Universal Health Coverage and Sexual Reproductive Health and Rights: the case of Cambodia

13 February 2019, Bangkok, Thailand
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1. Law, Policies, Strategies

- Constitutional Law 1993
- Govt. Rectangular Strategy IV 2019-2023
- National Strategic Development Plan 2014-2018
- Cambodia Sustainable Development Goals, 2018-2030
- Health Strategic Plan 2016-2020
- National Social Protection Strategy for the poor and Vulnerable in 2011
- National Social Protection policy Framework 2016-2025
- National Strategy for Reproductive and Sexual Health in Cambodia 2017-2020
- Neary Rattanak IV Strategic Plan (2014-18)
2. Universal Health Coverage (UHC)

**Health Equity Fund (HEF):** Covers the poor for accessing healthcare services incl. sexual reproductive health in the public sector free of charge across the country.

**Health Insurance:**
- Full premium contribution from the employers
- Beneficiaries: garment factory workers and civil servants
- Access to healthcare services incl. sexual reproductive and maternal health services.

**Armed forces health insurance:** Arm forces are also covered by a separate health insurance scheme.

**Insurance for informal sector:** In the process

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**Cambodia is on the track to achieving the roadmap to UHC by 2025 in line with the National Social Protection Framework 2016 – 2025.**
3. Sexual Reproductive and Maternal Health in the context of UHC/social protection

• Well integrated into the health systems in Cambodia:
  o Recent introduction of the adolescent and youth friendly health services; and
  o Healthcare services for survivors of violence against women into health care systems

• Well incorporated into the Complementary Package of Activities (CPA) and the Minimum Package of Activities (MPA). CPA and MPA are the service packages covered by all social protection schemes in Cambodia.

• Removing financial barriers faced by a large number of people living in or near poverty line within the framework of the national Health Equity Fund and other financing schemes.
Political Commitment
to adapt the new update
with changing economy
(from a low-income country
to a lower middle-income
country)

Strong System and
Mechanism at national
and sub-national level to
address gender issue and
the vulnerable group and to
operate comprehensive
sexual and reproductive
health services

Public institutions Ability
to implement the new strategies

Enabling environment
through political
commitment and
policy/strategy
development, with UN’s
and DP’s support

4. Key Factors
for Success
5. Challenges

• Cambodia just started to implement the social protection scheme, so we still need more time and resources to scale up the implementation.

• Cambodia is still at the early stage of implementation of health insurance, therefore it could not yet reach the full coverage and the insurance for informal sector is still in the process.

• Shortage of qualified health care providers in remote areas.

• **Social, cultural and economic factors** are still the key factors to limit the access to information, education and health care for women and girls, especially in the rural area.
6. The Way Forward

• Advocate for more commitment in private sector

• Advocate for more internal and external resource mobilization

• Build and updated capacity continuously, the human resource at the rural areas

• Strengthen the national monitoring and evaluation system to track the progress and effectiveness that could be used strategically for policy and strategic change.
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