Cambodia has made impressive progress in providing financial risk protection for the poor budget for health has almost doubled in real terms in the last five years, and there has been impressive progress in providing financial risk protection for the poor through measures such as Health Equity Funds (HEFs) and voucher schemes, with the former covering all health centres now.

Along with progress come new challenges. Ageing, urbanization and increase in unhealthy lifestyles have driven a sharp rise in prevalence of noncommunicable diseases (NCDs), with ischaemic heart disease and cerebrovascular disease among the top causes of premature mortality.

The overarching policy goal of HSP3 is “improved health outcomes of the population, with increased financial risk protection in access to quality health care services”. The four Health Development Goals are: 1) Reduce maternal, newborn and child mortality, as well as malnutrition among women and children; 2) Reduce morbidity and mortality caused by communicable diseases; 3) Reduce morbidity and mortality caused by NCDs and other public health problems; 4) Increase access to and utilization of affordable quality services with reduced financial burden. Cambodia has a well-established network of public health systems, including at the central, provincial and community levels, as well as those in operational districts. The national budget for health has almost doubled in real terms in the last five years, and there has been impressive progress in providing financial risk protection for the poor through measures such as Health Equity Funds (HEFs) and voucher schemes, with the former covering all health centres now.

HEALTH SITUATION

Health status in Cambodia has significantly improved due to strong economic growth and Government acceleration of health sector reform measures since the 1990s. As Cambodia’s young population will slowly transition to an ageing population, the country is benefiting from a “demographic dividend” that is expected to lead to continued economic growth for the next few decades. The gradual declining percentage of the young population (0–14 years old) from 43% in 1998 to 34% in 2008, along with falling fertility rates and increasing life expectancy, are leading to the slow transition to an ageing society.

Cambodia achieved most of the Millennium Development Goals (MDGs) targets, except for some areas in which the achievements were slightly below the target. This “unfinished business” under the MDGs will be tackled as priority areas through the renewed efforts under the new Sustainable Development Goals (SDGs).

Poverty remains an issue. In 2012, the poverty rate was 17.7%, with almost 3 million poor people and over 8.1 million who are near poor. Despite the rapid growth of the capital of Phnom Penh due to internal migration, about 90% of the poor still live in the countryside.

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HEALTH POLICIES AND SYSTEMS

The Third Health Strategic Plan 2016–2020 (HSP3) of the Ministry of Health launched in 2016, is a manifestation of the Government’s commitment for incremental progress towards the goal of UHC. HSP3 has been informed by the National Strategic Development Plan 2014–2018 (NSDP) which provided the foundation for investing in health as a means to develop human capital and build a more productive workforce for social and economic development of the country. HSP3 also reflects the vision, goals and targets of the SDGs.

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COOPERATION FOR HEALTH

Health sector partnerships in Cambodia are complex and dynamic, with at least 30 partners and more than 160 nongovernmental organizations. An effective Technical Working Group-Health (TWG-H) with broad representation from Government and organizations facilitates information sharing and policy discussions. Cambodia has 23 United Nations agencies working to better coordinate their support through the United Nations Development Assistance Framework 2016–2018.

Sources of data:
Global Health Observatory May 2016
http://apps.who.int/gho/data/node.cco

Country Cooperation Strategy
at a glance

Health policies and systems

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<tr>
<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| STRATEGIC PRIORITY 1: Providing leadership for priority public health programmes | • Addressing the challenges of communicable diseases  
• Addressing the challenges of noncommunicable diseases  
• Promoting health through the life course |
| STRATEGIC PRIORITY 2: Advancing universal health coverage | • Improving equity, efficiency and sustainability in access and financing  
• Improving quality and safety of health-care services  
• Ensuring access to essential medicines and vaccines  
• Strengthening effective use of information, evidence and research |
| STRATEGIC PRIORITY 3: Strengthening the capacity for health security | • Building capacity to detect and respond to health security events |
| STRATEGIC PRIORITY 4: Engaging in multisectoral collaboration and fostering partnership | • Combating antimicrobial resistance (AMR)  
• Addressing the determinants of water, sanitation and climate change |