

# **Terms of Reference**

## **Cambodian NCD Alliance**

### **Background**

To date both non-communicable disease (NCD) prevention and treatment has been completely inadequate given the magnitude of the burden. Cancer, cardiovascular diseases, diabetes, chronic respiratory diseases, and mental illness collectively known as 'non-communicable diseases' are already the largest cause of morbidity and mortality in Cambodia.

The cost to people's health and the strain that chronic conditions place, on both the economy and households, is severe and yet NCDs receive a fraction of investment and political attention compared to other diseases. Failure to adequately respond to the growing NCD burden, which is causing preventable death, disability and suffering in Cambodia, leads some to say that we are "sleepwalking into a sick future". There is thus a need to put NCDs firmly on the political agenda by joining forces with those working on NCDs and their risk factors to develop a common agenda to advance NCD policy and action and mobilise required resources.

### **Purpose**

To contribute to reducing the negative impact of NCDs on the health and wellbeing of the Cambodian population, including the societal and economic costs, by advocating for increased multisectoral action on NCDs and political and financial commitment from the highest levels of government.

### **Specific objectives of the Cambodian NCD alliance**

- Foster a harmonised approach to the NCD response in Cambodia for greater political support, action and investment
- Build consensus for priority actions for the prevention and control of NCDs, avoid duplication and support complementary action
- Stimulate effective implementation of the NCD Multistakeholder Action Plan on the Prevention and Control of NCDs and monitor progress
- Promote the engagement of people living with NCDs in the alliance and more broadly
- Create a virtual network for sharing evidence, information and lessons learnt
- Develop a comprehensive understanding of the political environment and factors affecting policy advancement
- Expand the membership and reach of the Cambodian NCD Alliance

### **Working operations**

- Where possible, alliance members use their spheres of influence and various entry points to advance all aspects of NCD prevention and control, particularly agreed policy and advocacy priorities
- Throughout activities have a unified position and common language for advocacy
- Alliance members agree to share information relevant to the Alliances' purpose, objectives and action plan, and provide regular updates of programs addressing NCD prevention and control via the e-platform
- A secretariat consisting at least of the national NCD Alliance focal person/focal organisations supports the operations of the Alliance

- Where possible, Alliance members encourage collaboration between disparate organisations and entities to foster a multisectoral approach to the NCD response
- Members to promote the Alliance among their networks
- Exchange information on individuals supported for participation at trainings and workshops related to NCDs for stocktaking with the aim of promoting coordination and continuity of capacity building activities
- Physical and virtual meetings to take place as and when required

## **Membership**

Membership of the alliance will be inclusive of organisational representatives across civil society, government institutions, bilateral/multilateral agencies, academia, research institutions and think tanks, government entities, and representatives of groups of people living with NCDs.

Representatives from health-harming industries whose products increase the risk of NCDs, including the tobacco, alcohol, sugar-sweetened beverage and fast food companies will not be accepted as members or be, in any way, affiliated with the Cambodian NCD Alliance's activities. Where possible the alliance will seek to protect public policy from industry interference.

## **Organisational structure**

Upon its inception the secretariat will not register the Alliance as a formal legal entity, rather it will be a more informal network alliance. As such the Alliance will have a more organic structure encouraging open, fluid partnerships which are beneficial to the agreed priorities as defined in the action plan. The membership criteria will serve as a guide when welcoming new members and members will not have to pay a membership fee. Note that as the alliance evolves it might be beneficial to register as a legal entity.

## **Secretariat**

The role of the secretariat is to:

- Lead the process of establishing and operationalising the Alliance
- Continually update member information in database
- Provide updates via mailing list to all members
- Maintain oversight of activities of the Alliance and members
- Networking and linking people to strengthen coordination and momentum for action
- Facilitate exchange of information and decision-making processes through appropriate arrangements

## **Chair/s**

The alliance will have a rotating chair for virtual and physical meetings. This will be decided based on members availability. The chairs responsibilities will include:

- Guiding the meeting according to the agenda and time available
- Ensuring all discussion items end with a decision, action or definite outcome

## **Communications**

A brand, logo and website will be developed for greater visibility. Appropriate social media networks will be employed to the maximum extent to reach the target audience.

## **Budget and resources**

The alliance will not be a legally registered entity and will not apply for funds through formal processes for specific projects. The alliance's main purpose is to advocate and lobby for action on key priorities related to NCD prevention and control. The secretariat will opportunistically submit requests for funding to establish the alliance and agree on activities based on resources available.

## **Annex 1 – Criteria for membership**

- works on a specific NCD or group of NCDs with common risk factors (e.g. tobacco, alcohol, nutrition, physical activity, environment/air pollution)
- represents the voice of people living with cancer, cardiovascular diseases, diabetes, chronic respiratory diseases, or mental illness (i.e. patient groups)
- are critical to advancing action
- represent the broader health sector or a non-health sector whose work is relevant to NCDs
- are interested in a shared agenda/addressing NCDs
- have experience mobilising high-level political support and shaping policy priorities