



Policy Brief: Addressing Non-Communicable Diseases (NCDs) Among Children and Youth in Cambodia

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Executive Summary

Non-communicable diseases (NCDs) such as cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases are currently global health crises. In 2021, non-communicable diseases accounted for 68% of all deaths in Cambodia, with children and especially adolescents facing risks from these non-communicable diseases. The risk factors include poor diet, physical inactivity, smoking, and **alcohol consumption**, which have long-term effects on individual, family, and national health. In addition, the increase in environmental pollution, substance use among youth, and the resurgence of HIV carriers, similar to other countries in Southeast Asia, has heightened concerns. Cambodia is currently addressing the crisis of non-communicable diseases, which requires increased attention to raising awareness about NCDs, managing health-impacting diets, and expanding prevention and treatment services for non-communicable diseases to the entire population. The Cambodian Parliament plays a crucial role in promoting policies, laws, and ensuring funding to curb the rising burden of non-communicable diseases, especially among the youth, who are the future of the nation.

Introduction

Cambodia is facing an increase in deaths due to NCDs, resulting from unhealthy lifestyle changes, urbanization, and an aging population. During this time, the number of deaths from communicable diseases has decreased by approximately 46%, which is higher than the average decline of about 19% in Southeast Asia (Figure 1). This result confirms the progress of healthcare services in Cambodia and the region.

Table 1. Annual estimated number of deaths by cause: injuries (such as accidents, violence, and suicide); communicable diseases, maternal, neonatal, and nutritional conditions; and non-communicable diseases.

	Injuries			Communicable, maternal, neonatal, and nutritional diseases			non-communicable diseases.		
	1990	2021	Relative Change	1990	2021	Relative Change	1990	2021	Relative Change
Cambodia	8,161	9,415	15%	64,018	34,411	-46%	42,285	78,171	85%
South-East Asia (WHO)	1,000,489	1,196,125	20%	6,050,997	4,876,562	-19%	4,585,882	9,839,921	115%

 Data source: IHME, Global Burden of Disease (2024)

In 2021, approximately 78,171 deaths were attributed to NCDs, representing an increase of about 85% from 1990 to 2021 (Figure 1). These NCDs were previously a major issue among urban populations, but they have now spread to rural areas as well^[1]. According to several recent

¹ According to the report from the Department of Health and Social Affairs of 15 provinces to the 8th Committee of the National Assembly

reports, children and adolescents are facing risks from these NCDs in both urban and rural areas of Cambodia^[2].

Table 2 shows that cardiovascular diseases, followed by cancer, digestive diseases, mental disorders, diabetes, and kidney damage, are the largest burdens among the 11 groups of non-communicable diseases in Cambodia in 2021. Notably, diabetes and kidney damage, ranked fifth among the 11 groups, have seen the fastest growth in Cambodia and Southeast Asia.

Experts have indicated that these NCDs are caused by seven main factors, including: 1) dietary issues, such as high intake of sugar, salt, and fats, as well as smoking and alcohol consumption; 2) prolonged sitting or excessive screen time; 3) inadequate water intake (the body requires 2 to 3 liters of water per day); 4) insufficient sleep (at least 7 hours per night); 5) improper use of medication without appropriate medical guidance; 6) genetic factors or hereditary links; and 7) another contributing factor related to education, where the population shows little interest in learning about health care.

Table 2: Disease burden from non-communicable diseases, 1990 to 2021

Total disease burden from NCDs, measured in DALYs (Disability-Adjusted Life Years) per year. DALYs are used to measure total burden of disease - both from years of life lost and years lived with a disability. One DALY equals one lost year of healthy life.

	Cambodia			South-East Asia (WHO)		
	1990	2021	Relative change	1990	2021	Relative change
1. Cardiovascular diseases	452,853	830,331	83%	59,110,596	115,916,170	96%
2. Cancers	212,001	453,734	114%	21,377,720	42,511,260	99%
3. Digestive diseases	366,547	424,097	16%	23,257,600	27,236,916	17%
4. Other NCDs	586,464	390,109	-33%	36,273,120	33,181,816	-9%
5. Mental disorders	139,110	292,409	110%	20,443,772	39,399,012	93%
6. Diabetes and kidney diseases	98,426	258,386	163%	11,225,393	32,055,558	186%
7. Liver disease	184,982	241,770	31%	11,628,162	15,924,598	37%
8. Musculoskeletal disorders	99,390	239,743	141%	17,269,626	38,545,296	123%
9. Neurological disorders	86,442	182,333	111%	12,458,208	23,254,572	87%
10. Respiratory diseases	102,929	157,185	53%	22,894,184	41,507,170	81%
11. Skin diseases	60,081	97,787	63%	6,985,140	10,513,684	51%

² WHO (2019), Prevention and control of noncommunicable diseases in Cambodia: The case for investment. https://uniatf.who.int/docs/librariesprovider22/default-document-library/cambodia-ncd-report.pdf?sfvrsn=12263136_1

12. Substance use disorders	14,643	30,715	110%	3,175,103	5,158,553	62%
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[Source: IHME, Global Burden of Disease \(2024\) – Learn more about this data](#)

The increase in the burden of non-communicable diseases not only undermines individual health but also drives the families of patients into poverty, places a burden on the healthcare system, and reduces national economic productivity. For example, Cambodia loses approximately \$1.5 billion each year, equivalent to 6.6% of the annual Gross Domestic Product (GDP) in 2019, due to these non-communicable diseases^[3].

Cambodia has a NCD management policy similar to other countries in the region to promote awareness and further strengthen hospital capacity nationwide in 2024^[4]. This briefing highlights the progress Cambodia has made in preventing and managing NCDs and the policy options that need to be continuously addressed for children and youth.

Progress in Addressing Non-Communicable Diseases Among Children and Youth

The Cambodian government has implemented several measures to manage non-communicable diseases in order to reduce risks for children and youth. Framework 2 illustrates the progress of the implementation of 18 policies in 2022, of which Cambodia fully implemented 4 and partially implemented 4.

These measures include the enforcement of the Tobacco Control Law (2015), the tightening of regulations on the promotion of tobacco and alcohol (2022-2030), and the introduction of a tax on sugary beverages (2022-2025)^[5]. Strengthening nutrition promotion by incorporating nutrition education in schools (2022-2025) and reducing salt, sugar, and trans fats (2023-2027) are also key initiatives. Expanding physical activity programs in schools (2023-2030) is another important measure to foster healthy habits.

Multisectoral collaboration, such as partnerships between the Ministry of Health and the Ministry of Education (2022-2030) and digital health solutions (2024-2030), will enhance the effectiveness of these measures.

1. National Multisectoral Action Plan for the Prevention and Control of Non-Communicable Diseases ([NMAP 2018-2027](#)):

This strategic plan aims to enhance coordination among various sectors to collaboratively address the non-communicable disease crisis through improved efficiency in health services,

³ World Health Organization (2019), Prevention and control of noncommunicable diseases in Cambodia: The case for investment available at https://uniatf.who.int/docs/librariesprovider22/default-document-library/cambodia-ncd-report.pdf?sfvrsn=12263136_1

⁴ Clinton Health Access Initiative (2024), Bringing non-communicable disease and eye health services one step closer to homes in Cambodia. [accessed on 4 Feb 2025] at <https://www.clintonhealthaccess.org/blog/diabetes-high-blood-pressure-and-eye-health-screening-in-cambodia/>

⁵ Ministry of Health (2022), National Strategic Plan for the Prevention and Control of NCDs 2022-2030. Phnom Penh: Ministry of Health

education, and society. These efforts focus on promoting healthy lifestyles among children and youth and reducing risk factors such as smoking and poor dietary habits. Through multisectoral collaboration, the fight against the rise of non-communicable diseases is being strengthened. In 2024, the Cambodian government will begin implementing a major plan to expand prevention and care for [hypertension and diabetes across all 24 provinces](#) and cities, as part of the essential intervention package for non-communicable diseases (PEN) supported by the World Health Organization (WHO). More than [4.7 million people](#) will benefit from health equity funds, including at-risk families, poor households (categories 1 and 2), informal sector workers, village chiefs, deputy chiefs, village health volunteers, commune-sangkat council members, athletes, and individuals working in tourism services, as well as motorcycle taxi drivers and mine clearance personnel. The government has also expanded the health equity fund to nearly [2.4 million](#) people, an increase of over 640,000 in recent years, including public officials, former civil servants, and former combatants, as well as informal sector workers receiving health care under the voluntary health equity fund, with one of the two cards not requiring payment when accessing health services at hospitals or health centers.

2. Increasing National Budget for the Health Sector: Cambodia's national budget for 2025 allocates \$550 million to the health sector, a significant increase from \$47 million in 2000, aimed at improving the quality of health care and achieving universal health coverage^[6]. The budget allocation specifically for non-communicable diseases includes:

- \$270 million for reproductive health and nutrition
- \$8 million for the management of communicable diseases
- \$20 million for the prevention of non-communicable diseases
- \$264 million for health services and workforce development

3. Ongoing Challenges to Address: Despite increased investment, challenges remain, including public awareness gaps, limited medical technology, inadequate health data management systems, and human resources. Experts emphasize the need for research, the development of non-communicable disease data systems, specialized training, and transparency in management to ensure more effective health service improvements.

4. [Raising Awareness of Non-Communicable Diseases from a Young Age](#): Topics such as the dangers or risks of consuming salty, sugary, and fatty foods, the risks of smoking, alcohol use, and drug use should be integrated into the education curriculum to foster healthy habits from a young age.

5. [Expanding and Strengthening Tobacco Control Measures](#): The Cambodian Parliament has approved laws to regulate tobacco use, particularly among youth, requiring stricter controls on tobacco sales and advertising, especially in rural areas.

⁶ Ministry of Economy and Finance (2025) Summary Budget 2025. Available at file:///C:/Users/PCAsia/Downloads/Budget_In_Brief_2025_Final.pdf

6. **Improved Access to Health Care:** Cambodia has enhanced access to health care services, especially in urban areas, through investments in health infrastructure and the expansion of [public health insurance](#) for certain workers. However, rural populations still face challenges in accessing adequate health care due to disparities in resources and qualified personnel.
7. **[International Partnerships:](#)** Collaboration with international organizations such as the World Health Organization (WHO) and the United Nations Inter-Agency Task Force on Non-Communicable Diseases (UNIATF) has provided technical expertise, funding, and support for capacity building for programs focused on non-communicable diseases.
8. **[Community Programs:](#)** Non-governmental organizations and local governments have implemented community-driven initiatives aimed at improving nutrition and addressing risk behaviors such as smoking and alcohol use. Many of these programs work with schools and community leaders in targeted areas, which should be expanded to ensure nationwide coverage.

Challenges in Managing Non-Communicable Diseases Among Children and Youth

1. **Limited Data on Non-Communicable Diseases:** Risk factor assessments for non-communicable diseases were conducted in [2010](#), 2016, and [2023](#) to determine the prevalence rates of key behavioral and biological risk factors among the adult population aged 18-69 in Cambodia. These reports identified significant behavioral changes in individuals aged 18 to 69, such as tobacco use, alcohol consumption, physical inactivity, and poor dietary habits. Additionally, they identified important biological risk factors such as overweight and obesity, high blood pressure, high blood sugar, and abnormal blood lipids. Through data analysis modules, information obtained from surveys can be expanded to cover additional topics related to these risk factors, such as oral health, sexual health, and road safety.

These reports indicate that the lack of comprehensive data on non-communicable diseases in children under 18 may affect the development of evidence-based strategies and policies for children. Cambodia, like other countries in Southeast Asia, faces challenges as children and adolescents are exposed to risk factors associated with excessive consumption of unhealthy foods, high-fat diets, especially processed foods, [sugary beverages](#), and physical inactivity⁷. Framework 1 shows that Cambodia is facing an increase in alcohol consumption, diets low in fruits and vegetables, drug use, obesity, and high blood sugar levels, with a more than 200% increase in mortality rates from 1990 to 2021. Among other risk factors, there has been a 69% increase in the consumption of unhealthy foods and an approximate 182% increase in low bone density. The difficulty of smoking remains a significant concern, following hypertension in Cambodia.

2. **Infrastructure Gaps in Health Care:** Cambodia's health care system, especially in rural areas, is still underdeveloped. Many health care facilities lack trained staff and resources, resulting

⁷ The health risks that caused the most deaths in Cambodia and Southeast Asia in 2021 were still air pollution (both outdoor and indoor) and unsafe sexual practices (Group 1).

in inadequate access to diagnostic, preventive, and timely treatment services for children and youth.

3. **Economic Barriers:** Economic obstacles prevent many families from accessing health care services, particularly timely preventive care. Despite the expansion of health equity funds and the health equity card to access services from hospitals or health centers, there is still a need for transparency in the management and utilization of these services. High out-of-pocket expenses for health care remain a burden and are disproportionate to the income of health workers, often leading to delays in seeking diagnostic and treatment services for non-communicable diseases.
4. **Social Economic Inequality:** Low-income households are more likely to have poor dietary habits, lack access to recreational facilities, and face greater exposure to environmental risk factors, such as the marketing of unhealthy foods and tobacco use. These inequalities exacerbate the burden of non-communicable diseases among youth.
5. **Regulatory Gaps:** While Cambodia has made progress in tobacco control, gaps remain, such as the lack of restrictions on the sale and marketing of unhealthy foods and insufficient promotion of physical activity. Strengthening laws is still necessary to promote healthier lifestyles.

Policy Options for the Prevention and Control of Non-Communicable Diseases

Ensuring a national program to address the non-communicable disease crisis among children and youth, particularly through the formulation of health policy frameworks, guarantees funding for prevention programs and the implementation of a national multisectoral action plan.

1. **Strengthening Health Education in Schools:** Schools should be mandated to provide comprehensive health education programs covering nutrition, physical activity, and the prevention of substance use, including alcohol and drugs. These programs should be integrated into the national curriculum and taught by educators who have received specialized training.
2. **Investing in Rural Health Care Services:** Expanding health care infrastructure in rural areas remains crucial. Mobile health clinics, trained health personnel, and community health workers can help bridge the gap in access to health care between urban and rural populations.
3. **National Public Awareness Campaigns:** Large-scale media campaigns targeting youth should continue to prioritize raising awareness about non-communicable diseases. Culturally appropriate messaging disseminated through popular media channels, such as social media and television, can encourage healthier lifestyle choices.
4. **Strengthening the Enforcement of Laws and Policies to Reduce Risk Factors for Non-Communicable Diseases:** These efforts should include enhancing regulations on tobacco and alcohol control, policies regarding the marketing of unhealthy foods to children, and taxes on sugary beverages, all aimed at reducing risk factors for non-communicable diseases among children and youth.
5. **Establishing a National Non-Communicable Disease Surveillance System:** A robust data system to monitor the prevalence rates of non-communicable diseases and the effectiveness

of prevention policies is essential. This system should collect age-specific data to inform evidence-based policy development.

6. Promoting Community Engagement: Local community participation is vital for enhancing health and public awareness regarding the prevention of non-communicable diseases through partnerships with existing civil society organizations.

Conclusion

Non-communicable diseases pose an increasingly serious threat to the health and well-being of Cambodia's youth. Despite progress in various sectors, such as tobacco control and health education, significant challenges remain. The leadership of the Parliament is crucial in driving legislative, financial, and regulatory efforts to combat non-communicable diseases. By prioritizing prevention, improving access to health care services, and fostering community engagement, Cambodia can build a healthier future for its youth.

Annex 1: Deaths by Risk Factor in 2021: A Comparison of Cambodia and Southeast Asia

The estimated annual number of deaths attributed to each risk factor. Estimates come with wide uncertainties, especially for countries with poor vital registration.

	Cambodia			South-East Asia (WHO)		
	1990	2021	Relative Change	1990	2021	Relative Change
Air pollution (outdoor & indoor)	22,007	21,896	-1%	1,994,627	2,849,926	43%
Indoor air pollution	20,044	18,357	-8%	1,641,562	1,506,017	-8%
High blood pressure	8,058	17,092	112%	937,891	2,453,257	162%
Smoking	7,762	14,428	86%	821,667	1,336,112	63%
High blood sugar	2,500	8,157	226%	398,172	1,290,931	224%
Alcohol use	1,714	6,718	292%	189,114	354,227	87%
Diet low in fruits	1,714	6,718	292%	189,114	354,227	87%

High cholesterol	2,113	4,987	136%	316,370	808,533	156%
Diet high in sodium	2,801	4,726	69%	167,494	360,060	115%
Diet low in vegetables	2,133	4,446	108%	153,620	277,877	81%
Low birthweight	10,939	3,535	-68%	1,180,582	460,540	-61%
Outdoor particulate matter pollution	1,956	3,459	77%	336,562	1,237,003	268%
Obesity	976	3,293	238%	116,127	538,813	364%
Secondhand smoke	3,843	3,249	-15%	260,055	339,933	31%
Unsafe sex	464	1,548	233%	73,721	134,138	82%
Drug use	285	1,064	273%	37,911	89,811	137%
Child wasting	11,419	1,056	-91%	879,366	97,744	-89%
Low bone mineral density	358	1,008	182%	55,138	148,446	169%
No access to handwashing facility	4,984	976	-80%	527,316	148,468	-72%
Diet low in whole grains	431	942	119%	114,983	286,660	149%
Unsafe water source	5,681	793	-86%	1,214,266	407,540	-66%
Child stunting	9,464	643	-93%	589,250	52,757	-91%
Unsafe sanitation	5,126	580	-89%	1,057,148	280,174	-73%
Low physical activity	119	320	170%	55,233	163,599	196%
Diet low in nuts and seeds	495	290	-41%	99,777	217,082	118%

Data source: IHME, Global Burden of Disease (2024) – [Learn more about this data](#)

Note: Risk factors are not mutually exclusive. The sum of deaths attributed to each risk factor can exceed the total number of deaths.

Annex 2: Progress on prevention and control of NCDs in Southeast Asia, 2022

Indicators	Cambodia	Lao PDR	Singapore	Thailand	Vietnam
Percentage of all deaths due to NCDs in 2019 (%)	68	65	75	77	81
Probability of premature mortality from NCDs in 2019 (%)	23	27	9	14	21
Percentage of NCD death occurred before 70 years in 2019 (%)	60	60	46	42	42
NCD aged standardized death rate per 100,000 population in 2019	652	700	235	363	569
1. National NCD targets	P	p	f	f	f
2. Mortality data	n	n	f	p	n
3. Risk survey	f	p	p	p	f
4. National integrated NCD policy/strategy/action plan	p	f	n	f	f
5. Tobacco demand-reduction measures					
5.1. Increasing excise taxes and prices	p	n	p	f	n
5.2. Smoke-free policies	f	f	p	f	p
5.3. Large graphic health warnings/plain packaging	f	f	f	f	f
5.4. Bans on advertising, promotion and sponsorship	p	p	p	p	p
5.5. Mass media campaigns	p	n	p	f	f
6. Harmful use of alcohol reduction measures					
6.1. Restrictions on physical availability	NR	n	p	f	p
6.2. Advertising bans or comprehensive restrictions	n	n	n	f	p
6.3. Increased excise taxes	NR	n	p	p	p
7. Unhealthy diet reduction measures					
7.1. Salt/sodium policies	f	n	f	f	p
7.2. Saturated fatty acids and trans-fats policies	n	n	f	p	n
7.3. Marketing to children restrictions	p	n	f	f	n
7.4. Marketing of breast-milk substitutes restrictions	p	p	n	p	p

8. Public education and awareness campaign on physical activity	n	n	f	f	n
9. Guidelines for management of cancer, CVDS, diabetes and CRDS	p	p	f	f	f
10. Drug therapy/counselling to prevent heart attacks and strokes	p	n	f	f	n
Fully achieved	4	3	9	13	6
Partially achieved	9	5	7	6	7
Not achieved	3	11	3	0	6
Not response	2				

Source: WHO (2024), NCD Data Portal. Available at <https://ncdportal.org>

សំគាល់ Note:

f	fully achieved
p	Partially achieved
n	Not achieved
n/a	Not applicable
NR	Not response