

カンボジア 工場労働者のための子宮頸がんを入口とした 女性のヘルスケア向上プロジェクト

A News letter from SCGO-JSOG Project on Women's Health and Cervical Cancer

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カンボジア産婦人科学会長 ご挨拶

Why does the joint project between Cambodian Society of Gynecology and Obstetrics (SCGO) and Japan Society of Obstetrics and Gynecology (JSOG) on Improving Women's Healthcare of Factory Workers focus on Cervical Cancer in Cambodia?

Cambodia located in South-East Asia gained independence from France in 1953. In 1975, five years after a military coup, the Khmer Rouge came to power and applied a radical and genocidal regime. The Khmer Rouge was defeated in 1979, after causing the death of almost 2 million civilians, including significant numbers of Health care staff. A free election was held in May 1993 and the country became The Kingdom of Cambodia. The Royal Government of Cambodia considers that healthy people constitute the key basis for human resource development and sustainable socio-economic progress. The Royal Government of Cambodia has placed emphasis on enhancing the general well-being of all citizens, particularly the poor, women and children. According to the result of CDHS (Cambodian Demographic Health Survey) 2014, due to the effort of the Royal Government, the maternal mortality rate had decrease dramatically from 1200/100.000 L.B. in 1990 to 170/10.000L.B. in 2014 and according to the global estimation, many Cambodian females have cervical cancer and many will die of it (More common compared to many other countries.).

In high-resource countries, the prevalence of invasive cervical cancer is very low due to effective cervical cancer prevention programs. Effective cervical cancer prevention requires two types of interventions: cervical screening with treatment of pre-cancerous and pre-invasive cervical lesions; and administration of the human papilloma virus (HPV) vaccine. With sufficient coverage among women, these two interventions can prevent most of the cases of invasive cervical cancers.

In the near future it will be possible to move from general visual inspection with acetic acid (VIA) screening to HPV testing for all women in low-resource countries, reserving VIA for HPV-positive women only.

Low-income countries are more affected than high-income countries. Indeed, 80% of the cervical cancer cases occurring in developing countries usually lead to death because it is diagnosed too late for treatment to be effective.

In Cambodia hospital-based cancer registries (2001-2003), showed that cervical cancer is the most common type of cancer among women and is a major public

health concern. Recent studies show that cervical cancer has a higher overall mortality among women than maternal mortality. It is estimated that in Cambodia 1,500 women are newly diagnosed cervical cancer cases and at least 900 women die of cervical cancer each year. Evidence shows that cervical is preventable if detected at early stage and WHO recommends cheap and effective screening and



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treatment methods for developing countries. Such a program is urgently needed in Cambodia to decrease mortality.

Over the last decade, a number of mainly private providers have started to provide gynecological check-ups to help control cervical cancer. The Ministry of Health (MoH) has been increasingly giving priority to cervical cancer since 2005, MoH staff was sent to a training in Bangkok on VIA and cryotherapy / LEEP. The new Non-Communicable Disease strategy (2012-2015) also emphasizes the high needs to address cervical cancer prevention. Since 2012, a screening and treatment project has been conducted as well as priorities of the Department of Preventive Medicine.

Before recommending a national strategy it is necessary to find out the most effective strategy for the Cambodian context. That is why three pilots (VIA + Cryotherapy) and one new pilot (VIA+LEEP) have been conducted with different implementation strategies : three World Bank funded pilot projects in Prey Chhor, Kang Meas Operational District, in Kampong Cham Province had conducted in 2012.

In conclusion, to save life of the Cambodian women from cervical cancer, it is necessary to have a comprehensive intervention including appropriate strategy, appropriate human resources and adequate system in the Cambodian context. We are very pleased to have the project with the

collaboration of SCGO and JSOG, which has been conducted recently in Phnom Penh Special Economic Zone (PPSEZ) from October 2015 to 2018 (three years period). The goal of SCGO-JSOG project for Women's Health & Cervical Cancer (JICA Grass-roots Technical Cooperation Project) is early diagnosis and treatment system of uterine cervical cancer which is established at three national hospitals in Cambodia, and not only women who have access to hospitals but also factory workers benefit from this system. The project purpose is: Number of workers who receive screening and treatment (early diagnosis and treatment) of cervical cancer increases in the target factories with three outputs that we firmly expect to achieve

1. Female workers in the target factories increase awareness of cervical cancer and women's health care
2. Factory managers encourage their workers to go to cervical cancer screening
3. "Early diagnosis and treatment" is established in three pilot hospitals.

We, Ob / Gyn Doctors protect Women's Health throughout their lives.

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子宮頸がん診断治療標準プロトコール作成

日本の研修に参加したカンボジアの国立 3 病院からの医師 6 名を中心に、子宮頸がん診断治療標準プロトコール策定を目指し、定期的な会議を行っています。

プロトコール策定や今後の活動をより質の高いものにするために、病理、細胞診、病理管理、腫瘍、健康教育に詳しい医師や NGO にアドバイザーチームのメンバーになってもらい、合同で会議を開催しました。



プロジェクトを取り巻く動き

- 12/2-17: 松本安代医師カンボジア派遣
- 12/7 : プロジェクト対象工場での意識調査実施協議
- 12/11 : SCGO の HP 開設プロジェクト始動
- 12/16 : SCGO 臨時理事会
- 12/17 : カンボジア保健省の倫理委員会に調査概要を提出
- 12/24 : カンボジア実践部隊医師とアドバイザーチーム 第一回合同会議

なぜ、工場労働者の健康なのか？

当プロジェクトは工場労働者を対象として女性のヘルスケア向上に寄与することを目的に活動しています。

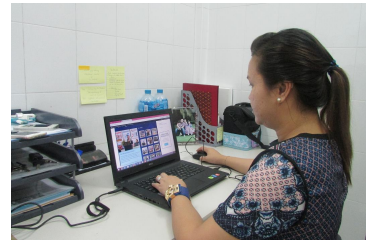
カンボジアの 1 日 1.25 ドル未満で生活している貧困層は全人口の 17% まで低下しているものの、地方では 40% 以上を占め、その 85% が農林水産業等の不定定な収入で暮らしています。

カンボジア経済で急成長しているのが縫製業と観光業で、特に縫製業はカンボジアの輸出額の 80% を占める最大の外貨獲得産業で、60 万人以上の雇用を生んでおり、労働者の 86% が女性です。また、縫製業に関しては、労働監督局によって最低賃金が月額 128 ドル (2016 年から 140 ドルになる予定) と定められており、農村部の貧困層にとって現金収入を獲得するための貴重な就職先となっています。

工場働く女性達は、カンボジア経済を支える存在であり、結婚・妊娠・出産を経てカンボジアの未来を支える子どもを養っていく存在です。彼女たちが自分の健康管理に関心を持ち、また子宮頸がんのような重篤な疾患で命を落とすことのないように、検診を受けることが、それぞれの家庭を守り、カンボジアの未来を約束するものではないかと考えます。

カンボジア産婦人科学会 HP 開設準備

11 月にカンボジアに運営指導に来ました JSOG 事務局長および経理担当者から事務局機能強化としてカンボジア産婦人科学会 HP の整備の提案がありました。12 月の SCGO の理事会で合意がなされ、さらに、SCGO のカナル理事長が外部資金を獲得！新たな HP 開設プロジェクトが始動しました。1 月末の開設に向け、早急に準備を進めています。



～ミニミニコラム～

12 月 16 日にカンボジア産婦人科学会事務局で、プロジェクトの「子宮頸がん早期診断治療プロトコール」を作成しているメンバーが学会理事に進捗報告をし、懸案事項の討議や今後の予定を決めるために臨時理事会が開かれました。

臨時理事会の前日、12 月 15 日はカンボジア産婦人科学会理事長であるカナル教授の誕生日…サプライズでパースデーケーキを準備し、理事会のお茶菓子としました。

カナル教授、驚きながらもとても喜んでおられました。

