



CAMBODIAN NCD ALLIANCE STRATEGIC PLAN 2020-2023

Putting non-communicable diseases
on the national agenda



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THE NEXT THREE YEARS



The **Cambodian NCD Alliance (CNCDA)** is pleased to present its Strategic Plan which will shape our contribution for the next three years. It provides the foundations for a more collaborative and cohesive approach to the prevention and control of NCDs.

This strategy comes at a critical time in Cambodia. In the past two years momentum in the NCD response has been building, with engagement from a more diverse range of stakeholders and an increasing number of high-level forums with bolder contributions from key decision-makers. There is also greater visibility of the problems due to more evidence pointing to the risks and burden of NCDs on people, society and the economy.

There have been a number of key milestones in 2019. Highlights include efforts to situate NCDs within a whole-of-government approach have stepped up with quarterly meetings, convened by the Ministry of Health (MoH) and 22-line ministries, to review progress in the implementation of the National Multisectoral Action Plan on the Prevention and Control of NCDs, 2018–2027. While progress is slow a few ministries are actively working towards relevant strategic objectives.

A Parliamentary Forum was also organised by the National Assembly with a focus on the NCD-related SDGs and the role of legislators to ensure that the government and key stakeholders are held accountable for their actions. For the first time an investment case for NCDs was launched outlining the social and economic rationale to invest in a scaled-up national NCD response. Prepared for the MoH, by the United Nations Interagency Task Force on NCDs, the case highlights the significant economic returns for the economy [1].

Members of the **CNCDA** and a wider network of stakeholders, from Cambodia and the region, have been consulted on the strategic direction of the alliance. Consultation began with the launch of the **CNCDA** in March 2019 where priorities were discussed in person followed by a ranking exercise. This fed into a feasibility exercise to assess where there is already some momentum, evidence or resources available to determine the focus for a realistic chance of change. You read more about the consultation process on page 14.

There are three strategic pillars in this plan: advocate, exchange knowledge and collaborate. Each pillar has a specific goal and four outcomes which the **CNCDA** will work towards over the three years. They will also inform and guide the Action Plan for 2020 and subsequent years.

The **Cambodian NCD Alliance**, as the only alliance, network or coalition focused on NCDs, has the opportunity to stimulate new actions and identify quick wins to inject some fresh momentum into the NCD response in Cambodia.

ABOUT THE CAMBODIAN NCD ALLIANCE

The **Cambodian NCD Alliance (CNCDA)** was established in 2019 following calls from a number of development partners to form an alliance to develop a common agenda for NCD prevention and control. The **CNCDA** was officially launched in March 2019 to call for greater action to tackle the rising burden of NCDs, put NCDs on the political agenda and build a new platform for collaborative action.

Cambodia is at a crucial point. We know that a 'business as usual' scenario will have a devastating impact on the economy and society in the long-term unless cost-effective policies and health systems interventions are prioritised by the government. The **CNCDA** aims to inject some momentum to the status quo by creating an alliance of individuals and organisations, across multiple sectors who can advocate, collaborate and share knowledge and evidence on NCDs.

The **CNCDA** is currently an informal alliance operating in Cambodia with its secretariat based in the capital, Phnom Penh. So far the **CNCDA** has 22 members consisting of civil society, bilateral and multilateral agencies, academia, researchers, relevant ministries and government agencies, patient groups and people living with NCDs who share in the mission and vision of the **CNCDA**. A key strategic priority for 2020 will be expanding the membership base of the alliance.

The secretariat of the **CNCDA** currently consists of a Coordinator who provides managerial, technical, coordination and operational support to the **CNCDA**.

The **CNCDA** is governed by a steering committee. There are 10 steering committee members including 5 civil society organisations (CSOs), 3 government departments - the Ministry of Health, Ministry of Education and National AIDS Authority, GIZ and WHO. The role of the Steering Committee is to oversee and guide the direction and development of the **CNCDA** and make contributions to **CNCDA** activities where appropriate. Four of the steering committee members are also founding members. The position of chairperson rotates among members for the quarterly steering committee meetings.

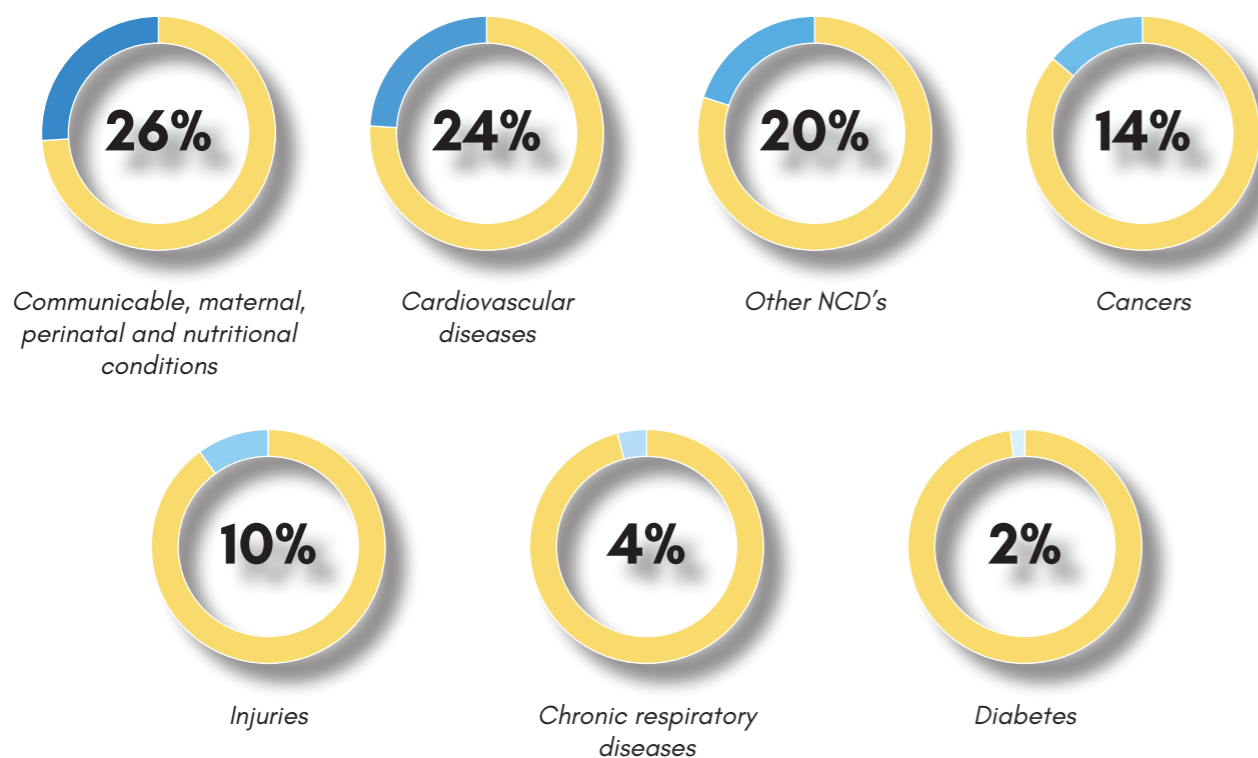
The focus for this year has been on establishing a governing body, forging new strategic partnerships, developing the **CNCDA's** communication platforms, drafting organisational policies and procedures to set the expectations of members, and starting to articulate a shared agenda. As we launch the Strategic Plan for the next 3 years the emphasis will be on creating a shared agenda, with short-term goals that are underpinned by this strategy.

NCDS IN CAMBODIA

Recent and rapid economic development, globalization and an ageing population has accelerated the burden of NCDs in Cambodia. More and more people are living in urban areas, exercising less, breathing polluted air, eating heavily processed foods high in trans fats, sugar and salt, and adopting other unhealthy habits which are fueling the prevalence of NCDs in Cambodia.

NCDs are the leading cause of death in Cambodia. Two out of three deaths are caused by non-communicable diseases and one quarter of these deaths happen before the age of 70. Cardiovascular diseases are the most common group of diseases responsible for 24% of all deaths in the country, followed by cancers (13%), respiratory diseases (5%), and diabetes (2%). Mental and neurological disorders are also a major contributor to death and disability, but the scale of the burden is unclear.

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



A national survey of risk factors among people aged 25–64 found that most modifiable risk factors for NCDs have increased in recent years. Between 2010 and 2016 impaired fasting glycemia, a type of pre-diabetes, increased from 1.4% to 9.6%, hypertension increased from 11.3% to 14.5%, the proportion of people with raised cholesterol more than doubled from 20.7% to 48.4%, and the percentage of people obese or overweight both increased, 1.9% to 3.6% and 15.4% to 21.9%, respectively.

There are significant economic costs too. Costs to people living with NCDs, families, the health system and the economy. For households, high out-of-pocket payments drive people into poverty as large proportions of incomes are spent on treatment increasing the risk of catastrophic health expenditure. NCD-related disabilities also often mean the loss of income in a society with no adequate social safety net.

The recently launched United Nations NCD Investment Case showed government health care expenditure on the four main NCDs is estimated at KHR 343 billion (US\$ 84 million) [1]. The highest share of government health spending is for cardiovascular diseases (US\$ 154 million), followed by cancers (US\$ 77 million), diabetes (US\$ 46 million), and respiratory diseases (US\$ 67 million).

These figures are considered “just the tip of the iceberg” because hidden costs due to absenteeism, reduced capacity at work and premature deaths among people in their “productive” age, are almost 19 times higher than estimates for government health expenditure, at KHR 5.63 trillion (US\$ 1.4 billion). The total cost to the economy is an estimated US\$ 1.5 billion per year which is equivalent to 6.6% of Cambodia’s gross domestic product (GDP).

The government has shown commitment to NCDs through the adoption of a number of policies, plans and procedures to address risk factors, build the capacity of health professionals and strengthen the

health system. However, access and availability of treatment and care for NCDs in Cambodia is still limited to a small number of health facilities. Health systems initiatives targeting NCDs and successful models of care and support for chronic diseases have not been scaled-up.

A number of years ago the National Strategic Plan for the Prevention and Control of Noncommunicable Diseases (2013–2020) pointed out that “the health system is already swamped by more patients that it is unable to treat”. As Cambodia moves towards universal health coverage, the integration of services for NCDs will be paramount.

With the exception of tobacco control, efforts to tackle the other main avoidable NCD risk factors in Cambodia have been weak with a lack of investment in proven cost-effective interventions to address poor diets, physical inactivity, and the harmful use of alcohol. Policies and programs have encouraged lifestyle choices and behavior change without enough attention to the underlying, or systemic drivers of NCDs and the environments in which people live.

The **Cambodian NCD Alliance** recognises that a more effective response to the NCD crisis must address the wider set of forces and systems which shape daily life - the social determinants of health (SDoH) - in addition to the so-called commercial determinants of health (CDoH), defined as the “strategies and approaches used by the private sector to promote products and choices that are detrimental to health”[1]. Strengthening multisectoral and cross-agency initiatives will be critical for a more effective response.

This Strategic Plan recognises that while the government is ultimately responsible for the prevention and control of NCDs, an alliance of individuals and organisations, committed to a shared agenda can consolidate efforts and inject some momentum into the NCD agenda.

OUR STRATEGIC VISION

OUR VISION

To prevent and reduce death and suffering due to non-communicable diseases among the Cambodian population.

OUR MISSION

“To put NCDs firmly on the political agenda, by joining forces with those working on NCDs and their risk factors to build a platform for collaborative advocacy and a common agenda to accelerate action and mobilise resources necessary to prevent and control NCDs among the Cambodian population.”

OUR VALUES

Our efforts will be guided by five core values which will provide the foundations upon which this Strategic Plan will be implemented:

PARTNERSHIPS

We will forge strategic partnerships across multiple sectors to advance the vision and mission of the Cambodian NCD Alliance.

EMPOWERMENT

We will enable those affected by NCDs opportunities to represent their interests and participate in activities which can advance the rights of people living with NCDs.

INTEGRITY

We will be open and honest in our governance, taking steps to prevent or manage conflicts of interest.

ACCOUNTABILITY

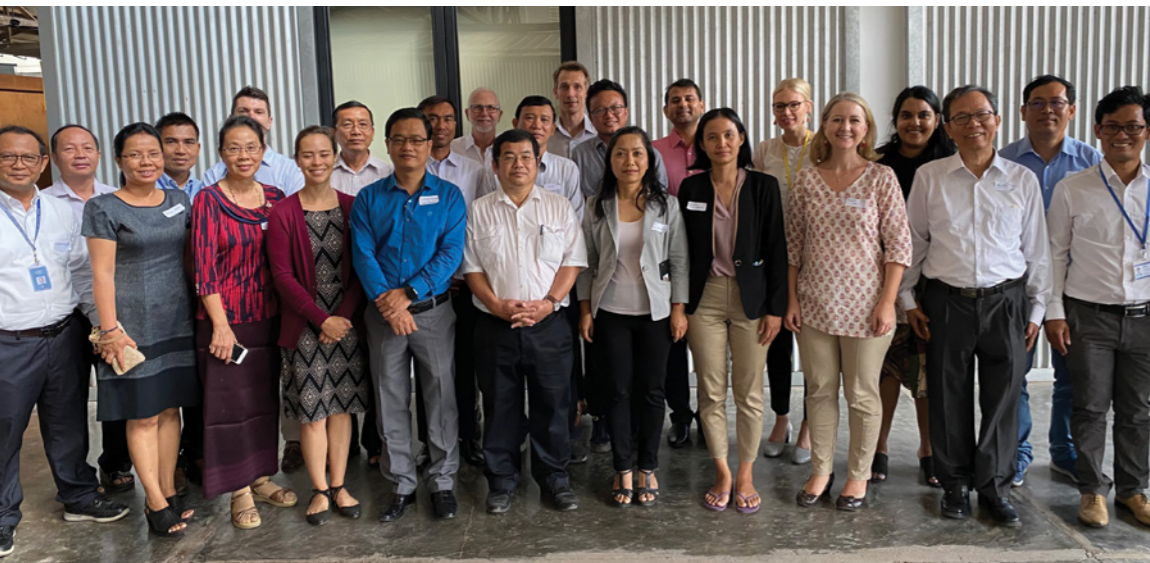
We will be accountable to our members for decisions and reporting to members on actions taken while also holding the government accountable for their NCD commitments.

SUSTAINABILITY

We will build and develop an alliance which is able to continue to drive effective action on NCDs in the longer-term.

STAKEHOLDER CONSULTATION

Following an extensive stakeholder consultation with members and key stakeholders in 2019 to inform the development of the strategic priorities, the Secretariat convened a strategic planning meeting to review and finalise this Strategic Plan and to explore how to operationalize this plan.



The meeting included 25 participants from 21-member organisations representing civil society – both national and international non-government organizations, United Nations agencies, academia and government, steering committee members and the Secretariat. The feedback from the meeting informed the final version of this strategy.



GOALS AND TARGETS

3

GOOD HEALTH AND WELL-BEING

In the long-term the [Cambodian NCD Alliance](#) aims to support the delivery of the UN 2030 Agenda for Sustainable Development's goal 3.4:

By 2030, reduce by 33% overall premature mortality from NCDs and promote mental health and well-being.

We will also work towards the [Western Pacific Regional NCD Action Plan on NCDs goal](#), and any subsequent goals set by the WHO Western Pacific Region:

To reduce the burden of preventable morbidity and disability and avoidable mortality due to NCDs in the Western Pacific Region [2].

For the duration of this Strategic Plan we will work towards the following 2023 targets:

Build a collaborative and strong national alliance capable of effectively influencing NCD prevention and control policies and decisions.

Secure financial and human resources to sustain the activities of the [Cambodian NCD Alliance](#).

The following national, regional and international frameworks have been taken into consideration when shaping the [Cambodian NCD Alliance's](#) Strategic Plan:

NATIONAL

National Multisectoral Action Plan on the Prevention and Control of Noncommunicable Diseases, 2018-2027 [3]

National Strategic Plan for the Prevention and Control of Noncommunicable Diseases, 2013-2020 [5]

REGIONAL AND INTERNATIONAL

NCD Alliance Strategic Plan 2016-2020 [4]

Western Pacific Regional Action Plan for the Prevention and Control of Noncommunicable Diseases (2014-2020) [2]

Noncommunicable Diseases Progress Monitor 2020, World Health Organization [6]

Global Action Plan for the Prevention and Control of NCDs 2013-2020 [7]

Transforming our world: the 2030 Agenda for Sustainable Development [8]



STRATEGIC PILLARS

In order to achieve our goals, this Strategic Plan is organised around three pillars – advocate, exchange knowledge and collaborate. These three pillars will guide the work of the **Cambodian NCD Alliance** over the next three years as we build strong foundations for action. These pillars reflect three broad and interconnected priorities which are needed to achieve our vision of preventing and reducing death and suffering due to non-communicable diseases among the Cambodian population.

This strategy seeks to address three key gaps in order to strengthen the prevention and control of NCDs:



No cohesive, strategic or sustained approach to developing advocacy strategies which seek positive changes in policies and programmes across multiple dimensions of NCD prevention and control.

ADVOCATE

Call for greater political support and investment to generate momentum for NCD prevention and control.

A lack of evidence and knowledge, and limited opportunities for sharing information about the NCD burden, drivers and potential strategies or solutions.

EXCHANGE KNOWLEDGE

Share knowledge, ideas, evidence and expertise to build strong foundations for action.



No ‘NCD movement’ and weak collaboration among stakeholders working on different aspects of NCD prevention and health systems approaches.

COLLABORATE

Bring together our members to promote the Alliance agenda and build consensus for priority actions.



PILLAR 1: Advocate

SPECIFIC GOAL

Develop and implement advocacy strategies to build political momentum, support for multisectoral action and put NCDs at the heart of national health and development planning.

At the national level in Cambodia there is no cohesive and coordinated approach to advocacy for the prevention and control of NCDs. We hope to change this by building a strategic alliance, strengthening the engagement of civil society and a broader group of stakeholders, especially people living with, and affected by NCDs.

Re-framing NCDs in our advocacy work as a social, economic, development and human rights issue will be important to stimulate a whole-of-government and whole-of-society approach. This could also increase opportunities for greater investment.

NCD alliances can be powerful advocates for change. We will work together to create targeted advocacy strategies in line with each annual Action Plan. Together, these will aim to stimulate action and ensure NCDs remain a political priority.

There have been a lack of NCD champions from communities, culture and politics. We know champions are important for raising awareness, motivating investment, and inspiring political action.

Fostering NCD champions will be a critical part of our strategy to raise awareness and ensure NCDs are elevated in national political processes.



OUTCOMES

1. *Advocacy strategies are scaled-up to build political momentum and action.*
2. *Champions actively building support for effective policies to prevent and control NCDs.*
3. *Greater visibility of NCDs within national political processes and high-level fora.*
4. *More investment in NCD prevention and control strategies within and beyond the health sector.*



PILLAR 2: Exchange Knowledge

SPECIFIC GOAL

Provide opportunities for our members and wider network to share knowledge and skills relevant to NCD prevention and control and provide policymakers with evidence-based policy recommendations.

The leading cause of death in Cambodia is NCDs. Nonetheless, NCDs are still not prioritised. Investment in policies and programs is disproportionate to the burden of disease and there is insufficient surveillance and data suggesting that the scale of the crisis is underestimated.

Additionally, there have been few opportunities to share and exchange knowledge and evidence about NCDs have been limited.

We aim to change this. The **Cambodian NCD Alliance** plans to change this by creating space

for members to meet to exchange information, knowledge and skills. Using a variety of communication platforms to disseminate information and evidence, to both the general population and decision-makers, will also important for promoting a greater understanding and awareness of NCDs.

Right now, awareness of the NCD epidemic is growing, and there are signs of a gradual shift to more of a whole-of-government approach. We will help accelerate this process by assembling crucial evidence in a timely and compelling manner. By doing this, we can help close the gap between knowledge and action.



OUTCOMES

1. Greater contribution by CNCDA and partners to national policy development to prevent and control NCDs.
2. Decision-makers are using evidence-based policy briefs with clear policy recommendations.
3. Increased awareness about CNCDA and NCDs in Cambodia.

PILLAR 3: Collaborate

SPECIFIC GOAL

Provide opportunities for collaboration on NCD prevention and control among the Cambodian NCD Alliance network and bring our members together to build consensus around a common agenda

Until now there has not been a strong national NCD movement in Cambodia, despite the major burden of NCDs in the country. In recent years a small group of CSOs and development partners have come together to exchange updates and information on NCDs.

Attention now needs to be on building a stronger, bolder movement with new strategic relationships with stakeholders beyond the health sector.

We will provide opportunities for members and the wider network to come together, to build consensus and shape a clear set of priorities which can build momentum and bring about change. We will create opportunities for knowledge exchange and pooling

skills and resources to build the capacity of the CNCDA and find ways to facilitate the meaningful involvement of people affected by NCDs.

The CNCDA can also contribute to multisectoral action by providing technical expertise to government agencies responsible for implementing the National Multisectoral Action Plan on the Prevention and Control of NCDs (2018-2027).

Building a diverse alliance, engaging stakeholders across a range of sectors and disciplines relevant to NCD prevention and control and engaging those affected by, and living with NCDs, will be key to the success of the CNCDA.



OUTCOMES

1. The CNCDA is seen as a key stakeholder in policy discussions.
2. Increase in the involvement of people living with NCDs and recognition of role of the lived experience in shaping effective policies and programs.
3. A more collaborative CNCDA leading to more cohesive messages and calls for action to advance NCD prevention and control.
4. Increase in the number of CNCDA's strategic alliances and partnerships across multiple sectors.



DELIVERING RESULTS

There are six key focus areas which the **Cambodian NCD Alliance** will prioritise in order to work towards the expected outcomes and achieve this Strategic Plan.

1

FINANCIAL SUSTAINABILITY

Securing financial resources will be central to achieving the outcomes in this Strategic Plan and critical to ensure the sustainability of the CNCDA. The Secretariat will explore all possible avenues for financial support and develop a resource mobilisation plan to guide strategic decisions about who to approach for funding. Decisions about funding will also be steered by key CNCDA policies to protect the integrity of the alliance.

2

STRATEGIC PARTNERSHIPS

The CNCDA will establish strategic relationships and partnerships with a diverse range of stakeholders in Cambodia and beyond to further its mission and achieve its vision. To strengthen the NCD response the CNCDA will engage those working on related health issues, including infectious diseases, sexual and reproductive health, and maternal and child health. The CNCDA will also pursue and promote a multisectoral response to tackle the root causes of NCDs and encourage a whole-of-government response.

3

MEMBERSHIP GROWTH

To achieve the outcomes and ambitions laid out in this Strategic Plan a strong CNCDA member base is needed. Engaging new members to expand membership beyond the traditional NCD stakeholders, and effectively demonstrating the mutual benefits and added value of an alliance will be critical to a stronger member base. The CNCDA will reach out to those who work on NCD risk factors, broader sustainable development issues, and patient groups, to encourage their participation and support.



4

GOVERNANCE

Putting in place a strong governance structure for the CNCDA as it evolves over the next three years is essential for the legitimacy of the alliance. A Steering Committee and Coordinator are already in place to oversee and guide the activities of the CNCDA. Governance structures will be reviewed and adjusted to ensure they are fit for purpose as the alliance evolves. CNCDA members will be consulted about key policies and decision-making processes will be clarified.

5

EFFECTIVE COMMUNICATIONS

A variety of communication platforms will be utilised over the strategic period with information tailored to different audiences, including CNCDA members, the wider population and decision-makers. To expand our reach, our content and messages will be communicated in both English and Khmer, where feasible. Diversifying our audience, expanding our reach, and raising the voice of people affected by or living with NCDs will be priorities for our communication.

6

MONITORING AND EVALUATION

Tracking the progress of activities and outputs will be critical for the learning and development of the alliance. Every year the CNCDA will develop an Action Plan with activities, outputs and outcomes for each thematic priority area. Action Plans will include indicators which will be monitored at regular intervals and will be linked to outcomes in the Strategic Plan.





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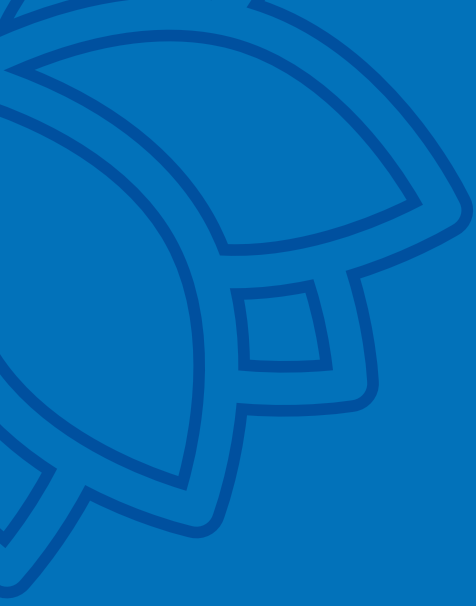


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Cambodian NCD Alliance





Putting non-communicable diseases
on the national agenda

