

## Supporting intensive care and oncology at AHC

### In Cambodia, most families still can't access to life-saving specialty care for their children.

While Cambodia has made incredible progress rebuilding its healthcare system, significant gaps still remain. With 74% of Cambodians living in rural areas, access to high-quality specialty and emergency care is not widely accessible. At AHC, we're narrowing this critical care gap.

In the US, 80% of children with cancer will survive. In resource-limited countries like Cambodia, 80% will die. With fewer than 30 trained oncologists and specialized cancer nurses to treat children, there's also inadequate oncology and palliative care training in the Cambodian medical education system and no formalized oncology network to advance pediatric cancer treatment and care.

In times of emergency, accessing emergency services can be incredibly challenging. Few facilities in Cambodia have adequate resources or trained healthcare professionals to care for children suffering from critical illnesses and injuries. As a consequence, a severely injured or ill child in Cambodia has few options to receive appropriate and timely intensive care.



### Key statistics



Cambodia has one of the highest death rates for children under five in Asia



During the Khmer Rouge, Cambodia lost an entire generation of health workers. Only 25 doctors survived



One in five Cambodians survive on less than US\$2.70 a day



Children from the poorest families are three times more likely to die early than children from wealthier families



## Our response

AHC's intensive care and oncology units are some of the most advanced facilities of their kind in the country. As one of three pediatric teaching hospitals in the country, AHC is strengthening specialty and emergency care by training the next generation of Cambodian health staff to provide quality, compassionate treatment for children. Each health worker we train will go on to save countless lives and teach future generations of compassionate health workers.



### Intensive care facts



**1,612** children treated in our intensive care unit in 2024



**3** middle-grade doctors currently receiving 4-year specialty education in intensive care



Most common diagnoses include respiratory illnesses and traumatic injuries, as well as severe cases of common conditions such as dengue fever & dysentery

Our intensive care unit provides the highest level of care to children with life-threatening injuries or infections. With specialized technology and a higher ratio of healthcare professionals to patients than any other part of the hospital, we are committed to delivering exceptional care to our patients.



### Oncology facts



**1,342** rounds of chemotherapy were administered in 2024



AHC has built the capacity to treat **29** different types of cancer in children



Most common types of cancer treated by AHC are leukemia and retinoblastoma

As one of the few organizations in the country with the capacity to treat childhood cancers, AHC sees children from all 25 provinces of Cambodia. AHC has established a reputation as one of the leading providers of childhood cancer treatment in Cambodia. With steadfast support from committed donors and a growing oncology network around the country, AHC is continuing to push the boundaries in delivering specialist cancer treatment for children.

## A donation of



**US\$2,300**

could treat a child with retinoblastoma for one year



**US\$8,000**

could cover all medication in the intensive care unit for three weeks



**US\$18,000**

could train an intensive care or oncology specialty trainee for a year



## From a foot fracture to cancer: Rita's story

Children hurt themselves in simple accidents every day — it's part of being a child. But it's not every day that a broken foot turns into a cancer diagnosis. For four-year-old Rita's family, nothing could've been more unexpected.

In April 2024, little Rita broke her foot jumping on a trampoline. Her parents brought her to AHC, where our intensive care doctors were quickly able to fix up her foot and send her home. At the time, nothing seemed unusual.

But a month later, Rita's father Davuth noticed her leg swelling.



*"I didn't notice any other signs of something wrong with her. She didn't show any symptoms except for her swollen leg, so I just thought she hurt it again. I brought her back to AHC to get it checked." – Davuth, Rita's father*

Soon, both of Rita's legs were swelling. At first, our doctors suspected she had juvenile idiopathic arthritis, a form of arthritis in children. But when Rita started inexplicably bleeding, our oncologists decided to perform a bone marrow biopsy to check for cancer. The tests confirmed what they'd feared: little Rita had T-cell acute lymphoblastic leukemia.

*"I was so afraid when I heard my only child had cancer," Davuth recalled. "I'd heard this type of illness requires treatment that's expensive and difficult to get in Cambodia. We're farmers in a rural area — without AHC, we never would've been able to afford Rita's treatment." – Davuth, Rita's father*

Our medical social work team covered all of Rita's medical costs while our oncology team started Rita on a course of chemotherapy. T-cell acute lymphoblastic leukemia is an aggressive bone cancer requiring lots of aggressive medication. This can make it a particularly brutal illness, especially for young children. But throughout her seven months of treatment, Rita has remained her positive and playful self, not letting her illness dampen her spirits.



Now, Rita is on her fourth phase of chemotherapy. She's eating well and no longer has any lumps or bleeding. After finishing all five phases of chemotherapy, our oncologists will continue following up with her for the next five years to ensure the cancer doesn't return.

**Thank you so much for your consideration.**