Coverage of items of the WHO Pandemic Agreement in Cambodia. Country-case report

	Item	Joint External Evaluation (JEE) of the International Health Regulations (2005) Core Capacities of Cambodia was held from May 2-10, 2024		Others	
		Indicator	Specific details	Description/ Results	Source
	Article 4: Pandemic Preparedness and Surveillance				
1	Status of IHR Implementation (JEE)	P.1.1 The State has assessed, adjusted and aligned its domestic legislation, policies and administrative arrangements in all relevant sectors to enable compliance with the International Health Regulations (IHR 2005)		Cambodia has a progressive Constitution and a range of laws aimed at protecting rights and supporting public health and emergencies. During COVID-19, the government quickly enacted and used new laws, showing its capacity for swift legal action. Key strengths include fast law-making, effective communication, and high public trust. However, challenges remain in cross-sector coordination, policy enforcement, and monitoring law effectiveness. The 2024 evaluation indicates ongoing need for improvement, especially in coordination and implementation.	Joint external evaluation of the International Health Regulations (2005) core capacities of Cambodia Mission report 2–10 May 2024
2	Implementation of Multisectoral National Pandemic Prevention and Surveillance Programs	P.4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities P.4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional			
2 (b)	Capacity for Zoonotic Disease Prevention		Coordination of animal and human health surveillance and functional response mechanisms.	Cambodia participates in One Health-oriented zoonotic disease surveillance and response, involving the Ministry of Health, Ministry of Agriculture, Forestry and Fisheries, and Ministry of Environment. Ongoing avian influenza outbreaks and rapid response activation illustrate functional joint mechanisms. Continued development is needed for routine joint risk assessments at sub-national levels.	Avian Influenza A(H5N1) - Cambodia
2 (c)	Capacity for Pathogen Surveillance & Risk Assessment	D.2.1 Surveillance systems D.2.2 Use of electronic tools D.2.3 Analysis of surveillance data	Surveillance systems, electronic tools, data analysis capacity for public health event detection.	Cambodia's surveillance system includes indicator-based and event-based surveillance coordinated by the Ministry of Health's Communicable Disease Control Department, with real-time data reporting and rapid detection demonstrated during influenza and COVID-19 events.	CDC in Cambodia
2 (d)	Capacity for Community-Level Early Response		Mechanisms for early detection and reporting by communities.	Community-level preparedness and outbreak investigation capacity were strengthened during COVID-19 through multisector training and provincial simulation exercises. Local health workers and volunteers contribute to early reporting and risk communication.	Strengthening local preparedness for influenza and COVID-19 in Cambodia
2 (e)	Access to WASH		Service coverage of water, sanitation, and hygiene at community level.	In 2022, 29 per cent of the population had access to safely managed drinking water. Safely managed sanitation 36%, basic sanitation 80%, and Hygiene coverage was 80%.	SDG 6 Country Acceleration Case Study Cambodia 2024
				According to the World Bank, less than 30 percent of the population had access to basic sanitation.	Bringing Clean Water, Sanitation, and thus Better Nutrition to the Underserved in East Asia and Pacific
				Water supply: Overall, 96% of the HCFs (Health care Facilites) (96% of HCs and 94% of RHs) had basic water service (water was available from an improved source located on premises) and 4% had limited and no water service accroding to 2023 National assessment of water, sanitation and hygiene in public health care facilities in cambodia. Sanitation: Only 7% of the HCFs (5% of the HCs and 19% of the RHs) had basic sanitation service (improved and usable sani- tation facilities, with at least one toilet dedicated for staff, one for sex-separated with menstrual hygiene facilities, and one accessible for users with limited mobility) while many others had limited sanitation service. Hand hygiene: Overall, 82% of the HCFs (82% of the HCs and 84% of the RHs) had basic hand hygiene service (with functional hand hygiene facilities available at one or more points of care and within 5 meters of toilets)	EXECUTIVE SUMMARY REPORT OF NATIONAL ASSESSMENT OF WATER, SANITATION AND HYGIENE IN PUBLIC HEALTH CARE FACILITIES IN CAMBODIA 2024
2 (f)	Routine Immunization Coverage	P.7.1 Vaccine coverage (measles) as part of national programme P.7.2 National vaccine access and delivery	National vaccine coverage (e.g., measles, basic routine vaccines).	Cambodia has achieved high routine vaccination coverage, with most districts consistently reporting above 90% coverage for basic childhood vaccines.	Cambodia's Immunization Efforts: Building a Healthier Future
					CAMBODIA National Immunization Strategy 2021-2025 and beyond up to 2030
2 (g)	Capacity for Medical Waste Management		Medical waste segregation, treatment, and disposal at healthcare facilities.	Cambodia's medical waste management capacity is currently limited and faces significant challenges, with much of the waste not properly segregated or treated. Efforts are underway, with support from international partners (JICA, UNDP), to install new treatment equipment and improve national infrastructure and guidelines.	
				According to National assessment of water, sanitation and hygiene in public health care facilities in cambodia report: Overall, 54% of the assessed Health Care Facilities (55% of the HCs and 47% of the RHs) had basic health care waste management service, while others had limited and no service in 2023.	EXECUTIVE SUMMARY REPORT OF NATIONAL ASSESSMENT OF WATER, SANITATION AND HYGIENE IN PUBLIC HEALTH CARE FACILITIES IN CAMBODIA 2024

2 (h)	Capacity for Vector-Borne Disease Surveillance		Systems for monitoring vector-borne diseases that may lead to wider outbreaks.	Cambodia has established surveillance for dengue and malaria with routine reporting and outbreak investigation capacities, often managed through centers like the National Center for Malaria Control (CNM). The Cambodia Early Warning (CamEwarn) system, supported by the WHO, is an important disease surveillance system that operates from the operational district to the national level.	
2 (i)	Capacity for Biosafety & Biosecurity Management	P.6.1 Whole-of-government biosafety and biosecurity system in place for all sectors (including human, animal and agriculture facilities) P.6.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)		Cambodia has an established legal and regulatory framework for biosafety and biosecurity through its 2008 Biosafety Law and 2009 law banning chemical, nuclear, biological, and radiological weapons. These are supported by formal laboratory biosafety guidelines and standards, including rules for monitoring and managing high-risk pathogens, toxins, and viruses. The Bureau of Medical Laboratory Services (BMLS) under the Ministry of Health is responsible for strengthening laboratory staff capacity in biosafety, biosecurity, and biorisk management, and has rolled out systematic training programmes across sectors. The 2024 List of Pathogens in Cambodia updates risk group classifications and testing capacity. However, gaps remain due to uneven biosafety and biosecurity competencies at national and subnational levels and the lack of consolidated,	Joint external evaluation of the International Health Regulations (2005) core capacities of Cambodia Mission report 2–10 May 2024
2 (j)	Capacity to Combat AMR	P3.1 Effective multisectoral coordination on AMR P3.2 Surveillance of AMR P3.3 Infection prevention and control P3.4 Optimise use of antimicrobial medicines in human and animal health and agriculture+B20:C22		The COMBAT-AMR program officially launched in Cambodia in August 2024, marking a significant shift for the program towards supporting antimicrobial resistance (AMR) prevention and response in Asia. A team of experts from the Doherty Institute travelled to Cambodia to engage with key stakeholders and lay the groundwork for a three-year program of capacity building and training activities. In Cambodia, COMBAT-AMR will focus on two key areas: laboratory diagnostics and surveillance. This will be enhanced through mentoring and training on laboratory quality management strengthening and best practice requirements for AMR diagnostics.	Strengthening Cambodia's capacity in the response against antimicrobial resistance: COMBAT-AMR Program commences
				In Cambodia, AMR projects are implemented through a coordinated, multi-sectoral, One Health Approach supported by a Tripartite collaboration (FAO, World Organization for Animal Health (OIE) and WHO) and through the leadership of three ministries (MoH, MAFF and MoE) to implement the One Health Multi-sectoral Action Plan (MSAP) on Antimicrobial Resistance in Cambodia 2019–2023. One of the strategic areas endorsed in this MSAP is the containment of the spread and further development of AMR through good practices	Safe food today for a healthy tomorrow: Priorities of FAO to improve food safety in Cambodia
	Broader Coordination, Capacity Building and Implementation Support				
	Article 5: One Health approach for PPPR				
1	Promotion of a One Health Approach	P4.1 Coordinated surveillance systems in place in the animal health and public health sectors for zoonotic diseases/pathogens identified as joint priorities P4.2 Mechanisms for responding to infectious and potential zoonotic diseases established and functional	**Cambodia pandemic prevention preparedness and response (CamPPR)**	The Cambodia pandemic prevention preparedness and response (CamPPR) project aims to enhance Cambodia's preparedness, prevention, and response to potential pandemic public health emergencies by adopting a One Health approach, improving surveillance, laboratory services, and workforce capabilities.	One Health
2	Addressing Drivers of Pandemics			The priority zoonotic diseases for multisectoral, One Health collaboration for Cambodia are: • Zoonotic avian influenza • Nipah virus infection • COVID-19 • Japanese encephalitis • Rabies	Prioritizing Zoonotic Diseases for Multisectoral One Health Collaboration in Cambodia
			Wildlife Health Surveillance Network (WHSN)	Cambodia also implements wildlife health surveillance through a national Wildlife Health Surveillance Network (WHSN), with Standard Operating Procedures endorsed to improve detection of unusual disease events in wildlife and facilitate coordinated investigation by environmental, animal and human health authorities. This supports early identification of potential pandemic threats	One Health in Action: What Wildlife Health Surveillance Can Tell Us About Pandemic Prevention
	Article 6: Preparedness, readiness and health system resilience				
6.1	Capacity to develop and strengthen **Resilient Health System (**maintaning equitable access to essential health services during a crisis, post-pandemic recovery)		"Effective and Equitable Health Services, for All, through Resilient, Responsive, and Accountable Health System"		HEALTH STRATEGIC PLAN 2025-2034
			Maintaining and strengthening essential health services	Malaria elimination, routine immunization, vaccine-preventable disease surveillance, measles outbreak control, responding to the rise in NCDs, and maternal, newborn and child health and nutrition were identified as important priorities where any disruption in services would impact health outcomes and threaten lives. (p.16)	Chapter 5: Maintaining and strengthening essential health services
6.2	Risk Communication Capacity	R.5.1 Risk communication systems for unusual/ unexpected events and emergencies R.5.2 Internal and partner coordination for emergency risk communication R.5.3 Public communication for emergencies R.5.4 Communication engagement with affected communities R.5.5 Addressing perceptions, risky behaviours and misinformation		Cambodia has a strong national risk communication strategy integrated into its pandemic response, supported by an effective 115 hotline, digital tools, and strong leadership that promotes coordinated, consistent messaging. However, the strategy does not fully incorporate community engagement principles, and its effectiveness is limited by staff turnover, especially among spokespersons, and inadequate funding and staffing.	Joint external evaluation of the International Health Regulations (2005) core capacities of Cambodia Mission report 2–10 May 2024
6.3	Capacity of Public Health Laboratories	D.1.1 Laboratory testing for detection of priority diseases D.1.2 Specimen referral and transport system D.1.3 Effective national diagnostic network D.1.4 Laboratory quality system		Cambodia has strengthened its human and animal health laboratory systems, especially molecular testing during COVID-19, enabling rapid detection of outbreaks like H5N1. The National Institute of Public Health leads national reference lab functions and supports surveillance and research. Specialized national programmes cover HIV/STIs, TB/leprosy, and malaria. In the animal sector, NAHPRI serves as the national reference lab for major zoonotic and emerging diseases, though animal testing capacity does not extend to subnational levels.	Joint external evaluation of the International Health Regulations (2005) core capacities of Cambodia Mission report 2–10 May 2024

	Development and Maintenance of National Health Information Systems		DHIS2 (District Health Information Software 2).	Cambodia is modernizing its national health information systems, including transitioning to DHIS2, to improve interoperability, real-time surveillance, and data use for decision-making. The system supports disease surveillance, service delivery monitoring, and emergency response coordination. The transition will begin with a pilot phase midyear in 2025, followed by a nationwide rollout in 2026	Cambodia Announces Transition of National Health Management Information System to DHIS2
6.4	Monitoring and Assessment of Preparedness Capacities	R.1.1 Strategic emergency risk assessments conducted and emergency resources identified and mapped R.1.2 National multisectoral multi-hazard emergency preparedness measures, including emergency response plans, are developed, implemented and tested			Joint external evaluation of the International Health Regulations (2005) core capacities of Cambodia Mission report 2–10 May 2024
					Preparing and responding to the COVID-19 pandemic in Cambodia
	Article 7: Health and care workforce				
7.1	Development of Domestic Health and Care Workforce	D.4.2 Human resources are available to effectively implement IHR		The health workforce density is 28.8 per 10 000 population, far below the WHO threshold of 44.5 per 10 000 population.	COUNTRY PROFILE Cambodia. MID TERM RESULTS REPORT 2024 - 2025
7.2	Health Worker Protection and Well-being		**National Agenda for Health Systems Research 2024 - 2030**	The NAHSR demonstrates very strong alignment with Article 7, with Health Workforce as a top-priority research area	National Agenda for Health Systems Research 2024 - 2030
7.3	Strengthening Multidisciplinary Emergency Health Teams	R.4.2 System in place for activating and coordinating health personnel during a public health emergency		Cambodia has established incident management structures and activation criteria for emergencies, with rapid response teams that routinely conduct rapid assessments and hold regular coordination meetings. During COVID-19, mechanisms existed to scale up public health and service delivery staff, and service packages with staffing standards are documented. However, coordination at subnational levels and with other sectors, including the private sector, remains weak. High staff turnover creates ongoing training needs and leaves critical roles filled by inexperienced staff. Cambodia also lacks a formal surge personnel plan, and best practices from the COVID-19 response have not yet been	Joint external evaluation of the International Health Regulations (2005) core capacities of Cambodia Mission report 2–10 May 2024
7.4	Mitigating Workforce Migration Impact				
7.5	Protection of Other Essential Workers				
	Article 8: Regulatory systems strengthening				
8.1	Strengthening National and Regional Regulatory Authorities of the pharmeceuticla products		**Department of Drugs and Food (DDF) under the Ministry of Health (MoH)**	Cambodia's national regulatory authority for medicines, vaccines, and other health products is the Department of Drugs and Food (DDF) under the Ministry of Health (MoH). The DDF is responsible for the authorization, registration, licensing, and post-market control of pharmaceutical products, including pandemic-related health products	Ministry of Health Department of Drugs and Food
8.2	Technical Capacity and Legal/ Administrative Framework				
8.3	Public Availability of Regulatory Information				
8.4	Adoption of Regulatory Reliance Mechanisms				
8.5	Regulatory Authorization for Developers				
8.6	Improving WHO Regulatory Processes				
8.7	Monitoring on Substandard and Falsified Products				
8.8	International Cooperation and Capacity Building			Cambodia receives ongoing technical and capacity-building support from WHO and other partners to strengthen regulatory oversight, emergency authorization procedures, and pharmacovigilance, subject to available resources.	https://www.who.int/cambodia
	Article 9: Research and Development				
9.1	Research and Development Capacity			Strengths: Active international collaboration; functioning public health research institutions; data sharing through WHO and IHR mechanisms Gaps: Limited domestic R&D financing; constrained clinical trial capacity; absence of formal policies linking publicly funded R&D to equitable access and technology transfer	
9.2	Capacity for Collaborative and Inclusive Research (investment, international partnerships, stakeholder participation, etc.)				
9.3-4	Ethical and Equitable Clinical Trials during Public Health Emergencies				
9.5	Fair Access Provisions in Publicly Funded Research				
	Article 10: Sustainable and Geographically Diversified Local Production				

10	Equitable Global Production Capacity			Cambodia's local production of health products particularly modern medicines, vaccines, diagnostics, and other pandemic-related health products remains limited in scale and scope. The country currently has relatively few manufacturing facilities compared with regional peers; most pharmaceutical products are imported, and domestic production is focused on basic drugs and packaging rather than large-scale vaccine or medical device production.	
10	Local Manufacturing Capacity for Medical Products			Only companies licensed by the Ministry of Health may import drugs, medical supplies, or medical equipment. **As of 2025, Cambodia has 3,846 registered pharmacies, 527 drug import/export companies** and b**ranches, and 34 medicine and medical supply manufacturing institutions**. Most pharmaceutical products and medical devices are sold and distributed by local distributors. Over-the-counter products are mainly nutritional formulas, vitamins and supplements, and other probiotics. In addition to the formal market, there is a gray market of smuggled pharmaceuticals that are often counterfeit	Cambodia Country Commercial Guide
10.3-5	Investment and Emergency Scale-Up Capacity			Cambodia has a functioning system for emergency logistics and supply chain management, including a central stockpile mechanism, rapid distribution capacity, an electronic clearance system, integration with EOC/IMS procedures, and domestic production of key medical supplies such as PPE and laboratory materials. However, the system is constrained by gaps in documented guidelines for receiving emergency supplies, weak forecasting that can lead to stockouts, the absence of a dedicated national logistics management information system, insufficient personnel for inventory management, and largely ad hoc processes for stock requests and supply distribution.	Joint external evaluation of the International Health Regulations (2005) core capacities of Cambodia Mission report 2–10 May 2024
	Article 11: Transfer of technology and cooperation on related know-how for the production of pandemic-related health products				
11	Facilitation of Technology and Know-How Transfer		COVID-19 vaccine filling and packaging facility	Cambodia has promoted technology transfer mainly through bilateral public–private partnerships and international cooperation. A key example is the agreement between Cambodia Pharmaceutical Enterprise (CPE) and Sinovac Life Sciences to establish a COVID-19 vaccine filling and packaging facility in Cambodia. This initiative involves the transfer of production know-how, quality control procedures, and workforce training consistent with WHO Emergency Use Listing standards.	
11	Status of Intellectual Property Rights related to Technology Transfer				
11	International Cooperation and Capacity-Building				
	Article 12: Pathogen Access and Benefit-Sharing System PABS (As of late 2025, the specifics of the PABS system are still being negotiated, with recent meetings focused on drafting the PABS annex and addressing issues like standard agreements, data sharing, and the specifics of benefit-sharing mechanisms.)				
12	PABS Capacity				
12.2-5	Availability of the Legal, Ethical, and Operational Framework				
12.6-9	Fair Access, Benefit-Sharing, and Capacity-Building During Emergencies				
	Article 13: Supply chain and logistics				
13	The WHO SCL network is planned to be established in the future and is therefore not applicable				
	Article 14: Procurement and distribution				
14	Transparency in Pandemic Procurement Agreements (publicly-funded purchases)			Cambodia does not routinely publish the full terms of its purchase or supply agreements for pandemic-related health products such as vaccines, diagnostics, or therapeutics.	
	Article 15: Whole-of-government and whole-of-society approaches				
15	Multisectoral / cross-government response structures during the pandemic			Cambodia demonstrated a strong whole-of-government approach during the COVID-19 pandemic, coordinated at the highest political level. Pandemic response measures were led by the Royal Government of Cambodia, with the Ministry of Health (MoH) working alongside multiple ministries, including Interior, Education, Labour, Social Affairs, Economy and Finance, and Information.	The Development and Humanitarian Response to the COVID-19 Pandemic in Cambodia (2020–2022)
				Cambodia demonstrates strong and well-established relationships between public health, radiological safety, chemical safety, and security authorities, including the Ministry of National Defence, under an all-hazards approach.	Joint external evaluation of the International Health Regulations (2005) core capacities of Cambodia Mission report 2–10 May 2024
15	Public awareness and population-level communication			Community engagement for emergency response is moderately strong. There are established structures, networks, and a hotline (115) for community participation and feedback, supported by periodic social and behavioural research across all health system levels. However, more work is needed to evaluate and expand use of the 115 Hotline, conduct KAP surveys, deepen social media analysis to counter misinformation, and better involve communities in event-based surveillance, especially for priority zoonotic diseases	Joint external evaluation of the International Health Regulations (2005) core capacities of Cambodia Mission report 2–10 May 2024

	Including vulnerable groups in COVID-19 response efforts			Cambodia implemented social protection and economic relief measures to mitigate the socioeconomic impacts of COVID-19, particularly for vulnerable populations: Expansion of the IDPoor programme, enabling targeted cash transfers to poor and near-poor households; Cash and food assistance to informal workers, garment workers, pregnant women, children, older persons, and people with disabilities; Temporary income support for workers affected by factory closures.	Covid-19 Cash Transfer Programme: Final Report
15	Planning during peacetime & preparedness efforts		**National Action Plan for Health Security (NAPHS)** aligned with IHR (2005);		https://extranet.who.int/sph/country/cambodia?utm_source=chatgpt.com
	Article 16: Communication and public awareness				
16	Public Health and Pandemic Literacy			Pandmeic related information dissemnination in local language through media: TV, radios, social media, and MOH webpage with WHO technical support	COVID-19 in Cambodia
16	Research on Public Trust and Compliance			The COVID-19 vaccine hesitancy was recorded among people especially pregnant women in the national survey	
	Article 17: International cooperation and support for implementation				
17	Capacity Strengthening through Global Collaboration			Key areas of cooperation include: Technical assistance and capacity-building provided by the World Health Organization (WHO), particularly in surveillance, laboratory systems, risk communication, vaccination strategies, and implementation of the International Health Regulations (IHR 2005); Financial and in-kind support from development partners such as the World Bank, Asian Development Bank (ADB), Gavi, UNICEF, and bilateral donors (e.g., Japan, China,	
17	Support for Developing Countries		**Cambodia–WHO Country Cooperation Strategy 2024–2028**	The CCS (Country Cooperation Strategy) will guide the next five years of collaboration and work in a continually changing health and development landscape focused on delivering tangible impact under three strategic priorities: 1. Advance universal health coverage through quality integrated systems and services reoriented towards primary health care; 2. Improve the health of individuals, families and communities through action within and beyond the health sector; and 3. Strengthen health security systems to increase public health emergency preparedness, response and resilience.	Cambodia–WHO Country Cooperation Strategy 2024–2028
17	Coordination Across Frameworks				
	Article 18: Sustainable financing				
18	Percentage of Health Expenditure by Country			4.71 % of the GDP in 2022	Current health expenditure (% of GDP) - Cambodia
18	Proportion of Health Expenditures Dedicated to Health Emergency Response	P.1.2 Financing is available for the implementation of IHR capacities		According to SPAR (2024), Cambodia's Average Capacities Score(%) for Financing for the implementation of IHR capacities is 80%	https://extranet.who.int/sph/spar-cambodia-submitted2024
				There is a decicated funding for health emergencies, though exact number is not clear. Out-of-Pocket health expenditure is high around 60%	CAMBODIA: FROM SPENDING MORE TO SPENDING BETTER
18	Amount of Funding Received for Health Crisis Response			Cambodia received US$19.5 million for pandemic preparedness, prevention, and response (CamPPR) efforts from the Asian Infrastructure Investment Bank (AIIB) (in partnership with the Asian Development Bank (ADB)), FAO, and the World Bank. The Pandemic Fund's US$19.5 million grant will help Cambodia build its capacity to prevent, prepare, and respond to future pandemic threats through a One Health approach.	Cambodia Pandemic Prevention, Preparedness, and Response