

**IMPLEMENTING RULES AND REGULATIONS (IRR)
OF THE REPUBLIC ACT NO. 11215, OTHERWISE KNOWN AS THE
NATIONAL INTEGRATED CANCER CONTROL ACT**

Pursuant to the mandate of the Department of Health to administer and implement the provisions of the National Integrated Cancer Control Act, the following Rules and Regulations are hereby promulgated to effectively implement the provisions of the Republic Act No. 11215, **“AN ACT INSTITUTIONALIZING A NATIONAL INTEGRATED CANCER CONTROL PROGRAM AND APPROPRIATING FUNDS THEREFOR”**:

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RULE I
INTRODUCTORY PROVISIONS

SEC. 1. Short Title. – These rules and regulations shall be known as the Implementing Rules and Regulations (IRR) of Republic Act No. 11215 known as the National Integrated Cancer Control Act, or the “Rules”.

SEC. 2. Declaration of Policy. – Recognizing that cancer is a catastrophic disease and one of the leading causes of death in the Philippines, the State shall adopt an inclusive, integrated and comprehensive approach to health development, which includes the strengthening and institutionalization of evidence-based integrative, multidisciplinary, people-, patient- and family-centered cancer control policies, programs, systems, interventions and services at all levels of the existing health care delivery system.

Towards this end, the State shall endeavor to prevent and control cancer and improve cancer survivorship by scaling up essential programs and increasing investments for risk assessment, robust primary prevention of cancer, better screening or early detection, prompt and accurate diagnosis, timely referral and optimal treatment, surveillance, responsive palliative care and pain management, effective survivorship care and late effects management, rehabilitation and hospice care. It shall likewise make cancer prevention, screening, diagnosis, treatment and care more equitable, affordable, and accessible for all, especially for the underprivileged, poor and marginalized Filipinos.

SEC. 3. Definition of Terms. – Whenever used in this Rules, the following terms shall have the respective meanings hereafter set forth:

(a) *Allied health care professionals* refer to trained non-cancer health professionals such as physicians, social workers, nurses, pharmacists, medical physicists, occupational therapists, recreational therapists, dietitians, among others;

(b) *Cancer* refers to 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. Each type of cancer has its own distinct clinical behavior and requires type-specific treatment. Moreover, within each cancer type the prognosis also varies, depending on stage and molecular characteristics, requiring individualized or personalized treatment. Cancer shall be categorized by age groups, in accordance with local and global standards;

(c) **Cancer control** refers to the strategies to reduce the incidence, morbidity, disability, and mortality and improve the quality of life of cancer patients, persons living with cancer and cancer survivors in a defined population, through the systematic implementation of evidence-based interventions for risk assessment, primary prevention, screening/early detection, diagnosis, referral, optimal treatment and care, surveillance, rehabilitation, supportive care, palliative care and pain management, survivorship follow-up care, reintegration, and hospice care or end-of-life care;

(d) **Cancer diagnosis** refers to the various techniques, procedures, diagnostics and new and emerging technologies used to detect or confirm the presence, classification and stage of cancer;

(e) **Cancer patients, persons living with cancer, cancer survivors** refer to those who have received the diagnosis of cancer. Strictly defined, **cancer patients** are those symptomatic and/or under definitive or palliative treatment. **Persons living with cancer** are those with microscopic or residual disease, asymptomatic or with subclinical symptoms on maintenance or supportive treatment. **Cancer survivors** are those who have completed all of their anti-cancer therapy and presently show no signs of the disease - that is, in remission, and now must go on to face survival with both fear of recurrence or relapse and perhaps encumbered by the side effects and consequences of their therapies;

(f) **Cancer registry** refers to a database that contains information about people diagnosed and confirmed with various types of cancer. The registry shall require systematic collection, storage, analysis, interpretation and reporting of data on subjects with cancer. There are two (2) main types of cancer registry:

(1) **Population-based cancer registry**, which refers to the collection of data on all new cases of cancer occurring in a well-defined geographical population over specified time periods, including mortality and survivorship, providing a framework for assessing and

controlling the impact of cancer in the community, pertinent to public health policy and program planning;

(2) **Hospital-based cancer registry**, which refers to the recording of information on the cancer patients diagnosed and treated in a particular hospital, including pathology and treatment-outcome database for hospital administrative purposes and for reviewing clinical performance, pertinent to quality operations of a hospital (single-hospital registry) and can be evaluated compared to those of other hospitals (collective-hospital registry);

(g) **Cancer rehabilitation** refers to a program that helps cancer patients, persons living with cancer and cancer survivors maintain and restore physical and emotional well-being. Cancer rehabilitation is available before, during and after cancer treatment;

(h) **Cancer screening** refers to the detection of precancerous lesions and cancer before signs and symptoms start to appear. This may involve evidence-based blood tests, medical imaging, urine test, deoxyribonucleic acid (DNA) tests and other tests;

(i) **Cancer surveillance** refers to the monitoring for cancer recurrence or progression after treatment;

(j) **Cancer survivorship** refers to the period starting at the time of disease diagnosis and continues throughout the rest of the patient's life. Family, carers and friends are also considered related survivors. Survivorship care has three (3) distinct phases: living with, through, and beyond cancer;

(k) **Cancer treatment** refers to the series of evidence-based multidisciplinary interventions that are: (1) aimed at curing and controlling the progression of cancer such as surgery, radiotherapy, radioisotope therapy, and drug therapy, including chemotherapy, hormonotherapy, biotherapeutics, immunotherapy, gene therapy, and other interventions; (2) aimed at improving the patient's quality of life such as supportive-palliative care, pain control, psychosocial, nutritional, and hospice care;

(l) **Carer** refers to anyone who provides care for cancer patients, persons living with cancer, cancer survivors and family members;

(m) **Case ascertainment** refers to the request for the use of health facility data sources to identify and recruit all eligible cases to be included in the cancer registry database (no missing case/no double entry);

(n) **Case inclusion** refers to the fulfillment of registry eligibility criteria characteristics that the prospective case must have if he is to be included in the registry;

(o) **Child life services** refer to developmentally appropriate interventions for children and youth which include therapeutic play and other modalities, preparation and education about the illness and medical procedures that reduce fear, anxiety, and pain; focus on the social and emotional impact of illness and hospitalization, striving to promote a positive hospital experience for children;

(p) **Comprehensive cancer care center** refers to a care center that is multidisciplinary and integrates clinical care, education and research to accelerate the control and cure of cancer;

(q) **Continuum of cancer care** refers to delivery of comprehensive integrated health care services, which includes evidence-based interventions for risk assessment, primary prevention, screening/early detection, diagnosis, referral, optimal treatment and care, surveillance, rehabilitation, supportive care, palliative care and pain management, survivorship follow-up care, reintegration, and hospice care or end-of-life care;

(r) **Evidence-based** refers to a systematic approach to the acquisition, appraisal and application of best available current research evidence, clinical expertise, and patient's values and preferences to guide decisions in healthcare;

(s) **Health Technology Assessment (HTA)** refers to the systematic evaluation of properties, effects or impact of health-related technologies, devices, medicines, vaccines, procedures, and all other health-related systems developed to solve a health problem and improve quality of lives and health outcomes, utilizing a multidisciplinary process to evaluate the clinical, economic, social, organizational and ethical issues of a health intervention or health technology;

(t) **High-risk conditions** refer to conditions within the workplace wherein the presence of chemicals, pesticides, ionizing radiation and other known cause of cancer within the workplace may affect the safety and/or health of workers not only within but also persons outside the premises of the workplace. There is high level of exposure to safety and health hazards and probability of resulting to major illness as cancer is likely to occur if no preventive or control measures are in place;

(u) **Hospice care** refers to a component of palliative care of a chronically ill, terminally ill or seriously ill patient's pain and symptoms, otherwise known as end-of-life care that consists of

medical, psychological, spiritual and practical support for patients unable to perform self-care and with declining conditions despite definitive treatment and other disease modifying interventions;

(v) ***Integrated*** refers to a practice that emphasizes the combination of diverse practitioners and their different therapies into one practice providing seamless cancer management pathways to meet patient needs through all levels of care;

(w) ***Integrative*** refers to a practice that offers multiple and diverse therapies – both evidence-based informed conventional and complementary therapies;

(x) ***Management of late effects*** refers to the recognition, assessment and management of effects that may occur months or years after cancer treatment;

(y) ***Metastasis*** refers to the spread of cancer cells from the place where they first formed to new areas of the body often by way of the lymph system or bloodstream;

(z) ***Multidisciplinary patient care*** refers to an integrated team approach to cancer care in which medical and allied health care professionals discuss and consider all relevant evidence-based treatment options and develop collaboratively an individual care plan for each patient;

(aa) ***National Integrated Cancer Control Program*** refers to the program of the national government for the comprehensive and integrated control of cancer in the Philippines;

(bb) ***Notifiable disease*** refers to a disease that, by legal requirements, must be reported to the public health authority when the diagnosis is made;

(cc) ***Optimal treatment and care*** refers to a quality treatment and care that adheres to evidence-based clinical practice guidelines and standards;

(dd) ***Organized cancer screening*** refers to an explicit policy with defined age categories, method, and interval for screening in a defined target population with a defined implementation and quality assurance structure, and tracking of cancer in the population;

(ee) ***Palliative care*** refers to a systematic and organized approach to care that improves the quality of life of patients and their families facing problems associated with life-threatening or life-limiting illness, through anticipation, prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems throughout the continuum of illness which involves addressing physical, intellectual, emotional, social, spiritual needs and access to information;

(ff) ***Patient navigation*** refers to individualized assistance provided at the community or in the hospital, through all the phases of cancer experience, offered to cancer patients, persons living

with cancer, cancer survivors, families and carers to help overcome health care system barriers and facilitate timely access to quality medical and psychosocial care and practical support beginning from pre-diagnosis and extending throughout the continuum of care;

(gg) *Patient care pathway* refers to 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 and returns to the community;

(hh) *Psychosocial support program* refers to practical support consisting of needs-based assistance on non-medical costs such as financial assistance for diagnosis, treatment, survivorship follow-up care; funeral assistance; education assistance; transient housing or home support for the family/other siblings; transportation, food and nutrition; emotional support initiatives for cancer patients, persons living with cancer, cancer survivors and their families to reduce emotional distress and improve well-being;

(ii) *Secondary cancer* refers to either a second cancer unrelated to the primary cancer or to cancer that has spread (metastatic cancer) from the place where it first started to another part of the body; and

(jj) *Supportive care* refers to prevention and management of the adverse events of cancer and its treatment which includes management of any and all side effects across the continuum of the cancer experience including, but not limited to, physical and psychological symptoms which adversely affect the quality of life of cancer patients, persons living with cancer and cancer survivors.

RULE II

THE NATIONAL INTEGRATED CANCER CONTROL PROGRAM

SEC. 4. National Integrated Cancer Control Program. – There is hereby established a National Integrated Cancer Control Program, under the Cancer Control Division of the Disease Prevention and Control Bureau (DPCB), which shall serve as the framework for all cancer-related activities of the government. The program shall have the following objectives:

(a) Decrease the overall mortality, morbidity and impact of all adult and childhood cancer;

(b) Lessen the incidence of preventable cancer and treatment-related morbidities in children and adults;

(c) Prevent and manage cancer recurrence, metastasis and secondary cancer among survivors and persons living with cancer;

(d) Prevent and reduce lost to follow-up and treatment default, which is the patient's voluntary discontinuance of treatment for more than four (4) weeks;

(e) Provide timely access to diagnosis and optimal cancer treatment and care for all cancer patients, persons living with cancer and cancer survivors;

(f) Make cancer screening, diagnosis, treatment and care more equitable, affordable and accessible for all;

(g) Improve the experience of cancer treatment and care of patients and families;

(h) Support the recovery and reintegration to society of cancer survivors; and

(i) Eliminate various forms of burden on patients, persons living with cancer, survivors and their families.

SEC. 5. National Integrated Cancer Control Council. – There is hereby created a multisectoral National Integrated Cancer Control Council, hereinafter referred to as the Council, which shall act as the policy making, planning and coordinating body on cancer control, attached to the DOH. The Council shall provide technical guidance and support and oversee the implementation of this Rules, ensuring judicious and best use of available resources for the benefit of all, especially the most vulnerable sectors of society, the elderly, women and children, the poor, marginalized and disadvantaged.

SEC. 6. Composition of the Council. – The Council shall be composed of the following:

(a) The Secretary of Health, or a designated representative, with a rank not lower than Assistant Secretary, as chairperson in an *ex officio* capacity;

(b) A vice chairperson, who shall be elected by the non *ex officio* members, from among themselves, and who shall serve for a term of three (3) years;

(c) *Ex officio* members consisting of the following:

(1) Secretary of Social Welfare and Development, or a designated representative;

- (2) Secretary of Labor and Employment, or a designated representative;
- (3) Secretary of the Interior and Local Government, or a designated representative;
- (4) President and Chief Executive Officer of the Philippine Health Insurance Corporation (PhilHealth), or a designated representative; and
- (5) Director General of the Food and Drug Administration (FDA), or a designated representative;

All the *ex officio* members shall assign an official alternate representative for which guidelines will be issued.

(d) Two (2) medical doctors, who must be citizens and residents of the Philippines, of good moral character, of recognized probity and independence, have distinguished themselves professionally in public, private, civic or academic service in the field of oncology, and must have been in the active practice of their professions for at least ten (10) years, chosen from at least five (5) persons recommended by the Secretary of Health, to be appointed by the President for a term of three (3) years; and

(e) Three (3) representatives from cancer-focused patient support organizations and advocacy network, to be appointed by the President for a term of three (3) years from the list of organizations and advocacy network recommended by the Secretary of Health. One of the three (3) representatives shall be a cancer patient, person living with cancer or cancer survivor.

The Council shall utilize the services and facilities of the DPCB under the DOH as the Secretariat of the Council.

The non *ex officio* members may receive honoraria in accordance with existing laws, rules and regulations.

Any vacancy in the Council shall be replaced accordingly for the remaining term in the same manner herein provided.

SEC. 7. Roles and Functions. – The Council shall formulate policies, programs and reforms that enhance the synergy among stakeholders and ensure a well-coordinated, effective, inclusive and

sustainable implementation of the provisions of this Rules. It shall, as necessary, create experts' groups or technical working groups.

The following are the key tasks of the Council:

(a) Develop inclusive, integrated and responsive cancer control policies and programs tailored to the socioeconomic context and epidemiological profiles of the Philippines which aim to improve cancer survivorship, make cancer care more equitable, accessible and affordable, expand cancer care to include the whole continuum of cancer care, promote integrated, multidisciplinary, developmentally-appropriate, people-, patient- and family-centered care, and enhance the well-being and quality of life of cancer patients, persons living with cancer, cancer survivors and their families;

(b) Develop the National Integrated Cancer Control roadmap with annual targets, priorities and performance benchmarks, for the effective institutionalization and phased implementation of strategies, policies, programs and services in the national and local health care system;

(c) Develop, adapt, update and promote evidence-based organized screening, diagnostic and treatment standards and guidelines for all adult and childhood cancer, of all stages, including the management of late effects;

(d) Develop innovative and cost-effective cancer care service models for effectively delivering integrated cancer care in the most appropriate settings and improve patient care flow from primary to tertiary care and back;

(e) Develop clearly defined patient care pathways and evidence-based standards of care for the network of cancer centers;

(f) Set quality and accreditation standards for oncology-focused health service facilities, ethical cancer research and development, health care providers, medical professionals and allied health care professionals;

(g) Monitor and assess the phased implementation of prioritized packages of cancer services for all ages and all stages of cancer, ensuring that they are provided in an equitable, affordable, accessible and sustainable manner, at all levels of care;

(h) Recommend responsive and proactive diagnostics and medicines access programs, including improvements of core systems and processes related to the following in accordance to existing laws and DOH guidelines:

- (1) Availability and affordability of quality, safe, and effective medicines;
 - (2) Increased access to cost effective vaccinations to prevent infection-associated cancer;
 - (3) Availability and affordability of quality, safe, and effective diagnostics for cancer;
 - (4) Innovative medicines and technologies; and
 - (5) Protocols for drugs for compassionate use, as necessary;
- (i) Establish mechanisms and platforms for multisectoral and multi-stakeholder collaboration, coordination, and cooperation, especially in health promotion, disease prevention, capacity development, education, training and learning, use of information and communications technology, social mobilization and resource mobilization;
 - (j) Establish mechanisms and platforms for patient, family and community engagement, especially on protection and promotion of the rights of patients, persons living with cancer, survivors and their families and their active involvement in multidisciplinary patient care, patient navigation, survivors' follow-up care and ethical research;
 - (k) Strengthen linkages with local and international organizations for possible partnerships in screening, diagnosis, treatment, palliative/hospice care and management of challenging and rare cases, education, training and learning, advocacy, research and development, resource mobilization and funding assistance;
 - (l) Institute the provision of psychosocial support program, palliative/hospice care, and child life services in all appropriate hospitals and facilities;
 - (m) Establish a system for program review, monitoring and evaluation, inclusive of financial aspects, and submit an annual report and recommendation to the Secretary of Health on the progress, accomplishments and implementation challenges encountered; and
 - (n) Secure from government agencies and other stakeholders, recommendations and plans pertinent to the respective mandates of the agencies and other stakeholders for the implementation of the provisions of this Rules.

SEC. 8. Personnel Complement. – To ensure the effective implementation and institutionalization of this Rules, the personnel complement for the National Integrated Cancer Control Program in the DPCB of the DOH shall be increased.

A Cancer Control Division shall be created under the DPCB. A Cancer Control Division Chief shall be designated to provide operational leadership, undertake coordination with program stakeholders and ensure effective, efficient and sustainable implementation of the National Integrated Cancer Control Program. The Secretary of Health, in coordination with the Secretary of Budget and Management (DBM), shall create the additional permanent plantilla positions for health personnel and staff required in the program/division.

The Cancer Control Division shall have the following functions:

- (a) Serve as the technical Secretariat of the Council;
- (b) Conduct researches, assessments, monitoring and evaluation in aid of policy development and formulation of standards, plans and guidelines as directed by the Council for the implementation of the National Integrated Cancer Control Program;
- (c) Develop and implement, as part of the Cancer Awareness Program, multi-sectoral and multi-stakeholder cancer literacy-focused initiatives through diverse modalities of public education, behavior change communication and social mobilization, in collaboration with the DOH-Health Promotion Bureau and other stakeholders;
- (d) Monitor and assess program implementation and compliance to standards and guidelines for all the key program components in all regional offices and cancer care facilities;
- (e) Monitor compliance to standards and guidelines related to the operations of the National Cancer Registry, in collaboration with the DOH-Epidemiology Bureau, DOH-Knowledge Management and Information Technology Service, the Philippine Cancer Center, and other partners;
- (f) Assess oncology-related needs and resources in order to formulate, implement and evaluate capacity development programs;
- (g) Recommend to the Council possible collaborative partners from international, national and local agencies regarding cancer screening, diagnosis, treatment, palliative/ hospice care and management of challenging and rare cases, education, training and learning, advocacy, research and development, resource mobilization and funding assistance;
- (h) Ensure equitable, affordable and accessible diagnostics, therapeutics and palliative care medicines in all cancer centers including information and compliance with DOH pricing guidelines

and medicines access schemes, and shall facilitate the inclusion of innovative anti-cancer medicines for compassionate use as well as supportive and pain management medicines into the Philippine National Formulary in collaboration with the FDA, DOH-Pharmaceutical Division, and other partners;

(i) Establish a system where results from monitoring, evaluation and program review shall be provided as recommendations to the Council for policy and decision making;

(j) Coordinate with government agencies and other stakeholders for their recommendations and plans pertinent to the respective mandates for the implementation of the provisions of this Rules; and

(k) Other functions as directed by the Secretary of Health and the Council.

RULE III

QUALITY HEALTH CARE SYSTEMS

SEC. 9. Cancer Care Infrastructure. – The DOH, local government units (LGUs), and other government agencies concerned shall strengthen the capability of public health systems and facilities, provision of services and continuum of cancer care, through the following key activities:

(a) Based on local investment plan for health (LIPH) and the Philippine Health Facility Development Plan, allocate adequate resources for investments in health facility renovation or upgrade, inclusive of technologies and equipment for use in risk assessment, primary prevention, screening/early detection, diagnosis, referral, treatment, surveillance, rehabilitation, survivorship and follow-up care, palliative care and pain management, and hospice care or end-of-life care;

(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 to patients by ensuring that health facilities and local health centers have sufficient supply of essential medicines and vaccines;

(d) Enhance the oncology-related competencies of health providers in all levels of care and the capacity to collaborate and work effectively in integrated, multidisciplinary settings;

(e) Institute workplace retention programs for priority oncology and oncology-related disciplines where shortage exist, and in underserved areas where there are no oncology-related practitioners;

(f) Establish clear standards and guidelines for patient care, psychosocial support, palliative care and pain management, and cancer-focused patient navigation for individuals and communities and to clearly provide individualized or personalized support during the cancer journey, facilitating access to information and resources as needed, throughout the continuum of cancer care;

(g) Establish and strengthen community level of care for cancer patients, persons living with cancer and cancer survivors, of all genders and ages at all stages, as well as cancer support groups in cancer centers;

(h) Ensure the proper recording, reporting and monitoring of cancer cases of all genders and ages at all stages, in all levels of care;

(i) Network and link-up with comprehensive cancer care centers, regional cancer centers, specialty centers, privately managed cancer centers and relevant health facilities and international institutions for knowledge and resource sharing, and shared care;

(j) Ensure the availability of multidisciplinary, certified cancer care professionals in comprehensive cancer care centers, regional cancer centers, specialty cancer centers, cancer treatment satellites and relevant health facilities; and

(k) All other activities and initiatives as may be identified by the Council.

SEC. 10. Philippine Cancer Center. – There shall be established a Philippine Cancer Center under the control and supervision of the DOH, to be headed by an Executive Director.

The Philippine Cancer Center shall be established as the center of excellence in cancer care, research and development and capacity development. Its services shall be complemented by (a) designated comprehensive cancer care centers that include regional cancer centers and specialty cancer centers, (b) cancer treatment units and (c) outpatient facilities that include cancer treatment satellites and cancer care clinics. The multidisciplinary nature of cancer care requires that infrastructure, equipment, oncology-related expertise and treatment options are available. It shall have patient accommodation/services mandated in the law. The transitory arrangements as provided by the DOH shall be in phases so that all elements shall be fulfilled.

Other comprehensive specialty cancer centers shall be designated in high population and high-risk areas outside Metro Manila.

The Center shall have the following purposes and objectives:

- (a) To ensure strategic alignment with national cancer control plans and programs;
- (b) To oversee the network of cancer care facilities, in collaboration with concerned DOH units;
- (c) To provide for accommodation, facilities, diagnosis, and medical treatment of patients suffering from cancer, subject to the rules and regulations of the Center;
- (d) To lead, promote, encourage and engage in ethical scientific research on prevention and diagnosis of cancer and the care and treatment of cancer patients and related activities;
- (e) To stimulate and underwrite scientific researches on the biological, demographic, social, economic, physiological aspects of cancer, its abnormalities and control; encompass the whole range of research from basic science, animal to clinical trials, health operations and field research; and gather, compile, and publish the findings of such researches for public dissemination and development of policy and clinical practice guidelines;
- (f) To assist universities, hospitals and research institutions in their studies of cellular anomalies, including rare cancers to encourage advanced training on matters of, or affecting the human cell, and related fields and to support educational programs of value to general health;
- (g) To encourage and undertake the training of physicians, pathologists, nurses, medical and laboratory technologists, other oncology-related health professionals, health officers and social workers on the practical and scientific conduct and implementation of cancer health care services, and related activities;
- (h) To serve as knowledge and learning center for institutionalization of best practice models and effective innovations in cancer control;
- (i) To be the primary repository of all registries in the country related to cancer, and to generate data and analysis to be used for research and to influence policy making and planning;
- (j) To serve as the point of contact for international institutions for networking to continuously improve the Center and contribute to global development in cancer control; and
- (k) Other functions as directed by the Secretary of Health.

SEC. 11. Cancer Care Centers. – The Secretary of Health or his designated representative, in coordination with the Council, shall develop guidelines and standards to classify, accredit and designate government and private comprehensive cancer care centers, regional cancer centers, specialty cancer centers, stand-alone specialty cancer centers, and cancer treatment satellites or stand-alone clinics.

A comprehensive cancer care center shall have the infrastructure, equipment, technical capabilities and expertise to provide the highest level of services with teaching, training and clinical research for all cancers including difficult and rare cancers. Specialty cancer centers have the capability to provide the highest level of services with teaching, training and clinical research for type-specific, organ-specific, population-specific, gender-specific cancers. Comprehensive cancer care centers and specialty cancer centers have the national, sub-national or regional population as their catchment population.

In accordance with Section 38 of this Rules, the DOH shall provide for the minimum required diagnostic, therapeutic, research capacities and facilities, technical, operational and personnel standards of these centers, as well as the appropriate licensing and accreditation requirements, and procedure for licensing in a timely manner. The use of Public Private Partnership shall be allowed on the procurement of cancer care infrastructure and delivery of goods and services to improve access to and services to hasten delivery of essential oncological services and promote efficiency in fiscal utilization for cancer programs and projects. Private institutions may also be accredited as comprehensive cancer care centers, regional cancer centers, specialty cancer centers, stand-alone specialty cancer centers, and cancer treatment satellites or stand-alone clinics, provided they comply with the requirements for such accreditation.

SEC. 12. Regional Cancer Center. –The objectives and functions of a regional cancer center are as follows:

(a) Provide timely, developmentally appropriate, and high-quality cancer services such as risk assessment, primary prevention, screening/early detection, diagnosis, referral, optimal

treatment and care, surveillance, rehabilitation, supportive care, palliative care and pain management, survivorship follow-up care, reintegration, and hospice care or end-of-life care, to cancer patients of all genders and ages; shall be responsible for the compliance to the multidisciplinary patient care and translation of this approach within the Center;

(b) Establish, as necessary, networks with both public and private facilities to improve access, expand range of services, reduce costs and bring services closer to patients;

(c) Provide and promote supportive care, palliative care and pain management, patient navigation, hospice care, and other measures to improve the well-being and quality of life of cancer patients, persons living with cancer, cancer survivors, their families and carers;

(d) Provide separate units and facilities for children, adolescents, and elderly with cancer and ensure that such children, adolescents and elderly are not mixed with the general population;

(e) Design and implement high-impact, innovative, and relevant local communications campaigns that are context and culture-sensitive, and aligned with national programs;

(f) Undertake and support the training of physicians, pathologists, nurses, medical and laboratory technologists, other oncology-related health professionals, pharmacists, health officers, social workers, and other allied health care professionals on evidence-based and good practice models for the delivery of responsive, multidisciplinary, integrated cancer services;

(g) Address the psychosocial and rehabilitation needs of cancer patients, persons living with cancer and survivors;

(h) Adopt and promote evidence-based innovations, good practice models, equitable, sustainable strategies and actions across the continuum of cancer care;

(i) Engage and collaborate with LGUs, private sector, philanthropic institutions, cancer-focused patient support, advocacy organizations and civil society organizations (CSOs) to make available programs and services and practical assistance to cancer families and cancer survivors; and

(j) Participate, promote and assist in ethical scientific research on matters related to cancer.

SEC. 13. Capacity Development. – The DOH, in collaboration with cancer-focused professional societies, accredited specialty/ subspecialty training institutions, LGUs leagues and LGU-based health associations, academic institutions, human resources units of cancer care centers, CSOs, and the private sector, shall formulate, implement, and update capacity development programs.

Ecosystems including infrastructure, continuing professional development and increased practice pathways for specialization, integrated multidisciplinary care and interdisciplinary shared clinical knowledge shall be developed to enable all health care workers and allied health care professionals to provide high-quality integrated cancer care service and support at all levels of the health care delivery system.

The DOH, in collaboration with LGUs, Technical Education and Skills Development Authority (TESDA), CSOs and other stakeholders, shall continue to enhance competencies of community health workers in cancer patient navigation and health education for basic information on cancer such as signs and symptoms, and myths and misconceptions.

Cancer literacy and core oncology-related competencies of health care and allied health care professionals, based in workplaces and academic institutions, shall be continuously enhanced through appropriate learning modalities.

SEC. 14. Oncology-Related Academic Curriculum. – The Commission on Higher Education (CHED), in collaboration with the DOH, PRC, higher education institutions (HEIs), cancer-focused professional societies, accrediting institutions, patient support organizations and other relevant organizations, shall undertake an assessment of current oncology-related academic curriculum and ensure that the curriculum meets local needs and global practice standards. The CHED shall encourage HEIs to offer degree programs for high priority oncology-related specializations and continuing education programs related to oncological treatment and care.

The DOH, in collaboration with academic and training institutions, shall source funds to provide subsidies and scholarships for training of oncology professionals of public hospitals, such as medical and pediatric oncologists, radiation oncologists, surgical oncologists, cancer surgeons, palliative care specialists, specialized radiation technologists, medical physicists, oncology nurses, and other specialized oncology professionals.

RULE IV
CANCER AWARENESS

SEC. 15. Cancer Awareness Campaign. – The DOH together with relevant government agencies, the LGUs and all stakeholders, including community health workers, shall intensify its cancer awareness campaign and provide the latest and evidence-based information for the prevention and treatment of cancer including practical advice, support and referral pathway for cancer patients, persons living with cancer, cancer survivors, their families and carers. The DOH, in collaboration with the Department of Information and Communications Technology, shall make full use of any existing available latest technology and other emerging technologies to disseminate information to reach every Filipino.

The awareness campaign must aim to increase cancer literacy and understanding of risk factors associated with cancer, dispel myths, misconceptions and false claims about cancer, and reduce the anxiety, fear, distress and uncertainty related to cancer.

SEC. 16(A). National Cancer Awareness Month. – The month of February of every year shall be known as the “*National Cancer Awareness Month*” throughout the Philippines. The DOH, in collaboration with national government agencies, LGUs, CSOs, patient support organizations, cancer-focused professional and medical societies or associations, academic institutions and other stakeholders, shall lead the observance of National Cancer Awareness Month.

To intensify cancer awareness and increase cancer literacy, annual multi-sectoral campaigns focused on at least the following cancer sites and celebrations at specified months shall be done: Liver – January; National Cancer Awareness – February; Colorectal – March; Cervix – May; Prostate and Cancer Survivors Day – June; International Childhood Cancer Awareness and Thyroid – September; Breast – October; Lung – November. In addition, a Calendar of Events for other Cancer Awareness Months shall be observed regularly by LGUs, CSOs, academic institutions and cancer-focused professional societies, in coordination with DOH.

SEC. 16(B). Behavioral Outcomes. – The conduct of health education and promotion in academic institutions, workplaces and communities includes awareness raising campaigns as well as learning sessions. It shall achieve the following behavioral outcomes:

(a) For the well population: (1) adopting healthy lifestyle and healthy diets, (2) participating in cancer screening activities, (3) availing of age appropriate cancer related immunization, and (4) showing care, respect and support for cancer patients, persons living with cancer and cancer survivors.

(b) For cancer patients, persons living with cancer and cancer survivors: (1) availing of appropriate cancer-related services, (2) completing full course of treatment, and (3) timely compliance with required follow up.

SEC. 17. Health Education and Promotion in Schools, Colleges, and Universities. – The CHED and the Department of Education (DepEd), in coordination with the DOH, shall develop policies and provide technical guidance to academic institutions and administrators to:

(a) Promote and facilitate integration of age-appropriate and gender-sensitive key messages on cancer risk factors, early warning signs and symptoms of adult and childhood cancer, cancer prevention and control, and adoption of healthy lifestyles and healthy diets in their curriculum, health and wellness programs, co-curricular, extracurricular and after-school activities;

(b) Undertake mainstreaming of practical supportive care and psychosocial support programs for cancer patients, persons living with cancer, cancer survivors, and their family members, especially those who act as carers for cancer patients;

(c) Adopt initiatives that minimize or eliminate stigma and discrimination in schools, colleges, and universities that are experienced by cancer patients, persons living with cancer, cancer survivors and their families;

(d) Undertake alternative education modalities for children, adolescents, young adults with cancer who cannot attend regular school, as well as for those whose regular schooling is disrupted due to special circumstances related to cancer in the family (such as a sick parent who cannot bring children to school, young adult takes responsibility for patient care, expenditure for patient care takes priority over schooling, etc.);

(e) Adopt cancer preventive, promotive and other health initiatives appropriate for the education setting in collaboration with the DOH;

(f) Enhance cancer-related competencies of allied health care professionals through trainings, workshops or other appropriate learning modalities;

(g) Increase cancer awareness, strengthen cancer prevention and control services by embedding these topics in orientations, seminars, trainings and other appropriate learning modalities of the organization/institution; and

(h) Network and institutionalize a referral system/pathway for cancer risk assessment, primary prevention, screening/early detection and diagnosis and other services required by organizations/institutions for cancer patients, persons living with cancer and cancer survivors.

SEC. 18. Health Education and Promotion in the Workplace. – The Department of Labor and Employment (DOLE), Civil Service Commission (CSC) and TESDA, in coordination with the DOH, shall develop policies and provide technical guidance to employers, employees associations, and unions to:

(a) Promote and facilitate integration of gender-sensitive key messages on cancer risk factors, early warning signs and symptoms of adult cancer and childhood cancer, cancer prevention and control, adoption of healthy lifestyles and healthy diets, in their communication initiatives, health and wellness programs, and employee development programs;

(b) Undertake mainstreaming of practical supportive care and psychosocial support programs for cancer patients, persons living with cancer, cancer survivors, and their family members;

(c) Integrate appropriate cancer services in their health services and clinics;

(d) Develop programs, initiatives or mechanisms that shall minimize or eliminate stigma and discrimination in the workplace that are experienced by cancer patients, persons living with cancer, cancer survivors, and their families;

(e) Develop workplace programs to prevent, mitigate and manage exposure to hazardous/high-risk conditions in accordance with the country's Occupational Safety and Health (OSH) standards;

(f) Advocate for cancer awareness, prevention and control services through orientations, seminars, and trainings; and

(g) Network and institutionalize a referral system/ pathway for cancer risk assessment, primary prevention, screening/early detection and diagnosis and other services required by organizations/institutions for cancer patients, persons living with cancer and cancer survivors.

SEC. 19. Health Education and Promotion in Communities. – The DILG and LGUs, in collaboration with the DOH Central and regional offices, local cancer-focused patient support organizations and cancer-focused professional societies, shall lead the health education and promotion campaign in local communities, including out-of-school youth. The DILG, in coordination with the Department of Social Welfare and Development (DSWD), shall conduct and promote age-appropriate and gender-sensitive cancer-focused health education.

RULE V

AFFORDABLE CANCER CARE AND TREATMENT

SEC. 20. Establishment of Cancer Assistance Fund. – There is hereby established a Cancer Assistance Fund to support cancer medicine and treatment assistance program. The DOH shall manage the Fund in accordance with existing budgeting, accounting and auditing rules and regulations; shall develop a mechanism and metrics on its availment and sustainable operation; and shall make a quarterly report to the Office of the President and Congress on the disbursement of the Fund.

The DOH may solicit and receive donations which shall form part of the Fund. Such donations from both local and foreign shall be exempt from income or donor's tax and all other taxes, fees and charges imposed by the government. Likewise, fund-raising activities may be conducted by the Council and the proceeds of which shall accrue to the Fund and shall be exempt from any and all taxes.

Receipts from donations, whether in cash or in kind, shall be accounted for in the books of the donee government agency in accordance with accounting and auditing rules and regulations.

The receipts from cash donations and proceeds from sale of donated commodities shall be deposited with the National Treasury and recorded as a special account in the General Fund and shall be available to the implementing agency concerned through a special budget pursuant to Section 35, Chapter 5, Book VI of Executive Order No. 292. The cash value of the donations shall be deemed automatically appropriated for the purpose specified by the donor. Donations with a term not exceeding one (1) year shall be treated as trust receipts.

The donee-agency concerned shall submit the quarterly reports of all donations received, whether in cash or in kind, and expenditures or disbursements thereon with electronic signature to the DBM, through the Unified Reporting System, and to the Speaker of the House of Representatives, the President of the Senate of the Philippines, the House Committee on Appropriations, the Senate Committee on Finance and the Commission on Audit, by posting such reports on the donee-agency concerned websites for a period of three (3) years. The head of the donee-agency concerned shall send written notice to the said offices when said reports have been posted on its website which shall be considered the date of submission.

SEC. 21. PhilHealth Benefits for Cancer. – The Philippine Health Insurance Corporation shall expand its benefit packages to include primary prevention, screening/early detection, diagnosis, referral, optimal treatment and care, surveillance, rehabilitation, supportive care, treatment assistance, palliative care and pain management, survivorship follow-up care, reintegration, and hospice care or end-of-life care, for all types and stages of cancer, in both adults and children. It shall also develop innovative benefits such as support for community-based models of care to improve cancer treatment journey and reduce costs of care, including stand-alone chemotherapy infusion centers, ambulatory care, community- or home-based palliative care and pain management and community-based hospice facility. The development or expansion of any PhilHealth benefit shall go through a proper, transparent and standardized prioritization setting process of Health Technology Assessment and actuarial feasibility study to avoid inequitable allocation of funds for health care services.

The Cancer Assistance Fund and PhilHealth benefits shall be made available in public and private DOH-licensed cancer care centers. DOH and PhilHealth shall prescribe, in consultation

with stakeholders, the coverage rates and applicable rules on options to charge co-payment for services rendered beyond the basic or minimum standards of PhilHealth benefits, which shall be included in the contract of the accredited health care provider. Processes to avail of such funding shall be streamlined to ensure timely provision of cancer care.

SEC. 22. Social Protection Mechanisms. – The DOH, in collaboration with the Social Security System (SSS), Government Service Insurance System (GSIS), Philippine Charity Sweepstakes Office, DOLE, CSC, DSWD, PhilHealth and LGUs, shall develop appropriate and easily accessible social protection mechanisms for cancer patients, persons living with cancer, cancer survivors, their families and carers. It shall aim to encourage and prioritize the underprivileged and marginalized persons living with cancer to undergo the necessary treatment and care.

A Cancer Control Policy shall be established in every workplace with issuances coming separately from the DOLE and CSC. It shall form part of employee benefits in the formal sector covering the entire cancer care continuum from risk assessment, primary prevention including genetic counselling and testing, screening/early detection, diagnosis, referral, optimal treatment and care, surveillance, rehabilitation, supportive care, palliative care and pain management, survivorship follow-up care, reintegration, and hospice care or end-of-life care.

The Insurance Commission shall mandate the Health Maintenance Organizations (HMOs) to cover genetic counselling and testing, cancer screening, diagnostics and palliative care as well as certain therapeutics of all member employees and individual members.

The cancer-related absences from work of member employees as well as voluntary members shall be covered and compensated by the Sickness Benefits of SSS and Disability Benefits of the GSIS, as the case maybe.

The employees in the informal sector shall be prioritized in the cancer control packages of PhilHealth while the employees in the formal sector shall be offered cost-sharing PhilHealth benefit packages.

RULE VI
ESSENTIAL MEDICINES

SEC. 23. Cancer and Related Supportive Care Medicines. – The DOH and other concerned government agencies shall implement reforms supporting early access to essential medicines, innovative medicines and health technologies, to ensure highest possible chance of survival among cancer patients and persons living with cancer. The reforms include facilitating quick access to drugs for compassionate use, development of testing for quality and standards, adopting a more responsive system for effectively addressing emergency cases and proposing the use of relevant procurement modalities, rationalizing the pricing of cancer drugs, under the Government Procurement Reform Act.

The DOH shall ensure access to essential medicines for cancer drugs listed in the Philippine National Formulary (PNF) in the design of publicly funded programs. Cancer medicines listed in the PNF and non-PNF medicines and other health technologies in the process of review or not approved by the HTA Council may be accessed through donations, special access schemes in the private sector, and other available means properly coordinated with the DOH, in accordance with DOH rules and regulations.

The FDA shall create a dedicated and streamlined process, not exceeding one (1) year, for the licensing of innovator and generic cancer medication, subject to appropriate quality checks and compliance with minimum standards, such as, but not limited to, being approved and used for cancer treatment in other countries. The FDA shall develop, adopt and implement mechanisms to improve performance and facilitate timely access to safe, effective and quality medicines and other new and emerging health technologies. The FDA shall likewise strictly implement all relevant issuances to ensure patient safety, welfare protection, and fair practice for products purported for cancer treatment. The FDA shall strengthen its pharmacovigilance system and establish a patient-friendly mechanism to report any adverse events or reactions from cancer drugs.

SEC. 24. Palliative Care and Pain Management Medicines. – The DOH shall ensure sufficient supply of medicines for palliative care and pain management that are available at affordable prices.

Further, the DOH shall formulate a monitoring system to check that pain and other regulated medications are safe and appropriately administered in correct dosage according to the patient's age and current state of health while ensuring that health care providers have adequate knowledge, attitude and skills in the use of palliative care and pain medications.

RULE VII
SUPPORTIVE ENVIRONMENT FOR CANCER PATIENTS, PERSONS WITH
CANCER AND CANCER SURVIVORS

SEC. 25. Persons with Disabilities. – Cancer patients, persons living with cancer and cancer survivors are considered as persons with disabilities, thus, the National Council on Disability Affairs (NCDA) and the local social welfare development offices shall issue the persons with disability card to them in accordance with Republic Act No. 7277, as amended, otherwise known as the “Magna Carta for Disabled Persons” and with Republic Act No. 10754 or “An Act Expanding the Benefits and Privileges of Persons with Disability.” The Philippine Registry for Persons with Disability shall also be linked to appropriate DOH reporting mechanisms.

SEC. 26. Rights and Privileges. – The cancer patients, persons living with cancer and cancer survivors are accorded the same rights and privileges as persons with disability and the DSWD shall ensure that their social welfare and benefits provided under Republic Act No. 7277, as amended, are granted to them. Further, the DOLE and CSC shall adopt programs, which promote work and employment opportunities for able cancer patients, persons living with cancer and cancer survivors as provided in Title 2, Chapter 1 of R.A. 7277.

SEC. 27. Non-discrimination. – The appropriate government agencies shall ensure that cancer patients, persons living with cancer and cancer survivors are free from any form of discrimination in school, workplace and community.

All existing policies of DOLE, CSC, DepEd, CHED, TESDA and DILG on confidentiality, non-discrimination, discrimination by association, non-termination/ non-admission of employment/ schooling, reasonable accommodation, and provision of beneficial arrangements for

workers/students considered as persons with disability shall equally apply to cancer patients, persons living with cancer and cancer survivors. Hence, the following shall be considered as forms of discrimination:

(a) For any educational institution or a person acting in behalf of an academic institution to discriminate against a cancer patient, person living with cancer or a cancer survivor who has successfully qualified with the admission requirements: (1) by refusing or failing to accept the persons application as a student, (2) by denying, limiting or refusing the student access or membership to student organizations, co-curricular, extra-curricular or other academic pursuits/involvement, (3) by refusing or failing to permit reentry to academic institution during or after cancer treatment, and (4) by subjecting the student to any other detriment or undue disadvantage due to their having cancer.

(b) For an employer or a person acting on behalf of an employer to discriminate against a cancer patient, person living with cancer or a cancer survivor and the immediate family members of a cancer patient, person living with cancer, or a cancer survivor: (1) in the hiring process; (2) in the terms and conditions of employment; (3) in limiting or denying opportunities for promotion, transfer, training or access to any benefits associated with employment; and (4) in firing or dismissal and subjecting the employee to any other detriment or undue disadvantage due to their having cancer.

(c) Cancer patients, person living with cancer and cancer survivors be refused or denied treatment and/or detained in any health facility, including issuance of death certificate to surviving relatives, due to non-payment of hospital bills or medical expenses subject to Republic Act No. 10932, "Anti-Hospital Deposit Law," and Republic Act No. 9439, "An Act Prohibiting the Detention of Patients in Hospitals and Medical Clinics on Grounds of Nonpayment of Hospital Bills or Medical Expenses."

Complaints on discrimination, illegal termination of employment/ schooling, invasion of worker's/ students' right to privacy, etc. shall be reported to the nearest concerned agencies for proper action.

Communities, employers and educational institutions must make reasonable adjustments, prevent unjustifiable hardships and create a supportive environment for cancer patients, persons living with cancer and cancer survivors and the immediate family members of a cancer patient, person living with cancer or a cancer survivor during their employment, schooling and life in the community. They must also adopt strategies and programs to prevent harassment, bullying or victimization of cancer patients, persons living with cancer and cancer survivors.

RULE VIII

CANCER REGISTRY AND MONITORING SYSTEM

SEC. 28. National Cancer Registry and Monitoring System. – The DOH, in collaboration with the Council and other stakeholders, shall establish a national cancer registry and monitoring system. The registry must cover all forms of cancer among adults, children, and elderly and serve as guide in the policy development of the Council. The national cancer registry shall be a population-based cancer registry seeking to collect data on all new cases of cancer by geographical region and within a specific time period to provide framework for assessing and controlling the impact of cancer on the community. Population-based cancer registry compares and interprets cancer incidence data, mortality and survival data, supports population-based actions aimed at reducing cancer burden in the community, and plays a unique role in planning and evaluating cancer control programs.

The national cancer registry shall include existing quality population-based cancer registries and shall expand to other strategically defined geographical areas. Cancer registries shall form part of the Electronic Medical Records requirement of the DOH, and that it shall be in accordance with the National Health Data Standards. The processing of personal data in these cancer registries shall be in accordance with Republic Act No. 10173, otherwise known as the “Data Privacy Act of 2012”.

Registry data will be gathered from all hospitals and cancer clinics and LGU census offices within the specified geographic area and time periods. The Philippine Statistics Authority shall regularly provide a copy of cancer-related mortality data to the population-based cancer registry.

Epidemiologic research pertinent to cancer incidence, mortality, survival and prevalence shall be conducted as deemed necessary.

Cancer registries shall be designed to enable the sharing of information between hospital-based registries and population-based registries through the Philippine Cancer Center, and sharing of information between the cancer registries and PhilHealth as well as other international organizations as may be absolutely necessary and appropriate, and subject to the implementation of adequate safeguards for data privacy and security. Standards for data classification and management procedures shall be adapted from World Health Organization-International Agency for Research on Cancer (IARC). The scope of operations among hospital-based cancer registries shall be similar to population-based registries, and includes case ascertainment, case inclusion, data analysis and exchange, parameters for updating data on file, follow-up, policies and procedures for adding new cases to the data set, publication, and staff qualifications and training.

SEC. 29. Hospital-Based Cancer Registry. – Every hospital, including clinics, shall have its own childhood and adult cancer registry. Hospital-based cancer registry shall be used for reviewing clinical performance for purposes of quality care improvement within the hospital. The registry must record the personal identification of cancer patients, persons living with cancer, and cancer survivors, cancer type, treatment received and its results and other data that the DOH may prescribe. The regional offices of the DOH shall ensure that all hospitals within their respective jurisdiction have cancer registry. The information shall be treated with utmost confidentiality and shall not be released to third parties unless authorized under this Rules, or other applicable laws or regulations allowing for disclosure, sharing, or outsourcing of the processing of personal data, in accordance with R.A. 10173 or the “Data Privacy Act of 2012”.

Submission of the cancer registry data to the DOH, through the Philippine Cancer Center, shall be a requirement for the renewal of a license to operate of a clinic or hospital.

DOH shall ensure personal data protection in all cancer registries maintained by and/or submitted to it, while hospitals and clinics shall ensure similar protection in their respective cancer

registries, through the implementation of the appropriate organizational, physical, and technical security measures to maintain the confidentiality, integrity, and availability of personal data, adherence to data privacy principles, and protection of rights of cancer patients, persons living with cancer, and cancer survivors.

SEC. 30. Recording and Reporting of Cancer Cases. – Adult and childhood cancers are considered as a notifiable disease in all levels of the health care system. Any hospital or clinic which diagnosed a patient with cancer shall report the same to the DOH. The DOH shall provide the form and manner of reporting of cancer cases.

RULE IX TRANSITORY PROVISIONS

SEC. 31. Establishment of Cancer Control Division. – Until the approval by DBM of the Cancer Control Division and corresponding manpower complement, the Secretary of Health shall designate an Officer-in-Charge (OIC) – Chief of the Cancer Control Division within 30 days from the effectivity of this Rules. The appropriate number of contract of service personnel shall be hired accordingly.

SEC. 32. National Integrated Cancer Control Council and its Secretariat. – The Council shall be created and convened within 90 days following the effectivity of this Rules.

The current Cancer Control Program personnel shall serve as ad hoc secretariat of the Council.

SEC. 33. Philippine Cancer Center. – Within 90 days from the effectivity of this Rules, the transitional Philippine Cancer Center shall be established with corresponding manpower complement.

RULE X
FINAL PROVISIONS

SEC. 34. Annual Report. – The Secretary of Health shall submit to the Committees on Health of the Senate and the House of Representatives an annual report on the progress of the implementation of this Rules.

SEC. 35. Appropriations. – The amount needed for the initial implementation of this Rules, including maintenance and other operating expenses of the National Integrated Cancer Control Program shall be charged against the current year’s appropriations of the DOH.

For the succeeding years, the amount allocated for the National Integrated Cancer Control Program in the DOH budget shall be based on strategic plan formulated by the Council in coordination with other stakeholders, including maintenance and other operating expenses of the National Integrated Cancer Control Program and the Cancer Assistance Fund. The amount should be in the National Expenditure Program (NEP) as basis for the General Appropriations Act.

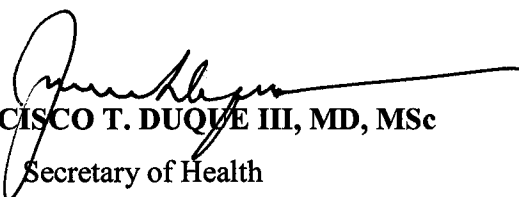
SEC. 36. Separability Clause. – If any provision or part hereof is declared invalid or unconstitutional, the remainder of the provisions not otherwise affected shall remain in full force and effect.

SEC. 37. Repealing Clause. – Except as otherwise expressly provided in this Rules, all other issuances, administrative orders, rules or regulations or parts thereof inconsistent herewith are hereby repealed or modified accordingly.

SEC. 38. Effectivity. – This Rules shall take effect fifteen (15) calendar days after its publication in a newspaper of general circulation and upon filing with the National Administrative Register, Law Center, University of the Philippines of three (3) certified copies of this Rules.

The DOH, PhilHealth, FDA, CHED, DepEd, DOLE, CSC, TESDA, DILG, NCDA, DSWD and other concerned government agencies shall issue the corresponding guidelines, circulars or directives related to this Rules within 6 months after its effectivity and disseminate such information to all concerned.

Approved:


FRANCISCO T. DUQUE III, MD, MSc
Secretary of Health