





## Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grade	UNDSS Security level <sup>1</sup>	INFORM (2025) <sup>2</sup>
 Conflict	Non-communicable diseases (NCDs)	TBC	<b>Cambodia:</b> Minimal (1)	<b>INFORM Risk</b> 4.5/ 10 (Medium)
 Food security	Measles			
 Displacement	Trauma, Injury and Rehabilitation			<b>Global Risk Ranking</b> 62 out of 191 countries
 Epidemics	Cholera and Acute Watery Diarrhoea (AWD)			
	Acute Respiratory Infections (ARI) including COVID-19 and Avian Influenza			
	Malaria, Dengue, other vector-borne diseases			

### SUMMARY OF CRISIS AND KEY FINDINGS

Cambodia and Thailand have long disputed several non-demarcated areas along their shared 800-kilometre land border.<sup>3</sup>

Tensions escalated in May 2025 following a fatal clash between soldiers, sparking a diplomatic crisis and increased military buildup on both sides.<sup>4</sup> On June 15, Cambodia appealed to the International Court of Justice (ICJ) for resolution. The situation worsened after two landmine incidents injured Thai soldiers in July, with mutual accusations of provocation leading to intensified skirmishes and culminating in a major military confrontation on July 24.<sup>5</sup>

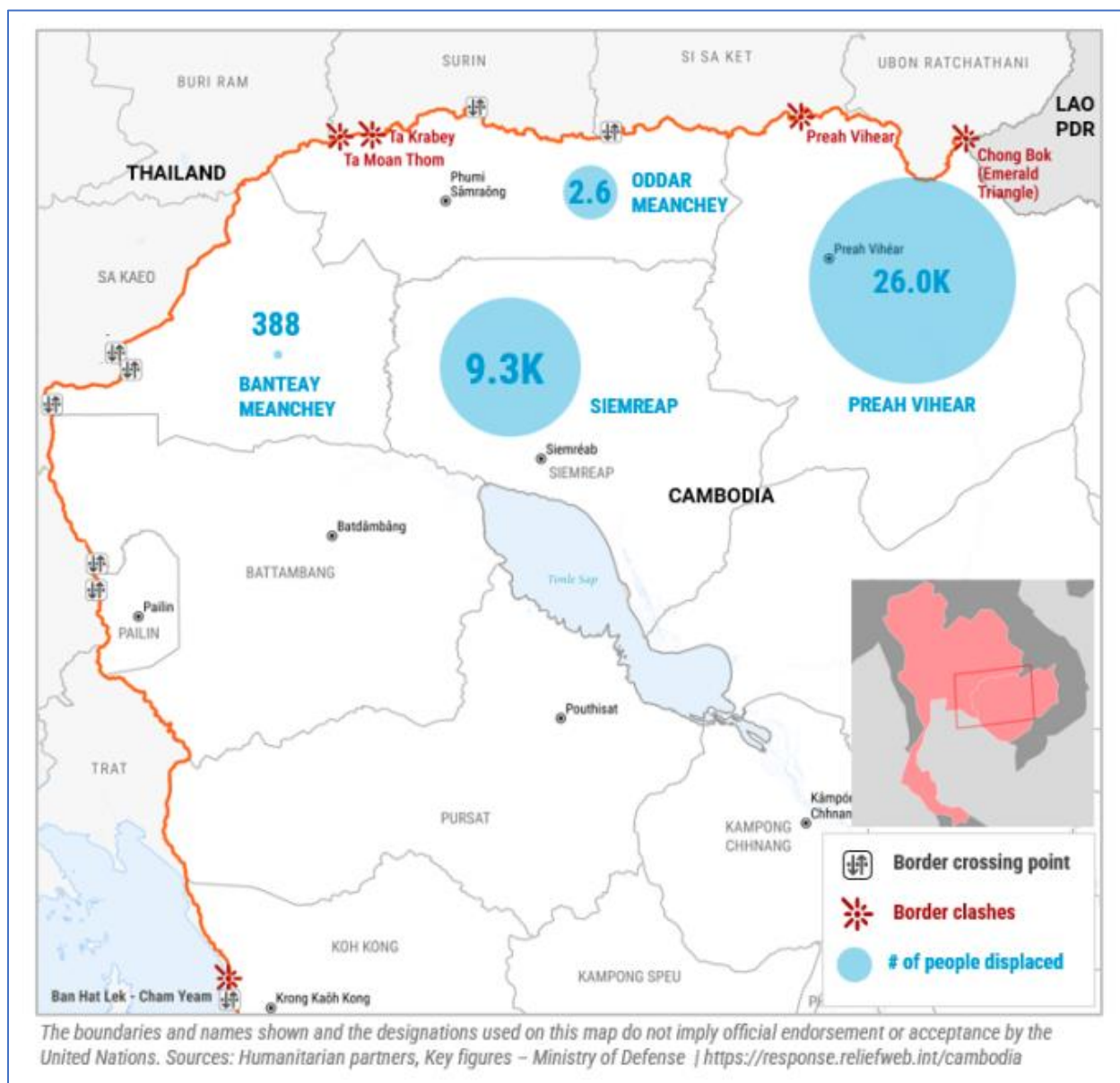
Despite the ceasefire that took effect on 28 July 2025, tensions between Cambodia and Thailand remain elevated following the capture of 20 Cambodian soldiers.<sup>6</sup> Although two wounded soldiers were returned, 18 remain in Thai custody as of 17 August, prompting Cambodia to demand their release under international humanitarian law.<sup>7</sup>

Following the 8 August General Border Committee (GBC) meeting held in Kuala Lumpur, Malaysia, large-scale returns of displaced people to their areas of origin along the Cambodia-Thailand border are taking place. Between 6 to 14 August, a 75% decrease in the number of internally displaced people (from 153 910 to 38 279 people) was reported by the Cambodia National Committee on Disaster Management (NCDM).<sup>8</sup> Of the current number of people displaced, some 30 427 people are in the 77 remaining displacement sites, while 7852 people are hosted with friends and relatives.<sup>9</sup>

Meanwhile, the number of Cambodian migrants returning from Thailand increased to 864 114 people on 14 August, a 14 per cent increase from the 755 729 people reported by National Committee for Counter Trafficking (NCCT) on 6 August.<sup>10</sup>

The escalation of armed conflict along the Thailand–Cambodia border since late May, culminating in airstrikes and mass displacement by late July, severely disrupted access to essential services.<sup>11</sup> The IDPs are facing urgent needs in shelter, health, food, education, protection, nutrition, and WASH. While some displaced populations are in planned shelters, many are staying in overcrowded schools, pagodas, or in the open, with only plastic sheets or makeshift materials for cover. These conditions expose them to the elements and increase their vulnerability. Key gaps include overwhelmed hospitals, closed schools, lack of clean water and sanitation, and heightened protection risks for vulnerable groups.<sup>12</sup>

As of 31 July 2025, Ministry of Defence of Cambodia report there were 13 deaths (five military; eight civilians) and 71 injuries.<sup>13</sup>



**Figure 1 Internally Displaced Population in Cambodia as of 18 August 2025 (HRF Sit Rep #3)**

## HUMANITARIAN PROFILE



### PEOPLE IN NEED (PiN)

There is limited information available on those in need, however there are currently **118 796 people staying in 120 evacuation centres** as of 6 August 2025.<sup>14</sup>



### HEALTH NEEDS

Displacement sites face common illness outbreaks, including scabies, exacerbated by heat, poor shelter, and overcrowding.<sup>15</sup>



### DISPLACEMENT

Between 6 to 14 August, a **75% decrease** in the number of internally displaced people (from 153 910 to **38 279 people**) was reported.<sup>16</sup>



### FOOD SECURITY

A substantial portion of the population faces food insecurity, poverty and shocks.<sup>17</sup>

### Humanitarian Response to Date

The uncertainty of the situation is leading humanitarian partners to focus on a two-pronged approach, continued assistance and service provision to people in the remaining displacement sites and a shift to early recovery assistance to vulnerable families returning, whose homes or livelihood assets were damaged or destroyed during the hostilities.<sup>18</sup> Some damage and needs assessments have taken place in areas of return, with other assessments planned in the coming days to identify those households most affected and their level of vulnerability.<sup>19</sup>

On July 25, Cambodia's Ministry of Health activated an Emergency Health Response Committee with secretariat and three sub-committees: 1) emergency care and referral; 2) prevention, health education, and mental health and psychosocial support; 3) logistics, equipment and supplies.

At the provincial level, health departments launched a preparedness plan across with three levels of emergency medical teams (EMT) and patients pathway, which consist of EMT 1 focusing on onsite primary healthcare services at temporary centers in collaboration with local authorities, EMT 2 focusing on intermediate care at district hospital and selected health centers, and EMT 3 for more advanced care and treatment.

Under the coordination of Humanitarian Country Team (HCT), the Humanitarian Response Forum (HRF) was activated to support the Government humanitarian response to internally displaced population (IDPs) under leadership of National Committee for Disaster Management (NCDM) and Provincial Committee for Disaster Management (PCDM).

### Displacement

Having reached a peak of 172 000 displaced people on 30 July, there were 153 910 displaced people as of 6 August. Of these, some 35 000 people were with friends and relatives, with the rest staying in 120 displacement sites supported by the Government.<sup>20</sup>

Between 6 to 14 August, a 75% decrease in the number of internally displaced people (from 153 910 to 38 279 people) was reported by the Cambodia National Committee on Disaster Management (NCDM).<sup>21</sup> Of the current number of people displaced, some 30 427 people are in the 77 remaining displacement sites, while 7852 people are hosted with friends and relatives.<sup>22</sup>

These populations have sought refuge in officially recognized camps and safety centers, as well as with host families.<sup>23</sup> Authorities and communities have identified and established numerous safety centers or camps, often utilizing pagoda or school grounds.<sup>24</sup> Tents and some basic shelter materials have been distributed in locations.<sup>25</sup> Key gaps include overwhelmed hospitals, closed schools, lack of clean water and sanitation, and heightened protection risks for vulnerable groups.<sup>26</sup> Despite large-scale returns, some displacement sites are expected to remain for longer, as areas are cleared of UXOs or are deemed safe for returns by the Cambodian military.<sup>27</sup>

Meanwhile, the number of Cambodian migrants returning from Thailand increased to 864 114 people on 14 August, a 14 per cent increase from the 755 729 people reported by National Committee for Counter Trafficking (NCCT) on 6 August.<sup>28</sup>

More broadly, at the end of 2024, UNHCR identified more than 75 000 people as forcibly displaced in need of protection in Cambodia.<sup>29</sup>

### **Food Security**

With an outpouring of generosity from the public and various institutions, immediate food access was sufficient for the short term. As of 28 July, there are no food access challenges reported by displaced populations. Yet, in the larger and more remote displacement sites food is increasingly reported as an urgent need. Most sites have some stocks but unsure where, when or how they can be replenished.

There is also an issue of quality and nutritional diversity in donated food. Livelihood disruptions are also significant due to displacement in the planting season, job loss, and loss of livestock will impact people's food security in the medium-term.<sup>30</sup>

More broadly, a substantial portion of the population faces food insecurity, poverty and shocks. Existing data from Cambodia indicates malnutrition rates are high, with 10% of children below 5 suffer from wasting (low weight for height) and 22% experiencing stunting (impaired development), while micronutrient deficiency and overweight/obesity are on the rise.<sup>31</sup>

### **Humanitarian Access**

The escalation of armed conflict along the Thailand–Cambodia border since late May, culminating in airstrikes and mass displacement by late July, has severely disrupted access to essential services.<sup>32</sup> The 28 July ceasefire agreement offered a critical window for humanitarian access and response scale-up.<sup>33</sup>

### **Vulnerable Groups**

- **Children:** By 27 July, over 130 000 people had been displaced across five provinces, with children making up a significant portion. While no child fatalities have been confirmed, children with disabilities and those living with elderly caregivers remain in conflict zones due to lack of transport.<sup>34</sup>
- **Women:** Cambodian women remain underrepresented in leadership. While progress has been made—such as a government decree requiring that one in three village leaders be women—significant disparities persist. In 2020, women held 21% of National Assembly seats and 16% of Senate seats. However, their representation declined after the 2023 elections, falling to 13% in parliament. Women now account for only 10% of Ministers and 15 per cent of Secretaries or Under Secretaries of State, despite making up 42% of the civil service.<sup>35</sup>

## HEALTH STATUS AND THREATS

**Population mortality:** In Cambodia, the current population is 17 423 880 as of 2023 with a projected increase of 26% to 21 931 455 by 2050. In Cambodia, life expectancy at birth (years) has improved by 9.82 years from 59.1 [58.4 - 59.7] years in 2000 to 68.9 [68.3 - 69.8] years in 2021.<sup>36</sup> The top causes of death for females and males in Cambodia in 2021 were stroke, ischaemic heart disease, COVID-19, lower respiratory infections and cirrhosis of the liver.<sup>37</sup>

MORTALITY INDICATORS	Cambodia	Year
Life expectancy at birth	68.9	2021 <sup>38</sup>
Infant mortality rate (deaths < 1 year per 1000 births)	20	2022 <sup>39</sup>
Child mortality rate (deaths < 5 years per 1000 births)	20	2022 <sup>40</sup>
Maternal mortality ratio (per 100 000 live births)	154	2022 <sup>41</sup>

**Vaccination coverage:** Persistent coverage gaps are most common in poor, remote, and ethnic minority communities—for instance, in Monduliri and Ratanakiri provinces, routine coverage reaches only ~64%, versus ~76% nationally.<sup>42</sup>

Based on discussions between national immunisation programme (NIP) and WHO and other partners and also with guidance from NIP and MoH, the consultation room in all temporary shelters are providing routine vaccines included COVID- 19 vaccine and Measles/Rubella (MR) vaccine to children up to 9 years.

Up to date, 1095 children vaccinated with MR vaccine at 18 temporary shelters in Siem Reap province. Furthermore, 97.2% (907 023/932 860) children aged from 5 to 9 years were vaccinated one dose of MR during MR Supplementary Immunization Activity (SIA) from 28 July to 12 August 2025 in 554 Health Centres (HC) of 43 HCs in 9 provinces: Banteay Meanchey, Battambang, Kampong Thom, Siem Reap, Kampong Cham, Phnom Penh, Kandal, Preah Sihanouk and Steung Treng.

VACCINATION COVERAGE DATA (WUENIC data)	Cambodia	Year
DTP-containing vaccine, 1st dose	90%	2024
DTP-containing vaccine, 3rd dose	83%	2024
Polio, 3 <sup>rd</sup> dose	84%	2024
Measles-containing vaccine, 1st dose	83%	2024

## OVERVIEW OF KEY DISEASE RISKS

KEY HEALTH RISKS IN COMING MONTH		
Public health risk	Level of risk***	Rationale
Non-communicable diseases (NCDs)		In Cambodia, the top causes of death for females and males in Cambodia in 2021 were stroke and ischaemic heart disease. <sup>43</sup> Noncommunicable diseases (NCDs) are the leading cause of death in Cambodia, responsible for approximately 60 000 deaths annually. <sup>44</sup>



<b>Measles</b>		From 1 January to 4 August 2025, Cambodia reported 3615 measles confirmed cases. This is a sharp increase compared to the 666 cases reported in all of 2024. <sup>45</sup>
<b>Trauma, Injury and Rehabilitation</b>		As of 28 July 2025, Ministry of Defence of Cambodia reported there were 13 deaths (five military; eight civilians). <sup>46</sup> As of 31 July, 392 injuries (44 females) have been reported by the Ministry of Health. Injuries include 121 (13 female) severe cases that have required surgery or emergency care. The number that currently remain in health facilities is 297 and the majority of these (202) are in Preah Vihear, followed by Banteay Meanchey (60) and Siem Reap (33). <sup>47</sup> More than 65 000 people have been killed or injured from landmines and unexploded ordnance since the end of the Khmer Rouge in 1979. <sup>48</sup>
<b>Cholera and Acute Watery Diarrhoea (AWD)</b>		There is no known current diarrhoeal disease outbreak in Cambodia. The last outbreak of AWD was in 2010. Given that the displaced populations have limited access to water and sanitation and there are insufficient numbers of latrines, new outbreaks of diarrhoeal disease may emerge. With disruption to water supply, the overall water, sanitation, and hygiene (WASH) situation can deteriorate further, increasing the risk of diarrhoeal diseases in the affected areas.
<b>Acute Respiratory Infections (ARI) including COVID-19 and Avian Influenza</b>		Influenza positivity has increased to 28% in week 29 compared to 21% in the previous week. With displacement of affected people and overcrowding, the risk of respiratory infection will increase. Between 1 January and 1 July 2025, WHO was notified by Cambodia's International Health Regulations (IHR) National Focal Point (NFP) of 11 laboratory-confirmed cases of human infection with avian influenza A(H5N1) virus. Seven of the 11 cases were reported in June, an unusual monthly increase. <sup>49</sup>
<b>Malaria</b>		Cambodia reported 8 cases, a 95% decrease compared to the same time period in 2024. <i>P. falciparum</i> + mixed cases, <i>P. vivax</i> and other species constituted 13%, 87% and 0% of cases, respectively. <sup>50</sup>
<b>Mental Health Conditions</b>		Approximately 66% of displaced families in Cambodia are experiencing severe psychological distress following the conflict along the Cambodian-Thai border. Evacuation, witnessing bombing and/or shooting and the loss of relatives are reported as the most triggering events for those affected. <sup>51</sup>
<b>Dengue Fever</b>		As of 22 July 2025 (epidemiological week 28), a total of 17 728 dengue cases, including 32 deaths (case fatality rate [CFR]: 0.18%), have been reported through the National Dengue Surveillance System. This represents an increase compared to the same period in 2024, when 7440 cases and 24 deaths were reported. <sup>52</sup>
<b>Protection Risks (including GBV)</b>		Child protection risks are widespread for those who have been recently displaced, including violence, psychological distress, and lack of awareness of GBV and safeguarding risks. <sup>53</sup> The reported limitation of gender-separated facilities, including toilets, and overcrowding in temporary shelters increase the risk of GBV. <sup>54</sup>
<b>Chikungunya</b>		WHO issued an alert on 22 July regarding the rapid spread of chikungunya globally and in the Western Pacific Region, several countries have reported local transmission and importations from inside/outside the region. As the vector is present in Cambodia, the country is at increased risk of transmission.
<b>Malnutrition</b>		A substantial portion of the population faces food insecurity, poverty and shocks. Malnutrition rates are high, with 10% of children below 5

		suffer from wasting (low weight for height) and 22% experiencing stunting (impaired development), while micronutrient deficiency and overweight/obesity are on the rise. <sup>55</sup>
<b>Maternal and Reproductive Health Conditions</b>		In 2025, skilled birth attendance is near universal, with 98.7% of births attended by trained health professionals and 97.5% of women giving birth in a health facility. <sup>56</sup> Between 2014 and 2021-2022, neonatal and under-five mortality rates declined by 54%, from 18 to 8 and from 35 to 16 per 1000 live births respectively. <sup>57</sup>
<b>Tuberculosis (TB)</b>		Cambodia has made progress towards meeting the End TB Strategy targets, and while multiple sources of evidence indicate that the burden of TB is falling in Cambodia – with 500 000 TB patients cured and an estimated 400 000 deaths averted since 2000 – there is uncertainty about the true burden of the disease. <sup>58</sup>
<b>Human immunodeficiency virus (HIV)</b>		Cambodia has successfully reduced HIV prevalence, with the rate among those aged 15-49 dropping from 3.9% in 1997 to 2.8% recently. <sup>59</sup> Cambodia has made significant progress in combating the HIV epidemic, transitioning from one of the highest prevalence rates in Southeast Asia to a country achieving near-universal access to treatment. <sup>60</sup>
<b>Polio</b>		Cambodia was declared polio-free in 2000, having successfully eliminated the disease. The last case of polio in Cambodia was diagnosed in 1997.
<b>Rabies</b>		Rabies is endemic throughout Cambodia, where infection results in over 400 human deaths from canine rabies annually. The chief risk to humans is from dog bites; there are over 200,000 dog bites annually in Cambodia. <sup>61</sup>
<b>Scabies</b>		While mobile clinics are in place, displacement sites face common illness outbreaks, including scabies, exacerbated by heat, poor shelter, and overcrowding. <sup>62</sup>
<p><b>Red:</b> <b>Very high risk.</b> Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p><b>Orange:</b> <b>High risk.</b> Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p><b>Yellow:</b> <b>Moderate risk.</b> Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p><b>Green:</b> <b>Low risk.</b> Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

### Non-communicable diseases (NCDs)

In Cambodia, the top causes of death for females and males in Cambodia in 2021 were stroke and ischaemic heart disease.<sup>63</sup> Noncommunicable diseases (NCDs) are the leading cause of death in Cambodia, responsible for approximately 60 000 deaths annually. This translates to nearly one in four Cambodians dying prematurely between the ages of 30 to 70 years due to conditions like cardiovascular diseases, diabetes, cancer and chronic respiratory diseases. NCDs place significant strain on the country's healthcare system, requiring a comprehensive approach to effectively address the broad array of health issues. Additionally, alcohol consumption has surged, with one in four adults reporting heavy episodic drinking in the past month. The prevalence of raised blood pressure has also risen sharply, now affecting nearly one in five adults (17%).<sup>64</sup>

### Measles

From 1 January to 4 August 2025, Cambodia reported 3615 measles confirmed cases. This is a sharp increase compared to the 666 cases reported in all of 2024. The current outbreak has affected all 25 provinces, with Phnom Penh the hardest hit, reporting 591 cases, followed by Siem Reap with 381,

Kampong Thom with 281, Kandal with 251, Prey Veng with 233, Bantheay Mienchey with 204 and Battambang with 194. The surge is particularly alarming given the heightened risk to children who are unvaccinated or under-immunized.<sup>65</sup>

Cambodia is not alone in facing the resurgence of measles. Since 2023, global measles cases have risen sharply, driven by declines in vaccination coverage during the COVID-19 pandemic and increased population mobility. The upward trend has continued into 2024, with significant spikes observed across the Western Pacific Region.<sup>66</sup>

### ***Trauma, Injury and Rehabilitation***

As of 28 July 2025, Ministry of Defence of Cambodia report there were 13 deaths (five military; eight civilians).<sup>67</sup> As of 31 July, 392 injuries (44 females) have been reported by the Ministry of Health. Injuries include 121 (13 female) severe cases that have required surgery or emergency care. The number that currently remain in health facilities is 297 and the majority of these (202) are in Preah Vihear, followed by Banteay Meanchey (60) and Siem Reap (33).<sup>68</sup>

Although there is a ceasefire in place, almost 300 people remain in health facilities and are receiving treatment. The numbers of displaced and injured people may lead to psychological distress, trauma, and other mental health problems including to depression and anxiety among the affected populations.

More broadly, road traffic accidents are a leading cause of death in Cambodia. An average of 5.4 people die every day from traffic accidents in Cambodia, making it the sixth leading cause of mortality, greater than all deaths from HIV/ AIDS. Road traffic accidents impose a major economic burden.<sup>69</sup>

Some IDPs returned home prematurely without Unexploded Ordnance (UXO) clearance or security guarantees.<sup>70</sup> More than 65 000 people have been killed or injured from landmines and unexploded ordnance since the end of the Khmer Rouge in 1979.<sup>71</sup>

### ***Cholera and Acute Watery Diarrhoea (AWD)***

Water is available in most sites, primarily drawn from existing pagoda water supplies, wells, and ponds. There is a general concern about the lack of clean water across multiple camps.<sup>72</sup> In some camps, fixed and temporary toilets have been provided, with up to 32 toilets deployed at one site. Pagoda and school toilets are also being used by the IDP population.<sup>73</sup> The number of latrines is critically insufficient for the population density, falling far short of emergency standards (50 people per latrine). This forces residents to resort to unsafe practices, increasing the risk of fecal-oral disease transmission.<sup>74</sup>

There is no known current diarrhoeal disease outbreak in Cambodia. The last acute watery diarrhoea outbreak was in 2010. Given that the displaced populations have limited access to water and sanitation and there are insufficient numbers of latrines, new outbreaks of diarrhoeal disease may emerge. With disruption to water supply, the overall water, sanitation, and hygiene (WASH) situation can deteriorate further, increasing the risk of diarrhoeal diseases in the affected areas. In response, WASH sector under HRF mobilized emergency support for displaced populations across seven border provinces focusing on water treatment supplies, water storage containers, and hygiene kits.

In 2005 in Cambodia, diarrhoea was responsible for 17% of deaths among children under the age of 5. Over the past decades, Cambodia has made significant improvements and has been able to reduce by 80%. Despite these improvements, diarrhoea is still a significant problem responsible for 6% of all deaths in children under 5 years of age in 2015 in Cambodia, and its impact is considerable especially in rural areas due to the poor resources of medical facilities.<sup>75</sup>

### ***Acute Respiratory Infections (ARI) including COVID-19 and Avian Influenza***

According to bi-weekly influenza report produced by WHO Western Pacific Regional Office, influenza positivity has increased to 28% in week 29 compared to 21% in the previous week. With displacement of affected people and overcrowding, the risk of respiratory infection will increase.



Between 1 January and 1 July 2025, the WHO was notified by Cambodia's International Health Regulations (IHR) National Focal Point (NFP) of 11 laboratory-confirmed cases of human infection with avian influenza A(H5N1) virus. Seven of the 11 cases were reported in June, an unusual monthly increase.<sup>76</sup>

Avian influenza A(H5N1) was first detected in Cambodia, in December 2003, initially affecting wild birds. Since then, 83 cases of human infection with influenza A(H5N1), including 49 deaths (case fatality ratio [CFR] of 59%), have been reported in the country.<sup>77</sup> While the virus continued to circulate in avian species, no human cases were reported between 2014 and 2022, after which, the virus re-emerged in humans in February 2023. Since the re-emergence of human A(H5N1) infections in Cambodia in 2023, a total of 27 cases have been reported (six in 2023, 10 in 2024, and 11 to date in 2025), of which 12 were fatal (CFR 44%). Seventeen of the cases occurred in children under 18 years old. Based on currently available information, WHO assesses the current risk to the general population posed by this virus as low.<sup>78</sup>

### **Malaria**

Cambodia reported 8 cases, a 95% decrease compared to the same time period in 2024. *P. falciparum* + mixed cases, *P. vivax* and other species constituted 13%, 87% and 0% of cases, respectively.<sup>79</sup> The presence of wastewater and slow-moving water streams was observed around several camps, creating potential breeding sites for disease vectors like mosquitoes. Comprehensive vector control measures are not yet systematic.<sup>80</sup>

### **Mental Health Conditions**

Approximately 66% of displaced families in Cambodia are experiencing severe psychological distress following the conflict along the Cambodian-Thai border. Evacuation, witnessing bombing and/or shooting and the loss of relatives are reported as the most triggering events for those affected.<sup>81</sup> Psychosocial distress, especially among children in Preah Vihear and Siem Reap, is rising.<sup>82</sup>

Mental health needs are pressing and underserved.<sup>83</sup> Currently, basic mental healthcare is available primarily in urban areas and is provided by a mixture of government, non-government and private services.<sup>84</sup> Despite the initial rapid growth of services and the development of a national mental health strategy in 2010, significant challenges remain in achieving an acceptable, standardised level of mental healthcare nationally.<sup>85</sup>

More broadly, in Cambodia the latest estimated number of people who use drugs aged 18 years and above in 2017 was notably large at around 22374 people. Previous studies show that psychological distress is common among Cambodian people who use drugs. Also, access to psychological support, such as services provided in drop-in centres by community-based organizations, is limited. In 2017, 90 672 people received mental health treatment within public health facilities, with approximately 5% reporting that their mental health condition was driven by substance use.<sup>86</sup>

In Cambodia, per capita alcohol consumption (in litres of pure alcohol) increased from 4.6 in 2003–2005 to 5.5 in 2008–2010 in the general population (15 years and above), while among drinkers the per capita pure alcohol consumption was 14.2.1).<sup>87</sup> The prevalence of alcohol use disorders and alcohol dependence in Cambodia were 4.4% and 2.7%, respectively in 2010. In a local study in rural communities in Cambodia, a high prevalence of alcohol use disorder (25%) was found. In a school survey in a provincial town in Cambodia, 47.4% of adolescents had drunk at least a full glass of alcohol.<sup>88</sup> Similar to other developing countries, alcohol consumption in Cambodia can be attributed to globalization, industrialization, migration, rising living standards, and increasing media presence including advertising.<sup>89</sup>

Furthermore, a number of studies have found that poor mental health (worry/anxiety), suicidal ideation, loneliness and related variables such as bullying victimization, violence victimization and drug use were associated with current alcohol use, problem drinking, or lifetime drunkenness among adolescents.<sup>90</sup>

### ***Dengue Fever***

For those displaced, the National Center for Parasitology, Entomology and Malaria Control requested 70 000 mosquito nets, 1.2 million bottles of repellent and 30 000 dengue rapid tests.<sup>91</sup> As of 22 July 2025 (epidemiological week 28), a total of 17 728 dengue cases, including 32 deaths (case fatality rate [CFR]: 0.18%), have been reported through the National Dengue Surveillance System. This represents an increase compared to the same period in 2024, when 7,440 cases and 24 deaths were reported.<sup>92</sup> The presence of wastewater and slow-moving water streams was observed around several camps, creating potential breeding sites for disease vectors like mosquitoes. Comprehensive vector control measures are not yet systematic.<sup>93</sup>

### ***Malnutrition***

More broadly, a substantial portion of the population still faces food insecurity, poverty and shocks. Malnutrition rates are high, with 10% of children below 5 suffer from wasting (low weight for height) and 22% experiencing stunting (impaired development), while micronutrient deficiency and overweight/obesity are on the rise.<sup>94</sup> Micronutrient deficiencies are widespread and overweight/obesity is on the rise. Cambodia is highly vulnerable to natural disasters, with regular monsoon flooding in the Mekong and Tonle Sap basin and localised droughts in the plains. These climate related disasters can undo years of developmental gains.<sup>95</sup>

### ***Maternal and Reproductive Health Conditions***

Despite significant achievements and high coverage of antenatal care and facility-based deliveries by trained health personnel, challenges persist. While maternal mortality has declined, it remains high at 154 deaths per 100 000 live births, primarily due to haemorrhage and pregnancy-induced hypertension — both preventable causes.<sup>96</sup>

In 2025, skilled birth attendance is near universal, with 98.7% of births attended by trained health professionals and 97.5% of women giving birth in a health facility.<sup>97</sup> Between 2014 and 2021-2022, neonatal and under-five mortality rates declined by 54%, from 18 to 8 and from 35 to 16 per 1000 live births respectively. Cambodia achieved its Sustainable Development Goals (SDG) targets for reducing neonatal and under-five mortality eight years ahead of schedule.<sup>98</sup>

In Cambodia, 19% of girls aged 15 to 19 are married (2023) The adolescent pregnancy rate is 48 per 1000 girls aged 15 to 19. The unmet need for family planning is 18.8%, and among unmarried and married adolescents, the contraception prevalence rates are 28.8% and 40.9%, respectively.<sup>99</sup>

### ***Tuberculosis (TB)***

Despite being a preventable and curable disease, 1.5 million people die from TB globally each year — making it the world's top infectious killer.<sup>100</sup> Cambodia has made progress towards meeting the End TB Strategy targets, and while multiple sources of evidence indicate that the burden of TB is falling in Cambodia — with 500 000 TB patients cured and an estimated 400 000 deaths averted since 2000 — there is uncertainty about the true burden of the disease.<sup>101</sup> The second national TB Prevalence Survey in 2011 revealed a 38% reduction from the first survey in 2002, but TB detection and care has been negatively affected by the COVID-19 pandemic.<sup>102</sup>

### ***Human immunodeficiency virus (HIV)***

Cambodia has successfully reduced HIV prevalence, with the rate among those aged 15-49 dropping from 3.9% in 1997 to 2.8% recently.<sup>103</sup> Cambodia has made significant progress in combating the HIV epidemic, transitioning from one of the highest prevalence rates in Southeast Asia to a country achieving near-universal access to treatment. While the nation has seen a substantial decline in new infections, particularly among young people, a notable portion of new infections still occur within key populations. Young people (44%) and men (79%) are disproportionately affected by new infections.<sup>104</sup>

### *Protection Risks (including GBV)*

Protection risks are detailed under the Determinants of Health section of the report.

#### *Chikungunya*

Chikungunya was reintroduced into Cambodia in 2011, and two large outbreaks have occurred since then, in 2012 and 2020. The risk of chikungunya occurs throughout Cambodia, including in Phnom Penh.<sup>105</sup> WHO issued an alert on 22 July regarding the rapid spread of chikungunya globally. In the Western Pacific Region, several countries have reported local transmission and importations from inside/outside the region. As the vector is present in Cambodia, the country is at increased risk of transmission.

#### *Polio*

Cambodia was declared polio-free in 2000, having successfully eliminated the disease. The last case of polio in Cambodia was diagnosed in 1997.

#### *Rabies*

Rabies is endemic throughout Cambodia, where infection results in over 400 human deaths from canine rabies annually. The chief risk to humans is from dog bites; there are over 200,000 dog bites annually in Cambodia.<sup>106</sup>

#### *Scabies*

While mobile clinics in place, displacement sites face common illness outbreaks, including scabies, exacerbated by heat, poor shelter, and overcrowding.<sup>107</sup>

## DETERMINANTS OF HEALTH

### *Protection Risks*

**Gender Based Violence (GBV):** Child protection risks are widespread for those who have been recently displaced, including violence, psychological distress, and lack of awareness of GBV and safeguarding risks.<sup>108</sup> Reports of increased domestic and gender-based violence have emerged. One separated child case is under follow-up.<sup>109</sup> Lack of gender separated facilities, including toilets, and overcrowding in temporary shelters increase the risk of GBV and violence against children. Evacuation site layouts present risks for harassment.<sup>110</sup> Current socio-economic insecurity and instability also led to harmful coping mechanisms including abuse of alcohol, which may increase the risk of domestic violence against women and children.<sup>111</sup>

**Child Protection:** Many South East Asian countries are hotspots for child sexual exploitation and abused, more specifically, sexual exploitation of children in situations of Cambodia has seen a marked decline in reported child abuse prevalence from 15–30% in the early 2000s to just over 2% a decade later.<sup>112</sup> However, still, one in two children has experienced severe beating, one in four has suffered from emotional abuse, and one in 20 has been sexually assaulted. Many children are trafficked, forced to work, separated from their families and unnecessarily placed in residential care institutions.<sup>113</sup>

**Mine Risks:** Cambodia reported increased land release through survey and clearance by nearly 90% to 362km<sup>2</sup> in 2023, according to data provided by the Cambodian Mine Action and Victim Assistance Authority (CMAA). Despite the significant progress achieved, Cambodia acknowledged in 2024 it would be unable to complete clearance by its latest Article 5 deadline and would request an extension.<sup>114</sup> More than 65,000 people have been killed or injured from landmines and unexploded ordnance since the end of the Khmer Rouge in 1979.<sup>115</sup>

### *Socio-economic Challenges*

Cambodia has achieved remarkable economic growth in the last two decades. The poverty rate has decreased from 47.8% in 2007 to 17.8% in 2019-20.<sup>116</sup> The Government is committed to reaching upper middle-income status by 2030 and high-income status by 2050—by sustaining growth and accelerating structural transformation. However, a significant portion of the population remains ‘near poor’ and still at high risk of falling back into poverty following a shock.<sup>117</sup>

### **Water Sanitation and Hygiene (WASH)**

Many temporary shelters lack access to clean water due to the absence of nearby sources or reservoirs. Displaced families often do not have adequate containers for water collection and storage, limiting their ability to meet daily needs. Sanitation infrastructure is severely lacking, with a critical shortage of latrines and waste management systems, increasing the risk of waterborne diseases.<sup>118</sup> In response, WASH sector under HRF mobilized emergency support for displaced populations across seven border provinces focusing on water treatment supplies, water storage containers, and hygiene kits.

### **Climate Vulnerabilities**

From January to early July 2025, Cambodia generally experienced wetter-than-average conditions. Notably, there were significant rainfall peaks in late May, mid-June and early July. In June 2025, cumulative rainfall was slightly/moderately above the long-term average across most provinces. However, rainfall deficits were observed in the northwestern parts of Battambang and Pursat.

In June 2025, water levels at all eight river monitoring stations in Cambodia remained below flood alert thresholds, despite showing upward trends and staying above the long-term average. This increase was largely driven by higher rainfall in upstream and catchment areas.<sup>119</sup>

### **Education**

The ongoing border conflict has significantly disrupted education services. As of 6 August, 281 schools remain closed, affecting 86 195 students and 2 773 teachers.<sup>120</sup> The two provinces most impacted are Oddar Meanchey and Preah Vihear.<sup>121</sup> Displacement has disrupted learning for tens of thousands of children. Temporary learning spaces are limited, and children show signs of emotional distress, disengagement, and dropout risk. Access to nearby schools is challenging due to overcrowding and transportation barriers.<sup>122</sup> While provincial authorities have arranged transportation for some students from nearby accommodation sites, many children remain without access to learning due to the distance from functioning schools.<sup>123</sup>

More broadly, Cambodia has made significant strides in advancing girls' education, recognising it as a fundamental right and a catalyst for transforming society.<sup>124</sup> Cambodia's commitment to gender equality in education is evident in its approach. The national curriculum now incorporates gender and women's rights, and policies actively encourage female participation at all levels of education.<sup>125</sup>

## **HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS**

### **Pre-crisis health system status**

The Ministry of Health is the single largest purchaser of drugs, medical supplies, and medical equipment. As of 2022, Cambodia had 132 public hospitals and 1288 public health centres nationwide. However, the proportion of healthcare provided by the private sector is increasing, offering potential opportunities for sales of medical supplies and medical equipment.<sup>126</sup>





**Healthcare Finances:** Out-of-pocket expenditures represent 60% of current health expenditures. Health insurance targeting the budding middle class is in growing demand, as poorer populations are increasingly supported by government and NGO-provided healthcare, and wealthier populations purchase policies from international insurance companies. Cambodia currently has 18 general insurance companies and 14 life insurance companies.<sup>127</sup>

**Health Workers:** The health workforce in Cambodia faces several challenges, include understaffing and limited diagnostic capabilities, leading to low use of the public health service. The health workforce density is 28.8 per 10 000 population, far below the WHO threshold of 44.5 per 10 000 population. Around 80% of the population seek care from private providers.<sup>128</sup>

**Medical Supplies and Medicines:** As of 2022, Cambodia has 3,379 registered pharmacies, 592 drug import/export companies and branches, and 33 medicine and medical supply manufacturing institutions. In addition to the formal market, there is a grey market of smuggled pharmaceuticals that are often counterfeit.<sup>129</sup>

### In crisis health system status

As of 28 July, 13 health facilities were closed across Preah Vihear, Oddar Meanchey, and Pursat. Samrong Hospital is overwhelmed, and referral capacity to Siem Reap and Srey Snam remains limited. Health posts have been established in safe centres, offering 24/7 care, health education, and immunization.<sup>130</sup>

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
			
As of 28 July, 21 health facilities have closed across Preah Vihear, and Oddar Meanchey. <sup>131</sup>	As of 28 July, hospitals are overwhelmed, and referral capacity to Siem Reap and Srey Snam remains limited. <sup>132</sup>	No verified reports to date (as of 11 August) due to limited verification system in place.	No verified reports to date (as of 11 August) due to limited verification system in place.

The National Immunization Program has launched a targeted campaign for displaced populations: tetanus-diphtheria for women, routine immunization for children under 2, measles-rubella for children aged 3–15, and COVID-19 for those 12 and older. Siem Reap is overstretched with 138 safe centres. Overcrowding and poor sanitation raise risks of disease outbreaks. Additional coordination support and hygiene supplies are urgently needed to sustain services and prevent vaccine-preventable diseases.<sup>133</sup>

WHO, with MoH is enhancing event-based surveillance in displacement sites to detect signals of potential outbreaks of common illnesses (respiratory or foodborne disease outbreaks, dengue, VPD etc.). The local Rapid Response Teams (RRT) have reported constraints with setting up the Early Warning Alert and Response System (EWARS) to systematically monitor epidemic-prone illnesses. Current event-based surveillance (EBS) relies on reports from the camp management team or self-report from individuals to local RRTs. Local RRTs would verify events and collect specimens if required.

### **Humanitarian Health Needs**

The Cambodia Humanitarian Response forum also reported health needs for the region (8 August 2025), detailed below:

- Mobile clinics in place, but displacement sites face common illness outbreaks (fever, diarrhea, scabies), exacerbated by heat, poor shelter, and overcrowding.<sup>134</sup>



- Mental health needs are pressing and underserved.<sup>135</sup>
- All 20 ART sites are operational, and four out of five satellite sites are too. Cham Ksan referral hospital in Preah Vihear Province is currently closed. Challenges in accessing ART services include uncertainty for safety and security to travel, elderly patients, children living with caregivers but not receiving services, lack of transportation (private and public) and money to access services, and patients' concern about receiving services in new locations.<sup>136</sup>
- The National Center for Parasitology, Entomology and Malaria Control requested 70 000 mosquito nets, 1.2 million bottles of repellent and 30 000 dengue rapid tests.<sup>137</sup>
- According to assessment reports by Health Sector members, key areas including disease surveillance, malaria risk, mental health, and lack of vaccinations are primary concerns.<sup>138</sup>

A joint MOH-WHO Health Assessment Mission (conducted between 3-7 August 2025) on the health situation in the camps for IDPs found the following:

### **Preah Vihear (PV)**

- Preah Vihear 16-Makara provincial hospital (CPA3), located approximately 100 km straight-line from Cambodia-Thailand border is designated as main referral hospital for trauma and injuries and advanced care.
- Choam Ksan district hospital (CPA1), approximately 10 km straight line from border, was originally designed as second referral hospital but was closed since 24 August due to insecurity.
- Kulen health center has been set up as second (intermediate) referral hospital. The HC was equipped with doctors, including specialists, and upgraded with hospital capacity.
- Approximately 200 soldiers with injuries have been managed by both provincial and Kulen hospitals. Both hospitals received surge capacity support from national hospitals for specialty services.
- PV receives surge capacity from Phnom Penh Municipal Health Department, Kamong Thom and Monduliri PHDs to continue essential health services at IDP camps.

### **Oddar Meanchey (OM)**

For OM patients pathway, Siem Reap provincial hospital (2-hour drive from OM) is designated as main referral hospital for severe trauma and injuries, Jayavarman VII (pediatric hospital in SR) for pediatric cases and families of soldiers; and Kralahn district hospital in Siem Reap for intermediate level of health services;

### **OM**

- OM has set up two referral hospitals. Oddar Meanchey provincial hospital (CPA3) (approximately 20 km straight line from border) and Anlong Veng district hospital (CPA1) located very close to the border.
- Since the beginning of the clashes (24 July), 8 health centers along the border were totally closed and 3 were very partially operating due to insecurity. One health center was reported directly hit by bomb.
- OM provincial hospital has continued its operation even with insecurity during the conflict. It has served as frontline hospital to manage injuries from the border, with severe cases referred to Kralahn district hospital or Siem Reap provincial hospital. OM provincial hospital has received surge capacity support from national hospital.
- OMC also received surge support from other provinces to provide health services at IDP camps. Four IDP camps have been established.

### **Siem Reap**

- Siem Reap provincial hospital has been designated as main hospital to manage severe cases of injuries and trauma referred from Oddar Meanchey province, as Oddar Meanchey provincial hospital cannot fully operate due to insecurity;
- Siem Reap hospital is a CPA 3 hospital with capacity of 500 beds, with 540 staff (46 specialist doctors). The hospital has full capacity on trauma and orthopedic surgery. A new surgical service center built in 2023 is equipped with 226 beds.
- There is no report with provincial hospital capacity (staff, supplies) being overwhelmed to manage current number of injuries.
- Jayavarman VII pediatric hospital has been designated as main hospital to manage pediatric cases, and also serve as surge capacity for patients from IDP camps.

- Kralahn district hospital (CPA2) equipped with 81 beds, 39 staff and 11 contracted staff, covering two admin district (Srey Snam and Kralahn) in Siem Reap province. This hospital has been designated as intermediate referral for both military and civilian patients from Oddar Meanchey. The hospital receive support from Siem Reap provincial hospital and national hospital.
- 24 IDP camps established in Siem Reap in five ODs (three ODs near OMC; one near PVH; and in SR OD). All IDP camps have onsite primary healthcare clinics with 24/7 services. All onsite PHC clinics provide essential package of health services including health education, OPD, NCD consultation, immunization etc. For further advanced services, patients are referred either to health centers or referral hospitals.

#### HUMANITARIAN HEALTH RESPONSE

As the lead of Health Sector under the Humanitarian Response Forum (HRF), jointly with Catholic Relief Services (CRS), WHO works with other health partners, in particular seven member agencies, Food for the Hungry (FH); Good Neighbors for Cambodia (GN); Humanity and Inclusion (HI); UNFPA; UNICEF; World Relief; and World Vision, to ensure continuity of critical health services and response to any health service gaps, in particular among IDPs, in the affected areas.

WHO is working closely with Ministry of Health Cambodia and the Provincial Health Departments (PHDs) of the affected provinces on health need assessment and response, including procurement and delivery of the TESK and IEHK kits to Cambodia per request from MoH.

WHO is working with the Ministry of Health (MoH) to conduct rapid mapping and assessment of existing mental health and psychosocial services (MHPSS) resources, service gaps and at-risk populations, and build capacity on psychological first aid (PFA) for frontline workers, teachers, military medics and humanitarian personnel in three provinces.

WHO with MoH is also enhancing disease surveillance with a focus on event-based surveillance (EBS) to detect signals of potential outbreaks of common illnesses (respiratory or foodborne disease outbreaks, dengue, VPD etc.).

To ensure continuity of essential health services, MoH, PHDs and ODs set up onsite primary healthcare teams to provide healthcare delivery and services, including screening and treatment of diabetes and hypertension at all IDP camps

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools/guidance for primary data collection
<b>Health status &amp; threats for affected population</b>	Surveillance data in conflict and remote areas: no systematic data collection to monitor trends of priority diseases	Early Warning, Alert and Response System (EWARS), if agreed by government
	Health needs information is limited	Health needs assessments
<b>Health resources &amp; services availability</b>	Information on Health services availability, disruption and functionality in several areas	HeRAMS (WHO) across all regions
	Limited information on health workers availability and capacity	HeRAMS (WHO) across all regions
	Attacks on health	SSA (WHO)
<b>Humanitarian health system performance</b>	Information on quality of humanitarian health services provided to beneficiaries (accountability to affected populations)	Beneficiary satisfaction survey
	Gaps in health service provision for IDPs in some areas	Support from local health authorities required

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