



Joint Submission to the Human Rights Council of the United Nations Third Universal Periodic Review of the Kingdom of Cambodia

Public Health in Cambodia

Submission by the Social Action for Community and Development (“SADC”), Women’s Network for Unity (“WNU”), Rainbow Community Kampuchea (“RoCK”), and Health Action Coordination Committee (“HACC”).

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Introduction

1. This joint submission to the third Universal Periodic Review (“UPR”) of the Kingdom of Cambodia (“Cambodia”) was prepared by Social Action for Community and Development (“SACD”)¹, Women’s Network for Unity (“WNU”)², Rainbow Community Kampuchea (“RoCK”)³, and Health Action Coordination Committee (“HACC”)⁴. This submission focuses on Cambodia’s compliance with its international human rights obligations in respect to Public Health.
2. During Cambodia’s second UPR in 2014, 16 recommendations were made to the Royal Government of Cambodia (“RGC”) regarding health rights in general with no recommendations specifically on public health.⁵
3. Even though the right to health is being guaranteed by the Constitution of the Kingdom of Cambodia, the current legal framework and the percentage of the national budget allocated remain too limited to meet all citizen’s basic needs in terms of public health.
4. During Cambodia’s last UPR submission, the RGC has not fully implemented recommendations linked to public health, although some milestones have been achieved, in particular in regard to strengthening the social protection for all Cambodian workers and comprehensive sexuality education. Ahead of the third UPR of Cambodia, partners came together during several consultation meetings, in order to identify the most pressing issues regarding public health in Cambodia⁶. This joint-submission will examine the following key issues: universal access to health care and medicine (including HIV/AIDS treatment, access to safe abortion, guarantee of a stable and sustainable health expenditure and the eradication of poverty); universal and comprehensive national social security (including extending the scope of the National Social Security, and improving the Health Equity Funds); and Achieving comprehensive health education (including increasing health education, and finalizing comprehensive sexuality education in schools).

Universal access to public healthcare and medicine

5. The Constitution of the Kingdom of Cambodia guarantees the protection of the health of all citizen.⁷ However, privatization in public health become main barrier for the citizens especially the

poor in access to adequate and free healthcare and treatment. While there is an expected of budget gap of USD 1,104 million⁸ in five year (2016-2020) for healthcare, it needs an increase in percentage of the national budget allocated by the State with the support of development partners to fill in this gap. Indeed, one of the main concern and directly affected issue would be the access to treatment and life-prolonging medicine for common diseases (such as HIV/AIDS, TB, Malaria, Diabetes, Cancer, Blood Pressure, and Hepatitis C).

Recommendations

- i. Ensure the compliance of the National Policy on Social Protection with the International Human Rights Instruments which Cambodia has ratified to secure free and universal access to basic health services by 2020.
- ii. Extend free healthcare and treatment services for patients with communicable and non-communicable diseases, including (but not exclusive) for patients with HIV/AIDS, Hepatitis C, TB, Malaria, Diabetes, and Cancer, by 2022.
- iii. Increase the percentage of the national budget allocated to healthcare and medicine to effectively meets the current needs by 2020.

Addressing HIV

6. Yet, Cambodia's HIV response has been very successful in the past two decades resulted in decline of HIV prevalence in the adult general population aged 15-49 to 0.6% in 2017 and has led the country to be one of the seven countries globally to achieve the 90-90-90 targets in 2017 which translates in 73% of all people living with HIV being virally suppressed. Cambodia has committed to ending AIDS by 2025⁹ which is 5 years before the global target, so to end AIDS and achieve elimination of new HIV infection by 2025, more collective, stronger and focused strategic efforts need to be made for the last mile of HIV response, particularly to ensure key populations who are at high risk are effectively reached with continuum prevention to care and treatment services packages, and un-diagnosed people living with HIV know their status and enroll in HIV prevention and treatment cascade.
7. HIV prevalence remain high among key population including entertainment workers (EWs), men who have sex with men (MSM), transgender women (TG) and people who inject drugs (PWID).

With latest available data from 2012, HIV prevalence were 3.2% among EWs, 2.3% among MSM, 5.9% among TG and 24.8% among PWID¹⁰, and the prevalence is even higher within some geographic locations (i.e reached to 4% in Phnom Penh for EWs¹¹, 5.9% in Siem Reap for MSM¹², 11% in Banteay Meanchey and Siem Reap for TG¹³) and sub-type of key populations (5.9% among EWs having partners < 2/week and 8.3% among EWs having partners > 2/week and 11.8% for freelance EWs¹⁴, 17.2% among MSM who sell sex¹⁵, and 13% among TG aged between 35-45¹⁶).

Recommendation

- iv. Provide free health care and treatment services for people living with HIV/AIDS by increasing at least 50% of the National Budget on HIV/AIDS programs by 2020, in line with SDG 3.3.

Access to safe abortion

8. Despite relatively progressive legislation on abortion, which was passed in 1997, lack of access to safe abortion remains a challenge in Cambodia, infringing on women reproductive health and rights. When they do access it, women have abortions because of ill health, pre-marital pregnancy, short birth interval, competing family responsibilities, and poverty. However, as in many developing countries, there is limited data on abortion in Cambodia. Although abortion is accessed by older women, the high adolescent fertility rate (12%) remains a key issue, impacting unsafe abortion rates as a result of the conditions placed on access to abortion for young people.¹⁷
9. Awareness of the legality of abortion services remains low amongst women and amongst healthcare providers¹⁸. Negative beliefs and stigma associated with abortion are also strong in Cambodian society due to a social and cultural taboos surrounding abortion. Report from Cambodia Demographic and Health Survey 2014 showed that proportion of women receiving help for abortion services from appropriate health care providers has been declining from 67% in 2010 to only 61% in 2014. And it contrasted from women who report having no help from anyone has increased from 22% in 2010 to 30% in 2014.¹⁹
10. The majority of Cambodian people are devoted Buddhist, and due to its belief, people tend to believe abortion is a “killing” which further complicates women’s ability to access available services. The cultural and religious barriers also make it difficult to gather data on abortion that

can be used to advocate for reproductive rights within the context of legal access, thereby ensuring the right to safe abortion.

Recommendations

- v. Ensure the implementation of the law on abortion while addressing the barriers that prevent adequate implementation including increased awareness particularly amongst the marginalized, service provision and adequate information provision including stronger referral systems and ensuring the right to contraception information and services for all women, including young women, by 2022.
- vi. Ensure improved evidence generation on abortion issues that informs policies and programs on reproductive health and rights, which includes ensuring the right to safe abortion for all.

Stable and Sustainable Health Expenditure

11. As a signatory party to the International Covenant on Economic, Social and Cultural Rights (“ICESCR”), Cambodia has committed itself to “recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. As such, equitable and universal health care coverage becomes an obligation as stated in ICESCR Art.12 (d).²⁰ Through the signature of international treaties by state entities, placing public services such as health care at the disposal can therefore be seen as the responsibility of the state and only the state.
12. While the “per capita government expenditure on health in Cambodia has increased from an estimated US\$7.84 in 2008 to US\$12.70 in 2014”,²¹ the World Health Organization expressed its concerns in its 2016-2020 Country Cooperation Strategy report by warning that “the heavy reliance on donor funding and low government spending on health, if the trend continues, will pose further risks and challenges to the health sector in terms of possible fragmentation and sustainability”.²² As a matter of fact, Cambodian’s Government expenditure on health amounts up to 1,5% as a share of GDP in 2013 and did not only stagnate but also fell short in comparison to “spending in most low- and middle-income countries (“LMICs”) in the region”.²³ With external donations already declining²⁴ and the expected decrease of non-government related health expenditures due to Cambodia’s progress towards a lower-middle income status, the Government needs to take action to counteract this endangering development in order to correspond to its

entered obligations aforementioned and therefore significantly increase its Government health expenditure as a share of the total health expenditure.

Recommendation

- vii. Guarantee quality health coverage for all citizens by expanding the National Policy on Social Protection and through increasing the percentage earmarked to public health in the national budget following WHO recommendation of 2% of GDP until 2020, and in line with SDG 3.8.

Providing Universal Health Coverage - Eradicating Poverty

13. As of 2014, the Cambodian Government spending was 18,5% out of the total spending on health per capita, and with 63% being out-of-pocket payments. Out-of-pocket payments are those made by people at the time of getting any type of services (preventive, curative, rehabilitative, palliative or long-term care) provided by any types of providers.²⁵ The WHO stated in its 2016-2020 Country Cooperation Strategy Report that the heavy reliance on donor funding and low government spending on health, if the trend continues, will pose further risks and challenges to the health sector in terms of possible fragmentation and unsustainability.²⁶ It raised concerns over the sustainability of public health programs as the country is moving towards lower middle-income status and many donors have started or will soon start reducing their funding to Cambodia²⁷, therefore pushing the Government to revise the law in 2018.²⁸
14. As stated by the WHO in its 2016-2020 Report, Cambodia's public health system remains to be endangering especially for households just above the poverty line as its "patient's out-of-pocket payments still make up more than 62% of total health expenditures".²⁹ This can be exemplified as the WHO elaborated on the issue of out-of-pocket payments in its "Tracking Universal Health Coverage" report in which it mentions Cambodia "as one of 37 countries where 6 per cent of the population could be tipped or pushed further into extreme poverty – living on \$1.25 per day or less – due to out-of-pocket health costs."³⁰
15. Concerns over intellectual property rights and risk to access to affordable medicine are also impeding a universal access to treatment for all Cambodian. While there are discussions between UN agencies, CSOs and the government³¹ for more than 10 years, the draft law on licensing for

public health was approved by the Senate on 18 April 2018. The Compulsory Licensing Law on Public Health aims to enhance the right to access to pharmaceutical products for public health by granting compulsory licenses to produce, export and import pharmaceutical products in the case of national emergency and other circumstances of extreme urgency or in cases of public non-commercial use or other public health situations set by the Ministry of Health.³²

Recommendations

- viii. Ensure the percentage of total health expenditure covered by the Cambodian government is above 50% by 2021.
- ix. Ensure the allocated budget to the public health services allows an effective implementation of the National Health Strategic Plan III onwards, in line with SDG 3.
- x. Ensure free healthcare and treatment services for patients with communicable and non-communicable diseases (including hepatitis C, blood pressure, diabetes, TB, Malaria, Cancer, and anti-microbial resistant), and access to medicine which are free from Intellectual Property Rights protection.

Achieving universal and comprehensive national social security

16. Up until the full implementation of the 2002 Law on Social Security Schemes for Persons Defined by the Provisions of the Labor Law³³ and the 2016-2025 National Policy Framework on Social Protection, Cambodia will not be able to achieve SDG 1.
17. The Cambodian Constitution guarantees the establishment of a social security for all workers and employees.³⁴ However as of 2014, about 35% of Cambodia's citizen did not have access to improved drinking water and 52% did not have access to improved sanitation, with the access rates much worse in the rural areas³⁵.

Extending the scope of the National Social Security

18. The 2002 *Law on social security schemes for persons defined by the provisions of the labour law* defines as being beneficiary of the social security schemes all workers from the public sector, those working in enterprises registered with the National Fund for Social Security ("NFSS"),

trainees, as well as those having occasional work, although the situation of this last category is unclear.

19. The 2002 Law has been interpreted, completed and revised by 18 Prakas to this date³⁶, but none of which extended the scope of beneficiaries. Indeed, according to the current scheme, the social security is not available to retired persons, to persons with disabilities who are unable to find work, children, and minority groups in general.

Recommendation

- xi. Ensure that the existing National Policy on Social Protection is based on Universal Declaration of Human Rights and Fundamental of Human Rights in Access to basic needs and basic social services by implementing the schemes to ensure free access to basic social services for all, by 2021.
- xii. Ensure that all Cambodian citizens access free and/or affordable social services, including via social security schemes via a fair, accountable, and transparent tax-based financing by 2022.
- xiii. Enlarge the implementation of the pension scheme in support to all Cambodian, in particular, people with disabilities, elders, LGBTIQ individuals, women and children by 2022.

Health Equity Fund

20. Therefore, even more importance should be given to the existing Health Equity Fund (“HEF”) distribution system. Indeed, according to WHO, the poverty rate was 17.7%, with almost 3 million poor people and over 8.1 million who are near poor in 2012³⁷. While the Ministry of Health is “working to improve pooling by considering expansion of HEF to vulnerable groups other than the poor, such as the elderly, people with disabilities, and children under five”,³⁸ efforts need to be expanded according to financial aspects. Sustainable and affordable public health care can only be achieved by lowering the financial barriers of access to Health Equity Funds for households just above the poverty line.

21. The current system however leads to indigency of families just above the poverty line, perpetuating the issue in line with the out-of-pocket payments. As such, the HEF should continue to focus on rural regions with “90% of the poor still living in the countryside”.³⁹ This becomes especially important as “a large percentage of the poor holding a HEF card and sought care, did not use their entitlement”,⁴⁰ as stated at the 8th International Conference on Public Health among GMS Countries in 2016, necessitating further decentralization of the system and education on access to public health.

Recommendation

- xiv. Ensure the Health Equity Fund is accessible to marginalized groups by 2023, in line with SDG 1.

Achieving comprehensive health education

Health Education in Cambodia

22. Fertility levels are declining, from 4 children per woman in 2000 to 3.0 in 2010 and to 2.7 in 2014.⁴¹ One in eight women aged 15 to 19 have either become mothers or are currently pregnant. 37 percent of teenagers who have never been to school have begun childbearing, compared with 18 percent who have a primary school education, and fewer than 10 percent of those with a secondary education. Given the youth bulge in the population and the high Adolescent Fertility Rate (“AFR”), and the potential health and social consequences of child bearing at a young age, there is a need to specifically address reproductive health issues of adolescents and youths, particularly those in rural areas. There is almost universal knowledge of modern methods of family planning, but unmet needs continue to be high, indicating gaps in access to services.

Recommendation

- xv. Ensure free access to health education as well as facilities for all Cambodian citizens in line with the National Health Strategic Plan 2016-2020 and with SDG 3, including the enhanced cooperation with neighboring countries and development partners by 2023.

Finalizing Comprehensive Sexuality Education in Schools

23. Under the 2nd UPR cycle, the RGC received and supported the recommendation to “Step up information on sexual and reproductive health, including modern contraceptive methods, in particular for women living in rural areas.”⁴² Since then, the government has increased its efforts in implementing Comprehensive Sexuality Education (“CSE”), as stated in the National Population Policy.⁴³

24. In July 2016, Health Education was approved as a core and compulsory subject for all grades, ensuring that there were no grades and students “left out”, for the comprehensive integration of CSE into Sexual and Reproductive Health from grades 5 to 12. The CSE topics contained in the core curriculum include Puberty, Gender, Gender-Based Violence, Drugs, Life Skills (Values, Rights, Ethics, Decision-Making, Future Planning, and Emotions), Pregnancy, Family Planning (FP), STDs, and HIV/AIDS.

25. In 2017, the Cambodian Ministry of Education Youth and Sports (“MoEYS”), in consultation with CSOs, developed a proposed new “Life Skills” curriculum for grades 1-12 that offers inclusive instruction on sexual orientation issues, sexual education and Gender Based Violence (“GBV”).⁴⁴ The proposed curriculum include teaching safe sex, non-discrimination of LGBTIQ persons and self-determination for marriage choices. This proposed new CSE curriculum is meant to become part of the mandatory curriculum in public schools and is scheduled to be available nationwide by 2023. The MoEYS, is now in the process of writing new lesson plans and textbooks, with the assistance of NGOs and UN Population Fund (“UNFPA”). NGOs also continue to work in cooperation with the MoEYS to ensure the curriculum is fully comprehensive, for instance by advocating for the inclusion of the topics of sexual pleasure and gender identity.

Recommendation

- xvi. Ensure the implementation to the free comprehensive health education for all students, especially in rural areas, by 2020.

¹ Social Action for Community and Development (former name: Social Action for Change-SAC, and then officially registered at Ministry of Interior in early 2018 as SADC) is a resource organization working to support and be part of women and grassroots movement. SADC work with women workers, women organizations and groups, farmers, youths, rural and urban networks and communities by facilitating and building critical analysis on socio-economic system, supporting on research and documentation and policy analysis as part of technical assistance, engaging and supporting advocacy of women and grassroots struggle for socio-economic and political change. The long-term goal is a critical people movement for social and economic justice, to call for an end of all forms of discrimination and to have equal access to fundamental human rights.

² Women Network for Unity (“WNU”) mission is to strengthen the network of sex workers to advocate for their greater participation in the development of program, policies and laws related to sex work that will give them greater access to social services, and freedom from violence and discrimination.

³ Rainbow Community Kampuchea (“RoCK”) is a Cambodian non-government organization dedicated to supporting LGBT rights in Cambodia. RoCK works closely with LGBT communities and respective local authorities across the country to ensure long-term protection and support of equal rights and acceptance for LGBT people and their families.

⁴ We are the representatives of civil society working in health by bridging providers, users, and related authorities to achieve the goals and objectives of the Cambodian health strategic plan.

⁵ See Annex 1.

⁶ Some of the partners met and discussed this joint submission project during the Civil Society Submission Workshop in Preparation of the Third Universal Periodic Review of Cambodia, co-organized by CCHR, OHCHR and *UPR Info* on March 12-13 2018, as well as during the 2nd Civil Society Submission Workshop in Preparation of the Third Universal Periodic Review of Cambodia, co-organized by CCHR, OHCHR and *UPR Info* on May 09-10 2018, and finally during the Civil Society Validation Workshop in Preparation of the Third Universal Periodic Review of Cambodia, co-organized by CCHR, OHCHR and *UPR Info* on July 2 2018.

⁷ Constitution of the Kingdom of Cambodia, 1993.

Article 72: “The health of the people shall be guaranteed. The State shall give full consideration to disease prevention and medical cares. Poor people shall receive free medical consultations in public hospitals, infirmaries and maternities. The State shall establish infirmaries and maternities in rural areas.”

⁸ Royal Government of Cambodia, *Health Strategic Plan 2016-2020 “Quality, Effective and Equitable Health Services”*, 2016, available at <http://inndec.com/library/docs/SPPF%20English%20-%20Final%20Ver.pdf> (last visited 8 July 2018).

⁹ Chhea Chhorvann, Heng Sopheab and Tuot Sovannary, “National Population Size Estimation, HIV Related Risk Behaviors and HIV Prevalence Among People Who Use Drugs in Cambodia in 2012”, 2012, p.35 available at https://www.researchgate.net/publication/295907624_National_Population_Size_Estimation_HIV_Related_Risk_Behaviors_and_HIV_Prevalence_Among_People_Who_Use_Drugs_in_Cambodia_in_2012 (last visited 8 July 2018).

¹⁰ Chhea Chhorvann, Heng Sopheab and Tuot Sovannary, “National Population Size Estimation, HIV Related Risk Behaviors and HIV Prevalence Among People Who Use Drugs in Cambodia in 2012”, *ibid.*, p. 100-10.

¹¹ National Centre for HIV/AIDS, Dermatology & STD (NCHADS), *Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector 2016-2020*, 2016 available at https://www.nchads.org/Guideline/SP%20for%20hiv_aids%20and%20sti_prevention_n_control_in_Health%20Sector_en.pdf (last visited 8 July 2018). Data for 2016.

¹² NCHADS, *Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector 2016-2020*, 2016. *Ibid.* Data for 2014.

¹³ NCHADS, *Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector 2016-2020*, 2016. *Ibid.* Data for 2015.

¹⁴ NCHADS, *Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector 2016-2020*, 2016. *Ibid.* Data for 2015.

¹⁵ NCHADS, *Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector 2016-2020*, 2016. *Ibid.* Data for 2015.

¹⁶ NCHADS, *Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector 2016-2020*, 2016. *Ibid.* Data for 2015.

¹⁷ RGC, Ministry of Health and Ministry of Planning, “Cambodia Demographic and Health Survey: Key indicators Report”, 2014 available at <http://cambodia.unfpa.org/en/publications/cambodia-demographic-and-health-survey-2014> (last visited 8 July 2018).

¹⁸ Andrew Nachemson and Kong Meta, “Wedded by force, together by choice”, The Phnom Penh Post, 19 October 2016, available at <https://www.phnompenhpost.com/national/wedded-force-together-choice> (last visited 8 July 2018).

¹⁹ RGC, Ministry of Health and Ministry of Planning, “Cambodia Demographic and Health Survey: Key indicators Report”, 2014, *op. cit.*

²⁰ United Nations General Assembly, International Covenant on Economic, Social, and Cultural Rights, 16 December 1966, available at <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx> (last visited 8 July 2018).

²¹ Health Financing Profile: Cambodia, available at https://www.healthpolicyproject.com/pubs/7887/Cambodia_HFP.pdf (last visited 8 July 2018).

²² Cambodia - WHO Country Cooperation Strategy 2016-2020; *op. cit.* page 6

²³ Cambodia - WHO Country Cooperation Strategy 2016-2020; *ibid.*

²⁴ “Funding from external donors decreased slightly, from 20% to 18% of THE from 2008 to 2014, and is anticipated to continue declining” https://www.healthpolicyproject.com/pubs/7887/Cambodia_HFP.pdf

²⁵ WHO and World Bank, Tracking Universal Health Coverage: 2017 Global Monitoring Report, 2017, available at <http://documents.worldbank.org/curated/en/640121513095868125/pdf/122029-WP-REVISED-PUBLIC.pdf> (last visited on 8 July 2018).

²⁶ Cambodia - WHO Country Cooperation Strategy 2016-2020; *op. cit.* page 6.

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- ²⁷ Cambodia - WHO Country Cooperation Strategy 2016-2020; *ibid.* page 20.
- ²⁸ RGC, Prakas on revision of articles 2, 4, 5, 6, 7, 8, and 10 of prakas no. 109 Iv/prk., dated 17 March 2016, on health care benefits, 25 April 2018, available at <http://www.nssf.gov.kh/default/wp-content/uploads/2018/05/Binder1-1.pdf> (last visited on 8 July 2018).
- ²⁹ Cambodia - WHO Country Cooperation Strategy 2016-2020; *op. cit.* page 6.
- ³⁰ Sarah Taguiam, “Health costs pose risks: WHO”, The Phnom Penh Post, 17 June 2015, available at <https://www.phnompenhpost.com/national/health-costs-pose-risks-who> (last visited 8 July 2018).
- ³¹ UNDP, *Validation workshop on scoping study on Intellectual Property Rights and Access to Affordable Medicines in Cambodia*, 27 June 2017. Available at http://www.haccambodia.org/view_news.php?id=655 (last visited 8 July 2018).
- ³² Agence Kampuchea Press, “Senate Approves Draft Law on Licensing for Public Health”, 19 April 2018, available at <http://www.akp.gov.kh/archives/125479> (last visited 8 July 2018).
- ³³ RGC, Law on social security schemes for persons defined by the provisions of the labour law , 2002, available at <https://www.ilo.org/dyn/natlex/docs/ELECTRONIC/71910/96916/F1873020753/KHM71910.pdf> (last visited on 8 July 2018).
- ³⁴ Constitution of the Kingdom of Cambodia, 1993.
Article 75. “The State shall establish a social security regime for workers and employees.”
- ³⁵ Cambodia - WHO Country Cooperation Strategy 2016-2020; *op. cit.* page 4
- ³⁶ NFSS, Prakas, available at <http://www.nssf.gov.kh/default/law-and-order-2/prakas/> (last visited 8 July 2018).
- ³⁷ Cambodia - WHO Country Cooperation Strategy 2016-2020, *op. cit.* page 4
- ³⁸ Health Financing Profile: Cambodia, *op. cit.*
- ³⁹ Cambodia - WHO Country Cooperation Strategy 2016-2020; *op. cit.* page 4
- ⁴⁰ 8th International Conference on Public Health, 5-6 November 2016, Phnom Penh, <https://www.niph.org.kh/icph8/>
- ⁴¹ Cambodia Demographic and Health Survey 2014. Ministry of Planning (2015)
- ⁴² Recommendation 118.151 (Uruguay) *Report of the Working Group on the Universal Periodic Review: Cambodia*, U.N. Doc. A/HRC/26/16, 27 March 2014, available at <http://www.ohchr.org/EN/HRBodies/UPR/Pages/KHindex.aspx> (accessed 29 May 2018); *Report of the Working Group on the Universal Periodic Review: Cambodia, Addendum, Views on conclusions and/or recommendations, voluntary commitments and replies presented by the State under review*, U.N. Doc. A/HRC/26/16/Add.1, 25 June 2014, available at <http://www.ohchr.org/EN/HRBodies/UPR/Pages/KHindex.aspx> (accessed 29 May 2018)
- ⁴³ Under Education, on Social sector investment and Human capital development, section 5.4, states “*To Accelerate life-skills education training by way of CSE in schools/colleges, so that students are prepared for their adolescent and youth ages.* National Population Policy Cambodia (2016-2030), available at <http://cambodia.unfpa.org/en/publications/national-population-policy-2016-2030> (last accessed 29 May 2018)
- ⁴⁴ Leonie Kijewski & Kong Meta, “‘Life Skills’ course in the works”, The Phnom Penh Post, 13 June 2017, available at <http://www.phnompenhpost.com/national/life-skills-course-works-1> (accessed 30 March 2018).