International Labour Organization

Fostering inclusion: Advancing social health protection for persons with disabilities in Cambodia, the Lao People's Democratic Republic and Viet Nam

FINDINGS SUMMARY

Objective of the research

The ILO, in partnership with the Lao Tropical and Public Health Institute, Viet Nam Health Strategy and Policy Institute, and Agile, in Cambodia, conducted a study to examine the extent to which persons with disabilities can access existing social health protection measures across the region. This summary highlights the key findings.

Background

In general, persons with disabilities have specific health care needs.

1. Greater needs for healthcare
2. Greater barriers to access healthcare
3. Greater cost to access to healthcare

1 Direct Medical Costs

- General healthcare services
- Rehabilitation and specialist health services
- Assistive devices

2 Direct Non-Medical Costs

- Transportation
- Accommodation and personal assistance or interpretation required when accessing healthcare

3 Indirect Costs

- Loss of income or time persons with disabilities face while seeking care or for other family members who provide personal assistance support

The research

Sample: 277 persons with:

- Physical impairment
- Visual impairment
- Hearing impairment
- Caregivers
- Recipients of work injury benefits

In both rural and urban areas

Law

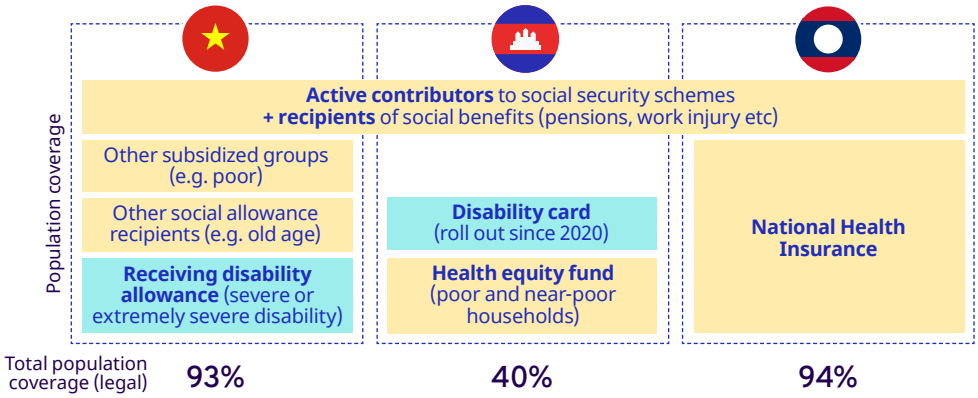
All three countries define rights to health care in disability-related legislation...

... but disability is largely absent from social health protection legislation

Population coverage

The recognition of the disability status as a criteria to access subsidized social health protection coverage can play an important role in extending coverage. However, it requires accessible and inclusive disability assessment systems

Channels to access social health protection in each country



Benefits coverage

While social health protection benefit packages in the three countries cover a relatively comprehensive set of goods and services from primary to tertiary levels, there are common exclusions:

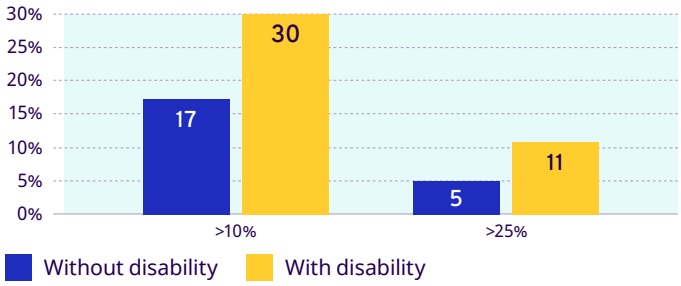
- Hearing aids
- Glasses and contact lenses
- Eye implant surgery
- Mobility devices
- Optometry
- Artificial vision devices

Financial protection

Persons with disabilities face catastrophic health expenditure from:

- Population coverage gaps
- Excluded health services and goods
- Higher frequency of services utilizations
- Co-payment policies
- Non medical costs

Catastrophic health expenditures of persons with disabilities as a percentage of total household income in Cambodia



> "For me, first I used my savings money, and then I mortgaged family land. And I also borrowed money and sold my gold."

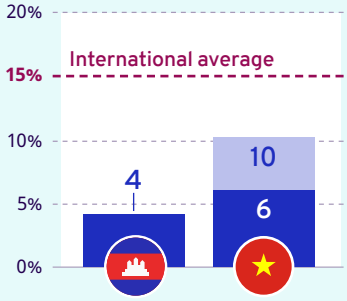
Female caregiver of male, 8, with autism, Champasak, Lao PDR

Cash benefits

do provide **cash benefits**

Disability benefits, where provided, remain below international averages

Benefit levels of non-contributory disability benefits as share of GNI per capita, latest available year (percentage)



Although this is not their primary purpose, disability cash benefits can play an important role in covering some costs related to accessing healthcare. However, their potential is limited by gaps in adequacy and coverage

- Highest benefit
- Lowest benefit

Long Term Care

The legal framework for long-term care remains very limited across the three countries

Existing care and support to persons with disabilities is **almost exclusively provided by family members**

> "He needs support for all activities related to living independently. He cannot do anything himself and has to rely completely on family members. As we get older, we cannot take care of him forever. We would like to send him to a mental healthcare centre."

Caregiver of male, 38, with intellectual impairment, Hung Yen, Viet Nam

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