





# Improving Health through Immunization in Cambodia

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### Kingdom of Cambodia



- Population: 14,962,613\*
  - 20% urban, 80% rural
- Areas:181,035 Sq Km
- Growth Rate: 2.4\*
- Birth Cohort: 343,523\*
- GNI per Capita: 880\$

## Cambodia's Health System

KINGDOM OF CAMBODIA NATION RELIGION KING



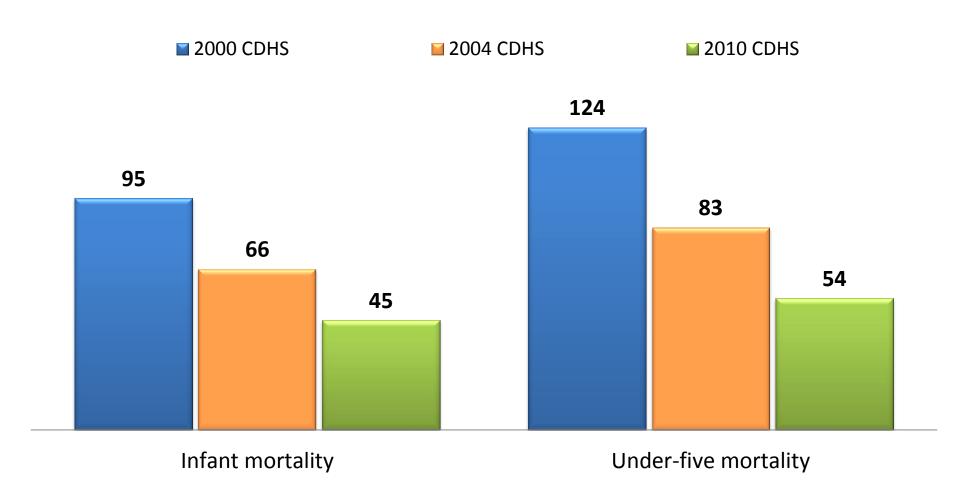
#### HEALTH STRATEGIC PLAN 2008-2015

Accountability Efficiency Quality Equity

Ministry of Health April 2008

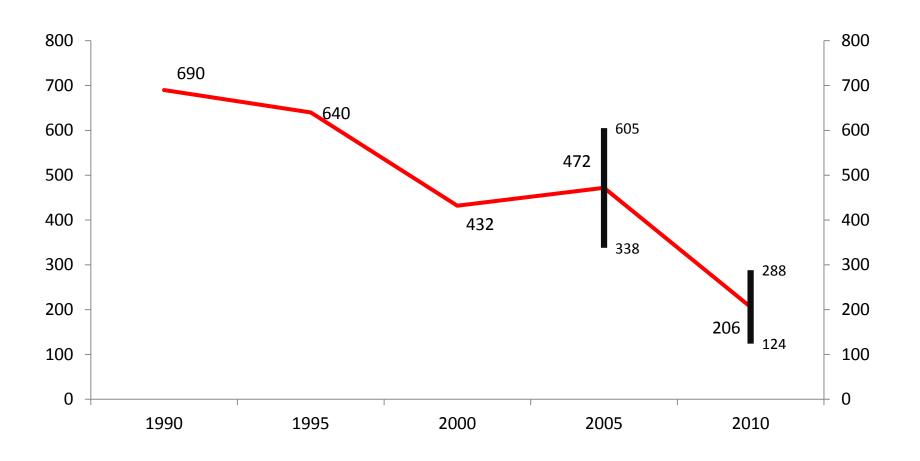
- Health Strategic Plan 2008-2015
  - Enhance sustainable development of health sector, especially poor, women and children
- Three building blocks
  - reduce maternal & child morbidity & mortality
  - reduce burden of TB, HIV/AIDS and communicable diseases
  - address non-communicable diseases
- Five cross cutting strategies
  - Health service delivery
  - Health care financing
  - Human resources
  - Health information system
  - Health system governance

# Trends in Infant and under 5 year Mortality Rates



Deaths per 1,000 live births

#### Maternal Mortality in Cambodia



MMR development in Cambodia 1990-2010. Estimates for 1990 and 1995 from WHO, the remainder from CDHS. For 2005 and 2010 with 95% confidence intervals

### History and Goals of the NIP

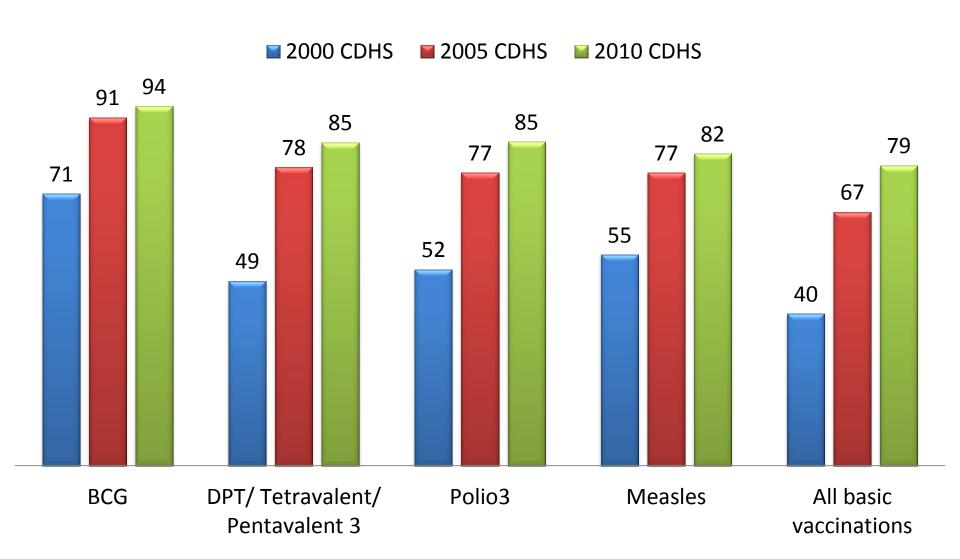
#### **Childhood Immunization**

- NIP established in 1986 with six basic vaccines
- Last case of Poliomyelitis in 1997
- Introduction Hepatitis B vaccine including use of AD syringe waste management, in 2001
- Introduction Hib vaccine in year 2010
- Measles second dose started in year 2012
- Introduction of MR vaccine 2013

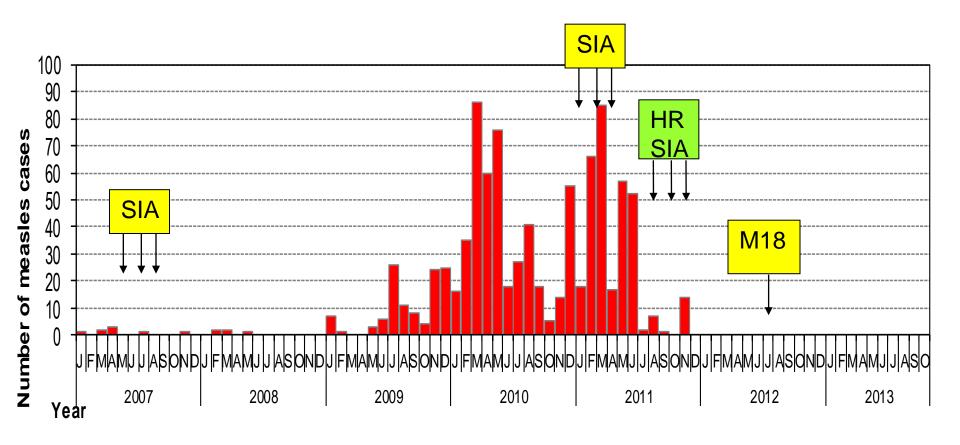
#### Goal

- Measles Elimination (2012)
- Maternal Neonatal tetanus Elimination (2014)
- Control of Hepatitis B: (<2%)</li>
- Maintain Polio free status

## Trends in Immunization Coverage



#### Success - No measles cases since late 2011

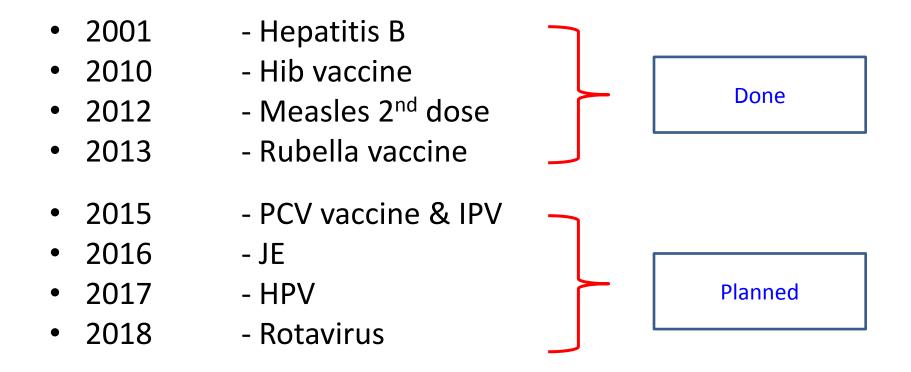


\*Lab confirmed measles cases

#### **GAVI Support for Immunization**

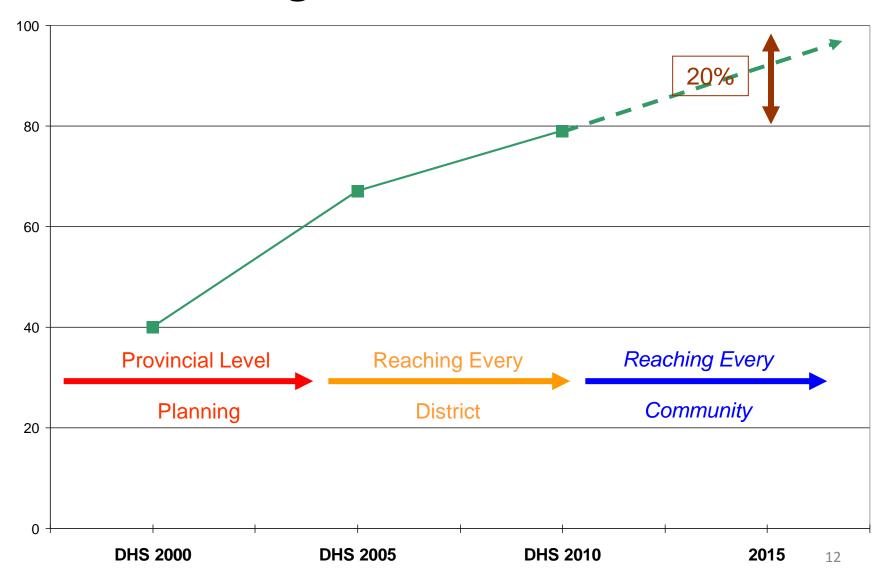
Type of support	Approvals 2001-2016 (US\$) (30 Sep 2013)	Commitments 2001-2016 (US\$) (30 Sep 2013)	Disbursements 2001-2012 (US\$) (30 Sep 2013)	% Disbursed (30 Sep 2013)	2001	2002	2003	2004	2005	2006	2002	2008	2009	2010	2011	2012	2013	2014	2015
Health system strengthening (HSS)	\$8,824,270	\$10,315,500	\$8,824,270	100%															
Immunisation services support (ISS)	\$1,828,700	\$2,351,200	\$1,828,700	100%															
Injection safety support (INS)	\$587,653	\$587,653	\$587,653	100%															
Measles (NVS)	\$524,000	\$988,500	\$734,395	140%															
Measles-Rubella (NVS)	\$3,818,500	\$3,818,500	\$612,083	16%															
MR - Operational costs (OPC)	\$3,220,000	\$3,220,000	\$3,220,000	100%															
Penta (NVS)	\$13,713,290	\$18,493,790	\$14,780,006	108%															
Tetra DTP-HepB (NVS)	\$8,038,453	\$8,038,453	\$8,038,453	100%															
Vaccine Introduction Grant	\$646,000	\$646,000	\$646,000	100%															
Total	\$41,200,866	\$48,459,596	\$39,271,560																

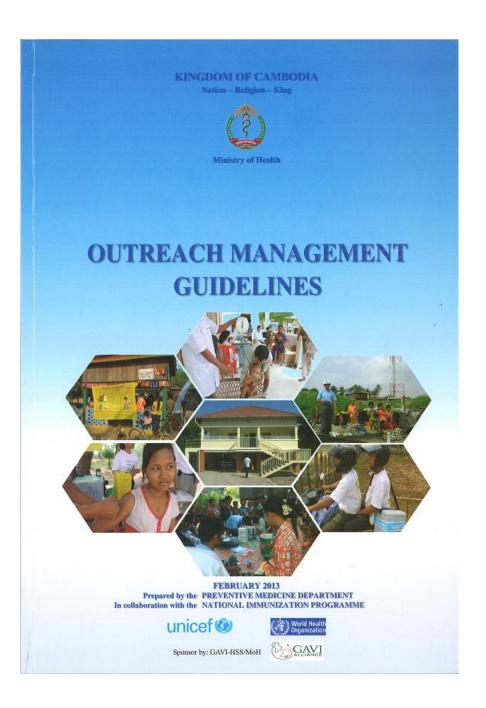
#### GAVI support for new vaccine introduction



# IMPACT – INCREASED PROTECTION FOR THE WOMEN AND CHILDREN IN CAMBODIA

# 20% of infants not fully immunized - live in High Risk Communities





- MOH will expand the scope of GAVI HSS support from 10 districts to whole country
- Align with a move by GAVI to greater focus of HSS support in ensuring immunization equity (as measured by district level DTP3 coverage)
- Achieved through support for the implementation of the new Outreach Guidelines to provide a comprehensive package of child & maternal health activities, especially to high risk communities.

#### Conclusion

- Strong Government vision combined with GAVI support is improving child health in Cambodia
- Cambodia appreciates this partnership GAVI & looks forward to future collaboration with new vaccine introduction
- Government is acutely aware that immunization is a right for all children, and is committed to expanding health service coverage in alignment with GAVI HSS support, with a focus on high risk communities.

# Thank You!