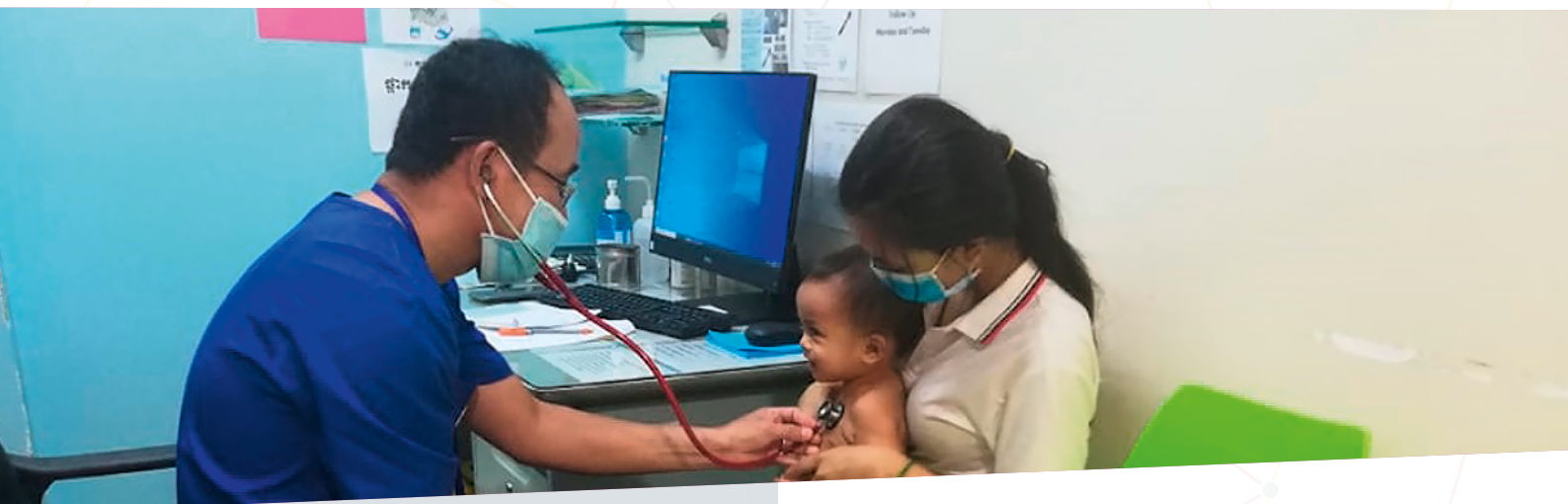




## SECTOR BRIEF CAMBODIA: Health Care



### Current situation

Cambodia's population has grown rapidly from approximately 9 million people in 1990 to 16.7 million in 2020 (United Nations), and this demographic boom is forecast to continue in the coming decades. The population is very young, with 65 % of Cambodians under the age of 30 (UNDP). These younger generations are likely to live longer and have a higher income and fewer children than their parents. The demographic transition towards an older, wealthier population will cause an epidemiological transition towards chronic non-communicable diseases and a demand for higher quality health care. In a trend that is expected to continue, the proportion of the population over 65 has already increased from 3 % in 2000 to 4.7 % in 2018 (World Bank).

After the end of the Khmer Rouge regime in 1979, the health care sector had to be rebuilt from scratch. Life expectancy in 1990 was just 53.6 years (it is 70 today) (UNDP), and the number of health professionals working in the country was extremely low. However, since that time, much progress has been made. The country achieved most of its health-related Millennium Development Goals (MDGs), including reduced child mortality, improved maternal health and decreases in the prevalence of HIV, tuberculosis, malaria and other communicable diseases. Cambodia's score on the Human Development Index has also improved significantly, recording progress in life expectancy, education and gross national income per capita. The future also looks promising, with the Cambodian Government making good progress against

the United Nations 2030 Sustainable Development Goals (SDGs), including the eradication of malaria, AIDS and tuberculosis by 2030.

Economic growth and poverty reduction (and the associated improvements they bring in nutrition, education and income) have been decisive factors in improving health in Cambodia. The number of people living in poverty has fallen drastically – from 47.8 % of the population in 2007 to 13.5 % in 2014. In 2016, the World Bank upgraded Cambodia's classification from low-income to lower-middle-income country. The outbreak of COVID-19 has affected the Cambodian economy, causing a contraction in gross domestic product of 3.1% in 2020. However, the Asian Development Bank forecasts growth of 4% in 2021 and 5.5% in 2022. If this pace is maintained, the government is still likely to achieve its objective of graduating to upper-middle-income country status by 2030.

Despite these improvements, Cambodia's health care system is still operating in a challenging environment. While just a quarter of the population (23.8 %, 2018, World Bank) live in cities, this is where the majority of health care facilities and professionals are found. Some 40 % of physicians and 74 % of specialist physicians work in the capital city, Phnom Penh. There is also a striking difference between rural and urban areas in terms of the quality of health care, reflecting wider wealth inequality in the country. Health care lags in several key metrics. For instance, only 58 % (1.1 million) of rural households have access to clean water. Policy-makers today face two primary challenges: how to improve access to health care for all Cambodians and how to improve the quality of the health care provided.

The MDGs ran from 2000 to 2015 and have since been replaced by the United Nations 2015–2030 Sustainable Development Goals. Nevertheless, Cambodia made remarkable progress towards achieving its health care MDG targets, as outlined below. With the new SDGs, Cambodia's health care system must graduate from being able to meet broad challenges related to infant mortality and reducing communicable diseases to being able to address challenges of a more political nature related to the differences between rich and poor and between urban and rural Cambodians – and the quality of health care each group has access to.

### COVID-19 pandemic in Cambodia

The first case of COVID-19 in Cambodia was identified on 27 January 2020. As of 13 July 2021, 62,700 cases and 953 related deaths have been recorded. The fact that Cambodia is faring somewhat better than most of its regional neighbours (except Laos and Vietnam) can be attributed to a string of factors, according to health professionals. These include the lack of conventional public transportation in Phnom Penh and a form of “natural” social distancing behaviour based on cultural habits. Cambodians typically have tighter-knit family groups, with relatively little interaction outside of them. Following a drastic increase of confirmed cases in Phnom Penh in April 2021, the government also declared a hard lockdown in many parts of the capital until the beginning of May 2021. Furthermore, Cambodian authorities have disseminated information to those living in remoter areas, providing instructions via communication channels similar to those used in preventing malaria. Many Cambodians have been voluntarily restricting their movements and social interactions as well. Despite the heavy impact of COVID-19, perhaps one positive development is raising awareness about sanitation and hygiene practices.



Coaching by GIZ on new-born care at a Baray Sontok Hospital

## Cambodian health care system

Cambodia's health care sector includes public and private hospitals with both non-profit and for-profit business models. The public sector delivers most preventive services and inpatient care, while private sector facilities tend to provide outpatient curative consultations. The public health care system is organised in three tiers: central, provincial and operational district. Each tier is assigned a specific role and function.

- the central tier includes the various Ministry of Health (MoH) departments, training institutions, national centres and eight national hospitals;

- as of December 2015, there are 25 Provincial Health Departments; the provincial tier is the interface between the central and operational district tiers;
- the operational district is the most peripheral sub-unit within the health system and the one closest to the population; this tier is composed of health centres, hospitals and reproductive health facilities.

Cambodians currently place little trust in their public health care system. It is common practice for those who can afford it to seek treatment abroad. Middle-class Cambodians will often travel to Vietnam and the upper middle class to Thailand, while the Cambodian elite favours Singapore. The main focus of this scepticism is the level of expertise of Cambodian medical staff and the quality of the treatment offered, even for minor medical problems. Foreign investors have eyed opportunities to set up hospitals in Cambodia, with the aim of satisfying the demand of the middle and upper classes for higher quality health care. Medical firms from Thailand, Vietnam and Japan have already begun operations in Cambodia, and a Singaporean medical centre has recently been opened. These facilities have foreign staff which, in a superficial way, serves to reassure many Cambodian patients about the quality of treatment offered. Drugs and medical equipment often come from well-known European, American or Japanese suppliers. These international hospitals in Cambodia appear to be reaping the benefits of entering the Cambodian market. Even though they are more expensive, locals are satisfied with the quality of care, and most expatriates still favour these facilities. As a result, several of these hospitals have announced plans to expand. For instance, the Royal Phnom Penh hospital – run by the Thai company Bangkok Dusit Medical Services – is set to double its patient capacity in the coming years. The same company also runs the Royal Angkor International Hospital in Siem Reap, Cambodia's second largest city and a major tourist hub.

In addition to the international hospitals, there are many smaller private health providers across the country. According to the MoH, in 2015, there were 8,488 private facilities. The quality of care, however, can vary greatly from one to another. Many of these facilities are managed by public sector health professionals. As the Cambodian public health care sector pays notoriously low salaries, professionals in the sector often supplement their income by operating privately. It is relevant that the number of private facilities has increased significantly in recent years and, according to the World Health Organization, they are now the first point of contact for most Cambodians wishing to access health care. The private sector accounts for between 67 % and 78 % of primary care consultations in urban areas, and around 65 % in rural areas.

### Health facilities in Cambodia

Cambodia's past progress against its health-related MDGs and current progress against its 2030 SDGs is in large part due to the laudable actions of the development sector, and various non-governmental organisations (NGOs) and development agencies still play an important role. As of December 2015, there were

over 180 NGOs working in health care, operating mostly at the provincial and district levels where they are direct providers of services but also offer support and training for local staff. NGOs have also organised community-based health networks, health education and promotion activities and, in general, have encouraged greater community participation in health.

## Health expenditure

Most health care spending in Cambodia comes from the patients themselves. Out-of-pocket payments represented 63 % of total health care expenditure (THE) in 2017. The government's share of THE is around 25 %, the lowest amongst CLMV (Cambodia, Lao People's Democratic Republic, Myanmar and Vietnam) governments. This difference in spending is a primary reason why public health care has remained relatively underdeveloped. In addition, the development cooperation sector's share of THE is around 11 %. As detailed in the Third Health Strategic Plan 2016–2020, the government aims to increase its expenditure, based on projections of continuing economic growth. However, it is predicted that out-of-pocket payments will remain high. On top of this, COVID-19 has led the government to announce a 50 % cut in its 2021 overall budget – to USD 4 billion – suggesting dramatic changes to the public health care sector may be delayed in the short term.

### Health Equity Fund

Health equity funds are a mechanism for providing vulnerable populations with access to selected free health services in the public sector only. Around three million Cambodians (20 % of the population) could benefit from such funds. Operational in one form or another since 2000, they have had a positive impact. An academic study on the impact of national health equity funds from 2006 to 2013 has shown a significant increase in consultations and services delivered. Hoping to capitalise on the success of this fund, Cambodia has committed to providing universal health coverage by 2025, while still relying on financial support from foreign donors. This is an ambitious but promising goal that points to future improvements in public health care for the poorer parts of the population.

## National Social Security Fund (NSSF)

The NSSF is a public fund operated under the Ministry of Labour and Vocational Training and was established to promote the wellbeing and protection of employees and workers in Cambodia. It applies to enterprises and establishments with eight or more employees and is funded by employers' contributions. At present, the scheme covers occupational accidents, preventive health care and medical services. All financial contributions to the NSSF are made by the employer. As of 2020, the NSSF has over 10,000 enterprises registered, covering more than 1.7 million workers.

### Government plans and strategies

The Cambodian Government's guiding document has been the *Health Strategic Plan 2016–2020*, which is expected to be updated soon. The objective of this plan was to enhance the quality of care and to implement a long-term vision for the health care system. It focused on solving two challenges. The first was to narrow the gap in health care quality between urban and rural areas, and the second was to increase financial risk protection for different socioeconomic groups accessing health care. Other important documents include the Health Information System Master Plan 2016–2020 aiming to address weaknesses in health care data quality and the Health Workforce Development Plan 2016–2020 aiming to fill an expected shortfall in health care workers.

Overall, the quality of public hospitals has improved significantly, but not enough to significantly change the level of trust that locals have in them. In the long term, health professionals predict that public hospitals will become better health care providers than small private clinics. They also predict the health care system will be structured into two categories: international hospitals located in Phnom Penh, catering for the growing upper and middle classes, and public hospitals for less affluent and rural Cambodians.

## Laws and regulations

### Pharmaceuticals

The main legislation regulating pharmaceuticals in Cambodia is the Law on Pharmaceuticals Management (1996), which was amended at the end of 2007. After the latest amendment, the law sets out the

Health facilities in Cambodia					
Facility type	Facility size	Oversight entity	Number of private facilities	Available services	No. of beds per unit
Hospital	Large	MoH	16	Inpatient and outpatient services; lab; pharmacy	80+
Polyclinic			56	Inpatient and outpatient services; lab; pharmacy	20–80
Clinic			349	Medical specialties; lab; radiology; pharmacy	10–20
Lab	Large and small	MoH and Provincial Health Departments	88	Lab services	1
Surgery	Small	Provincial Health Departments	9,675	Consultations	Less than 2

Source: MoH (Health sector progress report 2017)



legal definition of pharmaceuticals, establishes the process to obtain authorisation to run pharmaceutical businesses and details authorisation requirements, control activities and penalties for non-compliance.

The Department of Drugs and Food (DDF), under the MoH, is the main regulatory body for pharmaceuticals in Cambodia and is responsible for protecting public health. It prepares and implements national policies and legal regulations on pharmaceuticals, traditional medicines, health supplements, food, medical devices and cosmetics. Each Provincial Health Department has a Bureau of Drugs and Food.

A company that wishes to sell drugs in Cambodia or import them into the country must obtain a licence from the MoH. The first step is to register on the Cambodia Pharmaceutical Online Registration System (CamPORS) that was launched on the 1st of August 2019. Only licensed pharmacists and pharmaceutical companies are eligible to apply for product registration. All the required documents and dossiers need to be submitted in digital format and evaluated.

The registration license is valid for three years. Applications for the renewal of licences must be submitted six months prior to the expiry date with a sample for laboratory testing. All imported pharmaceutical products must have at least 18 months left before the expiry date. The registration of new drugs is also monitored by the MoH, and they must undergo clinical trials.

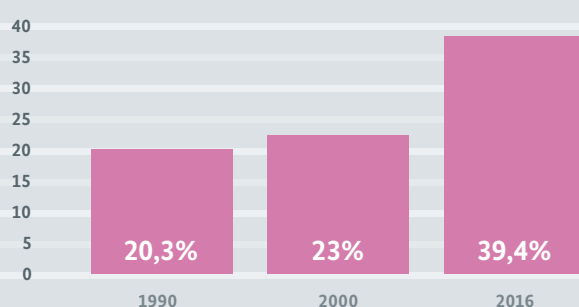


Type 1 Diabetes Screening at the Cambodia Korea Diabetes Center

## Medical equipment

Medical equipment is also regulated by the DDF through Regulation (prakas) No. 1258 (passed in November 2012). It is classified according to level of risk. There are four classes of medical device, A, B, C and D, with A being the lowest risk and D the highest. The classification is consistent with the guidelines of the Association of Southeast Asian Nations (ASEAN) since the Cambodian health care system has undertaken measures to align the national law to the regional Medical Device Directive. The ASEAN Agreement on Medical Device Directive was signed by 10 ASEAN Member States in 2015 and aims to harmonise medical device regulations across the region. The main contents of the agreement concern the registration of medical devices, including definitions and scope, medical device classifications, pre-marketing requirements, a common submission dossier template, technical and labelling requirements, medical device claims and a post-marketing alert system. This agreement is hoped to provide benefits directly or indirectly to the medical devices and health care industry across ASEAN countries. Drug registrations also follow ASEAN requirements and take approximately one year to process (the same applies to medical equipment).

## Cambodia Healthcare Access and Quality Index



Source: Institute for Health Metrics and Evaluation (The Healthcare Access and Quality Index provides a summary measure of health care access and quality for a given location. This measure is based on risk-standardised mortality rates or mortality-to-incidence ratios from causes that, in the presence of quality health care, should not result in death – also known as amenable mortality.)

Currently there are no regulations regarding health IT (digital health) and mobile medical applications, and these may be subject to the same rules as medical devices. In addition, there are no regulations governing the price of medical products, even products listed on the National List of Essential Drugs.

## Operational framework

There are two approaches medical product distributors and manufacturers can take to start operating in Cambodia. The first option is to register a local company, which can be 100% foreign-owned, with the Ministry of Commerce (MoC) and then obtain the necessary pharmaceutical import company licence from the MoH. This can be a lengthy process but also ensures greater product control. Licence holders have the right to apply for and hold product registrations and the right to import, export and wholesale medical devices and other products, including pharmaceuticals and cosmetics.

The second option is to work with a local company that already has the necessary pharmaceutical import company licence. Under this option, product owners and manufacturers abroad can still be named licence holders and manufacturers of the product(s) on product registration certificates. There are several medical device and pharmaceutical distributors already operating in the country, such as DKSH and MediGroup.

## Ownership and licensing of a private health facility

The requirements regarding the ownership and licensing of private health care facilities, relevant to those wishing to open a hospital or clinic, are detailed in MoH Regulation (prakas) No. 034 (MoH, 2011).

This legislation indicates the eligibility criteria for operating a private health facility. It also details the licensing application process and guidelines for opening and closing a private health facility, renewing the licence and transferring ownership. Currently, the MoH, with support from Family Health International (FHI) and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH, is working on introducing an accreditation body, since there is a law in the making which would establish such an institution. The MoH is also revising the licensing standards for private facilities.

## Challenges

Despite the aforementioned improvements in most health care metrics, Cambodia still faces challenges in achieving all of its health-related SDGs. The SDG health component (Goal 3: Good health and wellbeing) includes wider objectives, such as reducing traffic accidents, cutting the number of deaths and illnesses caused by pollution and achieving universal health coverage, including financial risk protection. All of these require further work in Cambodia.

Maternal and child mortality, especially neonatal mortality, remains relatively high compared to other countries in the region. Malnutrition still occurs in rural areas and severely impacts the development of cognitive abilities in infants. There are still a small number of tuberculosis cases each year, and multidrug resistance has developed several times due to overuse of antibiotics, partly caused by the fact that they can be purchased without a medical prescription.

The unfolding economic, demographic and health transitions in Cambodia have led to a sharp rise in cases of the non-communicable diseases typically prevalent in developed countries, including cardiovascular diseases, diabetes, cancer and respiratory diseases. As a result, national mortality rates due to such diseases are rising significantly. The main causes of this negative trend are the adoption of unhealthy diets (overconsumption of salt and sugar), lack of physical exercise and relatively high alcohol and tobacco consumption. In addition, traffic accidents have increased, as have health risks caused by various forms of environmental pollution. The health care system will need to adjust to this persistent and long-term shift.

The health system will also face challenges in meeting a growing demand for better quality health services. The international private hospitals in Cambodia have the financial resources to offer higher quality care. They achieve this by importing medical equipment and trained medical professionals and often have substantial resources to do so from international parent companies. However, the public sector looks set to lag in the short term. Public hospitals are still constrained by inadequate resources and will be further impacted by COVID-19 and its effect on Cambodia's 2021 national budget (50 % decrease from 2020 to 2021). Today, public health care faces issues of under-staffing, limited diagnostic capacity and insufficient supplies of medicines and health products.

High out-of-pocket health expenditure indicates the need for a comprehensive social health protection system for both the formal and informal sectors in the country. This could, for example, take the form of social health insurance covering the entire population with the same set of services. Cambodia has committed to providing universal health coverage by 2025.

In general, access to health care technology is also a challenge. In Cambodia, the technology barrier is two-fold: first, in terms of access to modern medicines, equipment, laboratories, and research and development facilities and, second, in terms of information and communication technology systems that can effectively manage and apply health care data for improved outcomes – for example, accurate patient records and drug registration databases. This affects small clinics and public hospitals. The Cambodian Health

Information System Master Plan 2016–2020 was an attempt to remedy this, but further efforts are needed to modernise health care data management in the country. There is still limited capacity at all levels to analyse, interpret and use data.

Counterfeit products and parallel imports of licensed products remain an issue for both prospective businesses and Cambodian patients. The sale of counterfeit products has expanded online and involves commonly used lifesaving medicines, such as antibiotics, analgesics and antiparasitics. The Cambodian Government has created an ad hoc body, the Counter Counterfeit Committee (operating within the MoC), that has succeeded in seizing tonnes of fake medical products and drugs. However, the unaffordability of licensed medicines for many, a desire for cheap medicines and a lack of consumer awareness contribute to the spread of these counterfeit products. A promising trend is that unlicensed pharmacies are gradually disappearing in Cambodia, especially in Phnom Penh. They have either been shut down by the authorities or have managed to become formally accredited, thus slowing the sale of counterfeit medicines. Regulatory efforts have also been stepped up across the country, but this issue remains particularly challenging in rural areas.



Launching the Type 1 Diabetes Clinic at the Cambodia Korea Diabetes Center

## Business opportunities

### Opening a modern hospital

Rapid economic development in Cambodia and increased demand for better health services are enabling factors for the opening of a new international hospital. Increasingly affluent Cambodians would consider seeking medical treatment and/or consultations in their own country rather than travelling overseas if they trusted the quality of the health care provided. This trend is already being observed by health care professionals and is demonstrated by the success of current international hospitals. One strategy implemented by these hospitals is to provide specialised treatments to counter the rise in cases of non-communicable diseases. Health care professionals at these facilities pay attention to the origin of their medical equipment and supplies as they are aware of the positive influence foreign quality products have on inspiring trust in their patients. As a result, there is a demand for products and devices imported from Europe, the United States (US) and Japan since products from these areas are considered by patients to be the most reliable. In addition, specific lifestyle treatments (e.g. anti-aging), which are affordable for the new middle classes, are becoming increasingly popular.

## Health insurance

Health insurance has been a growing market in Cambodia in recent years. It is perhaps one of the few industries to be positively impacted by COVID-19. According to the Insurance Association of Cambodia, the total value of insurance policies (total gross premium) increased from USD 30 million in 2011 to USD 100 million in 2019. Between 2014 and 2019, the value of Cambodia's private health insurance premium market almost tripled from USD 6.8 million to USD 18.6 million. By the end of 2020, it is estimated that it will be around USD 24 million. Currently, it is relatively common for international corporations and organisations to either provide or contribute towards health insurance for their employees. A recent trend is that more local companies are now implementing a similar approach. Cambodian managers are aware of the benefits of subscribing to a private insurance scheme as it generally reduces medical expenses and enhances the attractiveness of the company. This is important in a country where there is high competition for skilled labour. The number of insurance subscriptions is also on the rise, increasingly covering family members, as well.

## Pharmaceuticals

Two factors have led to an increased demand for pharmaceutical imports in Cambodia. Epidemiologically, an array of non-communicable and communicable diseases is impacting the country. Economically, increasing wealth and lower poverty levels have expanded the customer base for pharmaceuticals. Cambodian health professionals and the general population pay close attention to the origin of the drugs they use. European products, especially those from Germany, are generally trusted. The purchasing policy of international, private and public hospitals is to prioritise these overseas products. The increase in cases of diabetes, cancer and cardiovascular disease will also have an impact on specific drug consumption figures. Insulin consumption, for instance, will likely increase in the future since diabetes is becoming increasingly common among the population.

## Public tenders

The Cambodian Government often publishes tenders related to the construction of health infrastructure and the supply of pharmaceuticals and medical equipment and devices. There are also tenders for improved water and sanitation, child health, education and training. The World Bank and the Asian Development Bank often contribute to these tenders, providing financing in the form of loans for projects to improve the health of the population.

## Training

Cambodia currently has a shortage of health care workers. Germany, with its highly developed health care system, could encourage its health-focused education institutes to support the training of the next generation of health care workers. For example, this could be achieved through partnerships with local universities to boost the quality of education frontline health care workers (doctors and nurses) receive. The World Bank and KfW Development Bank are set to invest in pre-service training, and GIZ will support this by providing technical assistance. The project will run from September 2021 to October 2024. In addition, FHI supports pre-service education for nurses and midwives.

## Licensing fees

Facility size/type	Opening fee (USD)	Renewal fee (USD)	Relocation fee (USD)	Validation period	Duration of licensure process
Small	50	35	0	3 years	7 days
Large (clinic)	1,000	700	750	4 years	20 days
Large (polyclinic)	1,150	800	750	4 years	20 days
Large (hospital)	1,050	1,050	1,000	4 years	20 days

Source: MoH, 2017

Cambodia also presents opportunities in its growing technical and vocational education and training (TVET) sector. The country currently has a young, enthusiastic and increasingly educated workforce but weak R&D capabilities. The establishment of TVET institutes that specialise in the training of medical and laboratory technicians and biomedical engineers could help to fill this gap and open a new industry in a country that currently relies almost entirely on imported health care products. This cohort of trained professionals could be trained to operate, maintain and repair medical machinery currently imported from abroad. They could also support the establishment of private diagnostic centres and laboratories offering technically and economically demanding services and equipment to the public health system, for example, renal dialysis centres.

## Health supplements

The Cambodian population is becoming increasingly health conscious, leading to a growing demand for health supplements and nutritional products. Supplements are now sold by pharmacies, supermarkets, gyms and minimarts. Europe, the US and Japan are once more the most trusted areas for imports of such products. According to the US Embassy in Phnom Penh, from 2008 to 2018, an additional 1,400 health supplements were registered on the Cambodian market.

## Dentistry

Cambodia has developed a reputation for high quality, good value dentistry. This has contributed to an increase in "dental tourism" to the country. Treatment fees are 20% to 30% cheaper than those offered in Thailand and Singapore. Treatment is provided by several private clinics which offer medical equipment and implants imported from Europe, the US and Japan. This industry has developed to such an extent that specialised medical tourism agencies have opened. They offer dental treatment options inclusive of local accommodation and transport. Dental tourism in Cambodia is especially popular with citizens from Australia, New Zealand, the Middle East and Japan and with overseas Cambodians worldwide. The domestic dental patient market is also increasing, in part due to the rising number of affluent Chinese nationals living in Cambodia. To meet this demand, the number of private dental clinics has increased, and this trend looks likely to continue.



## Medical equipment

The market for medical device imports is growing, doubling in size between 2015 and 2020 according to health professionals. The establishment of new private hospitals has boosted demand for quality machinery. Available data suggests that, between 2008 and 2018, imports of medical instruments grew by about 57 %, while imports of medical X-ray machines increased by 162 %. In addition, the government has recently made available funds to purchase medical devices to supply public hospitals. The government's strategy is to reduce the gap between the public sector and the best private hospitals. To this end, several public tenders have been announced, focussing on in-vitro diagnostic devices and medical imaging devices.

## German development cooperation

The develoPPP programme was established by the German Federal Ministry for Economic Cooperation and Development (BMZ) to support the involvement of the German private sector in developing countries. Partnerships are established between companies and GIZ or DEG. With over 2,000 private sector partnerships formed, the programme has become Germany's primary instrument for the establishment of development partnerships in eligible countries. In Cambodia, for example, GIZ, in partnership with B. Braun and Novo Nordisk, is cooperating closely with the MoH to enhance the quality of state health care facilities and improve the access of vulnerable Cambodians to them. The project has provided training for NSSF employees and analysed cost calculations to assess the technical efficiency of all state health service providers. Following the outbreak of COVID-19, the project was extended to include measures helping to counteract the spread of the virus.

KfW is also committed to improving Cambodia's health care sector and the availability of basic health care services for vulnerable households. It currently operates through a multi-donor trust fund administered by the World Bank. The project has three main components: strengthening health service delivery (USD 74.2 million), improving financial protection and equity (USD 70 million) and ensuring sustainable and responsive health systems (USD 36 million). The project also aims to accelerate progress toward a universal health coverage system.

## Business associations in Cambodia

EuroCham Cambodia, the largest Western business association, has established a health care committee which aims to promote good manufacturing practices, the highest quality control standards for local manufacturing and ethics for promotional activities. The main objective is to build a safe environment for patients and a fair environment for conducting business.

The International Business Chamber of Cambodia has established a health working group that mainly focuses on health care affordability and medical education, addressed via awareness campaigns, networking events, think tank organisation, advocacy and partnerships with other health care stakeholders.

## i

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- Relevant business associations in Cambodia**
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- Japanese Business Association of Cambodia <https://jbac.info/>
- Korean Chamber of Commerce <http://kochamcambodia.org/eng/>

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## NEW MARKETS – NEW OPPORTUNITIES

In order to support the sustainable engagement of German companies in emerging and developing countries, Germany Trade & Invest (GTAI), Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and the German Chambers of Commerce Abroad (AHKs) as well as other partners combined their expertise in the publication series “New Markets – New Opportunities”. The booklets show companies the economic potential of future markets as well as the funding and consulting opportunities offered by the German development cooperation.

“New Markets – New Opportunities: A Guide for German Companies” is supported by the Federal Ministry for Economic Cooperation and Development (BMZ). All issues are published on the websites of GTAI and GIZ. You can find selected issues also at

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Cooperation with the private sector, sustainable  
economic policy  
Berlin



Federal Ministry  
for Economic Cooperation  
and Development