

The impacts of conflict on access to health care: missing generation and disability in Cambodia

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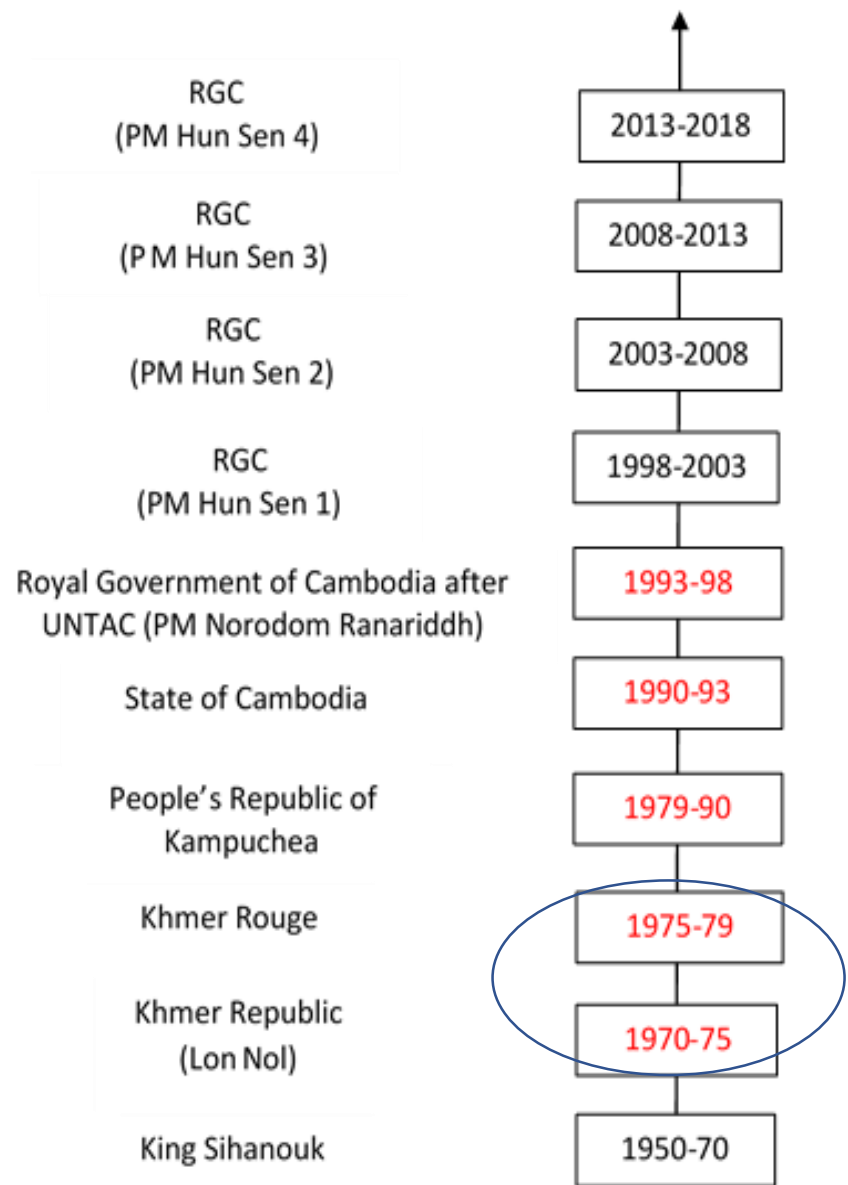


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Context

- 3 decades of conflicts (1970-1998)
- 2.8 millions died from 1970-1980
- ‘Demographic scar’ or missing generation and disability
- It is unclear how missing generation and disability impact on their access to health care



Objective

- To identify the vulnerabilities associated with the conflict, missing generation and disability and access to health care



Guerrilla soldiers carry mortar shells into Phnom Penh shortly after the city was taken over by the Khmer Rouge in 1975. Photo: APF

Methods

- Qualitative life history
- 5 elderly respondents
- 2 criteria: age of 50 or more & lost critical family members or disability
- 2 operational health districts, Takeo, Cambodia



1 Key Finding



July 1995: A Cambodian boy stands in front of human skulls at a "killing field" in Trapeang Sva Village, 25 kilometres south of Phnom Penh.

Photo: AP

- Conflict caused vulnerability to access health care by changing household structure:
 - (i) livelihood and people's capacity to pay,
 - (ii) the physical access to health care and support system within households
- This vulnerability is varied by gender and age



A woman cried beside a dead body in PP after fall of the city on 17 April 1975. Photo CNN

- The loss or disability of men means the loss of main economic providers
- Widow exposed to exploitation and stigmatization
- Age of women affected the prospect of recovery
- Capacity to grab assets or resources differed by power structure and labour
- Households with fewer adults or the presence of sick or disabled members tended to have limited ability to recover
- Women face greater difficulties than men in achieving livelihood resilience due to education deficits

What does this mean to access to healthcare?

- People could not access health care appropriate to their condition
- Depleting saving, selling assets and borrowing
- Limited cost sharing between family members

Poverty is transmitted to younger generations

- Both death and disability of breadwinners had affected the younger generation
 - School dropout
 - Child labor
 - Hazardous employment
 - Working in disease prone areas
 - Illegal migration
 - Malnutrition

Current Social Protection Schemes

- Social Health Protection Schemes (Health Equity Fund, NGO/Christian hospitals...) and other social protection schemes
- However, they were ineffective as health problem became more chronic.
- Certain conflict-related groups did not get services as they needed
 - Older people
 - Disabled people/veterans
 - High-dependency ratio households

Conclusion

- In conflict affected countries, vulnerability to access health care is complex, determined by:
 - Household structure and disability
 - Poverty variation by gender and age
 - Complex sets of health needs by different generations
 - Issue of support system within household/community
 - Chronic illness
- Current social health protection and design of Universal Health Coverage strategy need to particularly focus on older people, people with chronic condition or disability



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