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DEVELOPMENT OF HUMAN RESOURCES AND IMPLICATIONS OF AGING SOCIETIES

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Country Report: Cambodia/Health Sector

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1. Basic national health indicators and statistics

Cambodia occupies a land area of 181 035 sq. km in the south-western corner of Indochina and had a total population of 13.1 millions in 2001, 80% of them living in rural areas (MoH 2002). The majority of the population is young and life expectancy at birth is short (54 and 58 years for male and female respectively). The age group of 60 years and above represents only 6% of the total population (NIS & DGH, 2001).

Table 1: Basic national health indicators

Indicators	Estimates
Population (1)	13.1 millions (2001)
0-14 years (2)	43 %
15-59 years (2)	51 %
60+ years (2)	6%
Average Household size (2)	5.4 persons
Total Fertility Rate (3)	3.8
Crude Birth Rate (3)	24%
Infant Mortality Rate (3)	97 per 1000 live births
Maternal Mortality Ratio (3)	413 per 1000,000 live births
Life Expectancy at Birth (4)	Male: 54 years Female: 58 years

Sources: (1) MoH 2002; (2) NIS & DGH 2001; (3) MoH 2004; (4) NIS 1999.

The health status of the Cambodian people is among the lowest in Asia, and maternal and infant mortality rates are among the highest in the world. Infectious respiratory illnesses, diarrhea diseases, malaria, dengue hemorrhagic fever, HIV/AIDS and other infectious diseases are the leading causes of morbidity and mortality in the country..

Health care remains a serious factor of impoverishment in Cambodia where at least one-third of the people live below the poverty line. The average annual income of Cambodian people is low (US$ 250), but household expenditure for health care is relatively high (US$ 29 per person). Recent estimates of health expenditure in Cambodia indicate that over two-thirds of financing is attributed to out-of-pocket expenditures of households. The burden of these expenditures is highest among the poor, as medical expenses occupy a large proportion of family income. Factors that cause high household expenditures include (i) high prices of health care both at public and private facilities; (ii) inadequate and irregular flow of public funds to health facilities, therefore shifting the burden to consumers to co-finance a large share of services delivery costs; and (iii) low access to exemption for user charges among the poor as fee revenues are tied to supplementing salaries for health staff.

The Ministry of Health, with support from international organizations and communities has made tremendous efforts to re-establish and re-develop the public health sector that was completely destroyed by the Khmer Rouge in late 1970s. However, structural constraints, including low salaries (US$ 15-30 per month) and inadequate health budget (US$ 3 per capita), jeopardizes the quality and availability of public health services in the country, especially in rural and remote areas (MoH 2002).

2. Factors which affect welfare and health

Over two decades of wars from 1970 have badly affected Cambodian population structure, with young people mostly suffering from casualties. In addition, the Khmer Rouge regime (1975-79) decimated family, community and religion, the three main pillars for providing care and support for the older people in the Khmer society. Subsequently a great number of older people lost their children during war and therefore have no one to support them, as they grow older. Many surviving children are too poor to support themselves to be able to give adequate support to their parents. Poverty, especially in the countryside implies decreasing standard of living and food security for older people and their families.

The ageing of population in Cambodia, however is not as fast as that of many other countries in Asia. Nevertheless, the elderly are facing increased chronic illnesses

such as cardiovascular diseases, respiratory diseases, cancer and diabetes in addition to currently burdened infectious and parasitic diseases. Also, in the near future a large number of young people will become sick and die from HIV/AIDS, which will deprive many older people of children to support them in their old age.

3. Health services for the elderly

The Cambodia Ministry of Health has initiated the health sector reform plan since 1996, with the goal of ensuring competent, accessible and affordable health care as an important step towards improving the health and wellbeing of people in the country, especially the poor and most deprived.

In recent years, efforts have been made to enhance health services delivery, resulting in a relatively improved health care for people countrywide, including the rural and the most vulnerable. A National Policy on health Care for Elderly and Disable Persons was established in 1998; nurses have since been trained on health care for the elderly; and regular awareness campaigns have been conducted throughout the country. Cancer treatment services for were launched at a national hospital in 2001 following by Cancer Control Program in 2003.

4. Family and community support

In the Khmer society, families usually live together, and parents could count on their children to support and care for them in their old age. Religion and custom reinforce people respect and care for their parents and towards the elderly. Neighbors or other villagers usually provide some food and care to poor older people who have no children to support them. Buddhist (and other religions) temples, on the other hand, constitute the community centre of social life for many older people in Cambodia, by providing them meeting place as well as physical and morale support, especially for the most destitute.

However, demographic changes such as migration, urbanization and modernization would in the near future negatively affect the role and capacity of the family and community to provide care for their old parents and poor neighbors.

5. Health services support

The MoH policy statement 2003-2007 emphasizes among all on (i) provision of basic health services to the people of Cambodia people with the full involvement of the community; (ii) prevention and control of communicable and selected non-communicable diseases, on injuries, the elderly, adolescent and vulnerable groups such the poor, and on managing public health crises; and (iii) implementation of health financing systems to promote equitable access to priority services especially by the poor (MoH 2002).

Many health facilities have been newly constructed and renovated according to the 1996 revised health coverage plan, although some facilities are not fully operational. Exemption status for the poor and Equity Funds have been established, and outreach activities have also been promoted, with the aim to contributing towards improving access to public health care for the poor. Efforts have also been made to improve people's health seeking behaviors and practitioners' attitudes towards consumers. .

Health Centre Management Committees and Village Health Support Groups which have been established almost countrywide are a mechanism in place to empower local health staff and people to improve the quality of existing health services and the health status of people in their community.

Nevertheless, the coverage, quality, and accessibility of health services for elderly remain very limited in Cambodia. Older persons need to remain healthy in order to earn a living or to participate actively in family and community life. Access to a quality health care for older people need to be further enhanced. Appropriate health insurance schemes, currently unavailable, should be developed in order to safeguard the health of people, especially in their old age.

6. Promotion for self-reliance and manpower

At present most people in Cambodia do not have access to a secure and sustainable income in their old age. They mainly rely on their own labor or depend on support from their children for their living. By making appropriate use of knowledge, expertise, and wisdom that older people have accumulated over their lifetime, would governmental and non-government organizations not only contribute to alleviate their poverty and sustain their living, but also promote their self-reliance and esteem.

7. Conclusion

The elderly in Cambodia represents only a small portion of the total population but are facing with serious health and welfare problems caused by inadequate support, poverty and inaccessibility to competent healthcare. Improving the population's health status, strengthening the public health sector and increasing the accessibility of healthcare as well as alleviating poverty would substantially improve their situation.

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