Ministry of Health
Nation Religion King

National Policy and Strategic Plan for the Reduction of Use of Alcohol, 2013-2017

April, 2013

Table of Contents

Table of Contents 1

Prefaces 3

Acknowledgments 5

Introduction 6

- Global context of the use of alcohol 6
- Cambodia context of the use of alcohol 7

Vision 9

Mission 9

Objectives 10

Key strategic areas for alcohol control 10

Five Year Goal 11

Values 11

Five Year Strategic Plan 2013-2017 11

- Key strategic areas 1: Information and evidence 11
- Key strategic areas 2: Awareness and advocacy 13
- Key strategic areas 3: Public health-oriented alcohol legislation 14
- Key strategic areas 5: Coordination and cooperation 17

Annex: Matrix of strategic plan 2013-2017 17

- Matrix of key strategic areas 1: Information and evidence 17
- Matrix of key strategic areas 2: Awareness and advocacy 20
- Matrix of key strategic areas 3: Public health-oriented alcohol legislation 22

Matrix of key strategic areas 4: Competency and capacity.................................24

Matrix of key strategic areas 5: Coordination and cooperation 28

References...29

Prefaces

The harmful use of alcohol has caused tremendous effect on the public health, economy, and society. Currently, the harmful use of alcohol has resulted in 2.5 million deaths each year worldwide, and of them, 320,000 deaths are young people between the age of 15 and 29, resulting in 9% of all deaths in that age group. Alcohol is the world's cause of morbidity and mortality of Non-Communicable Diseases. Alcohol is one of the major risk factors of traffic accident, domestic violence, and poor quality of works.

In Cambodia, the prevalence of alcohol consumption is high; it has been deeply rooted into and accepted by society and culture. Fifty three percent of Cambodian adults ever drank in the past 30days, and this drinking habit was not different between rural and urban population. Now a day, alcohol consumption among Cambodian youth is on the rise trend. The National Youth Risk Behavior Survey, 2004 showed that14% of young Cambodians aged between 11to18 years old drink alcohol, and most of alcohol users started using alcohol at the age of 12 years old.

The formulation of the National Policy and Strategic Plan for the Reduction of Use of Alcohol in Cambodia, 2013-2017 reflects strong commitment of the Ministry of Health to reverse the trend of alcohol consumption, to reduce its consequences on health and economy and to implement the second Rectangular Strategy of the Royal Government of Cambodia.

The Ministry of Health believes that this Policy and Strategic Plan is an important guidance tools to guide relevant stakeholders to develop and implement the interventions to prevent and reduce the use of alcohol with the aim to promote health and reduce poverty of the population.

The Ministry of Health acknowledges the great efforts of the National Center for Health Promotion and the Alcohol Working Group of Ministry of Health to formulate of this important tool according to Cambodian context. With the National Policy and Strategic Plan Cambodia aims to is to reduce the use of alcohol[1] in Cambodia by 3.52% (from 53.52% to 50.0%) by 2017, in doing so the policy identifies 5 key strategic areas:

1. Key strategic area 1: information and evidence including Monitoring and Evaluation

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[1] Refer to using alcohol in the past 30 days

[2] Prevalence of NCD Risk Factors in Cambodia: STEPS Survey, 2010

2. Key strategic area 2: awareness and advocacy including community based intervention
3. Key strategic area 3: public health-oriented alcohol legislations
4. Key strategic area 4: competency and capacity building of institutional capacity building, capacity of policymakers
5. Key strategic area 5: coordination and cooperation

The Ministry of Health strongly believes that relevant stakeholders will cooperate with the Ministry to implement this Policy and Strategic plan. Once again, the Ministry of Health would like to reiterate its sincere thanks to relevant stakeholders for active contribution to combat alcohol consumption in Cambodia.

Phnom Penh, 30/May/2013

Secretary of state

Prof Eng Huot

Acknowledgments

On behalf of the National Center for Health Promotion, I would like to extent my sincere appreciation to the staff of the center, in particular the Technical Bureau, who devoted their efforts in developing "the National Policy and Strategic Plan for the Reduction of use of alcohol in Cambodia, 2013-2017".

My acknowledgements go to "the Alcohol Technical Working Group", especially Dr Prak Piseth Rainsey, Director of Department of Preventive Medicine, and World Health Organizations who provided valuable comments to refine this policy.

Thanks to World Health Organization who provided financial support for the development of the Policy and Strategic Plan.

I believe that this policy and strategic plan will be a useful tool for the National Center for Health Promotion, other government institution and relevant stakeholders to implement successful alcohol control initiatives in the future.

Phnom Penh, 20...../May/2013

Director

Dr. KHUN SOKRIN

National Policy and Strategic Plan for the Reduction of Use of Alcohol in Cambodia, 2013-2017

Introduction

Global context of the use of alcohol

The harmful use of alcohol has tremendous effect to the public health, society (such as causing disease, disability and premature death), family and the country economical loss. It is one of the main causes of morbidity and mortality in developing countries and ranked third in developed countries, according to the World Health Report 2002 (1). Currently, the harmful use of alcohol results in 2.5 million deaths each year worldwide, and of them, 320,000 deaths are young people between the age of 15 and 29, accounting for 9% of all deaths in that age group (2).

While alcohol use is deeply embedded in many societies, recent years, changes in drinking patterns have been seen across the globe, for instance, rates of consumption, drinking to excess among the general population and heavy episodic drinking among young people, are on the rise in many countries (1). Interacting with personality characteristics, associated behavior and socio-cultural expectations are causal factors for intentional and unintentional injuries and harm to people other than the drinkers including interpersonal violence, suicide, homicide, crime, drink-driving fatality, sexually transmitted diseases, and HIV infection (3).

Health problems associated with alcohol consumption have reached an alarming level; alcohol use contributes to a wide range of diseases, health conditions and high-risk behaviors including mental disorders, road traffic injuries, liver diseases and unsafe sexual behaviors (1). Alcohol has a bi-form relationship with coronary heart disease. In low and apparently regular doses (as little as 10g every other day), alcohol appears to be cardio-protective, but at high dose particularly when consumed in an irregular fashion, it is cardio-toxic (3).

In addition, it has been known for a long time that alcohol consumption influences the functions of the brain. Under the influence of alcohol persons lose self control and the way a vehicle is driven by a drunken person worsens with increased alcohol intoxication (4).

Table 1: Summary of the consequences of the use of alcohol

Immediate consequences	Central nervous system: drunk, lost control, and financial lost
Intermediate consequences	Traffic accident, violence, and financial lost
Long term consequence	Non-Communicable Diseases, Disability, cost to health care and productivity, economic burden for family and society

Cambodia context of the use of alcohol

In Cambodia, the prevalence of alcohol consumption is high. Approximate to 53%was past 30 days alcohol drinkers and this proportion was not different between urban and rural areas. However drinking is varied according to gender proportion of drinkers was 2.4 times higher in men than in women. In addition, men were around 10 times more likely than women to be engaged in heavy episodic drinking in the past 30 days (4).

A study on perception, knowledge and behavior on alcohol consumption in Cambodia 2011, conducted by National Center for Health Promotion, found that almost all of the respondents agreed that heavy and long-term drinking alcohol caused health problems. The community members were strongly concerned about adverse effect of alcohol use on violence and abuse in families and communities. About 11% of all alcohol users ever used violence while under alcohol influence (5).

Social norm also encouraged alcohol practices. Drinking alcohol among men was socially approved because it was believed to enhance their physical and emotional strengths, reduced stress and tensions in working life. The following are examples of Khmer Saying:

"បើមិនផឹក, មកធ្វើអ្វី" " if [you] don't drink why comes

"កូនអើយឥតមេបា ចូលតៀមស្រាកុំងាកក្រោយ, បើអត់លុយម៉ែចេញឱ្យ, បើជាប់គុក ម៉ែជួយដោះ"។

Women, on the other hand, started drinking at older age than men, mainly after getting married and or have first child. Noticeably, many women in the FDG reported that they started drinking after their first baby delivery. However, consumption of alcohol by women remains culturally and socially unacceptable (5).

The study indicated that respondents valued school teachers and physicians as role models for alcohol free life styles, and they believed that these professionals can play a major role in delivering anti-alcohol messages to the public(5).

In Cambodia, alcohol product is aggressively advertised in all media forms, mass media, printing media, and person to person. The survey conducted by the National Center for Health Promotion, found that exposure to pro-alcohol messages was immense. More than half of the respondents listened or watched alcohol advertisement in the past 30 days. Women were more likely than men to expose to pro-alcohol messages (5).

Picture 1: Alcohol billboard advertising on Russian boulevard, March 2013

According to the National Youth Risk Behavior Survey undertaken in 2004, 14% of young Cambodians between the ages of 11–18 drink alcohol, and among young people who drank most already started using alcohol by the age of 12. Two thirds of young drinkers are male and 60% are not attending school. Among young drinkers, more than 50% drank in the previous 30 days (2).

Alcohol use has been associated with increased risk of injury in a wide variety of settings including traffic injuries, fall, fires, injuries related to sports and recreation, and injuries resulting from interpersonal violence (6). In Cambodia, human error was responsible for 95% of all traffic crashes; more than 50% of crash fatalities were due to speeding, while another 16% were caused by drink-driving. The study of Handicap International found that the estimation costs due to driving while under alcohol influence was 44,358,435USD in year 2011 (7).

The Royal Government of Cambodia, under diligence leadership of the SamdachAkarMohaSenapaDeyDeChou **Hun Sen**, Prime minster of The Royal Government of Cambodia, has made efforts to minimize the problems caused by alcohol use through issuing traffic law, raising awareness about the harms of over-consuming alcohol, and issuing the regulation to control alcohol consumption in schools, and adding the message "don't drive, if you drunk" in all the pro-alcohol messages on the mass media such as billboards, television, and radio. Despite such progress, several challenges remains in curbing alcohol use, including:

- Lack of regular systematic surveillance and recording systems on alcohol production, consumption and related harm, resulting in shortage of data related to consequences of the harmful use of alcohol such as morbidity, mortality, expense on health care.
- Lack of alcohol public health oriented policy and inadequate enforcement of implementation of existing policies.
- Lack of resources for developing appropriate programs for capacity development and community-based programs for prevention, treatment and care.
- Public awareness of the problems caused by the harmful use of alcohol and, in particular, of some of the specific types of harm remains low. Closely related to this is the low level of involvement of the community and nongovernmental organizations in advocacy and in responding to the problem.

Concerns over the impact of the harmful uses of alcohol on public health and the need to strengthen responses have been expressed by the Ministry of Health Cambodia, and this leads to the formulation of the national policy and action plan to harmonize efforts of multi-sectorial response to reduce alcohol consumption.

Vision

In the future Cambodia will reduce alcohol consumption therefore minimizing alcohol related burden to family, society, and government.

Mission

National Center for Health Promotion is the leading government organization of the Ministry of Health to raise public awareness, and capacity building on the seriousness of the alcohol related harms. The National Center for Health Promotion is the lead organization in assisting the Ministry of Health to provide leaderships and coordination, and to mobilize relevant stakeholders from government and non-government to develop and implement prevention, care and treatment of alcohol related harm in Cambodia.

Objectives

- Intervene to reduce the risks caused by alcohol use for individual, family, and community in particular vulnerable groups.
- Identify roles of involved institutions, and mobilize participation of relevant partners for appropriate actions to reduce harms and impact of alcohol consumption.
- Improve knowledge as well as ensure efficiency dissemination of relevant information about harms and impact of alcohol use to general population.
- Regulate the alcohol production and market.

Key strategic areas for alcohol control

This policy intends to control alcohol use in Royal Kingdom of Cambodia; it focuses on 5 key strategies:

1. Key strategic area 1:information and evidence including monitoring and evaluation
2. Key strategic area 2:awareness and advocacy including community based intervention
3. Key strategic area 3:public health-oriented alcohol legislations
4. Key strategic area 4:competency and capacity building of institutional capacity building, capacity of policymakers
5. Key strategic area 5:coordination and cooperation

Five Year Goal

To reduce the use of alcohol[3] in Cambodia from 53.5[4]% to 50.0% by year 2017

Values

- Ethical
- Human health benefits, economy, environment, and society.

Five Year Strategic Plan 2013-2017

Key strategic areas 1: Information and evidence

The Royal Government of Cambodia acknowledges that the evidence-based management of alcohol use is essential for efficient and effective intervention. Information plays a critical role in decision makings for management, identification of priorities, and properly use of resources to control alcohol use at national and sub-national levels. Strengthening health information system is the starting point for enhancing management capability to counter alcohol use.

Information is critical for management at all levels of the health services from the central to the periphery to ensure effective decision making. Strengthening health information system is the entry point for the improvement of managerial capabilities in the health system.

Now, Cambodia lacks of researches/studies related to alcohol consumption, in addition, comprehensive system for regular monitoring and surveillance of alcohol production, consumption and harms has been absent. Only Road Crash Victim Information System, initiated by Ministry of Interior, Ministry of Health, Ministry of Public Work and Transport, and Handicap International Belgium, has been put in place to monitor the evolution of traffic accidents, to identify the causes of traffic accidents. This results in lacking of accurate information for policy actions.

[3] Refer to using alcohol in the past 30 days
[4] Prevalence of NCD Risk Factors in Cambodia: STEPS Survey, 2010

Key activity:

1. Set up effective comprehensive monitoring system at national and sub-national levels, that is comparable to the monitoring system at regional level, to regularly monitor production, use of alcohol and its consequences.
2. Conduct research on particular issues needed for developing legislation or policy to reduce alcohol consumption, such as, impact of alcohol use on economy, etc.,.
3. Compile and document local and international data for policy actions
4. Produce regular reports on harmful of alcohol use and its impact on health (diseases and deaths), social and economy.

Key strategic areas 2: Awareness and advocacy

The Royal Government of Cambodia affirms that enhancing awareness on harmful use of alcohols and its consequences on public health, and social well being to the public and policy makers is a prerequisite for increasing efficiency and effectiveness of an alcohol control program intervention.

In Cambodia, though the public at large and policy makers are aware of the harms of alcohol uses, but they underestimate alcohol related risks and harm to public health and social welfare. Raising awareness and advocate for evidence based interventions will lead to the developments of effective policies and programs.

Key activity

1. Strengthen knowledge for policy makers and relevant stakeholders by using evidence from research and monitoring systems on the harmful use of alcohol and its consequences to formulate effective policy responses.
2. Conduct needs assessments on situation of alcohol consumption.
3. Develop and implement Behavior Change Communication on harmful use of alcohol, in particular toward drink driving, and domestic violence.
4. Evaluate effectiveness of advocacy and community-based campaigns.

Key strategic areas 3: Public health-oriented alcohol legislation

The Royal Government of Cambodia acknowledges public health-oriented alcohol legislation is essential tool contributing to the reduction of the alcohol uses through administrative measures. Within the first five years of Policy and Strategic Plan, the public health-oriented alcohol legislation shall focus on regulating advertising, production and selling, and increased tax on alcohol products.

Researches indicate that there are evidence of exposures to alcohol advertising and the onset of drinking amongst non-drinking youth, and increased levels of consumption among existing youth drinkers and a dose-relationship with regards to the impact of advertising exposure.

Researches also show that young people find many aspects of alcohol advertising attractive (Waiters et al. 2001; McCranor et al, 2008; Chen &Crube, 2002). Alcohol advertising shapes youths' attitudes, perceptions and particularly expectancies around alcohol use, which in turn, influence youth decisions to drink (Grube& Waiters, 2005).

Likewise, study shows that increase tax and price of alcohol products has resulted in reducing alcohol use and its consequences, as well as increasing government revenue (Thomas Babor et al., 2010)[5].

In addition, in Cambodia, to combat alcohol use among youth, in July 2011, the Ministry of Education Youth and Sport issued circular banning alcohol use in schools and ensured that celebrations at schools (sports, Khmer New Year party) are alcohol-free. The circular has been accepted by school community including parents, teachers, students and local authorities. The School Health Department of the Ministry of Education, Youth and Sport is taking the lead to implement this circular with support from the WHO and NGOs. In December 2011, the Ministry of Information issued a regulation banning alcohol advertising, which promotes rewarding incentives to users, prizes and lottery draws. Nonetheless, the implementations of these regulations are limited.

Moreover, the Royal Government of Cambodia is taking into accounts the need to increase tax on alcohol products. For example, the alcohol control Working Group with support from World Bank and the WHO has advocated for tax increase on alcohol products, as result in March 2010 the Ministry of Finance increased alcohol tax from 20% to 25%.

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[5]Alcohol no ordinary commodity research and public policy, 2010

The ‘Road Safety Law’ put in place in January 2009, the law, article 9.10, prohibits drinking under alcohol influence with alcohol concentration from 0.25 mg per 1 liter of breath or 0.50g per liter of blood. The enforcement of the law has commenced since October 2010 and has continued to date, but the efficacy of the implementation remains questionable.

Though the Royal Government has made great efforts to curb the epidemic alcohol due, to date, Cambodia does not have legislation to regulate alcohol advertising, and to increase tax of alcohol products.

Key activity

1. Enforce implementation of the Road Safety Law, in particular article 9.10
2. Develop legislation to regulate alcohol advertisement and to increase tax of alcohol products
3. Enforce the implementation of legislation to regulate alcohol advertising and to increase tax of alcohol products

Key strategic areas 4: Competency and capacity

The Royal Government of Cambodia affirms that building the capacity of the relevant institutions and policy makers to have high quality knowledge and skills in developing policy, conducting trainings, monitoring, evaluation and research is a crucial element to ensure efficiency and sustainability of the alcohol control program in Cambodia.

The level of knowledge and expertise at the national and sub-national levels to prevent and respond to harmful use of alcohol is generally limited. Experiences from other countries show that alcohol control interventions provided at primary health care facilities is very effective to reduce alcohol consumption. Course of harmful use of alcohol and its consequences should be incorporated into educational curriculum from lower secondary school until university.

Key activity

1. Develop Training of Trainers curriculum on harmful use of alcohol and other NCD risk factors
2. Conduct Training of Trainers on harmful use of alcohol and NCD risk factors and NCD to relevant stakeholders
3. Develop training curriculum on harmful use of alcohol and NCD risks factors for participants at provincial, district, health center, commune levels, Village Health Support Group, and NGOs (manual for participants)
4. Incorporate the course of harmful use of alcohol, and other NCD risk factors and prevention into education system from lower secondary school to university
5. Strengthen capacity of the health center staff and Village Health Support Groups to provide counseling on issues related to harmful of alcohol use, prevention, and to minimize harmful alcohol use and other risk factors

Key strategic areas 5: Coordination and cooperation

The Royal Government of Cambodia acknowledges that the development of the public health-oriented alcohol legislation requires intimate involvement from government institutions, Non-Government Organizations, communities and International Institutions.

There are wide range of the factors facilitating the harmful use of alcohol and the its consequences on health, and these indicated that there is a need to have effective mechanisms for coordination, and information sharing. However, in Cambodia now though there are many stakeholders committed to take actions to prevent and control of harmful use of alcohol and its consequences, the clear coordination among relevant stakeholders has not yet been effective.

The Ministry of Health has set up an Alcohol Control Working Group on 07 August 2009; the Working Group has been function to date. Nonetheless, this Working Group comprises members from departments and hospitals within Ministry of Health only. The limited members of the Working Group within the Ministry of Health means that this working group has limited roles in coordinating activities to reduce harmful use of alcohol consumption at all levels.

Key activity

1. Integrated "Inter-ministerial Working Group for Education and Reduction of Harmful Use of Alcohol" into "Framework Convention on Tobacco Control (FCTC) Secretariat", or establish "Inter-ministerial Working Group for Education and Reduction of Harmful Use of Alcohol"
2. Integrated "Inter-ministerial Committee for Education and Reduction of Harmful Use of Alcohol" into "Inter-ministerial Committee for Education and Reduction of Tobacco Use" or establish "Inter-ministerial Committee for Education and Reduction of Harmful Use of Alcohol", in which the members are from relevant ministries.

Annex: Matrix of strategic plan 2013-2017

Matrix of key strategic areas 1: Information and evidence

Unit: $US 1000

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
1.1-Set up effective comprehensive monitoring system national at national and sub-national levels with comparable information at regional level for regular monitoring production, use of alcohol and its consequences	Baseline: 1.1.1-No Focal point to manage data on alcohol use and its consequences. Target 2017: 1.1.1-Focal point to manage data on alcohol on alcohol use and its consequences identified	x	x	x	x	x	15	MoH, MoI[6], MoWA,
	Baseline: 1.1.2-No comprehensive monitoring system at national and sub-national level in place for monitoring the production, use of alcohol and its consequences. 1.1.2-No study on important issues to support the development of	x	x	x	x	x		NCHP, PMD,

[6]MoI: Ministry of Interior

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
	public health-oriented alcohol legislations such as the impact of alcohol use on economy. Target 2017: 1.1.2-comprehensive monitoring system at national and sub-national level in place for monitoring the production, use of alcohol and its consequences in place and well functioned 1.1.3-conduct research on important issues to support the development of public health-oriented alcohol legislations such as the impact of alcohol use on economy, and the results of the study are used for advocacy. 1.1.4-Midterm review of the strategic plan 1.1.5-Endline review of the strategic plan			x		X		
1.2-Compile and document local and international data for policy actions	Baseline: 1.2.1-No local and international data available for policy actions Target 2017:	x	x	x	x	x		NCHP, PMD, and relevant stakeholders

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
	1.2.1- Local and international data are available for policy actions							
1.3-Produce regular reports on harmful of alcohol use and its impact on health, social and economic.	<u>Baseline:</u> 1.3.1-No report <u>Target 2017:</u> 1.3.1-Alcohol related behavior survey conducted, reported and disseminated in 2013, 2015 and 2017	x		x		x	300	NCHP, PMD, MoInterior
	<u>Baseline:</u> 1.3.2-No report <u>Target 2017:</u> 1.3.2-Regular reports (news letter, bulletin, website, publication) on harmful of alcohol use and its consequences disseminated to relevant stakeholders and used for policy actions	x	x	x	x	x	15	NCHP
Sub Total 1							**330**	

Matrix of key strategic areas 2: Awareness and advocacy

Unit: $US 1000

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
2.1-Strengthen knowledge using evidence for policy makers and program implementers through research, and monitoring systems on harmful use of alcohol and its consequences, and the policy responses	Baseline: 2.1.1-Limited participation from policy makers and stakeholders in responding to alcohol control. Target 2017: 2.1.1-Policy makers support and participated in national response to alcohol control	x	x	x	x	x	40	NCHP, PMD, IMC WG, health partners
2.2- Conduct needs assessments on alcohol consumption (qualitative study)	Baseline: 2.2.1-No information on underline factors facilitating the use of alcohol for Behavior Change Communication campaign and advocacy Target 2017: 2.2.1-Results of needs assessments documented for Behavior Change Communication campaign advocacy purpose	x	x	x	x	x	24	NCHP, and relevant stakeholders
2.3-Develop and implement Behavior	Baseline:	x	x	x	x	x	1200	NCHP,

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
Change Communication campaigns on alcohol harm, in particular drink driving, and domestic violence	2.3.1-No on air and community based campaigns operated Target 2017: 2.3.1-On air and community based campaigns will be operated							MoEYS, and MoI[7], MoWA, and NGOs
2.4-Regular monitoring and evaluating effectiveness of Behavior Change Communication campaigns on harmful use of alcohol, in particular drink driving, domestic violence and advocacy	Baseline: 2.4.1-No monitoring and evaluation made due to campaigns Target 2017: 2.4.1-Lessons learnt, outputs and outcomes of Behavior Change Communication campaigns on alcohol harm, in particular drink driving, and domestic violence and advocacy documented, used, and disseminated	x	x	x	x	x	100	NCHP, MoEYS, and MoI[8], MoWA, and NGOs
Sub total 2							**1,364**	

[7] Ministry of Information
[8] Ministry of Information

Matrix of key strategic areas 3: Public health-oriented alcohol legislation

Unit: $US 1000

Prioritized actions	Indicators	2013	2014	2015	2016	2017	Budget ($)	Responsible
3.1-Strengthen the Road Safety Law 2009, article 9.10 implementation	Baseline: 3.1-the Road Safety Law 2009, article 9.10enforced sometimes Target 2017: 3.1-the Road Safety Law 2009, article 9.10enforced	x	x	x	x	x	45	MoI, NRSC[9], MoH
3.2-Legislation to control alcohol use	Baseline: 3.2.1-No legislation or Sub-Decree on control advertising, promotion of, and increased tax of alcohol products Target 2017: 3.2.1-Legislation on control advertising, promotion of, and increased tax of alcohol products, developed approved and disseminated	x	x	x	x	x	30	MoH, and IMC
3.3-Enforcement of the implementation	Baseline:			x	x	x	30	MoI, MoH,

[9] National Road Safety Committee

Prioritized actions	Indicators	2013	2014	2015	2016	2017	Budget ($)	Responsible
of the alcohol related legislations	3.3.1-No legislation or Sub-Decree on control advertising, promotion of, and increased tax of alcohol products for implementing Target 2017: 3.3.1-The implementation of legislation or Sub-Decree on control advertising, promotion of, and increased tax of alcohol products regularly monitored and enforced							IMC
Sub Total 3							**105**	

Matrix of key strategic areas 4: Competency and capacity

Unit: $US 1000

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
4.1-Develop Training of Trainers curriculum on harmful use of alcohol and other NCD risk factors	Baseline: 4.1.1-No training of Trainers curriculum on harmful use of alcohol and other NCD risk factors Target 2017: 4.1.1-Training of Trainers curriculum on harmful use of alcohol and other NCD risk factors developed and approved	x	x				20	NCHP, WHO
4.2-Conduct Training of Trainers on harmful use of alcohol and NCD risk factors and NCD to relevant stakeholders	Baseline: 4.2.1-No relevant stakeholders got Training of Trainers on harmful use of alcohol and NCD risks factors to national, PHD and OD levels Target 2017: 4.2.1- Relevant stakeholders got Training of Trainers on harmful use of alcohol and NCD risks factors to national, PHD and OD levels		x	x	x	x	30	NCHP

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
4.3-Develop training curriculum on harmful use of alcohol and NCD risks factors (manuals for participants).	Baseline: 4.3.1-No training curriculum on harmful use of alcohol and NCD risks factors for participants at provincial, district, health center, commune levels, Village Health Support Group, and NGOs. Target 2017: 4.3.1-Training curriculum on harmful use of alcohol and NCD risks factors for PHD and OD, HC, commune council, NGOs, and VHSGs developed and approved	x	x	x			20	NCHP
4.4- The course of harmful use of alcohol, and other NCD risk factors and prevention incorporate into formal educational system from junior high school to university	Baseline: 4.4.1-No course of harmful use of alcohol, and other NCD risk factors and prevention incorporated into formal educational system from lower high school to university, in particular medical school curricula and associated medical sciences schools Target 2017: 4.4.1-The course of harmful use of alcohol, , and other NCD risk factors			x	x	x	12	NCHP and NGOs

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
	and prevention incorporated into formal educational system from lower high school to university, in particular medical school curricula and associated medical sciences schools							
4.5 The health center staff and Village Health Support Groups conduct counseling on issues related to harmful of alcohol use, prevention, and stop harmful alcohol use and other risk factors	Baseline: 4.6.1-No the health center staff and Village Health Support Groups have got knowledge and counseling skills on issues related to harmful of alcohol use, prevention, and stop harmful alcohol use and other risk factors Target 2017: 4.6.1-24 provincial hospitals in 24 provinces equipped with alcohol addiction management service, and 30% of the health center staff and Village Health Support Groups have got knowledge and counseling skills on issues related to harmful of alcohol use, prevention, and stop harmful alcohol use and other risk factors			x	x	x	60	NCHP, PHD and NGOs

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
Sub Total 4							**142**	

Matrix of key strategic areas 5: Coordination and cooperation

Unit: $US 1000

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
5.1- Integrated "Inter-ministerial Working Group for Education and Reduction of Harmful Use of Alcohol" into "Framework Convention on Tobacco Control (FCTC) Secretariat", or establish "Inter-ministerial Working Group for Education and Reduction of Harmful Use of Alcohol"	5.1.1- "Inter-ministerial Working Group for Education and Reduction of Harmful Use of Alcohol" integrated into "Framework Convention on Tobacco Control (FCTC) Secretariat", or "Inter-ministerial Working Group for Education and Reduction of Harmful Use of Alcohol" established	x	x	x	x	x	30	MoH
5.2- Integrated "Inter-ministerial Committee for Education and Reduction of Harmful Use of Alcohol" into "Inter-ministerial Committee for Education and Reduction of Tobacco Use" or establish "Inter-ministerial Committee for Education and Reduction of Harmful Use of	5.2.1- "Inter-ministerial Committee for Education and Reduction of Harmful Use of Alcohol" integrated into "Inter-ministerial Committee for Education and Reduction of Tobacco Use" or "Inter-ministerial Committee for Education and Reduction of	x	x	x	x	x	30	MoH

Prioritized actions	Indicator	2013	2014	2015	2016	2017	Budget ($)	Responsible
Alcohol", in which the members are from relevant ministries	Harmful Use of Alcohol", in which the members are from relevant ministries established							
Sub Total 5							**60**	
Grand Total (Sub Total 1 to 5)							**2,001**	

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