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Country Report:  
Review and Appraisal of the Progress on  
Implementation of the Madrid International  
Plan of Action on Ageing (MIPAA)

in Kingdom of CAMBODIA

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# Review and Appraisal of the Progress on Implementation of the Madrid International Plan of Action on Ageing (MIPAA) in Kingdom of CAMBODIA

## Introduction

Cambodia is a signatory to the Madrid International Plan of Action on Ageing (MIPAA) adopted at the Second world Assembly on Ageing in 2002. In line with its theme, the Royal Government of Cambodia is committed to implementing the MIPAA in its national strategies, identifying emerging issues and future Priorities for policy actions related to population ageing and ensuring all Cambodian age with honor, dignity and security in a intergenerational solidarity and considering older people as a precious input for the new economic growth strategies in this twenty first century.

## 1- Overview of Cambodian Ageing People

### 1.1- Demographic Characteristics

In Cambodia the population ageing phenomenon does not escape from the global trend in the world population. The Survey of Elderly in Cambodia (SEC) in 2004 shows the population age 60 and over represents 6% of the Cambodian total population (13.5 million) amongst about 800 000 older people, the sex distribution is 40.2% for men and 59.8% for women and the age distribution is 34.1% for 60-64, 27.8% for 65-69, 18.7% for 70-74 and 19.4%, 75 and over. Because of the decreasing of fertility: it has dropped to 3.4 and is foreseen to fall to near replacement levels by 2050 and the increasing of the life expectancy for men from 58.6 to 69.3 years and for women from 64.8 to 75.0 years by 2050. The older people accounted for less than 5% of the increase in total population during 1950-2000, they will account for 10% and 26% respectively of the increase during 2000-2025 and 2025-2050. But in spite of this trend Cambodia still ranks lowest in terms of population ageing in South East Asia through the next five decades.

### 1.2- Social Characteristics

Today's population of older age Cambodians lived through an exceptionally traumatic period of history during their adult years: independence from France in 1953 was followed by civil war and in April 1975 the revolutionary forces of the Khmer Rouge under the dictatorship of Pol Pot established political violence, severe food shortages and lack of medical care resulted in an estimated nearly 2 million deaths. Many who

died were the sons, daughters or spouses of today's older-aged population. This period was followed by the worst AIDS epidemic in Asia, many who were infected and died were adult sons and daughters of the current elderly population. Consequence of these accumulated events, 65% of the Cambodian old people are illiterate and have never attended school. The percent distribution according to literacy are: 59.2% not able to read, 22.1% to read with difficulty and 18.7% to read comfortably.

### 1.3- Economic Characteristics

Cambodian older people live in one of the poorest countries in Asia. Only a small minority of Cambodian elders indicate they did not work during their lifetime, these people are mostly women. Over a third of the population age 60 and over reported that they were still economically active. Almost half of men compared to 28% of women are still working. Only 20% of those age 70 and older are still active. Those who are still economically active have similar occupations during their lifetime: most were engaged in farming or fishing or in their own account like sales or Services workers. 40% of Cambodian elders reported that they received some income from their own or their spouse's work. About 5% received income from rental property. Investment or savings are even rarer sources of income with only 2%. 5% of elders reported receiving pensions especially Civil Servants and Veterans. Financial support from government welfare or organized charity is extremely rare and reported by less than 1% of elders. The remaining, which means the majority of elders report their children or children-in-law as their main source of support. The majority lived in households with at least one of their children and share support that come to the household, and receive some money and other material support from their children.

### 1.4- Health Characteristics

The Survey of Elderly in Cambodia (SEC) focused on the ability of the older people to negotiate successfully within an environment, and as such relates well to physical functioning measures, like the ability to do a physical movement or conduct a usual daily task. One set of functioning measures, called Activities of Daily living (ADL) for example their ability to bathe or dress was underlined by the survey. Older Cambodians are more likely to state that they believe their health is poor than to state it is good. Most report joint pain, weakness and back pain. A large majority report having difficulties performing physical function such as lifting things and walking.

Health insurance for older Cambodians is nearly non-existent with only a handful of respondents reporting that they had any.

## 2- Older People and Development

### 2.1- Plan of Actions of the Royal Government for mainstreaming ageing into Development Policy

The Problems facing older people in Cambodia are both the economic situation and health. Cambodian elders which are generally quite unfavorable reflecting the pervasive poverty and underdevelopment of the country in general and they have become a largely ignored segment of the population.

After the Asia and Pacific Macao Plan of Action on Ageing adopted by the governments of the region in 1999, the Royal Government of Cambodia in 1999 established by Sub-decree the National Committee for the International Day for the Elderly and Ageing people (NCEA) involving eleven ministries and lead by the Ministry of Social Affairs, Veterans and Youth Rehabilitation. This National Committee cooperates with the National Committee on Population and Development (NCPD) of the council of Ministers which is in charge of promoting and implementing the government policies for older people.

The Royal Government of Cambodia's National Strategic Development Plan (2006-2010) has recognized the contribution of community-based Elderly Associations as an effective means of addressing the needs of older People.

In February, 26, 2007, the Royal Government of Cambodia has signed with HelpAge International Cambodia a project agreement in which the main aims are:

- to increase household income, food Security and improve health for vulnerable communities in 60 remote villages in 2 western provinces of Cambodia through the establishment of active associations of older people.
- to help these older people associations to increase their organizational capacity and its capacity building.
- to work with vulnerable groups in community-led poverty alleviation initiatives.
- to disseminate and replicate best practices in using older people's capacities to achieve increased food and income security through their participation in all the processes and decision making of the community development.
- to enhance solidarity amongst older people, share learning and experiences in their Elderly Associations, Discuss common

difficulties faced by Older People and how they can overcome them through direct action or advocacy, build confidence in their own capabilities, discuss how they would like to operate and network in the future, and how they can organize themselves, increase partner understanding of Elderly Association activities. Through these associations older people can operate small scale enterprise such as handicrafts, sewing to contribute to the family income. Creation of seed money loans or cattle money loans allows older people in need to obtain a loan from these banks to get some quantity of rice for feeding their family or pig, bovine or poultry for breeding and increasing their income in the near future.

A National Workshop organized by the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY) and HelpAge International in Battambang province in October 2007 will analysis and appraise the outcome of the project and disseminate the best practice of different Older People Associations amongst them.

The application of this Pilot Project will be generalized in all provinces and municipalities of Cambodia by the Provincial and Municipal Department of the MoSAVY.

The Royal Government commits to mainstreaming ageing into development policy and promoting full integration and participation of Older people through the creation of Older people associations over the country. Older people will be able to influence the process and increase awareness of the policy implicating Ageing across different government Development Projects, especially Projects concerning them.

## 2.2- Provision of Social Protection and Security

Since October 1997, in a step to help prioritize the aged, the Royal Government implemented a Pension System where retired government officials are granted pensions equal to 80% of the value of their last salary under Sub-decree N° 59 dated 6 October 1997. The Retired pension Invalidity pension, Survivors pension, Employment injury and Occupational disease are covered by annual national budget.

At the moment the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSAVY) prepares a Royal Decree setting up a Civil Servants Social Security Fund and later the Veterans Social Security Fund that involve all the members of this fund by collecting their contribution and paying their pension, including the medical care which was not covered by the national budget in the previous system.

Since September 2002, the MoSAVY has established the law adopted by the National Assembly (Law on Social Security Schemes for persons

defined by the provisions of the labor law). It include all the employers and employees of the private sector .

For the individual working in the informal sector, such as farmers and independent professions like lawyers or doctors etc.....before the creation of the Special Social Security Fund for them, the Ministry of Health drafted a Sub-Decree on the Micro Insurance legal framework. in response to the immediate Health care need of these populations, especially the older people of these groups.

### 2.3- Alleviation of poverty in older age

The Cambodian elderly are among the vulnerable groups where the prevalence of poverty is high, the Royal Government's National Strategic Development Plan (NSDP) for the period 2006-2010 gives priority in poverty alleviation of older people. This plan pays attention to income security for older people by including income generation schemes and savings and credit programs at all levels, by giving them the opportunity to undertake income generation schemes, by encouraging their participation in poverty assessment and implementation of national poverty reduction strategies.

## 3- Advancing Health and Well-Being Into Old Age

### 3.1- Health care services for the formal sector

Good health is one of the prime factors ensuring a person's physical, psychological, social and spiritual well-being and quality of life during old age. The Cambodian Royal Government commits to providing the quality of life at all ages, including independent living, health and well-being. Its development policies aim to reduce the main risk factors associated with major diseases, to increase factors that protect health throughout life and provide access to care services.

Because of lack of Government fund for financing the formal care services for older people, the Royal Government set up a legal framework for social health protection for Civil Servants, Veterans and employers, employees of the private sector. The Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSAVY) prepares at the moment a Royal decree creating a Social Security Fund for Civil Servants and later of Social Security Fund for Veterans and the Ministry of Labor and Vocational Training (MoLVT) implemented the (law on Social Security Schemes for persons defined by the provisions of the labor law) adopted by the National Assembly in September 25, 2002.

These Government social protection policies allow 10% of Cambodian older people retirees from Civil Servant and Veterans to benefit

from a retirement pension and health care repayment. And for all workers of the private sector to enjoy the same services, including older people retirees from this sector.

### 3.2- Health care services for the informal sector

The informal sector's workers represent 80% of the Cambodian total population such as farmers, workers in fishing, individual independent workers. The Royal Government charges the Ministry of Health to take responsibility for this large sector.

Through major reforms in the Cambodian public health system, indicators showed significant improvement around HIV/AIDS or TB prevalence, child and maternal mortality rate.

The budget of the Ministry of Health (MoH) increases significantly every year: expenditure on health per capita increased 42% from 1999 to 2005(1999: 2.89\$, 2005:4.09\$)

To prevent and eradicate the risk of frequent diseases threatening older people, the Health Sector Strategic Plan 2003-2007 of MoH specifically classifies the management of hypertension of diabetes as one of the priority health service interventions. And for prevention of disability of older people the MoH was setting up in 2000 the National Policy for Elderly Health Care and Disability Prevention.

On the Health care financing issue, the MoH cooperates with a French NGO the Research and Technological Exchange Group (GRET) to set up a voluntary health care scheme called Community-Based Health Insurance (CBHI) using the existent public health center, or public hospital to provide primary health care and hospitalization to the members of the insured households.

In November 2002 an assessment of this experience showed 2 positive outcomes:

- Provide a health security protection for the remote households and spare them high expenses on their health care, in the past they had to sell their parcel of land to face this expense.

- Allow the public health care system to gain some more revenue.

In fact the number of member of insured households increased significantly and the contracts signed with the health care providers also increase proportionally. For the starting point GRET financed all the expenses of the CBHI by providing contribution according to the number of people who are insured in the CBHI. And step by step the contribution of the household increased and along the way the contribution of GRET decreased until the CBHI was financed by itself.



For example in 2005 a CBHI was setting up in Banteay Mean Chey province by the Cambodian Aid Association for Family and Widow (CAAFW), after 6 months of implementation of the project the CBHI got 640 households with 2833 members. The contribution was 2\$ per year per member plus 12\$ per household in aid coming from Canada Fund. All these funds can cover the contract of primary health care of all the household members plus the fee of Ambulatory of some patient's transportation to hospital.

In Cambodia currently (May 2007) there are 9 schemes of CBHI which being implemented in six provinces, the total number of families covered by all schemes was 7806 or 36025 members including the older people living in the households.

### 3.3- Training of Care Providers and Health Professionals

Enhancing health care means quality in the care center or in the hospital, the department of preventive medicines of the MoH develops policies and technical instruments to promote better health care for older people. A training program on Basics of Quality Health Care for older people provided Geriatric Skills to public health workers in referral hospitals and health centers. These health workers will further train and support the Village Health Support Group (VHSG) members so that they can provide and advise older people in villages better.

## 4- Ensuring Enabling and Supportive Environments

### 4.1- Understanding and Awareness of HIV/AIDS Amongst Older People:

According to Ministry of Planning (2001) the majority of older people had some awareness of HIV/AIDS and some Knowledge of the spread and prevention of the virus. The campaign against HIV/AIDS under taken by the Department of Social Well-Being of the Ministry of Social Affairs, Veterans and Youth Rehabilitation on the unsafe sexual practices and the transmission of the virus touches also the older people audience. At the same time advice about the tasks of older caretakers who are faced with ill family members or orphans were provided and debated.

### 4.2- Housing and Enabling Environments

The Ministry of Social Affairs Veterans and Youth Rehabilitation (MoSAVY) prepares a draft law on the Right of disabled people in which the construction of public places, building, transportation should be regulated to allow facility access to disabled people and additionally older people with mobile disability can benefit from this law by providing them

an appropriate living environment which enables them to participate fully in the community life.

#### 4.3- Social Services and Community Support

As mentioned above 80% of Cambodian older people live with their children. So family and Community support of the elderly are of importance in Asian countries. With the globalization of the world economy, urban and labor migration, unemployment and economic restructuring, the traditional nuclear family is under pressure and the number of older people at high risk of dependency and disability is increasing, at the same time, the ability of families to provide care is decreasing.

Many poor older people living in rural areas do not have appropriate resources to meet their own basic everyday practical and emotional needs, their extended family also does not have enough resources to support these older people, often living in very difficult conditions of poor health, exhaustion and depression, and isolated from their community members.

Given the above stated problems faced by older people and current weak and informal structures of support especially from their family, the Royal Government of Cambodia with its limited budget recognizes that it can not undertake alone its National policy and plan of action on the welfare of the elderly. Through the Ministry of Social Affairs, Veterans and Youth Rehabilitation and the Ministry of Health and in partnership with HelpAge Cambodia (HAC) and Republic of Korea-Association of Southeast Asian Nations (ROK-ASEAN), the Royal Government experiments a Pilot Project on Home Base Care for Vulnerable Older people since 2004 in 10 villages in Banteay Mean Chey Province.

Care for older people in village does exist but is sporadic and uncoordinated. So this pilot project would aim to fill these gaps and help establish more formal networks and support mechanisms in providing practical and emotional assistance to vulnerable older people within the community.

The backbone of the project is the establishment of a network of volunteers that can provide structured support for vulnerable older people. The criteria and profile of volunteers home helpers are: willing and fit, have time available to volunteer, member of the Older People Association, who live in the same village.

The selection's criteria of the beneficiaries are: beneficiaries must be over 55 years old, low income, poor living conditions, poor health, living alone.

The outcomes and results of this pilot project on home care for older people are: reduced isolation, increased hope for older people in their future life, improved quality of life for older people, change in People's behavior such as increased respect for older people, increased knowledge and skill of Volunteer Home Helpers, reduced expenditure for family on health care of older people, increased awareness in older communities: NGOs, government.

Before the idea of the project on Home Base Care was imported from Republic of Korea by HelpAge Korea (HAK) to Cambodia, the Royal Government through the MoSAVY applied a specific policy for vulnerable Older People who did not find any support from their family to join the Meditation Centers in the pagodas. According to the data provided by the Ministry of Cults and Religions, there are 4237 pagodas over the country with their Meditation Centers suited for welcoming volunteer older people who decide to devote the last stages of their life to social activities such as cleaning the Pagoda area, making food for the Monks, organizing the Pagoda festivities and getting Meditation for themselves. These older people living in Pagodas currently amount to about 10 000 people. This Pagoda Base Care fits the lack of funds of the country because the Pagoda has its specificities such as:

- Food and basic materials are abundant, provided by the Charity contribution of Buddhist believers.
- Volunteer Pagoda Helpers (VPH) can be recruited among Students, young orphans or young boys left by their family in the Buddhist monk's care to study, and live in the Pagoda.
- 95% of Cambodians are Buddhists, when they go to the Pagoda, they can visit their Older parents or grandparents living there and can provide them moral support.

#### 4.4- Older People on Emergencies

In time of emergencies such as flood, fire, storm disaster, Older People are incorporated in the emergency action plan of the National Authority for disasters Management and very often with the intervention of the Cambodian Red Cross.

Conclusion:

To pursue the implementation of MIPAA, the Royal Government of Cambodia has a range of priority measures which benefit older people. These measures are:

- Strengthening the Capacity building of Older People Associations.
- Promoting a life-course perspective on health and ageing: good nutrition, healthy lifestyles, avoidance of risk factors (cigarette, Alcohol).
- Encouraging productive ageing through the continued employment of older people in the workforce.
- Encouraging and supporting the family and communities to continue caring for their older members.
- Encouraging NGOs to implement Home care program for older people and providing technical and financial support nationally.
- Establishing a formal network and support mechanisms for the Pagoda Base Care for older people who live in Pagodas.

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