



REPUBLIC OF LEBANON
MINISTRY OF PUBLIC HEALTH

NATIONAL CANCER PLAN 2023-2028

With the international support of:



Reasons for a National Cancer Plan

- Increasing incidence
- Poor prevention
- Late diagnosis
- Complexity of treatment options
- Quality of care and patient outcome directly related to multidisciplinary care delivery and adherence to evidence-based guidelines
- Limited access to palliative care
- Increasing cancer care cost
- Longer survival and life after cancer

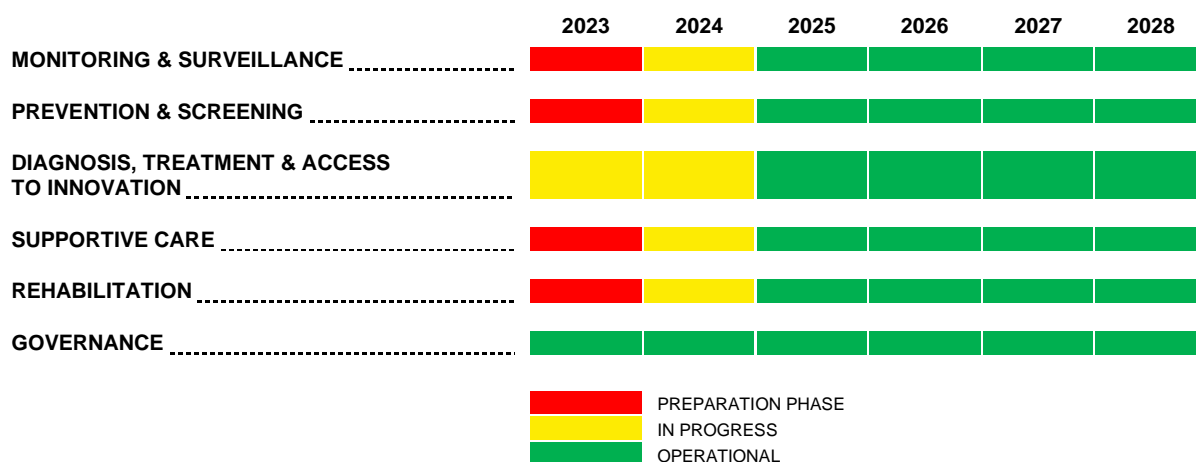
Guiding Principles

The goal of the NCP is to reduce cancer-related morbidity and mortality and to improve the quality of life of patients and their caregivers

This plan:

1. Is national and covers private and public practices
2. Proposes concrete and sustainable actions, considering the existing priorities and utilizing the available resources in the most cost-effective way
3. Is designed for the next five years, with proposed interventions setting the ground for further development and expansion
4. Promotes equity and accessibility to all
5. Considers quality and evidence-based care delivery
6. Remains in harmony with the socioeconomic and cultural context of the country
7. Adopts a multi-sector approach when applicable
8. Includes at least one research proposition in each chapter (science, epidemiology, health economy, sociology, policy...)
9. Includes qualitative or quantitative performance indicators
10. Prioritizes items to be implemented and time frame as decided by the governance body

Calendar



•1• Monitoring and surveillance

1A –Supporting the National Cancer Registry (NCR)

1B– Creating a surveillance system for cancer-related risk factors

•2• Prevention and screening

2A –Improving dietary habits and preventing obesity-related cancers

2B –Encouraging physical activity

2C –Developing a comprehensive anti-smoking strategy

2D –Strengthening alcohol control

2E –Controlling air pollution, pesticides and other environmental pollutants

2F –Improving vaccination rate against HPV

2G –Maintaining free access to hepatitis B vaccine

2H –Expanding the coverage of cervical cancer screening

2I – Strengthening the national breast cancer screening program

2J – Improving the uptake of colorectal cancer screening

2K –Screening for lung cancer

2L – Screening for prostate cancer

2M – Involving Primary Health Care Centers (PHCCs) in primary prevention

2N –Involving PHCCs in early detection/screening

2O –Conducting research and cost-effectiveness studies for cancer screening and prevention

•3• Diagnosis, treatment and access to innovation

3A –Developing conditions for systematic coordination among all healthcare players

3B –Improving medical diagnostics of cancer patients

3C –Improving access to innovative diagnostic and therapeutic tools

3D –Strengthening paramedical training programs through focused training

3E –Improving care provided to children with cancer through adapted care provision

3F –Adapting oncology care to the specific needs of patients aged 70 and older

•4• Supportive care

4A– Raising public awareness on palliative care and its integration into routine cancer care

4B –Enabling patient-centered care and shared decision-making: Integrating truth-telling and advanced care planning into cancer care across different care settings

4C –Making palliative care available and accessible to all cancer patients. Building capacity of primary care teams and specialist palliative care providers through education, training and continuous professional education

4D –Making palliative care available and accessible to all cancer patients. Reimbursing palliative care services across different settings

4E –Making palliative care available and accessible to all cancer patients. Supporting the development of hospital and community-based palliative care services across the country

4F –Promoting palliative care research

•5• Rehabilitation

5A –Addressing social barriers affecting cancer patients

•6• Governance

6A –Creating the “Cancer Program” within MOPH

6B –Guiding the implementation of the National Cancer Plan with health technology assessment (HTA)

6C –Inviting all Lebanese healthcare organizations and societies to refer to the National Cancer Plan

Core Team and Committee members

The Core Team:

Arafat Tfayli, Pierre Anhoury, Joyce Habib, Zeina Nasreddine

The Committee members: (in alphabetical order of surname)

Chapter 1, Monitoring and Surveillance: Salim Adib, Nada Ghosn, Hilda Harb

Chapter 2, Prevention and Screening: Joyce Habib, Mona Osman, Edwina Zoghbie (With the contribution of Salim Adib and David Atallah)

Chapter 3, Diagnosis, Treatment and Access to Innovation: Wael Abi-Ghanem, David Atallah, Sami Faddoul, Caroline Jabbour, Joseph Kattan, Mirna Metni, Colette Raidy, Nada Sbeity, Arafat Tfayli, Viviane Trak-Smayra.

Chapter 4, Supportive Care: Huda Abu-Saad Huijer, Farah Dimachkieh, Janane Hanna

Chapter 5, Rehabilitation: Rebecca El-Asmar, Ghina Ghazeeri

Chapter 6, Governance: Pierre Anhoury, Alissar Rady

Scan the barcode to access the online page of the National Cancer Plan

