

KINGDOM OF CAMBODIA

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Ministry of Health

National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2022-2030

Preventive Medicine Department

2022

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**Preventive Medicine Department
2022**

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Abbreviations

CVD	Cardiovascular Disease
CSO	Civil Society Organization
DBF	Department of Budget and Finance
D&D	Decentralization and Deconcentration
GDT	General Department of Taxation
GSHS	Global School Based Student Health Survey
HC	Health Center
HSP	Health Strategic Plan
HSD	Hospital Service Department
HRDD	Human Resource Development Department
IMC	Inter-Ministerial Committee
GDP	Gross Domestic Product
MSA	Multisectoral Action
MoEYS	Ministry of Education, Youth, and Sport
MEF	Ministry of Economic and Finance
NIPH	National Institute of Public Health
NIP	National Immunization Programme
NMCHC	National Maternal and Child health Center
NCHP	National Center for Health Promotion
NCDD	National Committee for Sub-National Democratic Development
NCD	Noncommunicable Disease
OD	Operational District
PHD	Provincial Health Department
PMD	Preventive Medicine Department
PEN	Package of Essential Noncommunicable Diseases
PHC	Primary Health Care
RGC	Royal Government of Cambodia
ROI	Return on Investments
SHD	School Health Department
SDG	Sustainable Development Goals
SOP	Standard Operating Procedure
STEPS	WHO STEPwise approach to NCD risk factor surveillance
TPS	Tobacco Advertising, Promotion, and Sponsorship
UHS	University of Health Sciences
UHC	Universal Health Coverage
UN	United Nation
VHSG	Village Health Support Group
WHO	World Health Organization

Preface

This second National Strategic Plan for the Prevention and Control of Noncommunicable Diseases (2022-2030) builds on the experiences and lessons from the previous plan 2013-2020. It outlines the Royal Government of Cambodia's planned response to the growing challenges from heart disease, cancer, diabetes, and chronic respiratory disease the country has faced. Already, these four noncommunicable diseases cause 64% of all deaths in our country, and the figure is projected to rise further as a consequence of our changing lifestyles and environments unless we act now.

The new National Strategic Plan demonstrates that the Royal Government of Cambodia is taking the issue of noncommunicable diseases seriously much more and has decided to act to reorient health system dealing effectively with formidable challenges posed by non-communicable diseases.

Noncommunicable diseases exacerbate poverty and exert an enormous cost on the national economy. It is encouraging to remember that 80% of noncommunicable diseases can be prevented by addressing just four main risk factors: tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. The national strategic plan outlines clear actions to address each of these risk factors through national multi-sectoral action plan, in addition to early detection and treatment to ensure those who do develop a noncommunicable disease can remain productive members of their families and communities. Together, these approaches will reduce the overall burden of non-communicable diseases in Cambodia.

The epidemic of non-communicable diseases Cambodia has faced cannot be solved by the Ministry of Health alone. Many of the underlying causes of noncommunicable diseases and their solutions lie outside the health sector, in the foods that are available, and the environments we live and work. The strategy outlines areas where collaboration between ministries is required.

The Ministry of Health urges all relevant ministries and development partners to make noncommunicable diseases a priority, work out together and implement the actions to reduce the burden of these preventable diseases.

Phnom Penh, 23 May 2022



Prof. ENG HUOT
SECRETARY OF STATE

Acknowledgement

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The Ministry of Health would like to express its sincere appreciation to relevant departments, Provincial Health Departments, development partners, and NGOs for their valuable time and efforts in providing inputs, and active participation in a consultative meeting to review and finalize the national strategic plan.

We also would like to thank WHO for both technical and financial supports throughout the development process of this national strategic plan which will provide strategic guidance in the prevention and control of noncommunicable diseases in Cambodia.

1. Introduction

1.1. Background

Noncommunicable diseases (NCDs), mainly cardiovascular disease, diabetes, cancer, and chronic respiratory disease kill 41 million people each year, equivalent to 71% of all deaths worldwide. Most of premature deaths due to NCDs occur in low- and middle-income countries (1). In the Western Pacific Region, there is no country spared from the surge of NCDs which are currently biggest silent killers, responsible for 86% of deaths in the Region.

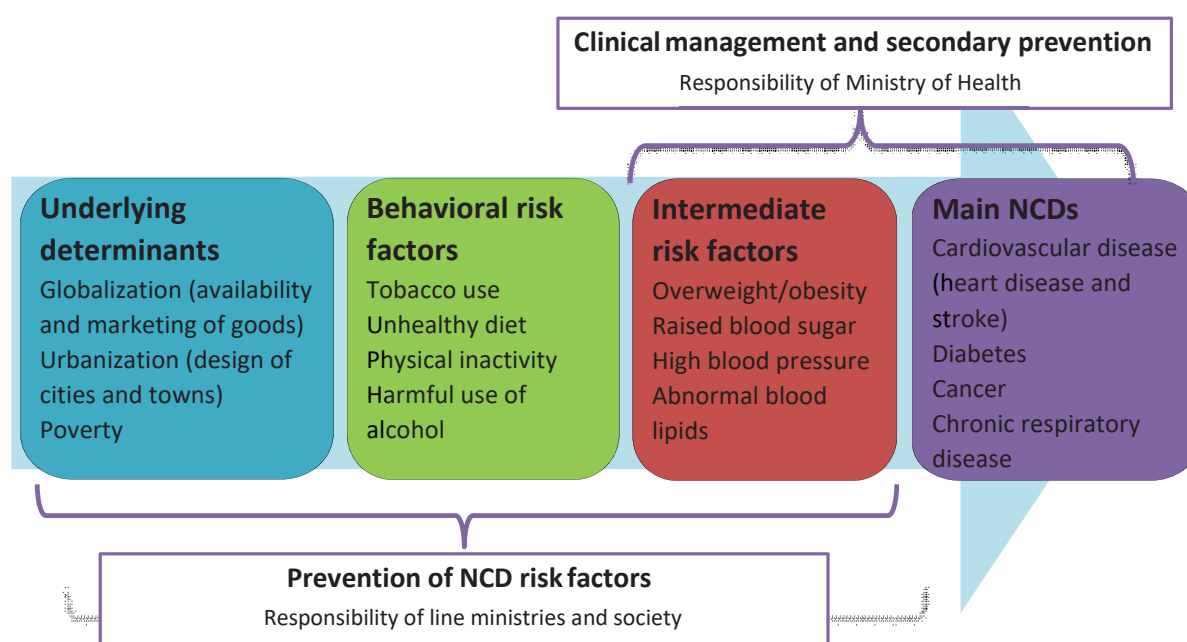
Globalization, rapid unplanned urbanization, and population ageing have forced people to change their lifestyles. Purchasing power increased in some populations together with changing lifestyles have led to increasing consumption of fast food, tobacco and alcohol. Unhealthy food marketing has also changed the diets in children. The use of motorized transport increased and lack of space for pedestrians and cycling have reduced physical activity for many people and worsened air quality. Consequently, populations tend to have four common NCD risk factors such as tobacco use, unhealthy diet, lack of physical activity and harmful use of alcohol, which lead to raised blood pressure, overweight and obesity, raised blood glucose, and raised cholesterol. As a result, they are living with one or a combination of the four main NCDs, including cardiovascular disease, diabetes, cancer, and chronic respiratory disease.

NCDs threaten progress towards the 2030 Agenda for Sustainable Development, which includes a target of reducing premature deaths from NCDs by one-third by 2030 and place significant pressure on health systems and services and on whole society. Poverty is closely linked with NCDs (2). With rapidly escalating burden of NCDs, the poverty reduction initiatives in low-income countries are predicted to hamper by particularly increasing household costs associated with health care. Vulnerable population are at higher risk of being exposed to harmful products such as tobacco or unhealthy dietary practices and have limited access to health services. Thus, they tend to get sicker and die even more prematurely than people of higher social positions. In low-resource settings, health-care costs for NCDs quickly drain household resources. Lifelong and expensive treatment of NCDs, and loss of breadwinner force millions of people into poverty annually and suffocate development.

In Cambodia, NCDs are a large and growing public health challenge. Noncommunicable diseases kill nearly 60,000 Cambodians every year, representing 64% of all deaths in 2018 (3). One in every four Cambodians (23%) dies prematurely, before the age of 70 years, from one of the four main NCDs. Cardiovascular disease is the most common NCD, causing 24% of all deaths followed by cancer (14%), chronic respiratory diseases (4%) and diabetes (2%) (4). Liver cancer is the most common type of cancer in Cambodia, followed by lung, breast and colorectum, and cervical cancer (5). The most common cancers in women are breast cancer followed by cervix, liver, colorectum, and lung cancer. Prevalence of diabetes and

hypertension in adults was 9.6% and 14.2%, respectively and 45% of adults aged 18 and over had raised total cholesterol, indicating consumption of diets with high levels of trans- and saturated fats and salt. Yet more than half of those who have these conditions reported that they were not receiving any treatment. Only 14.7% of Cambodian women received cervical cancer screening at least once in their lifetime (6).

Figure 1: Causation pathway of NCDs and responsibilities for response



1.2. Situation analysis

The four main NCDs, including cardiovascular disease, diabetes, cancer, and chronic respiratory disease remain a major cause of premature deaths in Cambodia to be addressed in the National Strategic Plan for the Prevention and Control of NCDs 2021-2030. According to the case for investment 2019 on prevention and control of NCDs in Cambodia, these NCDs are imposing significant costs on the Cambodian economy. A total amount of USD 1.5 billion is lost every year, representing close to 7 percent of GDP (7).

This death is due mainly to the high prevalence of common NCD risk factors such as tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol, and limited health system capacity in providing NCD service delivery at primary health care (PHC). There were 1.68 million male smokers aged 15 and over, comprising 32.9% of adult Cambodian men (15% of all adults); 16.9% of the population (1.6 million) were daily smokers (32.9% of men and 2.4% of women). Additionally, 4.9% of adults reported current smokeless tobacco use (0.8% among men and 8.6% among women) (8). Exposure to second-hand smoke remains an issue in Cambodia. Nearly 25% of children and young people were exposed to tobacco smoke at

home, and 45% of young people were exposed to tobacco smoke in enclosed public spaces (9). Alcohol consumption per capita in Cambodia was 21 liters of pure alcohol per year, equivalent to more than 1 liter of spirits each week for every Cambodian man and woman. Men are estimated to consume nearly three times as much alcohol (27 liters) per capita as women (10 liters) (10). In 2016, among alcohol drinkers aged 18 and over, 12.3% of men and 1% of women binged (drank six or more drinks on any occasion in the past 30 days). The salt consumption in Cambodia is high. The estimated average intake of 8.5 g of salt per day by adults is higher than the WHO recommendation of less than 5 g of salt per day. Men had a higher intake of salt (9.2 g) than women (7.6 g). Over 50% of Cambodian people did not eat enough fruits and vegetables to prevent themselves from NCDs. Overall, 8% of Cambodians did insufficient physical activity. However, most people did not meet the WHO recommendation of 150 min of moderate-intensity physical activity per week or the equivalent. This figure was lower among men (5.5%) than women (11%). The least active group was women aged 18-29 (18.2%). It was found that 76.6% of total physical activity is work-related, 17.8% to transport-related and 5.6% to recreation-related.

These NCDs are preventable. Up to 80% of heart disease, stroke, and type 2 diabetes and over a third of cancers could be prevented by reduction of its common risk factors. At the same time, some cancers such as cervical cancer and liver cancer can be prevented by vaccination and are a part of the unfinished infectious disease agenda. Most of these premature deaths from NCDs are largely preventable by enabling health systems to respond more effectively and equitably to the health care needs of people with NCDs and influencing public policies in non-health sectors to address common risk factors among populations of all ages and gender that arise from issues outside the health system. The solutions are highly cost-effective. Comprehensive and integrated action at national and sub-national levels is the means to achieve this success.

Table 1: Best buys/highly cost effectiveness interventions for the prevention and control of noncommunicable diseases:

WHO Best buys for the prevention and control of noncommunicable diseases (11)	
Tobacco use	<ol style="list-style-type: none"> 1. Increase excise taxes and prices on tobacco products. 2. Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages. 3. Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship. 4. Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport. 5. Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke.

Harmful use of alcohol	<ol style="list-style-type: none"> 1. Increase excise taxes on alcoholic beverages. 2. Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media). 3. Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours of sale).
Unhealthy diet	<ol style="list-style-type: none"> 1. Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals. 2. Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided. 3. Reduce salt intake through a behaviour change communication and mass media campaign. 4. Reduce salt intake through the implementation of front-of-pack labelling. 5. Reduce sugar consumption through effective taxation on sugar-sweetened beverages.
Physical inactivity	<p>Implement community wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education, motivational and environmental programs aimed at supporting behavioural change of physical activity levels.</p>
Cardiovascular diseases and diabetes	<p>Drug therapy (including glycaemic control for diabetes mellitus and control of hypertension using a total risk approach) and counselling to individuals who have had a heart attack or stroke and to persons with high risk ($\geq 30\%$) or with moderate to high risk ($\geq 20\%$) of a fatal and non-fatal cardiovascular event in the next 10 years.</p>
Cancer	<ol style="list-style-type: none"> 1. Vaccination against human papillomavirus (2 doses) of 9-13 year old girls. 2. Prevention of cervical cancer by screening women aged 30-49 years, either through:

	<ul style="list-style-type: none"> • Visual inspection with acetic acid linked with timely treatment of pre-cancerous lesions. • Pap smear (cervical cytology) every 3–5 years linked with timely treatment of pre-cancerous lesions. • Human papillomavirus (HPV) test every 5 years linked with timely treatment of pre-cancerous lesions. <p>3. Other recommended interventions:</p> <ul style="list-style-type: none"> • Prevention of liver cancer through hepatitis B immunization
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The proven cost-effective interventions for NCDs are existing and feasible to implement in Cambodia. An analysis of economic impact for NCD Investment Case in Cambodia shows that investment in five proven, cost-effective intervention packages of the best-buys in the Cambodian context could significantly reduce the burden of NCDs, increase people’s life expectancy and quality of life and decrease the burden on the State budget and national economy. Thus, these investments would contribute to the overall socio-economic development of the country, with positive ripple effects across society, and accelerate development. Four policy packages to reduce the prevalence of behavioural risk factors for NCDs such as tobacco use, harmful use of alcohol, physical inactivity and excessive salt consumption, and one clinical intervention package for cardiovascular disease (CVD) and diabetes have been assessed and found as follows:

- The recovered economic benefit of investing in all five policy packages would be KHR 1.7 trillion (USD 417 million) over 15 years.
- The package of NCD interventions will avert 184,236 deaths and lead to 694,858 healthy life years gained over 15 years.
- Economic modelling of return on investment (ROI) suggests that the intervention with greatest economic benefit to Cambodia is the package of tobacco interventions, followed by the interventions against physical inactivity and salt intake.
- Over 15 years, the packages to reduce tobacco use and physical inactivity would have the highest return on investments (ROI):
 - For the tobacco package, every KHR 1 invested would yield KHR 10.7 in return. The overall cost would be KHR 34 billion (USD 8.3 million).
 - For every KHR 1 invested in increasing physical activity in the population, Cambodia would receive KHR 10 in return. The overall cost would be KHR 30 billion.

- The next highest ROI would be for the salt reduction (KHR 9.6 benefit per KHR 1 invested) and alcohol packages (KHR 5.0 benefit per KHR 1 invested), costing KHR 49 billion (USD 12 million) and KHR 60 billion (USD 15 million), respectively.
- The CVD and diabetes clinical package is estimated to cost KHR 1.2 trillion (USD 294 million) and to yield an ROI of 0.24 per KHR invested.

The NCD Investment Case also revealed areas that should be strengthened in order to implement the WHO-recommended cost-effective NCD preventive and clinical interventions. As the packages to reduce tobacco use and increase physical activity would provide the greatest ROIs, scaling up effective tobacco control initiatives and awareness campaigns to increase physical activity should be given priority. The Government should also strengthen alcohol control and make investments to reduce salt consumption, as both yield high ROIs. However, scaling up CVD and diabetes clinical interventions should not be neglected as introduction of these packages could avert 33,048 deaths over 15 years.

To achieve the universal health coverage (UHC), comprehensive, people-centred primary health care services, including both preventive and clinical services need to orient health system and to be sustainably financed in order to bring NCD services closer to communities.

This requires the following:

- Multisectoral collaboration
- Commitment to develop long-lasting, strong health systems
- Integrating NCDs across the continuum of care together with rehabilitation and palliative care.
- Improving access to affordable essential medicines, diagnostics and medical devices for the management of NCDs.
- Increasing NCD ready health workforces through pre-service and in-service training; expanding financial risk protection to eliminate out-of-pocket expenditure.
- Empowering communities and people living with NCDs.
- Ensuring coverage of vulnerable populations.
- Leveraging domestic financial mechanism through decentralization and deconcentration (D&D) process.
- Strengthening NCD surveillance and information systems.
- The use of digital technologies to increase health service access and efficacy for NCD prevention.
- Exploring public-private partnerships for NCD interventions while excluding conflicts of interest.

A notable progress in tobacco control has been made in terms of creating smoke-free environments in all indoor workplaces through ban on smoking in public places, ban on most forms of tobacco advertising, promotion, and sponsorship (TAPS), warning people of the dangers of tobacco and tobacco smoke through effective health warnings and mass

media campaigns. However, taxes on cigarettes in Cambodia are among the lowest in ASEAN, with the tax share equivalent to only 25 percent of the retail price of domestic cigarettes and 31.1 percent of the retail price for imported cigarettes. Reduction of the harmful use of alcohol through regulations over commercial and public availability of alcohol, comprehensive restrictions or bans on alcohol advertising and promotions, pricing policies such as excise tax increases on alcoholic beverages remain a challenge. Other measures to reduce unhealthy diets and physical inactivity have not been widely implemented, such as adopted national policies to reduce population salt or sodium consumption, taxation on sugar-sweetened beverages, adopted national policies that limit saturated fatty acids and eliminate industrially produced trans-fatty acids in the food supply, national public awareness program on diet and/or physical activity, WHO set of recommendations on marketing of foods and non-alcoholic beverages to children, and legislation or regulations fully implementing the International Code of Marketing of Breast-Milk Substitutes. To address these shared NCD risk factors, the adopted MSA-NCD 2018-2027 requires to be operationalized through identifying a national champion health beyond the health sector; institutional capacity building of line ministries on multisectoral action to prevent and control of NCDs; resource mobilization; and integrated legislations, policies and plans within non-health sectors for reduction of NCD risk factors.

NCD service delivery at PHC level remains fragmented and has been mainly created as a short-term project-based activity relying on donor funding. Since 2013, NCD services have been established at 162 health centers (13% of total health centers in Cambodia) and 51 referral hospitals (less than 50% of total referral hospitals) following the adopted WHO Package of Essential NCD Interventions for Primary Health Care (WHO PEN). The capacity of most health centers to prevent, diagnose and manage major NCDs is very limited due to poor basic infrastructure, lack of equipment, and shortage of essential NCD medicines and supplies. In addition, most health centers have only nurses and midwives who are not trained sufficiently to provide continuum of care to patients living with diabetes and/or hypertension, and to screen and treat pre-cancerous lesion for cervical cancer prevention.

Currently, peer educator networks for diabetes and hypertension have been piloted in 22 ODs in 9 provinces. These peer educator networks form a structured community of diabetes patients in cooperation with relevant referral hospitals to deliver self-management of diabetes and hypertension through revolving drug fund for clinical consultation and laboratory test and treatment.

The National Standard Operating Procedure (SOP) for Diabetes and Hypertension Management in Primary Care (2019), the National SOP for Cervical Cancer Screening, and the National Action Plan for Cervical Cancer Prevention and Control 2019-2023 have been adopted and being gradually implemented with limited resources and institutional capacities for both national and sub-national levels.

There are many other conditions of public health importance that are associated with the four main NCDs. These conditions include oral health, blindness, and hearing impairment. In Cambodia, the oral health policy expired many years ago while the government budget for oral health related- activities are very limited. Thus, a long-term national action plan for oral health needs to be developed. For prevention of blindness, the national eye health programme has recently developed a new National Strategic Plan for Blindness Prevention and Control 2021-2030. This has given an opportunity for synergies between both NCDs and eye health programme to join collaborative efforts to address common issues, for example, diabetic retinopathy, and cataract among diabetes patients.

1.3. Rationale

Early on, the Royal Government of Cambodia recognized the serious threats posed by NCDs and took a number of steps to respond: the “National Strategy for the Prevention and Control of Noncommunicable Disease Cambodia”, approved back in year 2006 was the Ministry of Health’ first policy document addressing the issue head-on. In the following years more and more countries and agencies in the rest of the world began to see the growing size and potential consequences of these silent killers, which threaten mostly national interests but not necessarily international ones.

The world then stepped into its future to address NCDs which is one of greatest public health challenges of the 21st century. In May 2011, the ministers of health around the globe endorsed the Moscow Declaration on NCDs at the first global ministerial conference on healthy lifestyles and NCDs control held in Moscow, Russian Federation on 28-29 April 2011 (12). Recognizing the devastating social, economic and public health impact of NCDs, the Political Declaration of the United Nations (UN) High-level Meeting on the Prevention and Control of Noncommunicable Diseases was endorsed by Heads of State and Government in September 2011 (13) followed by the development of Global Action Plan for the Prevention and Control of NCDs 2013–2020 (14), Global Monitoring Framework for NCDs, and the Western Pacific Regional Action Plan for the Prevention and Control of NCDs 2014-2020 (15).

In 2013, the Global Action Plan for the Prevention and Control of NCDs 2013–2020 and Global Monitoring Framework for NCDs were adopted by the Member States. The Global Monitoring Framework for NCDs, including nine voluntary global targets and 25 indicators to be achieved by 2025 emphasize the importance of prioritizing country action to reduce premature mortality from NCDs by 25%, increase coverage of essential NCD medicines and technologies by 80%, treatment for prevention of heart attacks and strokes by 50%, halt the rise of obesity and diabetes, reduce raised blood pressure by 25%, tobacco use by 30%, salt/sodium intake by 30%, physical inactivity by 10%, and harmful use of alcohol by 10%. To realize these commitments, governments are urged to set national NCD targets for 2025 based on national circumstances, develop multisectoral national NCD plans to reduce

exposure to risk factors and enable health systems to respond NCDs in order to reach these national targets in 2025.

Royal Government of Cambodia in turn decided to integrate NCDs into Cambodian SDG which aims to achieve a one third reduction in premature NCD mortality by 2030. In the fourth Health Strategic Plan 2021-2030 (HSP4), NCDs have been identified as one of the four priority areas. The Ministry of Health has put its efforts to implement existing National Strategic Plan for the Prevention and Control of NCDs 2013-2020 with a focus on NCD management such as early detection, screening, and treatment of NCDs including health education for healthy behavior amongst population seeking health services at health facilities and in community, but it is now due for revision. This National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2022-2030 builds upon the key achievements made so far and outlines a path to consolidate and expand upon these gains between 2022 and 2030.

Since the National Strategic Plan for the Prevention and Control of Noncommunicable Disease 2013-2020 was implemented, progress has been made. Key achievements include:

- The National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases (MSA-NCD) 2018-2027 developed and endorsed by the Cambodian Prime Minister. It has focused on NCD prevention through multisectoral collaboration and efforts for NCD prevention through reduction of the common NCD risk factors, including tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity.
- The National Action Plan for Salt Reduction 2021-2027 developed and approved by the Ministry of Health on 18 May 2021.
- The National Standard Operating Procedure for Diabetes and Hypertension Management in Primary Care approved by the Ministry of Health on 29 January 2019 and launched on 28 October 2019.
- The National Standard Operating Procedures for Cervical Cancer Screening developed and approved by the Ministry of Health on 31 July 2018 and launched on 19 November 2018.
- The National Action Plan for Cervical Cancer Prevention and Control 2019-2023 developed and approved by the Ministry of Health on 12 April 2019 and launched on 3 May 2019.
- Clinical Practice Guidelines for Type 2 Diabetes and Hypertension in Adult at Referral Hospital developed and approved by the Ministry of Health in 2015.
- National Cancer Center established and inaugurated on 15 January 2018.
- Cambodia Noncommunicable Disease Management Information System newly developed since 2020 and established at national level in 2021 and being rolled out at sub-national level.

- A second WHO STEPwise approach to NCD risk factor surveillance conducted in 2016. It was the national representative survey on NCD risk factors among adult in Cambodia.
- A first Global School-Based Student Health Survey (GSHS) conducted in 2013. It was the national representative survey on NCD risk factors among adolescence in Cambodia.
- The legal framework for tobacco control in Cambodia significantly strengthened since the adoption and implementation of Law on Tobacco Control 2015 through instituting smoke-free public places, a full Tobacco, Advertising, Promotion and Sponsorship (TAPS) ban and plain packaging.
- National Tobacco Control Law, May 2015.
- Sub-Decree on Printing of 55% of Health Warning in Khmer Language and Pictorial on Tobacco Products Packages on 22 October 2015.
- Sub-decree banning smoking at workplace and public places, 2016.
- A third National Adult Tobacco Survey of Cambodia (NATSC) conducted in 2021 using the same methodology as the survey conducted in 2011, allowing trends to be compared.
- A first survey in Phnom Penh to measure Cambodian attitudes towards sugary drinks and sugar tax found high acceptability of and wide support for sugar tax among urban residents.
- Discussion of draft Law on Alcohol Products Control has been initiated.
- NCD services have been established at 162 health centers (13% of total health centers in Cambodia) and 51 referral hospitals (less than 50% of total referral hospitals) following the adopted WHO Package of Essential NCD Interventions for Primary Health Care (WHO PEN).
- A total number of 351 health facilities trained on cervical cancer screening and treatment. Of those health facilities, there are 80 referral hospitals that have been trained and able to treat cervical pre-cancer lesion.

A pilot project of peer educator networks for diabetes and hypertension exists in 22 ODs in 9 provinces (including Phnom Penh). These peer educator networks form a structured community of diabetes patients in cooperation with relevant referral hospitals to deliver self-management of diabetes and hypertension through revolving drug fund for clinical consultation, laboratory test and treatment.

Although those achievements have been made, the current National Strategic Plan for the Prevention and Control of NCDs 2013-2020 has ended living a huge gap in health system responses to NCDs in primary health care, and reduction of common NCD risk factors through salt and sugar reduction among the population, tax increases for tobacco products, alcohol, and sugar-sweetened beverages. Therefore, these gaps need to be prioritized and addressed in the National Strategic Plan for the Prevention and Control of NCDs 2021-2030

which focuses on strengthening health systems to address NCDs through people-centred primary health care (PHC) and within universal health coverage (UHC), and reinforcement of the MSA-NCD 2018-2027.

2. Vision

Noncommunicable diseases are effectively, efficiently, and equitably prevented and controlled thereby contributing to minimize the diseases and socio-economic burden for people in Cambodia.

3. Mission

To scale up effective, efficient, and equitable interventions to prevent and control NCDs through strengthening health system and multisectoral collaboration.

4. Goal and objectives

4.1. Goal

To reduce the preventable and avoidable burden of morbidity, mortality, and disability due to the four main NCDs, including cardiovascular disease, cancer, chronic respiratory disease, and diabetes.

4.2. Strategic Objectives

The Ministry of Health has outlined the strategic objectives to address a growing burden of NCDs in Cambodia based on guiding principles, including gender, equity and rights, multisectoral action, life-course approach, people and community empowerment, evidence-based strategies, and universal health coverage.

The strategic objectives of the National Strategic Plan for the Prevention and Control of NCDs 2021-2030 are outlined, taking into consideration of achieving a one third reduction in premature mortality of NCDs by 2030 as stated in the fourth Health Strategic Plan (HSP4) 2021-2030 and Cambodian SDG target. They include as follows:

STRATEGIC OBJECTIVE 1:

To curb the surge of NCDs through leveraging cross-sectoral opportunities for reducing avoidable NCD risk factors, with a focus on regulation and tax increases for tobacco products, alcohol, and sugar-sweetened beverages, and stimulating healthy physical and social environments.

Action areas to be implemented:

- 1.** Empower individuals in community to prevent themselves from NCDs by promoting health literacy and providing education for healthy behavior.
- 2.** Strengthen tobacco control measure through enforcement of Law on Tobacco Control, and Strategic Plan for Education and Reduction of Tobacco Use 2021-2026.
- 3.** Reduce harmful use of alcohol.
- 4.** Promote healthy diet.
- 5.** Promote physical activity.

STRATEGIC OBJECTIVE 2:

To orient health system towards providing NCD services through people-centred primary health care, universal health coverage, and support for management of chronic illnesses such as diabetes, hypertension and cervical cancer as well as rehabilitation and palliative care when needed.

Action areas to be implemented:

- 1.** Strengthen institutional capacities and health workforces to deliver NCD services at primary health care and through appropriate referral system nationwide.
- 2.** Ensure availability of essential medicines, basic equipment, and technologies for early detection, diagnosis, and management of NCDs at primary health care.
- 3.** Establish NCD Management Information System at health facilities nationwide.
- 4.** Provide community based NCD education, and integrated people-centred NCD services through VHSG, Peer Educators, community engagement and self-management in partnership with civil societies.
- 5.** Improve access to community-based rehabilitation, palliative care and pain relief for chronic diseases and other life-threatening conditions as part of the continuum of care.
- 6.** Synergy with other conditions of public health importance such as oral health, blindness, and hearing impairment.
- 7.** Strengthen NCD financing mechanism covering prevention, treatment, rehabilitation, and palliative care.

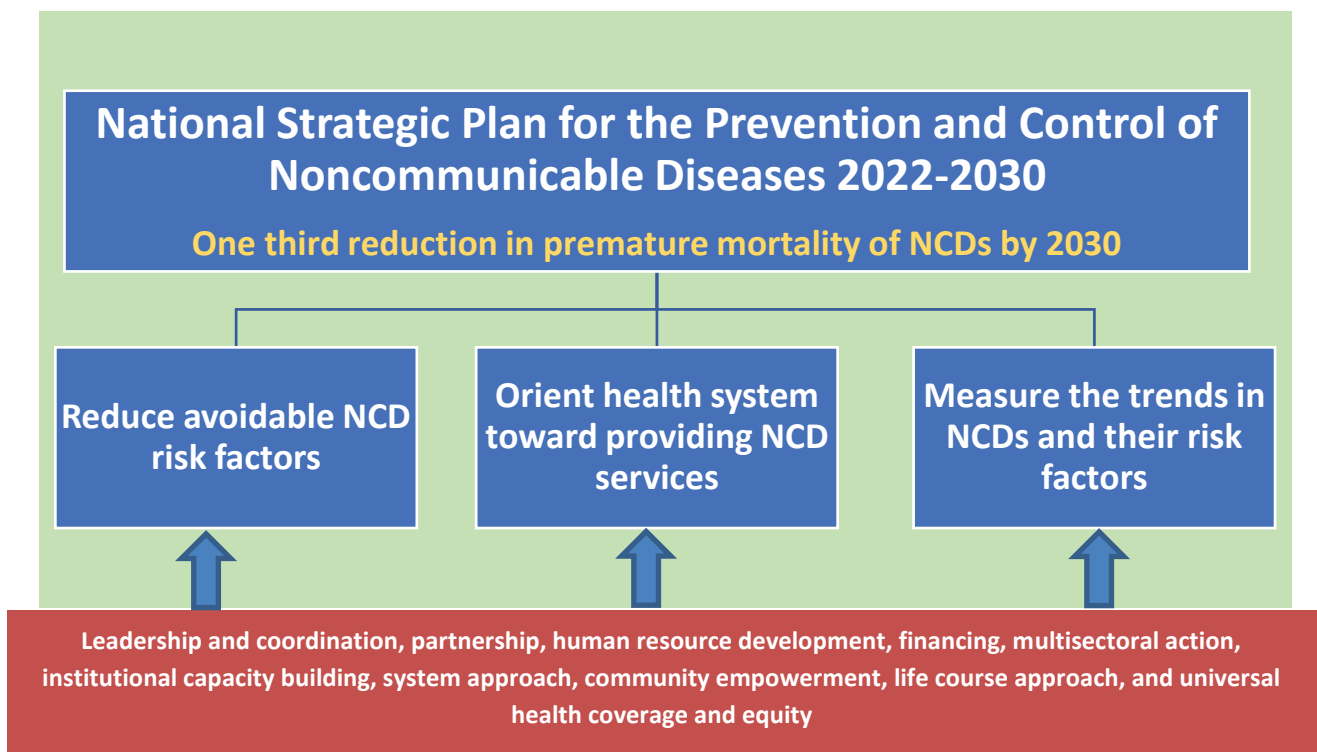
STRATEGIC OBJECTIVE 3:

To measure the trends in NCDs and their risk factors and inform policy decision making through applying innovative, evidence-based survey and research.

Action areas to be implemented:

1. Implement NCD surveillance mechanism at national level.
2. Strengthen national capacity for quality research, development and innovation related to the prevention and control of NCDs.

Figure 3: Overview of the National Strategic Plan for the Prevention and Control of NCDs 2022-2030



5. Strategy framework

Given that health system capacities are limited, cost-effective interventions for NCDs could not be implemented simultaneously and requires a selection of policy options that are feasible to be undertaken in Cambodia. Thus, the Ministry of Health has prioritized screening and treatment of diabetes, hypertension, and cervical cancer in primary health

care, and joint collaborative efforts with line ministries to address NCD risk factors through the implementation of the National Multisectoral Action Plan for the Prevention and Control of NCDs 2018-2027.

Financial and human resource constraints mean that it is not possible for Cambodia to implement all the cost-effective interventions simultaneously. A staged approach needs to be taken, with the highest priority activities undertaken first, followed by the next most important interventions when the core interventions have been successfully initiated.

Prioritization is key to achieving the scale-up that countries need to reach the SDG target 3.4. Countries should initially identify and scale up selected priorities among the recommended cost-effective, affordable, and evidence-based interventions for NCDs instead of trying to implement all the recommendations at once.

6. Activities

	Key Activities	Timeframe	Responsible
STRATEGIC OBJECTIVE 1: <i>To curb the surge of NCDs through leveraging cross-sectoral opportunities for reducing avoidable NCD risk factors, with a focus on regulation and tax increases for tobacco products, alcohol, and sugar-sweetened beverages, and stimulating healthy physical and social environments.</i>			
1	Empower individuals in community to prevent themselves from NCDs by promoting health literacy and providing education for healthy behavior.		
1.1	Develop toolkit user guide to empower individuals in community for NCD prevention, as members of a family, to identify NCD-related issues, understand behavioural health risks for NCDs, and adopt healthier behaviours to prevent or mitigate NCD risk factors.	2022	PMD, NCHP
1.2	Training of health center staff and VHSG on toolkit user guide to empower individuals in community for NCD prevention.	2022-2024	PMD, NCHP, OD
1.3	Integrate NCD-related outreach activities into other health programmes to reach vulnerable and marginalized population.	2022-2026	PMD, PHD, OD, HC, CSO, relevant partners

1.4	Conduct national public education and awareness campaigns on NCD prevention, including large scale campaigns targeted at large segments of the population or the whole population, using mass media, and lasting for a longer period of time or repeated throughout the year.	2022-2030	PMD, NCHP Ministry of Information
1.5	Build capacity of VHSGs and community network to provide health information on risk factors of NCDs and promote primary prevention and screening among community members as well as providing support to people with NCDs to manage their conditions.	2022-2030	NCHP, PMD, NCDD
2	Strengthen tobacco control measure through enforcement of Law on Tobacco Control and Strategic Plan for Education and Reduction of Tobacco Use 2021-2026.		
2.1	Advocate for increasing tobacco excise taxes to reduce the affordability to tobacco products.	2022-2025	NCHP, MoH Department of General Taxation (DGT), MEF
2.2	Enforce the ban on smoking in public places through sub-decree on measures for banning of smoking or blowing of tobacco products at work and public places.	2022-2025	NCHP, MoH Municipalities, City/Provincial Hall
2.3	Extend the ban on tobacco advertising, promotion and sponsorship through enforcement of sub-decree on banning tobacco advertisement.	2022-2030	NCHP, MoH IMC
2.4	Provide tobacco cessation and counselling integrated into NCD services at health facilities, including health centers and referral hospitals.	2022-2030	NCHP, HC, RH
2.5	Enlarge Pictorial Health Warning and implement standard packaging of cigarette pack.	2022-2030	NCHP, IMC
2.6	Conduct awareness and behavior change campaign through mass media and interpersonal communication.	2022-2030	NCHP, MoH

3 Reduce harmful use of alcohol			
3.1	Finalize and adopt Law on Alcohol Control.	2022-2026	NCHP, MoH IMC, Council of Ministers National Assembly, RGC
3.2	Advocate for increasing excise taxes on alcoholic beverages.	2022-2026	GDT, MEF NCHP, MoH
3.3	Enact and enforce restrictions on the physical availability of retailed alcohol through reduced hours of sale.	2025-2030	Municipalities, City/Provincial Hall, Local authorities
3.4	Implement the measure to control advertisement, promotion, and sponsorship of alcohol across multiple types of media.	2022-2030	Ministry of Information, NCHP, MoH
3.5	Provide sufficient education and information for the public on the impact of alcohol on health, economy, and environment.	2022-2030	NCHP, MoH
4 Promote healthy diet			
4.1	Implement the adopted National Action Plan for Salt Reduction 2021-2027 nationwide in collaboration with line ministries.	2021-2027	PMD, MoH, relevant ministries
4.2	Develop communication strategies to raise awareness about the health risks and dietary sources of salt.	2022-2023	PMD, MoH SHD, MoEYS
4.3	Conduct behavior change communication campaign on salt reduction in workplaces and in other institutions or settings such as schools, and hospitals.	2023-2030	PMD, MoH National Hospitals, RH, and SHD, MoEYS
4.4	Advocate for increasing taxes on sugar-sweetened beverages (SSB) to reduce sugar consumption.	2022-2025	PMD, NCHP, MoH GDT, MEF
4.5	Develop Cambodia Food-Based Dietary Guideline for Adult.	2022-2025	PMD, NMCHC, NCHP

4.6	Implement mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars, and salt, and promote the intake of fruits and vegetables.	2022-2030	PMD, MoH Ministry of Information
4.7	Develop national action plan for reducing unhealthy diet related to NCDs.	2023	PMD, NMCHC, NCHP, MoH
5	Promote physical activity		
5.1	Develop guideline for physical activity.	2023	PMD, MoH
5.2	Develop national action plan for reducing physical inactivity.	2024-2025	PMD, MoH
5.3	Conduct public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education.	2025-2030	PMD, MoH MoEYS
5.4	Provide physical activity counselling as part of routine primary health care.	2022-2030	PMD, MoH RH, HC
STRATEGIC OBJECTIVE 2: <i>To orient health system towards providing NCD services through people-centred primary health care, universal health coverage, and support for management of chronic illnesses such as diabetes, hypertension and cervical cancer as well as rehabilitation and palliative care when needed.</i>			
1	Strengthen institutional capacities and health workforces to deliver NCD services at primary health care and through appropriate referral system nationwide.		
1.1	Provide pre-service training through integration of NCD management (hypertension, diabetes, and cervical cancer screening and treatment) for primary health care into nursing and midwife school curriculum.	2023-2030	PMD, HRDD, UHS, MoH
1.2	Training of trainers on hypertension and diabetes management, and cervical cancer screening and treatment for primary health care.	2022-2030	PMD, MoH Health partners

1.3	Conduct building capacity training of nurses and medical doctors on hypertension and diabetes management for primary health care.	2022-2030	PMD, MoH PHD, RH, and OD
1.4	Expand NCD services at primary health care and NCD clinics at provincial and district referral hospitals nationwide.	2022-2030	PMD, MoH PHD, OD Health partners
1.5	Conduct capacity building trainings of midwives and medical doctors on cervical cancer screening and treatment	2022-2030	PMD, MoH PHD, OD Health partners
1.6	Expand cervical cancer screening and treatment services at health facilities.	2022-2030	PMD, MoH Relevant partners
1.7	Provide HPV vaccines to girls through integrated HPV vaccines into national immunization program.	2022-2030	NIP, NMCHC
1.8	Implementation of the National Action Plan for Cervical Cancer Prevention and Control 2019-2023.	2022-2023	PMD
1.9	Develop the National Action Plan for Cervical Cancer Prevention and Control 2024-2030.	2023-2024	PMD
1.10	Amendment of the National SOP for Cervical Cancer Screening and Management.	2022	PMD
1.11	Consider development of the National Cancer Control Plan if health system capacities in terms of resources and infrastructure requirements permitted.	2025-2030	PMD
1.12	Training of health care providers at health centers, provincial and district referral hospitals on symptoms and signs consistent with most common cancers including childhood cancers to ensure prompt referral, early detection, diagnosis, and timely treatment.	2022-2030	PMD National Cancer Center, Oncology Service, PHD, OD, RH, HC

1.13	Ensure all babies born in a healthy facility receive Hep B vaccination within 24 hours.	2022-2030	NIP, NMCHC
2	Ensure availability of essential medicines, basic equipment, and technologies for early detection, diagnosis, and management of NCDs at primary health care.		
2.1	Endorse and implement checklist for monitoring, evaluation and drug management for NCDs including palliative medicines & opioid analgesics at Operational District, health center, and referral hospital levels in line with the updated MoH Essential Medicines List.	2022	DDF, CMS, PMD, PHD, OD Provincial and Referral Hospitals
2.2	Adequate supplies of essential medicines for NCDs, basic equipment and technologies for NCDs to health centers and referral hospitals.	2022-2030	CMS, DDF, Procurement Unit, PHD, OD
2.3	Explore innovative procurement options to reduce cost barriers to long-term medication for patients with NCDs.	2022-2023	CMS, DDF, PMD, Procurement Unit
3	Establish NCD Management Information System at health facilities nationwide.		
3.1	Conduct training of health center and referral hospital staff on the use of Cambodia NCD Management Information System nationwide.	2022-2030	PMD, DPHI, PHD, OD
3.2	Provide necessary IT equipment for Cambodia NCD Management Information System to relevant health centers and referral hospitals.	2022-2030	PMD, DPHI, PHD, OD
3.3	Integrate key indicators for NCDs into health information system.	2022-2025	PMD, DPHI
3.4	Develop and use digital health solutions for NCD self-care and the provision of medical care at home.	2023-2025	PMD, HSD Development Partners

4	Provide community based NCD education, and integrated people-centred NCD services through VHSg, Peer Educators, community engagement and self-management in partnership with civil societies.		
4.1	Training of trainers of health center and OD staff on community based NCD education.	2023-2025	PMD, PHD, OD, HC
4.2	Conduct building capacity training of VHSg on community based NCD education.	2022-2030	PHD, OD, HC
4.3	Explore possibility in strengthening and expanding peer educator networks for diabetes and hypertension at ODs.	2025-2030	PMD, PHD, OD, CSO
4.4	Establish a sustainable model for community based NCD education, and integrated people-centred NCD services nationwide.	2022-2030	PMD, PHD, OD, CSO
5	Improve access to community-based rehabilitation, palliative care and pain relief for chronic diseases and other life-threatening conditions as part of the continuum of care.		
5.1	Implement rehabilitation guidelines for stroke in Cambodia.	2022-2030	PMD, Relevant hospitals/agencies, Health partners
5.2	Finalize and adopt the national standard operating procedures for palliative care in cancer patients.	2022	PMD, Relevant hospitals/agencies, Health partners
5.3	Provide community-based palliative care for cancer NCD patients through community networks (VHSg or others) and mobile medical teams.	2022-2030	PMD, Relevant hospitals/agencies, Health partners
5.4	Establish an efficient referral and counter referral system for better navigation and continuum of care of palliative care patients (across levels of the health system and from/back to community).	2023-2025	PMD, Relevant hospitals/agencies, PHD, OD/RH, HC, Health partners, CSO

5.5	Integrate pain management and palliative care in pre-service training curricula for health professionals (including physicians, nurses, pharmacists, and physiotherapists).	2023-2025	PMD, HRDD, UHS, Relevant hospitals/agencies, Health partners
5.6	Provide capacity building training of referral hospital staff to open dedicated services for patients and deliver palliative care.	2022-2025	PMD, PHD, OD, RH
5.7	Include pain management in measures of hospital quality.	2023	PMD, HSD, Health partners
6	Synergy with other conditions of public health importance such as oral health, blindness, and hearing impairment.		
6.1	Develop National Action Plan for Oral Health 2022-2030	2022-2023	PMD, MoH and Relevant stakeholders
6.2	Develop evidence for prevention of oral disease among adults and elderly people: early detection of oral cancer.	2023-2025	PMD, MoH and Relevant stakeholders
6.3	Integrate oral health with NCDs activities for example, oral health and diabetes, risk behavior control such as sugar consumption, smoking, and drinking.	2022-2030	PMD, NCHP, MoH
6.4	Early prevention of oral health among children using topical fluorides (including Fluoride varnish for pre-school children and Silver Diamine Fluoride for school-aged children).	2022-2030	PMD, SHD, MoEYS, Relevant stakeholders
6.5	Finalize and endorse the national strategic plan for blindness prevention and control 2021-2025.	2022	National Eye Health Programme, Relevant stakeholders
6.6	Establish referral system for diabetes and diabetic retinopathy screening and management at referral hospitals.	2022-2023	PMD, National Eye Health Programme, Relevant stakeholders

6.7	Conduct situation analysis of magnitude of hearing impairment problem in Cambodia.	2023-2024	PMD
7	Strengthen NCD financing mechanism covering prevention, treatment, rehabilitation, and palliative care.		
7.1	Advocate for the government budget allocation through awareness raising of policy makers on Cambodia NCD and FCTC investment cases at the MoH and MEF.	2022-2025	PMD, NCHP, Relevant stakeholders
7.2	Include NCD budget in commune investment plan through advocacy meetings with commune leaders with political support from relevant provincial and district governors.	2022-2025	PMD, Relevant local authorities and stakeholders
7.3	Advocate for dedicated fund for NCD prevention and control from taxation of unhealthy products such tobacco, alcohol, and sugar-sweeten beverages.	2022-2030	PMD, NCHP, GDT, MEF, Relevant stakeholders
7.4	Collaborate with NSSF to include more access to chronic care for patients with NCDs in benefit packages in order to reduce financial barrier for NCD services and improve NCD service delivery.	2022-2030	PMD, DPHI, NSSF, MoSVY
7.5	Build public-private partnership in financing NCD service delivery without conflict of interest.	2022-2030	PMD, Relevant partners
STRATEGIC OBJECTIVE 3: <i>To measure the trends in NCDs and their risk factors and inform policy decision making through applying innovative, evidence-based survey and research.</i>			
1	Implement NCD surveillance mechanism at national level.		
1.1	WHO STEPwise approach to NCD risk factor surveillance (STEPS survey) every 5 years.	2022, 2026, and 2030	PMD, NIPH, UHS
1.2	Global School-Based Student Health Survey (GSHS) every 5 years.	2022, 2026, and 2030	PMD, MoEYS, Relevant stakeholders

1.3	National Adult Tobacco Survey of Cambodia (NATSC) every 5 years.	2025, 2029	NIS, NCHP, Relevant stakeholders
1.4	Global Youth Tobacco Survey (GYTS) every 5 years.	2022, 2026, and 2030	NIS, NCHP, MoH
1.5	Conduct Public Opinion Survey on Tobacco Tax.	2022-2023	NCHP, Relevant stakeholders
1.6	Establish population-based cancer registry.	2022-2025	PMD, Relevant stakeholders
2	Strengthen national capacity for quality research, development and innovation related to the prevention and control of NCDs.		
2.1	Develop NCD research agenda and plan including community-based research and evaluation of the impact of interventions and policies.	2022-2025	NIPH, PMD, Relevant stakeholders
2.2	Integrate NCDs-related research into the health system research agenda.	2022-2023	DPHI, NIPH, Relevant stakeholders
2.3	Provide institutional capacity building for research and development on NCDs	2022-2025	NIPH, Relevant stakeholders
2.4	Promote data sharing and effective monitoring and evaluation, innovation, research to support policy making.	2022-2030	NIPH, UHS and Development Partners, Relevant stakeholders

7. Financial resources

Key Activities	Timeframe	Estimated Cost (USD)	Possible funding sources
STRATEGIC OBJECTIVE 1: <i>To curb the surge of NCDs through leveraging cross-sectoral opportunities for reducing avoidable NCD risk factors, with a focus on regulation and tax increases for tobacco products, alcohol, and sugar-sweetened beverages, and stimulating healthy physical and social environments. (USD 11,880,878)</i>			
1 Empower individuals in community to prevent themselves from NCDs by promoting health literacy and providing education for healthy behavior. (USD 6,958,512)			
1.1	Develop toolkit user guide to empower individuals in community for NCD prevention, as members of a family, to identify NCD-related issues, understand behavioural health risks for NCDs, and adopt healthier behaviours to prevent or mitigate NCD risk factors.	2022	USD 3,200 National budget Relevant partners
1.2	Training of health center staff and VHSg on toolkit user guide to empower individuals for NCD prevention.	2022-2024	USD 2,037,116 National budget Relevant partners
1.3	Integrate NCD-related outreach activities into other health programmes to reach vulnerable and marginalized population.	2022-2026	USD 12,960 National budget Relevant partners
1.4	Conduct national public education and awareness campaigns on NCD prevention, including large scale campaigns targeted at large segments of the population or the whole population, using mass media, and lasting for a longer period of time or repeated throughout the year.	2022-2030	USD 2,430,900 National budget Relevant partners

1.5	Build capacity of VHSGs, CCWC and community network to provide health information on risk factors of NCDs and promote primary prevention and screening among community members as well as providing support to people with NCDs to manage their conditions.	2022-2030	USD 2,474,336	National budget Relevant partners
2	Strengthen tobacco control measure through enforcement of Law on Tobacco Control and Strategic Plan for Education and Reduction of Tobacco Use 2021-2026. (USD 869,000)			
2.1	Advocate for increasing tobacco excise taxes to reduce the affordability to tobacco products.	2022-2025	USD 50,000	National budget Relevant partners
2.2	Enforce the ban on smoking in public places through sub-decree on measures for banning of smoking or blowing of tobacco products at work and public places.	2022-2025	USD 10,000	National budget Relevant partners
2.3	Extend the ban on tobacco advertising, promotion and sponsorship through enforcement of sub-decree on banning tobacco advertisement.	2022-2030	USD 10,000	National budget Relevant partners
2.4	Provide tobacco cessation and counselling integrated into NCD services at health facilities, including health centers and referral hospitals.	2022-2030	USD 20,000	National budget Relevant partners
2.5	Enlarge Pictorial Health Warning and implement standard packaging of cigarette pack.	2022-2030	USD 50,000	National budget Relevant partners
2.6	Conduct awareness and behavior change campaign through mass media and interpersonal communication.	2022-2030	USD 729,000	National budget Relevant partners

3 Reduce harmful use of alcohol. (USD 6,958,512)				
3.1	Finalize and adopt Law on Alcohol Control.	2022-2026	USD 50,000	National budget Relevant partners
3.2	Advocate for increasing excise taxes on alcoholic beverages.	2022-2026	USD 50,000	National budget Relevant partners
3.3	Enact and enforce restrictions on the physical availability of retailed alcohol through reduced hours of sale.	2025-2030	USD 50,000	National budget Relevant partners
3.4	Implement the measure to control advertisement, promotion, and sponsorship of alcohol across multiple types of media.	2022-2030	USD 80,000	National budget Relevant partners
3.5	Provide sufficient education and information for the public on the impact of alcohol on health, economy, and environment.	2022-2030	USD 80,000	National budget Relevant partners
4 Promote healthy diet. (USD 1,899,302)				
4.1	Implement the adopted National Action Plan for Salt Reduction 2021-2027 nationwide in collaboration with line ministries.	2022-2027	USD 24,000	National budget Relevant partners
4.2	Develop communication strategies to raise awareness about the health risks and dietary sources of salt.	2022-2023	USD 200,000	National budget Relevant partners
4.3	Conduct behavior change communication campaign on salt reduction in workplaces and in other institutions or settings such as schools, and hospitals.	2023-2030	USD 571,428	National budget Relevant partners

4.4	Advocate for increasing taxes on sugar-sweetened beverages (SSB) to reduce sugar consumption.	2022-2025	USD 1,920	National budget Relevant partners
4.5	Develop Cambodia Food-Based Dietary Guideline for Adult.	2022-2025	USD 260,936	National budget Relevant partners
4.6	Implement mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars, and salt, and promote the intake of fruits and vegetables.	2022-2030	USD 800,000	National budget Relevant partners
4.7	Develop national action plan for reducing unhealthy diet related to NCDs.	2023	USD 41,018	National budget Relevant partners
5	Promote physical activity. (USD 1,844,064)			
5.1	Develop guideline for physical activity.	2023	USD 1,233,532	National budget Relevant partners
5.2	Develop national action plan for reducing physical inactivity.	2024-2025	USD 87,332	National budget Relevant partners
5.3	Conduct public education and awareness campaign for physical activity which includes a mass media campaign combined with other community-based education.	2025-2030	USD 523,200	National budget Relevant partners
5.4	Provide physical activity counselling as part of routine primary health care.	2022-2030	USD 0	National budget Relevant partners

STRATEGIC OBJECTIVE 2:

To orient health system towards providing NCD services through people-centred primary health care, universal health coverage, and support for management of chronic illnesses such as diabetes, hypertension and cervical cancer as well as rehabilitation and palliative care when needed. (USD 16,359,325)

1	Strengthen institutional capacities and health workforces to deliver NCD services at primary health care and through appropriate referral system nationwide. (USD 6,565,123.89)			
1.1	Provide pre-service training through integration of NCD management (hypertension, diabetes, and cervical cancer screening and treatment) for primary health care into nursing and midwife school curriculum.	2023-2030	USD 41,104	National budget Relevant partners
1.2	Training of trainers on hypertension and diabetes management, and cervical cancer screening and treatment for primary health care.	2022-2030	USD 269,550	National budget Relevant partners
1.3	Conduct building capacity training of nurses and medical doctors on hypertension and diabetes management for primary health care.	2022-2030	USD 269,550	National budget Relevant partners
1.4	Expand NCD services at primary health care and NCD clinics at provincial and district referral hospitals nationwide.	2022-2030	USD 955,160	National budget Relevant partners
1.5	Conduct capacity building trainings of midwives and medical doctors on cervical cancer screening and treatment	2022-2030	USD 269,550	National budget Relevant partners
1.6	Expand cervical cancer screening and treatment services at health facilities.	2022-2030	USD 900,000	National budget Relevant partners
1.7	Provide HPV vaccines to girls through integrated HPV vaccines into national immunization program.	2022-2030	USD 403,200	National budget Relevant partners

1.8	Implementation of the National Action Plan for Cervical Cancer Prevention and Control 2019-2023.	2022-2023	USD 61,920	National budget Relevant partners
1.9	Develop the National Action Plan for Cervical Cancer Prevention and Control 2024-2030.	2023-2024	USD 57,646	National budget Relevant partners
1.10	Amendment of the National SOP for Cervical Cancer Screening and Management.	2022	USD 28,823	National budget Relevant partners
1.11	Consider development of the National Cancer Control Plan if health system capacities in terms of resources and infrastructure requirements permitted.	2025-2030	USD 172,938	National budget Relevant partners
1.12	Training of health care providers at health centers, provincial and district referral hospitals on symptoms and signs consistent with most common cancers including childhood cancers to ensure prompt referral, early detection, diagnosis, and timely treatment.	2022-2030	USD 808,650	National budget Relevant partners
1.13	Ensure all babies born in a healthy facility receive Hep B vaccination within 24 hours.	2022-2030	USD 2,327,032	National budget Relevant partners
2	Ensure availability of essential medicines, basic equipment, and technologies for early detection, diagnosis, and management of NCDs at primary health care. (USD 2,959,210)			
2.1	Endorse and implement checklist for monitoring, evaluation and drug management for NCDs including palliative medicines and opioid analgesics at Operational District, health center, and referral hospital levels in line with the updated MoH Essential Medicines List.	2022	USD 2,290,610	National budget Relevant partners

2.2	Adequate supplies of essential medicines for NCDs, basic equipment and technologies for NCDs to health centers and referral hospitals.	2022-2030	USD 630,360	National budget Relevant partners
2.3	Explore innovative procurement options to reduce cost barriers to long-term medication for patients with NCDs.	2022-2023	USD 38,240	National budget Relevant partners
3	Establish NCD Management Information System at health facilities nationwide. (USD 5,569,184)			
3.1	Conduct training of health center and referral hospital staff on the use of Cambodia NCD Management Information System nationwide.	2022-2030	USD 2,571,580	National budget Relevant partners
3.2	Provide necessary IT equipment for Cambodia NCD Management Information System to relevant health centers and referral hospitals.	2022-2030	USD 2,821,000	National budget Relevant partners
3.3	Integrate key indicators for NCDs into health information system.	2022	USD 4,000	National budget Relevant partners
3.4	Develop and use digital health solutions for NCD self-care and the provision of medical care at home.	2023-2025	USD 172,604	National budget Relevant partners
4	Provide community based NCD education, and integrated people-centred NCD services through VHSG, Peer Educators, community engagement and self-management in partnership with civil societies. (USD 87,658)			
4.1	Training of trainers of health center and OD staff on community based NCD education.	2022-2025	USD 65,200	National budget Relevant partners
4.2	Conduct building capacity training of VHSG on community based NCD education.	2022-2030	USD 7,713	National budget Relevant partners

4.3	Explore possibility in strengthening and expanding peer educator networks for diabetes and hypertension at ODs.	2025-2030	USD 7,032	National budget Relevant partners
4.4	Establish a sustainable model for community based NCD education, and integrated people-centred NCD services nationwide.	2022-2030	USD 7,713	National budget Relevant partners
5	Improve access to community-based rehabilitation, palliative care and pain relief for chronic diseases and other life-threatening conditions as part of the continuum of care. (USD 304,367)			
5.1	Implement rehabilitation guidelines for stroke in Cambodia.	2022-2030	USD 45,588	National budget Relevant partners
5.2	Finalize and adopt the national standard operating procedures for palliative care in cancer patients.	2022	USD 18,878	National budget Relevant partners
5.3	Provide community-based palliative care for cancer NCD patients through community networks (VHSG or others) and mobile medical teams.	2022-2030	USD 8,640	National budget Relevant partners
5.4	Establish an efficient referral and counter referral system for better navigation and continuum of care of palliative care patients (across levels of the health system and from/back to community).	2023-2025	USD 81,063	National budget Relevant partners
5.5	Integrate pain management and palliative care in pre-service training curricula for health professionals (including physicians, nurses, pharmacists, and physiotherapists).	2023-2025	USD 42,198	National budget Relevant partners
5.6	Provide capacity building training of referral hospital staff to open dedicated services for patients and deliver palliative care.	2022-2025	USD 100,000	National budget Relevant partners

5.7	Include pain management in measures of hospital quality.	2023	USD 8,000	National budget Relevant partners
6	Synergy with other conditions of public health importance such as oral health, blindness, and hearing impairment. (USD 453,782)			
6.1	Develop National Action Plan for Oral Health 2022-2030	2022-2023	USD 22,000	National budget Relevant partners
6.2	Develop evidence for prevention of oral disease among adults and elderly people: early detection of oral cancer.	2023-2025	USD 25,000	National budget Relevant partners
6.3	Integrate oral health with NCDs activities for example, oral health and diabetes, risk behavior control such as sugar consumption, smoking, and drinking.	2022-2030	USD 100,000	National budget Relevant partners
6.4	Early prevention of oral health among children using topical fluorides (including Fluoride varnish for pre-school children and Silver Diamine Fluoride for school-aged children).	2022-2030	USD 160,000	National budget Relevant partners
6.5	Finalize and endorse the national strategic plan for blindness prevention and control 2021-2025.	2022	USD 12,468	National budget Relevant partners
6.6	Establish referral system for diabetes and diabetic retinopathy screening and management at referral hospitals.	2022-2023	USD 34,314	National budget Relevant partners
6.7	Conduct situation analysis of magnitude of hearing impairment problem in Cambodia.	2023-2024	USD 100,000	National budget Relevant partners
7	Strengthen NCD financing mechanism covering prevention, treatment, rehabilitation, and palliative care. (USD 420,000)			

7.1	Advocate for the government budget allocation through awareness raising of policy makers on Cambodia NCD and FCTC investment cases at the MoH and MEF.	2022-2025	USD 164,000	National budget Relevant partners
7.2	Include NCD budget in commune investment plan through advocacy meetings with commune leaders with political support from relevant provincial and district governors.	2022-2025	USD 64,000	National budget Relevant partners
7.3	Advocate for dedicated fund for NCD prevention and control from taxation of unhealthy products such tobacco, alcohol, and sugar-sweetened beverages.	2022-2030	USD 64,000	National budget Relevant partners
7.4	Collaborate with NSSF to include more access to chronic care for patients with NCDs in benefit packages in order to reduce financial barrier for NCD services and improve NCD service delivery.	2022-2030	USD 64,000	National budget Relevant partners
7.5	Build public-private partnership in financing NCD service delivery without conflict of interest.	2022-2030	USD 64,000	National budget Relevant partners
STRATEGIC OBJECTIVE 3: <i>To measure the trends in NCDs and their risk factors and inform policy decision making through applying innovative, evidence-based survey and research. (USD 2,394,812)</i>				
1	Implement NCD surveillance mechanism at national level. (USD 1,650,000)			
1.1	WHO STEPwise approach to NCD risk factor surveillance (STEPS survey) every 5 years.	2022, 2026, and 2030	USD 700,000	National budget Relevant partners
1.2	Global School-Based Student Health Survey (GSHS) every 5 years.	2022, 2026, and 2030	USD 200,000	National budget Relevant partners

1.3	National Adult Tobacco Survey of Cambodia (NATSC) every 5 years.	2025, 2029	USD 200,000	National budget Relevant partners
1.4	Global Youth Tobacco Survey (GYTS) every 5 years	2022, 2026, and 2030	USD 200,000	National budget Relevant partners
1.5	Conduct Public Opinion Survey on Tobacco Tax.	2022-2023	USD 200,000	National budget Relevant partners
1.6	Establish population-based cancer registry.	2022-2025	USD 150,000	National budget Relevant partners
2	Strengthen national capacity for quality research, development and innovation related to the prevention and control of NCDs. (USD 744,812)			
2.1	Develop NCD research agenda and plan including community-based research and evaluation of the impact of interventions and policies.	2022-2025	USD 400,000	National budget Relevant partners
2.2	Integrate NCDs-related research into the health system research agenda.	2022-2023	USD 200,000	National budget Relevant partners
2.3	Provide institutional capacity building for research and development on NCDs.	2022-2025	USD 32,600	National budget Relevant partners
2.4	Promote data sharing and effective monitoring and evaluation, innovation, research to support policy making.	2022-2030	USD 112,212	National budget Relevant partners
Total Cost (USD)			USD 30,635,015	

8. Monitoring and evaluation

Strategic Objectives	Target	Indicator	Method of measurement
Reduce mortality and morbidity			
Premature mortality from NCDs	1. A 25% relative reduction in risk of premature mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.	1. Unconditional probability of dying between ages of 30 and 70 from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases.	<ul style="list-style-type: none"> • Numerator: Number of deaths between ages 30 and 70 years due to the four causes. • Denominator: Number of years of exposure. • Frequency: Annual if civil registration data. Otherwise, every 3–5 years. • M&E framework: Impact • Data sources: Civil registration and vital statistics systems. Other possible data sources Population-based health surveys with verbal autopsy.
	2. Elimination of cervical cancer	<p>2. Cancer incidence, by type of cancer, per 100 000 population</p> <p>Cervical cancer age-specific incidence Cervical cancer age-specific mortality</p>	<ul style="list-style-type: none"> • Numerator: Number of new cancer cases diagnosed in a specific year. This may include multiple primary cancers occurring in one patient. The primary site reported is the site of origin and not the metastatic site. In general, the incidence rate would not include recurrences. • Denominator: The at-risk population for

the given category of cancer. The population used depends on the rate to be calculated. For cancer sites that occur only in one sex, the sex-specific population (e.g. females for cervical cancer) is used.

- **Frequency:** Annual
- **M&E framework:** Impact
- **Data sources:** Population-based cancer registries which collect and classify information on all new cases of cancer in a defined population

STRATEGIC OBJECTIVE 1:
To curb the surge of NCDs through leveraging cross-sectoral opportunities for reducing avoidable NCD risk factors, with a focus on regulation and tax increases for tobacco products, alcohol, and sugar-sweetened beverages, and stimulating healthy physical and social environments.

<p>Harmful use of alcohol</p>	<p>3. At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context</p>	<p>3. Total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption within a calendar year in litres of pure alcohol, as appropriate, within the national context.</p>	<ul style="list-style-type: none"> • Numerator: Sum of recorded and unrecorded alcohol consumed in a population during a calendar year, in litres. • Denominator: Mid-year resident population aged 15+ for the same calendar year. • Frequency: Annual • M&E framework: Outcome • Data sources: Administrative reporting systems for recorded alcohol per capita, and survey data for unrecorded alcohol per capita. The priority of data sources
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<p style="text-align: center;">Physical inactivity</p>		<p>4. Age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context</p>	<p>for recorded alcohol per capita consumption should be given to government statistics on sales of alcoholic beverages during a calendar year or data on production, export and import of alcohol in different beverage categories.</p>
	<p>4. A 10% relative reduction in prevalence of insufficient physical activity</p>	<p>5. Prevalence of insufficiently physically active adolescents, defined as less than 60 minutes of moderate to vigorous intensity activity daily</p> <p>6. Age-standardized prevalence of insufficiently physically active persons aged 18+ years (defined as less than 150 minutes of moderate-intensity activity per week, or equivalent)</p>	<ul style="list-style-type: none"> • Numerator: Number of respondents where all three of the following criteria are true: weekly minutes* of vigorous activity < 75 minutes; weekly minutes* of moderate activity < 150 minutes; weekly metabolic equivalent minutes** < 600. Note: * Weekly minutes are calculated by multiplying the number of days on which vigorous/moderate activity is done by the number of minutes of vigorous/moderate activity per day. ** Weekly metabolic equivalent minutes are calculated by multiplying the weekly minutes of vigorous activity by 8 and the number of weekly minutes of moderate activity by 4 and then adding these two results together. • Denominator: All respondents of the survey aged 18+ years. • Frequency: Every 5 years • Data source: STEPS survey

<p>Salt/sodium intake</p>	<p>5. A 30% relative reduction in mean population intake of salt/sodium</p>	<p>7. Age-standardized mean population intake of salt (sodium chloride) per day in grams in persons aged 18+ years</p>	<ul style="list-style-type: none"> • Numerator: The sum of sodium excretion in urine samples from all respondents aged 18+ years. The gold standard for estimating salt intake is through 24-hour urine collection. However, other methods such as spot urine and food frequency surveys may be more feasible to administer at the population level. • Denominator: All respondents of the survey aged 18+ years. • Frequency: Every 5 years • Data sources: STEPS survey
<p>Tobacco use</p>	<p>6. A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years</p>	<p>8. Prevalence of current tobacco use among adolescents 9. Age-standardized prevalence of current tobacco use among persons aged 18+ years</p>	<ul style="list-style-type: none"> • Numerator: Number of current tobacco users aged 15+ years. "Current users" include both daily and non-daily users of smoked or smokeless tobacco. • Denominator: All respondents of the survey aged 15+ years. • Frequency: Every 5 years • Data sources: NATSC, STEPS survey

<p>Raised blood pressure</p>	<p>7. A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances</p>	<p>10. Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg) and mean systolic blood pressure</p>	<ul style="list-style-type: none"> • Numerator: Number of respondents with systolic blood pressure ≥ 140mmHg or diastolic blood pressure ≥ 90mmHg. Ideally three blood pressure measurements should be taken and the average systolic and diastolic readings of the second and third measures should be used in this calculation. • Denominator: All respondents of the survey aged 18+ years. • Frequency: Every 5 years • M&E framework: Outcome • Data source: STEPS Survey
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<p>Diabetes and obesity</p>	<p>8. Halt the rise in diabetes and obesity</p>	<p>11. Age-standardized prevalence of raised blood glucose/diabetes among persons aged 18+ years (defined as fasting plasma glucose concentration ≥ 7.0 mmol/l (126 mg/dl) or on medication for raised blood glucose)</p> <p>12. Prevalence of overweight and obesity in adolescents (defined according to the WHO growth reference for school-aged children and adolescents, overweight – one standard deviation body mass index for age and sex, and obese – two standard deviations body mass index for age and sex).</p> <p>13. Age-standardized prevalence of overweight and obesity in persons aged 18+ years (defined as body mass index ≥ 25 kg/m² for overweight and body mass index ≥ 30 kg/m² for obesity).</p>	<ul style="list-style-type: none"> • Numerator: Number of respondents aged 18+ years with fasting plasma glucose value ≥ 7.0 mmol/L (126 mg/dL) or on medication for raised blood glucose. Fasting blood glucose must be measured, not self-reported, and measurements must be taken after the person has fasted for at least eight hours. • Denominator: All respondents of the survey aged 18+ years. • Frequency: Every 5 years • M&E framework: Outcome • Data sources: STEPS survey <ul style="list-style-type: none"> • Numerator: Number of respondents aged 18+ years who are overweight. Number of respondents aged 18+ years who are obese. BMI is calculated by dividing weight in kilograms by height in
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		<p>14. Age-standardized prevalence of persons (aged 18+ years) consuming less than five total servings (400 grams) of fruit and vegetables per day.</p> <p>15. Age-standardized prevalence of raised total cholesterol among persons aged 18+ years (defined as total cholesterol ≥ 5.0 mmol/l or 190 mg/dl); and mean total cholesterol concentration</p>	<p>meters squared. Overweight is defined as having a BMI ≥ 25 kg/m² and obesity is defined as having a BMI ≥ 30 kg/m².</p> <ul style="list-style-type: none"> • Denominator: All respondents of the survey aged 18+ years. • Frequency: Every 5 years • M&E framework: Outcome • Data sources: STEPS survey
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STRATEGIC OBJECTIVE 2:

To orient health system towards providing NCD services through people-centred primary health care, universal health coverage, and support for management of chronic illnesses such as diabetes, hypertension and cervical cancer, as well as rehabilitation and palliative care when needed.

<p>Drug therapy to prevent heart attacks and strokes</p>	<p>9. At least 50% of eligible people receive drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes</p>	<p>16. Proportion of eligible persons (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 30\%$, including those with existing cardiovascular disease) receiving drug therapy and counselling (including glycaemic control) to prevent heart attacks and strokes</p>	<ul style="list-style-type: none"> ● Purpose: To measure change in population-level CVD-risk management. ● Numerator: Number of eligible survey participants who are receiving drug therapy and counselling. ● Denominator: Total number of eligible survey participants. (defined as aged 40 years and older with a 10-year cardiovascular risk $\geq 30\%$, including those with existing cardiovascular disease). ● Frequency: Every 5 years ● M&E framework: Population level ● Data sources: STEPS survey
<p>Hypertension</p>	<p>10. At least 50% of hypertension patients receive treatment in health facilities</p>	<p>17. Percentage of people aged 25-64 years with hypertension receiving treatment in health facilities</p>	<ul style="list-style-type: none"> ● Numerator: Total number of individual outpatients with hypertension registered and receiving treatment in health facilities. ● Denominator: Estimated number of people aged 25-64 years with hypertension in general population (Total population aged 25-64 years of OD x national prevalence of hypertension from STEPS survey) ● Frequency: Annual

		<ul style="list-style-type: none"> • M&E framework: Output • Data sources: Cambodia NCD Management Information System, HMIS, STEPS survey, and General Population Census of Cambodia (using population projections).
	<p>18. The proportion of hypertension patients with blood pressure controlled after 12 month-treatment</p>	<ul style="list-style-type: none"> • Purpose: To measure the increase in coverage of the programme to treat and control hypertension in a given geographical area, such as a district, province. • Numerator: Cumulative number of registered hypertension patients with controlled blood pressure (SBP <140 and DBP <90) in the most recent quarter at all health facilities in a given geographical area, such as a district, and province. • Denominator: Estimated number of people with hypertension at the subnational level. • Frequency: Annual • M&E framework: Outcome • Data sources: Cambodia NCD Management Information System, HMIS, STEPS survey, and General Population Census of Cambodia (using population projections).

<p>Diabetes</p>	<p>11. At least 50% of diabetes patients receive treatment in health facilities</p>	<p>19. Percentage of people aged 25-64 years with diabetes receiving treatment in health facilities</p>	<ul style="list-style-type: none"> • Numerator: Total number of individual outpatients with diabetes registered and receiving treatment in health facilities. • Denominator: Estimated number of people aged 25-64 years with diabetes in general population years (Total population aged 25-64 years of OD x national prevalence of diabetes from STEPS survey). • Frequency: Annual • M&E framework: Output • Data sources: Cambodia NCD Management Information System, HMIS, STEPS survey, and General Population Census of Cambodia (using population projections).
<p>20. Percentage of diabetes patients with fasting or random blood glucose control after 12-month treatment.</p>	<ul style="list-style-type: none"> • Purpose: To measure the increase in coverage of the programme to treat and control diabetes in a given geographical area, such as a district, province. • Numerator: Cumulative number of registered diabetes patients with controlled blood glucose (FBG < 150 mg/dl or RBG < 180 mg/dl or HbA1c < 7% if available) in the most recent quarter at all health facilities in a given geographical area, such as a district, and province. • Denominator: Total number of diabetes patients receiving treatment in health centers after 12 months. 		

<p>Essential NCD medicines and basic technologies to treat major NCDs</p>			<ul style="list-style-type: none"> • Frequency: Annual • M&E framework: Outcome • Data sources: Cambodia NCD Management Information System, HMIS, STEPS survey, and General Population Census of Cambodia (using population projections).
	<p>10. An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities</p>	<p>20. Availability and affordability of quality, safe and efficacious essential NCD medicines, including generics, and basic technologies in both public and private facilities</p>	
	<p>11. 100% of total health facilities with core CVD/diabetes drugs available</p>	<p>21. The proportion of health centers in a given geographical area that have core CVD/diabetes drugs available</p>	<ul style="list-style-type: none"> • Purpose: To ensure uninterrupted supply of essential drugs and thereby improve patient treatment adherence. • Numerator: Number of health facilities in the programme reporting “no stock-out” of core CVD/diabetes drugs in the last quarter • Denominator: Number of health facilities participating in the programme • Frequency: Quarterly • Data sources: Check List for Evaluation on Drug Management, Count of number of health facilities reporting “no drug stock-out” in the last quarter; number of days of drug stock-out of selected medicine at each health facility, and Health facility report.

<p>NCD service delivery at PHC</p>	<p>12. 100% of total health centers equipped with NCD services</p>	<p>22. Percentage of target health centers providing NCD services.</p>	
	<p>12. 90% of girls fully vaccinated with HPV vaccine</p>	<p>23. HPV vaccination coverage</p>	
	<p>13. 70% of women are screened for cervical cancer</p>	<p>24. Proportion of women between the ages of 30–49 screened for cervical cancer at least once in their lifetime.</p>	<ul style="list-style-type: none"> • Numerator: Number of women aged 30–49 years who report ever having had a screening test for cervical cancer using any of these methods: VIA, pap smear and HPV test. • Denominator: All female respondents aged 30–49 years. • Frequency: Every 5 years • Data sources: STEPS survey
<p>Cervical cancer</p>	<p>14. 90% of women identified with cervical disease receive treatment (90% of women with precancer treated, and 90% of women with invasive cancer managed)</p>	<p>25. Percentage of screening-test-positive women receiving treatment in the previous 12-month period</p>	<ul style="list-style-type: none"> • Numerator: Number of screen-positive women completing appropriate treatment for cervical precancerous lesion in the previous 12-month period. • Denominator: Number of screened women aged 30–49 years with a positive result in the previous 12-month period. • Method of measurement: Number of screened positive women completing appropriate treatment for cervical precancerous lesion in the previous 12-month period/ (total number of screened women aged 30–49 years with a positive result in the previous 12-month period) x 100

			<ul style="list-style-type: none"> • Frequency: Annual • M&E framework: Outcome • Data sources: Health facility registration
15. 100% of total health centers with cervical cancer screening services	26. Percentage of target health centers providing cervical cancer screening services.		
STRATEGIC OBJECTIVE 3:			
<i>To measure the trends in NCDs and their risk factors and inform policy decision making through applying innovative, evidence-based survey and research.</i>			
NCD surveillance	STEPS survey	STEPS survey report endorsed and published.	Every 5 years
	GSHS	GSHS report endorsed and published	Every 5 years
	NATSC	NATSC report endorsed and published	Every 5 years
	GYTS	GYTS report endorsed and published	Every 5 years
	NCD research agenda	NCD research agenda developed	

9. Conclusion

The National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2022-2030 will be implemented as systems-oriented approach in achieving the universal health coverage (UHC). Comprehensive and people-centred primary health care services, including both preventive and clinical services need to be strengthened and sustainably financed in order to bring NCD services closer to communities.

To achieve this, the implementation of the National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2022-2030 requires a multisectoral collaboration at all levels which consist of individuals, civil society, health care providers, academia, health and non-health sectors.

Most importantly, it needs commitment to develop long-lasting, strong health systems for all people living with NCDs; integrating NCDs across the continuum of care together with rehabilitation and palliative care; improving access to essential medicines, diagnostics and medical devices for the management of NCDs; increasing NCD ready health workforces through pre-service and in-service training; expanding financial risk protection to eliminate out-of-pocket expenditure; empowering communities and people living with NCDs; ensuring coverage of vulnerable populations; leveraging domestic financial mechanism through D&D process; strengthening NCD surveillance and information systems; the use of digital technologies to increase health service access and efficacy for NCD prevention; and exploring public-private partnerships for NCD interventions while excluding conflicts of interest.

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