department of Social Welfare and Development (DSWD) shall provide assistance to persons with cancer and cancer survivors to ensure that their social welfare and benefits provided under Republic Act No. 7277, as amended, or the Magna Carta for Disabled Persons, are granted; and

(b) The Department of Labor and Employment (DOLE) shall adopt programs that promote the availability of opportunities for work and employment of able-persons with cancer and cancer survivors.

SECTION 3. Promoting Non-Discrimination. – The State and its instrumentalities shall ensure that people living with cancer and survivors of cancer have the right to freedom from discrimination with regards to access to and continued employment, conditions of employment, access to education, use of public facilities, and other social services.

ARTICLE VII

Establish National Cancer Registry and Surveillance

SECTION 1. Establish National Cancer Registry and Surveillance System. – The DOH through its Disease Prevention and Control Bureau (DPCB), Epidemiology Bureau (EB), Knowledge Management and Information Technology Service (KMITS), Health Facilities Services and Regulatory Bureau, Philippine Health Insurance Cooperation, and Philippine Cancer Society Inc., and other private organizations shall cooperate with the WHO-Inter-Agency for Research on Cancer (IARC) collaborate with other private organizations on the design and implementation of a national cancer registry and surveillance system covering all forms of cancer among adults and children to guide policy development and program decision making. The DOH shall undertake a review of the current population-based and hospital-based cancer registries towards establishing a comprehensive and harmonized national cancer registry and surveillance system compliant with the National Health Data Standards and Data Privacy Act of 2012 and that allows categorization by type of cancer and population groups including children.

SECTION 2. Strengthen Population-Based and Hospital-Based Cancer Registries. - The Department of Health shall allocate resources to support the institutionalization of hospital-based cancer registry. Moreover, it shall conduct population-based cancer data collection on a regular basis or as necessary. Submission of cancer registry shall be a requirement for the renewal of license to operate of the hospital.

SECTION 3. Notification on Cancer Cases. - Adult and childhood cancer shall be considered as a notifiable disease in all levels of the health care system.

ARTICLE VIII.

Research and Demonstration Projects

SECTION 1. Research & Demonstration Projects. – The Department of Health shall, directly or through grants to public or nonprofit private entities, perform the following activities:

- (a) Conduct basic and clinical research based on the health agenda to be developed by partners in the academe, health professional groups and other local health partners with possible support from foreign organizations;
- (b) Develop demonstration projects to generate evidence for responsive policies and to develop regional capabilities for the prevention, screening, detection, control, and management of cancer; and
- (c) Provide support for model centers to sustain their initiatives under subparagraphs (a), and (b); and
- (d) Collaborate with local and foreign organizations for partnership in various activities and in providing technical and funding support.

ARTICLE IX

Final Provisions

SECTION 1. Report. – The Secretary of Health shall submit an annual report to the Committees on Health of the Senate and the House of Representatives on the activities carried out to comply with the provisions of this Act on or before June 30 of every year.

SECTION 2. Appropriations. – The amount necessary to implement the provisions of this Act shall be charged against the current year's appropriation of the DOH, PCSO, PAGCOR, and DSWD. Thereafter, ten percent (10%) of the incremental revenues from the excise tax revenues on alcohol and tobacco products collected by the government pursuant to Republic Act No. 10351 shall be earmarked for the implementation of this Act, among other tax revenues.

SECTION 3. Implementing Rules and Regulations. – The DOH, in consultation with its attached agencies (FDA, PhilHealth), DSWD, DOLE, DOF, DepEd, CHED, TESDA, SSS, GSIS, LGUs, private sector, professional cancer-focused societies, patient support organization and advocacy network representatives, academe, and other interest groups, shall issue the rules and regulations implementing the provisions of this Act within ninety (90) days from its effectivity.

SECTION 4. Penalty Clause. – Any person who violates any of the provisions of this Act or its Implementing Rules and Regulations shall, upon conviction by final judgment, be punished by imprisonment of not less than six (6) months nor more than two (2) years or a fine of not less than Ten Thousand Pesos (Php10,000) nor more than Two Hundred Thousand Pesos (Php200,000), or both at the discretion of the court. If the violation is committed by a juridical person, the officer responsible therefor shall serve the imprisonment when imposed. If violation is committed by an alien, he or she shall be immediately deported after service of sentence, without need of further proceedings.

SECTION 5. Separability Clause. – If any provision or part hereof is held invalid or declared unconstitutional, the other provisions which are not affected thereby shall continue to be in full force and effect.

1 **SECTION 6.** Repealing Clause. – Any law, presidential decree or issuance, executive order, letter
2 of instruction, administrative order, rule or regulation contrary to or inconsistent with the
3 provisions of this Act is hereby repealed, modified or amended accordingly.
4

5 **SECTION 7.** Effectivity. – This Act shall take effect fifteen (15) days after its publication in the
6 Official Gazette or in a newspaper of general circulation.
7

8
9 Approved,