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Making Health Services Inclusive

People with disabilities and the elderly

The challenge

In Cambodia, thirty years of civil conflict, war and genocide, accompanied by chronic malnutrition, the destruction of health services, and the spread of over 10 million land mines has led to a high number of people with disabilities. The Cambodian Socio-Economic Survey (CSES) 2009 estimates the disability prevalence at 6.3%.

Today, the most common causes of disability in Cambodia are old age, disease, congenital conditions, traffic and work accidents. The most common impairments include vision, mobility and hearing, although intellectual impairments are likely to be underestimated. Recent research conducted by Handicap International and the Cambodian Ministry of Education, Youth and Sports found a 15.6% impairment rate in children between two and nine years old, with cognitive/learning, hearing and speech disabilities being most prevalent. Since most disabilities are acquired over a lifetime and not limited to congenital factors, it is likely that the prevalence rate in the general population is much higher than the prevalence rate found by the CSES 2009, which is based on self-reported data.

It is estimated that almost half of all impairments in Cambodia are preventable. Vision and hearing impairments, often developed from complications of ear and eye infections, can be easily and cheaply prevented, if detected early and treated properly. Serious childhood illnesses (e.g., acute respiratory illness, fever and diarrhoea) are often untreated by health providers. Undernourishment and malnutrition are prevalent in 40% of Cambodian children, causing stunting and contributing to child mortality and morbidity.

The implications of malnutrition can last into adulthood and lead to physical, sensory and intellectual disabilities. Although maternal and child health care has improved, substantial gaps between rich/poor and urban/rural populations persist in Cambodia, putting children born to poor families in rural areas at particular risk for disability.

Maternal and child undernutrition also increases the risk, especially for the poor, of developing cardiovascular disease and diabetes later in life.

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Overall term	2011 to 2014

In addition, with life expectancy rising and fertility rates decreasing, Cambodia is undergoing a demographic transition to a more mature society. The elderly, accounting for 6.6% of the Cambodian population in 2012, are expected to reach 19% by 2050. The ageing of society entails an epidemiological transition from infectious, nutritional and maternal conditions to chronic and degenerative diseases.

With communicable diseases remaining substantial threats to health and an upsurge in noncommunicable and chronic diseases, Cambodia faces a “double-disease burden”. The shift in disease burden and cause of death is clearly progressing in Cambodia, with noncommunicable diseases (NCDs) such as diabetes, hypertension and cancer coming to the fore (NCDs already account for 46% of annual deaths in Cambodia), and a persistently high prevalence of mental disorders. Mental disorders are considered one of the leading causes of disability globally.

In addition, people in developing countries develop NCDs at a younger age than those in high-income countries. As NCDs progress, a large number of people are likely to develop impairments, such as amputation as a result of diabetic neuropathy, visual impairment due to diabetic retinopathy, or paralysis due to stroke. 35.6% of Cambodians over 60 years old have one or more disabilities. Although NCD-related disabilities account for 66.5% of all years lived with disability in low-income and middle-income countries, this issue is often neglected by governments and development agencies alike.

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Health service needs

Health care and social health protection for Cambodians have improved during the last decade, but challenges persist in increasing access to quality health services. The Cambodian public health system is primarily designed to treat acute illness and maternal and child health, although gaps still exist, particularly in primary ear and eye care and mental health services. The elderly, people living with NCDs, and people living with disabilities are particularly marginalised within this system, and health service providers often show limited awareness of the rights and specific health needs of these vulnerable groups.

The shift towards chronic diseases implies increased demands for preventive, curative and rehabilitative services, which Cambodia's health system is not yet able to meet. Available specialised services are mainly concentrated in urban areas, excluding large segments of the population from access. The coverage of rehabilitation services is still low, varying in quality and focusing mainly on vision and physical impairments, in spite of its huge impact on quality of life.

Despite efforts to challenge myths about the sexuality of people with disabilities, and making sexual and reproductive health services more inclusive, both women and men with disabilities are often still deprived of health information and protection measures. Disabled women do not receive adequately tailored maternal and gynaecological care. In addition, women with disabilities are more likely to experience familial violence and controlling behaviour than non-disabled women.

Knowledge and awareness that certain illnesses and infections, or impairments and developmental delays, could lead to permanent disability is rather sparse. There is no institutionalised screening of newborns, infants or young children for disabilities. And even for those children with an identified disability, very few receive the services necessary to minimise the impact and promote development.

About 50% of diabetes patients and almost 60% of hypertension patients are not treated. In the absence of close cooperation between the public and private health sectors, a continuum of care from prevention to rehabilitation cannot be assured. Coordination, referral systems, multisector cooperation and well maintained health records are crucial for people with chronic diseases and disabilities. These people are particularly vulnerable to deficiencies in health care services, and face a multitude of barriers when in need of health services. Only 27% of people with disabilities seek health care when falling ill compared to 57% of the non-disabled. The main barriers that people with disabilities and the elderly face when accessing health services are:

- The capacity to detect and diagnose many types of NCDs/ disabilities, and their precursors, are not available at district hospitals and health centres;
- Lack of locally available specialised health services;
- Financial barriers (user fees and the affordability of transportation was noted by people with disabilities as more of a barrier than distance or accessibility at the health facility);
- Physical and communication accessibility barriers;
- Stigma, discrimination and negative attitudes from health staff;
- Health care staff with limited knowledge of disabilities, disability-related health needs, available specialised services (private and public);
- Patients' lack of knowledge of their own health and available services;
- Lack of coordination among service providers and a functioning referral system.

In addition, the reality for most people with disabilities in Cambodia is that they are not empowered and supported by advocacy, reflected by their unfamiliarity articulating their own needs.

Social protection

Studies in developing countries show that people with disabilities have more health needs, and spend a higher proportion of their income on health care. As disabled people in Cambodia are largely excluded from education and the labour market, these health care costs pose an additional risk of impoverishment and entail the need for protection against poverty and health risks. According to an executive order by the Cambodian Ministry of Health in 2004, people with disabilities have a right to receive services free of charge at public health facilities. In practice, this is rarely implemented, as providers lack the identification and cost reimbursement mechanisms to provide these fee exemptions. Study results show that only 8% of people with disabilities receive free access to health care in Cambodia.

Due to their declining health, older people are often unable, to perform daily tasks and face higher barriers to participation in community life. A growing gap emerges between the need for care of the elderly and the resources available for or allocated to this purpose in developing countries. In Cambodia, the elderly tend to use health services more often and have higher out-of-pocket expenditures than other age groups, making them and their families more vulnerable to catastrophic health care costs.

Our approach

The Cambodian Government ratified the UN Convention on Rights of Persons with Disabilities in 2013, committing itself to promote social equality for people with disabilities in all spheres of society. Addressing economic, physical, institution-

al, attitudinal, capacity, information and communication barriers increases access to prevention, treatment, rehabilitation and social services, and is crucial to fulfilling the rights of people with disabilities to health.

In 2011, the Federal Government of Germany and Cambodia agreed to mainstream disability in current and future cooperation activities, to ensure that one of the most vulnerable groups of Cambodian society could increasingly participate and benefit from poverty reduction and development efforts. Cambodia is one of the countries where Germany fosters the inclusive design of German development cooperation measures, as detailed in its Action Plan for the Inclusion of People with Disabilities.

The Cambodian-German Social Health Protection Programme supports the Royal Government of Cambodia to improve the quality of and access to health services, mainly for the poor and vulnerable. Human rights are a guiding principle of German Development Cooperation, and including people with disabilities in development efforts is part of respecting human rights and human diversity. The GIZ Social Health Protection Project uses a multi-level approach of policy advice and practical implementation in its efforts towards inclusiveness. In alignment with the Ministry of Health's Strategic Plan, the project assists with the design of national health and social protection strategies, tools to promote health, access to quality health services, patients' rights, and accountability in the health system, and strengthens the capacity of national and sub-national institutions to protect public health and achieve universal health coverage for all Cambodians. A disability-inclusive and human rights perspective is mainstreamed and fostered by all its components since 2013.

The project partners closely with the Ministry of Health and Handicap International, MoPoTsyo, Epic Arts and disabled peoples' organisations in specific activities focused on disability, chronic diseases and preventive measures. The overall goal of these activities is inclusive development, in which vulnerable groups participate in, and benefit as much as, other target groups.

Health Care Financing: Equity in access to health services

Existing social health protection schemes often do not cover chronic conditions or disability-related services. Even when access to services is granted by law or by protection scheme benefit packages, specialised services are often not available for screening and secondary prevention, chronic conditions or impairment related care. This leaves people with disabilities and chronic diseases without equal access to health services and safety nets to protect them and their families from catastrophic health expenditures, debt and impoverishment.

To move towards an approach that reduces the risk of impoverishment due to high health care needs, GIZ supports research on the costs of NCD care and secondary prevention. Moreover, research and modelling of concepts for a subsidised risk adjustment mechanism for social health protection schemes will be conducted, to enable social health protection schemes to extend their coverage to people with above-average health care needs. Thus, we seek to contribute to reformative policy in sustainable health financing for people with disabilities and chronic diseases.

Health Service Delivery: Improving the quality of services

The quality of a health care system can be viewed within the framework of its ability to promote prevention of disease, chronic conditions and disability. For conditions that are not preventable, or that are already present or chronic, quality treatment and rehabilitation is essential for mitigating the impact on people's overall health, quality of life, independence, and participation in their community.

In the area of health service delivery, GIZ focuses on capacity building of health personnel in early detection and prevention of disabilities. In addition, it supports barrier-free information systems, discrimination reduction training for health personnel, and a functioning referral system for early interventions. Furthermore, we provide support to a model approach in chronic care, which is recommended for nationwide expansion. The approach, based on peer educator networks, shows how the negative effects of a growing epidemic of noncommunicable, chronic diseases can be mitigated by empowering diabetes and hypertension patients and making them active agents in the management of their disease. It also provides a model, at the primary care level, for linking early diagnosis with constant monitoring and care to improve health, lower costs and reduce out-of-pocket expenditures.

The goal is to support access for vulnerable people to a continuum of care, from prevention to rehabilitation. Since NGOs play an important role in providing specialised services, including rehabilitation, it is crucial to foster cooperation between the public and private sectors.

Health Systems Governance: Giving a voice to the vulnerable

The project seeks to bring together stakeholders and beneficiaries, to give a voice to the vulnerable, marginalised and previously unheard groups, and promote dialogue on the needs and rights of people with disabilities. The goal is to strengthen participatory sub-national decision-making processes in the health sector, by empowering the elderly and people with disabilities to participate as active members of the community.

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At the same time, the capacity of commune councils to represent the interests of vulnerable groups is enhanced by sensitising them to the rights of people with disabilities, their health needs and barriers to health care access. Participatory feedback mechanisms on the quality of services are leveraged to inform providers, and address gaps in the provision of health services without discrimination or barriers to people with chronic health conditions. Multisector collaboration, as well as the identification of synergies between the public and private sectors for improved access, quality and continuum of care provided to people with chronic conditions are supported. Ultimately, these efforts strive to achieve transparency, accountability, quality and client responsiveness.

The results

As an approach to social health protection that reduces the risk of impoverishment for vulnerable groups due to higher health care needs, the project drafted a thorough analysis of literature on the costs of diabetes and cervical cancer prevention and care relevant to Cambodia. Work on cost estimates of NCDs screening and treatment in the Cambodian context is ongoing.

Strengthening of prevention and early detection of impairments among newborns, children and people with noncommunicable, chronic diseases contributes to avoiding long-term impairments and disabilities. To this end, disability screening instruments for newborns and children adapted to the Cambodian context have been developed, and will be introduced in our focal provinces of Kampong Thom and Kampot.

A mapping of existing specialised health services for vulnerable groups has been conducted and will be disseminated to communities, health personnel and people with disabilities to improve access and pave the way for a referral system.

Scaling up a model peer educator network for diabetes and hypertension has been supported in Kampong Thom and Kampong Speu provinces. Awareness campaigns and screening initiatives supported by the project have reached 48,000 people in Kampong Thom and Kampong Speu. Over 1,600 people with diabetes and/or hypertension have joined the peer educator networks, and are now receiving support for health and lifestyle changes and long-term adherence to treatment, to successfully avoid impairments.

In addition, stakeholders, decision-makers and service providers are now aware of the rights and needs of people with disabilities and the barriers they face, with the support of self-help groups and a disabled people's organisation. All with the overall goal of contributing to improved access to health services for people with disabilities, by reducing discrimination and improving participation of people with disabilities as well as supporting multisector cooperation.

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