KINGDOM OF CAMBODIA

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Ministry of Planning

# D2P Policy Brief Report

# REPORT ON
# Data To Policy Program and Policy Brief Development in Cambodia

October 2024





National Institute of Statistics
Ministry of Planning
CAMBODIA

Bloomberg Philanthropies

DATA FOR HEALTH INITIATIVE

D2P Data to Policy | CAMBODIA

Vital Strategies

# Preface

Under the leadership of **Samdech Moha Borvor Thipadei Hun Manet**, Prime Minister of the Kingdom of Cambodia, the Royal Government of the 7th Legislature of the National Assembly has carried on promoting gender equality and preventing all forms of gender-based violence by increasing investment in gender and empowering women in all fields to enable conducive environments for women to exercise their leadership rights to alleviate gender-based violence, early marriage, and teenage pregnancy, as well as to enhance public health, such as malnutrition among women and children, aimed at mitigating maternal and child mortality.

As a secretariat to the Royal Government, the Ministry of Women's Affairs has played a key and active role in promoting gender equality and health, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, and developed recommendations for Policy Briefs related to gender and health.

The Inter-ministerial Working Group, which is composed of members from the Ministry of Women's Affairs, the Ministry of Health and the National Institute of Statistics of the Ministry of Planning, has decided to select 5 topics as follows:

1. Promote response services for women and children survivors affected by gender-based violence;
2. Promote eradication of cervical cancer to save women's lives;
3. Mitigate maternal and infant mortality by promoting women's health and nutrition, reproductive health, pregnant women, and postpartum women aged 15-49;
4. Mitigate the impact of early marriages and teen pregnancy; and
5. Promote women in leadership and governance roles in the health sector.

The aforementioned 5 recommendations of the Policy Briefs have responded to the Pentagonal Strategy – Phase I of the Royal Government of the 7th Legislature for Growth, Employment, Equity, Efficiency and Sustainability by continuing to embrace "People" as a priority, with Pentagon 1 focusing on "Development of human capital" that takes into consideration of promoting people's health and well-being people and strengthening social support system. Pentagon Side 4.1 on "Sustainable and Inclusive Development" focuses on promoting

gender equality. The Ministry of Women's Affairs' Neary Rattanak VI Five-Year Strategic Plan consists of 6 key strategies, the 3rd of which relates to promoting well-being of women and young girls, transforming gender in health sector. Hence, Data to Policy (D2P) is absolutely crucial as it serves as evidence for advocacy in taking public health response measures as part of Neary Rattanak VI Strategic Plan.

With the support of Vital Strategies, the Ministry of Women's Affairs has led and collaborated with the Ministry of Health and the National Institute of Statistics of the Ministry of Planning to organize several meetings and consultative workshops as well as reviewed and analyzed existing data and identified 5 key issues for the formulation of the recommendations of the Policy Briefs on gender and health to advocate with concerned ministries, institutions and partners.

In addition, strengthening the capacity of officials to develop D2P Policy Briefs recommendations on gender and health in line with the policies of the Royal Government of the 7th Legislature focuses on public administration reform, public financial management reform and other reforms at national and sub-national levels.

We firmly believe that these recommendations of the Policy Briefs serve as guiding aide-memoires for the Royal Government and line ministries and institutions to make informed decisions in the formulation of action plans to contribute to the reduction of identified issues and provide recommendations based on this Policy Briefs.

Last but not least, the Ministry of Women's Affairs, the Ministry of Health, and the National Institute of Statistics of the Ministry of Planning strongly believe that all stakeholders within the Royal Government, development partners, private sector, and civil society organizations will use these recommendations of the Policy Briefs as a compass for effective and efficient implementation to contribute to the promotion of gender equality and health in response to the Pentagonal Strategy - Phase I of the Royal Government of the 7th Legislature of the National Assembly, and Neary Ratttanak VI Strategic Plan.

Phnom Penh, December 24, 2024

For - **Minister**

SECRETARY OF STATE

CHAN SOREY

# Acknowledgement

The Policy Briefs Recommendation Development Working Group would like to express our most profound gratitude to **Her Excellency Dr. Ing Kantha Phavi**, Minister of Ministry of Women's Affairs, **His Excellency Professor Chheang Ra**, Minister of Ministry of Health, and **His Excellency Bin Trorchhey**, Minister of Ministry of Planning, for their constant support to the successful completion of the Policy Briefs recommendations formulation.

In addition, the working group would like to thank the leaders of the 3 ministries, including **Her Excellency Chan Sory** and **Her Excellency Man Chenda**, Secretaries of State of the Ministry of Women's Affairs; **Her Excellency Pen Riksy**, Secretary of State of the Ministry of Health; **Her Excellency Pech Pitoratha** and **Her Excellency Thongphean Chhaymaly**, Under-secretaries of State, Ministry of Women's Affairs, and the technical working groups of the 3 ministries.

We would like to thank Vital Strategies for providing both financial and technical supports for the development of the recommendations of the Policy Briefs, in particular to **Mr. Luis Ocaranza**, Senior Technical Advisor; **Dr. Mean Reatanasambath**, Country Coordinator; **Ms. Emily Myers**, and **Mr. Ric Mateo**, Trainers, for having developed the capacity of the working group to formulate these recommendations of the Policy Briefs. In the meantime, we would also like to thank the experts from the relevant ministries, institutions and partners for their inputs on the formulation of these recommendations of the Policy Briefs.

## Composition of Technical Team

The Ministry of Women's Affairs will prepare a decision to establish an inter-ministerial core working group to prepare a plan and implement policy recommendations, consisting of the following:

| No | Name | Position |
|---|---|---|
| **Management** | | |
| 1. | HE Chan Sorey | Secretaries of State of MoWA |
| 2. | HE Man Chinda | Secretaries of State of MoWA |
| 3. | HE Hou Samith | Secretaries of MoWA |
| 4. | HE Pen Ricksy | Secretaries of State of MoH |
| **5.** | HE Hou Nirmita | Secretaries of State of MoWA |
| 6. | HE Pich Pitou Ratha | Under Secretaries of State of MoWA |
| 7. | HE Thong Pheanchhaymaly | Under Secretaries of State of MoWA |
| 8. | HE Chan Sokha | Under Secretaries of State of MoH |
| **Composition of Coordination** | | |
| 1. | HE Nhean Sochetra | Director General of the General Department of Social Development, MoWA |
| 2. | Ms. Nith Sreya | Deputy General Director Directorate of Administration of General Affairs |
| 3. | Ms. Chhan Ratha | Deputy Director General of Social Development Directorate |
| 4. | Ms. Te Vouchlim | Director of Planning and Statistics Department, MoWA |
| 5. | Dr. Mean Reatanak Sambath | Country Coordinator, Vital Strategies |
| **Composition of Master Trainers** | | |
| 1. | Luis Ocaranza | Senior Technical Advisor Vital Strategies |
| 2. | Emily Myers | Senior Technical Advisor, Vital Strategies |
| 3. | Ricardo Mateo Jr | Vital Strategies |
| **Composition of Group 1** | | |
| 1. | HE Nhean Sochetra | Director General of the General Department of Social Development, MoWA |
| 2. | Ms. Sar Sineth | Director of Legal Protection Department, MoWA |
| 3. | Ms. Ket Saroth | Deputy Director of Legal Protection Department |
| 4. | MS. Long Sreyleap | Deputy Director of Department of NIS, MoP |
| 5. | Ms. Socheata chea | Chief of Office of Department of Planning and Statistics, MoWA |
| 6. | Mr. Tong Ratha | Vice chief, Preventive Medicine Departmemnt of MoH |
| 7. | Ms. Oeng Sothary | Health Sector Consultant, Vital Strategies |

**Composition of Group 2**

| No | Name | Position |
|---|---|---|
| 1. | Mr. Khiev Khemarin | Deputy Director General, National Institute of Statistics, MoP |
| 2. | Ms. Leng Monypheap | Director of Department of Women and Health, MoWA |
| 3. | Mr. Yoeung Sina | Staff of Education Department, MoWA |
| 4. | Ms. Ly Huysorng | Staff of Department of Women and Health, MoWA |
| 5. | Mr. Phluk Soriya | Deputy Director of Department of NIS, MoP |
| **Composition of Group 3** | | |
| 1. | HE Pich Pitou Ratha | Under Secretaries of State of MoWA |
| 2. | Mr. They Kheam | Director of Department of NIS, MoP |
| 3. | Ms. Neang Nary | Deputy Director of Education Department, MoWA |
| 4. | Dr. Chan Sophall | Deputy director of National Nutrition Program, MoH |
| 5. | Dr. Horng lairapo | Vice chief, MoH |
| 6. | Ms. Yin Samneang | Staff Director of Education Department, MoWA |
| 7. | Ms. Sar Sereysethy | Deputy Office of the Department of Women and Health, MoWA |
| **Composition of Group 4** | | |
| 1. | Ms. Te Vouchlim | Director of Planning and Statistics Department, MoWA |
| 2. | Mr. Boy Somethea | Director of Department of NIS, MoP |
| 3. | Ms. Khim Sovanny | Deputy Director of Planning and Statistics Department, MoWA |
| 4. | Mr. San Sothea | Deputy Director of Department of NIS, MoP |
| 5. | Ms. Ven Nith | Deputy Director of National Reproductive Health/ MoH |
| 6. | Ms. Som Thunchanchakrya | Deputy of Department of Planning and Statistics, MoWA |
| 7. | Ms. Ly Phiny | Vice chief of Department of Women and Health, MoWA |
| **Composition of Group 5** | | |
| 1. | HE Thong Pheanchhaymaly | Under Secretaries of State, MoWA |
| 2. | Ms. So Sovanchakrya | Deputy Director General, National Institute of Statistics, MoP |
| 3. | Dr. Khem Chanthorn | Deputy Director of DPHI, MoH |
| 4. | Mr. Chiwut Meas | Deputy Director, Department of Gender Equality, MoWA |
| 5. | Ms. Te Tevy | Deputy Director, Department of Women and Education, MoWA |
| 6. | Mr. Te Udonvisothreach | Staff Director of Education Department, MoWA |

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## SUMMARY

The Royal Government of Cambodia, under the wise and energetic leadership of **Samdech Borvor Thipadei Hun Manet, Prime Minister of the Kingdom of Cambodia**, has launched the Pentagonal Strategy – Phase I for Growth, Employment, Equity, Efficiency and Sustainability to lay the foundation towards the realization of Cambodia Vision 2050 with the continuation to embrace "**People**" as a main priority, in which Pentagon 1 focuses on "**Human Capital Development**", Side 3 promotes the health and well-being of the population, and Side 4 strengthens the social protection system and the food system. Pentagon 4 on **"Resilient, Sustainable and Inclusive Development"** focuses on promoting gender equality, environmental sustainability, natural resource management, and agricultural and rural development, aiming to further fortify the role and development of the agricultural sector so that it can be up-to-date, diverse, and resilient which will provide scaffolding to rural development to ensure food security and food safety and high added value, promote competitiveness, and enhance rural livelihoods.

A widespread problem in Cambodia, gender-based violence (GBV) results in a significant impact on women and children who are victims. With an objective of responding, coordinating and providing services for victims within the public health system, the Royal Government has been expanding One Stop Shop Units at referral hospitals where high rates of violence prevail. The implementation of the GBV response plan, in collaboration with the Ministry of Health and the Ministry of Women's Affairs, has resulted in the creation of OSSUs which aim to provide systematic services to victims within the health system and other line establishments.

Cervical cancer remains a major public health problem, in particular in low- and middle-income countries, due to its low level of screening and vaccination. The disease is the second most common cause of death in Cambodia after the breast cancer and the third leading cause of death in women. The World Health Organization has launched the 90-70-90 by 2030 Global Strategy to Eliminate Cervical Cancer.

With a high prevalence (55.5%), malnutrition among women aged 15-49 and children aged below 5 in Cambodia is mainly caused by frequent infections and a weakened immune system. This results in premature births and complications during pregnancy, as well as life-threatening complications. The Ministry of Health needs to undertake interventions to mitigate

this problem. Addition, inadequate breastfeeding, zinc and vitamin A deficiency during pregnancy also contribute to high mortality in children below the age of 5.

Early marriage and teenage pregnancy are major social problems in Cambodia, in particular in the northeast region. This can result in exclusion from education, social engagement, and economic opportunities for girls, and increase violence and reproductive health problems. Based on the 2021-22 CDHS study, marriages before the age of 18 were decreased from 25% to 19%, but teenage pregnancy remained high, with an increase from 21.12% to 22.48%. In Ratanakiri, the rate of marriage before the age of 18 is as high as 37.3%. To address this issue, the Ministry of Women's Affairs and the Ministry of Health need to establish an inter-sectoral mechanism in order to promote reproductive health and education for young people.

The number of women in leadership positions in the health sector remains low due to 4 main factors: 1) societal mindset, 2) women's limited education compared to men, 3) discrimination, and 4) lack of ample opportunities for women in leadership positions. The majority of women remain faced with challenges when it comes to leadership positions, although Cambodia has a decent gender equality policy. The appointment of women to leadership positions, however, is on the rise, as the Administration strives to promote gender balance and increase women's participation in key positions. This promotion is dubbed into the Neary Ratanak VI's Strategy (2024-2028), which sets out the replacement of women in retirement with women as a priority and placement of women in positions where men are retiring. Improvements will move on with key support from the government and consultations to provide window of opportunities for women to fully assume their leadership roles, particularly in the health sector.

## 1. Introduction

The Ministry of Women's Affairs, in collaboration with Vital Strategies, implemented the Bloomberg Philanthropies Data for Health Initiative (D4H) project, analysed and applied health data to develop priority Policy Brief Recommendations in response to gender and health, including:

- On December 13, 2023, a technical consultation meeting on the Use of Data for Formulation of Policy Brief Recommendations on Gender and Health was held at Phnom Penh Hotel under the chairmanship of **Her Excellency Mann Chenda**, with a

total of 57 participants, including 33 women, from Ministry of Women's Affairs, Ministry of Health, National Institute of Statistics of the Ministry of Planning, and Vital Strategies. The workshop aimed to demonstrate the kickoff of D2P project with stakeholders and gather inputs on topics associated with gender and health, and as a result 16 topics were proposed;

- On April 3, 2024, the second technical meeting was held to opt for topics for developing Policy Brief Recommendation on Gender and Health at Phnom Penh Hotel under the chairmanship of **Her Excellency Chan Sory**, Secretary of State of the Ministry of Women's Affairs, with the participation of Excellencies and representatives of the National Institute of Statistics of the Ministry of Planning and Ministry of Health for a total of 34 persons (10 women). As a result, 5 topics were obtained for formulating Policy Brief Recommendations;
- From June 10 to 14, 2024, a training course on the Use of Data for Formulation of Policy Brief Recommendations was held in Siem Reap province under the chairmanship by **Her Excellency Chan Sory**, Secretary of State of Ministry of Women's Affairs, with the participation of **Her Excellency Pen Riksy**, Secretary of State of MOH, **Her Excellency Morny Raingsey**, Deputy Governor of the Siem Reap Provincial Board of Governors, **Mr. Luis Ocaranza**, Senior Consultant of Vital Strategies, and Excellencies and representatives of National Institute of Statistics of MOP and MOH, for a total of 27 persons (19 women), with the aim of firming the capacity of officials from the 3 ministries in formulating the Policy Brief Recommendations. As a result, through learning by doing, the working group of the 3 ministries was able to analyze, interpret, and prepare Policy Brief Recommendations on 5 topics as of the followings:
    6. Promote response services for woman and child victims affected by gender-based violence;
    7. Promote the elimination of cervical cancer to save women's lives;
    8. Reduce maternal, infant and child mortality through promoting nutrition status of women of reproductive age, pregnant women, and postpartum women aged 15-49 years;
    9. Reduce the impact and rate of early marriages and teenage pregnancy; and
    10. Promote women's roles in leadership and governance in the health sector.

- On August 23, 2024, a consultation workshop on the 5 Policy Brief Recommendations related to gender and health was organized under the chairmanship of **Her Excellency Chan Sory**, with the participation of Excellencies and representatives of the 3 ministries who were the working group members and stakeholders for a total of 82 persons (48 women) in order to collect additional inputs from all the stakeholders to better incorporate into the Policy Brief Recommendations;
- On September 27 to October 3, 2024, 2 officials (MoWA and MOH) joined in a training course on Health Economics in Istanbul, Turkey;
- On October 14, 2024, an official dissemination workshop was organized at sub-national level, in Mondulkiri province, under the chairmanship of **Her Excellency Chan Sory**, Secretary of State of the Ministry of Women's Affairs, and was attended by Excellencies and representatives of the ministries who were the working group members, for a total of 50 persons. The focus of the workshop was on two topics, namely 1. Improve response services for woman and child victims of gender-based violence and 2. Reduce the impact and rate of early marriages and teenage pregnancy, with the aim of collecting additional inputs from stakeholders and advocating for the implementation of policy options related to improving response services for woman and child victims of gender-based violence into action, in particular promoting the establishment of OSSUs to assist victims of gender-based violence at sub-national level;
- On October 18, 2024, the leaders and working group met with the MOH leadership in order to present the Policy Brief Recommendations to the MOH, being a potential institution, to support, promote the execution, and establish legal regulation for the implementation of the proposed Policy Brief Recommendations. The meeting was participated by representatives from MoWA, MOH, MOP and Vital Strategies;

Data to Policy (D2P), which means turning data into policy, is extremely vital for the strengthening of the capacity of officials at all levels in data analysis and use and policy formulation, dissemination, and promulgation. It also aims to bridge the gap through training and mentoring of officials in Gender and Health Policy Brief Recommendations.

D2P commenced in 2024, with the preparation of Policy Brief Recommendations by enhancing the use of data which responded to the government's gender and health priorities. D2P provided officials with skills in data analysis, problem and root cause analysis, and health

impact assessment, as well as techniques for engaging with stakeholders using the data to develop Gender and Health Policy Brief Recommendations.

The inter-ministerial working group, composed of representatives from the Ministry of Women's Affairs, Ministry of Health, and National Institute of Statistics of Ministry of Planning, hereafter decided to opt for 5 topics as of the followings:

1. Promote response services for woman and child victims affected by gender-based violence;
2. Promote the elimination of cervical cancer to save women's lives;
3. Reduce maternal, infant and child mortality through promoting nutrition status of women of reproductive age, pregnant women, and postpartum women aged 15-49 years;
4. Reduce the impact and rate of early marriages and teenage pregnancy; and
5. Promote women's roles in leadership and governance in health sector.

## 2. Objectives

The Ministry of Women's Affairs, in collaboration with Vital Strategies, carried out the Bloomberg Philanthropies Data for Health Initiative (D4H) and developed an action plan to promote the implementation of Policy Brief Recommendations by an inter-ministerial working group consisting of MoWA, MOH, and National Institute of Statistics of MOP.

The inter-ministerial working group comprising of MoWA, MOH, and National Institute of Statistics of MOP developed and brought awareness to Policy Brief Recommendations on gender and health in order to mobilize support from leaders and decision-makers to implement the Policy Brief Recommendations and come up with measures to respond and address the issues as pointed out in the 5 Policy Brief Recommendations as mentioned above.

The working group of the Ministry of Women's Affairs, Ministry of Health, and National Institute of Statistics of Ministry of Planning, in collaboration with Vital Strategies, has formulated an action plan in order to:

- Strengthen analytical and data use skills for formulating Policy Brief Recommendations (offline and online),
- Provide training on the methodology for formulating Policy Brief Recommendations (offline and online),

- Organize consultation workshops on the 5 Policy Brief Recommendations and seek support from the leadership at the national and sub-national levels,
- Organize consultation and dissemination workshops to gather additional inputs and solicit support from stakeholders to execute the Policy Brief Recommendations, and
- Follow up, monitor and evaluate the implementation of the Policy Brief Recommendations.

## 3. Activities

The Ministry of Women's Affairs, in collaboration with Vital Strategies, formulated an action plan and provided training to officials of the inter-ministerial working group of Ministry of Women's Affairs, Ministry of Health, and National Institute of Statistics of Ministry of Planning as of the followings:

- The MoWA's working group, in collaboration with the Vital Strategies working group, organized 2 technical consultation meetings to select topics for the formulation of Policy Brief Recommendations on gender and health under the chairmanship by **Her Excellency Chan Sory**, Secretary of State of MoWA, with the participation of leaders from MoWA, MOH, National Institute of Statistics of MOP, and **Mr. Adam Karpati**, Senior Vice President of Vital Strategies, and **Ms. Adrienne Pizatella**, Bloomberg Philanthropies, for a total of 91 persons (43 women), to fortify the working group's capacity in formulating Policy Brief Recommendations, analyzing, and using data pertinent to gender and health;
- 2 online training courses on using data for the formulation of Policy Brief Recommendations were organized for the inter-ministerial working group;
- A training course on using data for the formulation of Policy Brief Recommendations was held in Siem Reap province from June 10 to 14, 2024 under the chairmanship of **Her Excellency Chan Sorey**, Secretary of State of MoWA, and participated by **Her Excellency Pen Riksy** Secretary of State of MOH, **Her Excellence Morny Raingsey**, Deputy Governor of Siem Reap Provincial Board of Governors, **Mr. Luis Ocaranza**, Senior Consultant, Vital Strategies, as well as representatives of MOP, National Institute of Statistics, and

MOH who were members of the working group for a total of 27 persons (19 women);

- A series of meetings were organized at the working group level with experts and stakeholders during June, July and August, with the participation of **Her Excellency Pen Riksy**, Secretary of State of MOH, **Her Excellency Pech Pitu Ratha** and **Her Excellency Thongphean Chhaymaly**, Undersecretaries of State of MoWA, **Dr. Mean Ratanak Sambath,** Vital Strategies, as well as the participation of Excellencies and representatives of MOP, National Institute of Statistics, and MOH who were the members of the working groups;
- Consultation workshop on Policy Brief Recommendations on the 5 topics related to gender and health was held on August 23, 2024, under the chairmanship of **Her Excellency Chan Sorey**, Secretary of State of MoWA, and participated by leaders and working group of MoWA, MOH, and National Institute of Statistics of MOP, and representatives of Vital Strategies for a total of 82 persons (48 women) who were working group members;
- The formulation of Policy Brief Recommendations on the 5 topics was finalized and presented to the leadership of MoWA and MOH. The report would be submitted to the leadership for decision and signature and official publication in December 2024;
- Five high ranking officials and technical officials from MoWA and MOH participated in a training course on Health Economics and a workshop on Policy Advancement in Istanbul, Turkey;
- The inter-ministerial working group organized 2 meetings and a consultation workshop on the draft guidelines on the process of organizing a one-stop service for victims of gender-based violence under the chairmanship of **Her Excellency Hou Samith**, Secretary of State of MoWA, **highly representing Her Excellency Minister** of MoWA, with the participation of Excellencies who were leaders of MoWA, MOH, MOP, Ministry of Tourism, Ministry of Post and Telecommunication, Ministry of Labor and Vocational Training, Ministry of Rural Development, Ministry of Social Affairs, Veterans, and Youth Rehabilitation, Ministry of Culture and Fine Arts, partner organizations, and civil society for a total of 50 persons, including 31 women;

- MoWA, in collaboration with Vital Strategies, will organize training courses on support seeking and other training courses; and
- MoWA will continue to collaborate with Vital Strategies to translate D2P Policy Brief Recommendations on the 5 topics into action.

## 4. Findings and Issues

### Topic 1. Improve response services for woman and child victims of gender-based violence

Domestic violence and gender-based violence (GBV) pose serious public health problems worldwide and in Cambodia, particularly among women aged 15-49. 21% of women aged 15-49 have experienced violence and 3% have reported having been sexually abused. Children prior to the age of 18 are also victims of violence. Other groups of women, such as indigenous women, older women, and LGBT group, are also more at risk.

### Topic 2. Promote the elimination of cervical cancer to save women's lives

The rate of mortality from cervical cancer in Cambodia was increased from 10% in 2018 to 13.4% in 2022. Cambodian women aged between 15 and 49 are disproportionately affected by the disease. The rate of women being tested for cervical cancer was only 15%. The delivery of such a test service remains insufficient, resulting in late detection and high mortality rate.

### Topic 3. Reduce maternal, infant and child mortality through promoting nutrition status of women of reproductive age, pregnant women, and postpartum women aged 15-49 years

30% of women aged between 15 and 49 worldwide and 37% of pregnant women are anemic. This problem is more common to women in poor households and women who lack awareness of nutritional health. In 2010, 19% of women were wasting, and in 2021-22, this rate was increased to 36%. Also, the rate of women with obesity was 11% in 2010 and was increased to 39% in 2021-22.

### Topic 4. Reduce the impact and rate of early marriages and teenage pregnancy

The rate of child marriage remains high worldwide, in particular in Sub-Saharan Africa and South Asia. East and Southeast Asia enjoy the lowest rates. In Cambodia, the rate is seen higher than in East and Southeast Asia but lower than the global average. Bangladesh has the highest rate of marriage among women under the age of 15 (15.5%).

### Topic 5. Promote women's roles in leadership and governance in health sector

Gender Mainstreaming in Health Sector: Policy and Strategic Plan 2020 2024 identifies that the gender gap in the health sector must be considered by both service recipients and service providers, including leaders. Despite concerted efforts made by leaders and collaboration from development partners, the gender gap in the health sector, in particular at the leadership level, still lingers. In health sector, the majority of public officials were women, accounting for 52.6% in 2019 and increasing to 55% in 2024, and most of them play a key role in providing primary health care services, yet few of them are at the management and decision-making levels.

## 5. Policy Brief Recommendations

### Topic 1. Improve response services for woman and child victims of gender-based violence

The Ministry of Women's Affairs and the Ministry of Health with support from partner organizations and/or state budget to update and promote the implementation of guidelines for establishing one-stop service units at referral hospitals which will be widely introduced must make necessary preparations as of the followings:

- Updating the national technical working groups (Ministry of Women's Affairs, Ministry of Health, Ministry of Interior, Ministry of Social Affairs and relevant partner organizations);
- Strengthening and expanding the multi-sectoral response team to gender-based violence at sub-national level, which is a complementary mechanism to the implementation of one-stop service units for GBV victims;
- Providing forensic training courses to specialized hospital staff. MoWA and MOH should work together to arrange them;

- Reviewing and revising the guidelines on the organization of one-stop service units for GBV victims and submitting them to MoWA and MOH for approval;
- Officially announcing the guidelines on the organization of one-stop service units for GBV victims;
- Expansion of one-stop service units for GBV victims must be carried out in Ratanakiri, Kampong Speu, Siem Reap and other provinces where one-stop service units have not yet been organized;
- Preparing monitoring and evaluation (M&E) tools once every 6 months and once a year;
- Establishing a technical working group for monitoring and evaluation;
- Holding a technical working group meeting at the national level every 3 months;
- Holding an annual reflection meeting between the national and sub-national technical working groups; and
- Mobilizing funds from partner organizations and preparing the national budget in a sustainable manner.

### Topic 2. Promote the elimination of cervical cancer to save women's lives

Cervical cancer is curable if it is diagnosed and treated at the early stages. Understanding its symptoms by women themselves and seeking medical advice to address concerns are the most crucial steps. In order achieve the goal of eliminating the disease, the National Program must establish a well-functioning program for strengthening and expanding cervical cancer (Human papillomavirus) screening, research, and treatment (screen and treat).

In order to realize the implementation of this Policy Brief Recommendation, the Ministry of Health and line ministries must:

- Promote the adoption of national standard for the implementation of cervical cancer screening and tracing methods,
- Update the national strategic plan for the cervical cancer prevention and control;
- Enhance the implementation of cervical cancer screening services across the country,
- Widely expand cervical cancer education and dissemination programs,
- Assess the expenses for cervical cancer screening services to compare with the expenses for cervical cancer treatment,

- Reinforce the following-up, monitoring, and evaluation mechanism for cervical cancer screening implementation, and
- Promote the implementation of surveys on non-communicable disease risk factors in every 5 years.

**Topic 3. Reduce maternal, infant and child mortality through promoting nutrition status of women of reproductive age, pregnant women, and postpartum women aged 15-49 years**

In order to give remedy to malnutrition among women aged between 15 and 49, Ministry of Health and line ministries must consider expanding and solidifying the quality of health services at public and private health facilities which respond to malnutrition for women. Strengthening and implementing this Policy Brief Recommendation with the focus on:

- Promoting the provision of antenatal care and child delivery services in a safe manner,
- Integrating health education on nutrition into reproductive health services, and
- Widely bringing awareness to information on nutrition to rural areas.

In order to strengthen the quality of health services for the realization of this objective, Ministry of Health and line ministries must:

- Organize a task force to review and update nutrition services available at health facilities;
- Incorporate roles and duties associated with nutrition into the monitoring and evaluation task force which was recently established in accordance with Circular No. 9SR, dated Thursday, 13$^{th}$ day of waning moon, lunar month of Jais, lunar year of Dragon, Chhorsak, 2568 B.E., corresponding to July 4, 2024, on the organization of the monitoring and evaluation task force; and
- Organize and incorporate into the existing mechanisms at sub-national level to promote the implementation of Policy Brief Recommendations on the provision of health services associated with nutrition.

### Topic 4. Reduce the impact and rate of early marriages and teenage pregnancy

Ministry of Health, Ministry of Women's Affairs and stakeholders strengthen and promote reproductive health and sexual health education in communities by integrating reproductive health and sexual health education into the primary health care mechanism of the MOH by:

- Collaborating with line ministries and institutions and administrations at sub-national level to prepare guidelines to incorporate the Policy Brief Recommendation on establishing an inter-sectoral coordination mechanism at sub-national level aiming at expanding and promoting the delivery of reproductive and sexual health services and education to target teenagers (15-19 years old) in keeping with the MOH's primary health care implementation mechanism;
- Enhancing and increasing the dissemination of reproductive health and sexual health education to target teenagers (15-19 years old), in particular in provinces where the rate of early marriage is high;
- Continuing to fortify and enlarge the implementation of the Parent-Youth Networking Program on Reproductive and Sexual Health to remote rural areas, in particular in provinces where the rate of early marriage and teenage pregnancy is high;
- Strengthening the monitoring and evaluation system on the implementation of quality reproductive and sexual health services delivery and education to the target teenagers (15-19 years old).

### Topic 5. Promote women's roles in leadership and governance in health sector

The Ministry of Health develops specific guidelines for the appointment of leaders and promotes the practice of appointing women to leadership roles in managerial and political positions by focusing on the following points:

- Women must be prioritized for the appointment to leadership roles in managerial and political positions and they must be prepared to become successors,
- Positions of retired women must be replaced by women,
- Positions of retired men should be considered and prioritized for women, and

Mechanism for women to become successors in leadership roles must be set up

# Chapter I

## Promote response services for women and children survivors/victims affected by gender-based violence

# KINGDOM OF CAMBODIA

Nation Religion King

Ministry of Planning

# Policy Brief

## Promote response services for women and Children survivors affected by Gender Based Violence


June 2024

The Ministry of Women's Affairs, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, has established working groups to develop the Policy Briefs

National Institute of Statistics
Ministry of Planning
CAMBODIA

Bloomberg Philanthropies

DATA FOR HEALTH INITIATIVE

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| • HE Chan Sorey | Secretaries of State of MoWA |
| • HE PEN RICKSY | Secretaries of State of MoH |
| • HE Man Chinda | Secretaries of State of MoWA |
| • HE Thong Pheanchhaymaly | Under Secretaries of State of MoWA |
| • HE Pich Pitou Ratha | Under Secretaries of State of MoWA |
| • HE Nhean Sochetra | Director General of the General Department of Social Development, MoWA |
| • Mr. Khiev Khemarin | Deputy Director General of NIS, MoP |
| • Ms. Leng Monypheap | Director of Department of Women and Health, MoWA |
| • Ms. Te Vouchlim | Director of Planning and Statistics Department, MoWA |
| • Mr. Khem Chanthorn | Deputy Director of Department, MoH |
| • Ms. Sar Sineth | Director of Legal Protection Development, MoWA |
| • Ms. Ket Saroth | Deputy Director of Legal Protection Department, MoWA |
| • Ms. Long Sreyleap | Deputy Director of Department of NIS, MoP |
| • Ms. Chea Socheata | Chief of Office of Department of Planning and Statistics, MoWA |
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| • Ms. Oeng Sothary | Health Secotor consultant, Vital Strategies |

# Table of content

## Acronyms / Abbreviations and Definitions

| Acronym | Definitions in English |
|---|---|
| CDHS | Cambodia Demographic and Health Survey |
| CEDAW | Convention on the Elimination of All Forms of Discrimination against Women |
| GBV | Gender-based violence |
| HMIS | Health Management Information System |
| ICPD | International Conference on Population and Development |
| IPD | In-patient department |
| IPV | Intimate Partner Violence |
| LGBT | Lesbian, gay, bisexuals, and transgender |
| LIVES | Listen, Inquire, Validate, Enhance, Support |
| NCOD | Notification of Cause of Death |
| M&E | Monitoring and evaluation |
| OPD | Outpatient department |
| OSSU | One Stop Service Unit |
| SDG | Sustainable Development Goal |

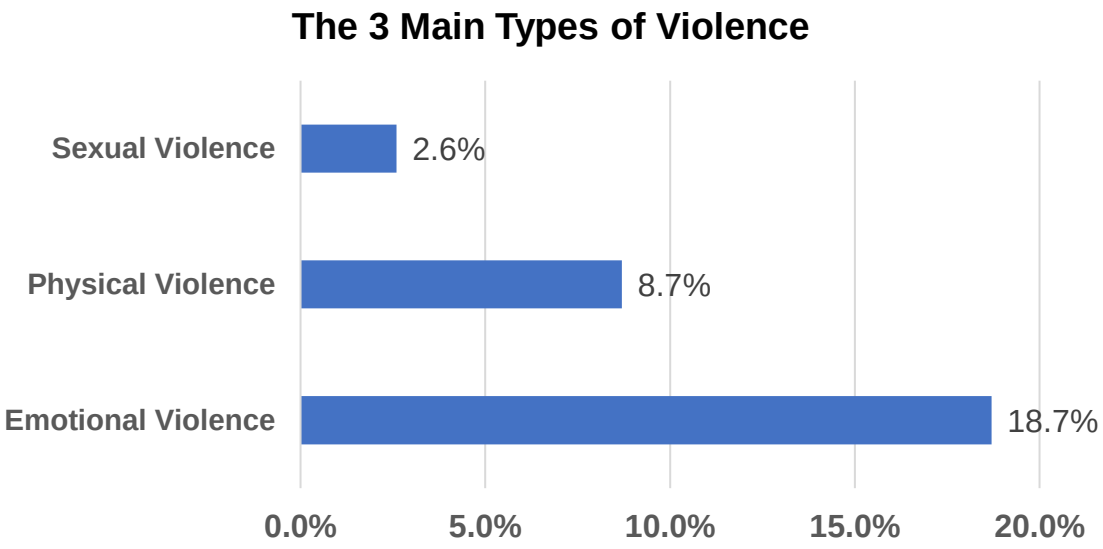
## Summary

### Responses

### and Facilitation of One Stop Service for Women and Children Survivors of Gender-Based Violence

Gender-based violence (GBV) results in, or is likely to result in, physical, sexual or psychological suffering or harm to women, including threats to commit those acts, coercion or arbitrary deprivation of freedom, whether occurring in public or in private life. Gender inequality is globally recognized as a root cause of GBV.

Based on the Cambodia Demographic and Health Survey 2021-22 (CDHS) Report on Domestic Violence, out of a total of the 5,780 women who were interviewed for this study, aged between 15 and 49 years old and who had partners, 21% of them had experienced intimate violence in their lifetime.




Source: Cambodia Demographic and Health Survey Report (CDHS) 2021-22

Among that, emotional violence was the highest at 18.7%, followed by physical violence at 8.7% and sexual violence at 2.6%. Domestic violence and/or intimate partnerviolence is the most common form of gender-based violence (GBV) and a serious concern in the world as well as in the Cambodian society. According to the Cambodian Demographic and Health Survey 2021-22:

- More than 20% of Cambodian women were reported that they experienced physical, sexual, psychological or economic violence perpetrated by intimate partners in their lifetime;

- In general, 13% of women aged 15-49 who had been married were reported having experienced physical or sexual abuse by their partners;
- 8.7% of women aged 15-49 years experienced physical violence from intimate; and
- About 3 out of 10 women sought help to cease the violence they experienced, and only 31% of them were reported seeking help from an official service.

In response to GBV issues, the expansion of a multi-service delivery facility to respond to GBV victims in referral hospitals with high violence rates has been developed as part of the Pentagonal Strategy – Phase I of the 7th Legislature of the Royal Government.

According to the recommendations of **Samdech Akka Moha Sena Padei Techo, former Prime Minister of the Kingdom of Cambodia**, at the annual meeting of the Cambodian National Council for Women on 18 February 2019 (2), National Action Plan on the Prevention of Violence against Women 2019-2023 (1) and the Result of the 2023 Stockpile Meeting and the 2024 Action Plan of the Ministry of Women's Affairs under the high presidency of **Samdech Borvor Thipadei Hun Manet**, **Prime Minister of the Kingdom of Cambodia** on 29 April 2024 (3), the Royal Government of Cambodia, with the Ministry of Women's Affairs as its assistant and the national mechanism in facilitating the promotion of gender equality, preventing and responding to all forms of violence against women and girls in Cambodia in collaboration with the Ministry of Health, has set up One Stop Service Units to respond to GBV victims the Capital-Provincial Referral Hospitals, in addition to the existing mechanisms, i.e. multidisciplinary response teams to GBV in some provinces.

Promoting the responses and facilitation of service delivery to women affected by GBV is a priority for One Stop Service Units and for GBV multidisciplinary response teams at the provincial and district levels, in line with National Action Plan on the Prevention of Violence against Women 2019-2023. During the implementation of the National Action Plan on the Prevention of Violence against Women 2014-2018, One Stop Service Units responding to GBV victims were established and piloted in 2 provinces, namely Kampong Cham and Stung Treng, (which was in response to the recommendations of **Samdech Techo Hun Sen**). Such One Stop Service Units have contributed to better and timely responses to quality service delivery for women affected by GBV. The One Stop Service Units were designed in response to the 2nd Strategy "Legal Protection and Multidisciplinary

Source: UNICEF Cambodia/2023/Cristyn Lloyd

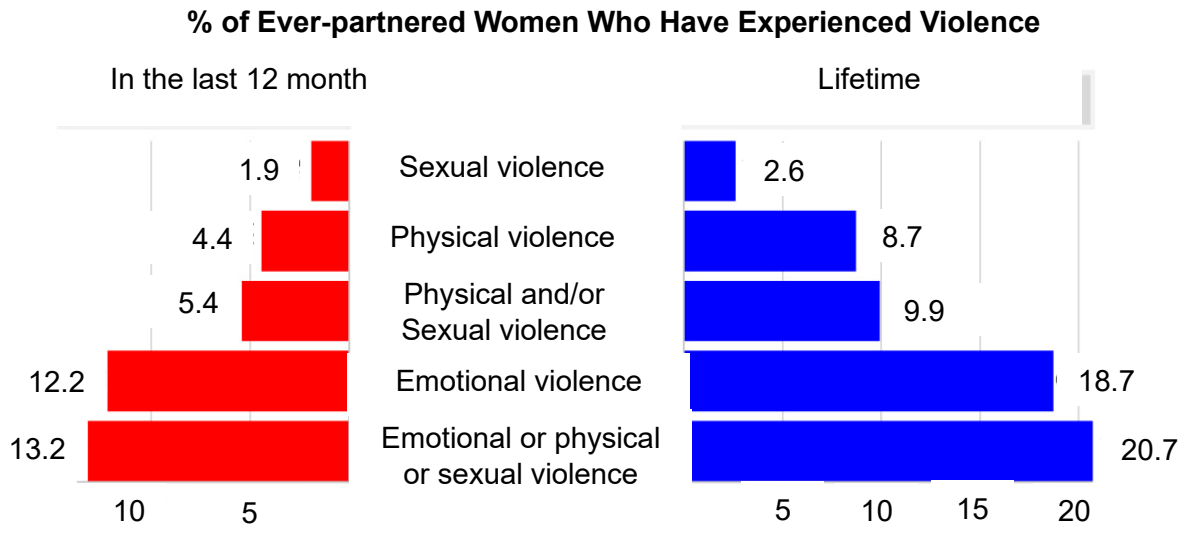
Services" of the 3rd National Action Plan for the Prevention of Violence against Women (2019-2023) [1].

Another important task in preventing and responding to violence against women and children is the recording of violence cases in details, which is currently being carried out through the record of health workers who are required to write all gender-segregated data such as age, sex, family status, type of violence, perpetrators, treatment provided, where it was sent from, and place of referral. Although the record is done manually, it actually is useful because it allows us to know the number of cases and type of violence, geographical location, and type of perpetrators [4].

## 1. Introduction

Cambodia faces high levels of violence, including domestic violence, gender-based violence and community conflict. These issues yield a significant impact on public health and require wider health care responses. Provincial referral hospitals play key roles in providing services and care to victims, in particular in areas where high rates of violence prevail. By expanding the number of service delivery facilities in provincial referral hospitals, Cambodia is able to better address the impact of violence, effectiveness of service delivery, and overall public safety.

GBV can take place regardless of sex, identity, sexual orientation, ethnicity, or family status (rich or poor). Studies show that most GBV victims are women and girls, and that men and boys, lesbians, gays, bisexuals, and transgenders (LGBT) have also experienced being the victims of violence. Women have experienced violence in the home, at work, and in the community. The most common types of violence against women in Cambodia are domestic violence (intimate partner violence - IPV) and sexual violence. Domestic violence and/or intimate partner violence is the most common form of GBV and is a critical concern in the world as well as in the Cambodian society. In Cambodia, there are only 6 One Stop Service Units (OSSU) for GBV victims at the Capital and Provincial Referral Hospitals, namely Stung Treng, Tbong Khmum, Battambang, Phnom Penh, Kampong Cham, and Preah Vihear.




Source: Cambodia Demographic and Health Survey (CDHS) In-Depth Analysis Report 2021-22

Based on the Cambodia Demographic and Health Survey 2021-22 (CDHS) Report on Domestic Violence, out of a total of the 5,780 women who were interviewed for this study, aged between 15 and 49 years old and who had partners, 21% of them had experienced intimate violence in their lifetime [(5)]. Among that, emotional violence was the highest at 18.7%,

followed by physical violence at 8.7% and sexual violence at 2.6%. In the past 12 months, 12.2% of women experienced emotional violence, compared with 4.4% of them who experienced physical violence, and 1.9% of them who experienced sexual violence by their intimate partners. In total, one-fifth (1/5) of women who had had a partner aged 15-49 reported experiencing psychological and/or physical and/or sexual violence, or three types of violence, by their intimate partner in their lifetime. About 13.2% of women who had had a partner reported having experienced physical, sexual, and/or emotional violence in the past 12 months. About one-tenth (1/10), equivalent to and 5.4%, of women reported experiencing physical and/or sexual violence by their intimate partners in their lifetime in the past 12 months [(5)]. According to the Health Information Management System (HMIS) report, in 2022 a total of 73 victims of violence received counseling and in-patient services at health facilities, while in 2023 there were 648 victims.

Many factors are the root causes of the problem: 1) Most victims did not seek health services on time (after 72 hours). 2) In a large number of health facilities, there were no appropriate rooms in which confidentiality and privacy for victims could be maintained, 3) Gender-based violence was partially integrated in the HIMS system but it was not operational, and 4) It was hard to collect the reports from health facilities.

In 2018, the Ministry of Health and the Ministry of Women's Affairs, in collaboration with line ministries and institutions, set up 1 OSSU for women and girls affected by all forms of violence to facilitate the provision of legal services, social services, health services and other services for victims and expanded the OSSUs in 6 provinces (Stung Treng, Tbong Khmum, Battambang, Phnom Penh, Kampong Cham, and Preah Vihear).

The implementation of GBV response service delivery work covered:

1) Establishing the National Protocol on Health Care for Women Victims of Violence in 2017 [(8)],
2) Providing training for 125 trainers of trainees from 25 capital and provinces, and
3) Trainers provided cascade trainings to service providers consisting of 39 hospitals, 165 health centers, and 711 service delivery people.

## 2. Problem Analysis

Gender-based violence (GBV) results in, or is likely to result in, physical, sexual or psychological suffering or harm to women, including threats to commit those acts, coercion or arbitrary deprivation of freedom, whether occurring in public or in private life. Gender inequality is globally recognized as a root cause of GBV.

The common forms of GBV include sexual violence (rape, attempted rape, sexual assault, sexual exploitation, and sexual harassment). Intimate partner violence or domestic violence includes physical, psychological, sexual and economic abuse and dangerous traditional and cultural practices, including forced marriage and child marriage [(5)].

Women experience violence in the home, at work, and in the community. The most common types of violence against women in Cambodia are domestic violence, intimate partner violence, and sexual violence. GBV in all forms results in far-reaching physical, psychological and social consequences for those who have become its victims. Quite often, those people are referred to as "Victims" or "Survivors". GBV victims enjoy the right to effective and timely necessary care, support and services to assist them in accessing assistance and justice [5].

The health consequences resulted from violence can be devastating. Two-thirds (2/3) of women who have experienced violence from the intimate partners have serious psychological and physical health consequences. Of the women surveyed, only half of them sought treatment and care for injuries caused by physical violence. Many studies show that violence against Cambodian women as a whole is instigated by the intimate partners. The GBV problems in all forms, including physical, psychological, and sexual nature, have been providing many consequences, such as [6, 7, 12]:

**The physical consequence** is that it results in pain, scarring, from minor injuries to serious injuries, and can cause the victims to fall ill, become disabled, or even die.

**The psychological consequence** is that the victims become angry, and if the anger reaches a high level, it can result in retaliation, which leads to hostile acts and murders. Apart from this, there are sadness, psychological pain, abnormal feeling, and feeling of shame and even emotional distress, while some women decide to run away from home, and some young women refuse to marry for fear of suffering like their mothers. If the victims are very upset, it can lead to suicide.

**The consequence on children's behavior** is exemplary that the violent act is a normal, acceptable behavior, and it is likely that children will adhere to disorderly attitudes, be content to quarrels both in and out of the home, and possibly result in cruelty.

In response to the aforementioned issues, the Royal Government has developed legal frameworks, policies, guidelines and legal regulations to prevent and respond to gender-based violence, including:

- Article 31 of the Constitution directly incorporates a number of international instruments on human rights into Cambodian laws to ensure the protection of human basic rights, including the right to life, individual rights, right to personal security, and freedom of movement, right to belief and religion, right to form a community and political party, and right to a fair and equal trial before the law;
- Cambodia is a signatory to major international conventions pertinent to human rights, women's rights and children's rights, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the CEDAW Optional Protocol;
- Cambodia ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) on 15 October 1992. Of the many international human rights conventions, only CEDAW focuses specifically on the protection of women's

rights. This Convention sets out 3 main principles (equality, non-discrimination and obligations of States Parties) and requires the State Parties to regularly enforce the rights of women and to condemn all forms of discrimination against women as well as to execute all appropriate measures;

- Commitment of the International Conference on Population and Development (ICPD) and the Sustainable Development Goals (SDGs): Goal 5 (SDG 5) and Goal 16 (SDG 16);
- The Universal Declaration of Human Rights which applies to all UN member states (Articles 1, 2, 7, 16, 23, 23 and 26 provide for the recognition of the protection of human rights);
- The 1992 Convention on the Rights of the Child was ratified in 1992, through which Cambodia is subject to the legal obligations as set out in the provisions of the Convention;
- Article 12 (Non-Discrimination Section) of the Labor Law 1997: Prohibition of discrimination based on race, color, sex, religious belief, political tendency, birth, social origin, membership of a trade union, or the exercise of union activities. Article 172 (Section on Labor for Women and Girls): All employers and managers of establishments in which child laborers or apprentices below 18 years of age or women work, must watch over their good behavior and maintain their decency before the public. All forms of sexual abuse are strictly forbidden.
- The 2009 Criminal Code and the 2007 Code of Criminal Procedure provide prevention on all forms of violence against women and children and violent acts shall be prosecuted in accordance with the 2007 Code of Criminal Procedure and the 2009 Criminal Code;
- The 2006 Code of Civil Procedure and the 2007 Civil Code stipulates that family members must respect each other's rights and freedoms and prevent domestic violence;
- Law on the Suppression of Human Trafficking and Sexual Exploitation (2008): This law, promulgated in 2008, prohibits the trafficking in human and sexual exploitation in various forms, including prostitution and pornography and indecent acts;
- Law on Prevention of Domestic Violence and Protection of Victims (2005): This law responds to victims of domestic violence in accordance. According to Article 2 of this law, it provides protection to 3 groups of victims, namely 1. Husband and wife, 2. Dependent children, and 3. People living under the same roof and dependants, including household servants;
- National Strategic Development Plan (NSDP) 2019-2023;
- Pentagon Strategy - Phase 1 of 7th Legislature of the National Assembly of the Royal Government of Cambodia: Focusing on Growth, Employment, Equity and Efficiency;
- National Action Plan on the Prevention of Violence against Women; and
- Neary Rattanak Strategic Plan.

In this regard, the Ministry of Health also strives to translate policies, guidelines and strategic plans of the Royal Government and of the Ministry of Women's Affairs, which is the ministry concerned, to be in line with the United Nations and the World Health Organization

and abide by the patterns successfully implemented at international level for the development of key documents in response to the National Strategy for the Elimination of Gender-Based Violence in Cambodia.

## 2.1. Findings

### A. Domestic violence

Domestic violence and/or intimate partner violence is the most common form of gender-based violence (GBV) and is a serious concern in the world as well as in the Cambodian society. The Cambodian Demographic and Health Survey 2021-22 uncovers that [(5)]:

- 21% of women aged 15-49 who had been married reported having experienced physical, sexual, psychological or economic violence perpetrated by their intimate partners in their lifetime;
- 13% of women aged 15-49 who had been married reported having experienced violence by their intimate partners in the past 12 months;
- About 3 out of 10 women who experienced violence sought help to cease the violence, and only 31% reported seeking help from an official service provider; and
- More than half of children experienced violence at least once before they turned 18 [(4)].

### B. Rape and sexual violence

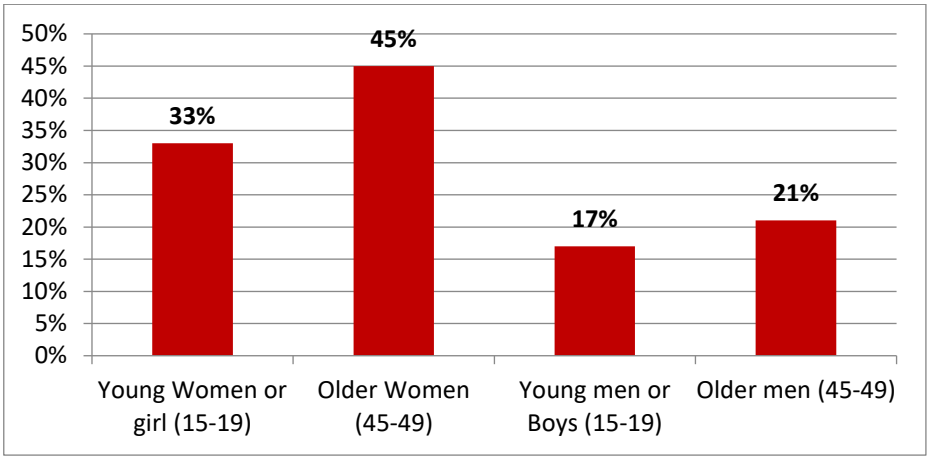
Rape and sexual violence are also a concern in Cambodia. The data on rape and sexual violence shows that [(5)]:

- 3% of women aged 15-49 experienced sexual violence at least once in their lifetime;
- 5% of women reported experiencing at least one form of sexual harassment in their lifetime;
- 4% of girls reported experiencing sexual abuse at least once before the age of 18; and
- Sexual abuse committed by more than one perpetrator was not uncommon. Among women aged 18-24, there was more than 1 in 10 women, and more than a quarter (1/4) of men aged 18-24 reported that the earliest case of child sexual abuse was perpetrated by more than one person. Of the 13-17 years old, 1 in 8 women and 1 in 8 men reported having more than one suspect in the first case of sexual abuse.

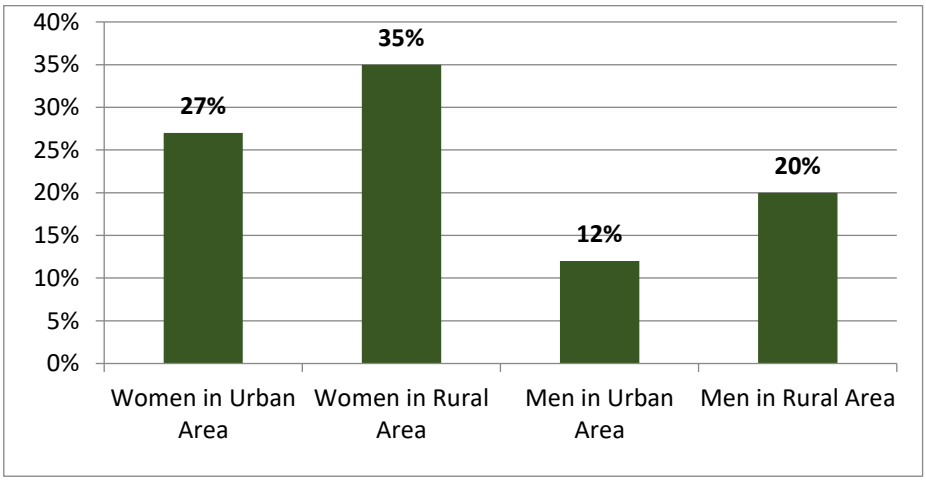
On the other hand, it is acknowledged that other groups of women suffer from various forms of discrimination and gender inequality, which make them even more vulnerable to violence. Social norms, stigma and discrimination can increase the risk of violence or create challenges in accessing their protection and services. These victims include women with disabilities, women living with HIV, lesbians, gays, bisexuals, transgenders (LGBT), older women, female migrant workers and employees, female entertainment workers, female factory workers and female other workers, female drug users or women with partners using drug, female prisoners, indigenous women, and women from religious or ethnic groups.

## C. Attitudes toward physical abuse on both men and women

**Percentage of physical abuse by type and age group**

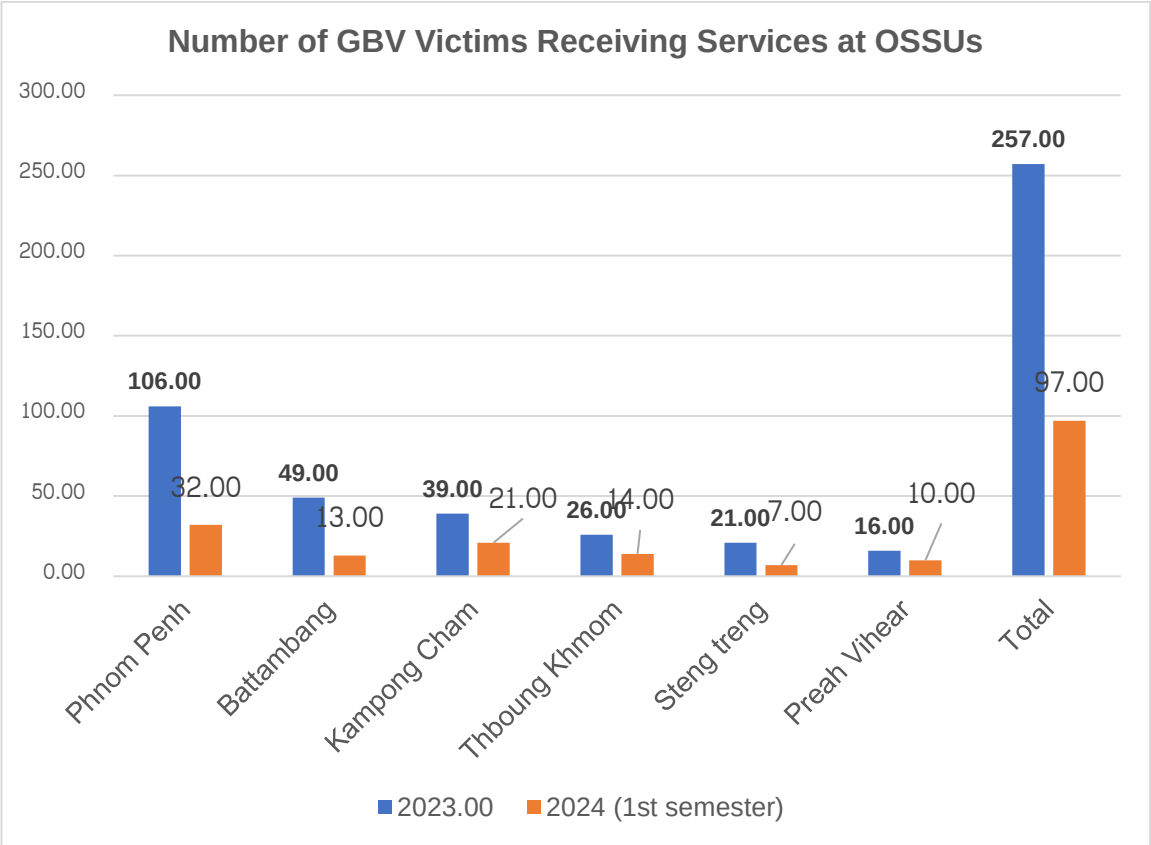



**Percentage of physical abuse by type and living areas**




Source: Cambodia Demographic and Health Survey Report (CDHS) 2021-22

Physical abuse in young women aged 15-19 was 33% lower than in older women aged 45-49, accounting for 45%. This issue is seen more common in women in urban areas, accounting for 35%, than women in rural areas, accounting only for 27%. In addition, boys between the ages of 15 and 19 have experienced less physical violence than men aged 45-49, at 17% to 21% respectively. Similar to women, the physical abuse of men is also seen more common in rural areas, accounting for 20%, than in urban areas, accounting only for 12% [(9)].




Source: Report of Ministry of Women's Affairs

In 2023, the total number of GBV victims accessing the services at OSSUs was 257, and in 2024 (first semester) the total number was 97 in the 6 capital and provinces. In 2023, we could see that in Phnom Penh there were 106 GBV cases, which was higher than other provinces, while there were 16 cases in Preah Vihear, lowest number of cases.

## 2.2. Challenges

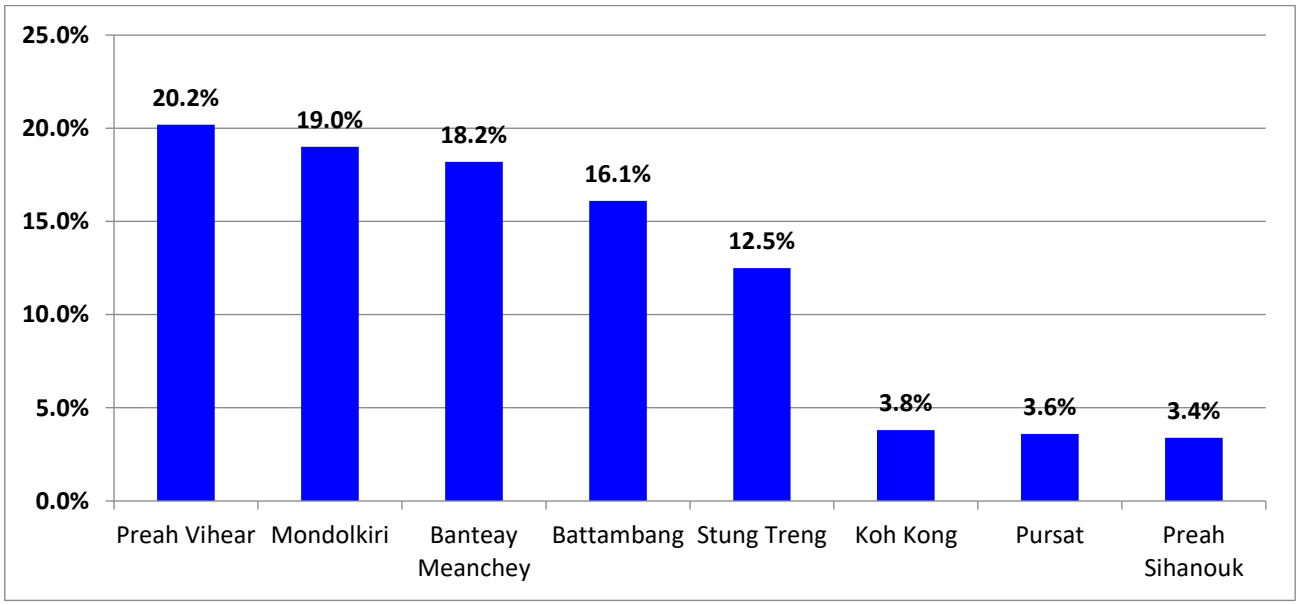
Gender-based violence occurs regardless of gender, gender identity, sexual orientation, race, or caste. Studies show that most GBV victims are women and girls, and men/boys, gays, lesbians, bisexuals, and transgenders (LGBT) have also experienced being GBV victims. In addition, it is acknowledged that other groups of women suffer from various forms of discrimination and gender inequality, which make them more vulnerable to violence. Social norms, stigma and discrimination can increase the risk of violence or create challenges in accessing their protection and services. In Cambodia, these women include women with disabilities, women living with HIV, lesbians, gays, bisexuals, transgenders (LGBT), older women, female migrant workers and employees, female entertainment workers, prostitutes, female factory workers and female other workers, female drug users or women with partners using drug, female prisoners, indigenous women, and women from religious or ethnic groups.

### 2.2.1. Effects of gender-based violence

Women victims of violence are severely affected, and the effects of violence place a socio-economic burden on the government, families, communities and society, as the families and the state have to pay for health services, loss of productivity and safe havens for women and children, and pay for social services, legal services and other necessary services for rehabilitation of women victims. The organization of counseling rooms or service delivery facilities and quality of services are inadequate and limited for the provision of services to victims, in particular in remote areas. In general, according to the actual situation of the safe shelters for victims' temporary accommodation, they are not yet extensively available (they are available only in Phnom Penh, Siem Reap and Banteay Meanchey). Victims do not have access to information about the effects of violence, the services, and the right to protection due to incomprehensive dissemination (either onsite or online) and limited cooperation, facilitation and knowledge of the service providers.

Women victims of violence are suffered from health effects or loss of resource capacity and time to earn a living for their families. Not only that, GBV has a huge impact on their children's education and their children's mental health. The majority of women and children affected by GBV are less likely to seek legal assistance, those in especially in remote areas. As per gender mindset, or social mindset, women and girls are more frequently blamed, and discrimination, travel time, and cost are adverse effects on GBV victims. Furthermore, many other factors prevent women from seeking help from local authorities or relatives.

**Physical Abuse in 8 Provinces with the Highest Percentage and 3 Provinces with the Lowest Percentage in 2021**




Source: Cambodia Demographic and Health Survey (CDHS) Report 2021-22

The highest rate of physical abuse caused by intimate partners was observed in 5 provinces: Preah Vihear ranking first in 2021 with the highest rate of physical abuse at 20.2%, followed by Mondulkiri ranking second with the rate of 19.0%, Banteay Meanchey ranking third with rate of 18.2%, Battambang ranking fourth with rate of 16.1%, and Stung Treng with the rate of 12.5%. The provinces with the lowest rates were in 3 provinces: Koh Kong (3.8%), Pursat (3.6%) and Preah Sihanouk (3.4%). See graph above [9].

### 2.2.2. The root cause of the problem

Establishing OSSUs at referral hospitals or establishing multi-service delivery facilities to respond to GBV victims remain limited. Moreover, the materials and equipment required for forensic examination purposes have not yet realized the need for setting up an OSSU.

The number of facilitating staff providing the services is not sufficient, in particular the capacity of staff providing response services has not yet been mobilized to focus on victims or to respond to Protocol on Health Care for Women Victims of Violence, especially the LIVES approach (Listen, Inquire, Validate, Enhance the safety, Support) remains a constrain.

In general, setting up an OSSU to smoothly run and respond to the needs of victims requires full budget support to determine the structure, flow, referral, facilitation and service delivery. Apparently, however, the budget for this work has not yet been adequately satisfied. Likewise, bringing awareness to USSUs and related services has not been widespread, especially on the online platform and in provinces prone to violence. In the meantime, the monitoring and evaluation (M&E) system and monitoring equipment are not yet standardized, while the human resources for carrying out this work are not yet responsive. The facilitation and provision of services between the concerned parties are still incomprehensive and do not align with the standards or guidelines.

Some victims or vulnerable groups encounter problems or find it hard to find services and do not have access to information about the services, in particular those in remote areas due to the geographical location, i.e. the distance from their home to the service facility; the service facility does not provide privacy; people lack the understanding due to their literacy, shyness as well as safety issue, means of transportation and services delivery by service providers.

## 3. Selection of Policy Recommendations

When women and girls are affected by GBV, they are more likely to get wanted or unwanted pregnancy, and unsafe abortions and sexually transmitted infections, including HIV cause them a long-term psychological trauma. Gender-based violence is often rooted in a culture of silence, stigma and discrimination which requires psychological support to GBV survivors, and the provision of health and psychological services to them is a main priority and effort towards the realization of Global Health Assurance and the 2030 Agenda for

Sustainable Development. We need to ensure that women and girls affected by violence have the confidence to approach health care providers and to ensure that they are in safe hands. This is what these standard operating procedures aim to achieve by providing a comprehensive package of activities for health care providers to manage and address GBV incidents. The standard operating procedures will improve the facilitation of service delivery and the quality of responses and protection mechanisms for GBV victims. The use of "standard operating procedures" can enable the clinical practice more comprehensive, uniform, and responsive to the needs of survivors.

### 3.1. Policy Recommendation Option 1

The Ministry of Women's Affairs and the Ministry of Health need to update and promote the exercise of the Guidelines for the Establishment of One Stop Service Unit at Capital and Provincial Referral Hospital throughout the country, which are key tools to be used as aide-memoire for concerned parties in establishing OSSUs for GBV victims in the capital and provincial hospitals and enhancing the implementation of services by respecting human rights approach, ensuring safety, strengthening actual empowerment, having no blaming attitudes, having no judgmental attitudes, maintaining privacy and confidentiality, and having not discrimination, especially providing the orientation in setting up OSSUs for GBV victims in keeping with the appropriate standard, and responding to the needs of victims with respect, dignity and discrimination free.

In addition, the adoption and promotion of the implementation of these guidelines is one of the key priorities of the Royal Government: increasing investment in gender equality and preventing violence against women and girls to achieve Cambodia's Sustainable Development Goals as well as Commitment to Eliminate Gender-Based Violence to the Lowest Level Possible (Zero) by 2030 which the Royal Government of Cambodia, together with more than 180 countries, pledged at the International Conference on Population and Development in Nairobi, Kenya in late 2019 that it would achieve three zeros by 2030 (zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence or harmful practices).

The establishment of OSSUs responding to GBV victims in capital and provincial hospitals was in response to the Second Strategy “Legal Protection and Multidisciplinary Services” of the National Action Plan on Prevention of Violence against Women, Neary Rattanak Strategic Plan and high recommendations of **Samdech Techo, Former Prime Minister of the Kingdom of Cambodia**, addressed at the Annual Meeting of the Cambodian National Council for Women on 12 February 2018 and Reference Letter No. 335 SChN, dated 22 March 2018, to inform the Ministry of Health and the Ministry of Women's Affairs to cooperate with the relevant ministries and institutions to establish an OSSU (only 1 location) for women and girls affected by all forms of violence in order to facilitate the provision of legal, social, health and other services to the victims, and Letter No. 123 ABS of the Minister of the Ministry of Health to His Excellency Director General of Calmette Hospital, Directors of

National Centers, Directors of National Hospitals, and Directors of Capital/Provincial Departments Health to establish an OSSU (only 1 location) for women and girls affected by all forms of violence in order to facilitate the provision of legal, social, health and other services to the victims, and they had to cooperate with the Ministry of Women's Affairs and relevant departments in their localities, particularly with the local authorities.

To be in line with the existing national policy and action plan, in particular the Ministry of Health being equipped with the resource infrastructure in place, it is the best opportunity to solidify and expand such OSSUs more widely in accordance with the indicators as set out in the Draft 4th National Action Plan on the Prevention of Violence against Women (2024-2030), the Neary Rattanak VI's Strategic Plan [10] and the Pentagonal Strategy - Phase 1 of the 7th Legislature of the National Assembly [11].

### 3.2. Policy Recommendation Option 2

**The Ministry of Women's Affairs, the Ministry of Health and relevant ministries and institutions need to develop the capacity of relevant multi-service providers at health facilities.**

Capacity building programs are one of the top priorities which the service providers need to work on to reinforce their knowledge of how to perform their tasks and how to provide responses by focusing on victims in order to make sure that all services delivered to victims or vulnerable groups are effective and timely. The training packages to strengthen the capacity of service providers to respond to GBV victims and implement the OSSUs to assist GBV victims include:

- Key service packages for women and girls affected by violence (health service, justice and judicial police services, social service and safe shelters, facilitation and management of facilitation work);
- Minimum Standards for Basic Counseling for GBV Women and Girl victims;
- National Protocol on the Care of Women Victims of Violence in Health Sector. This protocol should be linked to the designated Primary Health Care Protocol as set forth in the Decision on the Establishment of the Working Group and the Secretariat of the Working Group for the Management of the Capital/Provincial Primary Health Care Promotion Framework;
- Guidelines on Legal Protection for Women and Girls in Cambodia;
- Guidelines for Referral of GBV Women and Girl Victims;
- Management and collection of data of GBV cases;
- National Guidelines for Health System on the Management of Gender-Based Violence (GBV);
- Management and health care of women victims of domestic violence or sexual violence;
- Health care for women victims of violence for health service supervisors; and
- Other training courses related to the performance of this work.

Capacity building training of the service providers to have sufficient knowledge to more effectively respond to the needs of victims should be regularly rendered (the refresher course can be provided once a year) together with further in case there are any updated documents or guidelines.

### 3.3. Policy Recommendation Option 3

**The Ministry of Women's Affairs, the Ministry of Health and relevant ministries and institutions must strengthen the system for recording, monitoring and evaluation of One Stop Service Units providing helps to GBV victims who come for services.**

As per the implementation of OSSUs responding to GBV victims and the pattern of services rendered by the service providers, the monitoring system, implementation reports, and review meetings on a regular basis, such as semi-annual or annual meetings, must be established. Data recording to strengthen the quality of the monitoring system should be linked to health data system called NCOD System.

The National Working Group is in charge of conducting inspections on a regular basis (every 6 months or once a year), using the checklist. In addition, the National Working Group or independent consultants must conduct the monitoring and evaluation (once a year), as well as conduct reflection workshops between provinces with OSSUs assisting GBV victims to monitor the progress and challenges, share experience, and identify common remedies and proposals to ensure better performance of such work. If possible, there should be study tours to some countries in the region with the successful implementation of OSSUs, together with hotline services, etc.

### 3.4. Policy Recommendation Option 4

**The Ministry of Women's Affairs, the Ministry of Health and relevant ministries and institutions need to seek support to increase resources for the provision of services to help GBV victims, in particular budget for social protection for victims in capital and provincial referral hospitals.**

The National Social Protection Policy Framework plays a main role in increasing access to social assistance and social security for public servants and private sector and the population of the informal economy. In order to enable a better situation in providing social protection services for the Cambodian people which responds to the new vision of the social protection system, the Royal Government will strive to develop programs and mechanisms to attain wider coverage. Along with this, the task ahead is to set up the social protection scheme which specifically focuses on the protection of the poor and vulnerable, and to build necessary infrastructure to ensure the effectiveness and sustainability of the social protection system in the future. The poor and vulnerable people have access to the protection under various forms of social protection, such as from the establishment of orphanage centers, centers for the people with disabilities, maternal and child health centers, support for the poor

in-patients or women giving births, and the provision of free education from elementary to higher education. In addition, the Royal Government has formulated the National Social Security Fund for Civil Servants, the National Social Security Scheme, the National Fund and the People With Disabilities Foundation to provide income security for the population, health care, employment risk, disabilities, etc. Furthermore, in connection with social protection for in-patients, it is significant to focus on integrating victims and groups vulnerable to all forms of GBV into having access to health care, cash assistance, career development, and facilitating packages on the cost of getting access to services and other opportunities to ensure that the victims and vulnerable people can stay clear of the cycle of violence and acquire full, fair, effective and timely support services.

### 3.5. Analysis of policy recommendations

**Each of the policy recommendation options as outlined above contains its advantages and disadvantages, and the selection of which depends on the priorities and hurdles of the decision maker.**

- Policy Recommendation Option 1 is the first priority for the enhancement of health outcomes and assurance of equity, but it requires a lot of investment and faces some major challenges while being executed, such as collaboration, infrastructure, and budget;
- Policy Recommendation Option 2 provides an effective way to increase mechanisms and human resources to better contribute to the GBV prevention and response, but it requires more investment and time. This Policy Recommendation Option 2 must be carried out in conjunction with the Policy Recommendation 1, in particular for newly formed facilities;
- The Policy Recommendation Option 3 provides an effective approach to identifying gaps and performance challenges so that they can be filled in and adjusted in a more consistent and enhanced manner, but it requires a lot of investment both human resources and budget and time;
- The Policy Recommendation Option 4 may not be applicable due to the high cost and time required to seek support, as it requires resource adjustments and proper management and referral systems.

Overall, the Policy Recommendation Options 1, 2 and 4 are needed because they are interconnected and complementary and applicable.

**Applicability**

| Policy options | Support from leaders / government | Possibilities |
|---|---|---|
| Policy Option 1 | | |
| Policy Option 2 | | |
| Policy Option 3 | | |
| Policy Option 4 | | |

**Color identification**

| | |
|---|---|
| High possibility | |
| Some possibility | |
| impossibility | |

## 4. Policy Recommendations

With reference to the recommendations of **Samdech Techo, former Prime Minister of the Kingdom of Cambodia**, raised during the annual meeting of the Cambodian National Council for Women on 12 February 2018, the National Action Plan on the Prevention of Violence against Women 2019-2023, the results of the 2023 Review Meeting, and the Action Plan 2024 of the Cambodian National Council for Women 2024 under the high presidency of **Samdech Borvor Thipadei Hun Manet, Prime Minister of the Kingdom of Cambodia** on the 29th April 2024, the Royal Government of Cambodia with the Ministry of Women's Affairs as its assistant and a national mechanism to facilitate the promotion of gender equality and the prevention and response to all forms of violence against women in Cambodia, in collaboration with the Ministry of Health in setting up OSSUs to respond to GBV victims in addition to the existing mechanisms, possesses GBV multidisciplinary response teams in some provinces.

**Option 1** for increasing service delivery outcomes and obtaining efficient and timely services: The Ministry of Women's Affairs and the Ministry of Health should consider this work as one of the priorities, in particular the comprehensive implementation of the budget plan with optimal cooperation between the Ministry of Women's Affairs and the Ministry of Health to ensure that such OSSUs are set up across the capital and province.

To update and promote the implementation of the guidelines for the establishment of the OSSUs at referral hospitals The Ministry of Women's Affairs and the Ministry of Health, with the support of partner organizations and/or the state budget, must introduce and widely implement the followings:

- Update the national technical working groups (Ministry of Women's Affairs, Ministry of Health, Ministry of Interior, Ministry of Social Affairs and relevant partner organizations);
- Solidify and expand multi-sectoral response teams to gender-based violence at the sub-national level as complementary mechanisms for implementing OSSUs to assist GBV victims;
- Provide training courses on forensic examination to the staff of specialized hospitals for which the Ministry of Women's Affairs and the Ministry of Health must cooperate in organizing;
- Review and adjust the guidelines on the organization of OSSUs to assist victims and submit to the Ministry of Women's Affairs and the Ministry of Health for approval;
- Officially disseminate the guidelines on the establishment of One Stop Service Units in response to GBV victims;
- OSSUs to respond to GBV victims must be expanded in Ratanakiri, Kampong Speu, Siem Reap and to other provinces where they are not available;
- Prepare monitoring and evaluation (M&E) tool every 6 months and once a year;
- Set up M&E technical team;
- Conduct national technical working group reflection meetings every 3 months;
- Conduct annual reflection meetings between national and sub-national technical working groups;
- Mobilize funds from partner organizations and prepare the national budget to ensure its sustainability.

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# Chapter II

## Promote elimination of cervical cancer to save women's lives

# KINGDOM OF CAMBODIA

Nation Religion King

Ministry of Planning

# Policy Brief

# Promote elimination of cervical cancer to save women's lives


June 2024

The Ministry of Women's Affairs, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, has established working groups to develop the Policy Briefs

National Institute of Statistics
Ministry of Planning
CAMBODIA

Bloomberg Philanthropies

DATA FOR HEALTH INITIATIVE

D2P Data to Policy | CAMBODIA

Vital Strategies

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# Table of content

## Acronyms / Abbreviations and Definitions

| Acronym | Definitions in English |
|---|---|
| CCS | Cervical Cancer Screening |
| CDHS | Cambodia Demographic and Health Survey |
| CHAI | Clinton Health Access Initiative |
| HPV | Human papillomavirus |
| ICR | Incidence Rate |
| LMICs | Low-and Middle-Income Counties |
| PVR | Prevalence Rate |
| Pap Smear | Papanicolaou test |
| SSA | Sub-Saharan Africa |
| VIA | Visual Inspection with Acetic Acid |

## Summary

### The rate of cervical cancer mortality remains high due to limited cervical cancer screening and cervical cancer vaccination coverage

Cervical cancer is a hidden killer which causes many women to become victims, suffer from pain and death, and it has become a public health problem around the world. The World Health Organization (WHO) revealed that in 2020, cervical cancer related deaths were estimated at 341,800, while the number of annual incidence was projected to rise from 570,000 to 700,000 between 2018 and 2030 with annual deaths from 311,000 to 400,000.

In 2022, WHO showed that about 660,000 people all over the world were diagnosed with cervical cancer, and about 94% of the 350,000 women died from cervical cancer which occurred in low- and middle-income countries (LMICs). Risk factors which lead to the rapid development of human papillomavirus (HPV) resulting in cancerous lesions are caused by HPV (70% is Type 16 and Type 18), smoking, multiple pregnancies (5 times or more), long-term use of contraceptive hormones, and weakening of the immune system.

In Cambodia, cervical cancer is the 2nd most common cancer after breast cancer and the 3rd leading cause of deaths by cancer among women of all ages. The GLOBOCAN 2022 report estimated that 1,274 women are diagnosed with cervical cancer each year and that about 670 women die each year.

WHO has launched a global strategic initiative to speed up the elimination of cervical cancer; that is the 90-70-90 Strategic Targets to eliminate 4 cases of cervical cancer per 100,000 women by 2030.

As a consequence, the Policy Brief Recommendations are designed to raise awareness and prevent cervical cancer and deaths in women aged between 15 and 49. The Policy Brief Recommendations aim to reinforce and make health services larger for cervical cancer screening and treatment which are part of Side 3 of Pentagon 1 of the Royal Government's Pentagonal Strategy - Phase 1 of the 7th Legislature of the National Assembly.

In addition, the Policy Brief Recommendations are also recommended for minimizing the mortality rate from cervical cancer, which has become a global concern, and they play an important role in promoting and complementing the prevention of the disease by strengthening the health system with the focus on expanding cervical cancer screening services at health facilities.

## 1. Introduction

Globally, non-communicable diseases kill about 41 million people, accounting for 71% of the world's annual deaths. The majority of premature deaths due to non-communicable diseases occur in low- and middle-income countries (LMICs). If we look at the western Pacific region, no country is immune to the rise in non-communicable diseases, which are currently the silent killers, resulting in about 90% of all deaths in the region. In that amount, cervical cancer is one of the non-communicable diseases and ranks 5$^{th}$ among all cancers and ranks 2$^{nd}$ in women's cancer [(1)].

Evidence from LMICs, such as Cambodia, suggests that untimely and diagnosis and inappropriate treatment of the disease due to limited access to medical services and treatment of cervical abnormalities or allowing the disease to reach the invasive stage and having inadequate monitoring are the main causes of high mortality [(2)].

Other major contributing factors include social stigma, negligence, improper referrals, lack of critical health infrastructure, and ineffective treatment. Lack of knowledge about cervical cancer screening, including demographic, socio-economic, cultural and structural barriers, is a major determinant of low cervical cancer screening rates in LMICs. Due to constrained resources, some countries have differently identified the minimum age for cervical cancer screening, such as in China at 18, Korea at 20, India and Indonesia at 30, and Thailand at 35 years old [(2)].

The Cambodia National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022-2030 recognizes that in the short to medium term, the most cost-effective intervention for cancer in Cambodia is prevention and care [(1)]. The plan has identified cervical cancer as a top priority for the fight against cancer and that includes a range of interventions, including the provision of HPV vaccines to 9-year-old girls, cervical cancer screening (CCS) and treatment. CCS had to be provided to women between the ages of 30 and 49 at least for 1 time by 60% and over by 2020 as set out in the Health Strategic Plan – Phase 3 [(3, 4)]. As the Ministry of Health was updating the guidelines for cervical cancer screening which was approved in 2018, the cervical cancer screening rate remained low. It was deemed necessary to incorporate all comprehensive strategies that would include HPV vaccination programs among the population, as well as the expansion of cervical cancer screening programs and primary prevention measures [(3)].

## 2. Problem Analysis

Cervical cancer is a preventable disease. It is estimated that, each year, more than half a million women globally develop cervical cancer and the majority of them take place in developing countries rather than developed ones. This gap is due to inequalities in access to cervical cancer screening and treatment programs in the early stages of cancer [(3)].

The known genuine reason of cervical cancer is that more than 95% is caused by HPV infection. About 69% of cervical cancer is caused by HPV Type 16 and Type 18 [5]. In 2022, WHO demonstrated that cervical cancer was the 4th most common cancer among women, with an estimate of 660,000 new cases worldwide and an estimate of 350,000 deaths. Of those deaths, about 94% occurred in LMICs, and more than 80,000 (23%) of all deaths (350,000) occurred in the Sub-Saharan Africa (SSA). Both cervical cancer incidence and mortality rates are highest in LMICs, Central America, and Southeast Asia **(4)**.

This inequality results from the lack of a national HPV vaccination program, the lack of screening and treatment services, and other socio-economic factors, such as women living with HIV, gender bias, and poverty. Women living with HIV are 6 times more likely to develop cervical cancer than normal women **(4)**.

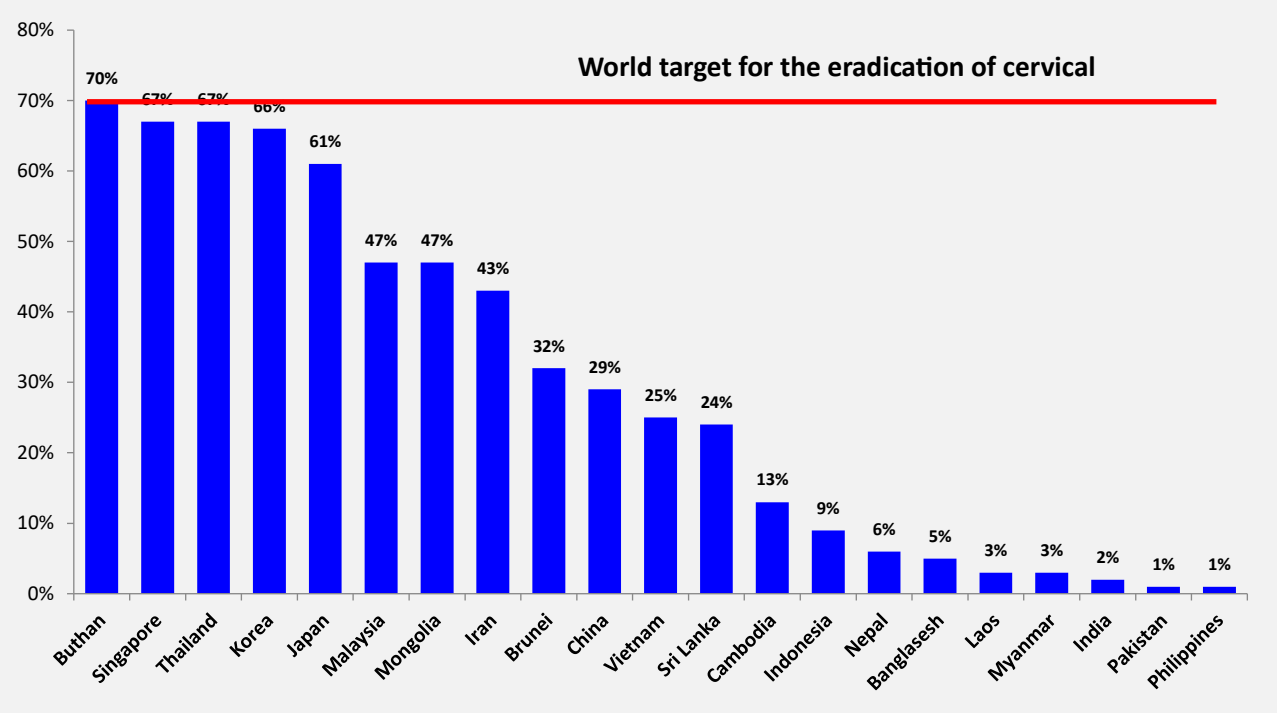
A person can be infected with HPV through a sexual contact with an infected person. As HPV is the leading cause of cervical cancer, it can be effectively prevented. There is nothing to be ashamed of when a woman comes in for an HPV screening test. When the development period of cervical cancer is slow, it is considered to be a positive part of cervical cancer. As cervical cells begin to mutate, it can take years for the abnormal cells to develop into metastatic cervical cancer, which is an advantage for us to detect and treat it as early as possible **(22)**.

In Cambodia, cervical cancer is the 2nd most common cancer after breast cancer and the 3rd leading cause of mortality by cancer among women of all ages. Based on a UNICEF report in 2023, there were estimated 1,135 new cases and 643 deaths each year **(5)**. In addition to HPV, which is the main factor, there are a number of other factors which contribute to cervical cancer such as smoking, multiple pregnancies, long-term use of birth control pills, and HIV infection, which weakens the immune system **(5)**.

According to the GLOBOCAN 2022 report which was released in 2024, it estimated that for Cambodia there were about 1,274 cases of cervical cancer in women and about 670 deaths per year **(6)**. In Cambodia, cervical cancer mortality is rising every year, becoming a major public health concern due to low education, poverty and high service costs, which are barriers for women to seek a screening test in the early stages of the disease, and thus resulting in the disease development to be severe.

As compared to some countries, the rate of cervical cancer screening in Cambodia 5 years ago was only at 13%, and it was higher than Indonesia, Nepal, Bangladesh, Laos, Myanmar, India, Pakistan and the Philippines, but 4 countries attained the coverage as equal to or close to the WHO target of 70%; they were Bhutan, Singapore, Thailand, Korea and Japan as shown in the graph below **(7)**.

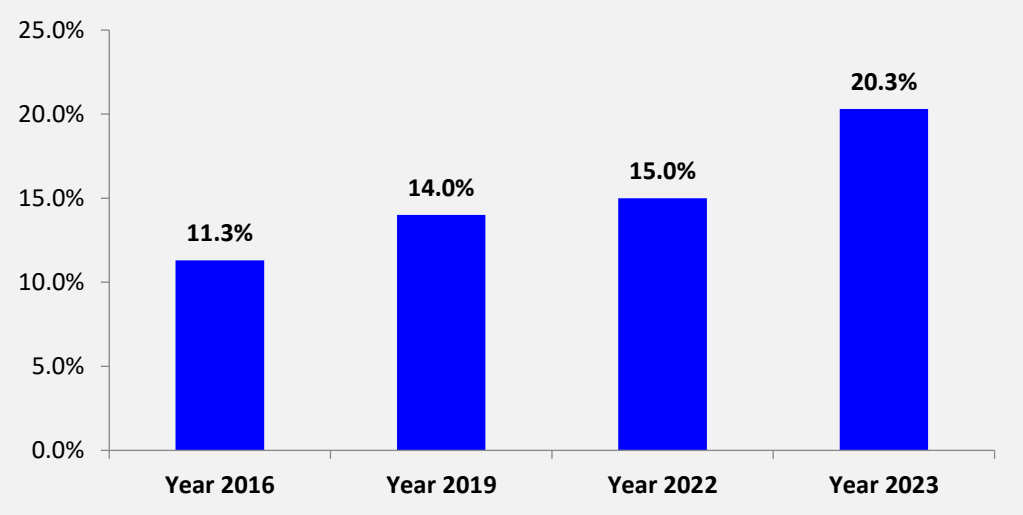
**Cervical Cancer Screening Coverage in Previous 5 Years among Women Aged 30 – 49 Years Old**




Source: Towards Elimination of Cervical Cancer-HPV vaccination and Cervical Cancer Screening in ANCCA Member Countries 2023

Data from the Cambodian Demographic and Health Survey 2021-2022 suggests that only 15% of women aged between 15 and 49 were screened for cervical cancer by medical doctors or by other service providers [8]. The rate of the screening tests was increased at a very slow pace, i.e. at 11.3% in 2016 [8], 14% in 2019 [9], 15% in 2022 [10], and 20.3% in 2023 [13]. It has been estimated that without effective interventions, 68,707 Cambodian women will die of cervical cancer by 2070 and 176,281 by 2120 [11].

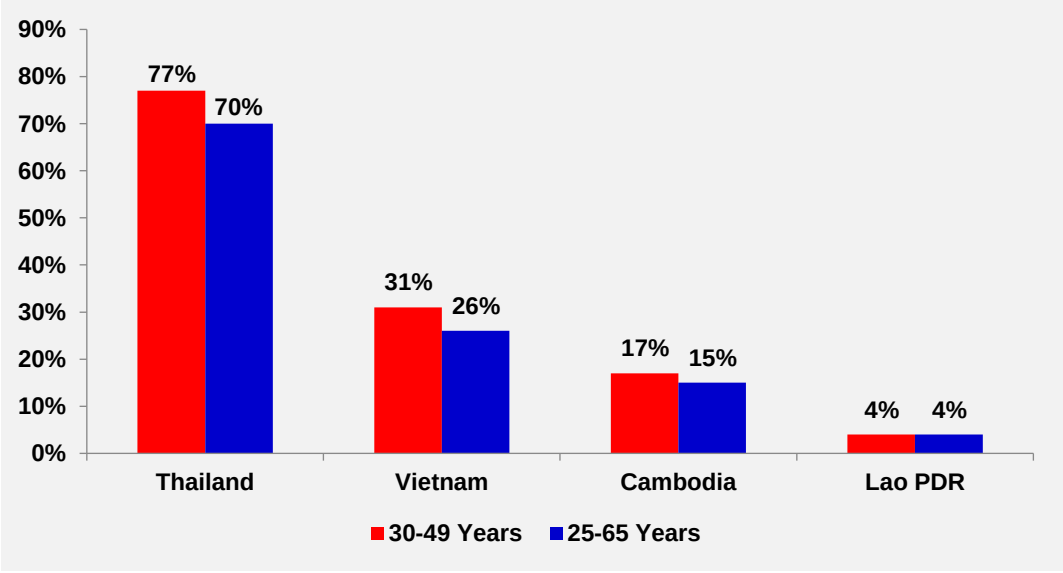
**Cervical Cancer Research Rate in Cambodia (%)**




Source: References No. 8, 9, 10 and 13

Based on the 2024 Ministry of Health Convention Report, the number of staff and services for cervical cancer screening has not yet been deployed nationwide. The cervical cancer service coverage accounts for 62% of the total health centers, and 2,100 health employees and 9,081 health care supporters have received training in cervical cancer. Adding to that, the majority of health center employees are nurses and midwives, resulting in limited diagnosis and management of cervical cancer, including a lack of basic infrastructure, medical equipment, essential drugs, and cervical cancer screening equipment [12]. According to a comparative study of cervical cancer screening cases among 4 countries in Southeast Asia, Thailand had the highest rate and Laos had the lowest rate [14, 15, 16, 17].

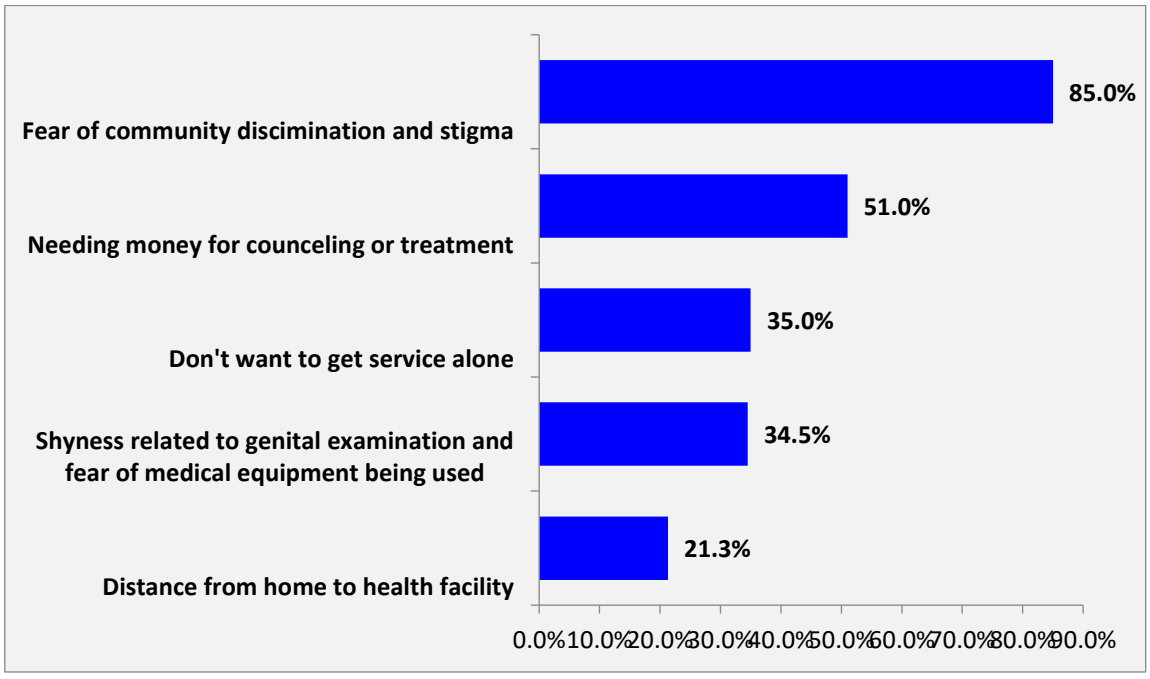
**Cervical Cancer Screening Report among the 4 Countries by Age Group**




Source: *HPV and Related Cancers, Fact Sheet* 2023*, Thailand, Vietnam, Cambodia, Lao PDR*

On the other hand, attributing to a 2020 World Bank report, there were about 0.8 physician per 1,000 people in Cambodia, which indicated the challenges of providing health care services [12]. CDHS 2021-2022 suggested that the number of people having access to cervical cancer screening services was low due to the lack of understanding of cancer, and the most common problem in accessing health care was the money needed for counseling or treatment, which accounted for up to 51%, and the problem of not wanting to go to obtain the service alone accounted for 35%. In general, only 8% of women aged between 15 and 49 with low level of education and poverty received cervical cancer screening. Other factors such as shyness related to genital examination and fear of medical equipment being used during the examination accounted for 34.5%, concerns about high service costs with the inability to pay accounted for 51%, and fear of community and social discrimination and stigma about cancer accounted for 85%. Along with this, general surveys suggested that 21.3% of women did not go to health facilities due to long distances. These results are demonstrated in the figure below. Moreover, education and mainstreaming to raise awareness about cervical cancer were not widely carried out on social media platforms and through mobile health education working groups on educating people in the community [8, 12].

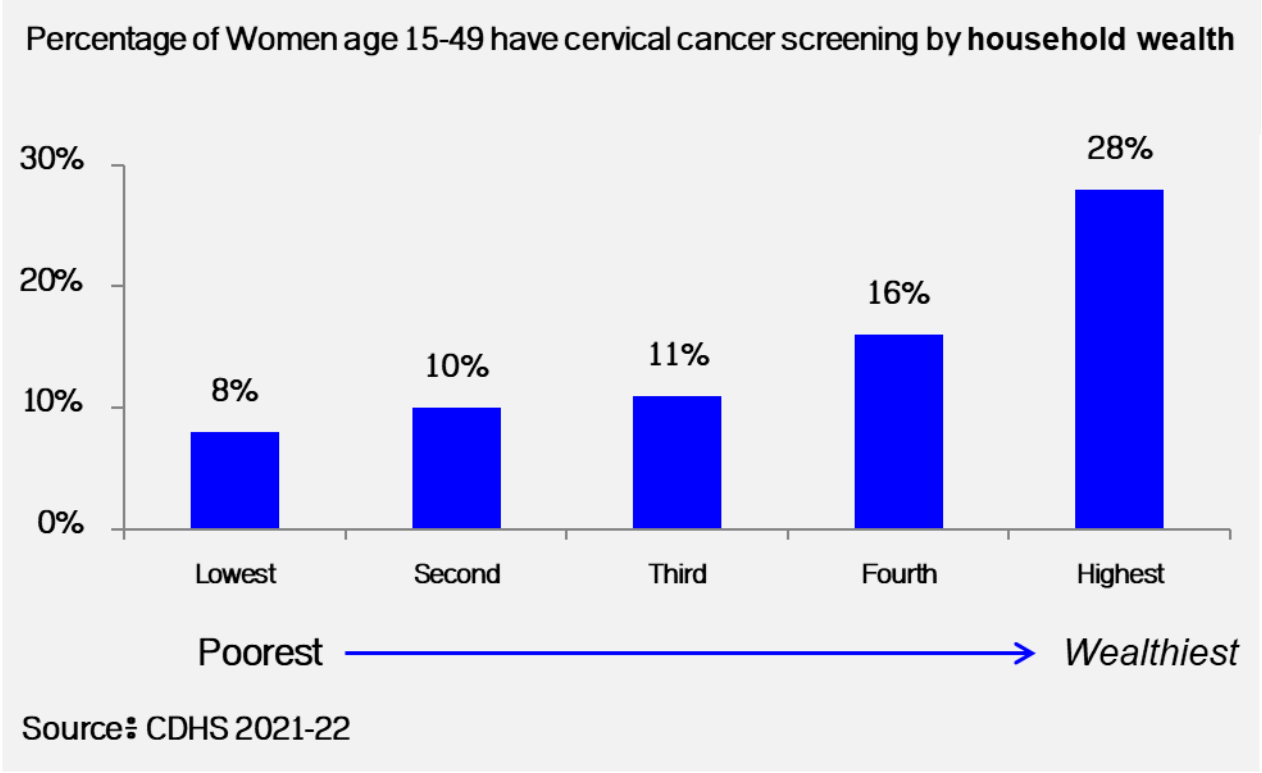
**Main Reasons of Low Rate of Cervical Cancer Screening Test**



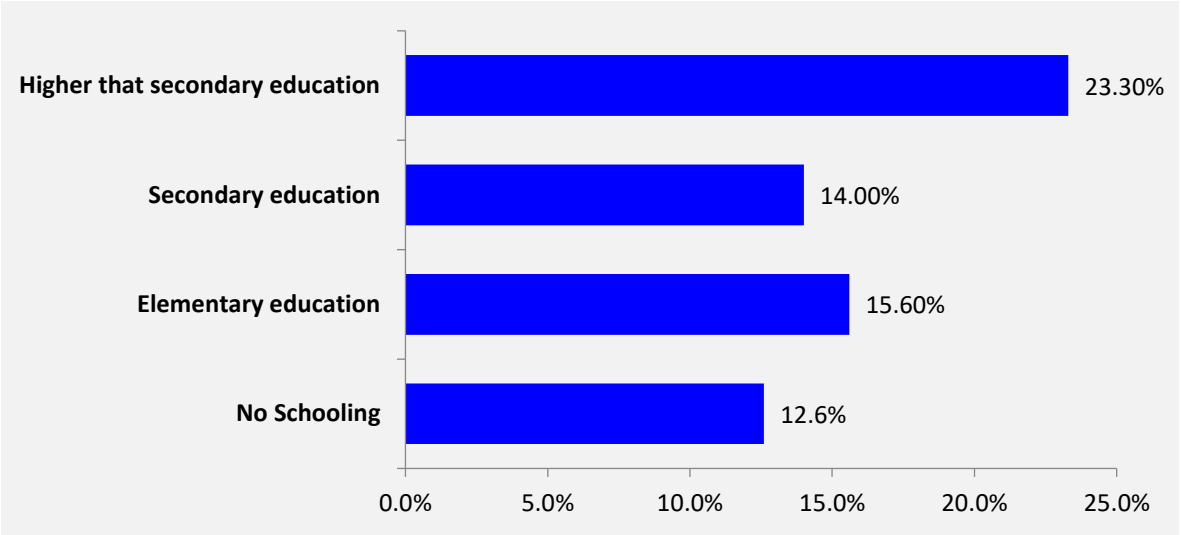

Source: Report on Health Achievement 2023, Work Direction 2024 and Continuing Years, MoH

According to a Knowledge, Attitude, and Practice (KAP) Survey on Cervical Cancer Prevention in Kampong Speu Province on 440 women, 74% of them were aware of cervical cancer, 34% of them were aware of cervical cancer Pap Smear tests, and only 7% of them had received these tests. 74% of the women who answered the survey questionnaire indicated a willingness to take the Pap Smear tests. Furthermore, 35% of the women were aware that cervical cancer could be prevented by the vaccine, and 62% of them wanted to get the HPV vaccine, yet only 1% of them was vaccinated. Therefore, it can be concluded that most women in Kampong Speu have been aware of cervical cancer, have little understanding about cervical cancer screening and rarely go for screening tests. Instead, they intend to get screening tests and vaccinated [18].

This graph shows that women with low economic status also have low access to screening services. All in all, the level of this screening is proportional to the household economic standard of living. If a household standard of living is high, the rate for seeking voluntary cancer screening tests is also high [8].



**The rate of women aged 15 - 49 who have been tested for cervical cancer by education level**




Source: Cambodia Demographic and Health Survey 2021 - 2022

This graph shows that women with a higher education level have higher access to cervical cancer screening tests than women with a low education level or without education. However, cervical cancer screening was slightly different for women attending primary and secondary education, accounting for 15.6% at the primary level and 14% at the secondary level [8].

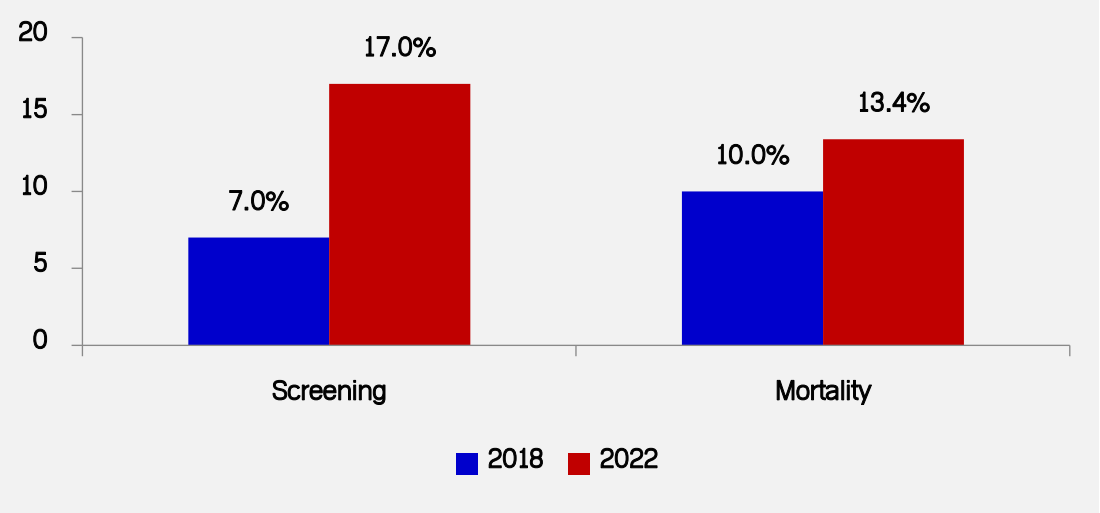
Cervical cancer screening is very significant since it will allow us to detect the presence of cancer cells which have just begun to mutate, while early and immediate treatment will prevent their development into full cancer. Cancer found at an early stage is very easy to treat so that it does not turn into metastatic cancer.

Policy Brief Recommendations are, therefore, designed to increase awareness and prevent cervical cancer and deaths in women aged between 15 and 49 and make health services larger for cervical cancer screening and treatment which are part of Side 3 of the Royal Government's Pentagonal Strategy - Phase 1 of the 7th Legislature of the National Assembly.

## 2.1 Findings

The mortality rate of cervical cancer in Cambodia is on the rise every year, ranging from 10% in 2018 to 13.4% in 2022, and it has become a major public health concern. The people most affected by cervical cancer are Cambodian women aged between 15 and 49 across the country. Owing to the Cambodia Demographic and Health Survey 2021 - 2022, cervical cancer screening among Cambodian women aged between 15 and 49 accounted for only 15% (7). A 2022 UNICEF report suggested that cervical cancer screening services remained insufficient and incomprehensive, which resulted in delaying diagnosis and leading to an increase in cervical cancer mortality.

**Cervical Cancer Status in Cambodia**




Source: WHO 2018 and 2022

According to the Ministry of Health's 2023 Achievement Report, cervical cancer inpatients accounted for 11.2% [12]. Evidence from LMICs, such as Cambodia, suggests that incomplete treatment and insufficient monitoring were the main causes of the low proportion of cervical cancer screening and that late detection resulted in high mortality, together with other significant contributing factors such as lack of adequate vaccination, lack of understanding, negligence to take cervical cancer screening, inappropriate referral systems, lack of essential health infrastructure, and ineffective treatment. The average cost of a cervical cancer screening test is US$5.4. In general, the total cost is estimated at about US$4 million annually [19].

The cervical cancer prevalence associated with a lack of understanding accounts for up to 70% of patients who seek treatment in the later stage of the disease. If women come and obtain timely treatment, the chance of being cured is effectively high as well. The study of the effect of organized cervical cancer screening on the mortality of cervical cancer patients in Europe estimated that the screening reduced the incidence of cervical cancer from 50% to 60% [20].

## 2.2 Challenges

Cambodia is faced with critical public health problems by non-communicable diseases which kill almost 60,000 people every year, equivalent to 64% of all deaths in 2018, which is a threat to the progress for sustainable development goal of reducing premature deaths by one-third by 2030. Of these deaths, cancer accounted for 14%. There are 6.06 million women aged 15 and over who are at risk of developing cervical cancer [1, 3].

Based on the latest WHO data released in 2022, cervical cancer related deaths in Cambodia were increased to 670 (670/13,799) [6] or 4.9% of the total cancer related deaths.

Among the top 10 types of cancer between 2022 and 2023, cervical cancer patients ranked the 2nd in terms of accessing hospital treatment services, which accounted for 12% [21]. Cervical cancer can be cured if it is diagnosed at an early stage and treated on time. Countries around the world are now working to expedite the elimination of cervical cancer in the upcoming decades, as identified by 90-70-90 Targets [4] to be realized by 2030 as recommended by WHO.

As a result, the 3 biggest challenges were identified: 1. Lack of HPV vaccination program for girls under the age of 15, 2. Minimal rate of cervical cancer screening services, and 3. Cervical cancer screening is not yet covered across the country.

Cervical cancer is caused by Human Papillomavirus (HPV) infection. Women living with HIV are 6 times more likely to develop cervical cancer than women without HIV. HPV vaccination and pre-cancerous lesion screening and treatment are effective strategies for preventing cervical cancer and are highly effective. Cervical cancer can be cured as long as it is timely diagnosed and detected at an early stage. Cambodia's objective of eliminating cervical cancer reflects its commitment to abide by WHO recommendations to realize 90% coverage of HPV vaccination for girls [4].

## 3. Selection of Policy Brief Recommendations

The Royal Government of Cambodia, in particular the Ministry of Health, is paying close attention to the fight against cervical cancer as part of a national strategy for combating and preventing non-communicable diseases, which are a growing challenge, in order to further solidify our health system. The good point is that cervical cancer can be prevented. There are two major interventions that the MoH has put in place to manage cervical cancer: first, cervical cancer screening and treatment, and second, the provision of vaccines. We already know that both interventions offer high and effective and life-saving value. In order to promote the elimination of cervical cancer, the MoH must collaborate with line ministries and institutions to review, approve, and turn the following Policy Brief Recommendations into action:

### 3.1. Policy Brief Recommendation Option 1

The Ministry of Health needs to strengthen and expand cervical cancer screening services by conducting HPV tests based on Visual Inspection with Acetic Acid (VIA) for a comprehensive screening and treatment strategy at public and private health facilities across the country.

While the new guidelines for cervical cancer screening (CCS), on which the MoH has not yet finalized, new WHO recommendations for cervical cancer screening and treatment should be temporarily carried out.

This action can surely be implemented with a huge success as it is an action that must be executed in the existing health facilities, and there are some significant principles as follows:

- According to WHO guidelines, this screening should start with women over the age of 30, even if they have or have not been vaccinated, and it should be carried out every 5 to 10 years. While women living with HIV, it should be carried out every 3 years and started with women at the age of 25;
- Another strong point is that the MoH has the National Multi-Sectoral Action Plan on the Prevention and Control of Non-communicable Diseases 2018-2027 and the National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022-2030, which are the main roadmap; and
- The MoH developed the National Action Plan for Cervical Cancer Prevention and Control 2019-2023, the Standard Operating Procedure (SOP) on Cervical Cancer Screening 2018 and the 2024 Update, and the National Development Council's Roadmap and Plan for the Participation of Stakeholders 2019-2030;

**Benefits obtaining from cervical cancer screening can be as follows:**

- It promptly allows us to detect the prevalence of cervical cancer in the early stage before the progression to invasive cervical cancer, to easily seek ways to prevent and treat the disease on time, and to effectively reduce the incidence and mortality from cervical cancer, in particular to significantly minimize costs, which will help boost the economy of the household and the nation;
- Based on the studies on the effects of CCS on cervical cancer mortality in Europe, they have shown that organized CCS cut down the incidence of this disease from 50% to 60% [(20)]; and
- It does not consume a lot of money for the purchase of screening equipment for primary cervical cancer screening at health centers.

### 3.2. Policy Brief Recommendation Option 2

Promote the promotion and expansion of cervical cancer HPV vaccination services in all public and private health facilities and in schools for girls between the ages of 9 and 14.

This Recommendation can surely bring about tremendous successes as the MoH has introduced the cervical cancer vaccines for 9-year-old girls across Cambodia in collaboration with the Ministry of Education, Youth and Sport and local administrations together with the support of GAVI, WHO, UNICEF and CHAI (Clinton Health Access Initiative) to provide free cervical cancer vaccines containing 1 dose of 2-valent HPV to 9-year-old girls across the country through regular service delivery to communities, schools, and health centers. There are several types of cervical cancer HPV vaccines:

1) 2-valent HPV (for protection against HPV 16/18) at health centers,
2) 4-valent HPV (for protection against HPV 6/11/16/18), and

3) 9-valent HPV (for protection against HPV 6/11/16/18/31/33/45/52/58)

**HPV is divided into 2 types:**

1) High-risk HPVs that can cause cancer: types 16, 18, 31, 33, 45, 52 and 58 and
2) Low-risk HPVs that can cause warts: types 6 and 11

**Things to know about the cervical cancer vaccines:**

- These vaccines can be given from the age of 9. The special feasibility is that this intervention will be carried out in existing public health facilities and private services which will be required to collaborate under the guidance of the MoH;
- Vaccines minimize the incidence of cervical cancer in all girls across Cambodia;
- Vaccines significantly reduce costs because cancer treatment is very costly;
- Vaccines provided will cut down household financial loss and national budget for cancer treatment and loss of productivity;
- They reduce the loss of human resources that are key partners in the family, in particular the loss of mothers; and
- They increase household income productivity.

### 3.3. Policy Brief Recommendation Option 3

Expand education and dissemination programs on the advantages of cervical cancer screening and vaccination, especially the integration of education programs into the MoH primary health care mechanism.

A number of line ministries and institutions have contributed to cervical cancer education programs by organizing exhibition events on cervical cancer with the participation of stakeholders, a network of oncologists, and health workers at the site. Disseminations with detailed activities can be carried out at health centers, hospitals, schools and public places, etc. The Ministry of Women's Affairs, MoH, Ministry of Education, Youth and Sport and line ministries and institutions must strengthen and expand cooperation to promote cervical cancer dissemination and prevention.

- Establish a cross-sectorial coordination mechanism at the sub-national level to expand and promote reproductive health education (at the ages of 15-49) through the MoH's primary health care implementation mechanism. Currently, the MoH has guidelines for improving primary health care throughout the country by transferring right and authority to lead and manage to the sub-national administration, which is a good opportunity for gender transformation and reproductive health education for target women;
- Throughout the 25 capital and provinces, working groups have been set up to manage the implementation framework on the promotion of primary health care at the capital/provincial and municipal/district/Khan levels. Hence, the MoH must work together with the sub-national administration to reinforce and expand reproductive health education activities and raise awareness of cervical cancer screening to the people.

Through this mechanism, it contributes to mitigating the need for human resources and budget for the implementation, but in return it increases work effectiveness and high results.

**This Policy Brief Recommendation can be applicable based on:**

- National Standard for Implementation of Cervical Cancer Screening and Surveillance Methods of the Ministry of Health;
- Neary Rattanak VI's Strategic Plan (2024-2028), Ministry of Women's Affairs;
- National Strategic Plan for the Prevention and Control of Non-Communicable Diseases 2022-2030;
- National Action Plan for Cervical Cancer Prevention and Control 2019-2023;
- Standard Operating Procedure (SOP) on Cervical Cancer Screening 2018; and
- National Development Council's Roadmap and Plan for the Participation of Stakeholders 2019-2030.

**To make this Recommendation a success, education and dissemination by working closely with the community are needed in order:**

- To raise women's awareness about cervical cancer, how to prevent it, and belief in the HPV vaccination program which ensures the vaccine effectiveness to prevent the disease;
- To be included in the education program that HPV can be transmitted through a sexual contact with a person living with the disease as similarly to HIV; and
- To reduce the expenses on cancer treatment, which are extremely expensive, if they get vaccinated and early cervical cancer screening on time.

### 3.4. Policy Brief Recommendation Option 4

Promote the implementation of the cervical cancer screening mechanism through a self-sampling method for target women (Women aged from 30 and over).

The Policy Brief Recommendation Option 4 is that we can compare it to a Covid-19 rapid test. WHO has also approved the HPV cervical self-sampling method, an additional method of screening for cervical cancer. This method allows health officials to conduct tests for HPV-DNA cells, one of the most effective methods of detecting early-stage cervical cancer. The good point of this method is that women have to take it themselves, which is easy, private, comfortable, both physically and mentally, and painless. The question raised for this method is whether the samples taken by the women themselves are as officially accepted as those taken by the health workers [21].

Furthermore, in areas where an HIV transmission rate is high, WHO recommends that women and young girls who are sexually active, regardless of their age, be tested for HPV as soon as we find out that they are HIV positive.

### 3.5 Analysis of Policy Brief Recommendations

In accordance with the Problem Analysis, Findings and Challenges, as described above, as well as those key points mentioned in each Policy Brief, it is clear that each of the points contains its own strengths and weaknesses in terms of knowledge, attitude and practice of health care, particularly all cancers in general and cervical cancer in particular. Owing to the MoH Strategy, adopting the guidelines on cervical cancer screening, referral and treatment of target women aged between 30 and 49, it will contribute to the elimination of cervical cancer in line with the National Strategic Plan on Prevention and Control of Non-communicable Diseases 2023-2030.

WHO has launched a global strategic initiative to speed up the elimination of cervical cancer, as mentioned in the 90-70-90 Strategic Targets to annually cut down up to 4 cases of cervical cancer incidence per 100,000 women by 2030. The strategic initiative is as follows:

- 90% of girls fully vaccinated with the HPV vaccine by the age of 15,
- 70% of women screened with a high-performance test by the age of 35 and again by the age of 45, and
- 90% of women diagnosed with cervical ulcers but not yet developed into cancer (pre-cancer) treated.

The prioritization of each policy depends on political decisions and service delivery capabilities which can be effectively executed and must also satisfy the different needs of clients.

- Policy Brief Recommendation Option 1, which sets out that MoH needs to strengthen and expand cervical cancer screening services by conducting HPV tests based on a comprehensive screening and treatment strategy at public and private health facilities across the country, can absolutely be attained as necessary resources are now readily available in health sector, and some health facilities have successfully carried out cervical cancer screening. However, more training for technical officers and the assurance that test kits are available and sufficient are needed.
- Policy Brief Recommendation Option 2, which sets out the promotion and expansion of cervical cancer HPV vaccination services in all public and private health facilities and in schools, can also be achieved as planned since the government, in particular the MoH, has been highly committed with particularly large international organizations such as WHO, UNICEF, GAVI and CHAI, as well as the National Immunization Program, which has been highly successful for many years. Specifically, there is full support from the Ministry of Education, Youth and Sport because it is able to gather girls from the ages of 9 to 15 for educating, bringing awareness to and scheduling cervical cancer vaccination.
- Policy Brief Recommendation Option 3 sets out the expansion of education and dissemination programs on the advantages of cervical cancer screening and vaccination broadly because the lack of cervical cancer understanding will play a key role in disrupting the disease prevention efforts. This Recommendation can be quite successful if there are engagements from all aspects of the health

system, such as communities, schools, and religious education facilities, including diverse means such as verbal education and/or presentations. The main barrier of Policy Brief Recommendation Option 3, however, is that it costs a lot of money and encounters cultural barriers which are sometimes difficult to explain to young girls.

- Policy Brief Recommendation Option 4, which sets out the promotion of women to conduct the cervical cancer screening mechanism through a self-sampling method, is possibly faced with many difficulties, in particular the effectiveness of sampling, which makes it hard to rely on the results obtained. There are a number of challenges in Recommendation Option 4 that are hard to attain huge successes.

## Prioritization of Policy Brief Recommendations

| | Political possibilities | Practical Possibility |
|---|---|---|
| Policy Brief Recommendation Option 1 | | |
| Policy Brief Recommendation Option 2 | | |
| Policy Brief Recommendation Option 3 | | |
| Policy Brief Recommendation Option 4 | | |

**Possibility**

High possibility  Some possibility  Impossibility 

## 4. Policy Brief Recommendations

Cervical cancer can be cured if it is diagnosed and treated at an early stage. Understanding the symptoms by the woman herself and seeking medical advice to address the concerns are the most important step. In order to realize the elimination targets of the disease, the national program must be well-organized for strengthening and expansion of HPV cervical cancer screening and treatment services.

In order to enjoy the accomplishment from implementing the Policy Brief Recommendations, the MoH and line ministries must:

1. Promote the adoption of National Standard for Implementation of Cervical Cancer Screening and Surveillance Methods,
2. Update the National Strategic Plan for Cervical Cancer Prevention and Control,
3. Promote and broaden the implementation of cervical cancer screening services across the country,
4. Expand cervical cancer education and dissemination programs,
5. Estimate the service cost of cervical cancer screening to compare with that of cervical cancer treatment,
6. Reinforce the monitoring and evaluation mechanism on the implementation of cervical cancer screening, and
7. Enhance the research for non-communicable disease risk factors to be carried out every 5 years.

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# Chapter III

## Reduce maternal, infant and child mortality through promoting nutrition status of women reproductive, pregnant women, and postpartum women aged 15-49 years

# KINGDOM OF CAMBODIA

Nation Religion King

Ministry of Planning

# Policy Brief

## Reduce maternal, infant and child mortality through promoting nutrition status of women reproductive, pregnant women, and postpartum women aged 15-49 years


June 2024

The Ministry of Women's Affairs, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, has established working groups to develop the Policy Briefs

National Institute of Statistics
Ministry of Planning
CAMBODIA

Bloomberg Philanthropies

DATA FOR HEALTH INITIATIVE

D2P Data to Policy | CAMBODIA

Vital Strategies

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# Table of content

## Acronyms / Abbreviations and Definitions

| Acronym | Definition in English |
|---|---|
| ANC | Antenatal Care |
| IFA | Iron-folic acid |
| LMIC | Low-and Middle-Income Countries |
| MMS | Multiple Micronutrient Supplementation |

## Summary

### Malnutrition for women (age 15-49 years old)

Malnutrition in women of reproductive age, pregnant women and young children results in negative impacts on the long-term survival, growth and well-being of children. The percentage of malnutrition in women aged 15-49 is high which can be seen in many aspects such as being underweight/thin (36%), overweight/obese (39%), anemic (40%), and iron deficient 31%. For children, 22% of children are stunted, 16% are underweight, and 10% are wasted. Consequences of malnutrition include frequent infections due to weakened immune system, fatigue, high risk of complications that can lead to premature birth, or complications during pregnancy and childbirth which can result in the loss of life.

Malnutrition in women of reproductive age, pregnant women, and insufficient breastfeeding, along with underweight children and micronutrient deficiency during pregnancy leads to higher risk of death in children under 5. Based on the reports of some researches:

- Malnutrition results in 45% of child mortality and 20% of maternal mortality [(11)];
- Mortality in newborns accounting for 4%, and in infants aged 1-5 months accounting for 3% was due to malnourished mothers [((12];
- Information from the Ministry of Health: 60% of pregnant women and newborns have micronutrient deficiency, 31% of women have vitamin D deficiency, and 46% of them have anaemia [((15; and
- of mothers who are 18%overweight (obese) with a body mass index (BMI) greater than 25and have diet-related non-communicable diseases; as for pregnant women with iron deficiency, the mortality is highest among mothers giving birth under the age of 20and over the age of .30

The Ministry of Health must strengthen and expand the provision of health services associated with nutrition at local level; in particular, promote pregnant women to obtain antenatal care services at least 8 times at public and private health facilities. Health facilities must enhance health services pertinent to nutrition for women of reproductive age, strengthen antenatal care services, in particular encourage pregnant women to receive antenatal care services 8 times during pregnancy (according to the new guidelines of WHO in (2016, the provision of multiple micronutrient supplementation (MMS) in lieu of iron and folic acid (IFA) supplements, safe delivery, and postpartum care.

## 1. Introduction

The Royal Government of Cambodia, under the wise and energetic leadership of **Samdech Moha Borvor Hun Manet, Prime Minister of the Kingdom of Cambodia**, has launched the Pentagonal Strategy – Phase I for Growth, Employment, Equity, Efficiency and Sustainability to build the foundation for the realization of the Cambodia Vision 2050 by continuing to embrace ***"People"*** as a priority, in which Pentagon 1 focuses on ***"Human capital development"***, Side 3 on promoting health and well-being of the people, and Side 4 on strengthening of social protection system and food system. Pentagon 4, which is about "Sustainable and Inclusive Development", focuses on promoting gender equality, environmental sustainability, natural resource management and development of agriculture and rural areas aiming at further solidifying the role and development of modern, diversified and resilient agricultural sector which supports the rural development to ensure food security and food safety, added value, promotes competitiveness and enhances rural livelihoods.

Nutrition lays the foundation for the health and development of children and adults, meaning that nutrition is a key pillar for the development of human body to be in good health and productivity of the nation. The World Health Organization defines malnutrition as an excess or imbalance in the intake of energy and/or nutritious foods. Malnutrition is divided into 5 categories: wasting, stunting, underweight, overweight, and deficiencies in vitamins and minerals [(1)].

High level of malnutrition will undermine the productivity and put pressures on health system. Poor nutrition impairs the capability of people to actively participate as productive members of the workforce and, as a result, greatly increases the cost of health care. Therefore, the elimination of all forms of malnutrition is vital.

The nutritional status of women of reproductive age is very important for their health and well-being, in particular during pregnancy and breastfeeding period. Malnutrition in mothers before and during pregnancy is associated with newborns being underweight and premature birth, and babies born to mothers with malnutrition and improper nutrition can face delayed growth and development and result in more severe stunting throughout their childhood. Women who are well-nourished and healthy have a safe pregnancy and have higher chances for equal opportunities in the society [(2, 3)].

Healthy mother is a potential determinant for the survival, growth and development of children, families, communities and the nation as a whole. Evidence from several studies has shown that malnutrition in mothers before and during pregnancy and during breastfeeding period undermines the child which can result in death and complications including newborns being underweight, premature birth, and wasting [(2, 3)].

In spite of numerous positive developments, malnutrition for women and children remains a major challenge for Cambodia's public health sector and a threat to human resource development. Effective interventions to minimize the rate of malnutrition in children as the bamboo shoots growing to be bamboo require well-defined policies, strategies and

plans for providing information, education and counseling on nutrition to women of reproductive age during pregnancy and postpartum period. In addition, periodic monitoring of weight of pregnant women, provision of multiple micronutrient supplementation (MMS), provision of dewormer, and screening for malnutrition and referring them to specialized services for complimentary balance nutrition if necessary [2, 3, 16].

Providing MMS to women during pregnancy as part of a comprehensive antenatal care program is an opportunity to speed up the progress toward mitigating the risk of underweight newborns, stunting in children and anaemia in women. Recent global evidence suggests that providing MMS for antenatal care screening provides more effective results than providing iron and folic acid (IFA) supplements to promote child delivery and has equal benefits for preventing anaemia in women. In addition, MMS is more cost-effective and safer than the current IFA in the low- and middle-income countries (LMIC) [16].

## 2. Problem analysis

Malnutrition among women of reproductive age and during pregnancy is a major public health issue which adversely affects maternal and child health. The complex interaction of socio-economic, cultural and environmental factors influences the prevalence and identification of the occurrence of malnutrition issues.

Malnutrition in women and girls can lead to weakened immunity to diseases and poor brain development, cognition and memory, and increase risks and life-threatening consequences, such as during pregnancy and child delivery, which is irreversibly dangerous, for the survival, growth, education and capacity to earn the living of their children in the future.

Although the rate of malnutrition among children under 5 has recently been steadily declining in Cambodia, this rate remains alarmingly high, with stunting at 22% and underweight at 16%. [9]. Based on child biological development, this issue indicates that for many children, in particular children with stunting, malnutrition begins at an early age of their life, which can determine that many factors which are associated with the mother make these children at risk of stunting long before their birth [2].

Nutrition in mothers is the most important determinant of fetal growth. Malnutrition in mothers before and during pregnancy is closely related to underweight newborns, premature birth, and wasting at birth. Newborns from premature birth and with wasting can grow more slowly and become more prone to severe stunting later in life. Factors influencing the growth of the newborns include 1. Mothers who gain weight during pregnancy, 2. Micronutrient deficiencies, 3. Women with anaemia, 4. Women whose height is too short (under 150 cm), and 5. Women who are infected by viruses, such as malaria, tuberculosis and rubella [2, 3] during pregnancy, etc.

UNICEF finds that in general there are a number of key reasons why malnutrition among girls and women remains high which include the political will to improve nutrition for vulnerable women, the lack of a wider and comprehensive approach to women's nutrition,

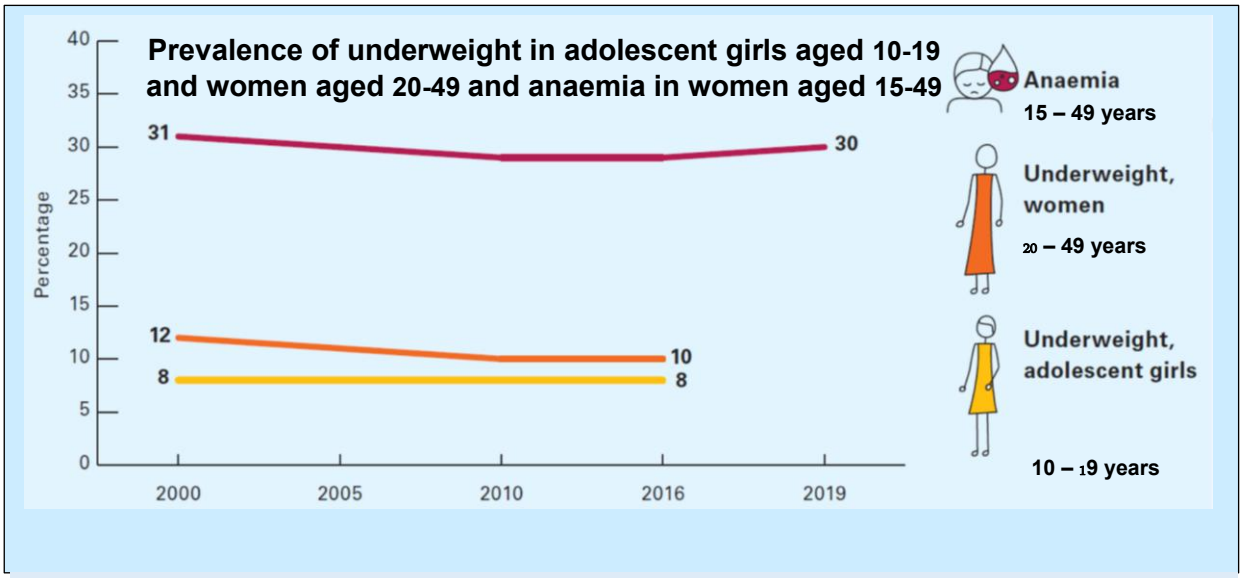
dangerous practices based on the tradition and social norms by the women themselves, such as refraining from consuming certain beneficial foods during pregnancy, and a lack of data and evidence on girls and women who are underweight and anaemic [3].

Malnutrition in mothers is a major contributing factor to delayed fetal growth. Numerous studies have shown that gaining enough body fat and weight during pregnancy and adding micronutrients result in a reduction in the likelihood of underweight newborns and the increase of gestational age. During pregnancy, it is important and necessary for women to increase their intake of foods rich in energy and micronutrients to support fetal growth. The reports added that more than half of the mothers with newborns interviewed suggested that they cut down the amount of their food intake during pregnancy and sometimes avoided certain foods during pregnancy because they believed that these foods produced adverse impacts for their health or their children, and many women were unable to eat due to nausea. In addition, 68% of women did not consume foods rich in micronutrients [2].

To sum up, malnutrition comes into existence along with the lack of knowledge in fetal care and the lack of attention from parents, guardians or caregivers, resulting in children consuming foods that are prone to high risks for children's health. Malnutrition in childhood and during pregnancy has a negative impact on the growth and development of children and a lifelong impact on their education as well as the risk of chronic diseases. As a consequence, the Ministry of Health and line ministries must provide health interventions to minimize the rate of malnutrition in women aged 15-49 by following the Policy Brief Recommendations as set out in this document.

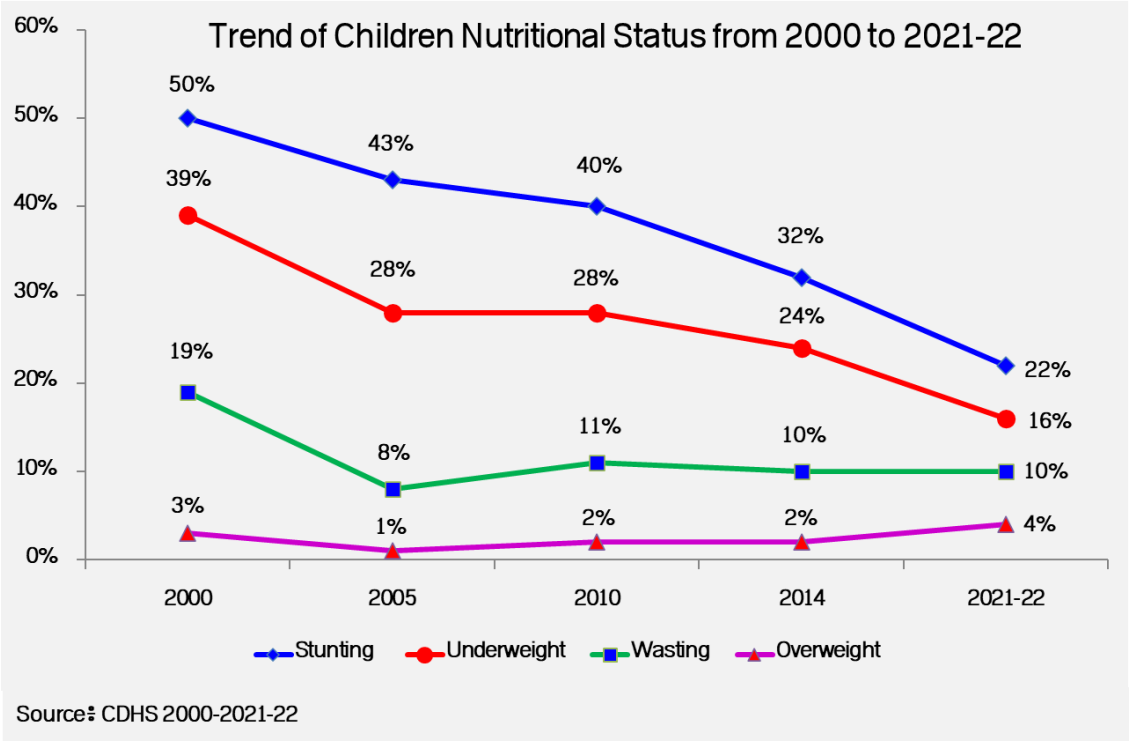
## 2.1. Findings

By 2022, it was estimated that out of 663.1 million children under the age of 5 across the world, 34.8% of them had problems associated with malnutrition. Among that, children with stunting accounted for 22.5% and overweight accounted for 5.6%. Malnutrition was an underlying cause which contributed to nearly half of all mortalities of children under the age of 5 around the world, and was more prevalent in low- and middle-income countries (LMIC). Based on a UNICEF report in 2024, there was almost no change in number in the last two decades. From 2000 to 2019, anaemia in women was decreased by only 1%, dropping from 31% to 30%, while the percentage of underweight girls aged 10-19 was not decreased, as shown in the figure below. [1, 3, 4].




**Source: UNICEF 2024 (Reference 3)**

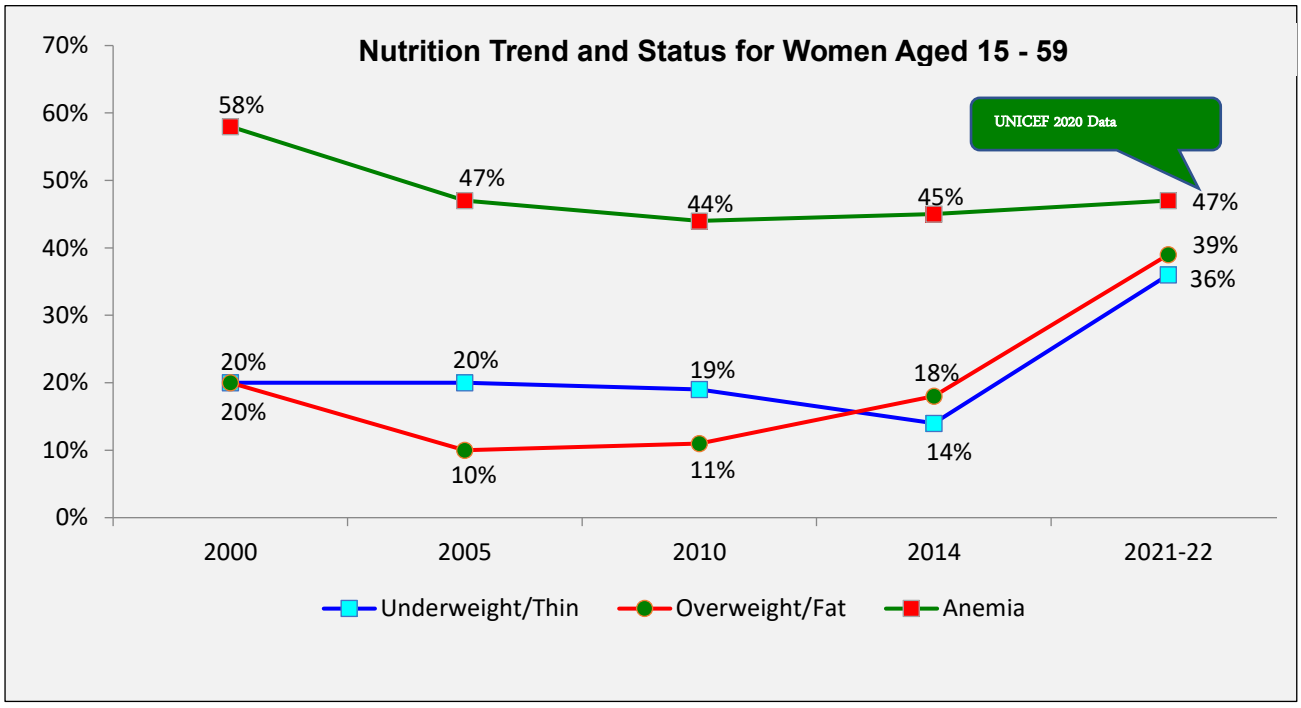
Currently, 40% of all children in the world are between the ages of 6 and 59 months (269 million), and the majority of them are under the age of 2, while about 500 million women between the ages of 15 and 49 have anaemia. In 2019, 30% (539 million) of normal women and 37% (32 million) of pregnant women between the ages of 15 and 49 had anaemia. On a separate note, WHO estimates that approximately 244 million women and 83 million children in Southeast Asia have anaemia [(5.9)]. For South and Southeast Asia, the prevalence of anaemia among women aged 15-49 accounts for 50.17%, ranging from 13.3% in the Philippines to 70.3% in Nepal [(17)].




Source: CDHS 2000-2021-22

Based to the Cambodia Demographic and Health Survey data, the nutrition status of children under 5 years of age was significantly decreased from 2000 to 2022. The rate of stunting was dramatically decreased from 50% in 2000 to 22% in 2021-22, while the rate of underweight children was also sharply decreased, from 39% in the 2000 to 16% in 2021-22. On the other hand, the number of children with wasting has not been decreased since 2014, meaning that it remains at 10%. In addition, the percentage of overweight children has not remarkably declined but was slightly decreased in 2000, and it was increased up to 4% in 2021-22. This means that these rates are still high, according to the World Health Organization specification [7.1 - 7.5].

The Cambodia Demographic and Health Survey data suggests that the nutrition status of Cambodian women in the reproductive age between the age of 15 and 49 is still not yet better, and although the anaemia rate dropped from 58% in 2000 [7.1] to 47% in 2020 [18], this rate is still high, compared to the anaemia rate in the region of about 29% as specified by the UNICEF [3].




Source: Cambodia Demographic and Health Survey 2000 - 2022

From 2014 to 2022, the rate of underweight women was increased from 14% to 36%, an increase of 2.6 times, while the rate of overweight/obese women also increased from 18% to 39%, an increase of 2.2 times [7.1 - 7.5]. The Roadmap for Accelerating Nutrition Improvement 2023-2030 reveals that 40% of women of reproductive age have anaemia and 31% have iron deficiency [9]. Malnutrition and poor health in women during pregnancy contribute to a high level of underweight newborns of up to 11% and can lead to maternal and infant mortality [6].

The problem of malnutrition in women of reproductive age is associated with the insufficient and improper intake of nutritious, energetic and preventive foods, which usually take place among poor households (such as families of women with low-income in rural areas) and among women who lack understanding of the importance of health and nutrition. All of these factors cause women to suffer from health problems such as anaemia, wasting, being overweight and micronutrient deficiencies. This situation is due to the fact that 17.8% of the population is below the poverty line and 6% of women have low level of general education [2]. Furthermore, 18% of women are short [7.5] and 6% of them are shorter than 145 cm, which indicates that they have had problems with malnutrition since childhood [11]. Malnutrition has been identified as the leading cause of 45% of child mortality and 20% of maternal mortality [13].

### 2.2. Challenges

Malnutrition among women aged 15-49, as well as its serious consequences, is a big concern in the world and in Cambodia. Women with health problems suffer from at least one of the most common forms of malnutrition, including anaemia, underweight, overweight and micronutrient deficiency, in particular during pregnancy, and 2 out of 3 women suffer from micronutrient and vitamin deficiencies. These problems are the root cause leading to complications during child delivery and unhealthy newborns and potentially resulting in the loss of lives. Aged 15-49, women in rural areas are more likely to be anemic and underweight, while women in urban areas are more likely to be overweight [7.5].

The rate of malnutrition in women of reproductive age (15-49) is high, which produces severe consequences for women's health, such as:

- Nutrition status for women: 4% of women aged 20-40 and 14% of women aged 15-19 are short. Underweight among women aged 20-49 years accounts for 7% and among women aged 15-19 accounts for 29%. Overweight or obesity among women aged 20-49 accounts for 33% and among women aged 15-19 accounts for (6%) [7.5];
- Diet regime: 57% of women obtain minimum diverse diet regime, 63% consume sugary drinks, and 33% consume unhealthy foods; and as for iodized salt, 49% of households consumes iodized salt [7.5].

## 3. Selection of Policy Brief Recommendations

The Ministry of Health and the Ministry of Women's Affairs, in collaboration with the relevant ministries, shall review, approve and turn the following Policy Brief Recommendations into action:

### 3.1. Policy Brief Recommendation Option 1

The Ministry of Health shall fortify and expand the delivery of health services pertaining to nutrition for women of reproductive age, principally the promotion of pregnant women to get access to antenatal services at least 8 times during pregnancy at public and private health facilities which contain nutrition programs for women, including the incorporation of multiple micronutrient supplementation (MMS) instead of iron and folic acid (IFA) supplements, safe delivery and postpartum health care.

This Policy Brief Recommendation is feasible thanks to the opportunities and innovations under the existing health programs, such as health infrastructure, social protection for pregnant women, and strengthening of the quality of basic health care services and mechanisms. Adding to that, Women Malnutrition and Population Welfare Program is part of the Pentagonal Strategy - Phase I, Side 4 of the Pentagon 1 of the Royal Government of the 7$^{th}$ Legislature, supplemented by Side 1 of the Pentagon 4 and the Neary Rattanak VI Strategic Plan.

Sources of fund to carry out this work are available in various health programs being implemented in the Kingdom of Cambodia. The expansion of nutrition-related health

services is a factor which increases the opportunities for women aged 15-49 to receive appropriate and adequate services for the mitigation of malnutrition for women.

### 3.2. Policy Brief Recommendation Option 2

Strengthen sub-national coordination mechanisms to follow up, monitor and evaluate nutrition programs for women, in particular their integration into the mechanisms on promoting basic health care provision.

The Ministry of Health, in collaboration with the Ministry of Women's Affairs and related ministries, which is formulating a monitoring and evaluation working group, in line with Circular No. 09 SR, dated Thursday, 13th day of waning moon, lunar month of Ches, lunar year of dragon, Chhorsak, B.E 2568, corresponding to 4 July 2024, on Establishment of the Monitoring and Evaluation Working Group shall integrate monitoring and evaluation activities on health service delivery associated with the nutrition status for women of reproductive age.

This Policy Brief Recommendation Option is an intervention that can inform the results of the reduction of malnutrition for women. Moreover, the Ministry of Health may use the mechanisms on the promoting the provision of basic health care services that are being executed in the 25 capital and provinces.

The translation of this Policy Brief Recommendation into action is less costly due to existing mechanisms.

### 3.3. Policy Brief Recommendation Option 3

The Ministry of Health shall strengthen and expand educational programs on micronutrient deficiencies for women of reproductive age during pregnancy and under 5 parenting.

Promotion of awareness of micronutrient deficiencies for women of reproductive age, during pregnancy and under 5 parenting plays a key role in helping women’s and children’s body to produce enzymes, hormones and nutrients for proper growth. Strengthening of the service delivery of Package of Activities as set forth in Module 10 will satisfy this Policy Brief.

The Ministry of Health may enhance the provision of micronutrient services for women during pregnancy. The success in carrying out this Policy Brief Recommendation contributes to reducing maternal and infant mortality and minimizing malnutrition diseases in women and children.

This Recommendation can be feasible because the Ministry of Health has the infrastructure and human resources in place, and it should be implemented at both health facility level and community level.

### 3.4. Policy Brief Recommendation Option 4

Provision of funding to communes/Sangkats with nutrition programs for women and children to upgrade antenatal care, nutrition counseling and multiple micronutrient supplementation.

Budgets of the commune/Sangkat administration are allocated based on the objectives of policies, programs, sub-programs and priorities, and clusters of activities which prescribe the objectives and target indicators, timelines, and budgets needed to develop their localities, including the specific budget package for the promotion of women and children health as well.

### 3.5. Analysis of Policy Brief Recommendations

Picured by Vital Strategies

In short, each Policy Brief Recommendation Option has its own advantages and disadvantages, and the choice depends on the decision makers' priorities and challenges. The **Policy Brief Recommendation Option 1** is good for improving health outcomes and ensuring equity, but it requires a lot of investment and faces some major challenges during the implementation, in terms of cooperation, infrastructure, and budget. The **Policy Brief Recommendation Option 2** offers an effective approach for the follow-up, monitoring and evaluation through the existing mechanisms. The **Policy Brief Recommendation Option 3**, which provides micronutrients for women during pregnancy and under 5 parenting for women, is a good intervention and can be carried out in health facilities and communities. In general, the **Policy Brief Recommendation Options 1, 2 and 3** are importantly needed because they are intertwined and complement each other. Malnutrition in women, insufficient breastfeeding, along with underweight children, and lack of zinc and vitamin A lead to a higher risk of mortality in children under 5. According to a study, still birth accounts for 4% and mortality in infants aged 1-5 months accounts for 3%, and all of these are caused by malnourished mothers [14]. 6% of women have low level of education and did not attend school (and so did not seek antenatal care), 60% of them encounter micronutrient deficiency during pregnancy and postpartum (MoH), 18% of them are overweight (obese) with a body mass index (BMI) greater than 25and have diet-related non-communicable diseases; as for pregnant women with iron deficiency, the mortality is highest among mothers giving birth

under the age of  20and over the age of .30 However, the **Policy Brief Recommendation Option 4** may not be feasible due to its high cost and time consumed on mobilizing support.

## Prioritization of Policy Brief Recommendations

| | **Support from government leadership** | **Feasibility** |
|---|---|---|
| Policy Recommendation Option 1 | | |
| Policy Recommendation Option 2 | | |
| Policy Recommendation Option 3 | | |
| Policy Recommendation Option 4 | | |

**Possibility**

| | |
|---|---|
| High possibility | |
| Some possibility | |
| Impossibility | |

## 4. Policy Brief Recommendations

To address the problem of malnutrition for women aged 15-49, the Ministry of Health and relevant ministries need to work on the expansion and improvement of the quality of health services in public and private health facilities that respond to malnutrition for women. Strengthening and turning the Policy Brief Recommendations into action by focusing on:

- Promoting the provision of safe antenatal care,
- Mainstreaming health education on nutrition in reproductive health services, and
- Extensive awareness raising on nutrition and its information to rural areas.

To promote the quality of health services to accomplish this objective, the Ministry of Health and concerned ministries shall:

- Organize a working group to review and update nutrition services available at health facilities;
- Incorporate nutrition-related roles and responsibilities to into the monitoring and evaluation working group that is being developed to be in line with Circular No. 09 SR, dated Thursday, 13th day of waning moon, lunar month of Ches, lunar year of dragon, Chhorsak, B.E 2568, corresponding to 4 July 2024, on Establishment of the Monitoring and Evaluation Working Group; and
- Prepare for the integration into the existing mechanisms at sub-national level to promote the implementation of Policy Brief Recommendations on the Provision of Nutrition-related Health Services.

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# Chapter IV

## Reduce the impact and rate of early marriages and rate of teen pregnancy

# KINGDOM OF CAMBODIA

Nation Religion King

Ministry of Planning

# Policy Brief

## Reduce the impact and rate of Early marriages and teen pregnancy


June 2024

The Ministry of Women's Affairs, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, has established working groups to develop the Policy Briefs

National Institute of Statistics
Ministry of Planning
CAMBODIA

Bloomberg Philanthropies

DATA FOR HEALTH INITIATIVE

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Vital Strategies

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# Table of content

## Acronyms / Abbreviations and Definitions

| Acronym | Definitions in English |
|---|---|
| CDHS | Cambodia Demographic and Heath Survey |
| CEFMU | Child, Early, Forced Marriages and Unions |
| CPA | Complementary Package of Activities for Referral Hospital Development |
| CSDG | Cambodian Sustainable Development Goals |
| MPA | Guidelines on Minimum Package of Activities for Health Center Development |
| MICS | Multiple Indicator Cluster Surveys |
| NSDP | National Strategic Development Plan |

## Summary

### Child marriage and Teenage Pregnancy Are Major Problems in Cambodia, in particular in the Northeast Region

Child marriage and teenage pregnancy are one of the major social problems for girls and these may result in many complications. Gender norms and roles in the society cause different effects on women and men, girls and boys, on access to health services, means of delivery, and receipt of health services which satisfy their respective needs. Child marriage and teenage pregnancy are dangerous practices which violate child rights, in particular they have adverse impacts on girls and women, on education, social participation, and economic power and violate sexual and reproductive health rights and increase the risk of violence. These gender disparities require recognition in the policies, guidelines, and budget planning for the formulation of appropriate health intervention plans, particularly reproductive health and sexual health, to protect and promote health of girls and women in Cambodia, especially those living in the Northeast region.

Attributing to the results of the Cambodian Demographic and Health Survey (CDHS 2014 and CDHS 2021-22), the prevalence of child marriage was declining. The proportion of married women before the age of 18 had significantly dropped from 25% to 19%. In addition, the prevalence of marriages before the age of 15 declined slightly from 2% to 1.8% by 2022. The percentage of teenage pregnancy did not decline as the figures showed that 15-year-old girls accounted for 21.12% (in 2000) and this rate increased to 22.48% (in 2021-22), while the percentage of 18-year-old women declined slightly (19.21% in 2000 and 18.11% in 2021-22) [(1)].

However, based on the Ministry of Women's Affairs' report of the 2024 Research Study on Child, Early, Forced Marriages and Unions (CEFMU), the percentage of child marriage remained high, especially in Ratanakiri where it held the highest percentage of married girls before the age of 18 at 37.3%, compared to other provinces (16.7% in Preah Vihear and 14.7% in Stung Treng). CEFMU is associated with teenage pregnancy and reproductive health problems, and sexual health and is harmful to girls, in particular to those living in the Northeast region in which this percentage continues to increase and it holds a higher percentage than other regions [(2)].

To address these issues, the Ministry of Women's Affairs, the Ministry of Health and line ministries and institutions need to set up an inter-sectorial coordination mechanism at the sub-national level to promote education on reproductive health and sexual health for adolescents (aged 15 to 19) through the primary health care implementation mechanism of the Ministry of Health. This mechanism significantly contributes to the elimination of dangerous acts such as forced child marriages (Indicator 5.3.1.: Proportion of women aged 20-24 who are married or in unions before the age of

18) and ensures universal access to sexual and reproductive health and reproductive rights based on the Program of Action of International Conference on Population and Development and Beijing Action Plan, as well as relevant documents (Indicator 5.6.1). Women aged 15-49 who reported self-determination related to the use of contraceptives and reproductive health care and indicators 5.6.2.: Number of laws, policies, plans and legal instruments which ensure that all women have access to information, education and reproductive health and sexual health services) [(3)].

## 1. Introduction

Through the Political Program and the Pentagonal Strategy – Phases I, the Royal Government of Cambodia of the 7th Legislature of the National Assembly, under the leadership of **Samdech Moha Borvor Thipadei Hun Manet, Prime Minister of the Kingdom of Cambodia**, has continued to set forth the "**Promotion of gender equality and empowerment for women in all fields**" as a priority by strengthening citizenship in a highly civilized society with morality, equity and inclusiveness in which women are at the core. The Royal Government will continue to increase investment in gender and empowerment for women in the fields of economy, education, health and public leadership, in particular the promotion of population health and well-being, which is a priority on the human resource development, on which Side 1 of the Pentagonal Strategy - Phase I on the Sustainable and Inclusive Development also points out the need to continue to strengthen and expand the dimension of reproductive health and sexual health of young people, particularly women and girls, continue to exercise social protection programs for pregnant women and children of poor families, and continue to promotion of nutrition for pregnant women and children [(4)].

Child marriage in Cambodia can be considered as a specific cultural and traditional norm which applies in marriage. Based on the 2016 Civil Code of the Kingdom of Cambodia, Article 948 states that the marriage of a man and a woman who have not reached the age of consent cannot take place. However, in the event that one party has reached the age of consent and the other party is a minor who is not under the age 16 (sixteen years old), he/she may be married with the consent of the person with the parental authority or guardian of that minor [(5)].

Child marriage is an issue globally recognized as a form of exploitation and violence against children, and although the percentage of child marriages in Cambodia is not high, it remains a hot topic for the concerned to pay their attention to. Teenage pregnancy is associated with primary reproductive health and sexual health and is especially harmful to girls, in particular to those living in the Northeast region, where the percentage remains on the rise. Likewise, CFEMU is linked to an increase in domestic violence.

In Cambodia, based on the 2024 CEFMU report of the Ministry of Women's Affairs and Plan International, child and forced marriages and unions before the age of 15 were decreased at about 0.5%. In addition, there was a decrease in the prevalence rate among women who were married before the age of 18, from 19% to 14.44% [(2)].

The result of the aforementioned study also suggests that the understanding of women aged under 18 on teenage pregnancy was accounted for 21%, and up to 50.8% of them did not have the understanding on reproductive health and sexual health issues. The main reason for teenage pregnancy is the limited knowledge of the people, specifically the understanding of reproductive health and sexual health issues, and other contributing factors such as customs and tradition in specific regions, poverty, lack of knowledge, and limited

enforcement of the Law on Marriage [2].

Marriages of women under the age of 18 are major issues in some parts of Cambodia. Out of the 25 capital and provinces, only 11 provinces have less than 3% of women aged between 16 and 17 being married or living with partners. However, the percentage of this issue is very high in Ratanakiri, Preah Vihear, Stung Treng, Kampot and Siem Reap provinces, which have low socio-economic development, especially the provinces in in the northeastern region of Cambodia [2]. The findings appear to be in line with the policy of the government that is making efforts to lessen child marriages in certain provinces.

## 2. Problem analysis

Child marriage is a form of gender-based violence. Child marriage and teenage pregnancy cause adverse impacts on girls and young women, resulting in negative educational outcomes as they have to take care of the child and do the housework, fail to be engaged in social activities and economic empowerment. These also violate their sexual and reproductive health rights, restrict their autonomy, and result in the increase of risk of violence. In addition, child marriage and teenage pregnancy result in dangerous and life-threateningsituations for girls and women, as well as for families, communities and society, and these problems not only have negative impacts on the living conditions of women and girls today, but will continue to affect the next generation if we do not pay close attention to them and do not take appropriate measures to intervene to meet their different needs. According to a research report by the Ministry of Women's Affairs, supported by Plan, the root causes of CEFMUs include geography, poverty, gender and social inequality, low or no education, ethnicity, religion, teenage pregnancy, social and cultural norms, lack of law enforcement, and the influence of the internet and social networks [2].

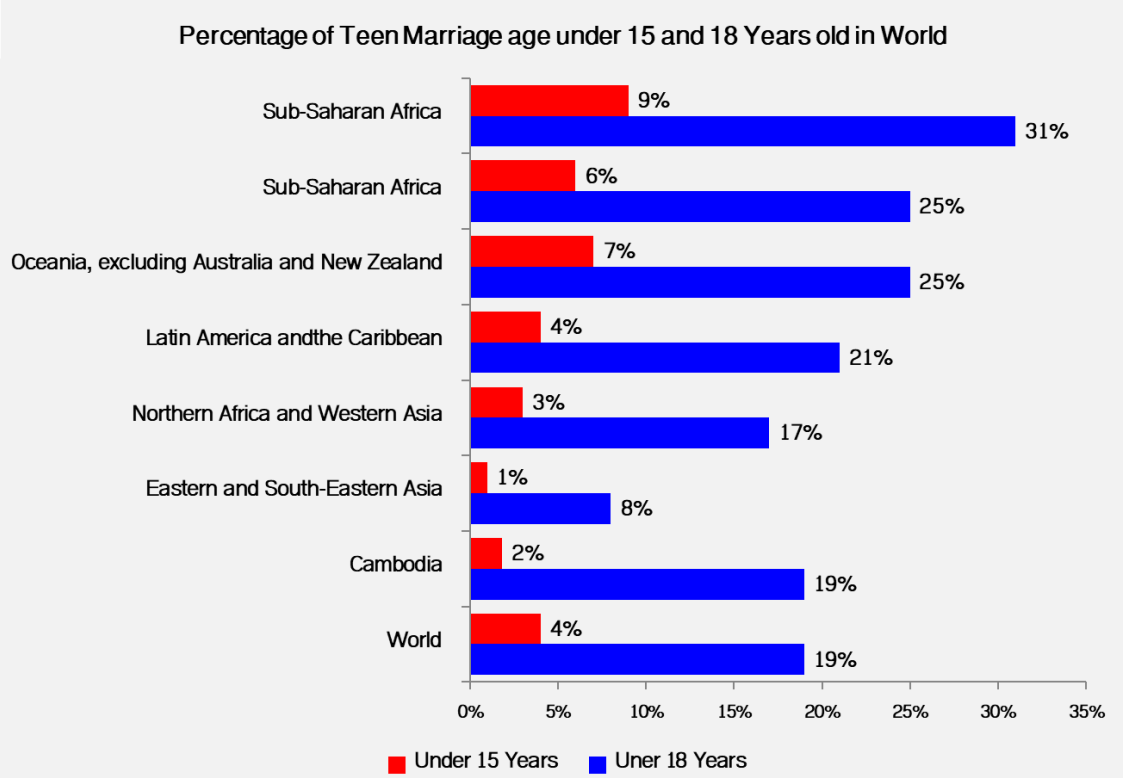
To address these issues, the Ministry of Women's Affairs, the Ministry of Health and key stakeholders need to provide interventions to reduce and contribute to the elimination of harmful practices, such as forcing children into marriage, and guarantee of access to reproductive health and sexual health and universal reproductive rights as agreed by the Royal Government based on the Program of Action of the International Conference on Population and Development and the Beijing Action Plan and related documents, in line with the Policy Recommendations as set out in this paper.

### 2.1. Findings

The situation of child marriages worldwide remains alarmingly high, particularly in Sub-Saharan Africa, South Asia and Central Asia, with the exception of Australia and New Zealand, while North Africa and West Asia have slightly lower rates than the global rate. East and Southeast Asia have much lower rates, while in Cambodia, the rate of marriages under the age of 15 is higher than in East and Southeast Asia, but lower than in the global

rate [12] (See the graph below)

The graph below [4] shows the marriage rate of young women under the ages of 15 and 18. If we look at the women under the age of 15, the marriage rate in Bangladesh was the highest, standing at 15.5%, followed by Nepal at 7.9%, Laos at 7.1%, and Vietnam at 0.9%, the lowest rate.

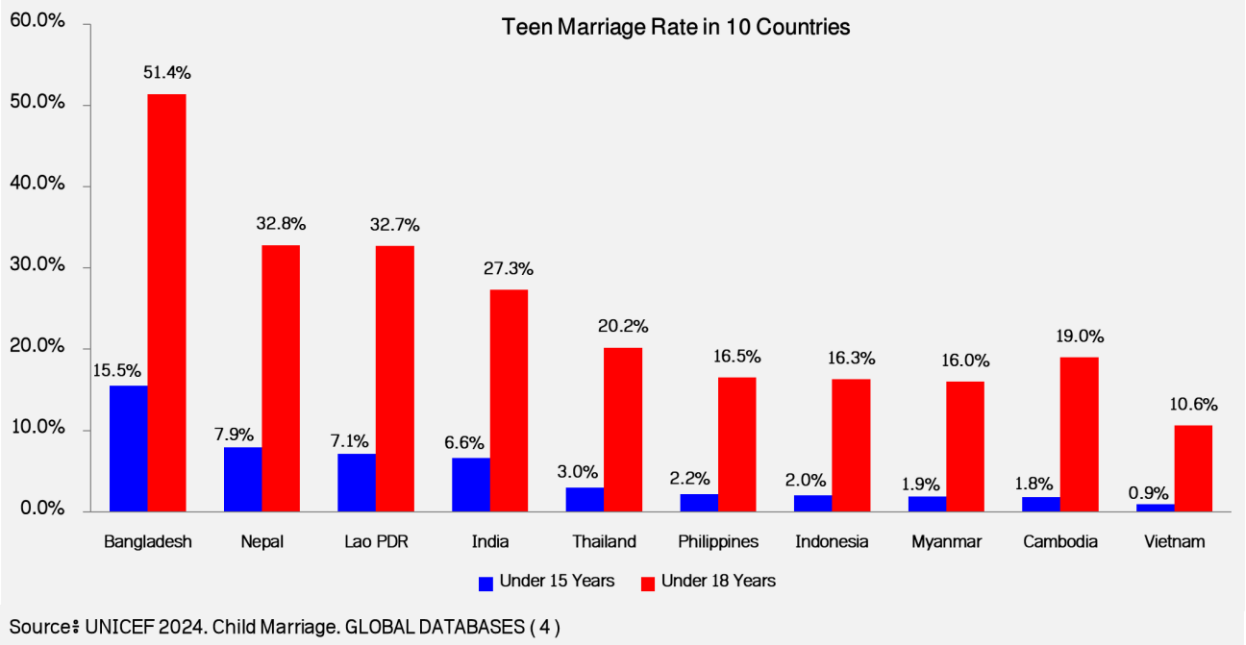



Source: UNICEF (2024). Global Trend and SDG Progress: The Child Marriage Data Portal (12)

Note: In Oceania excluding Australia and New Zealand

If we look at the women under the age of 18, the marriage rate in Bangladesh remains the highest, standing at 51.4%, followed by Nepal and Laos at almost the same rate, standing at 32.8% and 32.7% respectively, and Vietnam still has the lowest rate, standing at 10.6%.

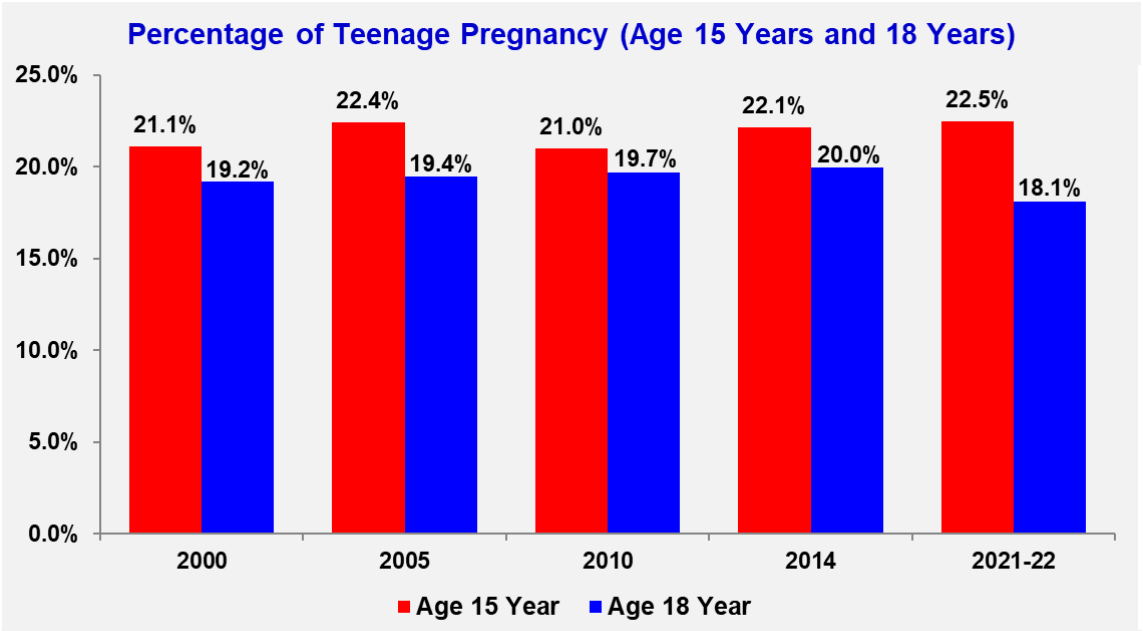
In Cambodia, the marriage rate for young women under the age of 15 was 1.8%, similar to the other three countries: the Philippines (2.2%), Indonesia (2.0%) and Myanmar (1.9%); however, the marriage rate of women under the age of 18 is higher than the aforementioned 3 countries, standing at 19%.



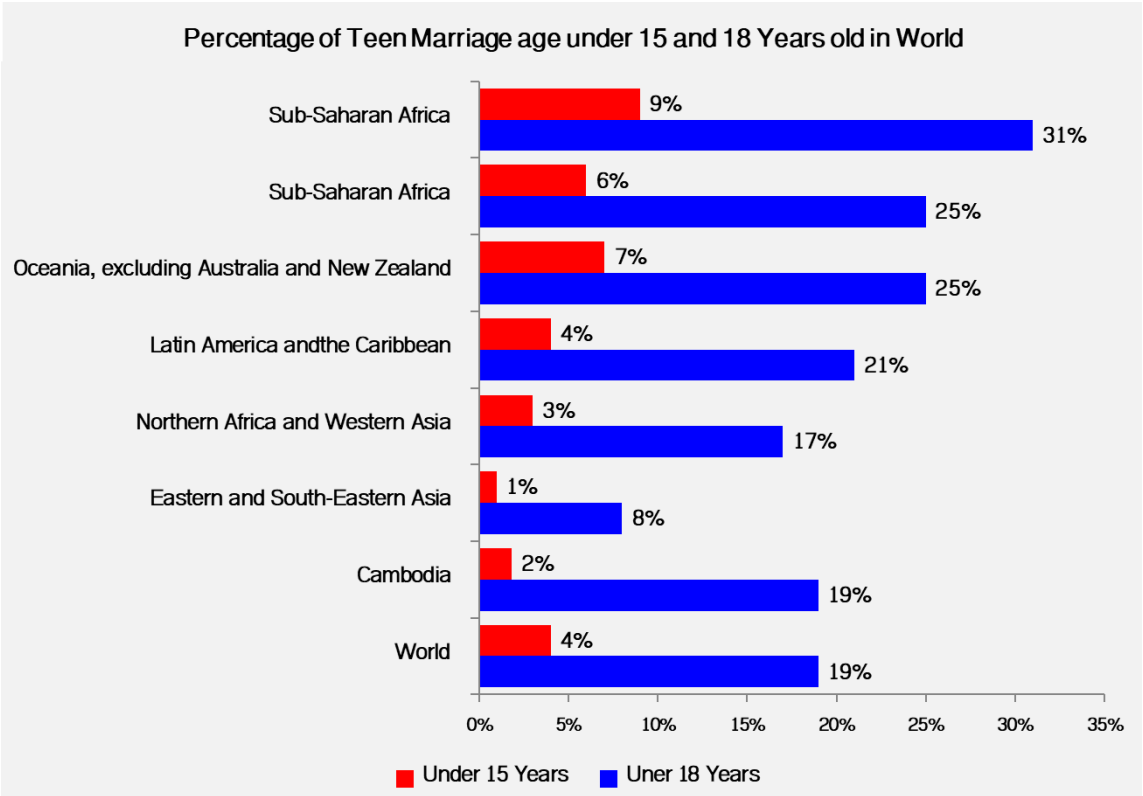

Based on the results of the Cambodia Demographic and Health Survey (CDHS) 2021-22, the prevalence of child marriages declined, compared to the 2014 CDHS. The proportion of women married before the age of 18 dropped significantly from 25% to 19% and men from 9% to 6%. In addition, the prevalence of women married under the age of 15 was slightly reduced from 2% to 1.8% by 2022. Among women aged 15-19 who were first married at the certain age of 15 it was 1.8%, and among women aged 20-24 it was 1.9% (1).

**Table 1. Percentage of women who were first married at a certain age**

| Current age | Percentage of women who were first married at a certain age | | | | |
|---|---|---|---|---|---|
| | 15 | 18 | 20 | 22 | 25 |
| 15-19 | 1.8 | N/A | N/A | N/A | N/A |
| 20-24 | 1.9 | 17.9 | 38.3 | N/A | N/A |
| 25-29 | 3.1 | 16.8 | 36.4 | 54.7 | 76.8 |
| 30-34 | 2.3 | 14.7 | 31.8 | 49.5 | 72.2 |
| 35-39 | 2.7 | 18.1 | 33.3 | 51.2 | 72.0 |
| 40-44 | 4.3 | 22.3 | 41.9 | 57.9 | 74.8 |
| 45-49 | 4.9 | 25.4 | 44.7 | 63.5 | 76.9 |




Source: Cambodia and Demographic and Health Survey 2021-22



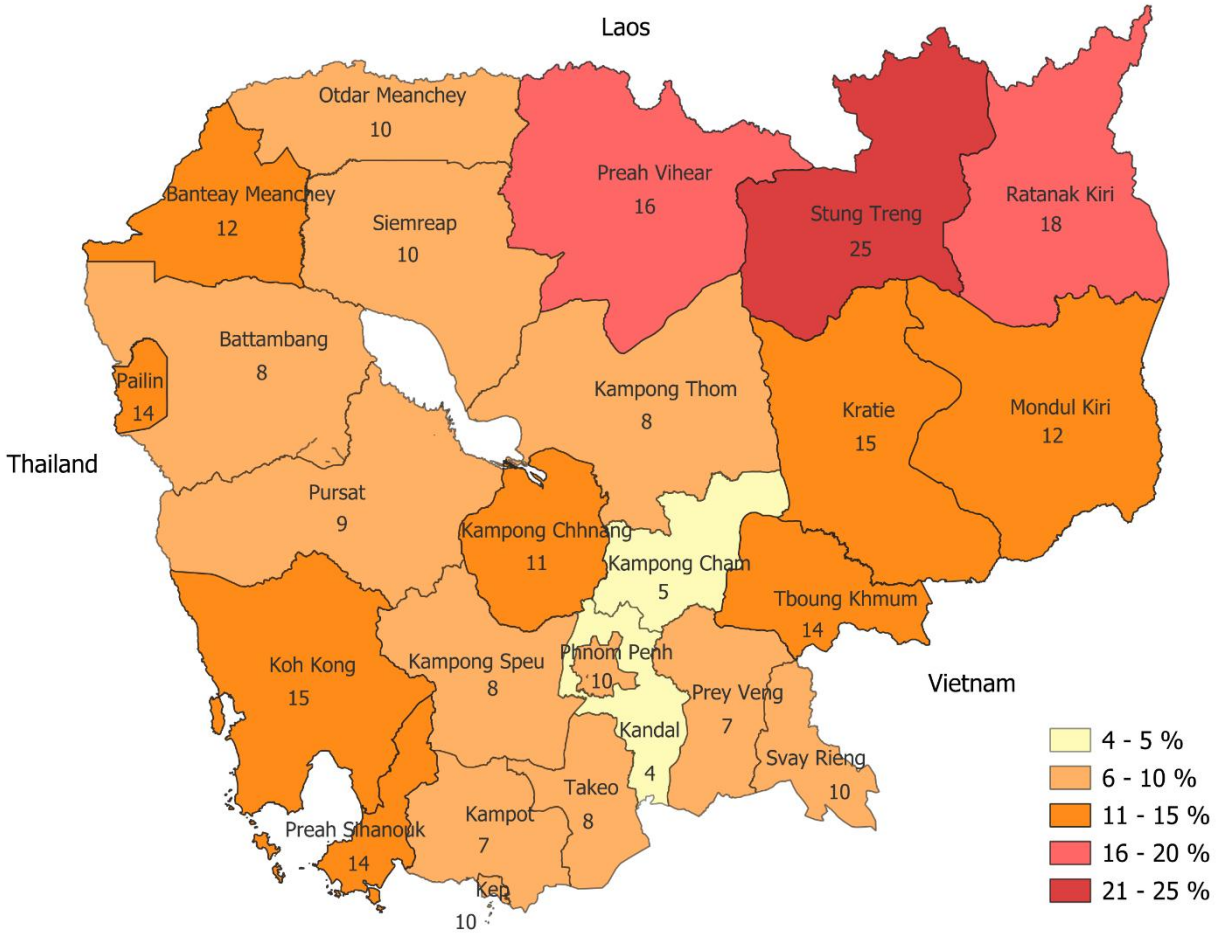

Source: UNICEF (2024). Global Trend and SDG Progress: The Child Marriage Data Portal (12)

Note: In Oceania excluding Australia and New Zealand

The percentage of teenage pregnancy was not decreased, especially women aged 15 at 21.12% (2000) and was increased to 22.48% (2021-22). The proportion of women aged 18 was slightly decreased (In 2000 it was 19.21%, and in 2021-22 it was decreased to 18.11%) [(1)].

Among the capital and provinces, the highest percentage of birth-giving teenagers was in Stung Treng (25%), followed by Ratanakiri (18%) and Preah Vihear (16%). The province with the lowest percentage is Kandal (4%) [(1)].

**Map showing the % of ever-pregnant women aged 15-19 in provinces**



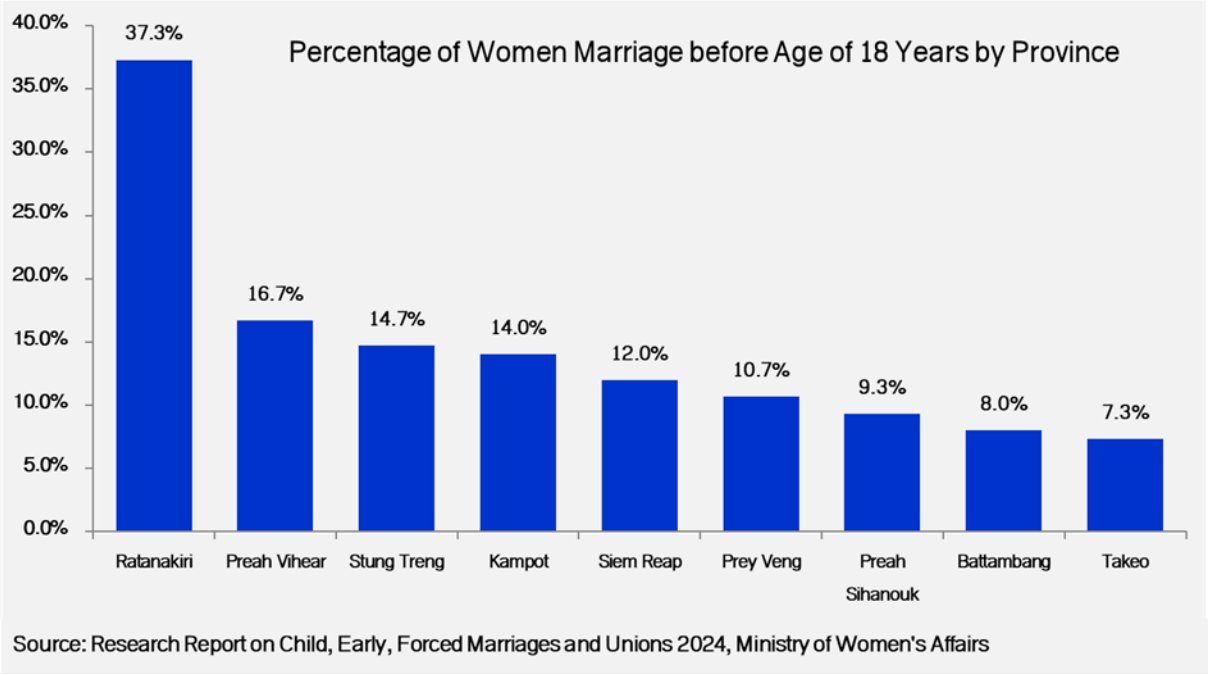

Source: Cambodia Demographic and Health Survey 2021-2022

According to the CEFMU 2024, only a small proportion, i.e. 0.50%, of people was married before the age of 15. In addition, the intent of the result was to emphasize that 13.93% of the respondents reported that they received arranged marriage proposals when they were between 15 and 18 years old. The findings of the study suggest that the

majority of women, i.e. 14.44%, were married before the age of 18. A significant percentage, i.e. 50.15%, or more of the respondents were married at the age of 18 [2].

A UNICEF study reveals that more than 30% of women who got married at a young age were more likely to experience domestic violence than married adult women. Child marriage is an issue in the northeast of Cambodia, in particular in Ratanakiri [2]. This problem can be resulted from the tradition religion and customs. Based on the 2016 Civil Code of the Kingdom of Cambodia, Article 948 states that the marriage of a man and a woman who have not reached the legal age cannot take place. However, in the event that one party has reached the age of consent and the other party is a minor who is not under the age 16 (sixteen years old), he/she may be married with the consent of the person with parental authority or guardian of that minor [5].

According to the CEFMU 2024 report, the result suggests that the rate of child marriage remains high, in particular in Ratanakiri, with the highest rate of women married before the age of 18 at 37.3%, compared to other provinces (Preah Vihear at 16.7% and Stung Treng at 14.7%) [2].



Source: Research Report on Child, Early, Forced Marriages and Unions 2024, Ministry of Women's Affairs

CEFMUs are associated with teenage pregnancy and reproductive health and sexual health and causes harm to girls, in particular those living in the Northeast region, where this rate remains higher than other regions [2].

In addition, the study found that about 50.8% of women had no knowledge of reproductive health and sexual health issues, and 49.2% of respondents agreed with the statement that marriages before the age of 18 resulted in early child delivery. All in all, CEFMUs produce serious health consequences, particularly for pregnant teenagers, birth delivery with complications. The research also suggests that there is a connection between a marriage before the age of 18 and high risk of health problems, including pregnancy, unsafe abortion, sexually transmitted infections,

HIV and sexual abuse, as well as reproductive health for women as well [2].

### 2.2. Challenges

Although declining, the status of child marriage is still a major problem and it continues to occur in some provinces in the Kingdom of Cambodia, especially in Ratanakiri, having the highest rate of women married before the age of 18 (37.3%) compared to other provinces [2]. This has not resulted in a reduction in the teenage pregnancy rate of 15-year-old women (In 2000 the rate was 21.12% and in 2021-22 it was 22.48%) [1].

The following are the challenges that the Ministry of Health, the Ministry of Women's Affairs and key concerned parties need to address:

- Gender gaps persist at almost every level and in every situation, in particular in remote rural areas, which is a challenge for girls and women to have access to comprehensive health services, especially reproductive health and sexual health services;
- People's basic knowledge about health care, particularly reproductive health and sexual health is still limited (Still, about 50.8% of women are unaware of reproductive health and sexual health issues) [2];
- Sub-national inter-sectoral coordination mechanisms to expand and promote reproductive health education and teenage sexual health (aged 15 to 19) have not yet been established to be in line with the Ministry of Health's primary health care implementation mechanism, in particular in the northeastern provinces;
- Capacity of relevant officials at national and sub-national levels on gender analysis and gender mainstreaming in the health sector, particularly in reproductive health and sexual health, is limited;
- The monitoring and evaluation system on the implementation of service delivery and education on reproductive health and sexual health to the target teenage population is not yet effective; and
- The reinforcement of laws, policies and regulations pertinent to the prevention of child marriage is not yet highly effective;

## 3. Selection of Policy Recommendations

### 3.1. Policy Recommendation Option 1

The Ministry of Women's Affairs, the Ministry of Health and stakeholders fortify and enhance reproductive health and sexual health education in the community by consolidating reproductive health and sexual health education into the Ministry of Health's Primary health care Mechanism through:

- Setting up cross-sectoral coordination mechanisms at the sub-national level to better the reproductive health and sexual health education of teenage population (aged 15

to 19) in line with the Ministry of Health's Primary health care Implementation Mechanism. The Ministry of Health, currently, has guidelines on increasing primary health care across the country through integration of leadership and management to sub-national administration, and that is a good opportunity for transforming gender and reproductive health and sexual health education to target teenage population, particularly in provinces where the percentage of child marriages is high;

- Setting up a primary health care promotion working group at the capital/provincial and municipal/district/Khan levels. The Ministry of Health must collaborate with the sub-national administration to bolster and enlarge reproductive health and sexual health education activities to the target teenage population (aged 15 to 19). This mechanism contributes to minimizing the use of human resources and budget for the implementation, but, in return, it increases work efficiency and high results; and
- Continuing to strengthen and expand the implementation of parent-youth linkage program on reproductive health and sexual health in remote rural areas, especially in the provinces where the percentage of child marriage and teenage pregnancy is highest.

This Policy Recommendation can be applicable due to the opportunities and innovations in keeping with the health programs in place, such as health infrastructure, social protection for pregnant women, strengthening of the quality of services, and MoH's implementation mechanisms of primary health care. Adding to that, promoting people's health and well-being is a priority on the development of human capital, which is embedded in the Pentagonal Strategy - Phase I in Side 3 of Pentagon 1, and Side 1 of Pentagon 4 on Sustainable and Inclusive Development also specifies the need to continue to strengthen and expand the scope of reproductive health and sexual health of young people, in particular women and girls, continue to implement social protection programs for pregnant women and children of poor families and continue to promote nutrition for pregnant women and children [(6)].

"Neary Rattanak VI" Strategic Plan 2024-2028 of the Ministry of Women's Affairs aims to contribute to strengthening the foundation for the realization of the Cambodia Vision 2050 through the promotion of gender equality and exploitation of gender dividend in relevant sectors in order to contribute to accelerating the economic growth, strengthening the social welfare and resilience of the people, and implementing governance at all levels in an inclusive manner [(7)]. Within the framework of the Cambodian Sustainable Development Goals (CSDG), there are Target 5.3 on the Elimination of Harmful Acts such as forcing children into marriage (Indicator 5.3.1: Proportion of women aged 20-24 who were married or in-union before the age of 18) and Target 5.6: Ensure universal access to sexual and reproductive health and reproductive rights based on the International Conference on Population Development and Beijing Program of Action and related documents (Indicator 5.6.1: Proportion of women aged 15-49 who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care and Indicator 5.6.2: : Number of laws and regulations that guarantee full and equal access to all women to sexual and reproductive health care,

information and education [3].

The Ministry of Health, currently, has guidelines on increasing primary health care across the country through integration of leadership and management to sub-national administration, and that is a good opportunity for transforming gender and reproductive health and sexual health education to target teenage population (aged 15 to 19), particularly in provinces where the percentage of child marriages is high. The sub-national administration has a budget package for implementing the priority activities, which contribute to promoting training process and enhancing well-being of people, especially promoting the delivery of reproductive health and sexual health services to target teenage population (aged 15 to 19).

### 3.2. Policy Recommendation Option 2

The Ministry of Health, the Ministry of Women's Affairs and other stakeholders need to strengthen the monitoring and evaluation system on the status of child marriage and teenage pregnancy through:

- Strengthening the monitoring and evaluation system on the implementation of delivery of quality reproductive health and sexual health services and education to target teenage population;
- The Ministry of Health and the primary health care promotion working group at the capital/provincial and municipal/district/Khan levels are required to encompass a specific strategy and an action plan for effective monitoring and implementation;
- The primary health care promotion working group at the capital/provincial and municipal/district/Khan levels and set up working groups to follow up, monitor and evaluate and prepare the monitoring and evaluation tools and prepare reports to submit to national level; and
- Setting up a digital system to monitor and evaluate the status of child marriage and teenage pregnancy.

This Policy Recommendation can be applicable based on the Royal Government's Circular on the Establishment of a Working Group to Monitor And Evaluate The Implementation Of Strategies, Development Plans And Policies No. 09SR dated 04 July 2024 [11], which is a good opportunity for sub-national level to set up a working group to monitor and evaluate the implementation of delivery of quality reproductive health and sexual health services and education to target teenage population (aged 15 to 19).

This Policy Recommendation is cost-effective through the use of inter-sectorial coordination mechanisms at the sub-national level to expand and promote reproductive health and sexual health education for teenagers (aged 15 to 19) in keeping with the Ministry of Health's primary health care implementation mechanism. The Ministry of Health, currently, has guidelines on increasing primary health care across the country through integration of leadership and management to sub-national administration, and that is a good opportunity for transforming gender and reproductive health and sexual health education to

target teenage population (aged 15 to 19), particularly in provinces where the percentage of child marriages is high.

### 3.3. Policy Recommendation Option 3

The Ministry of Health and key stakeholders to promote additional capacity building associated with reproductive health and sexual health to health officials of health facilities at all levels across 25 capital and provinces through:

- Taking into account and paying attention to the number of staff in certain health facilities, in particular in the provinces and remote areas which have not met the staff standards as set out in the Guidelines for Complementary Package of Activities (CPA) [8] and Operational Guidelines on Minimum Package of Activities (MPA) [9];
- Conducting additional training on reproductive health, sexual health and facilitation skills for health officials at health facilities and primary health care promotion working group at the capital/provincial and municipal/district/Khan levels; and
- Enhancing cooperation between line institutions in health sector at all levels aiming at promoting, bolstering and upgrading gender equality in the health sector, focusing on providers and users of health services, especially on reproductive health and sexual health.

This Policy Recommendation can be applicable to contribute to reducing the risk of life-threatening issues caused by teenage pregnancy and maternal and infant mortality towards the realization of the Sustainable Development Goals 2030 [3] and in line with health programs in place, including health infrastructure, social protection for pregnant women, strengthening quality of services and mechanisms for the implementation of primary health care of the Ministry of Health, and the Neary Rattanak VI's Strategic Plan 2024-2028 of the Ministry of Women's Affairs [7] to contribute to strengthening social welfare and resilience of people and implementation of governance at all levels in an inclusive manner.

At present, under the leadership of the Ministry of Health, health facilities, which include hospitals and health centers, are equipped with organizational structures to provide services in response to Pentagon 1, Side 3 (Promoting people's health and well-being) of the Pentagonal Strategy – Phase I [5] of the 7th Legislature of the Royal Government and the National Strategic Development Plan 2024-2028 [10]. Sources of fund for the execution of this work are readily available in the health programs that are being implemented in the Kingdom of Cambodia, and at present, sub-national administration has a financial package to implement priority activities, which is one of the factors that helps to promote the training process and improve the people's well-being, particularly to improve the delivery of reproductive health and sexual health services to the target teenage population.

### 3.4. Policy Recommendation Option 4

The Ministry of Health, the Ministry of Women's Affairs and other stakeholders reinforce the implementation of laws, policies and plans by increasing the implementation of plans related to the prevention of child marriage and teenage pregnancy through:

- Advocating for the review and amendment of existing legal procedures to fill the loopholes in legal procedures, in particular in Paragraph 2 of Article 948 of the Civil Code which allows minors to marry with the informed consent of their parents and guardians [(5)];
- Amendment to Article 948 of the Civil Code is very important for the establishment of Marriage Law, allowing people to get married at the age of 18 at minimum in order to eliminate the requirement for recognition of age of consent; and
- Providing support on legal and mental health counseling to women and girls affected by child marriage, forced marriage, and teenage pregnancy.

This Policy Recommendation can be applicable, but it is time-consuming and requires active engagement of all stakeholders, particularly judiciary councils and decision makers, and a large amount of money during its implementation process. This work requires all stakeholders to review the existing documents, discuss, consult and advocate with all concerned parties, along with specific evidence as well as effective and comprehensive strategies and action plans.

### 3.5. Analysis of Policy Recommendations

Based on the findings and identified challenges, as well as key points encompassed in each of the Policy Brief Recommendation Options as described above, it is clearly seen that each point is of importance and each has its own strengths and weaknesses in the context of child marriage and teenage pregnancy in Cambodia. The prioritization of each policy relies on the political and operational capabilities whether it can be effectively carried out in keeping with the policies and strategic plans of the Royal Government. In addition, translating the chosen strategies into action must be satisfied with the various needs of concerned parties, in particular, the target groups.

Based on the findings and identified challenges, the **Policy Recommendation Option 1** (**Fortify and enhance reproductive health and sexual health education in the community by consolidating reproductive health and sexual health education into the Ministry of Health's Primary health care Mechanism**) is a high priority and strongly contributes to the promotion of health and well-being of the people, which is a priority on the development of human capital, as embedded in the Pentagonal Strategy - Phase I in Side 3 of the Pentagon 1, and Side 1 of the Pentagon 4 on Sustainable and Inclusive Development also specifies the need to continue to strengthen and expand the scope of reproductive health and sexual health of young people, in particular women and girls, continue to implement social protection programs for pregnant women and children of poor

families and continue to promote nutrition for pregnant women and children [6]. It is cost-effective, and on the other hand, the sub-national administration has a budget package for implementing priority activities, which contribute to promoting the training process and enhancing well-being of the people, especially promoting the delivery of reproductive health and sexual health services to the target teenage population (aged 15 to 19).

**The Policy Recommendation Option 2 (strengthen the monitoring and evaluation system on the status of child marriage and teenage pregnancy**) is also a high priority as this strategy plays an important role in monitoring, evaluating and reporting, as well as measuring the situation of child marriage and teenage pregnancy and helps guide the effective implementation of health action plans and strategies to be in line with the Royal Government's Circular [11] on “The Establishment of a Working Group To Monitor And Evaluate The Implementation Of Strategies, Development Plans And Policies in Ministries and Institutions", which is a good opportunity for sub-national level to set up a working group to follow up, monitor and evaluate the execution of the Policy Recommendation as mentioned above.

The results of the analysis and classification of Policy Recommendations based on the political feasibility and operational feasibility in the Cambodian context suggest that the Policy Recommendation Options 1 and 2, as mentioned above, are the most likely as these are much needed and they are interconnected and complementary to each other and respond to the policies as well as strategic plans of the Royal Government.

**The Policy Recommendation Options 3 and 4** are likewise important, but they are more difficult and complicated to be executed as they require high costs and time for consultations, as well as advocacy support for the review and amendment of existing legal procedures.

## Prioritization of Policy Recommendations

| Policy Recommendations | Political feasibility | Operational feasibility |
|---|---|---|
| Policy Recommendation Option 1 | | |
| Policy Recommendation Option 2 | | |
| Policy Recommendation Option 3 | | |
| Policy Recommendation Option 4 | | |

**Feasibility**

High possibility Some possibilities Impossibility

## 4. Policy Recommendations

Based on the results identified, the following are good recommendations which can be executed in order to address the issues and minimize the rate of Child marriage and teenage pregnancy, especially for those in the provinces in the northeastern region.

Ministry of Health, Ministry of Women's Affairs and concerned parties strengthen and promote reproductive health and sexual health education in the community by mainstreaming the reproductive health and sexual health education into the Primary health care Mechanism of the Ministry of Health by:

- Collaborating with line ministries and institutions and the sub-national administration to develop guidelines for the integration of the Policy Recommendation on the Establishment of Inter-sectorial Coordination Mechanisms at the Sub-national Level to expand and improve the provision of reproductive health and sexual health services and education to target teenage population (aged 15 to 19) to be in line with the Ministry of Health's Primary health care Mechanism;
- Promoting and increasing the dissemination of reproductive health and sexual health education to the target teenage population (aged 15 to 19), in particular in provinces where the percentage of child marriages is high;
- Continuing to strengthen and expand the implementation of parent-youth linkage program on reproductive health and sexual health in remote rural areas, especially in the provinces where the percentage of child marriage and teenage pregnancy is high; and
- Strengthening the monitoring and evaluation system on the implementation of quality reproductive health and sexual health services and education for the target teenage population (aged 15 to 19).

The Ministry of Health cooperates with the Capital and Provincial Administration to develop an action plan to expand the scope of implementation of the Policy Recommendations by:

- Organizing a working group to review and revise the guidelines on increasing primary health care, consulting with relevant ministries and institutions, approval and formal promulgation, and monitoring and evaluation;
- Organizing training of trainers to train the community on reproductive health and sexual health;
- Developing educational dissemination materials on reproductive health and sexual health; and
- Developing a monitoring and evaluation framework, in particular, the formulation of a digital system to monitor the promotion of reproductive health and sexual health.

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# Chapter V

## Promote women roles in leadership and governance in health sector

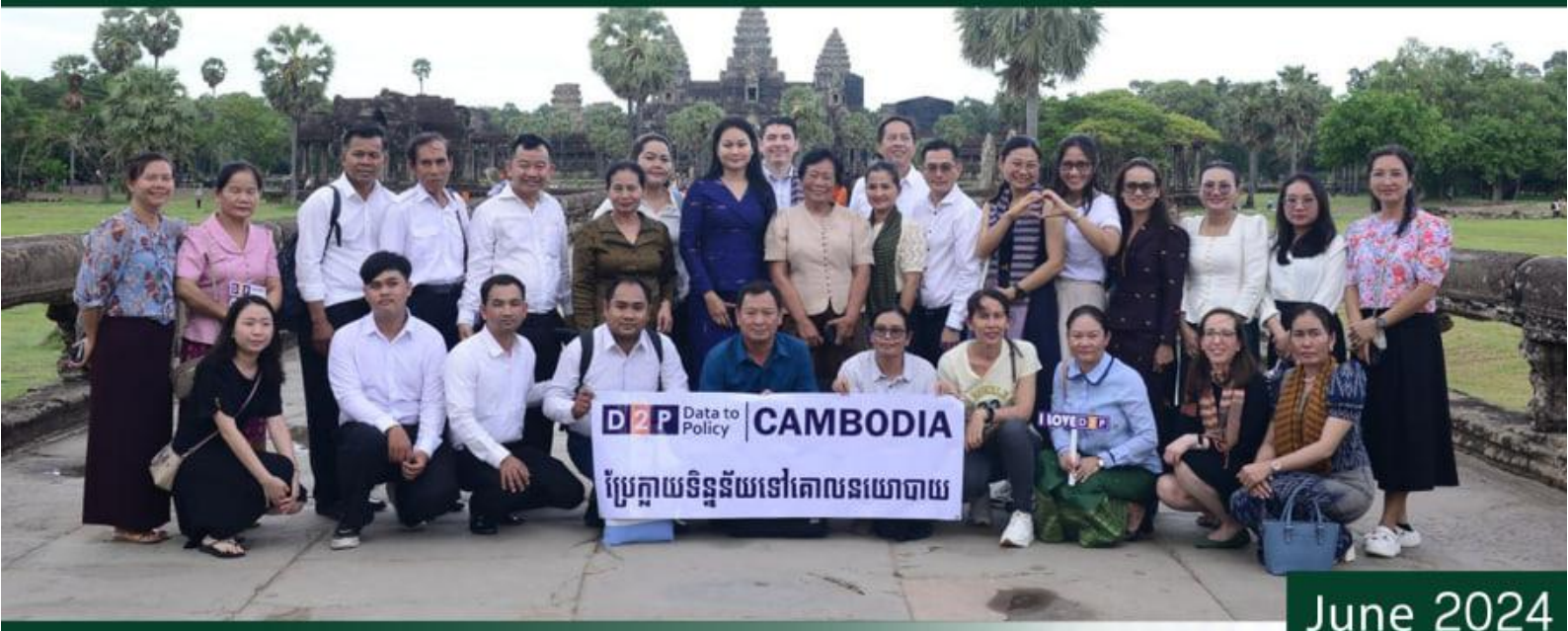
# KINGDOM OF CAMBODIA

Nation Religion King

Ministry of Planning

# Policy Brief

# Promote women roles in leadership and governance in the health sector




June 2024

The Ministry of Women's Affairs, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, has established working groups to develop the Policy Briefs

National Institute of Statistics
Ministry of Planning
CAMBODIA

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DATA FOR HEALTH INITIATIVE

D2P Data to Policy CAMBODIA

Vital Strategies

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# Table of content

## Acronym / Abbreviations and Definitions

| Acronyms | Definitions in English |
|---|---|
| GBV | Gender-based violence |
| GESI | Gender Equality and Social Inclusion |
| GSNA | General Secretariat of the National Assembly |
| M&E | Monitoring and evaluation |
| MoH | Ministry of Health |
| MWA | Ministry of Women's Affairs |
| N | Total Number |
| OCM | Office of the Council of Minister |
| PPI | Policy Pulse Initiative |
| STEM | Science, Technology, Engineering and Mathematics |
| STEAM | Science, Technology, Engineering, Art and Mathematics |
| USC | University of Southern California |
| WGH | Women in Global Health |
| WHO | World Health Organization |

# Summary

## Women in Leadership in Public Administration of Health Sector Remains Low

Women in leadership in public administration of health sector remains low due to 4 main factors: 1. Social mindset, 2. Limited education of women compared to men; 3. Discrimination against women, and 4. Disrespect for women from male leaders who frequently think that women are still not able to do important pieces of work.

The Royal Government of Cambodia has continued to prioritize the promotion of gender equality and the empowerment of women and young girls in all areas as specified in the Strategic Policy Agenda and Pentagonal Policy - Phase 1 by bolstering citizenship in a highly civilized society with morality, equity, and inclusiveness in which "women are the core". Neary Rattanak VI's Strategy 5 (2024-2028) focuses on women in leadership and governance, which demonstrates that the ratio of women in the decision-making positions in the public sector is constantly increased both at the national and sub-national levels. This increase is attributed to the Royal Government's policy of recruiting new employees, focusing on increasing the number of women from 20% to 50%. Gender inequality in leadership and decision-making in health sector is clearly identified both on a global scale and in Cambodia at all levels. Despite the majority of workers in health sector are women, women in leadership positions are much lower than men. Women whose positions are in the executive management in health sector are likely to face some challenges that make it difficult for them to advance to the next positions. Quite often, this is because women in the leadership positions encounter oppositions while trying to claim for and defend their jobs or demonstrate their management style as carried out by men. In addition to facing issues in the institutional management, there are other factors women face including lower proportions of women with higher education levels than men, misconceptions that women not possessing the same capabilities to lead as men, personal health, in particular with regard to reproductive health in young women, and structural factors such as gender structural bias and bias in recruitment and promotion of ranks.

In order to promote the role of women in leadership and governance, the MoH should push forward the practice of appointing leaders in any managerial and political positions which have not yet realized the gender equality goals by focusing on:

- Priority must be given to women while appointing leaders in managerial and political positions and women successors,
- Retired women in positions must be replaced by women,
- Women should be placed into consideration as a priority for retired men in positions, and
- Mechanism for women as successors in leadership positions must be established.

The formulation of specific guidelines for the appointment of leaders and civil servants in the MoH is absolutely beneficial to provide opportunities for women to fully take part in the national development to help families, institutions and society to ensure growth and to contribute to the alleviation of the people's poverty.

## 1. Introduction

In modern times, women around the world enjoy more opportunities than ever before, including job and promotion opportunities. Women have been actively engaged in almost every area, particularly in the public and political areas, to contribute to the global development. Women have been performing various pieces of work and holding a wide array of roles in the health sector, and this scale has been on the rise in the last decades. According to data from the global report on Women Political Leaders 2024 by the United Nations Entity for Gender Equality and Empowerment for Women (UN WOMEN), 26 out of 139 countries, equivalent to 18.7%, have women heads of state. However, gender inequalities in leadership positions persist, which is sometimes an obstacle making women less efficient due to lack of decision-making power (2.5). Today, although a lot of women are involved in the health sector globally, the representation of women in leadership positions remains low. Gender inequalities in the workforce can limit access to the health sector, career development, seizure of vocational educational opportunities, and incentives (7).

The Royal Government of Cambodia, under the wise leadership of **Samdech Akka Moha Sena Padei Techo Hun Sen, former Prime Minister** of the Kingdom of Cambodia, pioneered Cambodia to peace and development and growth in all areas. Within that, the Rectangular Strategy - Phase I to Phase IV have identified Strategic Objectives: Strengthening gender equality and social protection in order to promote socio-economic development and strengthening the role of women as the backbone of the economy and society. In addition, the Royal Government of the 7th Legislature under the leadership of **Samdech Moha Borvor Thipadey Hun Manet, Prime Minister** of the Kingdom of Cambodia, has launched the Pentagonal Strategy – Phase I in the Pentagon 4, focusing on sustainable and inclusive development, in which Side 1 has set forth the optimization of demographic dividends, strengthening demographic resilience and promoting of gender equality (increasing investment in gender and empowerment for women in the economy, education, health and education sectors and public leadership at all levels).

As an assistant to the Royal Government, the Ministry of Women's Affairs has launched the Neary Rattanak VI Strategic Plan 2024-2028 in the Fifth Strategy on Women in Leadership and Governance, focusing on key measures such as 1) policy support environment, support mechanisms and workplace environment to promote women in leadership and governance at all levels; 2. Expansion of women's leadership and network development program in the public and political sectors; 3. Increasing of public awareness and support for women and girl leadership at all levels; and 4 Promotion of girl leadership through innovative programs and initiatives in educational institutions and in the communities [(1)].

To encourage, promote and strengthen the role of women in satisfying the Sustainable Development Goals and Visions 2030 and 2050, the MoH shall work on gender equality in education and development of skills, in particular digital, Science, Technology, Engineering and Mathematics (STEM) skills, which are the most vital factors in the sustainable and inclusive development, and the promotion of gender equality at all levels by formulating

gender-responsive policies and laws to better empower women to be appointed as leaders in both politics and public administration [1]. In addition, the Policy and Strategic Plan on Gender Mainstreaming 2020-2024 in the Health Sector has been actively developed and implemented with remarkable progress [6].

The Policy Brief Recommendations are a compilation of policy documents, strategic plans, action plans and guidelines of the Royal Government of Cambodia as well as national and international research documents which presents ample evidence of significant progress, including many challenges in accelerating and increasing the number of women leaders in health sector.

## 2. Problem Analysis

Why do we need women in leadership? Because women in leadership roles function well in many key areas in the health sector. According to a 2021 study by McKinsey & Company and Leanin.org in 423 companies across the United States and Canada, women outperformed men in 5 key aspects of employee work [8]:

1. Providing emotional support to employees: 19% men and 31% women,
2. Considering well-being of employees: 54% men and 61% women,
3. Assisting employees who face life and employment imbalances: 24% men and 29% women,
4. Providing intervention to prevent or tackle mental or physical burnout of employees: 16% men and 21% women, and
5. Leading and providing support for efforts and equity: 7% men and 11% women.

These answers show that women can lead health institutions effectively, efficiently and equitably.

In spite of these results, the challenges faced by women remain; women do not seem to enjoy the opportunity to be promoted in the workplace, especially from the middle to the top levels. This is due to the common perception that female leaders are not as capable as men [2]. Moreover, there are barriers to women leaders' participation in the health sector, such as lower levels of education than men and although some women are better educated the number is still fewer than men; personal health factors, in particular those related to reproductive health in young women; structural factors such as gender structural bias, and bias in selection and promotion of rank [3, 4].

The World Health Organization (WHO) found that about **70%** of women worldwide work in social work and health sectors, but only about **25%** of them hold leadership positions. As a matter of fact, the vast majority of health workers are women. Worldwide, about **90%** of women are nurses and midwives, but few of them are in the surgical field**.** Standards and values which define that some jobs are appropriate for men and some jobs are suitable for women are false, and they are an obstacle for women to fulfill and take up their roles as

leaders. The WHO emphasizes that inequalities in leadership roles for women in the health sector lead to losses of knowledge, vision and talent of women, since the health system runs better when women have equal opportunities to participate in plan development and delivery of services[5].

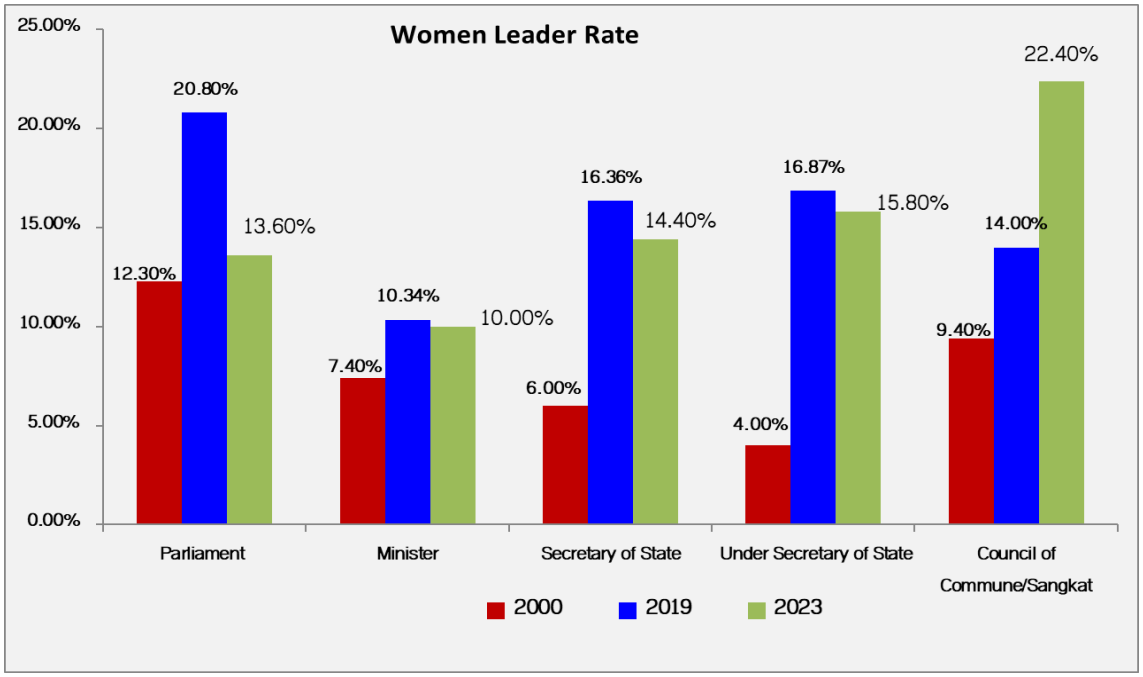
The 2020-2024 Policy and Strategic Plan on Gender Mainstreaming in Health Sector suggests that the gender gap in the health sector needs to be taken into account by both the service recipients and the providers, including the management. In spite of the efforts of leaders and the cooperation of the development partners, the gender gap in the health sector, in particular at leadership levels, remains. In Cambodian health sector, the majority of public officials are women, i.e 52.6% (2019), and most of them play a crucial role in providing primary health care, yet only a small number of them is at the management and decision-making levels [6].

The Second Strategy of the Policy and Strategic Plan on Gender Mainstreaming in the Health Sector focuses on reinforcing the equality of opportunities for recruitment, training and promotion of ranks of civil servants of the MoH, with the measuring indicators on [6] :

1. Percentage of health centers with at least two midwives,
2. At least there is a female staff in all national and sub-national emergency response teams,
3. Percentage of participation opportunities of female health officials compared to total participants in international conferences and training,
4. Percentage of female doctors among all doctors in the professions within the Ministry of Health,
5. Percentage of women leaders of health units, and
6. Number of women holding senior positions in the Ministry Cabinet from the Deputy Chief of Office to the Director General, and at the sub-national level from the Deputy Chief of the Operational District (OD) to the Department Director.

The following figure shows the increased number of women in decision-making roles in the public and political sectors over the past 20 years (2000-2023), reflecting a significant increase at both the national and sub-national levels [6]. Despite that, participation of of women in decision-making roles is still significantly lower than men.

Figure 1. Rate of Women Leader in Decision Making Position




Source: Ministry of Health Report

Based on a Deloitte Review research paper cited by a Cambodian Senate research paper women's participation in leadership roles enables the entity to increase productivity and achieve positive results. Women make up more than half of the world's population, but female representatives at the leadership level are far smaller than men. The situation is the same in Cambodia. The report shows that in Cambodia, the percentage of women working in senior positions in all ministries and institutions, both at the national and sub-national levels, is significantly lower than of men, and that most women only hold the position of Deputy Chiefs of Offices. There are a number of factors which directly and indirectly influence a woman's capability to take a leadership position such as the educational level, women's health problems, early marriages and pregnancy which are the factors causing them to lose the opportunities for higher education and making it harder for them to compete for leadership positions, including in health sector [(4)].

## 2.1. Findings

The Royal Government of Cambodia has continued to prioritize the promotion of gender equality and the empowerment of women and girls in all areas in the Strategic Agenda and the Pentagonal Policy - Phase 1 by strengthening citizenship in a highly civilized society with moral, equity and inclusiveness in which "women are the core". Neary Rattanak VI Strategy 5 (2024-2028) focuses on women in leadership and governance [(1)].

Gender inequalities at the leadership level in the health sector have also been highlighted in a research report in Saudi Arabia, which is similar to a WHO finding that the majority of health workers are women, but only a minority of them have leadership roles. The

main challenge faced by many women in executive roles in health sector is work-life balance, and that only 12% of them do not encounter the issue of work-life balance (2).

There are some other factors such as concentration on working conditions and career advancement, and some women do not want to take a high position as they do not want to be a role model, and some are busy supporting the family and lack of support from the husbands who do not want their wives to hold a high position because the society does not value women in high positions. Work-life balance seems to be the main problem since it is a social mindset that women are the ones to take care of the family [(2)].

Based on a study on 200 organizations robustly engaging in the global health sector, 73% of executive positions are male. Therefore, women make up only about a quarter of the leadership roles, but women from low- and middle-income countries make up only 5% [(5)].

The 2024 Regional Human Resource Development Report of the United Nations Development Programme states that Cambodia has made significant progress in promoting gender equality based on the percentage of women in parliament, education, workforce, as well as the mortality rate, with the gender gap narrowing down from 0.679 in 1990 to 0.461 in 2023. This ranks Cambodia in the 116$^{th}$ out of 170 countries for the Gender Inequality Index (GII) 2023 [(1)].

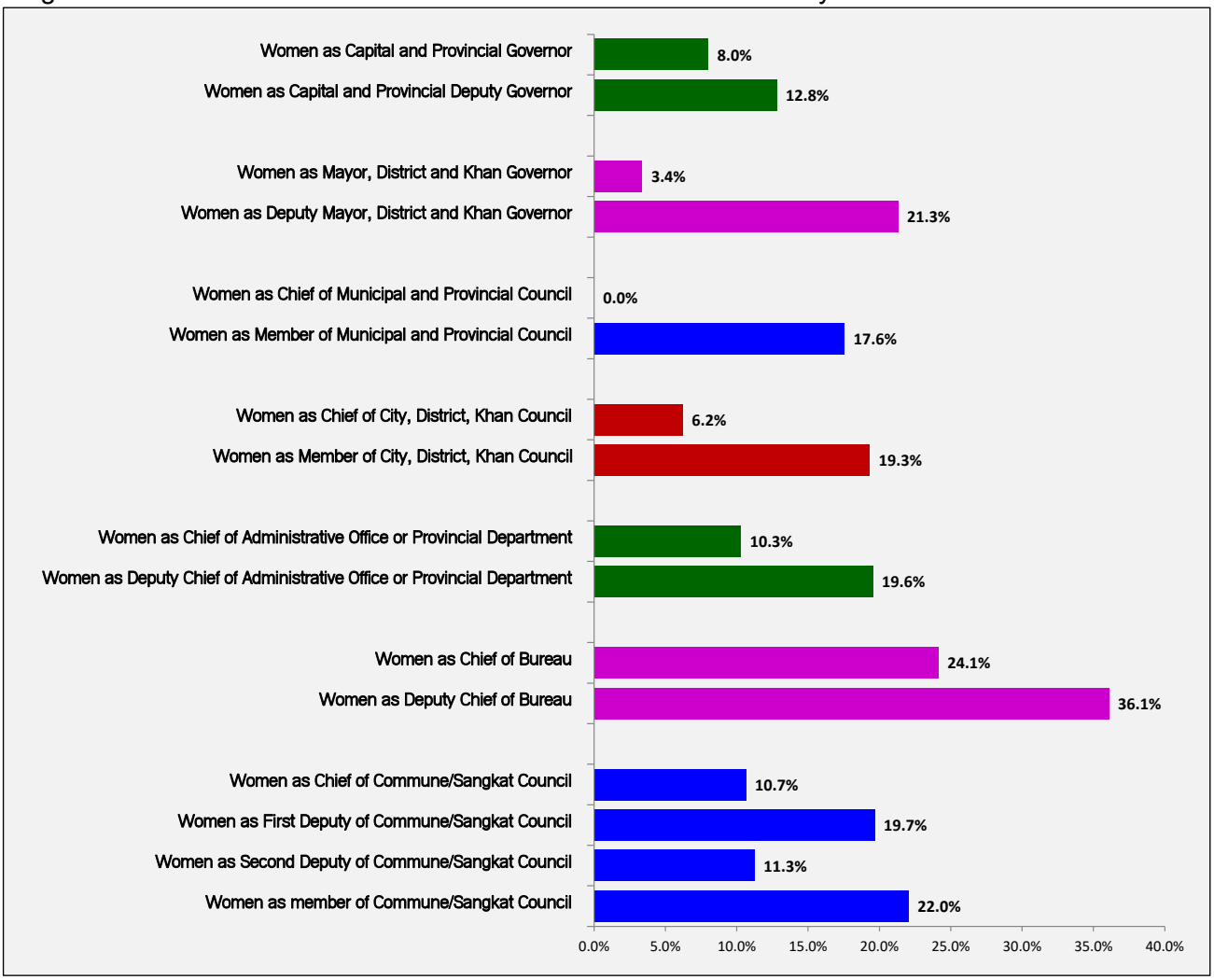
In the Cambodian context, in the field of public politics and leadership, the current female members of the National Assembly are 13.60% (2023), of which one is the President of the National Assembly and the other two are the Chairmen of the Expert Committee. The number of female senators increased from 14.75% (1999) to 17.74% (2024) (12). 55% of women hold the position of Undersecretary of State and 42% hold the position of Secretary of State (4).

For the government, there are 3 women holder high position, one Minister, one Auditor General and one Governor of the National Bank with the rank of Senior Minister [(1)].

The number of women at the sub-national level is remarkably positive, with women accounting for 17.56% of the Capital and Provincial Councils, about 6.22% of the Municipal, District and Khan Councils as chairmen and 19.32% of the members. In communes /Sangkats, women are commune chiefs / commune chiefs about 10.65%, first deputy / first deputy commune chief about 19.67%, second deputy / second deputy commune chief about 11.26% and members about 22.04% [(12)].

Two women are municipal/provincial governors (equal to 8%) and 32 deputy governors (equal to 12.80%). Seven women are Khan/district governors (equal to 3.37%) and 266 are Khan/district deputy governors (equal to 21.31%) in 2024. Women are the administrative director / director of the department, about 10.29% whereas the deputy director of administration / deputy director of the department is about 19.55%, the chief of the bureau is about 24.13% and the deputy chief of the bureau is about 36.09%[(12)]. Thus, women position as director/chief are always less than deputy position.

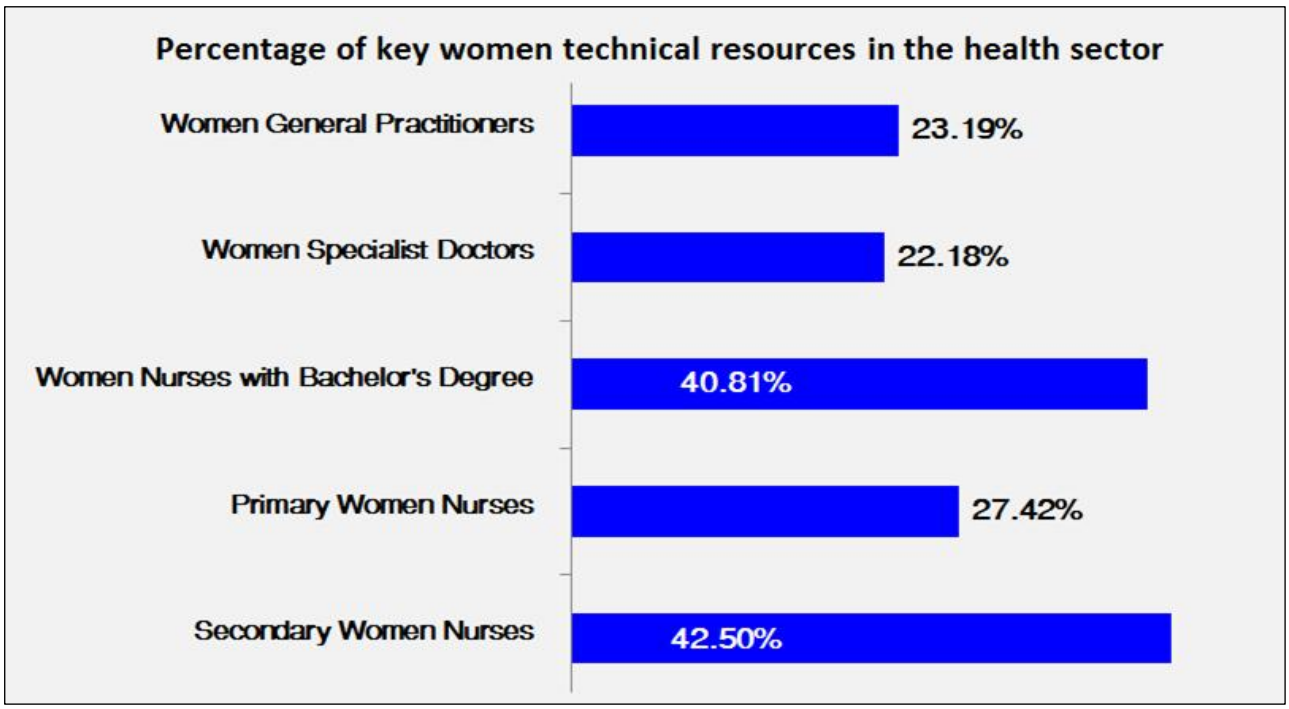
Figure 2. Rate of Women Leader in Political and Public Function by Position




Source: Ministry of Women Affair 2024

Speaking at the celebration of the 112th International Women's Day on March 8, 2023, **Professor Mam Bunheng, former Minister of Health**, said: «To date, more than 50% of women have worked in health sector, which demonstrates their capability in contributing to the enhancement of health sector, especially on maternal, infant and child health». He added that in implementing Gender Equality Policy, the Ministry of Health pays close attention to women's work by providing opportunity, priority and encouragement to capable women to obtain a suitable position in their work as a manager and leader and providing the opportunity to participate in various skills training courses within and outside of the country[(9)]. During a courtesy call and discussion with **Samdech Akka Moha Sena Padei Techo Hun Sen** on July 3, 2024, the Cambodian National Council for Women (CNCW) pushed for an increase in the number of female civil servants in the civil service, as the number of women in the civil service was recently increased from 40% in 2019 to 42% in 2022 [(11)].

Figure 3. Technical resources positions from the gender-based human resource analysis of the Ministry of Health, 2024.



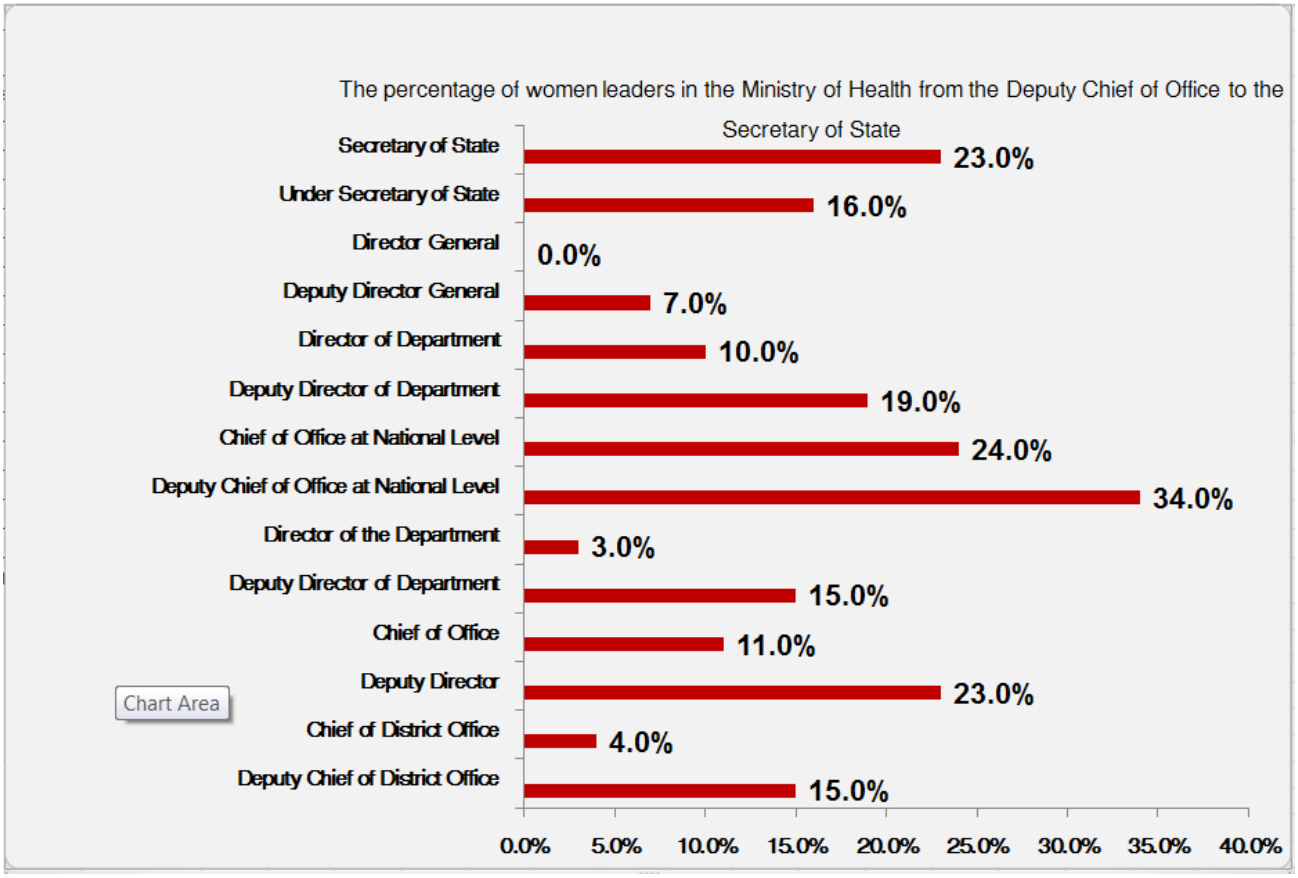

Source: Ministry of Health 2024

The gender-based human resource analysis of the Ministry of Health at both national and sub-national levels reveals that as of July 2024 there were a total of 31,101 civil servants, of which 17,088 being women (55%), and compared to 2010 there were only 13,786 (52.94%), most of them in the positions of midwives, officials and assistants [12].

In 2023, women holding the positions of Deputy Chief of Office to the Director General accounted for 187 (23%), compared to 115 (18.4%) in 2017. Women who are general practitioners accounted for about 23.2% (778/3,355), specialist doctors for 22.2% (264/1,190), nurses with Bachelor's Degree for 40.8%. (324/794), primary nurses for about 27.4% (637/2323), and secondary nurses for about 42.5% (4,129/9,707) (Graph above). As for the women leaders, there were 8 Secretaries of State (22.86%., N = 35) and 3 Under-secretaries of State (15.79%, N = 19). Although the number of women in high positions has been increased, it is still minimal compared to the number of men.

The 2023-2024 report from the MoH demonstrates the percentage of women leaders from the level of Deputy Chief of Office at the district level to the level of Secretary of State, as shown in the graph below. This graph shows that the percentage of women holding the position of deputies is higher than men, except for the position of Under-Secretary of State.

Figure 4. Leadership position from the gender-based human resource analysis of the Ministry of Health, 2024.

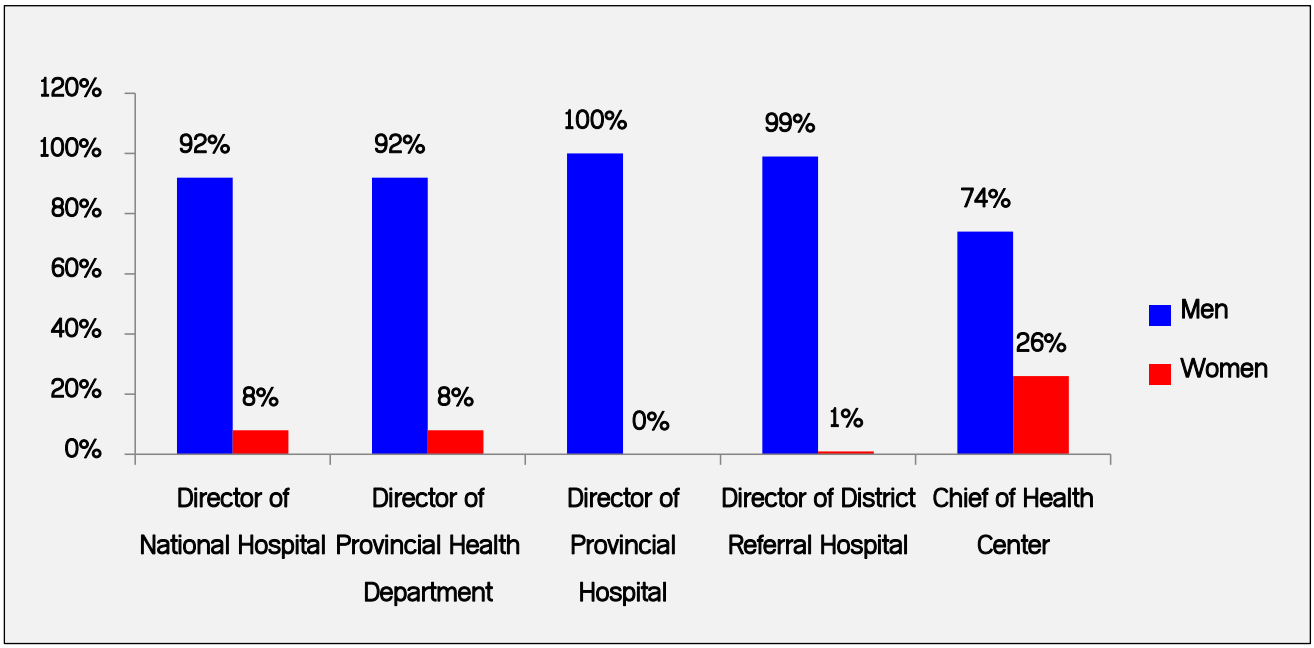



Source: Ministry of Health 2024

The following is the statistics of the women in management at health facilities, at the provincial and district referral hospitals, and at health centers. This figure confirms that among the 12 national hospitals (Calmette Hospital, Ang Duong Hospital, Preah Kosamak Hospital, Khmer-Soviet Friendship Hospital, National Pediatric Hospital, Kantha Bopha Hospital, Jayavarman VII Hospital, National Center for Tuberculosis and Leprosy Control, Techo Santepheap Hospital National, Sihanouk Hospital Center of Hope, Luang Mae Hospital, and National Maternal and Child Health Center (NMCHC)), only NMCHC is headed by a female director (1/12 = 8%). Only 2 of the 25 capital and provincial departments of health are headed by female directors; they are Kampot and Preah Sihanouk provinces (2/25 = 8%) **(13)**.

Based on the data as shown in the graph below, women, in Cambodia, fell well under gender inequality in terms of leadership, executive, and senior levels of the health system. The positions of Chair or Director of almost all levels are taken by men, while women are only Deputies and yet are at a very low percentage. At the provincial hospital level, no province has a female deputy director. However, at the lower health level, i.e. at the health center level, women are seen holding the position as Chief, but at a far lower level than men.

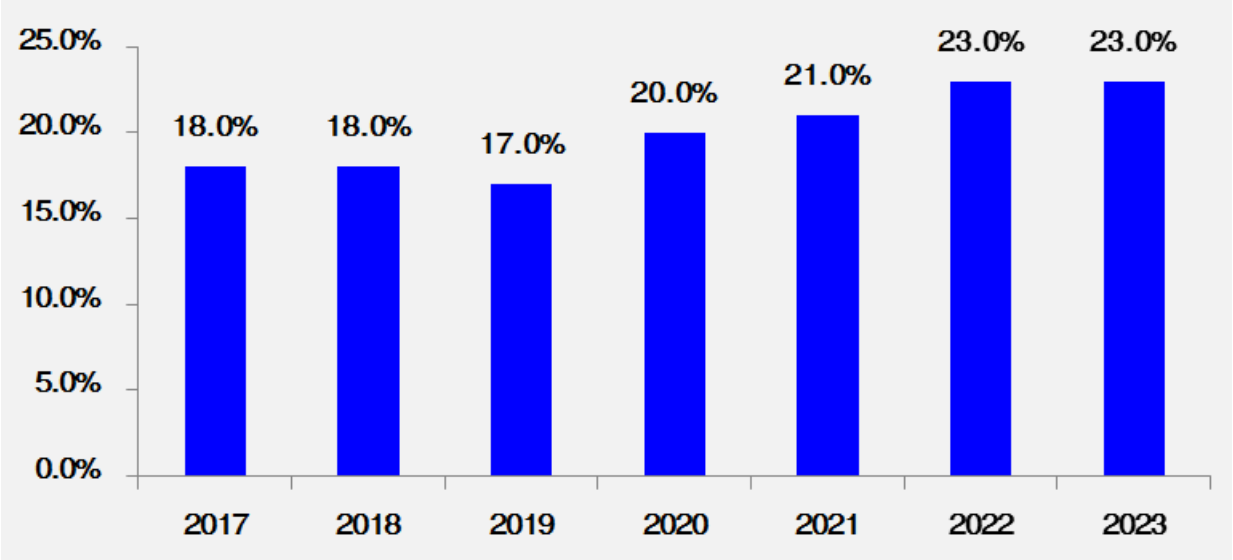
Figure 5. Leadership positions in the health sector by men and women, 2024




Source: Ministry of Health 2024

According to the 2023 Review Report and the 2024 Action Plan of the CNCW, the results of gender mainstreaming in health sector show that women leaders in the health sector are also constantly promoted, as in other areas; from the sub-national level, that is the provincial deputy director level, to the national level, that is the Director General level. From 2017, the percentage of women leaders was 18%, and by 2022 and 2023, it was increased to 23%, as shown in the following graph [14]:

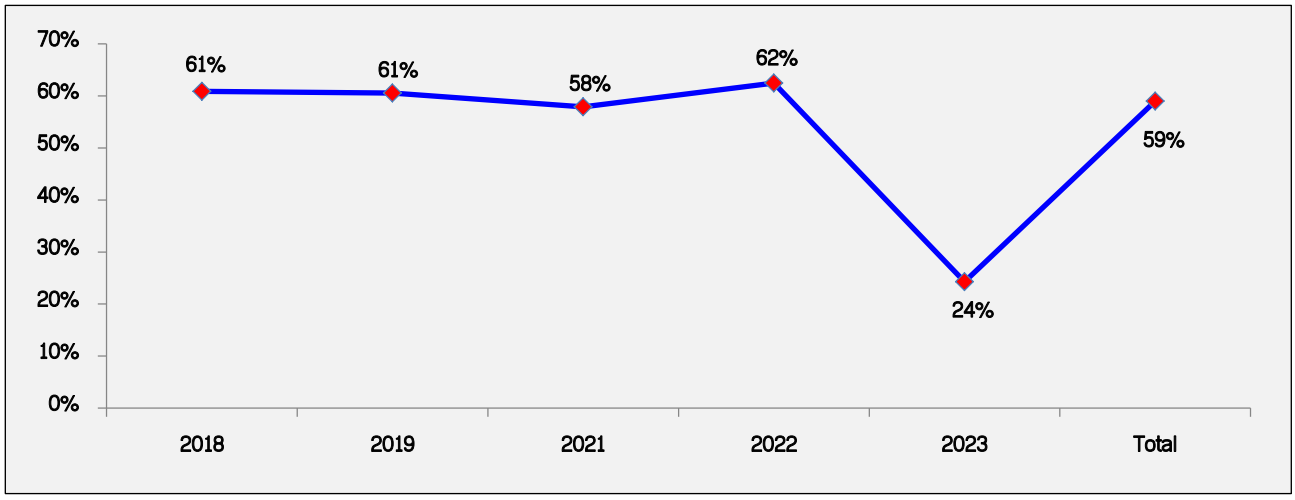
Figure 6. Percentage of women leaders in the Ministry of Health with ranges of Deputy Director of Department, to Director General, 2017 - 2023




Source: Women in leadership positions from the 2023 CNCW Review Report.

According to the same source, the recruitment statistics under the Ministry of Health framework from 2018 to 2023 show that the proportion of women as new civil servants was up to 59%. In 2020, no recruitment of new officials was carried out.

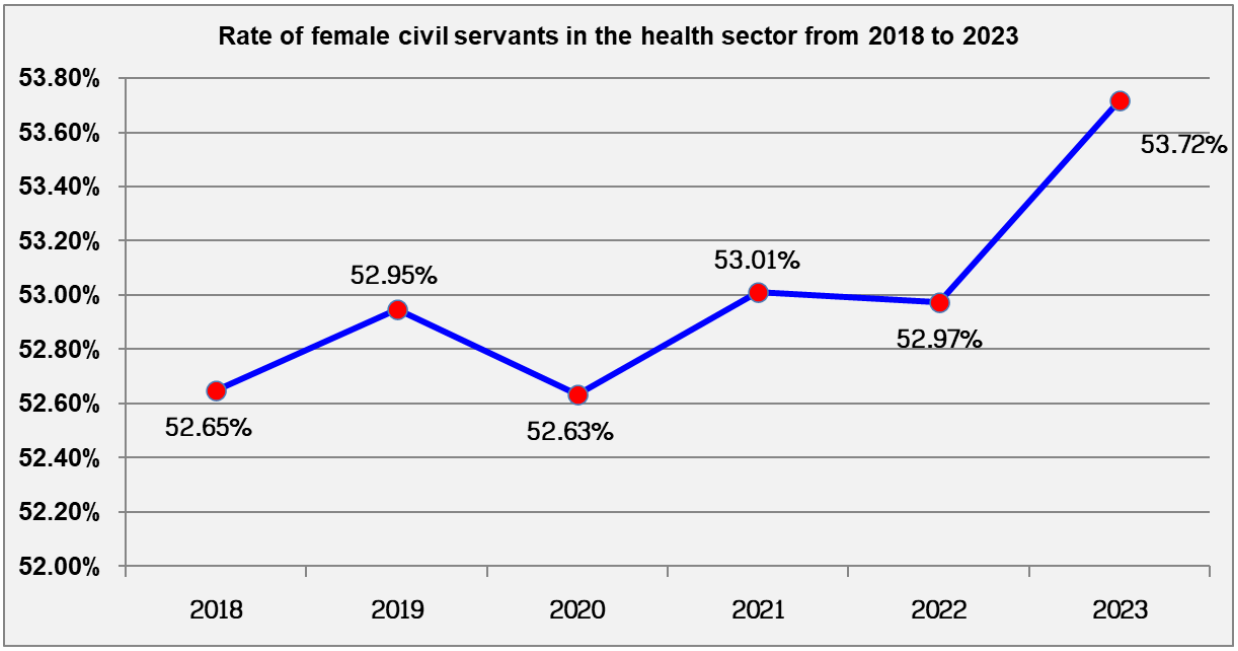
Figure 7. Recruitment rate of new female officials of the Ministry of Health, 2018-2023




Source: Cambodian National Council for Women 2024

The graph below shows the proportion of female civil servants compared to the total civil servants in health sector, which indicates a continuous increase from 52.65% in 2018 to 53.71% in 2023. This figure represents the total number of female officials at both the national and sub-national levels. This increased percentage of both new recruits and total number of

staff marks an accomplishment of gender mainstreaming in the public sector. Albeit increased, the aforementioned data shows that women leaders in decision-making positions are still low [14].




Source: Cambodian National Council for Women 2024

## 2.2. Challenges

The Neary Rattanak VI document recognizes a number of challenges that hinder or hesitate the acceptance of women's leadership roles: the attitudes and mindset of the Cambodian society towards women, in particular, less family support for daughters or wives to bear a higher position. On the other hand, women are in charge of many household chores, including caring for family and children [1].

The challenges of implementing gender equality principles are not unique to Cambodia; they are faced globally at unequal level. They take place in all sectors, not just in health sector [2].

Based on the findings of the Cambodian Senate, as well as in other research papers, the main challenge is associated with work-life balance, in which women have so long been regarded as family caregivers rather than men. Khmer socio-cultural factors play a key role by placing higher value for men in work than women who must focus only on household chores [4]. Education at the secondary and higher levels is also another factor in determining inequality in women's leadership roles [4, 5].

Another challenge is to build the capacity of those who have the potential to lead, with a focus on women. Currently, the MoH has organized an e-training program on leadership and innovation in order to introduce concepts and share experiences of quality leadership. Such a training program is led by **His Excellency Professor, Minister of Health**, each time attended by more than 2,000 officials from national and sub-national levels. The composition of the officials involved in the training consists of Secretaries of State, Under-secretaries of

State, Director Generals, Deputy Director Generals, Department Directors, Department Deputy Directors, Chiefs of Offices, Directors and Deputy Directors of National Centers, Directors and Deputy Directors of National Hospitals, Directors and Deputy Directors of Capital and Provincial Health Departments, Directors and Deputy Directors of ODs, and Director of Health Centers (15). However, the challenge in this training is the lack of data on the number of women in decision-making roles.

Institutional factors are also a major challenge due to the discrimination in the promotion of ranks for women, and despite the fact that most of the promotions have been made, they are mostly in lower positions. Political factors are likewise very challenging in the context of Cambodian women as most of whom consider political issues to be the men's work. These challenges are complex and require collaboration from multiple stakeholders, but the immediate, potential remedies to the problems are as follows:

- The practice of appointing leaders in management and political positions is not yet responsive to gender equality;
- The percentage of women in management positions is still low, which requires high attention to the implementation of inclusive and equitable gender mainstreaming principles in the appointment of management positions and encouragement for women to be engaged in health sector;
- The capacity of relevant officials at national and sub-national levels for gender analysis and mainstreaming in health sector remains limited, which needs to be further and constantly strengthened;
- The issues of nurseries and work-life balance are part of thwarting women from embracing high-level professional skills, and entrance exams for a civil servant status in the health sector are also set with high standards;
- Intergenerational participation in issues pertinent to decision making does not yet respond to gender equality;
- The introduction of measures and means to support a friendly and safe working environment which contributes to support women's participation as leaders and full socio-economic development remains limited;
- Family and social attitudes and mindset continue to place discrimination against women in leadership roles, which hinder the development of women's potential for full participation in decision-making roles in the socio-economic, public, and political areas; and
- Being a role model and networking of women leaders as well as support systems for capacity development and leadership training are essential as women and girls must seize opportunities and develop their leadership on their own, based on their respective potential and talent.

## 3. Policy Brief Options

The health sector is one of the largest economic sectors in the world, with a large number of women working in it, and it requires women leaders. Once there are more women leaders in the health sector, it will be more transparent and efficient in providing health

services at all levels, and the people in need of health services will even have comprehensive and equitable access to all services which are more gender-responsive. To address the above-mentioned issues, the MoH should act out the policy recommendations as follows:

### 3.1 Policy Recommendation Option 1

The Ministry of Health develops specific guidelines for the appointment of leaders and enhancement of the implementation of appointing women as leaders in management and political positions in response to gender equality by focusing on:

- Priorities must be given to women for the appointment of leaders in management and political positions and women successors;
- The positions of retired women must be replaced by women;
- The positions of retired men should be considered for women first; and
- A mechanism for women successors in leadership positions must be established.

The formulation of specific guidelines for the appointment of leaders and civil servants in the MoH is very important to provide opportunities for women to fully participate in the national development to help families, institutions and society to grow and contribute to mitigation of people's poverty.

### 3.2 Policy Recommendation Option 2

The Ministry of Health solidifies the capacity development of women officials in terms of gender analysis and mainstreaming in health sector and orientation of women for leadership positions through conducting training on leadership for women officials.

Capacity building for women in decision-making levels in the field of leadership skills is vital so that women have full capacities to function their daily tasks and to manage and lead work effectively. Capacity development is a necessity, and the MoH should pay focus on providing training on leadership skills on a periodic basis as well as support and encourage women to participate in various activities both at home and abroad to be able to perform their job and constantly get promoted to a higher position.

The Ministry of Women's Affairs, the Cambodian National Council for Women, the Ministry of Health, and the National Institute of Public Health (NIPH) should meet and discuss the organization of management and leadership courses for women who have the potential to be promoted as future leaders because both the MoH and the NIPH, at the moment, have already been conducting training courses on management and leadership for health officials. The crucial point is how to incorporate gender-based aspects and contents into the training programme.

### 3.3 Policy Recommendation Option 3

The Ministry of Health increases opportunities for women to take on leadership roles by strengthening the implementation of measures and means to support a friendly and safe environment in the workplace (Neary Rattanak VI) [(1)].

Establishing measures and means to support a friendly and safe environment in the workplace is critical to ensuring that women have work-life balance and will have a chance to participate as a leader and to make decisions like men do. In this regard, the MoH must pay attention to and set out the principles for organizing and establishing nurseries and breastfeeding facilities in the workplaces of the concerned ministries at both the national and sub-national levels, as well as supporting a friendly and safe environment in the workplace to contribute to promoting equity with high efficiency and inclusiveness.

### 3.4 Policy Recommendation Option 4

The Ministry of Health develops policies to identify the quotas for leaders and civil servants in the public and political spheres to make sure that women are able to participate as leaders and in the decision-making as men.

What's inevitable is that the Royal Government develops a policy or decision to separately identify the age or quota for leaders and civil servants in health sector to provide the opportunity for women to participate as leaders at both the national and sub-national levels in fulfilling their work based on their skills and past work experience in promoting gender equality and empowerment of women.

### 3.5. Analysis of Policy Recommendations

Given the analysis of problems, findings, challenges and descriptions in each Policy Brief Recommendation, it shows that the Ministry of Health's focus on gender mainstreaming in health sector has provided significant benefits to services recipients. The prioritization of each policy counts on the political decisions and feasibilities that can be effectively carried out and respond to different needs of recipients.

The 4 Policy Recommendations as mentioned above are crucial, but the Policy Recommendations 1 and 2 are priorities which the Ministry of Health must review, approve and translate into action since the formulation of specific guidelines for the appointment of leaders and civil servants at the MoH is totally vital in order to provide opportunities for women to fully engage in the national development to help families, institutions and society grow and contribute to cutting down poverty. This task can be attainable and enhance women in leadership roles.

- As for the Policy Brief Recommendation 1, which states that *the **Ministry of Health develops specific guidelines for the appointment of leaders***, it is surely possible to be successful given the ongoing Gender Mainstreaming Policy in the Health Sector, Neary Rattanak VI's Action Plan, along with the sturdy support from the legislative and the executive bodies and numerous development partners. The benefits resulted from appointing women leaders based on gender equality and gender-based responsiveness in health sector are surely huge, as women leaders are more aware of women's issues than men.

- As for the Policy Brief Recommendation 2, which states that *the Ministry of Health solidifies the capacity development of women officials in terms of gender analysis and mainstreaming in health sector and orientation of women for leadership positions*, it is surely possible to be successful as Recommendation 1 because this Recommendation fully supports the first one, and both of which must be simultaneously performed to attain mutual benefits;
- The Policy Brief Recommendation 3, which states that *the Ministry of Health increases opportunities for women to take on leadership roles by strengthening the implementation of measures and means to support a friendly and safe environment in the workplace* as detailed in Neary Rattanak VI documents, can also be applied but will depend on the opportunity to establish them, as implementation of this recommendation requires more physical and financial resources, for example to implement or expand childcare service. There are roles for women to participate in leadership and decision making, because this recommendation is so much associated with work-life balance. The benefits resulted from this Recommendation 3 will provide women mental balance, which is a barrier to taking on a leadership position.
- The Policy Brief Recommendation 4, which states that *the Ministry of Health develops policies to identify the quotas for leaders and civil servants in the public and political spheres to make sure that women are able to participate as leaders and in the decision-making as men*, may not be feasible. It can be difficult to formulate policies to identify appropriate ages or quotas for leaders and civil servants in the public and political spheres to make sure that women are able to participate in leadership and decision-making roles as men.

## Prioritization of Policy Recommendations

| | Policy Possibility | Operation Possibility |
|---|---|---|
| Policy Option 1 | | |
| Policy Option 2 | | |
| Policy Option 3 | | |
| Policy Option 4 | | |

**Possibility**

High | Somewhat possible | Impossible

## 4. Policy Recommendations

The Ministry of Health develops specific guidelines for the appointment of leaders and enhancement of the implementation of appointing women as leaders in management and political positions in response to gender equality by focusing on the following points:

- Priorities must be given to women for the appointment of leaders in management and political positions and women successors;
- The positions of retired women must be replaced by women;
- The positions of retired men should be considered for women first; and
- A mechanism for women successors in leadership positions must be established.

To achieve the implementation of the above-mentioned policy recommendations, the Ministry of Health must:

- Update the Strategic Plan for Gender Mainstreaming in Health Sector;
- Set up leadership training for intergenerational female officers;
- Strengthen the implementation of measures and means to support a friendly and safe environment in the workplace for women; and
- Establish a mechanism for women successors for leadership positions by promoting women to be healthy and energetic, encouraging women to overcome traditional culture and empower them to overcome social barriers, and providing opportunities for and challenging women to take up multinational work at regional or global level.

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## 6. Conclusion

The finding reveals that women in Cambodia and around the world are affected by a number of issues. To promote response services for woman and child survivors of violence: Support services for women and children who have experienced gender-based violence need to be fortified in order to make sure that they have access to appropriate care and can live a safe life. To eliminate cervical cancer: In line with the global response, Cambodia needs to expedite its efforts to eliminate cervical cancer by strengthening HPV screening and vaccination to women to reduce mortality rate. To reduce maternal, infant and child mortality: Promoting nutritional health for women, reproductive health and pregnant women aged 15-49 is key to mitigating the impact on the health and mortality of infants and women of reproductive age group. To mitigate early marriage: Taking steps to reduce early marriage and teenage pregnancy to make sure that young women have the opportunity to continue their education and develop their lives. To promote women in leadership positions in health sector: Strengthening women's opportunities in leadership and governance positions to make sure that they are appropriate and impactful in women's management of public health.

Attributing to all these issues, there is a need to take additional, well-defined and effective measures to solidify the health and rights of women in the society.

## 6. Action Plan

### Topic 1. Improve response services for woman and child victims of gender-based violence

- Strengthen protection and support services for women and children by establishing psychological and social support centers,
- Provide training courses health officials and line institutions on victim care and treatment, and
- Set up a rapid reporting and response system at local and commune / Sangkat levels to prevent violence.

### Topic 2. Promote the elimination of cervical cancer to save women's lives

- Organize research programs in collaboration with international institutions to carry out tests for cervical cancer in a more extensive manner;

- Strengthen HPV vaccination in young women to prevent cervical cancer as they enter adulthood, and
- Set up projects to bring awareness to the disease by covering rural areas.

**Topic 3. Reduce maternal, infant and child mortality through promoting nutrition status of women of reproductive age, pregnant women, and postpartum women aged 15-49 years**

- Take actions to enhance women's reproductive health through the provision of practical nutritional support,
- Set up privileged health services for pregnant women and postpartum women by focusing on coordination with hospitals and community health workers, and
- Carry out rigorous diagnosis and check-up of maternal and child health.

**Topic 4. Reduce the impact and rate of early marriages and teenage pregnancy**

- Set up educational programs by focusing on awareness and education during teenage years to increase girls' participation in education, and
- Organize activities to promote educational opportunities in public and private schools for girls in rural areas.

**Topic 5. Promote women's roles in leadership and governance in the health sector**

- Set up training programs for women to become leaders in health sector through the provision of collaboration and support,
- Create projects for women in positions of administrative civil service, and hospital to ensure skills development, and
- Strengthen women's participation in policy-making frameworks to allow for equal opportunities in the Ministry of Health and related sectors.