Access to health care and financial risk protection 2004 - 14

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Original Article



Equality in financial access to healthcare in Cambodia from 2004 to 2014

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Some explanations

• Cambodia socioeconomic surveys 2004, 2009, 2014

• Medical care seeking: biomedical professionals

• Out-of-pocket expenses (OOPE): direct spending on health

• Capacity-to-pay (CTP): disposable income

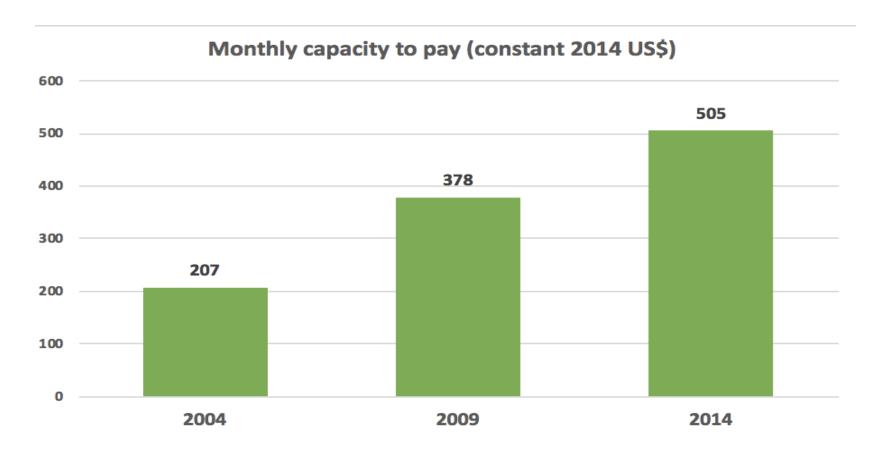
• Catastrophic health expenses: OOPE> 40% of CTP

• **Impoverishment**: CTP < poverty line after OOPE





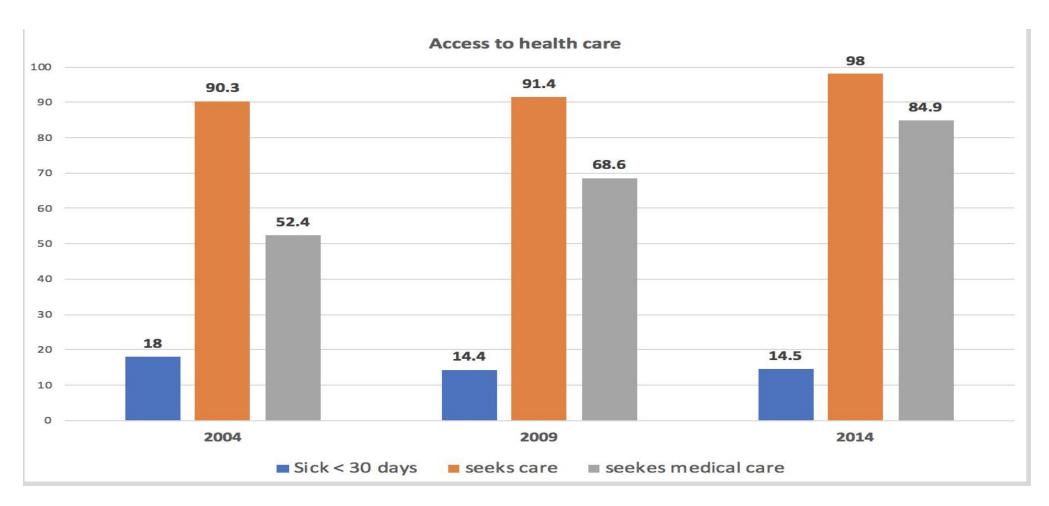
Cambodians have more money







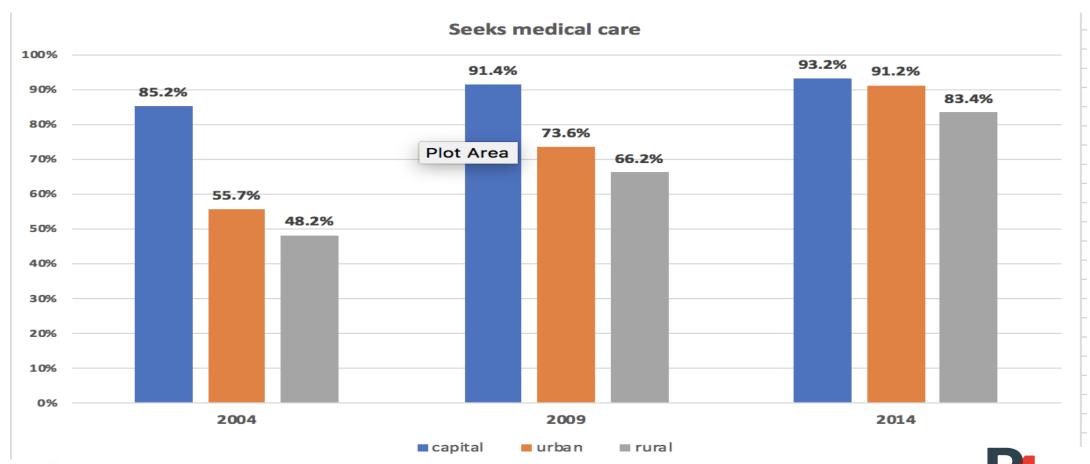
Access greatly improved







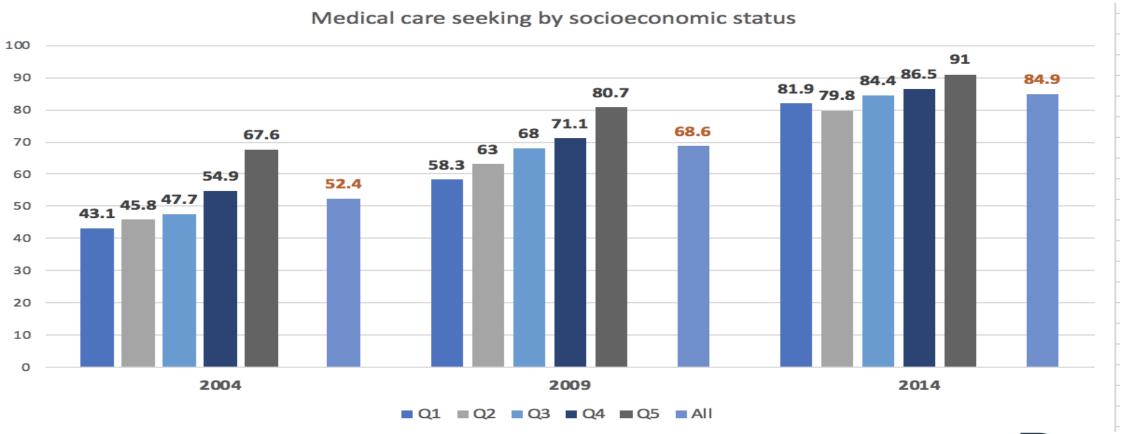
Especially rural populations benefit







And so do nearly all socioeconomic groups

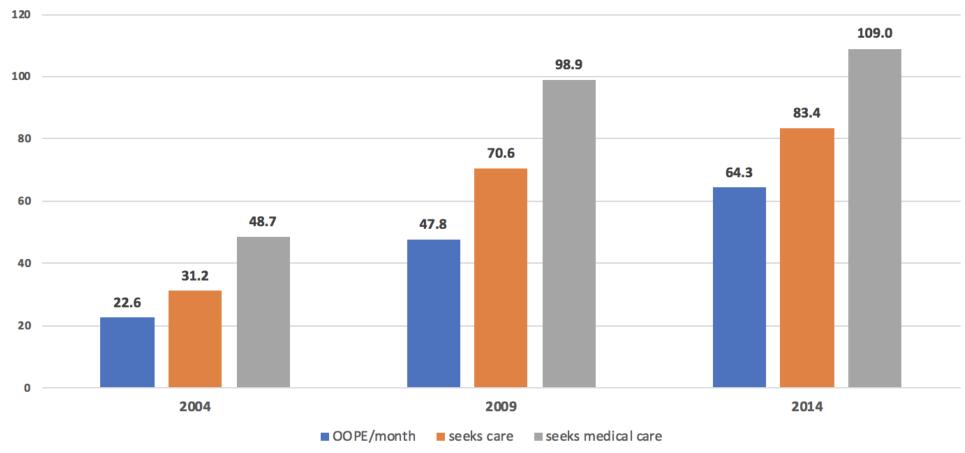






But it is getting more costly (US\$)

OOPE (constant 2014 US\$)

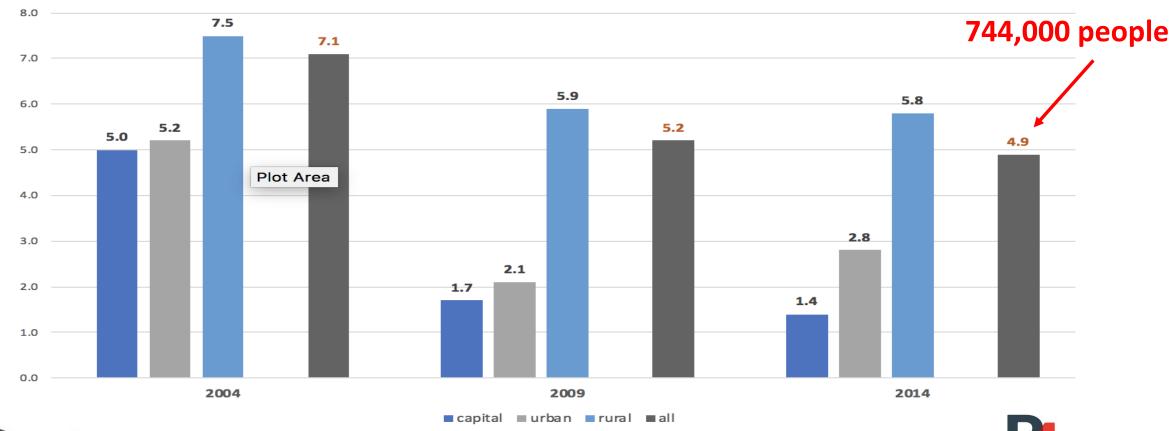






Catastrophic health expenses (% population) Progress between 2004 and 2009 only Rural population remains disadvantaged

Catastrophic health expenses

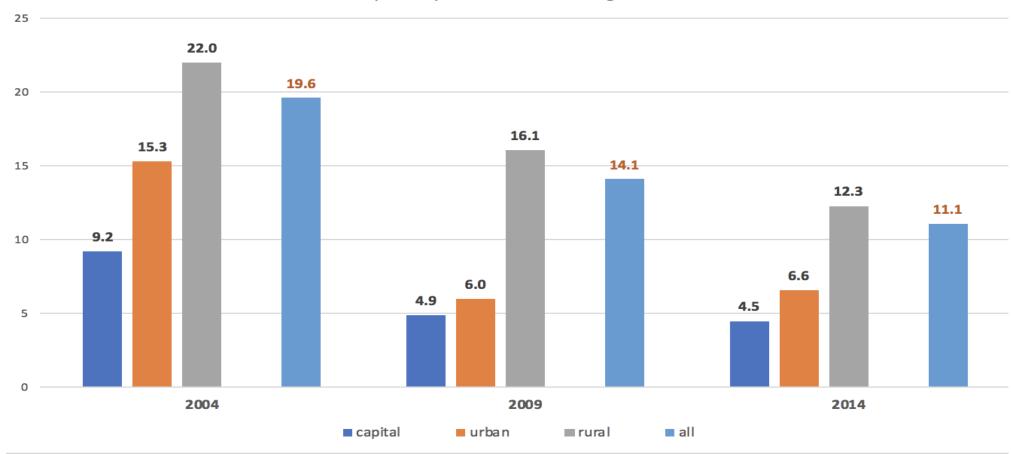






Medical care seeking hurts the most

Catastrophic expenses when seeking medical care

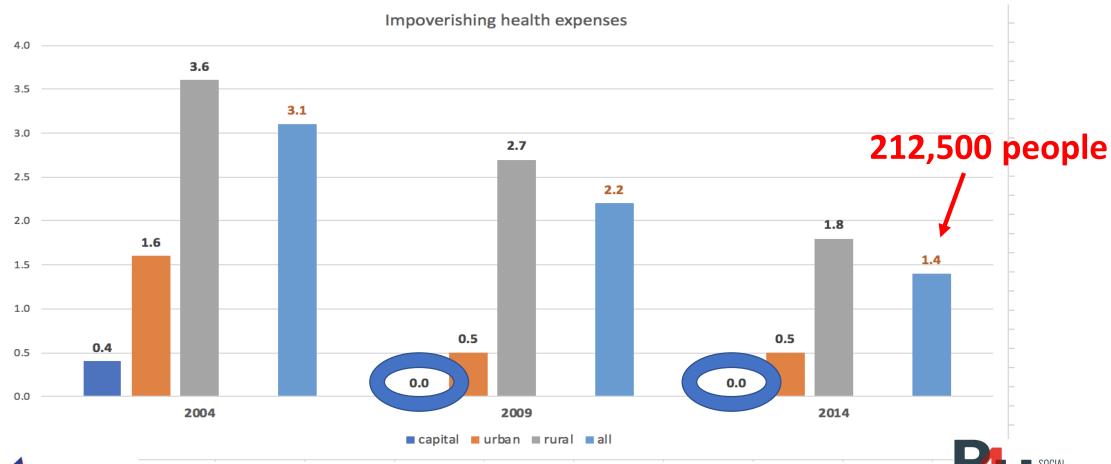






Impoverishing health expenditures

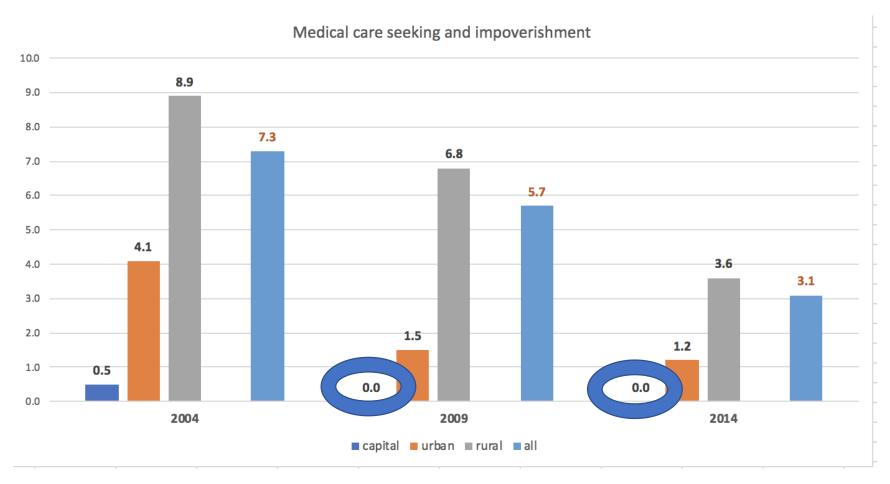
Less people getting poor Gains are mainly in urban areas







Seeking medical care hurts again except when living in Phnom Penh

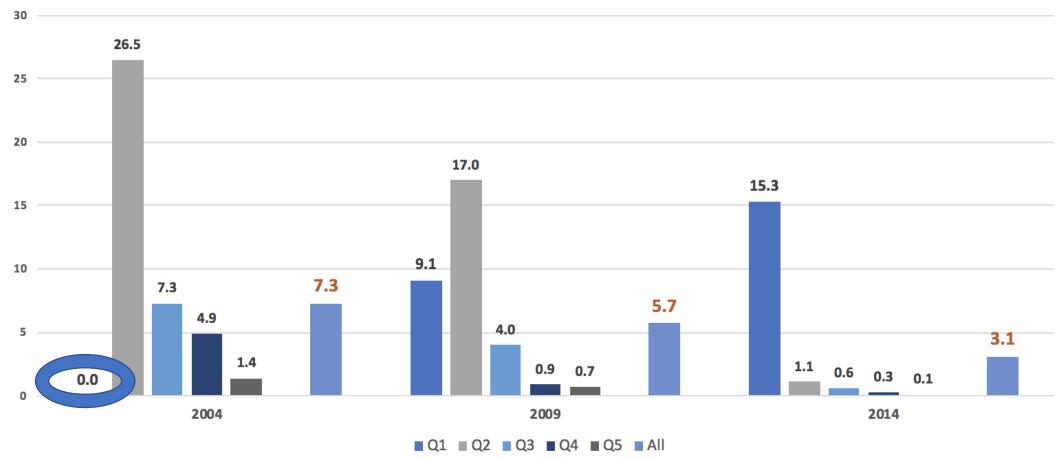






The poorest pay most

Medical care seeking and impoverishment

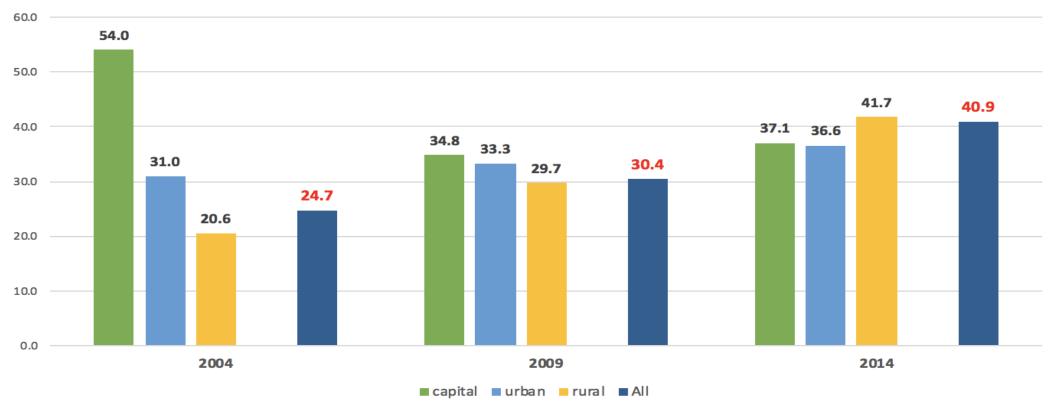






Cost of health care: Cheap in cities More expensive in rural areas

OOPE for those that sought care (constant 2014 US\$)







What can be done -invest more in rural areas









Improve financial risk protection poorest 50%



Thank You





