

# POLICY BRIEF

## NCDS AND COVID-19 IN CAMBODIA: THE TIME TO INVEST IS NOW



### WHAT IS THE ISSUE

COVID-19 means there has never been a more dangerous time than now for people living with noncommunicable diseases (NCDs). Globally, the pandemic has put a spotlight on the urgency of tackling NCDs due to the many interactions between these chronic conditions and COVID-19 [1] [2].

Evidence shows that people living with NCDs (PLWNCDs), particularly older people and those with co-morbidities, are more vulnerable to severe illness and death from COVID-19. Evidence shows a high proportion of critically ill COVID-19 patients have at least one NCD, ranging from 48% in Wuhan [3], 71.9% in New York City [4], and 98.9% of COVID-19 hospital deaths in Italy [5].

In addition to increased health risks, the COVID-19 pandemic is interacting with NCDs and inequalities to create a perfect storm for PLWNCDs. In Cambodia, while recorded cases of COVID-19 have been low, policy measures introduced to minimize transmission, and the general disruptions caused by the pandemic, have exacerbated the specific vulnerabilities facing PLWNCDs

and their families. These findings confirm existing evidence from elsewhere about the effects of the COVID-19 pandemic for PLWNCDs [2].

“ My condition is getting worse because we don't have enough money for me to manage my disease properly. ”

62 year old man living with hypertension and diabetes

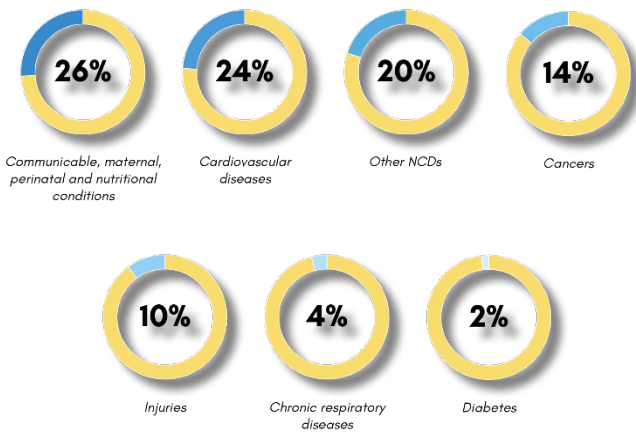
Among Cambodians, specific challenges reported included difficulties affording medicines due to loss of household income; barriers to accessing medicines; disrupted or delayed care due to physical distancing and restrictions; increased exposure to mental health risk factors, such as stress, due to loss of income, social isolation and fears of infection; and an increased exposure to the main NCD risk factors which can worsen existing NCDs, such as an unhealthy diet, and reduction in physical activity.



## WHY IS IT IMPORTANT?

Two out of three deaths are due to NCDs in Cambodia [6] and the population faces a 23% chance of dying between the ages 30 and 70 from one of the four main NCDs: cardiovascular diseases (CVDs), diabetes, chronic respiratory disease, and cancers. CVDs, including strokes and heart disease, cause the largest proportion of deaths (24%). Progress has been made in marginally reducing the prevalence of smoking and alcohol consumption. Nonetheless, only 8% of the population are sufficiently active, and half do not meet recommended consumption for fruit and vegetables. Rates of overweight and obesity, hypertension, raised cholesterol, and pre-diabetes are also increasing, some at a rapid rate.

**NCDs ARE ESTIMATED TO ACCOUNT FOR 64% OF ALL DEATHS IN CAMBODIA**



Source: World Health Organization

In addition to the human toll, NCDs cost the Cambodian economy KHR 5.97 trillion (US\$ 1.5 billion) per year, equivalent to 6.6% of the country's annual gross domestic product (GDP). These losses comprise premature death, cost of presenteeism, cost of absenteeism, and governmental healthcare expenditure. For households, health spending is a significant source of debt and impoverishment for PLWNCDs [7] and for care-seeking, the average out-of-pocket expenditure (OOPE) is between 2.5 and three times higher than for people without NCDs [8].

Only 20.8% of public and private health expenditure was spent on NCDs in 2016, indicating that investment is not proportionate to the human and economic burden in the country.

“ Emotionally and mentally it is much harder for me since COVID. I worry if our children will make money or not and whether I will have enough money to pay the debt to the bank. ”

64-year-old woman living with diabetes

This low prioritization of NCDs is illustrated by the following challenges. 1) Health information systems and data surveillance mechanisms are not inclusive of NCDs, preventing the proper planning needed for an effective and targeted NCD response. 2) While some basic screening and treatment is available at the primary care level, community-based structures are not being sufficiently utilized to build NCD literacy in communities, and thus an opportunity for education, care and support is missed. 3) Commitment to the implementation of cost-effective, NCD prevention policies and clinical interventions is uneven and insufficient to turn the tide on NCDs. 4) Financial risk protection is also lacking for millions, with an estimated 31% of the population not covered by health insurance. A significant proportion of this population comprise the near-poor who are particularly vulnerable to high OOPE and catastrophic health expenditure due to NCDs.

“ I cannot work due to my specific vulnerabilities so I rely on my daughter to earn money for my living costs and medicines but she lost her job in the factory too. ”

51-year-old man living with hypertension and diabetes

## WHAT CAN POLICY MAKERS DO?

The COVID-19 pandemic is an opportunity to prioritize the needs of PLWNCDs, in national response frameworks and plans, and to implement policies and interventions that will reduce NCD risk factors among the population. So far, Cambodia has been spared a major COVID-19 outbreak, but the pandemic has highlighted the urgency with which the health system needs reorienting towards chronic care, in line with the disease burden of the country.

The following areas, warrant further investment and have been highlighted due to the critical role they can have in both mitigating the impact of the COVID-19 pandemic on PLWNCDs and reducing NCD risk factors, thereby reducing the strain on the health system.

## KEY RECOMENDATIONS

- 1. Ensure that PLWNCDs, particularly older people and those with comorbidities, are prioritized during the roll-out of a COVID-19 vaccine, as per COVAX guidelines.**

The delivery of an effective COVID-19 vaccine is an urgent global priority. COVAX Facility [9] is the vaccines pillar of the ACT-Accelerator [10], which is being co-led by WHO, Gavi and CEPI to ensure equitable access to a vaccine on a global scale. Cambodia is eligible to receive COVAX support when a vaccine is ready for distribution. As PLWNCDs are at significantly higher risk of severe illness or death from COVID-19, the government must ensure their prioritization for vaccination in line with official guidelines [11] [12].

- 2. Expand social health protection mechanisms to provide financial risk protection to the estimated 31% of the population not covered by existing schemes.**

COVID-19 has exacerbated existing inequalities for PLWNCDs, driving households further into debt and forcing people to choose between basic needs and treatment to manage their conditions. Given that an estimated 31% of the Cambodian population remain uncovered by health insurance, expanding social health protection mechanisms to this population should be prioritized. This will advance universal health coverage in Cambodia, thereby improving financial risk protection to ensure that the cost of accessing NCD care and treatment does not cause financial hardship.

- 3. Build NCDs into health systems responses to COVID-19 in the short-term and prioritise the reorientation of the health system towards NCDs.**

The Cambodian health system is not yet set up to provide essential NCD services to all, at the point of need. The pandemic has added greater urgency to the need to integrate NCDs into health system responses to COVID-19. Efforts have been made in recent years to expand priority NCD services, for CVD, diabetes and cervical cancer screening and treatment, but progress has been insufficient and in the longer-term requires further investment, prioritization, and technical capacity to make screening, detection and treatment of NCDs available for all.

- 4. Utilize community-based structures in the response to NCDs, in order to increase knowledge of these conditions and their risk factors, promote behavioral changes, improve health-seeking behavior, and facilitate links between the community and primary care facilities.**

Existing community-based structures and mechanisms have been successfully utilized to strengthen responses to other priority health issues in Cambodia, such as HIV [13] [14]. This approach has improved health outcomes, strengthened links between health centers and communities, and helped to facilitate primary care activities in the community. There has been some effort by government and non-government actors to provide community-based support for people living with NCDs but communities are still an underutilized resource, given the scale of the burden.

- 5. Accelerate the implementation of prevention strategies at the national level to foster healthier environments and reduce the health and economic burden of NCDs.**

To reduce the risks in the population, both from NCD mortality and morbidity, and from COVID-19 complications, NCD prevention policies must be prioritized. Relying on behavioral changes, without creating enabling



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environments to promote and support healthier behaviors, will not change the trajectory of the disease burden. Priority should be given to the adoption and implementation of the draft alcohol law; enforcing existing and designing new policies to promote healthier diets; and to the creation of public outdoor spaces for increased physical activity.

**6. Earmark and raise excise taxes on health-harming products, including alcohol and tobacco, and consider a new tax on sugar sweetened beverages (SSBs) to reduce consumption, improve health outcomes, and generate additional revenue.**

Taxes on tobacco and alcohol have been raised in recent years but are still some of the lowest in the region. As fiscal space shrinks, tax revenue can be used to generate additional resources to respond to the COVID pandemic and improve health outcomes by reducing risk factors for COVID-19, such as smoking, alcohol consumption, and physical inactivity [15], to mitigate the impact on the health system in the future. Post-COVID, tax revenue could be used to expand a prioritized package of NCD services nationwide (i.e. clinical interventions for CVD and diabetes or cervical cancer) or to establish a fund for health promotion on NCDs, in line with the priorities in the National Multisectoral Action Plan on NCDs [16].



# REFERENCES

- [1] R. Horton, "Offline: COVID-19 is not a pandemic," *Lancet*, vol. 396, no. 10255, p. 874, 2020.
- [2] U. N. Yadav, B. Rayamajhee, S. K. Mistry, S. S. Parsekar, and S. K. Mishra, "A Syndemic Perspective on the Management of Non-communicable Diseases Amid the COVID-19 Pandemic in Low-and Middle-Income Countries," *Front. Public Heal.*, vol. 8, 2020.
- [3] F. Zhou *et al.*, "Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study," *Lancet*, vol. 395, no. 10229, pp. 1054-1062, 2020.
- [4] C. M. Petrilli *et al.*, "Factors associated with hospital admission and critical illness among 5279 people with coronavirus disease 2019 in New York City: Prospective cohort study," *BMJ*, vol. 369, 2020.
- [5] I. S. di Sanità, "Characteristics of COVID-19 patients dying in Italy," 2020.
- [6] World Health Organization, "Noncommunicable Diseases (NCD) Country Profiles," 2018.
- [7] World Bank, "Where Have All The Poor Gone? Cambodia Poverty Assessment," 2013.
- [8] GIZ, "Access to health care and associated out-of-pocket expenditures for people with disabilities, people with chronic diseases and older People in Cambodia," 2016. [Online]. Available: <http://giz-cambodia.com/wordpress/wp-content/uploads/Access-to-health-care-book.pdf>. [Accessed: 22-Nov-2020].
- [9] Gavi, "COVAX." [Online]. Available: <https://www.gavi.org/covax-facility>. [Accessed: 26-Nov-2020].
- [10] World Health Organization, "The Access to COVID-19 Tools (ACT) Accelerator," 2020. [Online]. Available: <https://www.who.int/initiatives/act-accelerator>. [Accessed: 26-Nov-2020].
- [11] World Health Organization, "Roadmap for prioritizing population groups for vaccine against COVID-19," 2020. [Online]. Available: [https://www.who.int/immunization/sage/meetings/2020/october/Session03\\_Roadmap\\_Prioritization\\_Covid-19\\_vaccine.pdf](https://www.who.int/immunization/sage/meetings/2020/october/Session03_Roadmap_Prioritization_Covid-19_vaccine.pdf). [Accessed: 26-Nov-2020].
- [12] World Health Organization, "Fair allocation mechanism for COVID-19 vaccines through the COVAX Facility," 2020. [Online]. Available: <https://www.who.int/publications/m/item/fair-allocation-mechanism-for-covid-19-vaccines-through-the-covax-facility>. [Accessed: 26-Nov-2020].
- [13] B. Jacobs, P. Hill, M. Bigdeli, and C. Men, "Managing non-communicable diseases at health district level in Cambodia : a systems analysis and suggestions for improvement," pp. 1-12, 2016.
- [14] S. Yi *et al.*, "Access to community-based HIV services among transgender women in Cambodia: findings from a national survey," *Int J Equity Heal.*, vol. 18, no. 72, 2019.
- [15] World Health Organization, "COVID-19 and NCD risk factors," 2020. [Online]. Available: <https://www.who.int/docs/default-source/ncds/un-interagency-task-force-on-ncds/uniatf-policy-brief-ncds-and-covid-030920-poster.pdf?ua=1>. [Accessed: 23-Nov-2020].
- [16] Ministry of Health Cambodia, "National Multisectoral Action Plan for the Prevention and Control of NCDs 2018-2027," 2018.



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Cambodian NCD Alliance

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