



FEDERAL MINISTRY OF HEALTH

A map of Nigeria is shown in the center, filled with the colors of the Nigerian flag: green on the left and right sides, and white in the center. The map has a white outline and is set against a green background with a repeating pattern of the text 'NIGERIA CANCER PLAN' in a lighter green color.

NIGERIA CANCER PLAN 2008 - 2013

VISION STATEMENT

To collaborate with all stakeholders to reduce the morbidity and mortality due to cancer and its socio-economic impact on the community, and to improve health and the quality of life of people living with cancer in Nigeria.

FOREWORD

The health system of Nigeria has suffered a serious set back due to decades of neglect. Communicable diseases account for a large proportion of the country's disease burden. However, the incidence and prevalence of non-communicable diseases such as cancer has assumed an alarming proportion as a result of change in people's lifestyle, in addition to poverty.

It is therefore imperative for the government to focus attention to the types of cancer common in our society alongside diseases such as HIV/AIDS, Malaria and Tuberculosis that have attracted so much attention and funding both from within and outside the country.

According to the WHO, the establishment of a National Cancer Control Program is necessary to coordinate activities in five major areas which include public education, cancer prevention, early diagnosis and referral, effective therapy and palliative care. In addition, such interventions should be affordable and accessible considering the fact that resources are limited.

The purpose of this five year plan for cancer control is to draw the attention of all stakeholders both local and international to the fact that cancer has become a major public health problem, to bring to the fore the types of cancer in our environment and the interventions required to reverse the alarming trend.

These include ten goals designed to focus attention on the priority areas, strategies and activities to address the challenges. The National Cancer Control Programme for African Countries-WHO key interventions for cancer control in Africa, 2005, a draft document which addresses the specific challenges of African countries in the control of cancer was a valuable tool in the design of this plan.

It is my hope that this first attempt at producing a National Cancer Control Program will have positive impact on our efforts at reducing the devastating effect of cancer on our society.



Prof. Adenike Grange
Hon. Minister of Health
October, 2007

Acknowledgements

The Federal Ministry of Health acknowledges the immense contributions of the following people in the design of the first strategic Cancer Control Plan for Nigeria.

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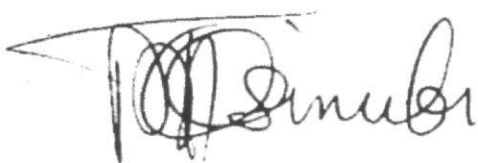
The dedication and the commitment with which Profs. Odedina and Olopade had assisted in producing this plan gratis, despite their busy schedules is laudable and highly commendable. This is a demonstration of the collaborative efforts between the government and Nigerians in diaspora and is worthy of emulation.

The hard work and dedication of the following people in ensuring the timely completion of this document is also commendable:

Dr. Yewande Thorpe, MD, MCommH, FWACP,
Former Coordinator, National Cancer Control Programme

Mrs Nkechi Nwoke, BSc, AIMLT, MSc
Assistant to the Coordinator

Members of the National Consultative Committee on Cancer Control who, through various sub-committees, prepared the background document.



signed
Dr Peju Osinubi, MB BS, MSc, FMCPATH
Coordinator, National Cancer Control Programme

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(2008-2013)

Vision & Mission

VISION STATEMENT

To collaborate with all stakeholders to reduce the morbidity and mortality due to cancer and its socio-economic impact on the community, and to improve health and the quality of life of people living with cancer in Nigeria.

MISSION STATEMENT

To reverse the increasing incidence and prevalence of all forms of cancer in our society by developing and establishing policies and regulations that will encourage healthy life styles, reduce environmental risk factors and regulate performance in appropriately equipped health facilities.

II. Five-Year Goals (2008 2013)

Goal 1.

Increase cancer information dissemination, education, and cancer outreach services nationwide.

Goal 2.

Increase opportunities for cancer training for relevant health care providers and advocates.

Goal 3.

Improve the clinical services for cancer prevention, early detection, diagnosis and treatment.

Goal 4.

Improve the documentation of the location and quality of existing cancer facilities, manpower and services.

Goal 5.

Develop and establish policies and regulations for quality cancer care and services.

Goal 6.

Increase funding for research activities in Cancer control.

Goal 7.

Create a systematic framework for the dissemination of national and international cancer research.

Goal 8.

Improve the cancer surveillance system to delineate public health priorities as well as plan and monitor comprehensive strategies for cancer control.

Goal 9.

Facilitate effective communication and collaboration among public and private cancer stakeholders nationwide.

Goal 10.

Ensure quality palliative care services including pain control.

III. Introduction & Background

The devastating consequence of cancer is experienced worldwide. Cancer is among the three leading causes of adult deaths in developing countries and the second leading cause of death in developed countries. According to the report of World Health Organization (WHO) and the International Union against Cancer, in the year 2002, cancer will be responsible for more than 6 million deaths worldwide. There will be about 11 million new cases of cancer and over 24 million people (adult and children) living with cancer. By the year 2020, cancer could kill up to 10 million people annually with the number of new cases increasing to 15.7 million in 2020.

It is disheartening to see the impact of this deadly disease in Nigeria. Cancer incidence and mortality in Nigeria continue to surge making it one of the leading killers of Nigerians. For example, prostate cancer, the commonest malignancy in men has continued to rise, while breast cancer leads the female cancer incidence and deaths in Nigeria, (table 1). Unfortunately, the incidence of cervical cancer continues to increase in young Nigerian females. Malignancies in children include retinoblastoma, neuroblastoma and Burkitt's lymphoma, (Table 2). Other cancers that threaten Nigerians are liver, lung, colo-rectal, larynx, ovarian and AIDS-related cancers such as Kaposi Sarcoma and Lymphoma. Based on the WHO's International Agency for Research on Cancer (IARC) report, cancer estimates provided for Nigeria in 2002 for all sites were: Male incidence rate of 90.7 and mortality rate of 72.2; and Females incidence rate of 100.9 and mortality rate of 76.0. These rates are not as high as the rates reported for more developed countries. It is important to note that the data reported by WHO depends on the degree of detail and accuracy of the data available for each country. The cancer burden in Nigeria is unknown due to the following reasons that have been noted in the literature: Underreporting; Lack of appropriate diagnosis; Limited access to care; Differences in technical manpower and infrastructure; and Quality of cancer data systems.

To provide an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation, the Nigeria Federal Ministry of Health is proud to release this first edition of the National Cancer Control Plan (NCCP). The NCCP provides ten goals for the Nation to achieve over the next five years. The strategies and activities outlined in the NCCP is not an exhaustive list of actions that need to be taken for comprehensive cancer control in Nigeria. Rather, the plan provides foundational steps towards achieving the mission for cancer control. The intention is to provide a roadmap that can be followed as the country begins its fight against cancer. It is worth noting that the NCCP is a living document and will be updated regularly to meet the cancer needs of the country. Every individual, professional and community should take ownership of this plan and make it theirs to ensure that cancer is appropriately controlled in Nigeria.

TABLE 1

IBADAN CANCER REGISTRY, DEPARTMENT OF PATHOLOGY, UNIVERSITY COLLEGE
HOSPITAL IBADAN, 9TH NOVEMBER 2007

COMMONEST MALIGNACY CASES IN MEN IN ORDER OF PREVALENCE 2001-2006

SITE	2001	2002	2003	2004	2005	2006
PROSTATE	86	85	98	136	139	142
LIVER	22	31	26	27	29	36
CONNECTIVE SOFT TISSUE	13	22	18	20	21	38
OTHER SKIN	08	25	21	9	11	30
LARYNX	46	42	21	38	14	28
HODGKIN DISEASE	33	40	17	22	16	29
RECTUM + COLON	12	41	05	23	22	28
NASOPHARYNX	17	14	12	24	19	25
BLADDER	9	17	9	18	11	10
NOSE	11	10	16	12	17	38

COMMONEST MALIGNACY CASES IN WOMEN IN ORDER OF PREVALENCE 2001-2006

SITE	2001	2002	2003	2004	2005	2006
BREAST	263	323	254	396	378	438
CERVIX UTERI	216	227	176	279	349	337
CORPUS UTERI	1	7	18	27	25	21
OVARY	24	29	30	33	38	42
LIVER	32	46	40	17	59	16
NON HODGKINS LYMPHOMA	17	14	22	19	13	12
RECTUM + COLON	17	37	41	46	45	39
THYROID	15	31	24	14	15	26
CONNECTIVE SOFT TISSUE	18	33	21	25	14	11
BONE	18	37	20	24	25	15

TOTAL MALIGNANCIES SINCE 2001- 2006

YEAR	MALE	FEMALE	TOTAL
2001	425	743	1168
2002	387	809	1196
2003	343	652	995
2004	531	984	1524
2005	514	1054	1568
2006	658	1210	1868

TABLE 2

IBADAN CANCER REGISTRY, DEPARTMENT OF PATHOLOGY U.C.H IBADAN
PAEDIATRIC CANCER RECORDS 2000 2006.

Tumours/Year	2000	2001	2002	2003	2004	2005	2006
Retinoblastoma	11	11	9	8	9	15	26
Neuroblastoma	8	2	2	2	13	5	12
Burkitts lymphoma	20	13	10	8	15	14	23

IV. Current National Action on Cancer Control in Nigeria

A multidisciplinary National Consultative Committee on Cancer Control was inaugurated in October 2006, under the auspices of the Federal Ministry of Health. The overriding charge of this committee, chaired by Prof. F.A. Durosinmi-Etti, was to map out a comprehensive national plan for cancer control and management in Nigeria. In order to facilitate its work, seven subcommittees were constituted which looked in detail into the various components of the terms of reference. The subcommittees had the power to co-opt other persons to help in their work. These subcommittees and their respective charges are as follows:

Sub-Committee on Current Status of Cancer Care in Nigeria

- To identify the most common cancers in Nigeria in all age groups.
- To determine the available treatment modalities, facilities and Manpower
- Carry out SWOT Analysis on the above
- Recommendation on measures to improve and optimise the use of the available facilities.
- Work out a strategic plan for the implementation of their recommendations based on the findings.

Sub-Committee on Multi -disciplinary approach to cancer treatment

- To formulate and recommend effective standard treatment protocols to be adapted in all hospitals in Nigeria for various Cancers based on multidisciplinary approach and Best Practices.
- To define internationally acceptable minimum standards required of Cancer treatment centres in Nigeria including manpower needs below which Nigeria must not descend.
- To carry out a SWOT analysis and work out a strategic implementation plan based on their findings and recommendations.

Sub-Committee on Continuing Medical Education (CME) raining Collaboration and Research

- To explore and recommend ways and means of improving performance through continued education and training.
- To determine training needs of all cadres of personnel involved in care of cancer patients.
- To explore possibility of collaboration with relevant International organizations and research centres.

Sub-Committee on Palliative Care

- To identify the models and suitable protocols for palliative care in cancer patients in Nigeria.
- To carry out SWOT analysis on Palliative care in Nigeria and recommend, appropriate solutions

Sub-Committee on Quality Control and Quality Assurance in Cancer Management.

- To set out minimum QC and QA guidelines to be applied in cancer treatment centres (with special reference to diagnostic radiology, radiotherapy and laboratory equipment and practices).

Sub-Committee on Awareness and Advocacy.

- To recommend appropriate measures to create positive awareness and encourage Community participation in Cancer Control.
- To identify and recommend ways of mobilizing Government and other stakeholders in Cancer Control

Sub-Committee on Cancer Registry.

- To recommend modalities for reactivation of National Cancer Registry in line with International guidelines.
- To make appropriate recommendation for establishment of more Cancer registries and upgrading the existing ones.

The various sub-committees submitted their reports and recommendations which led to the development of the report of the National Consultative Committee on Cancer Control. The final report of this committee is available at the Federal Ministry of Health.

V. Priority Areas, Strategies and Lead Organizations

Goal 1.

Increase awareness of cancer among the population through cancer information dissemination, education, and cancer outreach services nationwide and increase cancer prevention initiatives

Priority Areas:

Breast Cancer; Cervical Cancer; Colo-rectal Cancer; Prostate Cancer; Lung Cancer; Skin Cancer (in albinos), leukaemia,

Strategy

1.A. Create awareness on the various forms of cancer in community, especially breast and cervical in women, prostate and liver in men, and colorectal in both sexes.

Proposed Activities

1.A.1 Commemorate national cancer awareness month in October, and the World Cancer Day on the 4th of February each year.

1.A.2 Develop school-based activities targeting children, adolescents and youths

on cancer prevention, for example, Tobacco control.

1.A.3 Employ existing community resources such as health departments, clinics, and pharmacies to disseminate published guidelines for cancer prevention and early detection.

1.A.4 Develop appropriate cancer education materials for the public.

1.A.5 Employ media services and internet resources to promote cancer awareness months.

1.A.6. Develop and publicize existing free cancer screening services in the nation.

1.A.7. Develop effective strategies for Tobacco control as a means to prevent the imminent epidemic of tobacco-associated cancers.

1.A.8. Encourage adoption of healthy lifestyles that will enhance cancer prevention and early detection, based on evidence-based research

Strategy

1.B. Integrate primary prevention of cancer into Primary Health Care delivery services

Proposed Activities

1.B.1 Develop a robust vaccination program against infectious agents that are known to contribute to the large burden of cancer in developing countries. Focus on expanded immunization against Hepatitis B and Human Papilloma Virus (HPV).

1.B.2 Training of health workers at the primary health care level on screening for cancers, e.g. breast, cervix and skin (for albinos)

Strategy

1.C Encourage collaborations among NGOs on cancer education and outreach services.

Proposed Activity

1.C.1. Organise regular stakeholders' meetings and workshops on recent development on cancer and its management

Lead Organizations & Proposed Partners

- FMOH, State Ministries of Health, LGAs
- NPHCDA
- NAFDAC

- Nigerian Cancer Society
- Society of Oncology and Cancer Research of Nigeria
- National Association of Community Health Practitioners
- NGOs
- IARC, IACR, WHO
- UICC

Goal 2.

Increase opportunities for cancer training for health care providers and advocates.

Priority Areas

- All Cancers

Strategy

2.A. Develop training programs in multidisciplinary cancer management. This includes oncology nursing, radiology, pathology, surgical oncology, medical oncology, paediatric oncology, radiation oncology, psycho-oncology and pain control.

Proposed Activities

2.A.1 Develop training curriculum for PHC workers on cancer prevention, early detection, treatment and palliative care

2.A.2. Expand cancer subjects with practical work in the curriculum for students in health training institutions.

2.A.3. Initiate and facilitate local or regional training for candidates interested in the fields of oncology.

2.A.4. Develop and publicize a national directory of academic institutions offering cancer training and continuing education services.

Lead Organizations & Proposed Partners

- FMOH, State Ministries of Health, LGAs
- Federal and State Ministries of Education, National Universities Commission
- MDCN, MLSCN, PCN, NMCN, and other regulatory bodies
- FHIs
- AORTIC, IARC, UICC etc

Goal 3

Improve clinical services for cancer prevention, early detection, diagnosis and treatment.

Priority Areas

- All Cancers

Strategy

3. A. Increase cancer control activities through the creation of a systematic framework for the dissemination of national and international cancer control efforts.

Proposed Activity

3.A.1. Develop and publicize a national directory of institutions specializing in cancer prevention, early detection, diagnosis and/or treatment.

Strategy

3.B. Improve access to quality clinical services for cancer screening, diagnosis and treatment through standardization and development of management guidelines.

Proposed Activities

3.B.1. Develop and publicize a national directory of referral sources in Nigeria.

3.B.2. Develop and publicize uniform cancer screening guidelines for the nation.

3.B.3. Identify appropriate mechanism to ensure healthcare providers' compliance with the uniform cancer screening guidelines.

3.B.4. Develop standard treatment guidelines for the common cancers in the country

3.B.5. Develop quality assurance mechanisms to oversee proper management of cancer patients and adherence to ethics.

3.B.6. Ensure that the quality of laboratory and treatment equipment, infrastructure and materials, including drugs for cancer treatment are of high standard

3.B.7. Identify appropriate referral criteria for different cancer patients

3.B.8. Train health care professionals to recognize signs and symptoms so as to ensure early diagnosis

Strategy

3.C. Establish and equip specialized cancer centres in all the geopolitical zones where newly diagnosed patients can be referred for expert management.

Proposed Activities

3.C.1. Evaluate existing cancer referral sources in the nation and identify specific referral gaps that need to be addressed.

3.C.2. Coordinate activities of cancer healthcare providers and institutions to eliminate the overlap of cancer services.

Lead Organizations & Proposed Partners

- FMOH, State Ministries of Health, LGAs
- NCCCC
- Tertiary Health Institutions
- IAEA, AORTIC, INCTR, IARC, UICC and any other identified interested partners within and outside the country

Goal 4

Improve the documentation of the location and quality of existing cancer facilities, manpower and services.

Priority Areas

- All Cancers

Strategy

- Establish regional and national registration centres for cancer facilities
Proposed Activity
- Encourage cancer facilities to register at regional and national registration centres.
- Resuscitate the National Headquarters of Cancer Registries in Nigeria

Lead Organizations & Proposed Partners

- FMOH, SMOHs, NCCCC
- NNRA
- IAEA,

Goal 5

Develop and establish policies and regulations for quality cancer care and services.

Priority Areas

All Cancers

Strategies

5.A. Develop policy and regulation priorities for cancer care and services within the context of non-communicable diseases (NCD)

Proposed Activities

5.A.1. Institute clinical practice guidelines for cancer diagnosis and treatment.

5.A.2. Conduct an environmental scan of existing policies and regulations.

5.A.3. Develop guidelines for best practices in cancer care and services.

Lead Organizations & Proposed Partners

- FMOH, SMOHs, NNRA
- FHIs, NCCC, NCS, NGOs
- Other interested organisations within and outside the country.

Goal 6

Increase research activities in Cancer control.

Priority Areas

- All Cancers

Strategy

6.A. Develop a comprehensive database of private and public funding agencies for cancer scientists in Nigeria.

Proposed Activity

6.A.1 Create collaboration between various stakeholders in conducting researches in cancer

Strategy

6.B. Raise cancer research capacity in the country

Proposed Activities

- 6.B.1 Establish Centres of Excellence for Cancer Research and treatment.
- 6.B.2 Mobilise and allocate resources in support of Cancer Research.
- 6.B.3. Publicize funding opportunities nationally.
- 6.B.4. Provide grant-writing training opportunities for junior cancer investigators.
- 6.B.5. Promote collaborative grant-writing activities among cancer scientists.

Lead Organizations & Proposed Partners

- FMOH, FHIs, NCCC
- National Health Research Ethics Committee
- INCTR, AORTIC, IARC, UICC etc
- Other interested organisations within and outside the country.

Goal 7

Create a systematic framework for the dissemination of national and international cancer research.

Priority Areas

All Cancers

Strategies

7A. Develop opportunities for the dissemination of cancer research findings in Nigeria.

7B. Create opportunities for national and international cancer research collaborations among institutions and scientists.

Proposed Activities

- 7.A.1. Develop a peer-reviewed National Cancer Research journal.
- 7.A.2. Publicize free online journals and other research publications.
- 7.A.3, & B. Facilitate for institutional, regional and national cancer research conferences

Lead Organizations & Proposed Partners

- FMOH, FHIs, NCCC
- National Health Research Ethics Committee
- INCTR, AORTIC, IARC, UICC etc
- Other interested organisations within and outside the country.

Goal 8

Improve the cancer surveillance system to identify public health priorities as well as plan and monitor comprehensive strategies for cancer control.

Priority Areas

- All Cancers

Strategy

8.A. Establish Institutional, State and Zonal Population-based Cancer Registries that will feed into a national database .

Proposed Activities

8.A.1. Support for current cancer registries to significantly improve facilities and provide much needed resources, and facilitate the establishment of new ones for a wider national coverage.

8.A.2. Development of national guidelines for the operations of cancer registration system in Nigeria.

8.A.3. Registration of death certificates.

8.A.4. Collect and Collate population data on and risk factors and infections (HBV, H. Pylori) related to Cancer.

8.A.5 Establish adequate histopathology service

8.A.6 Collaboration with international organizations such as IARC, to train the staff of existing and new cancer registries.

8.A.7 Beginning from October 2008, develop and appropriately disseminate Cancer Annual Report for the nation.

Strategy

8.B Conduct a comprehensive survey of all the cancer data sources in the country.

Proposed Activities

8.B.1. Survey of Secondary healthcare institutions on the process of collecting, coding and presenting cancer data.

8.B.2. Conduct a needs assessment for cancer data in the country.

8.B.3. Develop a data sharing and coordination system for all cancer registries.

Existing Activities

- Survey of Federal Tertiary healthcare institutions on the process of collecting, coding and presenting cancer data.
- A SWOT analysis to guide the establishment of a National Cancer Registry in Nigeria.
- Formation of a Cancer Registry sub-committee made up of one representative from each of the active cancer registries to assist with the establishment of a National Cancer Registry.

Lead Organizations & Proposed Partner

- FMOH, FHIs, NCCC
- Health Research Ethics Committee
- Society of Oncology and Cancer Research of Nigeria
- INCTR, AORTIC, IARC, UICC etc
- Other organisations within and outside the country.

Goal 9

Facilitate effective communication and collaboration among public and private cancer stakeholders nationwide.

Priority Areas

- All Cancers

Strategies

9.A.1 Stimulate collective responsibility and action among all cancer stakeholders.

Proposed Activities

9.A.1. Develop a Cancer National Resource Directory (CNRD) of all public and private cancer stakeholders to be updated annually.

9.A.2. Develop and implement an Annual conference of Cancer stakeholders

Strategy

9.B. Increase communications through the use of technology.

Proposed Activities

9.B.1. Encourage all public and private cancer stakeholders to establish websites for their organizations

Strategy

9.C. Establish National and International Cancer Control Collaboration.

Proposed Activities

- The website of the Ministry of Health provides links to the websites of all cancer stakeholders listed in the CNRD.

Lead Organizations & Proposed Partners

- FMOH, NCCC, FHIs
- Health Research Ethics Committee
- Society of Oncology and Cancer Research of Nigeria
- NGOs
- WHO, IAEA, AORTIC, IARC,
- INCTR, UICC etc

Goal 10

Ensure quality Palliative Care services including pain control.

Priority Areas

- All Cancers

Strategies

10.A. Establish facilities for quality and continued care of Patients living with Cancer.

Proposed Activities

10.A.1. Establish hospital and Community based Hospices in all the geopolitical zones of the country.

10.A.2. Increase the number of professionally trained healthcare professionals who specialize in pain control.

10.A.3. Provide continuing education training on appropriate pain management/control services.

10.B. Develop advocacy to lift ban on importation of narcotic analgesics.

Proposed Activity

- Provide resources to reduce pain and suffering of cancer patients by ensuring that every cancer patient is cared for by health care professionals who are adequately trained to care for the terminally ill.

Lead Organizations & Proposed Partners

- FMOH, FHIs, NCCC, SMOH,
- Hospice and Palliative Care Association of Nigeria,
- Health Research Ethics Committee
- Society of Oncology and Cancer Research in Nigeria.
- IAEA, AORTIC, IARC etc.

APPENDICES

Appendix 1 Membership of the National Consultative Committee on Cancer Control

NAME	INSTITUTION
Prof. F.A.Durosinmi-Etti, Chairman	University of Lagos College of Medicine Lagos, Nigeria
Dr. Y. A. Thorpe	Federal Ministry of Health Abuja, Nigeria
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Dr. Afolayan E.A.O.	Pathology Department, University of Ilorin Teaching Hospital Ilorin, Nigeria
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Prof. Ima-Obong Ekanem	Pathology Department , University of Calabar Teaching Hospital
Prof. B. O. A Osifo	Department of Nuclear Medicine, University College Hospital

Dr. K.S. Adedapo	Department of Nuclear Medicine, University College Hospital
CO-OPTED MEMBERS	
Prof. Folakemi Odedina (Co-opted member)	Florida A & M University Florida, USA
Prof Funmi Olopade (Co-opted member)	University of Chicago Chicago, USA
Dr Nwaneri (Co-opted member)	University of Minnesota Minnesota, USA

Appendix 2

National Cancer Plan Acronyms

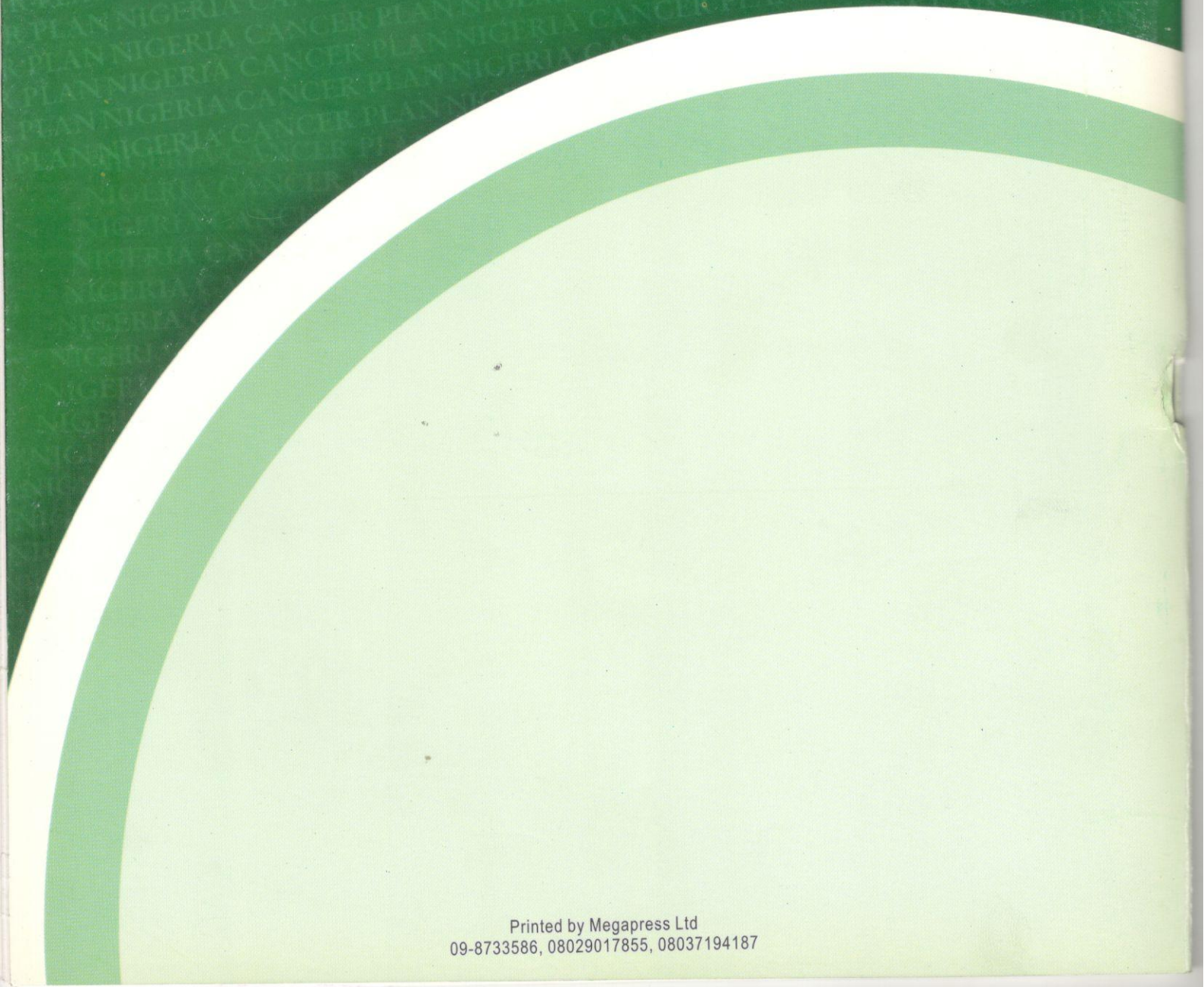
AORTIC	-	African Organization for Research and Training in Cancer
AIDS	-	Acquired Immuno-deficiency Syndrome
CME	-	Continuing Medical Education
CNRD	-	Cancer National Resource Directory
FHIs	-	Federal Health Institutions
FMOH	-	Federal Ministry of Health
HPV	-	Human Papilloma Virus
IARC	-	International Agency for Research on Cancer
INCTR	-	International Network for Cancer Treatment & Research
LGA	-	Local Government Authority
MDCN	-	Medical And Dental Council of Nigeria
NAFDAC	-	National Agency for Food and Drug Administration and Control
NCCCC	-	National Cancer Consultative
NCCP	-	National Cancer Control Programme
NCD	-	Non-Communicable Diseases
NGO	-	Non-Governmental Organisations
NMCN	-	Nursing and Midwifery Council of Nigeria
NNRA	-	Nigerian Nuclear Regulatory Authority
NPHCDA	-	National Primary Health Care Development Agency
PCN	-	Pharmacy Council of Nigeria
UICC	-	International Union Against Cancer
WHO	-	World Health Organization

Appendix 3

List of Cancer-related Government Policies and Strategic Plans

- ❖ Health Promotion Policy for Nigeria - 2005
- ❖ Revised National Health Policy - 2004
- ❖ National Reproductive Health Policy and Strategy to Achieve Quality Reproductive and Sexual Health for All Nigerians
- ❖ Draft Palliative Care Policy on HIV/AIDS
- ❖ 10 year Health Programme (2007-2016) - 2006

Health Equipment list for Tertiary Health Care Institutions



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