State of UHC: Cambodia

This snapshot summarises the key points raised in a focus group discussion held on 17 and 24 June, 2021, with 53 representatives of different vulnerable and marginalised communities in Cambodia.

What needs to be done?

1. Make the Ministry of Health's health management information system open to all, and ensure that community members and civil society can access UHC progress reports.

2. Improve coverage of health promotion and prevention activities and services, rather than focusing only on treatment.

3. Ensure that social health insurance is widely implemented, with efforts made to update enrolment criteria in order to sign on more key, vulnerable, and marginalised groups into the equity system to ensure that they can access the available rights and benefits.

4. Improve support for mental health.

5. Support the community to participate in monitoring and evaluating health care in the country. Listen to the voices of the key, vulnerable and marginalised in decision-making.

6. Develop a plan for managing future epidemics, learning from the COVID-19 experience involving the community and and more NGO/CSO services, from information campaigns to first aid training.

UHC context

1. The UHC framework is integrated across different line ministries, however implementation remains slow due to lack of investment in human resources, financing, and health infrastructure.

2. Government signed its commitment to UHC in 2018, and demonstrates its political will through public messaging and UHC awareness.

3. An internal coordination body exists within the Ministry of Health, but it does not engage other sectors. A technical working group on health exists, which includes United National agencies and civil society, in addition to sub-technical groups on communicable and non-communicable diseases.

4. A UHC accountability mechanism exists, including the Implementation of the social Accountability Framework (ISAF), which covers the health sector at the community level.

Challenges facing those who risk being left behind

1. People who use drugs face legal barriers and stigma and discrimination, which can deter them from seeking health care in the first place.

2. People with disabilities face a lack of understanding and awareness, and can face physical barriers to accessing health care.

3. People with mental health issues or psycho-social disabilities do not feel comfortable seeking health care, and mental health support is limited.

4. PLHIV receive good ARV access, however less support is available to people with hepatitis B and C, or TB, including counselling or support for side-effects.

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Discussions included representatives from marginalised and vulnerable communities including youth, elderly, people with disabilities, and other marginalised and vulnerable groups.
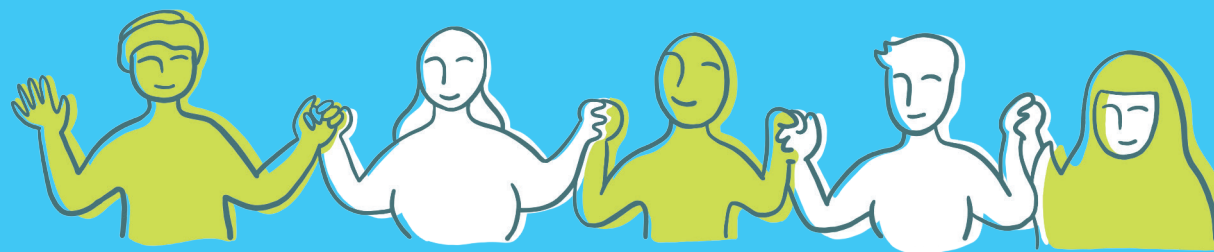
What's working

1. Many mechanisms exist to support key, vulnerable and marginalised populations, including the Health Equity Fund and the National Social Protection Framework, indicating a recognition of needs.
2. Service packages exist for HIV, TB and harm reduction.
3. Community members can provide feedback and raise issues through community feedback mechanisms of the ISAF, or through complaint boxes at government offices.

The impact of COVID-19

1. As the COVID-19 response was prioritised as an emergency, primary health care slowed down.
2. COVID-related resources had to be prioritised to meet needs, including PPE, testing, and vaccinations.
3. Little information was available on potential side-effects of COVID-19 treatment or interaction with other medication.
4. A COVID-19 test is required before accessing screening, testing or treatment services, yet outreach workers who test for HIV are not allowed to conduct COVID-19 rapid tests.
5. Domestic and gender-based violence increased as a result of deepening stress and mental health issues, particularly as the economic situation worsened.

What needs to be improved

1. While mechanisms exist to support key, vulnerable and marginalised communities, many still face high out-of-pocket expenses.
2. Health facilities need to provide more welcoming and sensitive services to people all genders, people who use drugs, and people using identification indicating their low socio-economic situation.
3. While all health care services lack staff, the largest gap is in mental health, where more and better services are required.
4. The private sector and civil society need to integrated into existing UHC mechanisms.
5. More investment is required into non-communicable diseases, particularly diabetes, cancer, and mental health.
6. Supply chain issues need to be addressed to reduce stock outs, and improve the quality of medicines and equipment.
7. Health insurance needs to be available to those in both formal and informal employment to avoid excluding vulnerable members of the community.

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