

KINGDOM OF CAMBODIA
NATION RELIGION KING

(National Emblem)

Ministry of Planning

No.: 256 MOP

INTER-MINISTERIAL PRAKAS
ON EXCHANGE OF HEALTH DATA

MINISTER OF HEALTH

MINISTER OF PLANNING

- Having seen the constitution of the Kingdom of Cambodia;
- Having seen Royal Decree No. NS/RKT/0823/1981, dated 22 August 2023, on the appointment of the Royal Government of Cambodia;
- Having seen Royal Decree No. NS/RKT/0224/205, dated 21 February 2024, on the appointment of and addition to the composition of the Royal Government of Cambodia;
- Having seen Royal Decree No. NS/RKT/0924/1169, dated 20 September 2024, on the revision to and appointment of the composition of the Royal Government of Cambodia;
- Having seen Royal Decree No. NS/RKT/1124/1477, dated 20 November 2024, on the revision to and appointment of the composition of the Royal Government of Cambodia;
- Having seen Royal Code No. NS/RKM/0618/012, dated 28 June 2018, promulgating the law on the organization and functioning of the Council of Ministers;
- Having seen Royal Decree No. NS/RKM/0196/06, dated January 24, 1996, promulgating the Law on the Establishment of the Ministry of Health;
- Having seen Royal Code No NS/RKM/0196/11, dated 24 January 1996, promulgating the law on the establishment of the Ministry of Planning;
- Having seen Royal Code No NS/RKM/1215/018, dated 24 December 2015, promulgating the Law on Statistics;
- Having seen Royal Code No NS/RKM/0723/009, dated 1 July 2023, promulgating the Law on Civil Registration, Vital Statistics and Identification;
- Having seen Sub-Decree No. 181 ANKr.BK, dated 9 September 2021, on the organization and functioning of the National Statistics System;
- Having seen Sub-Decree No. 144 ANKr.BK, dated 14 July 2022, on the organization and functioning of the Ministry of Planning;

- Having seen Sub-Decree No. 239 ANKR.BK, dated December 3, 2025, on the Organization and Functioning of the Ministry of Health;
- Having seen Sub-Decree No. 182 ANKr.BK, dated 9 September 2021, on designated official statistics;
- Having seen Sub-Decree No. 03 ANKr.BK, dated 13 January 2025, on the establishment of the National Institute of Statistics as a National Public Administrative Institution;
- Having seen Sub-Decree No. 44 ANKr.BK, dated 28 March 2025, on the revision of the sub-decree on the establishment of the National Institute of Statistics as a National Public Administrative Institution;
- Having seen Sub-Decree No. 45 ANKR.BK, dated March 28, 2025, on the Organization and Functioning of the National Institute of Statistics;
- According to the necessities of the Ministry of Planning and the Ministry of Health;

HEREBY DECIDE

Praka 1._

This Prakas aims to determine the procedures for the exchange of civil registration data and health indicator data between the Ministry of Health and the Ministry of Planning in order to ensure data utilization and production of report in a regular, timely and effective manner.

Praka 2._

The scope of this Prakas is applicable for the exchange of data between the Health Information System of the Ministry of Health and the National Development Indicator Data Platform System (CamStat) of the National Institute of Statistics of the Ministry of Planning.

Praka 3._

Key terminologies used in this Prakas are defined in Annex 1 of this Inter-Ministerial Prakas.

Praka 4._

The Ministry of Health shall not transmit personal identifiable data, such as names, personal identification numbers, house numbers, street numbers, telephone numbers, and emails, among others, to the National Institute of Statistics of the Ministry of Planning.

Praka 5._

The exchange of data shall be carried out as follows:

- The Ministry of Health shall transmit personal data on death, cause of death, and fetal death to the National Institute of Statistics of the Ministry of Planning every 3 months through the designated Application Programming Interface (API), with the data categories as specified in Annex 2 and Annex 3 of this Inter-Ministerial Prakas;
- The Ministry of Health shall transmit verbal autopsy cause of death data every January according to the designated methodologies and formats, with the data categories as specified in Annex 4 of this Inter-Ministerial Prakas;

- The Ministry of Health shall transmit annual health indicator data every April according to the data methodologies and formats of the CamStat platform, with the data categories as specified in Annex 5 of this Inter-Ministerial Prakas.

Praka 6._

Any amendment or modification to any content of this Inter-Ministerial Prakas shall be determined by an Inter-Ministerial Prakas between the Ministry of Health and the Ministry of Planning as necessary.

Praka 7._

Any provisions contradicting this Inter-Ministerial Prakas shall be abrogated.

Praka 8._

The Secretary General of the General Secretariat, the Director General of the General Directorate, the Inspector General of the General Inspectorate, the Director of the National Institute of Statistics of the Ministry of Planning, and all heads of relevant subordinate units under the Ministry of Health and the Ministry of Planning, shall be in charge of implementing this Inter-Ministerial Prakas according to their respective duties from the date of signature.

Friday, 1st day of waning moon, Lunar Month of Chetr,
Lunar Year of Snake, Sabpaksak, 2569 B.E.
Phnom Penh, 3rd April, 2026

MINISTER OF PLANNING

(Signature and Stamp)

Prof. CHHEANG RA

MINISTER OF HEALTH

(Signature and Stamp)

BIN TRACHHAI

Recipients:

- Office of the Council of Ministers
- Ministry of Economy and Finance
- Cabinet of Samdech Moha Borvor Thipadei Hun Manet, Prime Minister
- Cabinet of H.E Deputy Prime Ministers
- Cabinet of H.E Minister of Planning
- Cabinet of H.E Prof. Minister of Health
- As in Praka 8
- Royal Gazette
- Documents / Archives

Annex 1 of the Inter-Ministerial Prakas No. 256 MOP, Dated 3rd April, 2026, On Exchange of Health Data

❖ Key terminologies used in this Inter-Ministerial Prakas are defined as follows:

- **Application Programming Interface (API):** Refers to standard entry/exit point which allows data to be exchanged from one information technology system to another.
- **Death:** Refers to the permanent disappearance of all evidence of life at any time after live birth has taken place.
- **Fetal Death:** Refers to death prior to the complete expulsion or extraction from its mother of a fetus and its life support system (including the placenta, the umbilical cord, the amniotic fluid, and the amniotic sac), irrespective of the duration of pregnancy. The death is indicated by the fact that after such separation the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord and no movement of muscles.
- **Health Facility:** Refers to public and private health facilities.
- **Public Health Facility:** Refers to national hospitals, military hospitals, national police hospitals, and referral hospitals of the capital, provinces, municipalities, districts, and Khans, health centers, health posts, and prison health posts.
- **Private Health Facility:** Refers to private hospitals, polyclinics, cabinets, obstetrics and gynecology clinics, and private clinics, including treatment services of non-governmental organizations and associations.
- **Medical Certificate of Cause of Death (MCCD):** Refers to the medical certification form completed by a physician to record data on the cause of death and the manner of death.
- **Cause of Death:** Refers to those diseases or injuries that initiated the train of morbid events, or the act of violence that produced a fatal injury leading to death. The purpose of the definition is to ensure that all the relevant information is recorded and that the certifier does not select some conditions for entry and reject others.
- **Final Underlying Cause of Death (FUCOD):** Refers to all diseases or injuries which initiated the train of morbid events leading to death, or the circumstances of an accident or violence which produced the fatal injury leading to death.
- **Personal Identification Data:** Refers to any information that enables the identification of a person.
- **Verbal Autopsy (VA):** Is a valid community-based method for estimating the cause of death by using information obtained from the caregivers of the deceased prior to death.

Annex 2 of the Inter-Ministerial Prakas No. 256 MOP, Dated 3rd April, 2026, On Exchange of Health Data

❖ Categories of fetal death data are as follows:

- A. Date of fetal death delivery
- B. Place of fetal death delivery
- C. Sex of the dead fetus (if known)
- D. Age of the dead fetus
- E. Final underlying cause of death of the fetus (if known) (Name and code of death)
- F. Date of birth of the mother
- G. Habitual residence of the mother
- H. Number of live births delivered by the mother in her lifetime (as of the time of reporting)
- I. Number of fetal deaths delivered by the mother in her lifetime (as of the time of reporting)

Annex 3 of the Inter-Ministerial Prakas No. 256 MOP, Dated 3rd April, 2026, On Exchange of Health Data

❖ Categories of death data are as follows:

- A. Date of death of the deceased
- B. Date of birth or age of the deceased if the date of death is unknown
- C. Sex of the deceased
- D. Place of death
- E. Type of place of death
- F. Residence of the deceased or of the mother in the case of death of a baby
- G. Final underlying cause of death (Name and code of death)
- H. Manner of death (Natural or unnatural)

Annex 4 of the Inter-Ministerial Prakas No. 256 MOP, Dated 3rd April, 2026, On Exchange of Health Data

❖ Categories of verbal autopsy (VA) cause of death data are as follows:

- A. Date of death of the deceased
- B. Date of birth of the deceased, or age of the deceased if the date of death is unknown
- C. Sex of the deceased
- D. Place of death
- E. Residence of the deceased or residence of the mother in the case of death of a baby
- F. Probable final underlying cause of death (Name)
- G. Manner of death (Natural or unnatural)

Annex 5 of the Inter-Ministerial Prakas No. 256 MOP, Dated 3rd April, 2026, On Exchange of Health Data

❖ Categories of key health indicator data are as follows:

- 1 Maternal mortality rate
- 2 Infant mortality rate
- 3 Under-5 mortality rate
- 4 Wasting rate among children at 5 years of age
- 5 Proportion of women of reproductive age (15-49 years) in needs of family planning service satisfied with modern contraceptive methods
- 6 Percentage of pregnant women who received antenatal care for 4 times by health personnel
- 7 Percentage of women giving birth who received the 1st postnatal care (before 48 hours postpartum) by health personnel
- 8 Proportion of deliveries at public health facilities
- 9 Percentage of infants breastfed within the first hour of birth
- 10 Coverage rate of measles-rubella vaccine, 1st dose
- 11 New case of outpatient consultations per child under 5 years of age per year
- 12 Coverage rate of 3 doses of diphtheria, polio, tetanus and pneumonia vaccines
- 13 New infection cases (incidence) of HIV per 1,000 uninfected population
- 14 Percentage of people living with HIV (adults and children) currently on antiretroviral therapy (ART) who received a viral load test and achieved viral load suppression within the past 12 months
- 15 New cases of all forms of tuberculosis
- 16 Mortality rate due to tuberculosis
- 17 Treatment success rate of tuberculosis
- 18 Mortality rate due to malaria reported by public health facilities
- 19 New cases of malaria

- 20 Mortality rate caused by any non-communicable disease among cardiovascular diseases, diabetes, cancer, or chronic respiratory diseases
- 21 Prevalence of tobacco use among the population above 15 years of age / 13-15 years of age
- 22 Prevalence of alcohol consumption among adults from 18 years of age
- 23 Percentage of the adult population with depression who received clinical examination and treatment
- 24 Cataract surgical rate per 1 million population
- 25 Health service coverage index of Universal Health Coverage
- 26 Percentage of people covered by the social health protection system
- 27 Percentage of health centers receiving a quality score of over 50%
- 28 Percentage of CPA1/CPA2/CPA3 referral hospitals receiving a quality score of over 50%
- 29 Rate of patient/client satisfaction towards health care services provided by health centers/referral hospitals
- 30 Core capacity scores required by the International Health Regulations
- 31 Ratio of physicians, nurses, midwives to population
- 32 Number of new cases of outpatient consultation per person per year
- 33 Hospital mortality rate
- 34 Percentage of blood donation by volunteers
- 35 Health data quality index
- 36 Percentage of health centers with fully functioning Health Center Management Committees