

Cambodia



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	Low-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)	14,865,
% Population under 15 (2012)	31.23
% Population over 60 (2012)	7.67
Life expectancy at birth (2012) Total, Male, Female	72 (Both sexes) 75 (Female) 70 (Male)
Neonatal mortality rate (per 1000 live births (2012))	18 [11-29] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)	40 [24-71] (Both sexes)
Maternal mortality ratio per 100 000 live births (2010)	250 [160-390]
% DTP3 Immunization coverage among 1-year-olds(2012)	95
% Births attended by skilled health workers (2010)	71
Density of physicians per 1000 population (2008)	0.227
Density of nurses and midwives per 1000 population (2008)	0.786
Total expenditure on health as % of GDP (2011)	5.7
General government expenditure on health as % of total government expenditure (2011)	6.3
Private expenditure on health as % of total expenditure on health (2011)	77.6
Adult (15+) literacy rate total (2008)	77.6
Population using improved drinking-water sources (%) (2011)	90 (Urban) 61 (Rural) 67 (Total)
Population using improved sanitation facilities (%) (2011)	76 (Urban) 22 (Rural) 33 (Total)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2010)	45.9
Gender-related Development Index rank out of 148 countries (2012)	96
Human Development Index rank out of 186 countries (2012)	138

Sources of data:

Global Health Observatory April 2014
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Cambodia has observed a significant improvement in health status of the population due to the strong economic growth in the past several years; particularly in infant, child and maternal mortality as well as in continuing decline in HIV prevalence and deaths by malaria. However the improvement in neonatal mortality has been much slower, and the issues of inequity still persists between rural and urban areas as well as among different socio-economic groups including women, the poor, migrant workers, unregistered population, and ethnic minorities. Substantial progress has been made towards meeting the targets set out in the Cambodia MDGs (CMDGs) where all the CMDG 4, 5, 6 efforts are on track to meet these goals by 2015. Progress to improve nutrition has been much slower than expected, with under-nutrition contributing to more than 6,400 child deaths annually and 40% of children under 5 are stunting. New health challenges are also emerging, notably Non-communicable diseases (NCDs) epidemic and growing rates of injuries such as road accidents. Among others, tobacco is considered to be one of the biggest risk factors for developing NCDs, whereas around 30% of adults is estimated to be daily tobacco users. While Cambodia has made a strong progress in communicable diseases control, one of the remaining challenges is emerging infectious diseases where Cambodia has the highest numbers of cases of avian influenza H5N1 subtype (47 cases between 2005- 2013) globally. Cambodia is committed to developing the core capacities required by the International Health Regulations (IHR) by June 2014. Good progress has been made in surveillance and response to outbreaks, however development of 'point of entry' policies has lagged behind.

HEALTH POLICIES AND SYSTEMS

the Government of Cambodia is currently implementing the second Health Strategic Plan 2008-2015 (HSP2) At the same time, the new National Strategic Development Plan (NSDP) 2014-2018 sets out the government's approach for inclusive growth and sustainable development, wherein people's health is identified as one of the priorities for effective human capital. In addition, The 'Decentralization and Deconcentration' (D&D) agenda is a key area of public policy reform and is expected to increase delegation of administrative functions and the resources from the central to sub-national level. The other important challenges related to health systems development are persisting high levels of out of pocket payments which accounts for more than 60% of the total health expenditures, and poor quality of care, particularly in rural and remote facilities. While the private facilities account for an estimated 49% of treatment episodes and the non-medical sector such as drug vendors, traditional and religious healers and birth attendants attend to about 21% of patients, a lot still need to be done in regulating services provided by the private sector. On the human resources for health, the key outstanding issues include health professional registration, the scaling up of the workforce to keep pace with population growth, and developing policies related to private sector service provision. Initiatives to address financial barriers to accessing care include voucher schemes, Health Equity Funds (HEFs) and other schemes, whereas HEFs have been the most successful which now cover 80% of the poorest people in the country. The expansion of the HEFs to cover all the poor population, and eventually shift from individual schemes to a national health financing policy in support of universal health coverage remains a major challenge for the Future.

COOPERATION FOR HEALTH

Cambodia has enjoyed high levels of financial support from the international community over the last decade, where health and HIV have been priority sectors. Aid for health rose to US\$199 million in 2010. The health sector in Cambodia has been described as complex and fragmented, with at least 30 partners active in the sector and large numbers of NGOs. Cambodia's mechanisms for aid coordination have continued to expand and strengthened, and there is explicit commitment to development effectiveness at the highest level of government as seen in the monitoring of the Busan agenda implementation. An effective Technical Working Group- Health (TWG-H) with broad representation from government, multilateral and bilateral agencies, and NGOs has been established For information sharing and policy discussion in the health sector.

The 'Health Sector Support Programme' (HSSP2) funded by the World Bank, Australia DFAT, DFID and others, along with a partial pooled fund, supports the implementation of HSP2 especially health systems strengthening and services delivery. HSSP2 resources account for about 20% of donor funding for health in Cambodia, but key partners such as the Global Fund and the US are not part of it. However, about half of the health aid to Cambodia is directed to HIV, TB and malaria, and the bulk of support for the three diseases comes from the Global Fund to Fight AIDS TB and Malaria (GFATM). Cambodia is a founding member of the International Health Partnership (IHP+) and continues to participate in the initiative. There are 19 UN resident agencies in Cambodia, forming the UN Country Team (UNCT). WHO is one of the largest and along with UNICEF plays a lead role in health. In line with UN reform efforts, agencies are working to better co-ordinate their support through the UN Development Assistance Framework (UNDAF), 2011-2015, whereas the new UNDAF 2016-2018 roll-out is currently underway.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2008-2015)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Universal access to an essential package of quality health services based on fairness in financial contribution and equity in access.</p>	<ul style="list-style-type: none"> ● Delivery of Priority Health Services: promoting integration of disease and health programmes into the health system; targeting under-served populations by balancing between supporting outreach services and expanding facility-based coverage ● Health Care Financing: financing mechanisms that target the poor; supporting development of national social health protection policy; supporting management of the health budget; strengthening systems for financial management ● Human resources for health and quality of care: strengthening pre-service training; coordination and developing a strategic approach to in-service training; revising the health workforce strategy ● Essential medicines and products: strengthening procurement; updating the essential drug list; assessing the long-term costs of introducing new technologies; promoting rational drug use and monitoring sale of counterfeit medicines
<p>STRATEGIC PRIORITY 2: Technical excellence in disease and public health programmes</p>	<ul style="list-style-type: none"> ● Co-coordinating and linking technical support to priority disease control areas to improve governance: improving coordination and integration of support within WHO and among partners ● Providing cross cutting support to national programmes and centres: supporting infection control, surveillance and monitoring of Anti-microbial resistance (AMR) ● Generating evidence and monitoring impact: increasing focus on generating and using more evidence in providing policy and technical advice; monitoring the impact of WHO support ● Supporting national implementation of global agreements and regional initiatives: supporting the core capacities by the International Health Regulations (IHR); supporting the commitments under the Framework Convention on Tobacco Control (FCTC) ● Scaling up support for inter-sectoral work: strengthening collaboration with other sectors; engaging in the “health borders” initiative
<p>STRATEGIC PRIORITY 3: Effective stewardship of the sector and health partnerships</p>	<ul style="list-style-type: none"> ● Supporting policy development and advocacy: supporting development of the new third Health Strategic Plan (HSP3) by gathering evidence, assisting priority setting, advocating values of equity, and helping coordination of partners ● Technical capacity building and transfer of skills and knowledge: supporting building national capacity; coordinating capacity development activities among other partners ● Promoting development effectiveness: supporting rationalization of coordination mechanism, combined with a focus on improving the quality of plans and budgets ● Engaging the private sector: providing information on standard treatment protocols to GPs in the private sector; supporting the private universities on quality and accreditation; supporting the registration of private pharmacies and monitoring of dispensing practices ● Engaging with the Decentralization and Deconcentration (D & D) agenda: supporting update of the health coverage plan in a context of D & D agenda