# Health and environment scorecard Cambodia



Air pollution

#### **Extent of the problem**

the WHO air quality guideline value for PM<sub>2.5</sub>





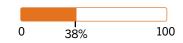


69% of population without clean fuels and technology for cooking

#### **Health impact**



38% of deaths from stroke and ischaemic heart disease caused by air pollution<sup>1</sup>



<sup>1</sup> Air pollution causes many other diseases and adverse health outcomes, stroke and ischaemic heart disease have been chosen for this country scorecard.

#### **Policies**



Existence of legal standards for PM<sub>2.5</sub>





Compliant with WHO Air Quality Guidelines

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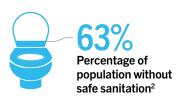
Existence of national policy on household energy



WASH



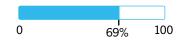
71% of population without safe drinking water



<sup>2</sup> Operationalised as using safely managed drinking water and sanitation services.



69% of deaths from diarrhoea caused by unsafe drinking water, sanitation and inadequate personal hygiene



#### Sufficient funding for implementation of national plans

Urban

Rural

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75-94% of what is needed

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75-94% of what

Health care

Schools

facilities

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<50% of what

Climate





of fossil fuels and traditional use of biomass in total final energy consumption



Number of 'warm spell' days<sup>3</sup> in 2050 under a high emissions scenario<sup>4</sup>

 $120_{
m \, days}$ 

<sup>3</sup> A 'warm spell' day is a day when maximum temperature, together with that of at least the 6 consecutive previous days, exceeds the 90th percentile threshold for that time of the year. The threshold is based on the period 1961-1990. Analysis by the Climatic Research Unit, University of East Anglia, 2018.



More heat deaths in 2050 compared to 1961-1990 period under a high emissions scenario<sup>4</sup>

Deaths per 100,000 people in the 65+ age group





**4** heat deaths per year before 1990 **25** heat deaths in 2050

<sup>4</sup> High emissions scenario RCP8.5 - Representative Concentration Pathway 8.5.

<sup>5</sup> Existence of a recent national assessment and plan refers to having conducted a climate change and health vulnerability and adaptation assessment and/or a health national adaptation plan (HNAP) since January 2020.



Existence of recent national assessment and plan<sup>5</sup>

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Vulnerability and adaptation assessment





Commitment to COP26 Health Programme

Climate resilient health systems

Sustainable low carbon health systems

Net zero commitment









Inclusion of health co-benefits in Nationally Determined Contribution (NDC)



### Health and environment scorecard Cambodia



#### **Extent of the problem**

#### **Health impact**

#### **Policies**

**Biodiversity** 



terrestrial and marine area protected

Global target: Conserve 30% of land, waters and seas by 2030

Change in forest area 1990-2020





-29,370 km<sup>2</sup> change in forest area



Post-COP15 National **Biodiversity Strategy** and Action Plan submitted



**INSUFFICIENT DATA** 

**Chemicals** 



Mean blood lead level in children under 5 years Pb

**International Health Regulations** (IHR) capacity score for chemical events

IHR capacity score for chemical events<sup>6</sup>

60% not attained

Less than Lout of 100,000 children under 5 years die from poisonings every year



**Existence of legal** limit on lead paint





Existence of a poison centre





Party to the Minamata **Convention on Mercury** 



Radiation



**International Health Regulations** (IHR) capacity score for radiation emergencies

IHR capacity score

for radiation emergencies7



not attained

out of 100,000 people die from melanoma and other skin cancers every year

Less than Lout of 100,000 people die from residential radon every year



**Existence of standards** on electromagnetic fields

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**Existence of regulation** of artificial tanning devices/sun beds

**INSUFFICIENT DATA** 



**Existence of national** radon regulations for dwellings

**INSUFFICIENT DATA** 

<sup>&</sup>lt;sup>6</sup> Key informants report on attainment of a set of attributes for chemical events (core capacity 14) using a standard WHO instrument.

<sup>&</sup>lt;sup>7</sup> Key informants report on attainment of a set of attributes for radiation emergencies (core capacity 15) using a standard WHO instrument.

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#### **Extent of the problem**

### [ia]

Percent of informal employment in total employment

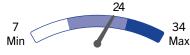
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20 /o of the working age population exposed to long working hours (≥55 hours/ week)

#### **Health impact**

24 out of 100,000 people of working age die from diseases due to occupational risks every year Cambodia compared to regional values:



13<sup>th</sup> of 21 countries in the Western Pacific Region

5 out of 100,000 people of working age die from injuries due to occupational risks every year Cambodia compared to regional values:



**INSUFFICIENT DATA** 

19<sup>th</sup> of 21 countries in the Western Pacific Region

#### **Policies**



Existence of national policy instruments for occupational health and safety for health workers

**INSUFFICIENT DATA** 

**0 of 3** key international labour conventions on occupational safety and health ratified

C155
Occupational safety and health

C161
Occupational health services

C187 Promotional framework



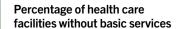




# Health care facilities

**Occupational** 

health



Water 4%



Sanitation

78%



Waste management



47%



Percentage of health care facilities without reliable electricity supply

**INSUFFICIENT DATA** 

Climate assessment conducted for:



Climate resilience

Environmental sustainability



Existence of standards for WASH in health care facilities





Existence of standards for health care waste management



Please access the reading guide here

#### References

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