



KINGDOM OF CAMBODIA
Nation Religion King

Permanent Mission of the Kingdom of Cambodia
to the United Nations Office and other
International Organizations at Geneva

Ref. 2020/01/ 44

The Permanent Mission of the Kingdom of Cambodia to the United Nations Office and other International Organizations in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights in Geneva and, with reference to the latter's Note WRGS/MG/Res39/10 dated 11 November 2019, has the honour to enclose herewith the report of the Ministry of Health (MoH) of the Kingdom of Cambodia in relation to Human Rights Council Resolution 39/10 entitled "the Preventable maternal mortality and morbidity and human rights in humanitarian settings".

The Permanent Mission of the Kingdom of Cambodia to the United Nations Office and other International Organizations avails itself of this opportunities to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.

Geneva, 20 January 2020



Office of the United Nations High
Commissioner for Human Rights
Geneva



ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

Permanent Mission of
the Kingdom of Cambodia to the UNOG

IN	No: ០៨
	Date: 13.11.20
	Time: 10: 45 a.m

ក្រសួងការបរែះដេស
គណន៍ប្រចាំឆ្នាំការអនុវត្តន៍
លេខ: ១៩០ អសប.កបទ.សអ

ចម្លាបមក

ឯកឧត្តម ឯកអនុការជូន សំណាងអនុវត្តន៍
គិតអនុការអនុវត្តន៍ នៃក្រសួងការបរែះដេស

ការបរែះដេស: ការធ្វើឱ្យតិ៍មានពីការអនុវត្តន៍សេចក្តីសម្រចចិត្តលេខ ៣៩/១០ ស្តីពី "Preventable maternal mortality and morbidity and human rights in humanitarian settings"។

- យោង**:
- លិខិតលេខ ៤០៥៦ អបស.សប្រអ ចុះថ្ងៃទី ៣០ ខែធ្នូ ឆ្នាំ២០១៩ បែងក្រសួងសុខភាព។
 - លិខិតលេខ ២០១៩/៩៩/៤៣៨ ចុះថ្ងៃទី១៨ ខែធ្នូ ឆ្នាំ២០១៩ បែងក្រសួងសុខភាព។

ខ្ញុំសូមជំនាញ ឯកឧត្តម ថា ឥបតាមសំណើបែងការឱ្យតិ៍មានស្ថិតិមនុយ
អ.ស.ប (OHCHR) ដែលស្មើជាផ្ទៀកិតាលកម្មជាអ្នកឱ្យតិ៍មាន ពាក់ព័ន្ធនឹងការធ្វើឱ្យតិ៍មាន និងការអនុវត្តការណ៍បច្ចេកទេស ចំពោះការអនុវត្តន៍សេចក្តីសម្រចចិត្តបែងក្រសួងសុខភាព (HRC) លេខ ៣៩/១០ ស្តីពី "Preventable maternal mortality and morbidity and human rights in humanitarian settings" ក្រសួងសុខភាពបានរៀបចំពាយការណ៍ផ្តើមសប
ចំពោះសំណ្ងែទៅ ៤ ដុចមានតារាងដូនភ្នាប់។

សូម ឯកឧត្តម ពាក់បច្ចុនទាយការណ៍ផ្តើមសបខាងលើទៅ OHCHR ឱ្យបានចាប់
តាមការគ្រប់រាជរាជ លេខ: 

Bang Khan
NR>OHCHR
13/11/2020
An

ថ្ងៃ ក្រសួងសុខភាព ខែ មុនា ឆ្នាំក្រសួង ៧.២០២០



ឯក ឯក

- ចម្លាបមក**:
- ក្រសួងសុខភាព
 - ក្រសួងកិច្ចការពេទ្យ (ក្រមប្រើក្រាសកិច្ចការដើម្បីក្រុង)
 - គណៈកម្មាធិការសិទ្ធិមនុយកម្មជា

MoH Answer to the Office of the United Nations High Commissioner for Human Rights
 Reference: WRGS/MG/Res39/10

No	Information required	Answer from Ministry of Health
1	What steps has your Government or Organization taken to utilize a human rights-based approach in policies and programmes to eliminate preventable maternal mortality and morbidity, including in the context of humanitarian setting? How has the technical guidance assisted your Government or organization in designing, implementing, revising and/or evaluating such policies and programmes?	<p>The Ministry of Health sets clear policy and strategic framework following a human rights based approach for the health sector as well as the sexual reproductive and maternal health and reproductive rights in the following documents:</p> <ul style="list-style-type: none"> • Health Strategic Plan. • National Strategy for Reproductive and Sexual Health • Fast Track Initiative Roadmap for Reducing Maternal and Newborn Mortality • National Guidelines for Managing Violence Against Women and Girls • National Strategy on Disaster Risk Management for Health • National Guidelines for Adolescent and Youth Friendly Services • Minimum Initial Service Package (MISP) for sexual reproductive and maternal health and GBV in humanitarian settings • National Guidelines on Prevention Mother-to-Child Transmission of HIV/AIDS (PMTCT) <p>These policy and strategic documents have laid out key programme interventions in order to gear toward to achievement of the SDG target set for 2030. Key programme interventions are:</p> <ul style="list-style-type: none"> • Scaling up availability and quality Emergency Obstetric and Newborn Care across the country • Scaling up capacity development, deployment and retention of skilled birth attendance, particularly in rural areas • Scaling up quality family planning and choices to individuals in need in line with rights based family planning policy and guidelines • Scaling up health financing to support the poor and vulnerable groups through Health Equity Fund and health insurance as part of the Social Protection Programme of the Government. • Scaling up PMTCT services across the country <p>Technical assistance to review, revise and evaluate the policies and programmes was</p>

	indigenous women, women of African descent, women from rural areas etc...)	
6	What type of measures are in place to prevent maternal morbidity, including laws, policies and programmes? How has a human rights-based approach informed such measures?	Cambodia has enacted a progressive Abortion Law in 1997 and a Prakas for the implementation of this Law was made in 2002. Subsequent technical guidelines and protocols to ensure quality safe abortion services were developed. Since then, the abortion services have been scale up gradually by across the country.
7	What measures are in place to support women and girls affected by maternal morbidities, including targeted programmes aiming at addressing their specific needs?	Safe abortion services are including in the Health Equity Fund to support the poor and vulnerable groups.
8	Does your Government or organization regularly collect and analyse disaggregated data and information on maternal morbidities? Please elaborate on good practices and challenges in this regard.	Every five years, the government conducts a Demographic and Health Survey which include abortion as a key maternal morbidity in Cambodia. In addition, other quantitative and qualitative researches have been conducted by the Ministry of Health and relevant stakeholders to inform progress as well as future policy, strategy and programme directions. All of these research documents provide disaggregated data as much as they allow on the maternal morbidity in Cambodia.