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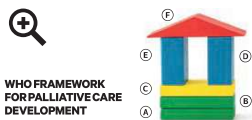


General data

POPULATION, 2023
17,423,880
SURFACE, KM², 2022
181,040
PHYSICIANS / 1,000 INH, 2022
N/A

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
146
GDP PER CAPITA (US\$), 2023
2,429,75
HEALTH EXPENDITURE (% GDP), 2021
7,53
UNIVERSAL HEALTH COVERAGE, 2021
58



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ EDUCATION AND TRAINING
- Ⓒ USE OF ESSENTIAL MEDICINES
- Ⓓ RESEARCH
- Ⓔ PROVISION OF PC



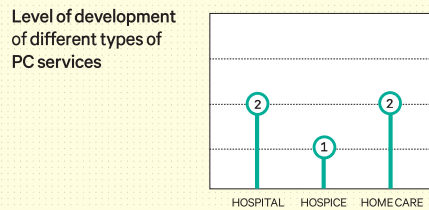
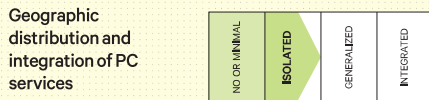
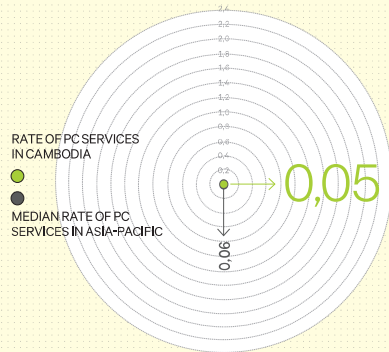
LEVEL OF DEVELOPMENT

Cambodia

F Provision of PC (Specialized Services)

Total number of Specialized PC services **9**
Rate of PC services per 100,000 inhabitants **0,05**

Cambodia in the context of Asia-Pacific regions



Pediatric PC Services
GEOGRAPHIC DISTRIBUTION AND INTEGRATION **2**
TOTAL NUMBER **2**

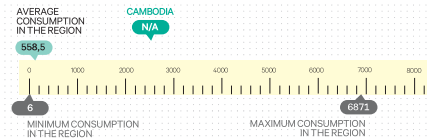
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Cambodia

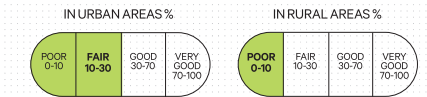
D Use of essential medicines

Opioids consumption (excluding methadone) **N/A**

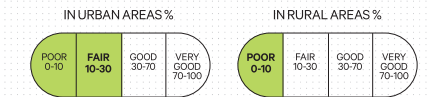
Cambodia in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **1**
Existence of PC congresses or scientific meetings **2**

National Association: —
Consultants: Keo Chamnan; Lang Meng; Dina Nim; Kanika Prak; Thol Dawin.
Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **0/11**

Nursing schools with mandatory PC teaching **0/10**

Recognition of PC specialty **1**

B Policies

National PC plan or strategy **1**

Responsible authority for PC in the Ministry of Health **1**



Inclusion of PC in the basic health package at the primary care level **2**

A Empowerment of people and communities



Groups promoting the rights of PC patients **2**
Advanced care planning-related policies **2**

AP Cambodia

People & Communities





<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>The Pain Society of Cambodia (PSC), in partnership with the Ministry of Health and Douleurs Sans Frontières (DSF), is working on developing guidelines to assist clinicians in pain management. Additionally, these organizations are actively involved in raising awareness and advancing palliative care initiatives.</p>
<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on surrogate decision-makers.</p>	<p>Approximately half of the hospitals offering palliative care services participate in a Multidisciplinary Team (MDT) Tumor Board. These hospitals commonly use legal documents that allow patients and their families to designate surrogate decision-makers and, in some cases, engage in advance care planning (ACP).</p>

Policies

<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	 <p>Not known or Does not exist.</p>	<p>Cambodia currently does not have a comprehensive national plan, program, policy, or strategy for palliative care. However, progress has been made with the introduction of the Standard Operating Procedures for Palliative Care for Cancer Patients in 2023. In addition, efforts are underway to develop national guidelines for palliative care. At this moment, there are no specific indicators or measurable targets to monitor and assess the progress of palliative care development.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a stand-alone.</p>	 <p>A national palliative care plan is in preparation.</p>	


AP Cambodia

Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>Not known or does not exist.</p>	
<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Palliative care services are recognized as a priority within Universal Health Coverage (UHC) but are not included in the General Health Law. Currently, these services are primarily provided as part of oncology care at major national hospitals, supported by the NGO Pain Society of Cambodia and home care teams from Doleurs Sans Frontières. A needs assessment by the City Cancer Challenge (C/Can) in June 2024 revealed that palliative care is not included among the health services provided at the primary care level within the national health system.</p>
<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	 <p>There is no authority defined.</p>	<p>There is currently no national coordinating authority within the Ministry of Health responsible for overseeing palliative care. The Department of Preventive Medicine under the Ministry is tasked with addressing non-communicable diseases in the country. However, its efforts have primarily concentrated on hypertension and diabetes programmes. As a result, there has been minimal focus on cancer care, and no significant initiatives have been established to support palliative care development.</p>
<p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>Does not have concrete functions or resources (budget, staff, etc.)</p>	

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Research

<p>Ind6</p> <p>Existence of congresses or scientific meetings at the national level specifically related to PC.</p>	 <p>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</p>	<p>According to the Cambodia Ministry of Health annual conference report, there are no congress or scientific meetings at national level specifically related to palliative care. However, a recent national meeting of the City Cancer Coordination Group was held to review, discuss, and revise the findings of the needs assessment report concerning hospitals providing cancer services in Phnom Penh. Palliative care for cancer patients was a key topic of discussion during the meeting. Organized by the Ministry of Health on July 10, 2024, the event received financial support from the City Cancer Challenge in Switzerland.</p>
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<p>Ind7</p> <p>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</p>	 <p>Indicates a minimal or non-existent number of articles published on the subject in that country.</p>	<p>The number of peer-reviewed articles on palliative care in Cambodia is very limited, and the existing publications primarily feature a foreign lead author, with Cambodian co-authors.</p>
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Medicines

<p>Ind8</p> <p>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</p>		<p>No data reported for Cambodia.</p>
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AP Cambodia

Medicines

<p>Ind9</p> <p>9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p> <p>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</p>	 <p>Fair: Between 10% to 30%</p>  <p>Poor: Between 0% to 10%.</p>	<p>In Cambodia, according to the National Essential Medicines List, around 35% of the medicines listed in the WHO Model List of Essential Medicines for palliative care are available at the primary healthcare facility level. The Health Workforce Development Plan highlights an urban concentration of health services, including palliative care, while rural areas face significant shortages.</p>
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<p>Ind10</p> <p>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</p> <p>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</p>	 <p>Fair: Between 10% to 30%.</p>  <p>Poor: Between 0% to 10%.</p>	<p>Morphine is only accessible at the hospital level. According to the Health Workforce Development Plan, health services, including palliative care, are predominantly concentrated in urban areas, while rural regions experience significant shortages.</p>
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AP Cambodia

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

0/11



Cambodia has a total of 11 medical schools, comprising 6 public institutions and 5 private ones. The University of Health Sciences offers palliative care as an optional subject in its medical training curriculum. Additionally, the country has 10 nursing schools, consisting of 5 public and 5 private institutions. Two nursing schools offer palliative care training as an elective, one at the International University and the other at the Medical Care School.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

1/11

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/10

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

2/10

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialization for palliative care physicians.

Currently, there is no formal specialization process in palliative medicine for physicians in Cambodia that is recognized by the competent authority. While oncologists, whose field is officially recognized, often provide palliative care, there are no designated palliative care specialists. Physicians with palliative care skills have typically acquired them through short overseas training programs.

AP Cambodia

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Isolated provision: Exists but only in some geographic areas.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Ad hoc/ in some parts of the country.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

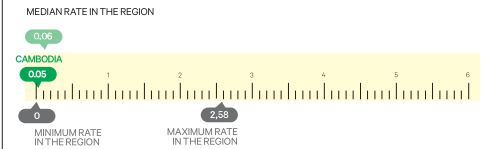


Ad hoc/ in some parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

Cambodia has specialized palliative care services provided by public, private, and NGO sectors, but lacks a formal national coordinating authority to systematize these efforts. Services are offered by nine palliative care teams across the country, including public hospitals like Calmette Hospital, Khmer-Soviet Friendship Hospital, and Kuntha Bopha Children's Hospital; private institutions such as Orange Cancer Clinic, Chakra Cancer Clinic, and Expert Cancer Clinic; and NGOs like Japan Heart Children's Medical Center, Mercy Medical Center Cambodia, and Douleurs Sans Frontières (DSF). Eight hospitals offer palliative care within their oncology departments, but there are no stand-alone hospices. DSF also operates a home-based care team serving 10 provinces, with rural patients typically receiving monthly visits and urban patients, such as those in Phnom Penh, receiving care up to twice a month. With a total of 9 palliative care teams, this corresponds to a rate of 0.05 specialized services per 100,000 inhabitants (World Bank pop.est. 2023).

RATE OF SPECIALIZED PC SERVICES/100,000 INH



9 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



Isolated provision: palliative care specialized services or teams for children exist but only in some geographic areas.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.

2

PPC TEAMS

Although there are no pediatric palliative care specialists, two palliative care services for children are available at Kuntha Bopha Children's Hospital and Japan Heart Children's Medical Center.