

Public Health Situation Analysis (PHSA)

Typologies of emergency	Main health threats	WHO grade	UNDSS Security level ¹	INFORM (2025) ²
Conflict	Trauma, Injury and Rehabilitation	G1	Cambodia: Minimal (1)	INFORM Risk 4.5/ 10 (Medium)
Displacement	Non-communicable diseases (NCDs)			Global Risk Ranking 62 out of 191 countries
Epidemics	Measles Acute Respiratory Infections (ARI) including influenza and Avian Influenza Cholera and Acute Watery Diarrhoea (AWD) Malaria Mental Health Conditions			

SUMMARY OF CRISIS AND KEY FINDINGS

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

Tensions escalated in May 2025 following a fatal clash between soldiers, sparking a diplomatic crisis and increased military buildup on both sides.⁴ 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 24.⁵

Despite the ceasefire that took effect on 28 July 2025, tensions between Cambodia and Thailand remained elevated. The renewed escalation in December 2025 has intensified, triggering widespread displacement across several north-western and western provinces, including Preah Vihear, Oddar Meanchey, Banteay Meanchey, Pursat, Battambang, Koh Kong and Siem Reap.⁶

There have been 18 civilian deaths in Cambodia, including an infant and an elderly person, with 79 injured.⁷ In Thailand, a total of 16 civilian deaths have been reported, including one directly related to fighting, and six civilians have been injured.⁸

According to official report released by the Cambodian National Committee for Disaster Management (NCDM) on 18 December, more than 151 000 families — over 490 000 people — have been evacuated, including over 260 000 women and more than 158 000 children.⁹ In parallel, Thai authorities have reported extensive evacuations of civilians from border districts, with many temporarily accommodated in government-managed shelters or relocated to host communities.

The scale and speed of displacement is unprecedented for Cambodia.¹⁰ In addition, 900 000 Cambodian nationals have returned to Cambodia from Thailand since the previous conflict¹¹.

There are 194 camps established across seven provinces with the majority in Siem Reap and Banteay Meanchey. Most camps are within temples and near health centres or referral hospitals. Essential health services are being provided by on-site medical teams in all IDPs.

To date, 52 healthcare facilities near the Cambodia–Thailand border in the give main affected provinces, in particular, Preah Vihear, Oddar Meanchey, Banteay Meanchey and Battambang have been closed due to insecurity. One of the closures was due to shelling in the compound of the hospital (Battambang province). This has severely disrupted access to essential health services for displaced populations.¹² In Thailand, while no direct damage to health facilities has been reported, multiple hospitals and subdistrict health-promoting facilities in border areas have experienced temporary closures or service disruption due to evacuations and security measures.

The conflict has had significant humanitarian, economic, and diplomatic repercussions. Massive civilian displacement has strained local resources and disrupted normal life in border provinces, with thousands fleeing homes to escape fighting.¹³ Economically, border closures and disruptions to trade and tourism have hurt Cambodia's recovery remittances from Cambodian migrant workers in Thailand have dropped sharply due to the exodus of workers, border trade has stalled, and tourism revenues have fallen as security fears deter visitors. The downturn in cross-border commerce and movement has also contributed to inflationary pressures and slowed growth in key sectors.¹⁴

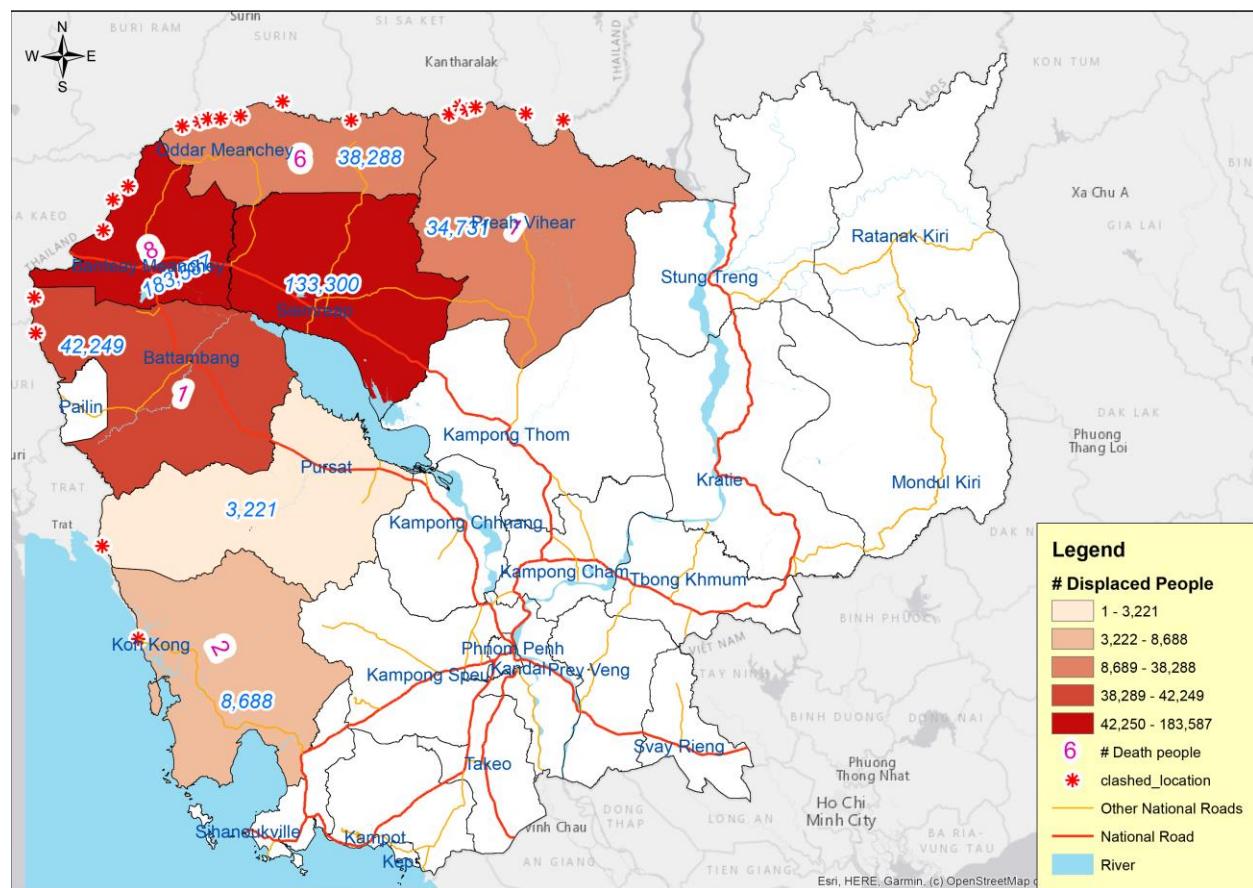
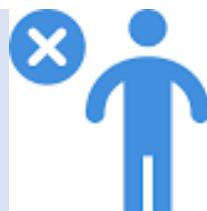


Figure 1- Internally Displaced Population in Cambodia as of 18 December 2025 (NCDM)

HUMANITARIAN PROFILE FOR CAMBODIA

			
PEOPLE IN NEED (PiN)	HEALTH NEEDS	DISPLACEMENT	CASUALTIES
<p>There is limited information available on those in need. However there are currently over 260 000 women and more than 158 000 children displaced.¹⁵</p>	<p>Displacement sites face common illness outbreaks, including diarrhea, respiratory diseases exacerbated by heat, poor shelter, and overcrowding.¹⁶</p>	<p>On 18 December, more than 151 000 families — over 498 000 people — have been evacuated.¹⁷</p>	<p>There have been 18 civilian deaths, including an infant and an elderly person, with 79 injured.¹⁸</p>

HUMANITARIAN PROFILE FOR THAILAND

			
PEOPLE IN NEED (PiN)	HEALTH NEEDS	DISPLACEMENT	CASUALTIES
<p>Limited information is available on those in need. However there are currently estimates of over 437 000 displaced, including approximately 86 000 children.¹⁹</p>	<p>The MOPH reported on 18 December that 20 hospitals and 213 community health centers have been affected.²⁰ Mental health has been identified as a priority by MoPH.²¹</p>	<p>By 18 December, more than 437 000 people have been evacuated. As of 17 December, 992 shelters were reportedly hosting 272 670 people, including 71 466 vulnerable groups.²²</p>	<p>There has been one civilian death and six injured. 20 deaths have been attributed to indirect impacts of the conflict.²³</p>

Humanitarian Response to Date

Cambodia

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).

The Royal Government of Cambodia, local authorities and various generous groups have been providing essential support to displaced families, including temporary, food, shelter, water, hygiene kits and basic health services. Yet the scale of the crisis far exceeds current capacity, leaving critical gaps in shelter, food security, water, sanitation, and health care.²⁴

As of 12 December, over 180 907 people across seven provinces received some type of assistance through the combined efforts of 30 HRF members. Most received WASH support (177 975 people), followed by Food Security and Nutrition (90 092 people), and Shelter (67 365 people).

The Ministry of Health (MoH) activated health emergency response since the beginning of the conflict with clinical support being provided by national and non-affected provincial healthcare teams. A committee for emergency health response for border conflict established; includes sub-committees for 1) emergency care and referral, 2) prevention, health education and MHPSS and 3) logistics, pharmaceutical, consumables and equipment.

Thailand

Thailand retains strong national capacity to manage the current situation. The Public Health Emergency Operations Center (PHEOC) has been activated since 7 December 2025, enabling coordinated command and control across the health sector. A curfew has been in place since 10 December 2025, supporting security management and continuity of essential services. The Ministry of Public Health (MoPH) is responding comprehensively across all aspects of public health and medical care, with surge support mobilized from other health regions to sustain essential medical services

Displacement

According to official report released by National Committee for Disaster Management (NCDM) on 18 December 2025, more than 151 000 families — over 498 000 people — have been evacuated, including over 260 000 women and more than 158 000 children.²⁵ In addition, 900 000 Cambodian nationals have returned to Cambodia from Thailand since the earlier conflict in July this year.²⁶ There are 196 camps established across seven provinces with the majority in Siem Reap and Banteay Meanchey.

The humanitarian impact of the current crisis has already exceeded the displacement figures experienced in the previous flare-up in July, which had resulted in the displacement of over 172 000 people in Cambodia. Almost all of them were able to return home following the signing of the Extraordinary General Border Committee (GBC) agreement between Cambodia and Thailand on 7 August.²⁷ Despite positive trends, economic vulnerability persisted among returnees and migrant households, with depleted savings and limited income opportunities.²⁸

In Thailand, according to the authorities, 509,265 people have been evacuated, of whom 263,477 are currently accommodated in shelters.

As of 17 December 2025, Thai authorities are trying to find a way to repatriate up to 6000 citizens who had been stranded by Cambodia's closure of a checkpoint in the city of Poipet.²⁹

Food Security

Food assistance has been identified as not an immediate need.³⁰ However, as more people arrive at camps and in anticipation of longer-term needs, food access may become a challenge for displaced populations.

Monitoring markets in Cambodia–Thailand border provinces opened normally but faced disruptions as residents relocated due to escalating tensions. This led to quieter markets and reduced consumer activity, with soldiers becoming primary buyers and stockpiling food supplies.³¹

More broadly, a substantial portion of the population faces food insecurity, poverty and shocks. Undernutrition continues to pose a serious public health challenge: 22% of children under 5 years are stunted, 16% are underweight, and 10% wasted. Micronutrient deficiencies are widespread and overweight/obesity is on the rise. Cambodia's exposure to climate-related—including seasonal flooding in the Mekong and Tonle Sap basins and recurrent droughts in the plains—threatens to reverse hard-won developmental gains and underscores the need for resilient, inclusive systems.³²

The average cost (September to November) of the Basic Food Basket (BFB) across 10 HGSF provinces was KHR 106 000 per person/month (USD 26.0), reflecting a 5.9% Year on Year decrease.³³ This reduction was largely driven by falling rice prices and stable protein and fat costs, which helped counterbalance increases in other basket items. Notably, living costs in rural areas remained higher than those in urban areas, highlighting growing financial pressure on rural households amid ongoing border tensions with Thailand.³⁴

Vulnerable Groups (Cambodia)

- **Children:** As of 18 December, more than 158 000 children have been displaced.³⁵ Displacement undermines the protection of children by disrupting their family and community support, increasing their poverty, and reducing their access to services essential for their protection and well-being. Families trapped in such situations sometimes resort to high-risk coping mechanisms, such as coercing children into early marriage or sending them into child labour.³⁶ This leaves children at even greater risk of exploitation and school dropout, which perpetuate poverty and make it more difficult to obtain a legal identity. Children may also go missing or end up in street situations.³⁷
- **Women:** As of 18 December, over 260 000 women have been displaced.³⁸ 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% of Secretaries or Under Secretaries of State, despite making up 42% of the civil service.³⁹
- **People with Disabilities:** Around 9.4 per% of Cambodia's population had a disability, with 2.1% experiencing a moderate or severe disability. Over the next 30 years, the number of persons with disabilities is projected to rise significantly, from 1.47 million in 2021 to 2.70 million.⁴⁰

Vulnerable Groups (Thailand)

- As of December 19th, the ongoing conflict in Thailand has displaced over 437 000 people, with many seeking refuge in shelters across eight affected provinces.⁴¹ The statistics reveal a significant concentration of vulnerable groups, including 14,615 children under the age of 5, who are unable to attend school and are sheltered with their parents and caregivers, 326 pregnant women, 2,223 people with disabilities, 1,396 bedridden patients requiring ongoing medical care, and 46,899 elderly individuals, making the elderly one of the largest at-risk groups.⁴² In response, the Thai government, led by the Ministry of Public Health and the Ministry of Interior, has been working to ensure that each of these groups receives the necessary support during this crisis, including medical care, food, and protection

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 2021.⁴³ 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.⁴⁴

Thailand's population was estimated at approximately 71.8 million in 2023, with projections indicating a gradual population decline toward 2050 due to sustained low fertility and population ageing. Life expectancy at birth has steadily improved over the past two decades, increasing from approximately 70.0 years in 2000 to 75.3 years in 2021, reflecting long-term investments in universal health coverage and strong primary health care. Mortality patterns in Thailand are dominated by non-communicable diseases; the leading causes of death for both females and males in 2021 were stroke, ischaemic heart disease, COVID-19, chronic kidney disease, and lower respiratory infections, consistent with an ageing population and high NCD burden.⁴⁵

MORTALITY INDICATORS	Cambodia	Thailand	Year
Life expectancy at birth	68.9	75.3	2021 ⁴⁶
Infant mortality rate (deaths < 1 year per 1000 births)	20	8	2022 ⁴⁷
Child mortality rate (deaths < 5 years per 1000 births)	20	9.2	2022 ⁴⁸
Maternal mortality ratio (per 100 000 live births)	154	34	2022 ⁴⁹

Vaccination coverage: Persistent coverage gaps in Cambodia are most common in poor, remote, and ethnic minority communities—for instance, in Mondulkiri and Ratanakiri provinces, routine coverage reaches only ~64%, versus ~76% nationally.⁵⁰

In December 2025, the Ministry of Health of the Kingdom of Cambodia announced the nationwide introduction of the rotavirus vaccine into the National Immunization Schedule, marking a significant milestone in protecting infants and young children from one of the leading causes of severe diarrhea and child mortality.⁵¹ The introduction of the rotavirus vaccine supports Cambodia's National Immunization Strategy 2021–2025 and the Health Strategic Plan 2025–2034, which emphasize expanding immunization to reach Cambodia's children as part of comprehensive primary health care.⁵²

Thailand maintains high routine immunization coverage for most childhood vaccines under its long-established Expanded Programme on Immunization (EPI). According to WHO/UNICEF and regional reporting, routine immunization coverage (such as DTP3) has consistently been high, with Thailand achieving high coverage for key antigens in recent years, demonstrating strong performance throughout and beyond the COVID-19 period. Coverage rates are high for other routine vaccines included in the national schedule, supported by broad access through the public health system and sustained EPI implementation, although subnational variability persists and gaps in some populations remain a focus of ongoing programme strengthening and surveillance improvements.⁵³

Additionally, for adult and seasonal immunizations, a recent regional study reported influenza vaccination coverage of about 70 % and COVID-19 vaccine coverage above 95 % among targeted public health volunteers, illustrating substantial uptake of priority vaccines among specific groups.⁵⁴

VACCINATION COVERAGE DATA		Cambodia (WUENIC)	Thailand (WUENIC)	Year
DTP-containing vaccine, 1st dose		90%	96%	2024
DTP-containing vaccine, 3rd dose		83%	92%	2024
Polio, 3 rd dose		84%	93%	2024
Measles-containing vaccine, 1st dose		83%	93%	2024

OVERVIEW OF KEY DISEASE RISKS

KEY HEALTH RISKS IN COMING MONTHS IN CAMBODIA		
Public health risk	Level of risk***	Rationale
Trauma, Injury and Rehabilitation	Red	Hostilities included artillery exchanges, air strikes, and heavy fighting in multiple frontier areas. ⁵⁵ There have been 18 civilian casualties, including an infant and an elderly person, with 79 injured. ⁵⁶ There is limited information available for military personnel. Some hospitals are operating at capacity managing trauma and casualties; surge plan is in place to refer patients to hospitals in neighbouring province.
Non-communicable diseases (NCDs)	Red	In Cambodia, the top causes of death for females and males in Cambodia in 2021 were stroke and ischaemic heart disease. ⁵⁷ Noncommunicable diseases (NCDs) are the leading cause of death in Cambodia, responsible for approximately 60 000 deaths annually. ⁵⁸
Measles	Red	During the escalation of tensions in August – September, measles outbreak was detected in IDP camps. According to the investigation at that time, it was evident that many children in the IDP shelters are unvaccinated or under-immunized, and the children have been gathering in the crowding areas at the camps.
Acute Respiratory Infections (ARI) including seasonal influenza and Avian Influenza	Red	According to bi-weekly respiratory surveillance report produced by WPRO, influenza positivity has been sharply increasing over the last few weeks reaching almost 40% by week 47 (23 November 2025). With displacement of affected people, overcrowding and the cooler weather, the risk of respiratory infection will increase. Between 1 January and 12 December 2025, WHO was notified by Cambodia's International Health Regulations (IHR) National Focal Point (NFP) of 18 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. ⁵⁹
Cholera and Acute Watery Diarrhoea (AWD)	Yellow	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.

Malaria		Cambodia reported 14 cases; a 76% decrease compared to the same time period in 2024. P. falciparum + mixed cases, P. vivax and other species constituted 7%, 64% and 29% of cases, respectively. ⁶⁰
Mental Health Conditions		The recent armed conflict involving Cambodia has resulted in widespread psychological distress among civilians, military personnel, health workers, women, older persons, and children. Exposure to violence, displacement, loss of loved ones, destruction of livelihoods, and prolonged insecurity has led to significant mental health and psychosocial challenges. Currently, basic mental healthcare is available primarily in urban areas and is provided by a mixture of government, non-government and private services. ⁶¹
Dengue Fever		As of 2 November 2025 (epidemiological week 44), a total of 53 397 dengue cases, including 64 deaths (case fatality rate [CFR]: 0.12%), have been reported through the National Dengue Surveillance System. This represents an increase compared to the same period in 2024, when 16 346 cases and 42 deaths were reported. ⁶²
Protection Risks (including GBV)		Communities face persistent risks such as gender-based violence, family separation, insecurity, unexploded ordnance (UXO), and child marriage. ⁶³
Chikungunya		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. On 3 Oct 2025, WHO published a global update on Chikungunya virus disease in the Disease Outbreak News (Link) As the vector is present in Cambodia, the country is at increased risk of transmission.
Malnutrition		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. ⁶⁴ However, to date, food is important but this is not an immediate need and there should be enough food to last at least a week. ⁶⁵
Maternal and Reproductive Health Conditions		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. ⁶⁶ 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. ⁶⁷
Tuberculosis (TB)		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. ⁶⁸
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. ⁶⁹ 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. ⁷⁰
Polio		Cambodia was declared polio-free in 2000, having successfully eliminated the disease. The last case of polio in Cambodia was diagnosed in 1997. Following the notification of cVDPV1 outbreak in

		Laos, based on (1) national risk assessment for polio outbreak, Cambodia was classified as medium risk for polio outbreak and (2) sub-national risk assessment for polio outbreak, seven provinces were classified as high risk, including four provinces bordering with Thailand and with IDP camps: Banteay Meanchey, Oddor Meanchey, Preah Vihear and Pailin provinces.
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. ⁷¹
Scabies		Displacement sites face common illness outbreaks, including scabies, exacerbated by heat, poor shelter, and overcrowding. ⁷²
<p>Red: <i>Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</i></p> <p>Orange: <i>High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</i></p> <p>Yellow: <i>Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</i></p> <p>Green: <i>Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</i></p>		

Trauma, Injury and Rehabilitation

Hostilities included artillery exchanges, air strikes, and heavy fighting in multiple frontier areas.⁷³ There have been 18 civilian deaths, including an infant and an elderly person, with 79 injured.⁷⁴ There is limited information available for military personnel. Some hospitals are operating at capacity treating trauma and casualties; surge plan is in place to refer patients to hospitals in neighbouring provinces.

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.⁷⁵

Some IDPs returned home prematurely without Unexploded Ordnance (UXO) clearance or security guarantees.⁷⁶ UXO contamination continues to restrict movement and livelihoods in pockets of Preah Vihear and Oddor Meanchey, though risk education and clearance activities are ongoing.⁷⁷ More than 65 000 people have been killed or injured from landmines and unexploded ordnance since the end of the Khmer Rouge in 1979.⁷⁸

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.⁷⁹ 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%).⁸⁰

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.⁸¹ From 1 January to 11 December 2025, Cambodia reported 4540 measles confirmed cases. This outbreak continues since September 2024 (total of 666 cases were reported in 2024).

The current outbreak has affected all 25 provinces, with Phnom Penh the hardest hit, reporting 708 cases, followed by Siem Reap with 457 cases, Kampong Thom with 367 cases, Kandal with 304 cases, Prey Veng with 270 cases, Banteay Meanchey with 2,534 cases, Preah Sihanouk with 222 cases, and Battambang with 220 cases. Most of provinces reported the peak of outbreak around March – May 2025 and measles cases have shown declining trend since July, while Preah Vihear reported maximum number of measles confirmed cases in September.

Following the tension escalation since July, number of migrant workers including unofficial workers returns back from Thailand to Cambodia, and many children of those workers are unvaccinated or under-immunized. It elevates the risk of measles transmission in the communities and further spread in Cambodia. During the escalation of tensions in August – September, measles outbreak was detected in IDP camps. According to the investigation at that time, it was evident that many children in the IDP shelters are unvaccinated or under-immunized, and the children have been gathering in the crowding areas at the camps.

Acute Respiratory Infections (ARI) including seasonal influenza and avian influenza

According to bi-weekly respiratory surveillance report produced by WPRO, influenza positivity has been sharply increasing over the last few weeks reaching almost 40% by week 47 (23 November 2025). With displacement of affected people, overcrowding and the cooler weather, the risk of respiratory infection will increase.

Between 1 January and 12 December 2025, WHO was notified by Cambodia's International Health Regulations (IHR) National Focal Point (NFP) of 18 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.⁸² Based on currently available information, WHO assesses the current risk to the general population posed by this virus as low.⁸³

Cholera and Acute Watery Diarrhoea (AWD)

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.

Diarrheal disease is the third leading cause of death in children aged 1–59 months worldwide, claiming over 443 000 children under five annually, and rotavirus is the most common cause of severe diarrheal disease.⁸⁴ Diarrhoea remains a leading cause of childhood illness and death in Cambodia, with rotavirus responsible for roughly half of severe diarrheal disease. Previous studies at the National Paediatric Hospital found that approximately half of hospitalized diarrhoea cases were due to rotavirus, with most occurring in children under two years old.⁸⁵

Malaria

Cambodia reported 14 cases; a 76% decrease compared to the same time period in 2024. *P. falciparum* + mixed cases, *P. vivax* and other species constituted 7%, 64% and 29% of cases, respectively.⁸⁶ The presence of wastewater and slow-moving water streams was observed around several camps, significantly increasing the risk of malaria and other vector-borne diseases by expanding vector breeding sites. Comprehensive vector control measures are not yet systematic.⁸⁷

Mental Health Conditions

The recent armed conflict involving Cambodia has resulted in widespread psychological distress among civilians, military personnel, health workers, women, older persons, and children. Exposure to violence,

displacement, loss of loved ones, destruction of livelihoods, and prolonged insecurity has led to significant mental health and psychosocial challenges.

Currently, basic mental healthcare is available primarily in urban areas and is provided by a mixture of government, non-government and private services.⁸⁸ 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.⁸⁹

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 22,374 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.⁹⁰

WHO estimated that in 2017, approximately 10.7% of the Cambodian population—around 1.6 million people—were living with some form of mental illness. The most prevalent mental disorders included depression (3.4%, or approximately 572 673 people), anxiety (3.2%, or about 538 987 people), and schizophrenia (0.3%, or around 50,530 people), prior to the border conflict.

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).⁹¹ 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.⁹² 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.⁹³

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.⁹⁴

In Cambodia, access to mental health care remains limited. In a country with over 17 million people, there were only 130 psychiatrists and psychiatric nurses as of 2022. Beyond specialized professionals, the Ministry of Health has developed in-service training modules on mental health and substance abuse for physicians and nurses, training over 2,852 health care staff since 2020 and while the country has made efforts to improve mental health services as demonstrated by the adoption of the Cambodia Mental Health Strategic Plan (2023-2032), challenges persist in accessibility and availability of mental health services. In line with the WHO Special Initiative for Mental Health, Cambodia seeks to strengthen its mental health system to ensure quality and equitable care for all individuals.

Dengue Fever

As of 2 November 2025 (epidemiological week 44), a total of 53,397 dengue cases, including 64 deaths (case fatality rate [CFR]: 0.12%), have been reported through the National Dengue Surveillance System. This represents an increase compared to the same period in 2024, when 16 346 cases and 42 deaths were reported.⁹⁵

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.⁹⁶ WHO issued an alert on 22 July regarding the rapid spread of chikungunya globally. On 3 October 2025, WHO published a global update on Chikungunya virus disease in the Disease Outbreak News ([Link](#)) As of 3 October 2025, a total of 21 299 chikungunya cases with no deaths, have been reported from 16 countries and areas in the Western Pacific region in 2025. Of these, five countries reported local transmission, six reported imported cases, and five reported no cases during the year. . As the vector is present in Cambodia, the country is at increased risk of transmission.

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.⁹⁷ 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.⁹⁸

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.⁹⁹ 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.¹⁰⁰ 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 Goal targets for reducing neonatal and under-five mortality eight years ahead of schedule.¹⁰¹ 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.¹⁰²

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.¹⁰³ 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.¹⁰⁴ 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.¹⁰⁵

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.¹⁰⁶ 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.¹⁰⁷

Polio

Cambodia was declared polio-free in 2000, having successfully eliminated the disease. The last case of polio in Cambodia was diagnosed in 1997. Following the notification of cVDPV1 outbreak in Laos, based on (1) national risk assessment for polio outbreak, Cambodia was classified as medium risk for polio outbreak and (2) sub-national risk assessment for polio outbreak, seven provinces were classified as high

risk, including four provinces bordering with Thailand and with IDP camps: Banteay Meanchey, Oddor Meanchey, Preah Vihear and Pailin provinces.

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.¹⁰⁸

Scabies

Displacement sites face common illness outbreaks, including scabies, exacerbated by heat, poor shelter, and overcrowding.¹⁰⁹

KEY HEALTH RISKS IN COMING MONTHS IN THAILAND		
Public health risk	Level of risk***	Rationale
Trauma, Injury and Rehabilitation		Hostilities included artillery exchanges, air strikes, and heavy fighting in multiple frontier areas, with one reported civilian death in Thailand so far. ¹¹⁰ 6 civilians have been reported injured, and 20 civilians have been reported as died from indirect impacts of the conflict. ¹¹¹ Strikes have increasingly been reported further from the border, with a greater risk of impacting civilians and civilian infrastructure. ¹¹² Attacks on healthcare remains an ongoing concern, with 5 attacks recorded as impacting health facilities thus far. ¹¹³
Non-communicable diseases (NCDs)		Cardiovascular disease and stroke, cancer, diabetes, and chronic lung diseases are a major cause of mortality and morbidity in Thailand, with NCDs estimated to account for over 71% of all deaths. ¹¹⁴ The total economic burden of NCDs on the Thai economy was estimated to be THB 1635 billion in 2019, equivalent to 9.7% of the Thai GDP in 2019. ¹¹⁵ Available reporting indicates that the majority of reported deaths and morbidity during the emergency period were associated with noncommunicable and chronic conditions, including cancers, cardiovascular diseases, and chronic respiratory illnesses. This mortality and morbidity pattern reflects delays and disruptions in access to essential health services resulting from population displacement, preventive security measures, and temporary preventive closure 197 sub-district health-promoting hospitals. ¹¹⁶
Measles		Measles remains endemic in Thailand, with 1,928 suspected cases being reported in 2025 as of Epi Week 43, 2025. ¹¹⁷ Vaccine coverage gaps and subnational disparities remain critical drivers of ongoing transmission risk.
Acute Respiratory Infections (ARI) including seasonal		Thailand continues to show an increasing trend in ARI, with surveillance data finding a high influenza test positivity proportion (~40%) during epidemiological weeks 46-48. Influenza virus A subtype H3 is predominant (82% of samples). ¹¹⁸

influenza and Avian Influenza		
Cholera and Acute Watery Diarrhoea (AWD)		Southern Thailand faced a major public health crisis following widespread flooding, impacting nearly 3 million people and damaging over 1.15 million houses across 12 provinces. ¹¹⁹ The MoH has raised concerns about the spread of diseases which may occur after flooding. ¹²⁰ Between January 1 – November 10 2025, a total of 92 outbreaks of acute diarrhoeal diseases were reported. ¹²¹ Cholera risk is heightened in border provinces due to the potential for cross-border transmission from outbreaks in neighbouring countries.
Malaria		In 2023, 1.6M of the population in Thailand was in a high transmission area (>1 case per 1000 population), and 12M in a low transmission (0-1 case per 1000 population), with the remainder of the population Malaria free. ¹²² Between April-June 2025, Thailand reported 5,957 cases, a 1% increase compared to the same time-period in 2024. P. falciparum + mixed cases, P. vivax and other species constituted 9%, 91% and 0% of cases, respectively. ¹²³
Mental Health Conditions		Mental health concerns are a growing public health challenge, with data collected between 1 January 2020 and 20 February 2025 showing that among 6.15 million users, 9.14% were at risk of depression, 5.18% at risk of suicide, and 7.87% had high levels of stress. The 20-29 age group exhibited the highest risk across all indicators. There were 5,217 suicide deaths and 33,926 attempted suicides in 2024. ¹²⁴
Dengue Fever		During October 2025, a total of 3,814 cases of dengue were reported in Thailand, a 5% decrease compared to September. Five dengue deaths were reported. A total of 51,795 dengue cases and 46 dengue related deaths have been reported in 2025 so far. This represents a decreasing trend from 2024 (92 382 cases and 76 deaths in 2024), however the continued transmission of Dengue represents a serious public health concern. ¹²⁵
Protection Risks (including GBV)		Concerns have been raised for trafficked foreign nationals forced to work in areas now at greater risk from fighting. ¹²⁶ In rural areas, many women in Thailand remain affected by poverty, discrimination and exploitation. Women and children in the southern border provinces of Thailand are particularly vulnerable where violent conflicts have led to human insecurity, inequality, and deprivation. ^{127,128}
Chikungunya		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. On 3 Oct 2025, WHO published a global update on Chikungunya virus disease in the Disease Outbreak News. Thailand reported a total of 1,128 chikungunya cases between 1 January and 14 September 2025, with the highest share (26%) in persons over 60 years of age. ¹²⁹
Malnutrition		Thailand experiences both undernutrition in combination with rising rates in obesity in children and adults. According to the Multiple Indicator Cluster Survey conducted by the National Statistical Office and UNICEF in 2022, in children under 5 years of age, approximately 13% are stunted, 7% are underweight, and 9-11% are overweight or obese. ¹³⁰ The same survey found that just 29% of children are

		exclusively breastfed during the first six months. In southernmost provinces, stunting rates among children under five approach 20%.
Maternal and Reproductive Health Conditions		Thailand has achieved substantial reductions in maternal mortality over recent decades, but maternal deaths still occur and remain a key health system indicator. Inter-agency estimates indicate Thailand's maternal mortality ratio (MMR) was approximately ~34 maternal deaths per 100 000 live births in 2023, a marked decline from higher levels historically. ¹³¹ Historically, over 90% of women received four or more antenatal care visits, and nearly all births occur in health facilities with skilled birth attendants. ¹³²
Tuberculosis (TB)		The WHO SEAR region continues to account for a substantial proportion of global TB burden. Thailand has seen a sizeable decrease (10-19%) in their TB incidence rate (new cases per 100 000 population per year) in 2024 compared to 2015 levels. ¹³³
Human immunodeficiency virus (HIV)		An estimated 570,000 people are living with HIV in Thailand, with approximately 8,600 new HIV diagnoses per year. ¹³⁴ Thailand has made significant progress towards the 95-95-95 targets, however coverage of HIV and STD prevention outreach services among key populations is still lacking in certain groups. ¹³⁵
Polio		Thailand has maintained a polio-free status since 1997. An Independent External Review of the EPI and VPD Surveillance Programme conducted in September 2025 reaffirmed Thailand's strong immunization infrastructure but identified several challenges, including low vaccination coverage in some provinces and subpopulation groups, this risk of disease importation from neighboring countries and sub-optimal surveillance leading to late detection of disease threats. ¹³⁶
Rabies		Thailand has achieved a substantial decline in human rabies cases due to systematic dog vaccination and PEP programs, but cases continue to occur. An average of three deaths per year have been reported. ¹³⁷
<p>Red: Very high risk. Could result in high levels of excess mortality/morbidity in the upcoming month.</p> <p>Orange: High risk. Could result in considerable levels of excess mortality/morbidity in the upcoming months.</p> <p>Yellow: Moderate risk. Could make a minor contribution to excess mortality/morbidity in the upcoming months.</p> <p>Green: Low risk. Will probably not result in excess mortality/morbidity in the upcoming months.</p>		

Trauma, Injury and Rehabilitation

Ongoing hostilities along Thailand's frontier areas, including artillery exchanges, air strikes, and heavy fighting, continue to pose a risk of trauma-related morbidity and mortality. While civilian casualties reported within Thailand remain limited to date, the geographic spread of strikes further from the border increases the probability of civilian exposure and damage to civilian infrastructure. Attacks impacting healthcare facilities—five recorded thus far—raise concerns regarding continuity of emergency and trauma care, referral pathways, and rehabilitation services. Should insecurity persist or escalate, health facilities in affected provinces may face increased trauma caseloads, compounded by potential staff shortages, service disruption, and constrained access to rehabilitation and long-term care for injury survivors.¹³⁸

Non-communicable Diseases (NCDs)

NCDs remain the dominant cause of mortality and morbidity in Thailand, accounting for an estimated 71% of all deaths. Cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases place sustained

pressure on the health system and impose a substantial economic burden, estimated at nearly 10% of GDP in 2019. In the context of population ageing, urbanization, and lifestyle risk factors, the burden of NCDs is expected to remain high. Any disruption to routine health services—whether from insecurity, flooding, or health system strain—risks interrupting continuity of care, medication access, and early detection, potentially leading to avoidable complications and excess mortality.¹³⁹ The majority of reported deaths and morbidity were associated with noncommunicable and chronic conditions, including cancers, cardiovascular diseases, and chronic respiratory diseases, in addition to the direct injuries related to fighting. This pattern reflects delays and disruptions in access to essential health services during the emergency period. Service interruptions affected life-sustaining and time-critical care, including hemodialysis; continuity of cancer treatment; emergency and urgent surgical care; management of acute and chronic cardiac conditions; and ongoing treatment for chronic respiratory illnesses. Preventive and routine services were also disrupted, including delays in routine immunization and antenatal care, increasing the risk of secondary health impacts. These service disruptions were associated with deterioration in health status and avoidable adverse health outcomes.

In addition, the preventive closure of 197 sub-district health-promoting hospitals located in high-risk areas reduced service availability at the community level, contributed to delays in referral pathways, and increased patient volumes at receiving facilities. This resulted in heightened operational demands and workload pressures on health-care facilities and staff.¹⁴⁰

Measles

Measles remains endemic in Thailand, with nearly 2,000 suspected cases reported in 2025 as of epidemiological week 43. Persistent immunity gaps, uneven vaccine coverage, and subnational disparities continue to drive transmission risk. Population mobility, cross-border movement, and pockets of under-immunized communities heighten the risk of localized outbreaks. Without targeted catch-up immunization, enhanced surveillance, and rapid outbreak response, measles transmission is likely to continue, particularly affecting children and marginalized populations.¹⁴¹

Acute Respiratory Infections (ARI), including Seasonal and Avian Influenza

Thailand is experiencing an increasing trend in acute respiratory infections, with influenza test positivity reaching approximately 40% during late 2025, dominated by influenza A (H3 subtype). Seasonal influenza is expected to remain a significant cause of outpatient visits, hospitalizations, and excess mortality, particularly among older adults and people with underlying conditions. Continued circulation of zoonotic influenza strains in the region underscores the need for vigilance, as sporadic spillover events could strain surveillance and preparedness systems. Flooding, overcrowding, and seasonal climatic conditions may further amplify ARI transmission in the coming months.¹⁴²

Cholera and Acute Watery Diarrhoea (AWD)

Severe flooding in southern Thailand has substantially increased the risk of waterborne diseases by disrupting water, sanitation, and hygiene systems and displacing large populations. With nearly three million people affected and over one million homes damaged, exposure to unsafe water sources is widespread.¹⁴³ The reporting of 92 outbreaks of acute diarrhoeal diseases in 2025 underscores ongoing vulnerability. Cholera risk is elevated in border provinces due to cross-border population movement and transmission from neighbouring countries experiencing outbreaks.¹⁴⁴ Without sustained WASH interventions, surveillance, and rapid response capacity, AWD and cholera could escalate, particularly in flood-affected and hard-to-reach areas.

Malaria

Although malaria transmission has declined substantially nationwide, significant populations remain at risk in high- and low-transmission areas, particularly in border regions. The slight increase in malaria cases reported in 2025 compared to 2024 suggests persistent transmission, largely driven by *Plasmodium vivax*.¹⁴⁵ Population mobility, forest-related occupations, and cross-border movement continue to pose challenges to elimination efforts. Any disruption to vector control, case detection, and treatment—particularly in border and remote areas—could lead to localized resurgence.

Mental Health Conditions

Mental health disorders represent a growing and under-recognized public health challenge in Thailand. High levels of depression, stress, and suicide risk—particularly among young adults aged 20–29—reflect cumulative social, economic, and psychosocial stressors.¹⁴⁶ Conflict exposure in border areas, flooding-related displacement, economic uncertainty, and post-pandemic impacts are likely to exacerbate mental health needs. Without adequate scaling of community-based mental health and psychosocial support services, demand is expected to outpace available capacity, increasing the risk of suicide and long-term disability.

Dengue Fever

Despite a declining trend in dengue cases compared to 2024, transmission remains widespread, with over 50,000 cases reported in 2025. Climatic conditions conducive to vector breeding, urban density, and cyclical transmission patterns suggest continued risk in the coming months. Dengue outbreaks can rapidly overwhelm health facilities during peak transmission periods, particularly paediatric and emergency services. Sustained vector control, community engagement, and early clinical management remain critical to prevent resurgence and reduce case fatality.¹⁴⁷

Protection Risks, including Gender-Based Violence (GBV)

Protection risks persist, particularly for trafficked foreign nationals and populations living in conflict-affected or economically marginalized rural areas. Women and children in southern border provinces face heightened vulnerability due to insecurity, displacement, poverty, and limited access to services. These risks are often exacerbated during periods of instability and disaster, including flooding and conflict escalation. Limited access to protection services and under-reporting of GBV further compound health and psychosocial consequences.^{148,149}

Chikungunya

The global resurgence of chikungunya, including in the Western Pacific Region, presents an ongoing risk to Thailand. Reported cases in 2025 indicate sustained transmission, with older adults disproportionately affected. Given shared vectors with dengue, environmental conditions favourable to Aedes mosquitoes could lead to further outbreaks. Chikungunya's association with chronic joint pain and long-term disability has implications for health service demand and productivity, particularly among older populations.¹⁵⁰

Malnutrition

Thailand faces a dual burden of malnutrition, characterized by persistent undernutrition alongside rising overweight and obesity. Child stunting and underweight remain significant, particularly in southern provinces, where rates approach 20%. Suboptimal infant feeding practices, including low exclusive breastfeeding rates, contribute to vulnerability. Flooding, food insecurity, and economic disparities may exacerbate undernutrition in affected communities, while unhealthy diets continue to drive obesity and related NCD risks across the population.¹⁵¹

Maternal and Reproductive Health Conditions

Thailand has achieved strong maternal health outcomes overall, with high antenatal care coverage and facility-based deliveries.¹⁵² Nevertheless, maternal deaths still occur, and disparities persist among marginalized populations, migrants, and those in remote or conflict-affected areas. Health system disruptions, referral delays, and workforce pressures could compromise quality of care. Sustaining gains will require continued investment in equitable access, emergency obstetric care, and reproductive health services.

Tuberculosis (TB)

While Thailand has made notable progress in reducing TB incidence, the disease remains a public health concern, particularly among vulnerable and mobile populations. Ongoing transmission, coupled with risks of delayed diagnosis and treatment interruptions, could undermine recent gains. Health system strain and

service disruptions may further affect TB case detection and continuity of care, increasing the risk of drug resistance and ongoing transmission.¹⁵³

Human Immunodeficiency Virus (HIV)

Thailand continues to make progress toward global HIV targets, yet new infections persist, particularly among key populations with limited access to prevention and outreach services. Stigma, legal barriers, and uneven service coverage contribute to ongoing transmission risk.¹⁵⁴ Sustained investment in prevention, testing, and treatment continuity is essential to prevent reversal of gains, particularly in the context of health system pressures and competing priorities.¹⁵⁵

Polio

Thailand's polio-free status remains robust, supported by strong immunization systems. However, immunity gaps in certain provinces and subpopulations, combined with cross-border movement and sub-optimal surveillance sensitivity, pose a residual risk of importation and delayed detection. Continued vigilance, high routine immunization coverage, and sensitive surveillance are essential to maintain polio-free status.¹⁵⁶

Rabies

Despite major progress in rabies control through dog vaccination and post-exposure prophylaxis, sporadic human rabies deaths continue to occur. Ongoing transmission risk persists in areas with insufficient animal vaccination coverage and delayed access to care following exposure. Sustained multisectoral coordination, public awareness, and veterinary public health interventions remain necessary to move toward elimination.¹⁵⁷

DETERMINANTS OF HEALTH

Protection Risks

Almost one in four women in Cambodia is a victim of physical, emotional or sexual violence. The levels of violence against women in Cambodia are alarming and often not reported. In 2013, a survey found that 32.8% of men in Cambodia reported perpetrating physical and/or sexual violence against an intimate partner in their lifetime, and one in five men reported raping a woman or girl, one of the highest recorded rates in the Asia-Pacific region.¹⁵⁸

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.¹⁵⁹ Reports of increased domestic and gender-based violence have emerged. One separated child case is under follow-up.¹⁶⁰ 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.¹⁶¹ 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.¹⁶²

Many South East Asian countries, including Cambodia, are hotspots for child sexual exploitation and abuse, 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.¹⁶³ 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.¹⁶⁴

Cambodia reported increased land release through survey and clearance by nearly 90% to 362km² 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.¹⁶⁵ More than 65,000 people have been killed or injured from landmines and unexploded ordnance since the end of the Khmer Rouge in 1979.¹⁶⁶

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 2019-20.¹⁶⁷ 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.¹⁶⁸

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.¹⁶⁹ 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, 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.¹⁷⁰

In September 2025, extremely high rainfall occurred, especially during the first and last ten days. Floods affected 35 700 families and 20 600 hectares of agricultural land across 12 provinces. River water levels exceeded long-term averages and flood alert thresholds in early and late September, causing floods. Vegetation health was slightly below average nationwide, which may have resulted from waterlogging and flooding.¹⁷¹

In October 2025, heavy rainfall affected central and eastern Cambodia, causing flash floods that have resulted in population displacement and damage. As of 2 October, approximately 2000 displaced people, a total of around 67 000 affected people and more than 14 900 damaged houses across eight provinces throughout the country, where the most affected are Mondulkiri and Ratanakiri provinces.¹⁷²

Education

According to official report released by Ministry of Education, Youth and Sport on 15 December, a total of 1039 schools have been closed, disrupting the learning of more than 242,881 students. Combined with the loss of safe shelter and daily routines, and the urgent need for psychosocial support, hundreds thousands of children are now in urgent need of protection, continuity of learning and mental-health care.¹⁷³

More broadly, Cambodia has made significant strides in advancing girls' education, recognising it as a fundamental right and a catalyst for transforming society.¹⁷⁴ 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. Cambodia also recognises the vital role of well-trained, qualified, and motivated teachers in improving student learning.¹⁷⁵

HEALTH SYSTEMS STATUS AND LOCAL HEALTH SYSTEM DISTRIBUTIONS

Pre-crisis health system status in Cambodia

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.¹⁷⁶

Healthcare Financing: 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.¹⁷⁷

Health Workforce: 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.¹⁷⁸

Medical Supplies and Medicines: As of 2022, Cambodia has 3379 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.¹⁷⁹

In crisis health system status in Cambodia

To date 52 healthcare facilities near the Cambodia–Thailand border in five affected provinces Preah Vihear, Oddar Meanchey, Banteay Meanchey, Battambang, and Pursat have been closed due to direct shelling or insecurity. This has severely disrupted access to essential health services for displaced populations.¹⁸⁰

Preah Vihear Province

- Health facilities closed: 14 (12 health centers, 1 health post, 1 referral hospital).
- Immediate Needs: For displaced people: food, clothing (including blankets), tents/shelter and for health staff, tents and primary medical supplies.

Oddar Meanchey Province

- Health facilities closed: 19 (18 health centers, 1 referral hospital).
- Immediate Needs: essential materials, and health education for displaced people

Banteay Meanchey Province (data from 3 ODs only)

- Health facilities closed: 13 (12 health centers, 1 health post, 1 referral hospital).

Battambang Province

- Health facilities closed: 5 (4 health centers, 1 health post, 1 referral hospital).
- Immediate Needs: medical supplies and drugs and hygiene materials and facilities

Pursat Province

- Health facilities closed: 1 health center
- Immediate Needs: treatment for flu, cough, diarrhea, and fever and health education.¹⁸¹

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS IN CAMBODIA			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
 <p>As of 18 December, 52 health facilities have closed across five affected provinces: Oddar Meanchey, Preah Vihear, Banteay Meanchey, Battambang and Pursat.¹⁸²</p>	 <p>As of 18 December, some hospitals are operating at capacity and referral capacity has been established.</p>	 <p>One referral hospital was shelled by artillery in its compound on 11 December.</p>	 <p>One confirmed report to date (as of 18 December)</p>

Pre-crisis health system status in Thailand

Leadership and Governance: Thailand has a highly centralized and well-established health governance structure, led by the Ministry of Public Health (MoPH), which is responsible for policy, regulation, service delivery oversight, and emergency response. The country has strong experience in emergency preparedness and response, including routine activation of the Public Health Emergency Operations Center (PHEOC) for public health emergencies and crises. Coordination mechanisms between central, regional, and provincial levels are functional, with clear lines of authority and decision-making.

Health Financing: Thailand has achieved universal health coverage (UHC) through three main public insurance schemes—the Universal Coverage Scheme, Social Health Insurance, and Civil Servant Medical Benefit Scheme—that collectively cover nearly the entire population and reduce financial barriers to care, with out-of-pocket spending relatively low compared to regional peers.¹⁸³

Health workforce: The country maintains a relatively strong health workforce, with training and deployment systems supporting doctors, nurses, and midwives across subdistrict, district, and provincial levels, forming the backbone of both routine care and emergency response capacity.

Medical supplies and medicines: The MoPH is a major purchaser of medicines, vaccines, and medical supplies, supported by centralized procurement and logistics systems. Thailand has a robust domestic pharmaceutical manufacturing capacity, including vaccine and essential medicine production, which reduces reliance on external supply chains. Supply systems are generally resilient, with the ability to reallocate stock across regions during emergencies.¹⁸⁴

Service delivery: Thailand maintains an extensive public health service delivery network, comprising primary care facilities, district hospitals, provincial hospitals, and tertiary referral centres, complemented by a large private sector that plays a significant role in outpatient and specialized care. The referral system is functional, and during emergencies, services can be reorganized to prioritize trauma care, essential services, and continuity of care for chronic conditions. Temporary service disruptions may occur in border or high-risk areas due to security measures, but national capacity allows for rapid redistribution of patients and services.

Health information systems: Thailand has relatively advanced health information and surveillance systems, including electronic reporting platforms, routine disease surveillance, and event-based surveillance. Data flows from facility to national level are largely digital, enabling timely situational

awareness and decision-making. These systems support early detection of outbreaks, monitoring of service utilization, and emergency response coordination.¹⁸⁵

In crisis health system status in Thailand

The impact on health service delivery in Thailand has been significant, primarily driven by large-scale population movements and security measures in border areas, while no direct damage to health facilities have been reported. Twenty hospitals have been affected, including eight fully closed and twelve temporarily closed, and approximately 197 subdistrict health-promoting hospitals have experienced service disruption. This reduction has reduced service availability at the community level, contributing to delays in referral pathways, and increased patient volumes at receiving facilities. This resulted in heightened operational demands and workload pressures on health-care facilities and staff.¹⁸⁶

HEALTH SYSTEM STATUS & LOCAL HEALTH SYSTEM DISRUPTIONS IN THAILAND			
Key information on disruption of key health system components			
ACCESS TO HEALTHCARE	DISRUPTION TO SUPPLY CHAIN	DAMAGE TO HEALTH FACILITIES	ATTACKS AGAINST HEALTH
 <p>As of 18 December, 20 health facilities have been affected, including 8 that were fully closed and 12 temporarily closed</p>	 <p>As of 18 December, 20 hospitals and 213 community health centers have been impacted.¹⁸⁷</p>	 <p>Five health facilities were damaged during the previous surge in hostilities in July 2025.</p>	 <p>Five confirmed reports to date all affecting health facilities and patients (as of 18 December)</p>

HUMANITARIAN HEALTH RESPONSE

Cambodia

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 potential procurement and delivery of the trauma kits to Cambodia.

WHO is working with the Ministry of Health (MoH) to conduct strengthen 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.).

Thailand

Thailand retains strong national capacity to manage the current situation. The Public Health Emergency Operations Center (PHEOC) has been activated since 7 December 2025, enabling coordinated command and control across the health sector. A curfew has been in place since 10 December 2025, supporting security management and continuity of essential services. The Ministry of Public Health (MoPH) is responding comprehensively across all aspects of public health and medical care, with surge support mobilized from other health regions to sustain essential medical services

INFORMATION GAPS / RECOMMENDED INFORMATION SOURCES		
	Gap	Recommended tools/guidance for primary data collection
Health status & threats for affected population	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
Health resources & services availability	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)
Humanitarian health system performance	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

WORLD HEALTH ORGANISATION (WHO) CONTACTS

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