



**KINGDOM OF CAMBODIA  
NATION RELIGION KING**

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**ROYAL GOVERNMENT OF CAMBODIA**

**NATIONAL MULTISECTORAL ACTION PLAN FOR  
THE PREVENTION AND CONTROL OF  
NONCOMMUNICABLE DISEASES  
2018- 2027**

**Prepared by the Ministry of Health  
June 2018**

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**សារលិខិតរបស់សម្តេចអគ្គមហាសេនាបតីតេជោ ហ៊ុន សែន**  
**នាយករដ្ឋមន្ត្រីនៃព្រះរាជាណាចក្រកម្ពុជា គាំទ្រចំពោះផែនការសកម្មភាព**  
**ពហុវិស័យជាតិស្តីពីការការពារ និងការប្រយុទ្ធនឹងជំងឺមិនឆ្លង ២០១៤-២០២៧**

ផែនការសកម្មភាពពហុវិស័យជាតិស្តីពីការការពារនិងការប្រយុទ្ធនឹងជំងឺមិនឆ្លង(២០១៤-២០២៧)នេះគឺជា ការឆ្លើយតបរបស់រាជរដ្ឋាភិបាលកម្ពុជាចំពោះបញ្ហាប្រឈមដែលកំពុងតែកើនឡើងនៃជំងឺបេះដូង សរសៃឈាម ជំងឺមហារីក ជំងឺផ្លូវដង្ហើមរ៉ាំរ៉ៃ និងជំងឺទឹកនោមផ្អែម។ ជំងឺមិនឆ្លងទាំងបួននេះ គឺជាមូលហេតុនៃការស្លាប់ស្ទើរតែពាក់ កណ្តាលក្នុងចំណោមការស្លាប់ទាំងអស់នៅក្នុងប្រទេសកម្ពុជា ហើយត្រូវបានគេព្យាករថានឹងកើនឡើងថែមទៀតដោយ សារតែផលវិបាកនៃការផ្លាស់ប្តូរបៀបរបបរស់នៅ និងបរិស្ថានដែលកំពុងតែមានការប្រែប្រួល។

ជំងឺមិនឆ្លងជាជំងឺរ៉ាំរ៉ៃ បណ្តាលឲ្យមានពិការភាព បាត់បង់ពលកម្ម និងកំពុងតែគំរាមកំហែងដល់ភាពក្រីក្រ និង បង្កឲ្យមានការចំណាយយ៉ាងច្រើនទៅលើការថែទាំសុខភាព។ ប៉ុន្តែវិធានការសម្រាប់ការការពារនិងការប្រយុទ្ធនឹងជំងឺមិនឆ្លង ដ៏មានប្រសិទ្ធភាព ដែលត្រូវអនុវត្តពីព្រោះ៨០%នៃជំងឺមិនឆ្លងអាចបង្ការបានដោយគ្រាន់តែដោះស្រាយកត្តាប្រឈមចំនួន បួន៖ ការប្រើប្រាស់ថ្នាំជក់ ការប្រើប្រាស់គ្រឿងស្រវឹងប្រកបដោយគ្រោះថ្នាក់ របបអាហារដែលគ្មានសុខុមាលភាព និង កង្វះកាយវិញ្ញាណ។

ជំងឺមិនឆ្លងមិនត្រឹមតែជាបញ្ហាសុខភាពតែមួយប៉ុណ្ណោះទេ ប៉ុន្តែវាគឺជាបញ្ហាប្រឈមមួយចំពោះការអភិវឌ្ឍផងដែរ ដែលគំរាមកំហែងដល់កំណើនសេដ្ឋកិច្ចរបស់កម្ពុជា ព្រមទាំងកិច្ចខិតខំប្រឹងប្រែងកាត់បន្ថយភាពក្រីក្ររបស់ប្រជាជន និងសង្គមទាំងមូល។

ការរីករាលដាលនៃជំងឺមិនឆ្លងនៅក្នុងប្រទេសកម្ពុជាមិនអាចដោះស្រាយបានដោយក្រសួងសុខាភិបាលតែមួយ នោះទេ។ មូលហេតុចម្បងជាច្រើននិងកត្តាកំណត់សុខភាពនៃជំងឺមិនឆ្លងស្ថិតនៅក្រៅវិស័យសុខាភិបាល ដូចជា កត្តាចំណីអាហារនិងបរិស្ថានដែលយើងរស់នៅ។ ផែនការសកម្មភាពពហុវិស័យជាតិនេះដាក់ចេញនូវសកម្មភាព នានាសម្រាប់ក្រសួងពាក់ព័ន្ធ និងរបៀបអនុវត្តសកម្មភាពដែលកសាងបន្តពីអាទិភាពដែលបានកំណត់នៅក្នុងផែនការ យុទ្ធសាស្ត្រជាតិសម្រាប់ការការពារនិងប្រយុទ្ធនឹងជំងឺមិនឆ្លង(២០១៣-២០២០)របស់ក្រសួងសុខាភិបាល។

គម្រោងផែនការសកម្មភាពពហុវិស័យជាតិនេះចង្អុលបង្ហាញថា រាជរដ្ឋាភិបាលកម្ពុជាចាត់ទុកជំងឺមិនឆ្លងជា អាទិភាព ហើយរាជរដ្ឋាភិបាលចូលរួមឆ្លើយតបទៅនឹងភាពប្រឈមថ្មីៗ ដែលកើតឡើងដោយសារជំងឺមិនឆ្លង។

រាជរដ្ឋាភិបាលកម្ពុជាសុំឲ្យក្រសួងពាក់ព័ន្ធទាំងអស់និងដៃគូអភិវឌ្ឍចាត់ទុកជំងឺមិនឆ្លងជាបញ្ហាអាទិភាព និង ធ្វើការរួមគ្នាអនុវត្តសកម្មភាពនៅក្នុងផែនការសកម្មភាពពហុវិស័យជាតិនេះ ដើម្បីឲ្យប្រទេសកម្ពុជាមានលទ្ធភាព កាត់បន្ថយបន្ទុកជំងឺដែលអាចការពារបាន និងដែលត្រូវចំណាយថវិកាយ៉ាងច្រើន។

ថ្ងៃពុធ ១១ ខែ វិច្ឆិកា ឆ្នាំ ២០១៤ សំរឹទ្ធិស័ក ព.ស.២៥៥២

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**សម្តេចអគ្គមហាសេនាបតីតេជោ ហ៊ុន សែន**

**Message of Samdech Akka Moha Sena Padei Techo Hun Sen  
Prime Minister of the Kingdom of Cambodia  
In Support of the Prevention and Control of National Multisectoral Action Plan for  
Noncommunicable Diseases 2018-2027**

The national multisectoral action plan for the prevention and control of noncommunicable diseases (2018-2027) is a Royal Government of Cambodia's response to the growing challenges of cardiovascular disease, cancer, chronic respiratory disease and diabetes. These four noncommunicable diseases (NCDs) account for almost half of all deaths in Cambodia and are projected to rise further as a consequence of changing lifestyles and environments.

NCDs are chronic diseases that cause disabilities, and loss of ability to work and are threatening to exacerbate poverty, and exert an enormous cost on health care. But there are effective measures to prevent and control NCDs to be implemented since 80% of NCDs can be prevented by addressing four main challenges: tobacco use, harmful use of alcohol, unhealthy diet and lack of physical activity.

NCDs are not only a health problem but also a challenge to development, which threatens Cambodia's economic growth, the effort to reduce poverty of population and society as a whole.

The epidemic of NCDs in Cambodia cannot be tackled by the Ministry of Health alone. Many of the underlying causes of noncommunicable diseases and their determinants lie outside the health sector, in the foods that are available, and the environments we live in. This multisectoral action plan outlines actions for a range of relevant ministries and describes how that action will be implemented, building on the priorities outlined in the Ministry of Health's National Strategic Plan for the Prevention and Control of NCDs (2013-2020).

This national action plan demonstrates that the Royal Government of Cambodia is taking the issue of noncommunicable diseases as a priority and the Royal Government is involved in responding to the new challenges posed by noncommunicable diseases.

The Royal Government of Cambodia asks that all relevant ministries and development partners consider NCDs a priority issue and that they work together to implement actions in this national multisectoral action plan so that Cambodia will be able to reduce this preventable and costly disease burden.

Phnom Penh, Date ..... 2018

**Prime Minister**

**Samdech Akka Moha Sena Padei Techo Hun Sen**

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## 1. Background

Social development and economic growth from year to year in combination with lifestyle changes drive the increase of noncommunicable diseases (NCDs). Cambodian people are facing four main NCDs, including cardiovascular disease, cancer, chronic respiratory disease and diabetes.

In 2014, noncommunicable diseases caused 52% of deaths in Cambodia, and this figure is projected to rise. Cardiovascular diseases are the most common NCDs in Cambodia, causing 24% of all deaths. Cancers cause 13%, respiratory diseases 5% and diabetes directly 2% of all deaths in Cambodia (1).

The four main NCDs are a severe health problem and are on the rise in Cambodia. There is a combination of risk factors for these diseases such as tobacco use, harmful use of alcohol, unhealthy diet, quality and safety of foods, quality and safety of production materials, environmental pollution and lack of physical activity and so on.

### 1.1 Policy

This national multisectoral action plan for the prevention and control of noncommunicable diseases 2018- 2027 outlines measures by Royal of Government of Cambodia (RGC) to respond to the growing challenges of the four NCDs, namely cardiovascular disease, cancer, chronic respiratory disease and diabetes that Cambodia is facing.

Preventing and controlling NCDs are an urgent priority for Cambodia. Most of underlying causes of NCDs and their risk factors lie outside the control of the health sector. The health sector alone however cannot prevent and control NCDs. This multisectoral action plan is required to create enabling environments, in homes, villages and cities, and in the whole society, so that healthy choices are the easy choices. To achieve this, we require the multi-sectoral action plan to break the cycle of poverty and noncommunicable diseases. Preventing and controlling NCDs and their risk factors will create a positive impact not only on health but also on productivity and socio-economic development.

RGC has so far been paying attention, and in the future will pay attention, to the health sector, a priority sector, as well as to other relevant sectors involved in protecting public health. Therefore, the RGC and relevant agencies have developed a number of policies, regulations and legal instruments as follows:

- The third rectangular strategy of RGC in the fifth legislature of the national assembly: The RGC's strategic goal is to continue to implement the health sector strategic plan, which aims at improving the well-being and nutritional status of the general population and reducing maternal, new-born and child mortality through the strengthening and expansion of quality, effective and efficient health care services.

- Reduce morbidity and mortality due to NCDs, chronic diseases and public health problems related to food safety, drug, alcohol, and tobacco use, road traffic accidents, disasters, the environment and climate change (Rectangular strategy, Angle 2, promote health and nutrition).
- The law to approve Cambodia's accession to the tobacco control convention (2006).
- The law on tobacco control (2015).
- The law on the "management of the quality and safety of products, goods and services" (2000)
- The law on the "management of pesticides and fertilizers" (2012).
- The law to "approve Cambodia's accession to the Stockholm convention on insoluble organic pollutants."
- The law to "approve Cambodia's accession to the Basel convention on the control of the transportation movement and disposal of hazardous waste" (2015).
- The law on "environmental protection and natural resource management" (1996).
- Sub-decree No. 107 ANKr.BK dated 14 July 2017 on the establishment of the committee for tobacco control.
- Sub-decree No. 107 ANKr.BK dated 22 October 2015 on printing of health warning messages in Khmer language and pictorial on tobacco product packages.
- Sub-decree No. 150 ANKr.BK dated 26 March 2014 on the revision of value added tax on some goods.
- Sub-decree No. 43 ANKr.BK dated 16 March 2016 on measures for banning of smoking or blowing the smoke of tobacco products at workplaces and public places.
- Sub-decree No. 69 ANKr.BK dated 20 October 2003 on the "management of iodized salt business"
- Sub-decree No. 180 ANKr.BK dated 20 October 2009 on the "management of classification and labelling of chemicals".
- Sub-decree No. 27 ANKr.BK dated 06 April 1999 on "water pollution control".
- Sub-decree No. 36 ANKr.BK dated 27 April 1999 on "solid waste management".
- Sub-decree No. 42 ANKr.BK dated 10 July 2000 on "air and noise pollution control".
- Sub-decree No. 133 ANKr.BK dated 18 November 2005 on the "marketing of products for infant and young child feeding".
- RGC's circular No. 03 SR on "quality management and measures to control the quality and safety of products, goods and foods containing chemicals" (2000).
- Letter No. 1271 SChN dated 07 October 2008 on the "investigation and prevention of the importation and distribution of formulas containing banned Melamine."
- Inter-ministerial Prakas No. 868 OuRTh.BK dated 22 October 2010 on the "implementation and coordination of agencies responsible for the food safety management system from farm to table (2010).
- Inter-ministerial Prakas No. 401 SHV.BK on the "enforcement of control of unsafe food products, plants, animals, animal products, fisheries and fish products imported into the Kingdom of Cambodia."



- Prakas No. 183 MOC/SM 2006 on "banned chemicals on food products" (2006).
- Prakas No. 099 BrK.KSK dated 10 March 2008 on the "introduction of good agriculture practice measures in the production of fruits and fresh vegetables".
- Prakas No. 598 BrK.KSK dated 15 December 2003 on "pesticide lists in the Kingdom of Cambodia".
- Prakas No. 002 BrK.KSK dated 13 January 2007 on "lists of maximum residue levels of pesticides in products originated from plants".
- Prakas No. 166 MIH/2015 dated 15 June 2015 on "Technical Regulation CTR 004: 2015 for Polyethylene Terephthalate bottles for storing food products" (2015).
- Prakas No. 168 MIH/2015 dated 15 June 2015 on "Technical Regulation CTR 006: 2015 for natural mineral water production" (2015).
- Prakas No. 169 MIH/2015 dated 15 June 2015 "Technical Regulation CTR 007: 2015 for food contamination and pollution" (2015).
- Prakas No. 170 MIH/2015 dated 15 June 2015 on "Technical Regulation CTR 008: 2015 for food additives" (2015).
- Prakas No. 165 ABS/OuABS dated 15 March 2016 on the "Certification of Marketing of food products and certification of sanitation for food products."

## 1.2 Situation

NCDs are the main cause of disability and mortality, and a major threat to development in Cambodia.

### - **The burden of disease is high and rising:**

Cardiovascular disease, cancers, chronic respiratory disease and diabetes are a large and growing problem in Cambodia. In 2014 NCDs caused 52% of all deaths among Cambodians and this figure is projected to rise. Cardiovascular diseases (stroke and heart disease) are the most common NCDs in Cambodia, accounting for 24% of all deaths. Cancers account for 13%, chronic respiratory disease 4% and diabetes 2% of all deaths in Cambodia <sup>(1)</sup>. The leading and emerging cancer in Cambodia is cervical cancer, followed by liver, lung, and breast and stomach cancer <sup>(2)</sup>. With regard to mortality liver and lung cancer cause the most deaths among all cancer related deaths every year. Today these NCDs are killing Cambodians in productive age. More than one half of men and more than one third of women that die from NCDs are under 60 <sup>(3)</sup>.

### - **Behavioural and environmental NCD risk factors are common across Cambodia:**

These four major NCDs share common risk factors namely unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. Indoor air pollution from solid fuel use, and incense smoke <sup>(15)</sup> is a major contributing factor to chronic respiratory diseases and lung cancer in women as well as to deaths from respiratory infections in children. Exposure to these risk factors is spreading all over Cambodia. Currently 2 million

Cambodians use tobacco with 42.5% of adult males smoking cigarettes <sup>(4)</sup>. Over half the population are exposed to environmental tobacco smoke (ETS) at home or work <sup>(5)</sup>, and 47% of children live in homes with people who smoke in their presence <sup>(6)</sup>. Nine out of 10 Cambodians rely on solid fuels for cooking <sup>(7)</sup> and over 8 in 10 do not eat enough fruit and vegetables to protect them from NCDs <sup>(5)</sup>. Already 1 in 5 adults have high cholesterol and 1 in 10 have high blood pressure, indicating a diet that is too high in trans and saturated fats and salt <sup>(5)</sup>.

With constant economic growth over time some of our people are not aware of risk factors that cause adverse health effects on their health and well-being and the environment is increasingly promoting the development of NCDs. Between 2003 and 2008 the importation of various products such as soft drinks, candies, cane sugar, beer and motor vehicles into Cambodia increased dramatically affecting dietary habits and physical activity, and the trend is most probably continuing <sup>(8)</sup>. Furthermore, tobacco and alcohol tax level is very low, and cigarette prices are the lowest in the region <sup>(9)</sup>.

**- NCDs exacerbate poverty and threaten Cambodia's other development goals:**

NCDs have a disproportionate impact on the poor making household poverty worse and undermining poverty reduction efforts. Previously NCDs were considered to be the diseases of the wealthy, but this trend has been reversed. In many countries NCDs are now more common and more fatal amongst the poor <sup>(10)</sup>.

In Cambodia, a number of NCD risk factors are more common in the predominantly poor rural population compared to urban dwellers – including tobacco use, solid fuel use, incense <sup>(15)</sup>, insufficient fruit and vegetable consumption and harmful use of alcohol <sup>(5)</sup>. Under-nutrition in-utero and during childhood increases the risk of developing cardiovascular disease and diabetes later in life. The high rates of child and maternal under-nutrition mean that many Cambodians are born with a higher risk of NCDs, especially the poor.

NCDs may contribute to posing a threat to the realization of Cambodia millennium development goals (CMDG) including child nutrition, education, gender equity, environmental sustainability and household economic development, spending more money on tobacco and alcohol and spending less money on food, healthcare for women and children, and education especially for girls. In Cambodia households spend an average of 4% of their total earnings on tobacco and less on education, clothes and food <sup>(11)</sup>. Cambodia's poorest citizens spend 10% or over of their income on cigarettes <sup>(4)</sup>. This undermines CMDG2 to achieve universal education, CMDG3 to promote gender equity, and CMDGs 4 and 5 to reduce maternal and infant mortality. Likewise alcohol use results in increased domestic violence, accidents at the workplace and deaths due to traffic accidents. Tobacco and betel quid use in pregnancy increases infant mortality. Solid fuel use, and incense smoke are not just a major contributor to respiratory disease deaths in



Cambodian women and children, but is also a major contributor to climate change, undermining Cambodia's CMDG7 to ensure environmental sustainability.

NCDs have so far posed a serious threat to CMDG 1, to eliminate extreme poverty and hunger. NCDs are a high expenditure for the government and for households, reducing economic development. Through health system costs and lost productivity, NCDs cost low income countries US\$25 per person per year <sup>(12)</sup>.

Each 10% rise in NCDs is associated with 0.5% lower rates of annual economic growth. Another analysis in 2010 found NCDs cost developing countries between 0.02-6.8% of GDP- an economic burden greater than malaria in the 1960s or HIV/AIDS in the 1990s <sup>(13)</sup>.

The high cost of long-term health care and medicines for NCDs, along with loss of income, pushes many Cambodian families deeper into poverty. In 2010 over 1 in 4 households had to borrow money or sell assets to pay for health care <sup>(7)</sup>. Where care is not affordable, or comes too late, premature NCD deaths rob households of their main financial providers. Treatment of NCDs is usually long-lasting, often for rest of the life, and the price of the treatment tends to increase with advancing the disease. Therefore, successful prevention of NCDs has also a huge economic impact, for individuals, families, and for the whole society.

### **NCDs threaten Cambodia's health systems:**

Even the richest health systems in the world are facing challenges in responding to the rising demand for NCD treatment. No country can fully address the treatment of NCD epidemic. The Cambodian health system is already swamped by more NCD patients than it is able to treat. Based on the current high level of risk factors in the population, and the rapid increase in unhealthy diets and alcohol consumption, NCD deaths in Cambodia is projected to rise. Globally, NCD deaths are projected to increase by 15% between 2010 and 2020 (to 44 million deaths), with the highest numbers predicted in the Western Pacific Region (12.3 million deaths) <sup>(14)</sup>. If this trend continues unabated, Cambodia is facing a tsunami of additional NCD patients in the coming years that the health system will simply be unable to treat. To avoid this, prevention and early detection policies must be urgently implemented.

Main NCDs in Cambodia share preventable risk factors and causes as listed in table below:

## Key causes and risk factors for Cambodia's priority NCDs:

Diseases	CVD	Cancer					Respiratory Disease	Diabetes
		Cervix	Liver	Lung	Breast	Stomach		
<b>Behavioural causes</b>								
Tobacco use	✓	✓	✓	✓	✓	✓	✓	✓
Alcohol	✓		✓		✓			
Unhealthy diet	✓					✓		✓
Physical inactivity	✓				✓			✓
Indoor air pollution	✓			✓			✓	
<b>Physiological causes</b>								
Hypertension	✓							✓
High cholesterol	✓							✓
Overweight	✓				✓			✓

### Most NCDs can be prevented:

80% of NCDs are preventable and a range of highly cost-effective interventions exist <sup>(13)</sup>. Even people who do develop NCDs can usually remain well, productive members of their families and society, through a mixture of primary health care and supported self-management. Most of the reduction in NCD deaths comes from primary prevention and reducing the levels of major NCD risk factors in the whole population, with a smaller gain coming from secondary prevention and treatment of individual patients. Therefore, a cost-effective package consists of population wide policy measures together with individual interventions for people at high risk. The cost of implementing measures for reduction of NCD risk factors (to control alcohol and tobacco, and reduce salt and trans/saturated fat in food) is estimated to cost less than US\$0.40 per person each year in low income countries <sup>(12)</sup>. In comparison, NCDs are estimated to cost low income countries US\$25 per person per year.

### 1.3 Priority Problems

NCDs are the main cause of disability and mortality, and a major threat to Cambodia's socio-economic development. Figures in 2014 shown that NCDs caused 52% of all deaths in Cambodia.

NCDs, particularly cardiovascular disease, cancer, chronic respiratory disease and diabetes, are a major public health problem and are rising in Cambodia.

## 2. Strategy

To reduce Cambodian people's risk of NCDs, the plan consists of 2 main components: Prevention of more Cambodians from developing NCDs and mitigate the severity of NCD patients so as to prevent them from being people with disability and premature death.

The national strategy for the prevention and control of NCDs is a multi-sectoral strategy and is in the policy on public health including food safety, tobacco and harmful use of use and physical inactivity. Each strategy is outlined its main activities.

This strategy is based on the National Strategic Plan for the Prevention and Control of NCDs 2013-2020, which is a part of the Health Strategic Plan 2008-2015 and on the National Strategic Plan on Tobacco Education and Reduction 2011-2015.

The best use of our limited resources is crucial. It is very important that we need to define strategies to address major causes of NCDs, leading to disability or death. We cannot have a separate strategy for a particular NCD as it would lead to too many strategies and to competing priorities, and make our efforts duplicated . As such this requires intersectoral collaboration.

## **2.1 Coordination and collaboration**

The ministry of health is responsible for leading, coordinating, collaborating and mobilizing relevant institutions to implement the National Multisectoral Action Plan for the Prevention and Control of NCDs by reducing risk factors of NCDs such as tobacco use and harmful use of alcohol, unhealthy diet and physical inactivity.

## **2.2 Implementation Strategy**

Studies on the four main NCDs, we identified their major causes that are interrelated or multiple causes in a person. We therefore define a number of multisectoral strategies as follows:

- Control tobacco and alcohol use.
- Reduce the use of plastic bags and bottles.
- Raise awareness of unhealthy diet for health
- Ensure effectiveness management of product quality and safety (food and non-food products).
- Maintain health through physical activity.
- Raise awareness of the dangers of indoor air pollution.
- Provide effective screening, treatment and palliative care and promote multisectoral collaboration to address other causes.

## **3. Action Plan**

The detailed action plan in matrix table reflects all activities that require multisectoral actions in order to prevent escalating burden of NCDs and as well as treatment. All activities are prioritized for implementation in the short, medium and long term.

### 3.1 Scope of the Plan

The National Multisectoral Action Plan for the Prevention and Control of NCDs - whether implemented in the short, medium or long term – must cover general population of all ages, including those at risk of and with NCDs.

The Ministry of Health and implementation mechanism for the national multisectoral action plan continue collaborating and more encouragements to enhance cooperation with development partners and private sectors through engagement in projects of other sectors and providing financial support, and actual coordinations.

The multisectoral interventions of relevant ministries/agencies and development partners are essential since the major causes are under their competences as follows:

Government institutions	Main responsibilities
<b>Ministry of Health</b>	<ul style="list-style-type: none"> <li>- Lead, coordinate and mobilize relevant agencies to propose, develop and implement national multi-sectoral action plans, laws, sub-degrees, and other regulations for the prevention and control of noncommunicable diseases through reduction of NCD risk factors such as tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity.</li> <li>- National Center for Health Promotion is a secretariat to control tobacco use and harmful use of alcohol.</li> <li>- Department of Preventive Medicine is a secretariat for unhealthy diet and physical inactivity program. Unhealthy diet program includes reduction of salt/sodium intake and engagement in a study for production of potassium-enriched salt and less sodium.</li> <li>- Strengthen health professional capacities to prevent and control of NCDs.</li> <li>- Create preventive and treatment services for NCDs in public health facilities.</li> <li>- Collaborate with research institutions to conduct national survey for NCD risk factors.</li> <li>- Establish research and surveillance mechanism for NCDs.</li> </ul>

<b>Ministry of Education, Youth and Sport</b>	<ul style="list-style-type: none"> <li>- Integrate health education contents on prevention of noncommunicable diseases, including unhealthy diet-related risk factor, and healthy lifestyle into general school curriculum.</li> <li>- Promote physical activity in school settings.</li> <li>- Ensure free smoking environment in schools.</li> <li>- Ensure school environment without unhealthy food and drinks.</li> <li>- Develop a sub-degree on banning advertisement of alcohol, unhealthy food products and drinks at sport events and sport settings.</li> <li>- Promote hygiene and good environment in school settings at all levels.</li> </ul>
<b>Ministry of Industry and Handicraft</b>	<ul style="list-style-type: none"> <li>- Reduce salt content of major dietary sources of sodium.</li> <li>- Explore feasibility of low sodium (potassium enriched) salt production in Cambodia.</li> <li>- Prepare a program for standard iodized salt.</li> <li>- Take action to prohibit the use of toxic chemicals and trans-fat in food (substitute for polyunsaturated fats)</li> <li>- Expand and promote cooking by using renewable energy stoves and the national energy efficient cooking stove program.</li> <li>- Strengthen the management and storage of chemicals used by factories and small manufacturing businesses.</li> <li>- Strengthen and promote good manufacturing practice (GMP) and good hygiene practice (GHP) in factories and small manufacturing businesses.</li> </ul>
<b>Ministry of Economy and Finance</b>	<ul style="list-style-type: none"> <li>- Increase tax on tobacco step by step as necessary.</li> <li>- Increase tax on alcohol and drinks with high sugar content step by step as necessary.</li> <li>- Explore a financial mechanism to increase demand for healthy foods and to reduce demand for unhealthy options (subsidies and taxations).</li> </ul>
<b>Ministry of Interior</b>	<ul style="list-style-type: none"> <li>- Enforce laws related to public health problems.</li> </ul>
<b>Ministry of Commerce</b>	<ul style="list-style-type: none"> <li>- Manage the quality, safety and appropriateness of products (food and non-food products except medicines and cosmetics).</li> <li>- Protect the health and interests of consumers and crack down on fraud.</li> </ul>
<b>Ministry of Land Management, Urban</b>	<ul style="list-style-type: none"> <li>- Create an enabling environment for physical activity and harmonization through urbanization and management.</li> </ul>

<b>Planning and Construction</b>	
<b>Ministry of Information</b>	<ul style="list-style-type: none"> <li>- Enforce the ban on advertisement and promotion of tobacco, alcohol and unhealthy food and beverage products.</li> <li>- Raise public awareness of healthy diet and physical activity via both government and private mass media.</li> </ul>
<b>Ministry of Mines and Energy</b>	<ul style="list-style-type: none"> <li>- Control and raise awareness of substances that affect the public health as a result to mining businesses and fuel consumption.</li> </ul>
<b>Ministry of Cults and Religions</b>	<ul style="list-style-type: none"> <li>- Raise awareness of health in religious programs especially in Buddhist sessions linked with society and other religious ceremonies.</li> <li>- Engage in reducing air pollution in pagodas and churches.</li> </ul>
<b>Ministry of Labour and Vocational Training</b>	<ul style="list-style-type: none"> <li>- Promote healthy diet and physical activity at the workplace (focusing first on workplaces with low income, e.g. garment factories).</li> <li>- Increase inspections on the activities of some professions that use substances or factors that can cause NCDs.</li> <li>- Develop regulations required for preventing diseases.</li> </ul>
<b>Ministry of Planning</b>	<ul style="list-style-type: none"> <li>- Develop and oversee the implementation of the national action plan for salt reduction.</li> <li>- Integrate dietary risks into national and sub-national strategic plans for nutrition.</li> </ul>
<b>Ministry of Agriculture, Forestry and Fisheries</b>	<ul style="list-style-type: none"> <li>- Explore various mechanisms to make agricultural produce safer for consumers through promoting the production of local fruits and vegetables.</li> <li>- Enforce laws and regulations related to hygiene control and phytosanitary for plants and animal products.</li> <li>- Strengthen the management and control of veterinary products and drug residue control.</li> <li>- Enforce animal health and production law.</li> </ul>
<b>Ministry of Environment</b>	<ul style="list-style-type: none"> <li>- Improve environmental quality: <ul style="list-style-type: none"> <li>• Manage solid/liquid waste.</li> <li>• Manage hazardous substances and waste.</li> <li>• Manage the use of plastic bags.</li> <li>• Control air pollution.</li> </ul> </li> <li>- Implement environment friendly standards.</li> <li>- Implement sustainable lifestyle and green development.</li> <li>- Implement environmental impact assessment on development plan.</li> </ul>



	<ul style="list-style-type: none"> <li>- Enforce law and regulations effectively.</li> </ul>
<b>Ministry of Tourism</b>	<ul style="list-style-type: none"> <li>- Promote tourist sporting events.</li> <li>- Promote further movements for clean cities, clean resorts and good services.</li> <li>- Enhance quality control on foods in tourism industry.</li> <li>- Enhance control and raising awareness of smoke free environment in tourism industry.</li> </ul>
<b>Ministry of Women's Affairs</b>	<ul style="list-style-type: none"> <li>- Increase awareness among citizens, especially women and children, of NCDs and their risk factors and healthy lifestyle.</li> </ul>
<b>Ministry of Public Works and Transport</b>	<ul style="list-style-type: none"> <li>- Strengthen the technical inspection mechanism for vehicles.</li> <li>- Promote tree planting along national roads and major provincial roads.</li> <li>- Strengthen and promote urban public transport.</li> <li>- Develop greenhouse inventories (from vehicles).</li> <li>- Encourage the change of automobile transport to railway transport.</li> </ul>
<b>National Committee for Disaster Management</b>	<ul style="list-style-type: none"> <li>- Lead, manage and coordinate all activities related to disaster management and environmental health.</li> </ul>
<b>Ministry of Culture and Fine Arts</b>	<ul style="list-style-type: none"> <li>- Raise awareness among youth through the promotion of art and cultural activities.</li> <li>- Engage in reduction of harmful use of alcohol and air pollution in traditional areas.</li> </ul>
<b>Ministry of National Defense</b>	<ul style="list-style-type: none"> <li>- Promote healthy diet and physical activity at regional divisions across the country.</li> <li>- Widely raise awareness on effects of tobacco smoke and alcohol among military personnel (senior cadets, junior cadets and privates)</li> </ul>
<b>National Committee for the Environment and Health</b>	<ul style="list-style-type: none"> <li>- Oversee the implementation of multisectoral action plan.</li> <li>- Ensure responsibilities of relevant ministries</li> </ul>
<b>Local Authorities</b>	<b>Main responsibilities</b>
	<ul style="list-style-type: none"> <li>- Implement smoke free environment.</li> <li>- Implement restriction of tobacco sales.</li> <li>- Support the implementation of banning alcohol and tobacco advertisement.</li> </ul>

	- Expand healthy city/community initiatives.
<b>Private Sector</b>	<b>Main responsibilities</b>
<b>All employers</b>	<ul style="list-style-type: none"> <li>- Implement smoke free workplaces.</li> <li>- Provide healthy food choices in company canteens.</li> <li>- Engage in an education and implementation of healthy workplace program.</li> </ul>

### 3.2 Work matrix

The work matrix to be implemented in the short, medium and long term in this national multisectoral action plan must respond effectively to the multisectoral strategies and indicators set for addressing to control the main common causes of NCDs in Cambodia.

## Strategy 1- Reduce population exposure to noncommunicable disease risk factors

### Objective - Prevent NCDs due to tobacco and alcohol use, unhealthy diet and physical inactivity

Activities	Indicators	Responsible Ministries/Agencies	Time						Funding Source
			2018	2019	2020	2021	2022	2027	
<b>1. Accelerate tobacco control</b>									
1.1. Enforce tobacco control law	Prevalence of tobacco use among men and women over 18	- All ministries/agencies - Sub-national administration	x	x	x	x	x	x	Sub-national administration
1.2 Enforce the law on tobacco control with focus on measures to create smoke free environment at the workplaces and in public places.	Prevalence of tobacco use among adolescents	- All ministries/agencies - Sub-national administration	x	x	x	x	x	x	Sub-national administration
1.3 Continue to enforce the sub-decree on health warning messages and the sub-decree banning tobacco advertisement based on the tobacco control law.	Exposure to smoke in the environment	- Ministry of Health - Ministry of Commerce - Ministry of Information - Ministry of Interior - Ministry of Environment - Sub-national administration	x	x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration
1.4 Increase tobacco taxation	Tobacco tax rate	- Ministry of Health - Ministry of Economic and Finance - Sub-national administration	x	x	x	x	x	x	Sub-national administration
1.5 Create health foundation	Health foundation existed	- Ministry of Health - Ministry of Economic and Finance - Sub-national administration		x	x	x	x	x	Sub-national administration

1.6 Disseminate laws and sub-decrees widely.	Number of disseminations	- <b>All ministries/agencies</b> - Sub-national administration	x	x	x	x	x	x	All ministries /agencies, and local authorities Sub-national administration
1.7 Provide sufficient education and information for the public on the impact of tobacco use on health, the economy and the environment.	Knowledge of population on the impact of tobacco use on health, the economy and the environment	- <b>All ministries/agencies</b> - Sub-national administration	x	x	x	x	x	x	Ministry of Health, and Development Partners Sub-national administration
1.8 Establish services for counseling and quit smoking at health facilities	Number of services for quit smoking	- <b>Ministry of Health</b> - Sub-national administration	x	x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration
1.9 Conduct research on tobacco use, the quantity of tobacco produced for export and of tobacco import, prices, raw materials, machinery, income, growing.	Annual report disseminated (quantity of tobacco imported and exported, tobacco prices increasing or decreasing)	- <b>Ministry of Health and relevant ministries</b> - Sub-national administration		x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration
1.10 Create and operationalize a scientific and laboratory team to test tobacco products especially their standards of elements and effect of tobacco use.	Scientific and laboratory team created	- <b>Ministry of Health</b> - <b>Relevant ministries and Development Partners</b> - Sub-national administration		x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration

1.11 Monitor and enforce laws and sub-decrees.	Law and sub-decrees enforced	<ul style="list-style-type: none"> <li>- Ministry of Health</li> <li>- Relevant ministries and Development Partners</li> <li>- Sub-national administration</li> </ul>		x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration
1.12 Evaluate the effectiveness of tobacco control policy implementation	Evaluation report	<ul style="list-style-type: none"> <li>- Ministry of Health</li> <li>- Relevant ministries and Development Partners</li> <li>- Sub-national administration</li> </ul>					x	x	Ministry of Health and Development Partners Sub-national administration
<b>2. Alcohol control</b>									
2.1. Increase tax on alcohol.	- Alcohol taxation	<ul style="list-style-type: none"> <li>- Ministry of Economic and Finance</li> <li>- Sub-national administration</li> </ul>	x	x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration
2.2. Advocate for the adoption of the law on alcohol control.	- Prevalence of binge drinking among adults	<ul style="list-style-type: none"> <li>- Ministry of Health</li> <li>- Relevant ministries/agencies and Development Partners</li> <li>- Sub-national administration</li> </ul>	x	x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration
2.3 Implement the measure to control advertisement, promotion, and sponsorship of alcohol.	- Reduced advertisement, promotion, and sponsorship of alcohol	<ul style="list-style-type: none"> <li>- Ministry of Health</li> <li>- Relevant ministries/agencies and Development Partners</li> <li>- Sub-national administration</li> </ul>	x	x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration

2.4 Implement the measure to control distribution, sales, use of alcohol, and point of sales, and measure to print health warning on alcohol products.	- Existed the measure to control distribution, sales, use of alcohol, and point of sales, and measure to print health warning on alcohol products	- Ministry of Health - Relevant ministries/agencies and Development Partners - Sub-national administration	x	x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration
2.5 Take action to enforce alcohol breathalysing in compliance with the land traffic law.	- Total alcohol consumption per capita (>18 years) per calendar year, of pure alcohol	- National road safety committee - Relevant agencies - Sub-national administration	x	x	x	x	x	x	Ministry of Health, Ministry of Information, Ministry of Interior, and Development Partners
2.6 Provide sufficient education and information for the public on the impact of alcohol on health, the economy and the environment.	Knowledge of population on the impact of alcohol on health, the economy and the environment due to alcohol use	- Ministry of Health - Relevant ministries/agencies and development partners - Sub-national administration	x	x	x	x	x	x	Ministry of Health and Development Partners Sub-national administration
2.7 Enforce the law on alcohol control	Implemented law on alcohol control	- Ministry of Health - Relevant agencies and development partners - Sub-national administration			x	x	x	x	Ministry of Health and Development Partners Sub-national administration
2.8 Provide counseling on the dangers of alcohol use.	Number of providing counseling	- Ministry of health - Relevant agencies and development partners - Sub-national administration			x	x	x	x	Ministry of Health and Development Partners Sub-national administration



<b>3. Promote healthy diet and physical activity</b>									
3.1 Conduct a national survey on salt use.	- Mean salt/sodium intake among population aged over 18	- Ministry of Health - Sub-national administration	x				x		Sub-national administration
3.2 Promote healthy diet and physical activity through the healthy city program	- Prevalence of overweight/obesity among adults aged over 18 - Prevalence of high blood glucose among adults aged over 18	- Ministry of Health - Ministry of Education, Youth and Sport - Relevant ministries - Sub-national administration	x	x	x	x	x	x	Sub-national administration
3.3 Promote healthy diet and physical activity in schools.	- Prevalence of high blood pressure among adults aged over 18 - Consumers received options for quality, safe and appropriate products that cause NCDs	- Ministry of Education, Youth and Sport - Relevant ministries - Sub-national administration	x	x	x	x	x	x	Sub-national administration
3.4 Raise public awareness about healthy diet and physical activity through mass media.	- Prevalence of adults aged over 18 consuming <5 servings of fruit and vegetables per day	- Ministry of Health - Ministry of Information - Relevant ministries - Sub-national administration	x	x	x	x	x	x	Sub-national administration
3.5 Develop and implement the national action plan on salt reduction	- Proportion of adult population aged over 18 with lack of physical activity - Number of schools implementing the health promotion school program	- Ministry of Health - Ministry of Industry and Handicraft - Ministry of Planning - Sub-national administration	x	x	x	x	x	x	Sub-national administration
3.6 Replace trans-fat with unsaturated fat		- Ministry of Industry and Handicraft - Relevant ministries - Sub-national administration		x	x				Sub-national administration

3.7 Develop national guideline on nutrition for all sectors		- National Nutrition Committee - Sub-national administration		x	x				Sub-national administration
3.8 Strengthen the management of advertisements (food and non-food products) that are fraud, misleading or cheating about the quality and safety of products to be used without following established regulations.		- Ministry of Information - Relevant ministries - Sub-national administration			x	x	x	x	Sub-national administration
3.9 Manage taxes on foods and subsidies		- Ministry of Commerce - Relevant ministries - Sub-national administration				x	x	x	Sub-national administration
3.10 Replace saturated fat with unsaturated fat		- Ministry of Industry and Handicraft - Relevant ministries - Sub-national administration				x	x	x	Sub-national administration
3.11 Provide health and safety education at low income workplaces		- Ministry of Health - Ministry of Labour and Vocational Training - Relevant ministries				x	x	x	Sub-national administration
3.12 Reduce consumption of plastic products		- Ministry of Commerce - Sub-national administration	x	x	x	x	x	x	Sub-national administration
<b>4. Reduce exposure to indoor air pollution</b>									
4.1 Expand the national efficient cooking stove program	- Proportion of households relying on solid fuels for cooking	- Relevant ministries - Sub-national administration	x	x	x	x	x	x	Sub-national administration
4.2 Promote alternative cooking fuels	- Proportion of households having efficient cooking stoves - Number of efficient cooking stoves distributed by program	- Relevant ministries - Sub-national administration				x	x	x	Sub-national administration

## Strategy 2- Strengthen multisectoral governance and resources for NCDs

**Objective - Develop an integrated and coordinated approach to addressing NCDs to ensure balanced, effective and equal use of limited resources**

Activity	Indicator	Responsible ministry/agency	Time						Resource
			2018	2019	2020	2021	2022	2027	
<b>1. Develop multisectoral actional plan and accountability mechanism</b>									
1.1. Establish a whole-of government mechanism to oversee implementation of multisectoral action plan for the prevention and control of NCDs.	Establish an inter-ministerial committee for the prevention and control of NCDs that will function during the development of plans (at national and sub-national levels)	- Ministry of Health - Sub-national administration		x					Ministry of Health and Development Partners Sub-national administration
<b>2. Create an NCD fund from tobacco and alcohol taxes</b>									
2.1. Create a fund for health promotion and prevention of NCDs based on tobacco and alcohol taxation	Created fund for health promotion and collected budget	- Ministry of Health - Ministry of Economic and Finance - Sub-national administration		x	x	x	x	x	Sub-national administration

## 4. Schedule for Drafting Laws and Legal Instruments

The four main NCD trend in Cambodia is rising among people in both urban and rural areas and this is a concern that Royal Government of Cambodia needs to pay attention to as early as possible.

### **Laws and regulations that have been adopted as follows:**

- Prakas on lists of maximum residue levels of pesticides in products originated from plants (2007).
- Law on tobacco control (2015).
- Sub-decree on printing of health warning messages in Khmer language and pictorial on tobacco product packages (2015).
- Law on animal health and production (2016).
- Prakas on legal procedures for printing of health warning messages in Khmer language and pictorial on tobacco product packages (2016).
- Prakas on pack display of tobacco products at point of sales (2015).
- Sub-decree on measures for banning of smoking or blowing the smoke of tobacco products at workplaces and public places (2016).
- Prakas on sign for banning of smoking or blowing the smoke of tobacco products (2016).
- Prakas on procedures to conduct tobacco control inspection for tobacco control inspectors of the Ministry of Health (2016).
- Sub-decree on establishment and functioning of the committee for tobacco control (2017).

### **Laws and sub-decrees that currently are under development include:**

- Law on food safety.
- Law on alcohol control.

Monitor number of smokers and take stronger actions to enforce the law on tobacco adopted in 2015.

Given that NCDs are developing rapidly while various laws are being made, Royal Government of Cambodia must pay attention to and take early actions to address alcohol and food products that are seriously affecting the health of our Cambodian people.

Multisectoral mechanisms such as inter-ministerial prakases must be set up and implemented effectively to ensure the success of this multisectoral action plan as indicated in each matrix.

## 5. Cost

In order to implement the National Multisectoral Action Plan for the Prevention and Control of NCDs 2017-2026, there is a need to use the national budget through relevant ministries in their respective budgets and that of development partners, the private sectors, civil societies and philanthropists.

## 6. Monitoring and Evaluation

The Ministry of Health is the leading agency responsible for monitoring and evaluation of the implementation of MSA in collaboration with relevant ministries to ensure its success and to achieve outcomes based on each indicator and on activities indicated in the matrix and using existing or new mechanisms.

Data collected from various sources as well as from research studies conducted by agencies responsible for NCDs in MoH need to be well documented as the baseline for monitoring and evaluation for future NCD trends and for effective interventions in Cambodia.

For the period 2018-2027 monitoring and evaluation will be implemented in two stages: first stage is from 2018- 2022 and second stage is from 2023-2027. Initial monitoring and evaluation is critical for the initial steps of multisectoral action plan and outlining some more steps for final evaluation in 2027.

All strategies proposed in the multisectoral action plan are the basis for achieving outcomes and indicators through the effort of MoH and other relevant government ministries with the support of development partners and other organizations.

### National Targets of the National Multisectoral Action Plan for the Prevention and Control of NCDs in Cambodia:

Indicators	Baseline 2010	Target 2027
Prevalence of heavy episodic drinking among adults aged 25-64	Men 45.1% Women 4.6%	Men 42.1% Women 4.3%
Prevalence of adult aged 25- 64 with lack of physical activity	10.6%	9.9%
Mean population intake of salt/sodium		30% relative reduction in mean population intake of salt/sodium

Prevalence of daily tobacco use among men and women over 18 years	Men 39.2% Women 3.4%	Men 29% Women 2.0%
Prevalence of high blood pressure among adults aged 25-64	11.2%	9.3%
Prevalence of diabetes among adults aged 25-64	2.9%	2.9%
Prevalence of obesity among adults aged 25-64	1.9%	1.9%

## 7. Conclusion

Health is determined by multiple factors outside the direct control of the health sector, such as education, income, and the conditions where the people live, work, and play. Decisions made in other sectors can either positively or negatively affect the determinants of health. It is an approach to policy making in which decision-makers in other sectors routinely consider health outcomes, including benefits, harms, and health related-costs. And vice versa, health is an important factor and contributor for wellbeing and productivity of the nation. Multisectoral action plan is most commonly implemented by national and local governments, but can also be applied to decision-making of development partners and private sectors. Different ministries and Council of Ministers create the legal and financial basis for national, regional and local level government activities through policy making, legislation and budgeting, and set the regulatory environment for business and other private sector activities.

The most effective interventions to address NCDs are policies which reduce the most common shared risk factors at a population level: unhealthy diet (especially excess consumption of salt, trans- and saturated fats and sugar), tobacco use, harmful use of alcohol, physical inactivity and indoor and outdoor air pollution.

To ensure effective collaboration and commitment for multisectoral action plan on health, an intergovernmental coordinating body needs to be set. The domain of the previous Inter-ministerial Committee on Environmental Health has been revised to cover the different aspects related to NCD prevention and control, and the body is renamed as Inter-ministerial Committee on Environment and Health. The Inter-ministerial Committee for Education and Reduction of Tobacco Use continues its action as an intergovernmental body for implementation Framework Convention on Tobacco Control in Cambodia. Establishment of an Inter-ministerial Committee on Alcohol is under consideration.

Due to chronic nature of NCDs, and high cost of their treatment, prevention is the only way to go for NCD control. Most of the needed activities have low-cost, high cost-effectiveness,



and are achievable and affordable also in low-income countries. Establishment of health promotion fund, and earmarking part of the increased tobacco and alcohol tax revenues for the fund, would create the needed financial resources.

## 8. Appendices

### Appendix 1 - Schedule of actions and responsible partners

Table summarizes the timetable of activities to achieve the strategic priority objectives by 2027. This table also outlines the government agency responsible for implementing each activity.

		Timeframe	Responsible agencies
<b>Area of Action 1 - Reduce population exposure to noncommunicable disease risk factors</b>			
<b>1.1 Accelerate tobacco control</b>	<b>Short-term action</b>		
	Enforce tobacco control law	2018	Ministry of Health, Tobacco Taxation Working Group
	Tobacco Taxation Working Group to finalize plan to implement regular increases on tobacco taxation	2018	Tobacco Taxation Working Group, Ministry of Economic and Finance, Ministry of Health
	Expand implementation and enforcement of smoke-free environments sub-decree	2018	Inter-ministerial committee, Ministry of Health, Capital/provincial halls
	Enforce sub-decree on advertising ban and health warning messages in Khmer language and pictorial on tobacco product packages	2018	Ministry of Health, Ministry of Information, Ministry of Tourism
	Establish services for counseling and quit smoking at health facilities	2018	Ministry of Health
	Implement tobacco tax increases.	2018	Ministry of Economic and Finance, Ministry of Health
	<b>Medium-term actions</b>		

	Continue to implement regular/annual tobacco taxation increases	Continue	Ministry of Economic and Finance, Ministry of Health
	Implement measures for banning of smoking or blowing the smoke of tobacco products at workplaces and public places, measure of advertising ban, health warning messages in Khmer language and pictorial on tobacco product packages.	Continue	Ministry of Health, and Inter-Ministerial Committee
	Enforce sub-decree that requires pictorial warning labels	Continue	Ministry of Health, Inter-ministerial Committee
	Dedicate percentage of health foundation to implement NCD prevention, law and regulations on tobacco control.	2018 Continue	Ministry of Economic and Finance, Ministry of Health and relevant ministries/agencies
	Restricting sale of tobacco and regulating vendors	Continue	Ministry of Health, Ministry of Commerce, local authorities
	Expanding smoke-free environments to cover all enclosed public spaces (including transportation and private workplaces/businesses)	Continue	National Center for Health Promotion, Ministry of Health, Inter-Ministerial Committee, local authorities
	<b>Long-term actions</b>		
	Continue to implement regular/annual tobacco taxation increases		Ministry of Economic and Finance
<b>1.2. Scale up alcohol control</b>	Continue to implement laws and regulations related to tobacco products	2018	Ministry of Health and other relevant ministries
	<b>Short-term actions</b>		
	Establish Inter-Ministerial Committee for Alcohol Control	2018	Council of ministers and Ministry of Health

	Ministry of Health to work with Ministry of Economic and Finance to increase alcohol taxation	2018	Ministry of Economic and Finance and Ministry of Health
	Develop sub-decree to restrict alcohol advertising, promotion and sponsorship	2018	Ministry of Health, National Committee for Road Safety
	Enforce road traffic law	Continue	National Committee for Road Safety
	Enforce sub-decree on alcohol advertising restrictions (including raising public awareness of the ban)	2018	Relevant ministries/agencies
	<b>Medium-term actions</b>		
	Develop law on alcohol control	2018	Inter-Ministerial Committee, and Ministry of Health
	Dedicate percentage of incomes from health foundation for NCD prevention and control (reference document)	2018	Ministry of Economic and Finance and Ministry of Health
	Expand the ban on alcohol advertisement	2018	Ministry of Health, Ministry of Information, and Local authorities
	Implement the measure to control distribution, sales, use of alcohol, and point of sales, and measure to print health warning on alcohol products	2019	Ministry of Health and relevant ministries
	<b>Long-term actions</b>		
Offer counselling for hazardous drinking in primary care	2018	Ministry of Health, Health centres	

1.3. Promote healthy diet and physical activity	<b>Short-term actions</b>		
	Pilot interventions to reduce salt or excessive sodium consumption	2018	Ministry of Health, Ministry of Industry and Handicraft, Ministry of Planning
	Strengthen healthy city in the capitals/provinces: <ul style="list-style-type: none"> <li>➤ Launch the health promoting schools in the capitals/provinces</li> <li>➤ Explore other strategies to make healthy diets the norm in the capital/provinces (e.g. working with food vendors)</li> </ul>	2018	Ministry of Health Ministry of Education, Youth, and Sport Provincial Health Departments
	Begin multi-sectoral discussions on how to reduce salt content of foods	2018	Ministry of Health, Ministry of Industry and Handicraft, Ministry of Planning
	Raise public awareness about healthy diet and physical activity through mass media of all forms	2018	Ministry of Health, Ministry of Information, and other media outlets
	Begin multi-sectoral discussions on substituting trans-fats for polyunsaturated fats	2018	Ministry of Health and Ministry of Industry and Handicraft
	<b>Medium-term actions</b>		
	Develop a national action plan for salt reduction	2018	Ministry of Health, Ministry of Industry and Handicraft, Ministry of Planning
	Implement the national action plan for salt reduction	Continue	Ministry of Health, Ministry of Industry and Handicraft, Ministry of Planning
	Include NCD dietary risk in the national nutrition strategy	2018	Ministry of Health, National Nutrition Committee

	Expand the health promoting schools, environment, and hygiene in school settings at all levels	Continue	Ministry of Education, Youth, and Sport
	Integrate all aspects of nutrition for all age groups into the roles and responsibilities of the national technical working group for nutrition	Continue	Technical Working Group for Nutrition
	Develop the national guideline on nutrition (covering all aspects of nutrition and all age group)	Continue	Technical Working Group for Nutrition
	<b>Long-term actions</b>		
	Restrict marketing of unhealthy food and beverages to children		Ministry of Information, Ministry of Health, Ministry of Industry and Handicraft
	Promote healthy diets and physical activity through the workplace where do not have health education programme		Ministry of Health, Ministry of Labour and Vocational Training, and private sectors
	Explore financing mechanisms (subsidies and taxation) to make healthy diets more affordable & available		Ministry of Economic and Finance, Ministry of Health, Ministry of Agriculture, Forestry and Fisheries, and Ministry of Industry and Handicraft
<b>1.4. Reduce exposure to indoor air pollution</b>	<b>Short-term actions</b>		
	Expand National Efficient Cook-Stove Programme	Continue	Ministry of Industry and Handicraft Ministry of Agriculture, Forestry and Fisheries
	<b>Medium-term actions</b>		
	<b>Long-term actions</b>		

	Promote use of alternative cooking fuels		
<b>Area of action 2 - Strengthen multisectoral governance and resources for NCDs</b>			
<b>2.1. Develop national multisectoral action plan for the prevention and control of NCDs and establish a whole of government mechanism to oversee its implementation</b>	<b>Short-term actions</b>		
	Establish a national mechanism to oversee the implementation of the national multisectoral action plan for the prevention and control of NCDs	2018	
	Improve capacity and coordination on NCD prevention and control within the Ministry of Health	2018	
	<b>Medium-term actions</b>		
	Create a specific fund for NCD prevention and control from tobacco and alcohol taxation	2018	Ministry of Health, Ministry of Economic and Finance

## Appendix 2 - High-level indicator framework for multisectoral action plan on NCDs in Cambodia

	Indicator	Baseline	Frequency	Source	Level reported	Notes
<b>Action Area 1. Reduce population exposure to common factors</b>						
<b>1.1 Accelerate tobacco control</b>	Prevalence of daily tobacco use in men and women >18 years*	Men = 43.3% in 2011 Women = 17.2% in 2011	Every 4-5 years	STEPS & NATSC surveys	National (by gender, age & rural/urban)	
	Exposure for environmental tobacco smoke		Every 5 years	STEPS	National (by gender, age & rural/urban)	
<b>1.2 Scale up alcohol control</b>	Total alcohol consumption per capita (>15 years) per calendar year, of pure alcohol*	4.77 litres (2005)	Annual	WHO, FAO & industry data	National	Alternative indicator: % of adults 25-64 years who engaged in heavy episodic drinking in the last 30 days (from STEPS)
	Prevalence of binge drinking among adults 25-64 years		Every 5 years	STEPS	National	
<b>1.3 Promote healthy diets (especially salt reduction)</b>	Prevalence of overweight or obesity among adults 25-64 years*	15.4% (2010)	Every 5 years	STEPS survey	National (by gender, age & rural/urban)	2015 STEPS survey will include adults aged 18-64, but indicator should be kept to 25-64 years to allow comparison with 2010
	Mean population salt consumption*	n/a	2013, 2015, then every 5 years	National salt consumption survey/STEPS survey	National	Will have baseline in 2013
	Prevalence of raised blood glucose or diabetes among adults 25-64 years*	2.9% (2010)	Every 5 years	STEPS survey	National (by gender, age & rural/urban)	



	Prevalence of hypertension among adults 25-64 years*	11.2% (2010)	Every 5 years	STEPS survey	National (by gender, age & rural/urban)	
	Percentage of adults 25-64 consuming <5 servings of fruit and vegetables per day*	84.3% (2010)	Every 5 years	STEPS survey	National (by gender, age & rural/urban)	
	Proportion of adult population (25-64 years) being physically active outside work*		Every 5 years	STEPS	National (by gender, age & rural/urban)	
<b>1.4 Reduce exposure to indoor air pollution</b>	Proportion of households relying on solid fuels for cooking	89% (2010)	Every 5 years	DHS survey	National (urban/rural)	
	Proportion of households having an efficient cook stove		Every 5 years	DHS	National (urban/rural)	

\*These indicators are similar to the ones proposed in the global monitoring framework that were discussed at WHA in May 2013. Detailed explanations about how to calculate these indicators are given in the national strategic plan for NCD prevention and control 2013-2020.

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