Cambodia

Population 2018: 16 million

<table>
<thead>
<tr>
<th>Estimates of TB burden, 2018</th>
<th>Number (thousands)</th>
<th>Rate (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total TB incidence</td>
<td>49 (27–77)</td>
<td>302 (169–473)</td>
</tr>
<tr>
<td>HIV-positive TB incidence</td>
<td>1.1 (0.59–1.7)</td>
<td>6.5 (3.6–10)</td>
</tr>
<tr>
<td>MDR/RR-TB incidence</td>
<td>1 (0.46–1.9)</td>
<td>6.4 (2.8–11)</td>
</tr>
<tr>
<td>HIV-negative TB mortality</td>
<td>3 (1.9–4.3)</td>
<td>18 (12–26)</td>
</tr>
<tr>
<td>HIV-positive TB mortality</td>
<td>0.38 (0.21–0.6)</td>
<td>2.3 (1.3–3.7)</td>
</tr>
</tbody>
</table>

Estimated proportion of TB cases with MDR/RR-TB, 2018

- % with known HIV status: 94%
- % pulmonary: 65%
- % bacteriologically confirmed: 53%
- % children aged 0-14 years: 19%
- % women: 36%
- % men: 45%

Universal health coverage and social protection

- TB treatment coverage (notified/estimated incidence), 2018: 58% (37–100)
- TB patients facing catastrophic total costs: 7% (4–12)

TB/HIV care in new and relapse TB patients, 2018

Patients with known HIV status who are HIV-positive
- % on antiretroviral therapy: 100%

Drug-resistant TB care, 2018

% of bacteriologically confirmed TB cases tested for rifampicin resistance

- New cases: 125
- Previously treated cases: 0

Laboratory-confirmed cases

- MDR/RR-TB: 128, XDR-TB: 0

MDR/RR-TB cases tested for resistance to second-line drugs

Treatment success rate and cohort size

- New and relapse cases registered in 2017: 94% (34,238)
- Previously treated cases, excluding relapse, registered in 2017: 79% (229)
- MDR/RR-TB cases started on second-line treatment in 2016: 64% (101)

TB preventive treatment, 2018

% of HIV-positive people (newly enrolled in care) on preventive treatment
% of children (aged < 5) household contacts of bacteriologically-confirmed TB cases on preventive treatment

TB financing, 2019

National TB budget (US$ millions): 31

Funding source: 17% domestic, 23% international, 60% unfunded

Ranges represent uncertainty intervals
MDR is TB resistant to rifampicin and isoniazid; RR is TB resistant to rifampicin
Calculated for pulmonary cases only
Includes cases with unknown previous TB treatment history
Includes patients diagnosed before 2018 and patients who were not laboratory-confirmed

Data are as reported to WHO. Estimates of TB and MDR-TB burden are produced by WHO in consultation with countries.
Generated: 2019-12-26
Data: www.who.int/tb/data