

Cambodia

Population (in millions) (2011)	14.3
Country classification (2012)	Low-income
Gross national income per capita (PPP int \$) (2011)	\$2230
Total health expenditure as % of GDP (2010)	5.61%
Per capita total health expenditure (PPP int \$) (2010)	\$121.08
Per capita government health expenditure (PPP int \$) (2010)	\$45.08
Life expectancy at birth (in years) (2009)	61
Human Development Index (2011)	0.523
Median age (in years) (2010)	23
Total fertility rate per woman (2010)	2.6

The Government of Cambodia reports as follows.

National coordination

There is a written national strategy or plan that focuses primarily on the prevention and control of viral hepatitis, and also integrates other diseases. It includes components for raising awareness, surveillance, vaccination, prevention in general, prevention of transmission via injecting drug use, prevention of transmission in health-care settings, treatment and care, and coinfection with HIV.

There is a designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities: the National Immunization Programme. It has 80 staff members. There is one full-time equivalent staff member who works on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific population: newborn children.

Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

The government collaborates with the following in-country civil society groups to develop and implement its viral hepatitis prevention and control programme: PATH and the Reproductive and Child Health Alliance.

Evidence-based policy and data for action

There is routine surveillance for viral hepatitis; it is based on syndromic reporting for jaundice.

There are no standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. The percentage of hepatitis cases reported as "undif-

ferentiated" or "unclassified" hepatitis is not known.

Liver cancer cases are registered nationally, but cases with HIV/hepatitis coinfection are not.

The government published hepatitis disease reports in 2006 and 2011.

Hepatitis outbreaks are required to be reported to the government and are further investigated. There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is a national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are conducted regularly; the target population is children under the age of 5 years. Information was not provided on when the last serosurvey was carried out.

Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has established the goal of eliminating hepatitis B by 2017.

Nationally, 68% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth and 94% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is a specific national strategy and/or policy/guidelines for preventing hepatitis B and hepatitis C infection in health-care settings. Health-care workers are not vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends single-use and auto-disable

syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Fifty percent of injections administered annually in health-care settings are unnecessary, according to official government estimates.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is no national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education) and on-the-job training.

There are national clinical guidelines for the management of viral hepatitis, but they do not include recommendations for cases with HIV coinfection. There are national clinical guidelines for the management of HIV, which include recommendations for coinfection with viral hepatitis.

The government has national policies relating to screening and referral to care for hepatitis B and hepatitis C.

People testing for both hepatitis B and hepatitis C register by name; the names are kept confidential within the system. Hepatitis B and hepatitis C tests are free of charge for all individuals, and are compulsory for blood donors.

Publicly funded treatment is available for hepatitis B and hepatitis C. Low-income people are eligible. The amount spent by the government on such treatment is not known.

No drug for treating hepatitis B or hepatitis C is on the national essential medicines list or subsidized by the government.

The Government of Cambodia welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).