









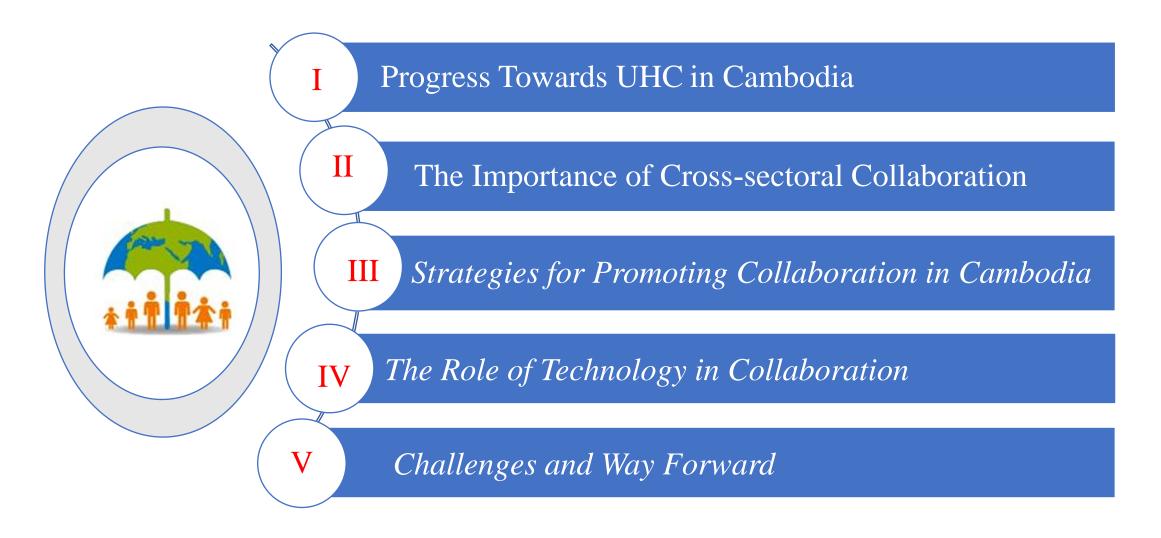
The 22nd ASEAN & Japan High-Level Officials Meeting on Caring Societies 25-27 November 2024, Kanagawa, Japan

Promoting Collaborative Efforts in the Field of Health, Welfare and Labour to Create a Healthy Society to Sustain UHC

Prepared by Cambodian Representatives:

- 1. Dr. Soth Sotheary, MLVT
- 2. Dr. Chhorn Sophea, MOH
- 3. Mr. Veth Vuthradin, MoSVY

CONTENTS



I. Progress Towards UHC in Cambodia

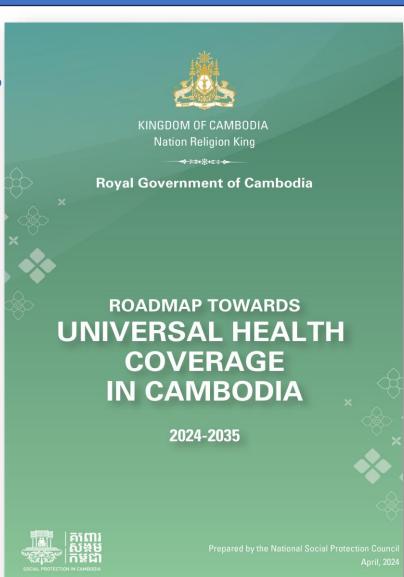
- ☐ The Social Security System for health care has total **2.53 millions members** including:
 - **1.68 millions** workers,
 - 480.000 members are public sector individuals,
 - More than **360.000 members** are self-employed and their dependents of NSSF members.
- ☐ The Health Equity Fund has about 4.8 millions people receiving health care paid by the government.
- □ Social health protection system has been implemented and expanded overt time and currently, **7 million people** or roughly **41%** of the total population in Cambodia has been covered by both the Health Equity Fund (HEF) and Social Security Schemes on Healthcare.

- "Roadmap for Universal Health Coverage in Cambodia 2024-2035"
 - ❖ Prime Minister Samdech Moha Borvor Thipadei Hun Manet officially launched the "Roadmap for Universal Health Coverage in Cambodia 2024-2035" on 23rd May, 2024 and setting out a clear plan to ensure that no one in Cambodia is left behind in addressing health issues.
 - ❖ The Roadmap towards Universal Health Coverage in Cambodia 2024-2035 has been developed in alignment with the National Social Protection Policy Framework and the concept note on the path toward Universal Health Coverage in Cambodia.



"Roadmap for Universal Health Coverage in Cambodia 2024-2035"

- **❖ The Royal Government of Cambodia (RGC)** has committed to achieving Universal Health Coverage in Cambodia by 2035.
- ❖ Universal Health Coverage ensures that all people receive the health services they need without financial hardship.
- This concept is fundamental to achieving better health and wellbeing for all, promoting health equity and ensuring sustainable development.



Progress to Date:

- ☐ **Health Equity Fund (HEF):** Since its implementation, the HEF has helped poor Cambodians access healthcare without paying out-of-pocket costs.
- □ Expansion of **public health infrastructure** and **essential health services** in rural areas. This is particularly important for maternal and child health, communicable disease prevention, and treatment of non-communicable diseases.
- ☐ Increased **coverage of health insurance schemes** and **free public healthcare services** for vulnerable populations.

***** The roadmap defines three specific targets:

- 1. Expanding the population coverage under the social health protection system to **80%** out of the total population,
- 2. Achieving at least **80%** of the essential health service coverage index,
- 3. Reducing out-of-pocket health expenditure to at most **35%** of the total health expenditure.

Dimension



I. Population Coverage under the social health protection system (80% by 2035)



2. Essential health service coverage (UHC SCI of 80% by 2035)



3. Financial risk protection and health financing (reducing out of pocket expenditure – ≤35% by 2035)

II. The Importance of Cross-Sectoral Collaboration

The Need for Cross-Sector Collaboration

Health Sector

Aims to improve access, prevent diseases, and enhance health financing.

Labor Sector

Focuses on job creation, worker rights, and workplace safety.



Welfare Sector

Enhances socioeconomic conditions through social protection programs.

II. The Importance of Cross-Sectoral Collaboration (Cont')

Collaboration for Universal Health Coverage

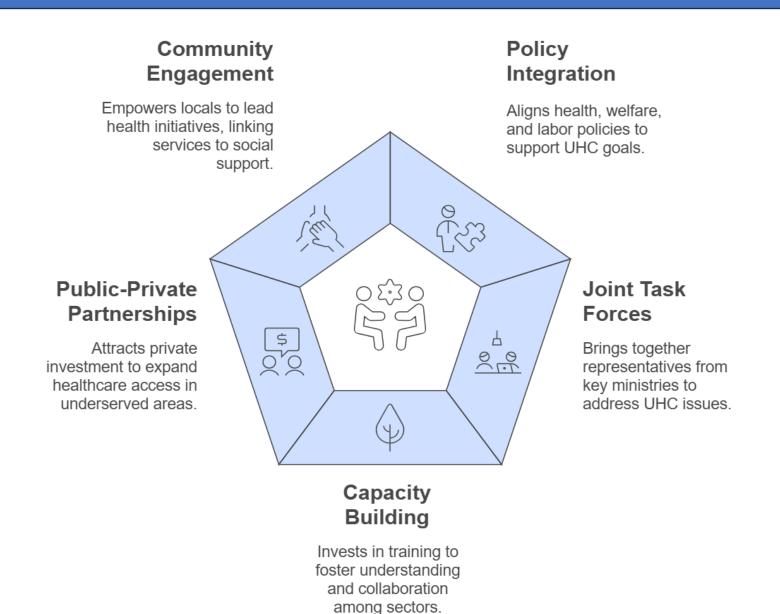


Cross-sectoral collaboration between health, welfare, and labor sectors is essential to create an inclusive health system, addressing social determinants of health and improving access, financial sustainability, and health equity.

Health and Welfare

Aims to expand social protection to ensure healthcare access for vulnerable groups.

III. Strategies for Promoting Collaboration in Cambodia



IV. The Role of Technology in Collaboration

***** Leveraging Technology for Collaborative Efforts:

☐ Integrated Health Information Systems:

• A unified health information system improves decision-making and coordination across health, welfare, and labor sectors.

☐ Telemedicine:

• Telemedicine improves healthcare access in remote areas, particularly for occupational health, mental health, and specialized care.

☐ Data Sharing Across Sectors:

• Cross-sector data sharing allows for better tracking of health, employment, and social welfare, leading to more personalized interventions and programs.



V. Challenges and Way Forward

V. Challenges

Social Determinants

Poverty, inequality, and cultural barriers limit equal access to services.



Fragmented Services

Lack of coordination leads to inefficiencies and service gaps.

Infrastructure Issues

Poor facilities and unequal access, especially in rural areas, limit coverage.



Financial Constraints

Limited funding and reliance on external aid hinder sustainability.

Human Resource Gaps

Shortages of skilled professionals and inadequate training affect delivery.

V. Way Forward



Improved Access

Expanding healthcare services in rural areas through primary care and workplace programs. Thank you for your attention

