Joint Mission of the
United Nations Interagency Task Force on the
Prevention and Control of
Noncommunicable Diseases

CAMBODIA

7–11 AUGUST 2017
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Executive Summary

A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Cambodia was held on 7-11 August 2017. Cambodia has achieved strong economic development and enjoyed sustained growth in the last two decades. At the same time, Cambodia is now undergoing an epidemiological transition, and noncommunicable diseases (NCDs) may soon threaten the country’s health and development progress if stronger protective actions are not taken promptly.

NCDs account for 61% of deaths in Cambodia, and the risk of premature deaths from NCDs is 23%. A third of Cambodian men currently use tobacco. Harmful use of alcohol results in drunk driving being the second leading risk factor for road crashes, accounting for 14% of road traffic fatalities. Ten percent of adults aged 18 years and over were found to be insufficiently active in 2010; and in 2014, 17.6% of adults were overweight and 3.2% were obese, 8.2% had raised blood glucose and 21.1% had raised blood pressure. Between 2010 and 2014, overweight prevalence has nearly doubled among women in rural areas from 9.6% to 17.3%, signaling a problem that has extended to rural areas from cities. The high prevalence of anaemia, wasting and stunting indicate that Cambodia bears the double burden of undernutrition and growing over nutrition.

The Joint Mission observed that Cambodia is keen to demonstrate its strong commitment to health. Taking a comprehensive multisectoral approach to address and prevent NCDs would enable the country to halt the worsening of NCDs, which if left unchecked could deepen poverty and inequality, create a financial burden on the economy, and drain government and community resources. To do this, the government will have to view NCDs and its impact through health, social, economic and development perspectives. There are five multisectoral strategies recommended: (1) strengthening governance and coordination across sectors; (2) implementing comprehensive prevention strategies, particularly the most cost-effective and other recommended interventions, (3) strengthening of health systems to ensure access to quality services at the primary care level and protect people from financial vulnerabilities, (4) investing in a NCD surveillance system, and (5) raising awareness about NCDs, its risk factors and its underlying causes.

Addressing NCDs would require an urgent and sustained whole-of-government and whole-of-society response, protecting traditional practices that are assets in NCD response, and including support from members of the UN Country Team (UNCT), nongovernmental organizations (NGOs) and development partners.

The Joint Mission provides a set of recommendations that the Royal Government of Cambodia, the UN and other development partners can refer to prioritize activities for progress towards tackling NCDs and achieving the Sustainable Development Goals (SDGs). These recommendations focus on: (i) Governance, (ii) Prevention, (iii) Health system, (iv) System monitoring, and (v) Raising awareness. Strengthening prevention and control of NCDs through multi-sectoral action would help to reduce negative health outcomes as Cambodia continues its trajectory of economic growth, as well as help to protect economic and development gains.

In 2017, Cambodia along with other Member States provided data to the WHO to report on progress ahead of the 2018 Third UN High-level Meeting on NCDs. The Task Force reviewed progress from the 2015 and 2017 WHO NCD Progress Monitor. Implementing the 18 measures in 2015 (19 in 2017) is crucial...
for moving towards universal health coverage in Cambodia and for achieving the nine voluntary global targets by 2025 and the 2030 Agenda for Sustainable Development. According to the 2015 Progress Report for Cambodia, three of the 18 indicators were fully achieved, five were partially achieved and 10 were not achieved. In 2017, figures for the 19 indicators were: Four fully achieved, four partially achieved and 11 not achieved. Responding to the recommendations of the Joint Mission will enable Cambodia to be in a strong position when reporting at the Third High-level meeting in 2018.
Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Non-Communicable Diseases to Cambodia, 7–11 August 2017


The Joint Mission is grateful to the Deputy Prime Minister, the Minister of Health, ministries and senior officials across government for allocating time to meet with the Mission. The Mission also expresses its gratitude to development partners, nongovernmental organizations and academic institutions that participated in the discussions during the week.

Key Findings

NCDs are a growing threat to social and economic stability of the country

2. Cambodia has enjoyed sustained growth in the last two decades and growth remains strong at 6.9% in 2017. The government plans to transform Cambodia into an upper-middle income economy by 2030. Cambodia (projected population 15.8 million in 2016) has a young population, and aims to support continued economic growth for the next few decades. With development progress, the fertility rate has decreased from 7.0 children per woman in 1960 to 2.6 in 2015. Cambodia is also experiencing increased urbanization at an average annual urban population growth rate of 2.7% between 2010 and 2015, and the urban population has grown from 10% in 1960 to 21% in 2016.

3. Although the Human Development Index (HDI) is still below the average of 0.72 for East Asia and the Pacific countries, Cambodia has experienced one of the greatest improvements (a 57% increase from

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4 Fertility rate, total (births per woman) The World Bank. (https://data.worldbank.org/indicator/SP.DYN.TFRT.IN/)
Average life expectancy at birth has also increased from 40 years for men in 1960 to 67 years in 2015 and from 43 years for women in 1960 to 71 years in 2015.  

4. Cambodia is undergoing an epidemiological transition – between 2005 and 2015, NCDs have risen among the top 10 leading causes of premature deaths. In 2005, lower respiratory tract infection was the leading cause of premature death and in 2015, ischemic heart disease became the leading cause. NCDs are becoming a threat to health and development gains over recent years. The vulnerable and disadvantaged populations may be disproportionately affected and inequalities may widen as these groups have a greater exposure to risk factors and the biggest difficulty in accessing care.

5. NCDs account for 61% of deaths in Cambodia, and the risk of premature deaths from NCDs is 23%. As of 2012, more than half (62.6%) of all NCD deaths among men were below the age of 70; and among women, 56.8% were below the age of 70. Although the probability of premature death from NCDs is moderate compared to other countries in the WHO Western Pacific Region, the Joint Mission considers that NCDs will become a much greater health and socioeconomic issue for Cambodia if stronger actions are not undertaken now.

6. Globalization and urbanization have brought about substantial benefits in Cambodia; however, these have also contributed to a rise in NCDs, and in order to maintain socioeconomic growth, Cambodia now needs to reduce the levels of NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diets, physical inactivity and pollution).

7. A third of Cambodian men (32.9%) and 2.4% of women currently use tobacco. There is a high level of exposure to secondhand smoke both in workplaces and at homes – one in two adults in workplaces and two in three at homes. Among Cambodian youth, 2.4% of students aged 13-15 currently use any tobacco (2.9% of boys and 1.9% of girls); and 2.3% currently use electronic cigarettes (2.1% of boys and 2.5% of girls). One study found an association between tobacco use and alcohol consumption in Cambodia – where men who smoked were two times more likely to have drunk alcohol in the past week.

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8. Harmful use of alcohol is also a challenge in Cambodia. Among men aged 15 and over, 2.4% engaged in heavy episodic drinking in the past 30 days and 7.5% suffer from alcohol use disorders in 2010. The Joint Mission was especially concerned that drunk driving is the second leading risk factor for road crashes and casualties and accounts for 14% of road traffic fatalities.

9. According to 2010 data, 10.3% of adults aged 18 years and over were not sufficiently active (9.7% of men and 10.9% of women). In 2010, 15.4% of adults were overweight and 2.3% were obese, with a greater proportion of women than men being overweight and obese. In 2014, these figures have increased, with 17.6% of adults being overweight and 3.2% being obese. According to the Demographic and Health Surveys conducted in 2010 and 2014, overweight prevalence has nearly doubled among women in rural areas (9.6% to 17.3%) compared to that among women in urban areas (15.7% to 22.9%). In 2014, 8.2% of adults had raised blood glucose and 21.1% had raised blood pressure; and figures were lower in 2014 than in 2010.

10. Findings from the Fill the Nutrient Gap review and Cost of the Diet analysis are: (1) despite decreases in anaemia, wasting and stunting, prevalence of these conditions is still high indicating high infant and young child undernutrition; (2) anaemia in women and children is a severe public health problem; (3) undernourished mothers are more likely to have undernourished children who are predisposed to NCDs later in life; (4) households with inadequate dietary diversity have declined though disparities remain and are higher in rural and poor households; (5) infant and young child feeding (IYCF) practices are still suboptimal and only 30% of children aged 6-23 months are fed a Minimum Acceptable Diet; (6) substantial consumption of rice which is low in micronutrients; and (7) high unhealthy snack food consumption among children.

11. According to the 2014 National Health Accounts Report, health expenditure on NCDs as a proportion of total health expenditure is low (6.8%, USD 71.5 million) compared to communicable diseases (29.1%) and reproductive, maternal and child health (24.4%). Health expenditure on injuries is also low (7.1%).

12. Globally, NCDs coupled with mental health conditions cause huge losses in economic productivity. Unless additional action is taken, the economic burden of NCDs globally is estimated to amount to nearly USD 47 trillion between 2011 and 2030. The economic burden between 2012 and 2030 for China is estimated at USD 27.8 trillion; India, USD 6.15 trillion; and Indonesia, USD 4.47 trillion. While the...
total economic impact of NCDs for Cambodia has not yet been estimated, the Joint Mission considers that it is a significant proportion of the country’s gross domestic product.

_Cambodia can demonstrate strong multisectoral action to guard the population against NCDs as well as protect its health and development gains_

13. Cambodia has made good progress on responding to NCDs to date and has adopted the National Strategic Plan on NCD Prevention and Control 2013-2020. There is demonstrable leadership and multisectoral action in tobacco control and nutrition; and an emerging understanding of NCDs and its adverse impact on health and development gains. Cambodia is also committed to robust data collection and has an emerging NCD risk factor surveillance system.

14. The country is due to sign the draft National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases. The plan focuses on addressing the four main NCD risk factors (tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity) and outlines interventions to be undertaken by 21 ministries and agencies as well as local government and the private sector. There is a need for an effective multisectoral coordination and accountability mechanism, to ensure the plan is prioritized, costed, implemented and monitored.

15. Experience in Cambodia shows that where there is a high-level directive and interest in a particular health or social issue, the government and public are mobilized into action. There may be strategic value in identifying high-level champions and leaders in non-health sectors and institutions who can mobilize a whole-of-government and community response against NCDs.

16. To further strengthen governance for health and accelerate progress towards the global NCD targets and SDGs, there is a need to strengthen the mechanism and capacity to counter industry interference in the development and implementation of public health policy and legislation.

_And tackling NCDs is crucial for Cambodia’s socioeconomic development in the future…_

17. The Joint Mission noted the Prime Minister’s commitment to transform Cambodia into an upper middle-income country by 2030 and a developed country by 2050. The Joint Mission highlighted the risk NCDs can pose to the country’s socioeconomic development and stressed the importance of having policies in place that prevent and reduce premature mortality and ill health. NCDs can impact the national economy, burden the health system, and trap the poor in a poverty cycle due to high out-of-pocket costs and catastrophic expenditures.

18. Nevertheless, the Joint Mission recognized the progress Cambodia has made in NCDs and drew attention to critical steps that can sustain this progress. The recommendations in this report are based on the Task

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Force’s observations in the country as well as international experiences and good practices in other countries it has visited and engaged with. The recommendations are evidence-based, cost-effective and feasible. However, they require political commitment, stronger enforcement of laws and regulations, including a considerably more robust approach to manage interference from industry, particular in the development and implementation of Government legislation, regulations and policies that impact public health.
Recommendations for Actions

The Joint Mission has prioritized recommendations in five areas: (1) governance, (2) prevention, (3) health system, (4) monitoring system and (5) awareness-raising. The recommendations are in line with a broader set of the most cost effective and other recommended interventions described in the Updated (2017) Appendix 3 of the Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.26

I. Governance

Cambodia is encouraged to approve the National Multisectoral Action Plan for the Prevention and Control of NCDs and put in place coordination, accountability and financing mechanisms. The Joint Mission recommends that Cambodia:

(a) Approves the NCD multisectoral action plan as soon as possible;
(b) Puts in place an effective multisectoral coordination and accountability mechanism at the highest level of government;
(c) Sets priorities, budget and financing for the NCD multisectoral action plan by June 2018, with a clear annual operational plan;
(d) Engages international financial institutions and the private sector to support scale up of priority NCD prevention and control interventions;
(e) Integrates NCDs into the national sustainable development framework and relevant sector and sub-national plans; and
(f) Develops a code of conduct for the way that the public sector engages with tobacco and other industry with vested interests.

II. Prevention of NCDs

Cambodia is encouraged to develop and enforce legal and regulatory mechanisms and policy frameworks for tobacco, alcohol and nutrition. The Joint Mission recommends that Cambodia:

(g) Implements the WHO FCTC across government;
(h) Supports provinces to expand and/or strengthen enforcement of tobacco control laws;

26 http://who.int/ncds/governance/appendix3-update/en/
(i) Implements schedule to raise tobacco price and taxation to make tobacco products less affordable, and at least to raise it to the ASEAN average, as agreed by Ministry of Economic and Finance (MoEF);

(j) Passes the Alcohol law and enforces it, once in place;

(k) Implements schedule to raise alcohol taxes to regulate alcohol products, and at least raise it to the regional average;

(l) Uses tax as a public policy instrument to discourage consumption of sugar-sweetened beverages; and

(m) Promotes healthy diets and behaviors in schools by building on existing good practices, for example, making healthy and nutritious snacks available and making premises smoke- and alcohol-free.

III. Health system strengthening

Cambodia is encouraged to scale up quality, accessible, affordable preventive health services in the public and private sectors. The Joint Mission recommends that Cambodia:

(n) Scales up pilot activities such as treatment of high blood pressure and diabetes in primary care to prevent premature morbidities and mortalities from heart attack or stroke;

(o) In implementing the Social Protection Policy Framework 2016-2025, includes coverage of services to prevent, treat and manage NCDs, to protect disadvantaged and vulnerable populations from high out-of-pocket costs and prevent catastrophic health expenditures;

(p) Encourages demand for NCD care in primary health care centers such as by raising awareness of available services; and

(q) Scales up early diagnosis and treatment of NCDs by building on HIV/AIDS platforms and experience.

IV. Monitoring system

Cambodia is encouraged to ensure sufficient government investment in NCD surveillance. The Joint Mission recommends that Cambodia:

(r) Conducts comprehensive NCD monitoring within the Cambodia Health Information System;

(s) Conducts regular NCD STEPS and Global School Health Survey;

(t) Builds capacity to develop a population-based cancer registry; and
(u) Improves mortality data and develop disease registries as soon as possible.

V. Awareness raising

Cambodia is encouraged to increase awareness about NCDs, its risk factors and their causes. The Joint Mission recommends that Cambodia:

(v) Adopts a twin track approach: raising both political and community awareness about NCDs and its health, social and economic impacts;

(w) Identifies and uses high-level champion(s) to mobilize community, raise profile, engage stakeholders and secure support;

(x) Undertakes an investment case on NCDs and the WHO FCTC, and use the process and results that highlight costs of inaction against savings that can be accrued by implementing priority policies, to advocate for increase in resource allocation; and

(y) Develops and implements a strategy for media engagement on NCDs, including engaging young people through social media and schools.

The UN system through the UN Country Team with the support of its regional and global offices should provide technical support in all the recommendations above. This includes WHO, through the One-WHO integrated support to countries for NCDs.

Getting to 2018: Preparing for the third UN High-level Meeting on NCDs

Rapid scale up of action is required for Cambodia to demonstrate significant progress at the Third High level meeting on NCDs during the UN General Assembly in 2018

19. In 2017, Cambodia along with other Member States provided data to the WHO to report on progress ahead of the 2018 Third UN High-level Meeting on NCDs. The Task Force reviewed progress from the 2015 and 2017 WHO NCD Progress Monitor. Implementing the 18 measures in 2015 (19 measures in 2017) is crucial for moving towards universal health coverage in Cambodia and for achieving the nine voluntary global targets by 2025 (Annex 6) and the 2030 Agenda for Sustainable Development.

20. According to the 2015 Progress Monitor for Cambodia, three of the 18 indicators were fully achieved, five were partially achieved and 10 were not achieved. In 2017, figures for the 19 indicators were: Four fully achieved, four partially achieved and 11 not achieved.\(^{29}\)

<table>
<thead>
<tr>
<th>No.</th>
<th>Indicator/Measure</th>
<th>2015 NCD Progress Monitor</th>
<th>2017 NCD Progress Monitor</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>National time-bound NCD targets and indicators</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
<td>There are national targets set for 2020 in the National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020. There are proposed targets for 2025 in the draft National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases which is awaiting endorsement.</td>
</tr>
<tr>
<td>2</td>
<td>System for generating reliable cause-specific mortality data on a routine basis</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>Mortality data from hospitals are sent to the Provincial Health Department then to MOH. There is no system for generating cause-specific mortality data on a routine basis.</td>
</tr>
<tr>
<td>3</td>
<td>Risk factor surveys every 5 years</td>
<td>Fully achieved</td>
<td>Fully achieved</td>
<td>Cambodia conducted STEPS in 2010 and in 2016; National Adults Tobacco Survey in 2011 and 2014; Adults Tobacco Survey 1-4 in 2000, 2004, 2005 and 2010; Demographic and Health Survey in 2005, 2010 and 2014; Global School-based Student Health Survey in 2013; and Global Youth Tobacco Survey in 2003, 2010, 2016. Although not every 5 years, surveys have been conducted regularly.</td>
</tr>
<tr>
<td>4</td>
<td>National multisectoral strategy or action plan</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>A National Strategic Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020 in place. The National Multisectoral Action Plan for the Prevention and Control of Noncommunicable Diseases is to be submitted to the Council of Ministers and the Prime Minister’s Office.</td>
</tr>
<tr>
<td>5</td>
<td>WHO FCTC demand-reduction measures</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(^{29}\) Note: Modifications to some indicators and the assessment methods used in the 2017 Progress Monitor means that indicators 2, 3, 5a, 5d, 7d, 8 and 9 are not fully comparable with the 2015 Progress Monitor. The 2017 Progress Monitor survey and assessment was more ambitious and therefore more rigorous than in 2015, requiring additional targets to be met in order to achieve the same rating. Further details on the methodology can be found in the explanatory notes in the two Progress Monitor publications.
<table>
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</thead>
<tbody>
<tr>
<td>a.</td>
<td>Taxation</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>Tobacco tax has increased from 2014 to 2016: In 2014, tobacco tax comprises 22-28% of cigarette retail price; and in 2016, tax comprises 25-31.1%. Although the tax rate is still one of the lowest in the region, the Tobacco Tax Working Group, led by the Ministry of Economy and Finance, is leading a study and developing a roadmap to increase tax on a regular basis to decrease affordability and tobacco use.</td>
</tr>
<tr>
<td>b.</td>
<td>Smoke-free policies</td>
<td>Partially achieved</td>
<td>Fully achieved</td>
<td>Cambodia has a sub-decree on measures for the banning of smoking or blowing the smoke of tobacco products at workplaces and public places. This sub-decree prohibits smoking in all indoor workplaces, public places and public transport; however, there is an exception for airports, which may have a designated smoking room. Training is ongoing at subnational level to strengthen enforcement.</td>
</tr>
<tr>
<td>c.</td>
<td>Health warnings</td>
<td>Partially achieved</td>
<td>Fully achieved</td>
<td>Cambodia has a sub-decree on printing of health warnings in Khmer language and pictorial on tobacco product packages. The sub-decree requires pictorial and text health warnings covering 55% of front and 55% of back of packaging. There are two types of warnings authorized to be displayed at any given time and they need to be rotated every year.</td>
</tr>
<tr>
<td>d.</td>
<td>Advertising bans</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
<td>Cambodia has a sub-decree on advertising of tobacco products that ban most forms of tobacco advertising and promotion, and permitting one pack of each brand of tobacco product to be displayed at point of sale. The law prohibits sponsorship if tobacco products or names are shown. The ban can be made comprehensive by prohibiting all forms of tobacco advertising, promotion and sponsorship.</td>
</tr>
<tr>
<td>No.</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>e. Mass media campaigns</td>
<td>Not included</td>
<td>Fully achieved</td>
<td>A sustained tobacco control mass media campaign was conducted and broadcasted in all major television and radio networks to inform about the harms of tobacco use and second-hand smoke, and to get support for the adoption and subsequently, compliance to and enforcement of the tobacco control law.</td>
</tr>
<tr>
<td>6</td>
<td>Harmful use of alcohol reduction measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Availability regulations</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>There is currently no restriction on time, place and age for selling, buying and consuming alcohol.</td>
</tr>
<tr>
<td></td>
<td>b. Advertising and promotion bans</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>There is no comprehensive ban or restrictions on alcohol advertising and promotion. The government and the alliance of leading producers and distributors signed a responsible marketing code in 2017 and committed to promote a responsible drinking culture.</td>
</tr>
<tr>
<td></td>
<td>c. Pricing policies</td>
<td>Partially achieved</td>
<td>Partially achieved</td>
<td>The excise tax on alcohol products increased from 10% to 20% in 2014 and 20% to 25% in 2016.</td>
</tr>
<tr>
<td>7</td>
<td>Unhealthy diet reduction measures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Salt/sodium policies</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>There are currently no policies on salt.</td>
</tr>
<tr>
<td></td>
<td>b. Saturated fatty acids and trans-fats policies</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>There are currently no policies on saturated fatty acids and trans-fats policies.</td>
</tr>
<tr>
<td></td>
<td>c. Marketing to children restrictions</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>There are currently no policies on restrictions marketing to children.</td>
</tr>
<tr>
<td></td>
<td>d. Marketing of breast-milk substitutes restrictions</td>
<td>Fully achieved</td>
<td>Partially achieved</td>
<td>The regulation on restriction of marketing of breast-milk substitutes is in place. Need to strengthen enforcement.</td>
</tr>
<tr>
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<tr>
<td>8</td>
<td>Public awareness on diet and/or physical activity</td>
<td>Fully achieved</td>
<td>Not achieved</td>
<td>Diet: There were TV spots in several national TV channels on salt reduction in 2015; integrate salt reduction (counselling/health education) in the WHO PEN project. Raised community awareness for 4 main NCD risk factors in the past 5 years in some districts as part of creating health care services for diabetes at provincial level of Cambodia. Physical activity: Prime Minister encouraged people to be physically active and encouraged governors to create spaces for physical activity. Through health promoting schools, promotion of healthy diet and physical activity to school community including teachers, parents and food vendors.</td>
</tr>
<tr>
<td>9</td>
<td>Guidelines for the management of major NCDs</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>Clinical practice guidelines for CVD, diabetes, hypertension and cervical cancer screening have been developed. Asthma and chronic obstructive pulmonary disease are currently not priorities in Cambodia.</td>
</tr>
<tr>
<td>10</td>
<td>Drug therapy/counselling for high risk persons</td>
<td>Not achieved</td>
<td>Not achieved</td>
<td>25 diabetes clinics at provincial and district referral hospital – counselling is available but drug supply may at times be disrupted from national; 16 health centres are under the WHO PEN project and they have drug therapy and counselling available, supply would be stabilized/guaranteed as they will be receiving 2 million riels/month from the government (MEF).</td>
</tr>
</tbody>
</table>

21. Based on the WHO NCD Progress Monitor 2015 and 2017 and observations during the mission, the Joint Mission considers progress in Cambodia in meeting the four time-bound commitments agreed upon by Member States at the high-level review meeting in New York in 2014 (Annex 7), as follows:

<table>
<thead>
<tr>
<th>Four time-bound commitments</th>
<th>Cambodia’s progress</th>
</tr>
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<tbody>
<tr>
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<td><strong>Cambodia’s progress</strong></td>
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<td>--------------------------------</td>
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<tr>
<td><strong>By 2015, develop national multisectoral policies and plans to achieve national targets by 2025.</strong></td>
<td>Action Plan for the Prevention and Control of Noncommunicable Diseases 2018-2026.</td>
</tr>
<tr>
<td><strong>By 2016, strengthen health systems through people-centred primary health care and universal health coverage, building on the guidance set out in the WHO Global NCD Action Plan 2013-2020.</strong></td>
<td>Progress in some areas, such as tobacco control and efforts to reduce unhealthy diets and improve physical activity, but significant opportunities to make further gains.</td>
</tr>
<tr>
<td></td>
<td>There are health centres, district referral hospitals and provincial and national hospitals. The government has been trained and supported to implement the WHO Package of Essential NCD Interventions and improve management of major NCDs. The Third National Health Strategic Plan 2016-2020 outlines a clear development framework for the health sector and has priority supply- and demand-side actions to achieve the Health Development Goals, Universal Health Coverage and the Cambodia’s SDGs. Cambodia also has the Health Equity Fund and other pro-poor demand-side financing interventions that provides financial risk protection. The Government has also launched the National Social Protection Policy Framework 2016-2025 to increase access to services such as for people in the informal sector, and minimize economic and financial vulnerabilities. Efforts need to be sustained to continue strengthening the health system and universal health coverage.</td>
</tr>
</tbody>
</table>
Wider Observations

Royal Government of Cambodia's response on NCDs

22. The Government has several policies, strategies and plans for responding to NCDs – (1) National Strategic Plan for the Prevention and Control of NCDs 2013-2020 focuses on cardiovascular disease, cancer, chronic respiratory diseases and diabetes; (2) National Strategic Plan on Education and Reduction of Tobacco Use 2011-2015; (3) Tobacco control law and sub-decrees on pictorial health warnings on tobacco packaging, for banning tobacco advertising, promotion and sponsorship, and for banning smoking in indoor public places and workplaces. The Draft National Multisectoral Action Plan for the Prevention and Control of NCDs has been developed and is awaiting approval; and there is a draft national strategic plan for tobacco control 2018-2022 which has been developed. There is high-level recognition and emerging understanding of the problem of NCDs and the need for a multifaceted approach.

23. Coordination mechanism: There are different mechanisms to coordinate actions for the prevention and control of NCDs such as the NCD Taskforce to coordinate action across MOH, key donors and NGO providers; NCD focal points in each provincial health department; the Inter-Ministerial Committee for Tobacco Control. The Joint Mission is of the view that there is a need for an effective multisectoral coordination and accountability mechanism to oversee implementation of the National Multisectoral Action Plan for the Prevention and Control of NCDs, potentially co-chaired by the Ministry of Health and another ministry, or chaired at a higher level (e.g. by a Deputy Prime Minister) as many of the causes or driving force of NCDs lie beyond the health sector.

24. NCD Surveillance: The Government has started to make investments in NCD surveillance, which signals a commitment to monitor NCD trends and use data to prioritize and design appropriate interventions.

25. Social protection and financial risk protection: The Government has made strides in providing financial risk protection in accessing health care services for the poor through the Health Equity Fund and other pro-poor demand-side financing interventions. The Joint Mission was informed that the National Social Protection Policy Framework (NSPPF) 2016-2025 was recently launched to increase access to services such as for people in the informal sector, and to minimize economic and financial vulnerabilities. The view is for MOH to work closely with the Ministry of Economic and Finance and to integrate NCD services in implementation of the NSPPF and its associated mechanisms and programmes.

26. Service delivery: To strengthen service delivery, the WHO PEN was adapted and introduced in 2014. Several guiding documents were developed for cervical cancer screening, early diagnosis and treatment of diabetes and hypertension, and implementation of the WHO PEN. The Minimum Package of Activities has also been revised to enable health center staff to manage some of these
conditions. At the community level, there is a diabetes peer education programme to support self-management of the condition run by a local NGO, known as MoPoTsyo Patient Information Center. Under development are the nutrition and physical activity guidelines.

27. **Strategic approaches:** Whilst tobacco control is progressing steadily, there is a need to take a long-term, comprehensive and integrated approach to strengthen tobacco control and address and prevent other risk factors such as harmful use of alcohol, unhealthy diet and physical inactivity. It would be of value to develop a communication strategy to raise community and high-level political awareness about NCDs and its impact on socioeconomic development and health in efforts to prompt policy and individual change.

28. **Tobacco control** has made substantial progress and Cambodia has implemented some demand-reduction measures to the highest level, specifically in monitoring tobacco use prevalence, in implementing smoke-free policies and instituting pictorial health warnings on tobacco packaging. Training workshops are underway to build capacity of enforcement officers to enforce the legislation. Cambodia has steadily increased tobacco tax and has plans to raise it further. A Tobacco Tax Working Group has been established and tasked to develop a roadmap for raising tobacco taxes. Challenges remain in implementing and enforcing the tobacco control law at the subnational level, in engaging the public and other partners to advance the law, in preventing tobacco industry interference, in provision of cessation support, and in promoting alternative livelihoods for tobacco farmers. The government has prioritized these for action.

29. **Reducing harmful use of alcohol:** Cambodia has the National Policy and Strategy for the Reduction of Alcohol Use (2013 -2017). One of its four key strategies is the development of public health legislation with a focus on regulating alcohol advertising, production and sales through, for example, increasing taxation. There is an Alcohol Working Group and a Draft Law on Alcohol Products Control, which includes regulating manufacturing, importation, and distribution by retailers and wholesalers. An Inter-Ministerial Committee approved the comprehensive law in July 2015 before submission to the Council of Ministers. The Council of the Ministers has requested MoH to make revisions and the discussion on the law will be taken up again after the elections in 2018. In the meantime, more advocacy work is needed to ensure a comprehensive and effective law is adopted.

30. **Infant and young child feeding (IYCF):** There are several regulatory and policy frameworks to promote optimal IYCF such as Sub-Decree 133 on marketing of products for IYCF adopted in 2005, Prakas 061 for implementation of Sub-Decree 133 and Guidelines for Enforcing the Implementation of Sub-Decree 133 and Prakas 061; National Policy on IYCF revised in 2008; National Strategy for Food Security and Nutrition 2014-2018; Fast Track Road Map for Improving Nutrition 2014-2020 Oversight Board established by the MOH in 2014; monitoring tools and training packages developed in 2016; training of national core inspectors on monitoring tools in 2016; and monitoring database on violations developed in 2017. Successes were the establishment of the oversight board, guidelines and a monitoring system; and next steps are to review and enhance monitoring,
reporting, recording and enforcement systems. With declining breastfeeding rates accompanying rapid urbanization, efforts to promote early initiation and exclusive breastfeeding for the first six months, along with further enforcement of the sub-decree and related proclamation (Prakas) on marketing products for infant and young child feeding as advertising becomes more aggressive, needs to be scaled up.

31. **Nutrition in school:** There are several policies and guidelines in place which include strengthening food safety and nutrition as components such as School Health Policy signed off in 2006; Education Strategic Plan 2011-2018; Guidelines on Strengthening Security, Safety and Hygiene in School (2013); Guidelines on Healthy Eating and Food Safety for Food Sellers in School (2013); Guidelines on Hygiene Measures in School for School Meal Programme (2014); and National Strategy on Water Sanitation and Hygiene 2011-2025. Several interventions have been in place to improve nutritional status: (a) Deworming, (b) Water and Sanitation, (c) School Meals, (d) Promotion of Healthy Food and Nutrition, and (e) Addressing food and beverage marketing targeted at children. Next steps include establishing a new office to focus on health, nutrition and hygiene; developing the national curriculum and core syllabus for health, nutrition and hygiene subjects; and developing the standards, text book and training for teachers, following the sign off on the Curriculum Framework of General Education and Technical Education in 2016.

32. **Salt reduction:** A small survey conducted in 2013 found that the consumption of salt was about 8 grams per day. The STEPS survey 2016 incorporated measurement of salt intake among adults and analysis is pending. There is an ongoing experimental study to develop a salt substitute. There have been television spots broadcasted and counseling provided at the health centers to raise awareness and encourage people to eat less salt. A communication campaign to promote salt reduction whilst recognizing the problem of iodine deficiency may need to be developed to clarify potentially conflicting messages and achieve desired behavioural changes.

33. **Physical activity:** To create healthy cities, Cambodia has increased green spaces and walking paths. The Prime Minister has encouraged people to exercise and directed governors to create environments that promote physical activity. Further, the school curriculum is being updated and will include physical activity and healthy diet modules.

34. For **cervical cancer**, the draft National Action Plan for Cervical Cancer Prevention and Control 2017-2021 was developed and will soon be adopted. A guideline for cervical cancer screening was developed in 2008 and implemented in 2009. Cervical cancer prevention and control is also a key component in the National Strategic Plan for the Prevention and Control of NCDs 2013-2020. There have been demonstration sites for HPV vaccination and a proposal to integrate this into the national immunization programme. Currently, the National Action Plan for Cervical Cancer Prevention and Control and National Standard Operating Procedure for Cervical Cancer Screening are under development. Next steps include creating demand for services through information education and
communication; scaling up availability of preventive and treatment services; and scaling up prevention strategies.

35. Generally, **priority next steps** for the government include: (1) securing approval and endorsement of the National Multisectoral Action Plan for the Prevention and Control of NCDs, (2) identifying or establishing an appropriate high-level NCD coordination mechanism, (3) establishing a salt reduction programme, (4) strengthening health-promoting schools programme, (4) increasing taxes on tobacco and/or alcohol products, (5) scaling up NCD preventive and treatment services at primary health care level and creating demand, and (6) introducing the HPV vaccine into the national immunization programme.

United Nations Response

36. The Joint Mission noted the UN Country Team’s commitment to support the Government in raising high-level and community awareness about NCDs and its impact on socioeconomic development. UN agencies expressed the importance of highlighting links between their programmes and NCDs and currently work with a wide variety of stakeholders who can contribute to NCD prevention and control. The settings and stakeholders they work with include: schools, youth, poor and vulnerable groups, food producers or farmers, and the ministries of education, youth and sports, industry and handicraft, commerce, labor and agriculture. An example of a mechanism that UNCT can capitalize on to address NCDs is the Food Security and Nutrition Forum organized every two months.

37. As a priority, the UNCT is committed to advocating for the approval of the draft National Multisectoral Action Plan for the Prevention and Control of NCDs; and to integrating NCDs into the UN Development Assistance Framework for Cambodia.

NGO response

38. Several NGOs participated in the meetings such as the Cambodia Movement for Health, Southeast Asia Tobacco Control Alliance, Hellen Keller International and Foundation for International Development working in the areas of tobacco and alcohol control and nutrition. The NGOs provide support to the government to implement relevant legislation, strengthen capacity such as in enforcement, and develop strategies, guidelines and plans.

Response of international development partners

39. There are a few development partners supporting NCD responses in Cambodia. Cambodia is one of the selected countries to receive overseas development assistance to achieve the SDGs through advancing implementation of the WHO FCTC. This FCTC 2030 project is funded by the Government
of the United Kingdom. From 2007 to 2011, the World Diabetes Foundation had funded the Cambodia Diabetes Association and the Ministry of Health to increase access to diabetes care under Project number: WDF06-219.\textsuperscript{30}

Annexes


Draft: version 12 Jul 2017

Background and rationale

More than 14 million people aged between 30 and 70 die prematurely every year from Noncommunicable diseases (NCDs), 85% of whom live in developing countries. Up to two thirds of these deaths are associated with exposure to risk factors such as tobacco use, unhealthy diet, lack of physical exercise and alcohol abuse. The remainder is associated with weak health systems that cannot meet the health needs of people with NCDs in an effective or equitable manner. Most of these premature deaths from NCDs could be prevented by adopting a range of simple, effective and affordable solutions tailored to each country’s needs.

In September 2011, Heads of State and Government adopted the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and urged the World Health Organization (WHO), as the primary United Nations specialized agency for health, and all other agencies of the United Nations and international financial institutions to work together in a coordinated manner to support national efforts to prevent and control NCDs and mitigate their impact.

Member States committed themselves to take steps to: (i) develop national targets and indicators based on national situations; (ii) develop, allocate and execute budgets for national multisectoral policies and plans in the area of NCDs; (iii) prioritize the implementation of cost-effective and affordable interventions; and (iv) strengthen national NCD surveillance systems and measure the outcomes.

To fulfill the commitments undertaken in the 2011 Political Declaration, the Global Action Plan for the Prevention and Control of NCDs 2013-2020 was drafted and adopted by the World Health Assembly in May 2013. The Global Action Plan includes a series of actions which, when implemented collectively by Member States, international partners and WHO, will help to achieve the global target of a 25% reduction in premature deaths due to NCDs by 2025.

The Global Action Plan requests the United Nations Country Teams to provide technical support to countries in the area of strengthening national interventions to prevent and control NCDs. Specifically, the Plan calls on WHO and other United Nations agencies and entities to mobilize teams to strengthen the links between NCDs, Universal Health Coverage (UHC) and sustainable development.

The need for a coherent response by the United Nations system to step up technical assistance in support of national efforts to control NCDs in line with the Global Action Plan was the impetus for the establishment of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF). UNIATF was set up by the Secretary-General of the United Nations in July 2013 under the leadership of the WHO and has begun the process of supporting national efforts to...
address the issue of NCDs. The Task Force has undertaken missions to Bahrain, Barbados, Belarus, Bhutan, DRC, India, Kenya, Kyrgyzstan, Kuwait, Mongolia, Mozambique, Paraguay, Sri Lanka, Tonga, Oman, Turkey, Vietnam and Zambia. Further missions are planned in 2017, including a follow up mission to Sri Lanka in August and an initial mission to Nepal in September.

A review of changes that have occurred in the last four years since the Political Declaration in 2011 show that much has been achieved globally, for example the adoption by the World Health Assembly of the Global Action Plan and the inauguration of the NCD Global Monitoring Framework, the establishment of UNIATF and the Global Coordination Mechanism on NCDs. However, despite some clear improvements, general progress at national level continues to be uneven and insufficient. Despite the increase in the number of national multisectoral plans to address NCDs in many countries, a number of countries still lack the capacity to translate commitments into action.

NCD Situation in Cambodia

Noncommunicable diseases (NCDs) – cardiovascular disease (CVD), cancers, chronic respiratory disease and diabetes – are an important and increasing cause of premature mortality and ill health in Cambodia. In 2014, NCDs caused around 52% of overall mortality in Cambodia and this figure is projected to rise. Currently, more than one half of men and more than one third of women that die from NCDs are under 60. The leading cause of NCD deaths in Cambodia is cardiovascular disease, which accounts for 24% of all deaths in the country, followed by cancer, respiratory diseases and diabetes, which account for 13%, 5% and 2% of deaths respectively. The main causes are of cancer mortality are cervical, followed by liver, lung, breast and stomach cancers.

NCD prevention and control is the top priority of the Ministry of Health, and the government has demonstrated great leadership in developing national NCD policies, strategies and plans, including the National Strategic Plan for the Prevention and Control of Noncommunicable Diseases (2013-2020). The Ministry of Health has also led the development of a draft National Multi-sectoral Action Plan for the Prevention and Control of Noncommunicable Diseases (2017-2026) through a series of meetings organized by the National Committee on Environment and Health, Chaired by the Minister of Health, H.E. Dr. Mam Bun Heng.

The Multisectoral Action Plan outlines measures by the Royal Government of Cambodia to respond to the main NCD risk factors of the four diseases, namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. It details how indoor air pollution from solid fuel use is a major contributing factor to chronic respiratory diseases and lung cancer in women as well as deaths from respiratory infections in children.

Through the Multisectoral Action Plan, the Government will focus on lifestyle behavior change to reduce population risk of diabetes and cardiovascular disease. This includes scaling up awareness campaigns and health promotion, as well as preventative screening programmes. In line with the Plan, the Ministry of Health will lead the efforts of several other ministries, including Education, Economy and Finance, Commerce and Agriculture, to deliver their main NCD objectives.

In addition, the Royal Government of Cambodia recently adopted the new Health Strategic Plan (2016-2020), which has improved on the previous three Health Strategic Plans by integrating for the first time the
reduction of morbidity and mortality caused by non-communicable disease and other public health problems as one of the four overarching Health Development Goals. This Plan has driven the development of the updated guidelines for diabetes and hypertension management in primary care, as well as the inclusion of performance indicators for monitoring and evaluation of NCD-related health care services. Both the draft Multisectoral Action Plan and the National Strategic Plan have objectives for population-based interventions for NCDs in the following areas:

- Increasing excise tax as a proportion of the retail price of tobacco products (2015 baseline: 13.15%);
- Implementing health warnings images covering at least 50% of tobacco product packaging by 2017;
- Adopting the draft Law on Alcohol Products Control by 2017;
- Developing and implementing a national salt reduction action plan designed to achieve a 10% relative reduction in the mean population intake of salt (sodium chloride) by 2020;
- Implementing healthy settings policies and strategies for NCD risk reduction, including for Healthy Cities and Health Promoting Schools.

The planned Joint Mission of the UNIATF will help to scale up and accelerate the gains realized through effective partnership between resident UN agencies and the different ministries of the Government of Cambodia in building on existing foundations for a national multisectoral response to NCDs. It will also provide impetus to UN agencies to work together in a coordinated manner to support national efforts to prevent and control NCDs and attain national targets. By hosting a Task Force Mission, the UN agencies in Cambodia agree to follow up action on NCDs by putting in place a mechanism to ensure that coordination action on NCDs is able to be taken forward by them.

The core team of the mission will be led by the WHO, and will be comprised of participants from the Headquarters, Regional and Country Offices from UNICEF, UNDP and WHO. At the country level, the mission is being coordinated by the WHO Cambodia Office for Cambodia in close collaboration with the Ministry of Health Preventive Medicine Department and the National Center for Health Promotion, as well as with the Office of the UN Resident Coordinator in Cambodia.

Overall approach

The joint UNIATF mission is intended to enhance the support of UN agencies to the Government of Cambodia to scale up the National Multisectoral Response to NCDs and finalize its National Multisectoral Action Plan for NCD prevention and control in line with WHO Regional and Global NCD Action Plan 2013-2020.

The mission will be carried out in line with the terms of reference of the UN Interagency Task Force. A key element of the mission will be to assess the state of national response to the challenge of NCDs in Cambodia, including exploring the role and potential of country and regional UN agencies and whole-of-government and whole-of-society approaches in the implementation of the national NCD agenda.
advance of the mission the UN agencies will consider options for a mechanism to take forward NCDs within them and the preferred approach will be shared with the Task Force during the mission.

Based on the recommendations of the UN High-level Meeting held in September 2011, the focus of the mission will be on cardiovascular diseases, diabetes, chronic respiratory disease and cancers. Major areas of primary NCD intervention in Cambodia, including tobacco control activities, promoting physical activities and healthy diet and on-going the secondary and tertiary preventive NCD interventions will be highlighted during the mission.
Purpose and objectives of the mission

The purpose of the joint UNIATF Mission to Cambodia will be to support the UN agencies to:

- Understand the relevance of NCDs to their individual human development efforts in the country and support implementation, ensuring that NCDs are considered as a priority area of the Cambodia SDGs by integrating them into the UNDAFs;

- Increase political support as measured by future HRD and financing for Best-buy and Good-buy interventions for NCD Prevention and Control;

- Scale-up national multisectoral actions on the prevention and control of NCDs across government, UN system and other partners;

- Support the establishment of sustainable mechanisms within resident UNCT and the Government to implement NCD action plans and NCD-related actions within national development goals;

- Ensure due priority to tobacco by combining the UNIATF mission with the FCTC needs assessment mission;

- Provide technical support and advocacy for the development and implement a comprehensive strategy for cancer control;

- Provide a clear road map for NCD action, with roles and responsibilities clearly defined;

- Raise awareness and engagement by advocating to non-health sectors about the burden of NCDs and the importance of this coordination, informing them of current national policies and strategies for NCDs;

- Draw lessons from ongoing efforts by WHO and other UN agencies working with the Government of Cambodia in the area of NCD prevention and control.

The objectives for the joint mission are to support the Government of Cambodia with the following:

- Advocate for effective multisectoral response and increased multisectoral investments for NCDs, including advocacy for the adoption of national multisectoral action plan on NCDs and accelerated implementation of the country cooperation strategies of respective UN agencies;

- Advocate for health policies across government line ministries, including strengthening of prevention and early detection of NCDs;

- Establish a roadmap over the next 12 months which will result in significant progress in ongoing national efforts contributing to the multisectoral response to NCDs; such objectives include:

  - Increasing excise tax as a proportion of the retail price of tobacco products (2015 baseline: 13.15%);
- Implementing pictorial health warnings covering at least 50% of tobacco product packaging by 2017;
- Adopting the draft Law on Alcohol Products Control by 2017;
- Developing and implementing a national salt reduction action plan designed to achieve a 10% relative reduction in the mean population intake of salt (sodium chloride) by 2020;
- Implementing healthy settings policies and strategies for NCD risk reduction, including for Healthy Cities and Health Promoting Schools.
Annex 2. Members of the Joint Mission (agencies and individuals in alphabetical order)

FAO
Kosal Oum, Assistant FAO Representative, FAO Cambodia, Phnom Penh

UNDP
Nick Beresford, Country Director, UNDP Cambodia, Phnom Penh
Douglas Webb, Team Leader, Health and Innovative Financing, UNDP HQ, New York
Nadia Rasheed, Regional Practice Leader, HIV, Health and Development, UNDP Asia-Pacific, Bangkok
Amara Bou, Health and HIV/AIDS Programme Analyst, UNDP Cambodia, Phnom Penh

UNFPA
Catherine Breen Kamkong, Deputy Representative, UNFPA Cambodia, Phnom Penh
Sok Sokun, Reproductive Health Programme Specialist, UNFPA Cambodia, Phnom Penh

UNICEF
Kunihiko Chris Hirabayashi, Regional Health Advisor, UNICEF EAPRO, Bangkok
Debora Comini, Representative, UNICEF Cambodia, Phnom Penh
Arnaud Laillou, Nutrition Specialist, UNICEF Cambodia, Phnom Penh

UNRC
Claire Van der Vaeren, UN Resident Coordinator, Cambodia, Phnom Penh

WHO
Nicholas Banatvala, Head of Task Force Secretariat, WHO HQ, Geneva
Yunguo Liu, WHO Representative, WHO Cambodia, Phnom Penh
James Rarick, Team Leader, NCDs and Health through the Life-Course, WHO Cambodia, Phnom Penh
Sam Ath Khim, National Professional Officer, NCDs and Health Promotion, WHO Cambodia, Phnom Penh
Yel Daravuth, National Professional Officer, Tobacco Free Initiative, WHO Cambodia, Phnom Penh
Katia de Pinho Campos, Acting Coordinator, Tobacco Free Initiative, WPRO, Manila
Warrick Junsuk Kim, Medical Officer, NCDs and Health Promotion, WPRO, Manila
Trinette Lee, Consultant, Noncommunicable Diseases and Health Promotion, WPRO, Manila

**World Bank**
Somil Nagpal, Senior Health Specialist, World Bank, Cambodia, Phnom Penh

Nareth Ly, Operations Officer, World Bank, Cambodia, Phnom Penh

**World Food Programme**
Francesca Erdelmann, Country Director a.i., WFP Cambodia, Phnom Penh
Annex 3. Joint Mission Programme

Meeting on
Joint Mission of the UN Interagency Task Force of the
Prevention and Control of Noncommunicable Diseases to Cambodia

Monday, 07 August 2017

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<tr>
<td>08:30 – 10:00</td>
<td>UNIATF Secretariat meeting with WHO Representative</td>
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<tr>
<td>11:00 – 12:00</td>
<td>UNIATF Meeting with UNRC</td>
<td>UNIATF Mission Team</td>
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<tr>
<td>12:00 – 13:30</td>
<td>Lunch Meeting with UN Agencies</td>
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<tr>
<td>15:00 – 16:00</td>
<td>UNIATF Secretariat Meeting with Minister of Health</td>
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Tuesday, 08 August 2017
Sunway Hotel

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<tr>
<td>8:00 – 8:30</td>
<td>Registration</td>
<td>Preventive Medicine Department, Ministry of Health</td>
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<tr>
<td>8:30 – 9:30</td>
<td>Welcome speech</td>
<td>Dr Kol Hero, Director, Preventive Medicine Department, MoH</td>
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<tr>
<td></td>
<td>Address from WHO</td>
<td>Dr. Liu Yunguo, WHO Representative, Cambodia</td>
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<td></td>
<td>Address from UNRC</td>
<td>Ms. Claire Van der Vaeren, UN Resident Coordinator</td>
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<tr>
<td></td>
<td>Opening remarks</td>
<td>H.E. Dr Mam Bunheng, Minister of Health</td>
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<tr>
<td>9:30-10:00</td>
<td>Group Photo and Coffee Break</td>
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<tr>
<td>10:00 – 10:30</td>
<td>NCD burden in Cambodia</td>
<td>Dr Koeut Pichenda, Deputy Director, Preventive Medicine Department (PMD), Ministry of Health</td>
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</table>
10:30 - 11:00  Framework for Country Action Across Sectors for Health and Health Equity
Dr Nick Banatvala, Head of Task Force Secretariat, WHO Geneva
Dr Doug Webb, Team Leader, Health and Innovative Financing, UNDP, New York

11:00 - 11:30  National Multi-Sectoral Action Plan for Prevention and Control of Noncommunicable Diseases
Dr Koeut Pichenda

11:30 - 12:00  Q&A and discussion
Dr Koeut Pichenda
Dr Nick Banatvala

12:00 - 13:30  Lunch

Round table sessions. Case studies of Multi-Sectoral Action for NCD prevention and control in Cambodia:

Table 1. Implementing demand reduction measures for Tobacco Control
Dr Chhea Chhordaphea, Director of NCHP, Dr Katia Pinho de Campos, Tobacco Free Initiative Coordinator, WHO Regional Office for the Western Pacific

Table 2. Control of Marketing of Infant and Young Child Feeding Products
Dr Chea Mary, Deputy Manager, National Nutrition Program, National Maternal and Child Health Center Mr Hou Kroeun, Helen Keller International

13:30 - 15:00  Round table session facilitators

Table 3. Salt Reduction and ensuring iodization of salt in Cambodia
Dr Khim Sam Ath, Technical Officer, NCDs and Health Promotion, WHO Cambodia and Dr Arnaud Laillou, Nutrition Adviser, UNICEF Cambodia

Table 4. Cervical Cancer Prevention and Control
Dr. Chhun Loun, Chief of NCD Bureau, PMD Dr Sok Sokun, Reproductive Health Specialist, UNFPA

Table 5. Early detection, diagnosis and management of diabetes and its associated conditions
Dr Koeut Pichenda, Deputy Director, Preventive Medicine Department Mr James Rarick, Team Leader for NCDs, WHO Cambodia

15:00 - 15:30  Break

15:30 - 16:00  Monitoring progress on NCD prevention and control: Setting national targets
Mr James Rarick

16:00 - 16:30  Strengthening national coordinating mechanisms
Panel: Dr Nick Banatvala, WHO, Dr Douglas Webb, UNDP, Dr Bernd Appelt, GIZ, Preventive Medicine Department;
for NCD prevention and control

National Center for Health Promotion.

16:30 – 17:00 Closing remarks

Dr Liu Yunguo, WHO Representative, Cambodia
H.E. Eng Huot, Secretary of State, Ministry of Health
### Wednesday, 09 August 2017
**Phnom Penh Hotel**

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<tr>
<td>8:00 – 8:30</td>
<td>Registration</td>
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<tr>
<td>8:30 – 8:45</td>
<td>Overview of UNIATF Mission and Objectives for Day 3 meeting</td>
<td>Mr James Rarick, Team Leader for NCD and Health through the Life Course, WHO</td>
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<tr>
<td>8:45 – 9:45</td>
<td>Making the case for specific interventions for NCDs (will revise this title based on presenter’s input)</td>
<td>Mr David Matchar, Director, Health Systems Laboratory, NUS Duke Medical Graduate School, Singapore</td>
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<tr>
<td></td>
<td><em>Discussion</em></td>
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<td>9:45 – 10:00</td>
<td>Break</td>
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<tr>
<td>10:00-11:00</td>
<td>Prevention and control of tobacco use and exposure</td>
<td>Dr Chhea Chhordaphea; Ms Bungon Rithaphakdee, SEATCA, Dr Yel Daravuth, WHO</td>
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<tr>
<td>11:00-12:00</td>
<td>Reducing harmful use of alcohol</td>
<td>Dr Chhea Chhordaphea; Dr Mom Kong, Cambodia Movement for Health; Dr Yel Daravuth, WHO</td>
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<tr>
<td>12:00-13:30</td>
<td>Lunch</td>
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<td>13:30 – 15:00</td>
<td>Management of cardiovascular disease risk in primary care</td>
<td>Dr Koeut Pichenda; Dr Bart Jacobs, GIZ, Dr Khim Sam Ath, WHO</td>
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<tr>
<td>15:00 – 15:15</td>
<td>Break</td>
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<tr>
<td>15:15 – 16:00</td>
<td>Cervical cancer prevention &amp; control</td>
<td>Dr Chhun Loun, Chief of NCD Bureau, PMD, National Maternal and Child Health Centre; Dr Sok Sokun, UNFPA; Dr Khim Sam Ath, WHO</td>
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<tr>
<td>16:00 – 17:00</td>
<td>Wrap up</td>
<td>PMD, NCHP</td>
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## Thursday, 10 August 2017
**Phnom Penh Hotel**

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<tr>
<td>8:00 – 8:30</td>
<td>Registration</td>
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<tr>
<td>8:30 – 9:30</td>
<td>Salt Reduction and enforcement of fortification of salt with iodine</td>
<td>Ministry of Planning, Ministry of Industry and Handicraft, UNICEF, WHO</td>
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<tr>
<td>9:30 – 10:30</td>
<td>Enforcement of Sub Decree 133 on Marketing of Infant and Young Child Feeding Products</td>
<td>National Nutrition Program, DDF, WHO</td>
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<td>10:30 – 10:45</td>
<td><strong>Break</strong></td>
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<tr>
<td>10:45 – 11:15</td>
<td>Cost of Diet/Fill the Nutrient Gap Survey</td>
<td>Ms. Indira Bose, World Food Programme (WFP)</td>
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<tr>
<td>11:15 – 11:45</td>
<td>Dietary Diversity trends analysis</td>
<td>Dr Jonathan Rivers, WFP</td>
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<td>11:45 – 12:00</td>
<td>Discussion</td>
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<td>12:00 – 13:30</td>
<td><strong>Lunch</strong></td>
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<td>13:30 – 15:00</td>
<td>Food-based Dietary Guideline</td>
<td>Mrs Hong Kim Long, Project Manager Nutrition Education and Promotion Project Foundation for International Development/Relief (FIDR)</td>
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<td>15:00 – 15:15</td>
<td><strong>Break</strong></td>
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<td>15:15 – 16:00</td>
<td>Nutrition in Schools</td>
<td>Dr Chhay Kimsotheavy, Director of School Health Department, Ministry of Education, Youth &amp; Sports</td>
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<tr>
<td>16:00 – 17:00</td>
<td>Wrap-up</td>
<td>NNP, MoEYS, UNICEF</td>
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**Friday, 11 August 2017**

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Facilitators</th>
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<tbody>
<tr>
<td>10:30 – 12:30</td>
<td>Meeting with Ministry of Education, Youth and Sports</td>
<td>UNIATF</td>
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<tr>
<td>16:00 – 17:00</td>
<td>Meeting with Deputy Prime Minister</td>
<td>UNIATF Mission Team</td>
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Annex 4. Evidence-based cost-effective interventions for the prevention and control of NCDs

**Tobacco use**

- Reduce affordability of tobacco products by increasing tobacco excise taxes
- Create by law completely smoke-free environments in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through effective health warnings and mass media campaigns
- Ban all forms of tobacco advertising, promotion and sponsorship

**Harmful use of alcohol**

- Regulating commercial and public availability of alcohol
- Restricting or banning alcohol advertising and promotions
- Using pricing policies such as excise tax increases on alcoholic beverages

**Unhealthy diet**

- Reduce salt intake (and adjust the iodine content of iodized salt, when relevant)
- Replace trans fats with unsaturated fats
- Implement public awareness programmes on diet and physical activity

**Cardiovascular disease and Diabetes**

- Drug therapy (including glycemic 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 (≥ 30%) of a fatal and nonfatal cardiovascular event in the next 10 years

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31 Taken from the WHO NCD Global Action plan 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, pages 66 and 67). The measures listed are recognized as very cost-effective i.e. generate an extra year of healthy life for a cost that falls below the average annual income or gross domestic product per person. In addressing each risk factor, governments should not rely on one single intervention, but should have a comprehensive approach to achieve desired results.

32 These measures reflect one or more provisions of the WHO Framework Convention on Tobacco Control (WHO FCTC). The measures included are not intended to suggest a prioritization of obligations under the WHO FCTC. Rather, these measures have been proven to be feasible, affordable and cost-effective and are intended to fulfil the criteria for assisting countries to meet the agreed targets as quickly as possible. The WHO FCTC includes a number of other important provisions, including supply-reduction measures and those to support multisectoral actions, which are part of any comprehensive tobacco control programme.
• Acetylsalicylic acid for acute myocardial infarction

Cancer

• Prevention of liver cancer through hepatitis B immunization

• Prevention of cervical cancer through screening (visual inspection with acetic acid [VIA] (or Pap smear (cervical cytology), if very cost-effective), linked with timely treatment of pre-cancerous lesions

Chronic respiratory disease

• Access to improved stoves and cleaner fuels to reduce indoor air pollution

• Cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica, asbestos

• Treatment of asthma based on WHO guidelines

• Influenza vaccination for patients with chronic obstructive pulmonary disease
Annex 5. Voluntary Global Targets on the Prevention and Control of NCDs for 2025

Target 1
A 25% relative reduction in the overall mortality from cardiovascular diseases, cancer, diabetes, or chronic respiratory diseases

Target 2
At least 10% relative reduction in the harmful use of alcohol, as appropriate, within the national context

Target 3
A 10% relative reduction in prevalence of insufficient physical activity

Target 4
A 30% relative reduction in mean population intake of salt/sodium

Target 5
A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years

Target 6
A 25% relative reduction in the prevalence of raised blood pressure or contain the prevalence of raised blood pressure, according to national circumstances

Target 7
Halt the rise in diabetes and obesity

Target 8
At least 50% of eligible people receive drug therapy and counselling (including glycemic control) to prevent heart attacks and strokes

Target 9
An 80% availability of the affordable basic technologies and essential medicines, including generics, required to treat major NCDs in both public and private facilities

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33 Taken from the WHO NCD Global Action plan 2013-2020 (http://apps.who.int/iris/bitstream/10665/94384/1/9789241506236_eng.pdf?ua=1, page 5). WHO "Global monitoring framework on NCDs" tracks implementation of the "NCD global action plan" through monitoring and reporting on the attainment of the 9 global targets for NCDs, by 2025, against a baseline in 2010.

(a) Enhance governance:

(i) By 2015, consider setting national targets for 2025 and process indicators based on national situations, taking into account the nine voluntary global targets for non-communicable diseases, building on guidance provided by the World Health Organization, to focus on efforts to address the impacts of non-communicable diseases and to assess the progress made in the prevention and control of non-communicable diseases and their risk factors and determinants;

(ii) By 2015, consider developing or strengthening national multisectoral policies and plans to achieve these national targets by 2025, referencing the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020;

(iii) Continue to develop, strengthen and implement, as appropriate, multisectoral public policies and action plans to promote health education and health literacy, with a focus on populations with low health awareness and/or literacy;

(iv) Raise awareness about the national public health burden caused by non-communicable diseases and the relationship between non-communicable diseases, poverty, and social and economic development;

(v) Integrate non-communicable diseases into health planning and national development plans and policies, including the United Nations Development Assistance Framework design processes and implementation;

(vi) Consider establishing, as appropriate to the respective national context, a national multisectoral mechanism, such as a high-level commission, agency or task force for engagement, policy coherence and mutual accountability of different spheres of policy making that have a bearing on non-communicable diseases, in order to implement health-in-all-policies and whole-of-government and whole-of-society approaches, and to monitor and act on the determinants of non-communicable diseases, including social and environmental determinants;

(vii) Enhance the capacity, mechanisms and mandates, as appropriate, of relevant authorities in facilitating and ensuring action across government sectors;

(viii) Strengthen the capacity of Ministries of Health to exercise a strategic leadership and coordination role in policy development that engages all stakeholders across government, non-governmental organizations, civil society and the private sector, ensuring that non-communicable disease issues receive an appropriate, coordinated, comprehensive and integrated response;

(ix) Align international cooperation on non-communicable diseases with national non-communicable diseases plans, to strengthen aid effectiveness and the development impact of external resources in support of non-communicable diseases;

(x) Develop and implement national policies and plans, as relevant, with financial and human resources allocated particularly to addressing non-communicable diseases, in which social determinants are included.

(b) By 2016, as appropriate, reduce risk factors for non-communicable diseases and underlying social determinants through implementation of interventions and policy options to create health-promoting environments, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.

(c) By 2016, as appropriate, strengthen and orient health systems to address the prevention and control of noncommunicable diseases and the underlying social determinants through people-centered primary health care and universal health coverage throughout the lifecycle, building on guidance provided by Appendix 3 of the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020.

(d) Consider the possible linkages between non-communicable diseases and some communicable diseases, such as HIV/AIDS, call for the integration, as appropriate, of responses to HIV/AIDS and non-communicable diseases, and in this regard call for attention to be given to people living with HIV/AIDS, especially in countries with a high prevalence of HIV/AIDS, in accordance with national priorities.

(e) Continue to promote the inclusion of non-communicable disease prevention and control within programs for sexual and reproductive health and maternal and child health, especially at the primary health-care level, as well as communicable disease programs, such as TB, as appropriate.

(f) Consider the synergies between major non-communicable diseases and other conditions as described in Appendix 1 of the WHO Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020 in order to develop a comprehensive response for the prevention and control of non-communicable diseases that also recognizes the conditions in which people live and work.

(g) Monitor the trends and determinants of non-communicable diseases and evaluate progress in their prevention and control:

   (i) Assess progress towards attaining the voluntary global targets and report on the results using the established indicators in the Global Monitoring Framework, according to the agreed timelines, and use results from surveillance of the twenty-five indicators and nine voluntary targets and other data sources to inform and guide policy and programming, aiming to maximize the impact of interventions and investments on non-communicable disease outcomes;

   (ii) Contribute information on trends in non-communicable diseases to the World Health Organization, according to the agreed timelines on progress made in the implementation of national action plans and on the effectiveness of national policies and strategies, coordinating country reporting with global analyses;

   (iii) Develop or strengthen, as appropriate, surveillance systems to track social disparities in non-communicable diseases and their risk factors as a first step to addressing inequalities, and pursue and promote gender-based approaches for the prevention and control of non-communicable diseases founded on data disaggregated by sex and age and disabilities, in an
effort to address the critical differences in the risks of morbidity and mortality from non-communicable diseases for women and men.

(h) Continue to strengthen international cooperation in support of national, regional and global plans for the prevention and control of non-communicable diseases, inter alia, through the exchange of best practices in the areas of health promotion, legislation, regulation and health systems strengthening, training of health personnel, development of appropriate health-care infrastructure and diagnostics, and by promoting the development and dissemination of appropriate, affordable and sustainable transfer of technology on mutually agreed terms for the production of affordable, safe, effective and quality medicines and vaccines, while recognizing the leading role of the World Health Organization as the primary specialized agency for health in that regard.

31. Continue to strengthen international cooperation through North-South, South-South and triangular cooperation, in the prevention and control of non-communicable diseases to promote at the national, regional and international levels an enabling environment to facilitate healthy lifestyles and choices, bearing in mind that South-South cooperation is not a substitute for, but rather a complement to, North-South cooperation.

32. Continue to explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.