

## Living Well After 50 in Cambodia

### Public Health Tips for Healthy Aging

#### Lessons from Southeast Asia and Evidence-Based Policies for Improving Elder Well-being

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#### I. Introduction

##### *Aging in Cambodia – Challenges and Opportunities*

Cambodia is at a pivotal moment in its demographic transformation, with the elderly population (those aged 60 and above) expected to reach **2.5 million by 2030**, representing a significant shift in the nation's public health landscape (WHO, 2022). This demographic change underscores the necessity of **proactive interventions** to address the challenges and harness the opportunities presented by aging. While advancements in healthcare and socioeconomic development have improved overall life expectancy, Cambodia's older adults still face barriers to achieving **healthy and dignified aging**.

##### *Current Challenges*

**Limited Geriatric Healthcare Infrastructure:** Cambodia's health system is currently ill-equipped to handle the complex needs of its aging population. **Geriatric healthcare services**, such as specialized clinics and elder care programs, remain scarce, particularly in **rural areas**. Older adults often face difficulties accessing healthcare due to logistical challenges and financial constraints.

Urban areas have better access to healthcare facilities; however, rural regions face **disparities in infrastructure and resource allocation**, leaving the majority of older adults underserved. The situation is exacerbated by Cambodia's reliance on **informal caregiving**, where family members—often without proper training—bear the brunt of elder care responsibilities. This dynamic highlights the **absence of structured and professional elder care systems** to support families and individuals in need.

**Rising Rates of Non-Communicable Diseases (NCDs):** The prevalence of **diabetes, hypertension, and cardiovascular diseases** is growing among Cambodia's older adults, mirroring global trends. Currently, **NCDs account for 71% of deaths in Cambodia** (WHO, 2023), underscoring the urgency of preventive and primary care interventions. However, gaps in **screening programs**, particularly in remote areas, contribute to late diagnoses and inadequate management of chronic conditions.

As Cambodia transitions economically, dietary shifts and urban lifestyles further exacerbate the risk of NCDs, adding strain to the healthcare system. **Community health initiatives** focused on education and early detection remain vital to mitigating these health challenges.

***Social and Economic Vulnerabilities:*** Older adults in Cambodia often face **financial insecurity**, with limited savings and access to pension schemes. Many elders rely on **subsistence farming** or informal work for income, which is unsustainable as physical capacity declines with age. Social vulnerabilities are further amplified by the legacy of trauma from historical events, including the Khmer Rouge era, which continues to impact the mental health of many Cambodian seniors.

### ***Public Health Vision***

***Alignment with National and Regional Strategies:*** Cambodia's **National Aging Policy 2017–2030** provides a strong foundation for addressing these challenges. This policy emphasizes the integration of **health and social care systems**, **multi-sectoral collaboration**, and the promotion of **respect for cultural values**, such as the traditional role of elders in families and communities.

At the regional level, Cambodia can draw inspiration from the **ASEAN Strategic Framework on Aging**, which advocates for **universal health coverage (UHC)**, **community-driven initiatives**, and **age-friendly environments**. These frameworks encourage the inclusion of aging considerations across national development strategies, ensuring older adults are not marginalized in healthcare planning.

***Strengthening Community-Based Care:*** Community-based care is at the heart of Cambodia's public health vision for aging. By investing in **community health workers (CHWs)**, geriatric training programs, and localized healthcare services, Cambodia can ensure equitable access to healthcare for older adults, particularly in rural areas. Leveraging **Buddhist temples and pagodas** as hubs for elder care can align healthcare delivery with cultural values, fostering trust and collaboration.

***Integrating Cultural Values:*** Respect for elders is deeply ingrained in Cambodian society, providing a unique opportunity to engage communities in elder care programs. Public health strategies can **empower families and communities**, ensuring older adults are actively involved in **decision-making, caregiving roles, and income-generating activities**. This approach not only strengthens intergenerational bonds but also promotes social cohesion and dignity for older adults.

***Multi-Sectoral Collaboration:*** Aging is not a challenge that the health sector can tackle alone; it requires coordination across **government agencies, NGOs, private sector stakeholders, and community organizations**. Cambodia's vision involves fostering partnerships to:

- **Expand geriatric services** in both urban and rural areas.

- **Promote elder-friendly infrastructure**, including public transportation and accessible housing modifications.
- **Support financial inclusion programs**, such as scaled-up pensions or community cooperatives for older adults.

Cambodia's aging population presents an opportunity to **redefine public health priorities**, ensuring older adults lead healthier, more empowered lives. By addressing structural gaps in healthcare systems, tackling NCDs with preventative care, and integrating cultural values into policy frameworks, Cambodia can transform aging into a period of **dignity, productivity, and fulfillment**. This roadmap aligns with both national ambitions and regional frameworks, offering actionable insights for sustainable improvements to elder well-being.

## II. Contents

### Part 1: Nutrition and Chronic Disease Management

#### Chapter 1: Culturally Adapted Nutrition Programs

##### Public Health Evidence

***Food insecurity among Cambodian elders:*** The **World Food Programme (WFP, 2021)** highlights that **40% of Cambodian elders** face **food insecurity**, which compromises their ability to maintain adequate nutrition for healthy aging. This problem is compounded by Cambodia's traditional dietary patterns, which are heavily reliant on **rice as the staple food**. While rice provides energy, it lacks essential **proteins, vitamins, and micronutrients** such as iron and zinc, leaving elderly vulnerable to malnutrition and its associated health risks.

***Implications of malnutrition on aging:*** Malnutrition exacerbates age-related health challenges, including weakened immunity, slow recovery from illnesses, and greater susceptibility to **non-communicable diseases (NCDs)** like diabetes and hypertension. For aging populations, insufficient nutrition can accelerate physical decline and impair quality of life, making nutrition interventions a critical priority for public health.

***Regional Success Story:*** Indonesia's **Posyandu Lansia** program in Indonesia serves as a model for addressing elder malnutrition through **community-driven initiatives**. Established as **elder-specific health and nutrition posts**, these centers operate within villages to deliver targeted services to older adults.

Posyandu Lansia provides **fortified meals** tailored to the nutritional needs of seniors. These include ingredients rich in **protein, iron, and essential vitamins**, addressing the common

deficiencies found in traditional diets. Additionally, the program educates elders about balanced eating habits, empowering them to make informed food choices.

***Community engagement and support:*** Run by trained volunteers and community health workers (CHWs), Posyandu Lansia emphasizes **localized solutions**—leveraging community networks to ensure consistent access to food and health services. By integrating nutrition education and health check-ups, the program promotes **holistic care**.

The impact of Posyandu Lansia has successfully reduced **elder malnutrition by 25%** in participating communities, demonstrating the effectiveness of **grassroots approaches** to tackling food insecurity. This success can serve as inspiration for Cambodia's elder care programs.

***Cambodia-Focused Strategies for Nutritional Intervention:*** Building on lessons from **Posyandu Lansia**, Cambodia can adapt culturally relevant strategies to address elder malnutrition and improve nutritional outcomes. These approaches should prioritize **community engagement, localized solutions**, and alignment with Cambodia's **cultural values**.

- **Community Gardens:**  
Cambodia can partner with NGOs such as **CARE Cambodia** to establish **community gardens** that provide nutrient-rich vegetables like **morning glory, pumpkin, and sweet potatoes**. These gardens can be maintained collectively by elders and their families, promoting **food security, social interaction, and empowerment**.
- **Rice Fortification Programs:**  
Implement **pilot programs** that enhance the nutritional value of Cambodia's staple food, rice, by fortifying it with **iron, zinc, and folic acid**. Drawing inspiration from Thailand's rice fortification initiatives, this strategy can reduce deficiencies in critical micronutrients.
- **Elderly Feeding Programs:**  
Leverage **Buddhist pagodas**, which are respected cultural hubs in Cambodia, as distribution centers for balanced meals. Pagodas can serve as venues for **nutritional workshops and meal provision**, ensuring elders receive culturally appropriate and nutritionally balanced diets.

## **Policy Recommendations**

To achieve sustainable improvements in elder nutrition, Cambodia's policymakers should integrate these strategies into the **National Strategic Plan for Food Security and Nutrition**. Specific recommendations include:

- Establish a **national elder nutrition task force** to oversee program implementation and monitor progress.

- Develop **public awareness campaigns** on elder nutrition, incorporating education about affordable and locally available nutrient-rich foods.
- Partner with **regional stakeholders**, including ASEAN, to access funding and technical expertise for fortification and community-based initiatives.

The issue of food insecurity among Cambodian elders is both urgent and addressable through **culturally adapted interventions** that combine global lessons with local ingenuity. By drawing inspiration from Indonesia's **Posyandu Lansia program** and leveraging Cambodia's cultural assets, such as community networks and Buddhist pagodas—the country can create a sustainable framework for improving elder nutrition and fostering healthy aging.

## **Chapter 2: Tackling Non-Communicable Diseases (NCDs) Through Primary Care**

### **Public Health Evidence**

***The NCD burden in Cambodia:*** Non-communicable diseases (NCDs)—including diabetes, hypertension, and cardiovascular diseases, pose a critical challenge to Cambodia's public health systems. The **World Health Organization (WHO, 2023)** reports that **NCDs account for 71% of deaths** in Cambodia, emphasizing the urgent need for preventative care and management strategies.

Despite the widespread prevalence of NCDs, rural areas in Cambodia lack access to regular **screening services** and **preventative interventions**, leaving many individuals undiagnosed until their conditions reach severe stages. Limited healthcare infrastructure and workforce shortages further exacerbate the challenge, particularly in remote communities.

***Impact on elderly populations:*** Older adults face **disproportionate risks** of developing NCDs, due to age-related vulnerabilities and lifestyle factors. Without targeted primary care interventions, Cambodia's aging population could experience significant declines in **quality of life** and contribute to a growing strain on the healthcare system.

### ***ASEAN Lesson: Vietnam's National NCD Prevention Program***

Vietnam's **National NCD Prevention Program** offers valuable lessons for Cambodia, particularly in expanding community-based care and integrating primary care with public health goals. Vietnam's initiative trained **10,000 community health workers (CHWs)** to conduct **blood pressure screenings** and provide basic guidance on NCD prevention and management.

### ***Key elements of Vietnam's success:***

- **Community outreach:** CHWs operate within villages to ensure high accessibility, particularly for underserved populations.
- **Early detection:** Routine screenings allow for early identification and treatment of high-risk individuals, reducing hospital admissions for severe complications.
- **Education:** Workshops and public campaigns raise awareness of lifestyle changes to prevent NCDs, including diet and physical activity improvements.

Vietnam's program highlights the potential of **localized care models** to address NCDs effectively, inspiring Cambodia-focused strategies.

**Cambodia-Focused Strategies:** Building on lessons from Vietnam and contextualizing them for Cambodia's healthcare landscape, two key strategies emerge:

- **Mobile Clinics for Remote Screening:**  
Deploying mobile clinics staffed by trained CHWs can ensure access to **NCD screenings** in Cambodia's rural areas. These clinics should be equipped with **portable glucose monitors, blood pressure cuffs**, and basic diagnostic tools to provide:
  - Routine **diabetes and hypertension screenings**.
  - Immediate referrals for high-risk cases to formal health facilities.

Additionally, mobile clinics can integrate public health education on lifestyle choices that reduce NCD risks, emphasizing culturally relevant practices such as incorporating **herbal remedies** and promoting **traditional diets** with less salt and sugar.

**Peer Education for Disease Management:** Recruiting retired nurses and experienced healthcare professionals to lead **peer education workshops** can empower older adults to manage chronic conditions like diabetes and hypertension effectively. Inspired by **Laos' successful model**, these workshops can cover:

- Medication adherence and blood sugar monitoring.
- Dietary modifications tailored to local food availability.
- Stress reduction techniques such as mindfulness and gentle physical activity (e.g., yoga or Tai Chi).

Peer-led programs foster trust and accountability, creating sustainable networks of elder support within communities.

**Case Study: Siem Reap Province Pilot Program:** Siem Reap offers an excellent example of the impact of **community-based care** on NCD management. In a two-year pilot program, CHWs were deployed to rural areas of Siem Reap Province to conduct routine **blood pressure screenings** and provide education on **hypertension prevention**.

### ***Results:***

- Hypertension rates among participants decreased by 18% over the course of the program.
- Increased awareness of cardiovascular health led to greater participation in community health workshops.
- The initiative demonstrated the effectiveness of proactive primary care interventions for reducing NCD prevalence in underserved populations.

### **Policy Recommendations**

To scale and sustain these strategies nationwide, Cambodia's policymakers should:

- Expand CHW training programs: Incorporate geriatric and NCD-specific modules to empower CHWs with the necessary skills.
- Invest in mobile clinics: Develop partnerships with regional NGOs and fund procurement of diagnostic tools.
- Establish peer networks: Incentivize retired nurses and healthcare professionals to lead educational workshops for elders.

Non-communicable diseases represent an urgent public health challenge in Cambodia, particularly as the population ages. By investing in **localized screening initiatives** and **peer education networks**, Cambodia can reduce the burden of NCDs and improve quality of life for its elderly citizens. Drawing inspiration from Vietnam's community-based program and adapting these strategies to Cambodia's unique context, the nation can develop scalable, cost-effective approaches to **primary care interventions**.

## **Part 2: Strengthening Healthcare Access**

### **Chapter 3: Strengthening Community-Based Geriatric Care in Cambodia**

#### **Public Health Evidence**

**Limited Access to Formal Healthcare:** Despite Cambodia's growing elderly population, only **15% of older adults access formal healthcare services** (Ministry of Health, 2021). This highlights **severe gaps in healthcare accessibility**, particularly in rural regions where clinics are scarce, and transportation barriers limit elder mobility. The reliance on **informal family caregiving** often means that many elders do not receive **specialized medical attention**, such as geriatric screenings, chronic disease management, or rehabilitative care. This results in **undiagnosed health conditions**, increasing the risk of long-term complications and hospitalization.

***ASEAN Model: Thailand's Universal Health Coverage Scheme:*** Thailand offers a successful model for integrating elder healthcare within **Universal Health Coverage (UHC)**. The Thai government ensures **free annual health check-ups** for older adults as part of its **national insurance program**, covering geriatric screenings, preventive services, and disease management. Key elements of Thailand's approach include:

- **Financial accessibility:** Older adults receive **free healthcare services**, reducing economic barriers to essential check-ups.
- **Preventive care focus:** Routine screenings help identify early-stage diseases and improve long-term health outcomes.
- **Policy-driven integration:** Geriatric care is incorporated into Thailand's broader **primary healthcare framework**, ensuring continuity of care for elders.

Cambodia can adopt similar **UHC-inspired strategies** by expanding the scope of community-based geriatric services and integrating elder care into **existing health equity funds**.

### **Cambodia-Focused Strategies for Expanding Elder Healthcare Access**

***Training Community Health Workers (CHWs) in Geriatrics:*** To bridge the gap between informal caregiving and professional medical services, Cambodia can **partner with the University of Health Sciences** to develop **geriatric training modules** for CHWs. These modules should focus on:

- **Basic elder care competencies**, including mobility support, chronic disease management, and medication adherence.
- **Mental health awareness**, equipping CHWs to identify signs of depression, anxiety, or cognitive decline.
- **Home-based monitoring**, enabling CHWs to conduct health assessments and provide referrals for specialized care.

By expanding the CHW workforce and ensuring **specialized geriatric training**, Cambodia can **increase healthcare access in underserved areas**, allowing more elders to receive timely and culturally sensitive health services.

***Leveraging Telemedicine for Follow-ups and Consultations:*** Cambodia can **replicate the Philippines' eHealth TB DOTS model**, which successfully used **WhatsApp-based consultations** to facilitate remote healthcare monitoring. Telemedicine can serve as a **cost-effective solution** for elderly care by:

- **Reducing travel burdens** for rural elders who face mobility challenges.
- **Facilitating follow-up care**, allowing doctors to monitor chronic diseases remotely.



- **Expanding access to specialists**, particularly for conditions like **diabetes, hypertension, and arthritis**.

By integrating **WhatsApp or other accessible mobile platforms** into Cambodia's healthcare system, elders can engage in **routine virtual consultations**, reducing healthcare gaps in **hard-to-reach regions**.

### **Policy Recommendation:**

***Expanding the Health Equity Fund for Elder-Specific Services:*** Cambodia's **Health Equity Fund (HEF)** currently supports **low-income families and marginalized populations**, but elder-specific services remain **underrepresented** in its scope. Expanding HEF coverage for **geriatric screenings, telemedicine consultations, and elder rehabilitation programs** would:

- **Reduce out-of-pocket expenses** for older adults seeking medical care.
- **Encourage preventative health measures**, mitigating long-term healthcare costs.
- **Align Cambodia's aging policies** with broader ASEAN health frameworks promoting **UHC for elders**.

Advocating for **elder-inclusive HEF policies** will ensure Cambodia develops **sustainable aging solutions**, fostering **financially accessible healthcare** for all older citizens.

Cambodia's aging population requires **urgent investments in community-based geriatric care**. By training CHWs in elder health management, adopting **telemedicine solutions**, and expanding financial support through **the Health Equity Fund**, Cambodia can **ensure equitable and affordable healthcare access** for its older adults.

## **Chapter 4: Mental Health and Social Protection for Cambodian Elders**

### **Public Health Evidence**

***Depression Among Cambodian Elders:*** Mental health issues among Cambodia's elderly population remain **largely underdiagnosed and untreated**, despite their significant impact on quality of life. According to **HelpAge International (2020)**, **30% of Cambodian elders** report symptoms of **depression**, often linked to **poverty, social isolation, and trauma from the Khmer Rouge era**. Many elderly people **lack access to mental health services**, which further exacerbates feelings of loneliness, anxiety, and hopelessness.

### ***Contributing Factors:***

- **Economic hardships:** With **limited pension schemes**, many elders struggle with **financial insecurity**, leading to chronic stress.
  - **Social isolation:** As urbanization pulls younger generations into cities, many elderly citizens in **rural areas** are left without **family support or community engagement**.
  - **Trauma legacy:** The Khmer Rouge era left a lasting psychological toll on Cambodia's older population. Without **structured trauma counseling**, many continue to experience unresolved grief, distress, and post-traumatic symptoms.
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### **Regional Success Story: *Malaysia's "Happy Aging" Clubs***

Malaysia provides an inspiring model for **elder mental health and social inclusion** through its **"Happy Aging" Clubs**, which significantly **reduce loneliness and depression** among older adults by promoting **intergenerational activities and community engagement**.

Key features of Malaysia's program include:

- **Intergenerational social interaction** – Elders participate in activities with younger generations, including **mentorship programs, cultural events, and community learning initiatives**.
- **Community-based engagement** – These clubs provide **structured social support**, helping older adults **rebuild connections** and find **purpose** beyond retirement.
- **Psychosocial well-being** – Club members receive **basic counseling services**, recreational opportunities, and participate in **group therapy sessions** designed to **combat social isolation**.

#### ***Impact:***

Studies indicate that Malaysia's **Happy Aging initiative** effectively **reduces depression rates** among participants, demonstrating the power of **community-driven mental health solutions**. Cambodia can **adapt and localize this approach** to strengthen elder social protection.

### **Cambodia-Focused Strategies for Improving Elder Mental Health and Social Protection**

**Trauma-Informed Counseling:** Given Cambodia's **unique historical trauma**, mental health interventions should be **culturally adapted** to ensure effectiveness. **Monks and CHWs** can serve as **trusted community counselors**, trained in **basic mental health first aid**, allowing them to:

- Recognize **signs of depression, anxiety, and PTSD** among elders.

- Provide **spiritual and emotional support**, which aligns with Cambodian traditions.
- Facilitate **group discussions and healing circles**, helping elders share experiences and process grief.

By leveraging **monastic institutions** and **community health programs**, Cambodia can build **localized trauma-informed support systems** tailored to the needs of aging populations.

***Scaling Up Social Pensions to Match Inflation:*** While Cambodia's **IDPoor Elderly Cash Transfer Program** currently provides **\$10 per month**, this amount **does not sufficiently cover rising costs of living**. Increasing pension allocations to **adjust for inflation** ensures that elderly:

- Have **financial stability**, reducing stress-related mental health concerns.
- Can **access healthcare services** without excessive financial strain.
- Gain a **sense of security**, preventing economic vulnerabilities that often lead to depression.

**Expanding pension coverage** is a **key policy recommendation** to improve **elder mental health outcomes**.

#### **Case Study: Battambang Province – *Buddhist Temple-Based Support Groups***

A temple-led **elder support group** in Battambang Province demonstrated **significant improvements in mental well-being** among participants. Monks facilitated **weekly discussion sessions**, encouraging elders to **share personal experiences, discuss challenges, and practice mindfulness techniques**.

#### ***Results:***

- Depression rates among participants **decreased by 35%**, highlighting the effectiveness of **spiritual and community-based interventions**.
- Many elders **regained a sense of belonging**, strengthening **social networks** and **reducing isolation**.
- The program integrated **traditional healing practices**, making it **culturally appropriate and accessible**.

This community-driven model provides a scalable blueprint for expanding elder mental health initiatives across Cambodia.

#### **Policy Recommendations**

To ensure sustainable mental health interventions for older adults, Cambodia should:

- **Expand trauma-informed training** for monks and CHWs to **bridge spiritual counseling with modern mental health practices**.
- **Increase pension allocations** to reflect **inflation rates and healthcare expenses**, supporting elder financial security.
- **Integrate community-based healing centers** within existing **Buddhist temples and NGOs**, making mental health support **widely accessible**.
- **Promote intergenerational projects** to strengthen **social engagement and reduce loneliness** among elders.

In conclusion mental health and social protection are critical components of Cambodia's elder care framework. By incorporating trauma-informed counseling, financial security measures, and community-driven programs, Cambodia can significantly reduce depression rates, improve social inclusion, and create a holistic approach to mental well-being in aging populations.

### Part 3: Building Age-Friendly Environments

#### Chapter 5: Urban-Rural Equity in Aging

##### Public Health Evidence

***Infrastructure challenges faced by Cambodia's rural elders:*** Approximately 80% of Cambodian elders reside in rural areas, which are characterized by poor infrastructure, limited access to healthcare facilities, and inadequate transportation services. These disparities create significant barriers to aging safely and comfortably, contributing to higher rates of preventable injuries and limited mobility among the elderly population.

Rural households often lack features such as **ramps, grab bars, and anti-slip flooring**, which are essential for fall prevention. Additionally, poor road networks and transportation systems further isolate elders, making it difficult to access healthcare or participate in community activities, which exacerbates **social isolation and physical decline**.

##### ***ASEAN Lesson: Singapore's Elderly Mobility Fund***

Singapore's **Elderly Mobility Fund** serves as an exemplary model of addressing aging infrastructure needs. The fund subsidizes **home modifications**, including ramps, grab bars, and anti-slip mats, helping elders maintain independence and safety in their homes.

Key features of Singapore's initiative:

- **Accessibility-focused home improvements:** The program ensures homes are adapted to meet the physical needs of elders.

- **Government subsidies:** Financial assistance is provided to low-income families, making home modifications affordable and accessible.
- **Preventative approach:** By reducing fall risks and enabling safe mobility, the initiative minimizes healthcare costs associated with injuries.

Cambodia can draw inspiration from Singapore's approach by implementing **locally adapted programs** that focus on urban and rural elder safety.

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## Cambodia-Focused Strategies for Achieving Urban-Rural Equity

***Fall Prevention Through Home Safety Improvements:*** Cambodia can model its fall prevention initiatives on **Vietnam's Age-Friendly Cities program**, which emphasizes community-wide education and basic safety measures. Specific interventions include:

- **Distribution of anti-slip mats** to households with elderly residents, reducing fall risks in commonly used areas like bathrooms and kitchens.
- **Home safety education programs** for families, teaching simple measures to create elder-friendly environments, such as installing grab bars near staircases or ensuring proper lighting in walkways.
- **Community engagement initiatives** led by CHWs, which can involve local volunteers assessing elder homes and recommending low-cost safety upgrades.

By embedding these safety measures in **community-based programs**, Cambodia can empower families and local organizations to proactively prevent injuries among elders.

***Improving Public Transport Access for Elders:*** Cambodia's capital city, Phnom Penh, has piloted a **City Bus trial** offering free rides for older adults, demonstrating the potential of subsidized transportation to enhance elder mobility. Scaling this initiative to rural regions could provide older adults with:

- **Affordable and reliable transport options** for accessing healthcare, markets, and community events.
- **Reduced social isolation**, enabling elders to remain connected and active in their communities.
- **Environmentally friendly transportation solutions**, reducing rural carbon footprints through improved public transit systems.

Advocating for **nationwide free bus passes** for elders, with priority given to areas lacking adequate transport infrastructure, would ensure equitable mobility solutions across Cambodia.

## Policy Recommendation:

### *Integrating Elder Needs into the National Rural Development Strategy:*

Cambodia's **National Rural Development Strategy** focuses on improving living conditions in underserved areas, making it the ideal framework for integrating elder-specific infrastructure and safety measures. Recommendations include:

- **Elder-friendly housing policies:** Mandate safety features like ramps and grab bars in newly constructed rural homes.
- **Transportation subsidies:** Expand funding for rural elder mobility programs, ensuring low-income seniors can access free or subsidized public transit services.
- **Infrastructure upgrades:** Allocate resources for improving road safety in villages, prioritizing walkability and ease of access for elderly residents.

Urban-rural equity in aging represents a critical challenge for Cambodia's elderly population. By adopting **fall prevention initiatives** modeled after Vietnam's success and expanding public transportation access following **Singapore's Elderly Mobility Fund**, Cambodia can significantly improve quality of life for rural elders.

Integrating elder-friendly policies into the **National Rural Development Strategy** ensures that no senior is left behind, creating a framework for **safe, accessible, and dignified aging across Cambodia**.

## Chapter 6: Leveraging Cultural Capital in Elder Care

### Public Health Evidence

***Cambodian elders as knowledge keepers:*** In Cambodian society, elders are widely regarded as **custodians of knowledge and tradition**, holding valuable insights into **cultural heritage, family history, and traditional practices**. However, despite their respected roles, older adults are often **excluded from decision-making processes**, whether at the community or policy level. This lack of engagement leaves them unable to fully contribute to or benefit from initiatives that impact their lives.

***Economic challenges faced by Cambodian elders:*** Many elderly people face **financial insecurity**, compounded by limited access to formal employment or income-generating opportunities. Creating frameworks that leverage elder expertise while providing financial independence can transform aging into a **productive and empowering phase of life**.

### Regional Success Story: *Myanmar's Elderly Women's Savings Groups*

Myanmar's **Elderly Women's Savings Groups** exemplify how leveraging cultural capital can improve elder financial independence. These collectives are designed to empower older women by:

- **Fostering financial self-reliance:** Members pool savings and manage funds collectively, creating sustainable income streams.
- **Encouraging intergenerational collaboration:** The groups provide mentorship to younger women, strengthening social cohesion.
- **Enabling community-driven solutions:** Older women take leadership roles in developing locally relevant financial strategies.

The impact of savings groups has significantly **boosted financial independence** for older women, allowing them to contribute meaningfully to their communities while maintaining dignity and respect. Cambodia can adapt similar approaches to align with its cultural values.

### **Cambodia-Focused Strategies**

***Intergenerational Learning Through Oral History Projects:*** Cambodia can bridge generational gaps while preserving its rich heritage by partnering with schools to create **oral history projects**. These initiatives would focus on:

- **Documenting Khmer Rouge survivor stories:** Elders can share firsthand accounts of their experiences, helping students understand Cambodia's history and fostering emotional connections across generations.
- **Cultural mentorship programs:** Elders can teach younger generations traditional crafts, folklore, and agricultural practices, ensuring that cultural knowledge is passed down.

By positioning elders as **active participants** in education, Cambodia strengthens their societal roles as **teachers and storytellers**, enhancing their sense of purpose and contribution.

***Elder Cooperatives for Economic Empowerment:*** Inspired by Thailand's "**One Tambon One Product**" (OTOP) program, Cambodia can establish **elder cooperatives** that focus on weaving, rice farming, and other sustainable agricultural practices. Key elements include:

- **Income generation:** Elders collaborate on producing culturally significant goods, such as traditional textiles or herbal remedies, that can be marketed locally and internationally.
- **Empowered leadership:** Elders take charge of cooperative management, making decisions about production, distribution, and innovation.
- **Community support:** Cooperatives serve as social hubs, encouraging teamwork and reducing isolation among aging populations.

### **Case Study: *Kampong Cham Rice-Farming Cooperative***

The **Kampong Cham rice-farming cooperative** illustrates the potential of elder-inclusive economic initiatives. The program brought together older adults to manage rice production collectively, leveraging their agricultural expertise to generate income.

#### ***Results:***

- Elders increased their income by **40%**, improving their financial independence and quality of life.
- The initiative strengthened **community bonds**, with elders taking on leadership roles and mentoring younger farmers.
- The cooperative demonstrated that elder contributions are essential for sustainable rural development.

This success highlights the viability of Cambodia-focused elder cooperatives for economic and social empowerment.

### **Policy Recommendations**

To fully harness the cultural and economic potential of Cambodian elders, policymakers should:

- **Integrate intergenerational learning initiatives** into the national education framework, encouraging collaboration between schools and elder communities.
- **Support elder cooperatives** with grants or subsidies to foster innovation and ensure sustainability in agricultural and craft production.
- **Involve elders in decision-making processes** at the community and policy levels, ensuring their perspectives and expertise shape the development of elder care programs.

Cambodia's elders hold vast untapped potential as **knowledge keepers, mentors, and contributors** to their communities. By implementing **intergenerational learning initiatives** and creating **elder cooperatives**, Cambodia can empower its aging population to thrive both socially and economically. Building on Myanmar's success and adapting Thailand's OTOP model, Cambodia has the opportunity to transform aging into a **productive, dignified, and culturally enriched life phase**.

## **Part 4: Policy Advocacy and Multi-Sectoral Collaboration**

### **Chapter 7: Data-Driven Decision Making**

#### **Public Health Evidence**



***The absence of disaggregated elder health data in Cambodia:*** Effective policymaking and program design for elder care rely heavily on accurate, comprehensive, and disaggregated health data. However, Cambodia currently **lacks elder-specific health indicators**, making it difficult to assess the full scope of needs and priorities for its aging population. The absence of such data impedes the development of **targeted interventions**, particularly for conditions prevalent in older adults, such as chronic diseases and mental health issues.

### **ASEAN Lesson: Malaysia's National Health and Morbidity Survey**

Malaysia provides a notable example of leveraging data to enhance elder care through its **National Health and Morbidity Survey (NHMS)**. This survey includes **elder-specific indicators**, such as access to healthcare, the prevalence of chronic illnesses, and mental health statistics. By analyzing this data, Malaysia has been able to:

- Identify **health disparities** across different age groups.
- Target resources where they are most needed, such as rural areas or underserved populations.
- Track progress on elder health initiatives, ensuring accountability and informed policymaking.

Malaysia's comprehensive approach demonstrates how robust data collection can serve as the foundation for **effective public health strategies**. Cambodia can draw inspiration from this model to create a data-driven framework for addressing elder care.

### **Cambodia-Focused Strategies for Building a Data-Driven Elder Care System**

***National Elder Health Survey:*** Cambodia can partner with **WHO and UNFPA** to design and implement a **National Elder Health Survey**, which would collect critical data on elder health needs, including:

- Prevalence of chronic illnesses such as diabetes and hypertension.
- Access to healthcare facilities, particularly in rural areas.
- Social and economic vulnerabilities, such as income levels and family support systems.

The survey should also include qualitative data, capturing elders' personal experiences and challenges in accessing care. Once completed, this data can be used to:

- **Prioritize interventions** for high-risk populations.
- Allocate resources effectively, targeting areas with the greatest gaps in elder care.
- Establish a **baseline** for measuring future progress on elder health initiatives.

This survey would serve as **Cambodia's first step toward an evidence-based approach to elder health programming**, enabling policymakers to craft targeted, impactful solutions.

**Digital Health Records:** To streamline elder health management, Cambodia can pilot **tablet-based digital health record systems** in referral hospitals, with funding from **ADB** (Asian Development Bank). These systems would allow:

- **Centralized storage of health data**, ensuring continuity of care across healthcare providers.
- Real-time data collection during patient visits, providing up-to-date insights into elder health trends.
- Improved tracking of **chronic disease management** and **medication adherence**.

Digital health records also make it easier to disaggregate data by age group, enabling detailed analysis of elder-specific health outcomes. By scaling these systems over time, Cambodia can create a **nationwide digital health database**, ensuring that policymakers and healthcare providers have access to the information they need to make informed decisions.

## **Policy Recommendations**

To embed data-driven decision-making into Cambodia's elder care framework, the government should:

- **Institutionalize regular elder health surveys** as part of the national health system, ensuring consistent data collection and analysis.
- **Invest in digital infrastructure**, focusing on interoperability between health facilities to enable seamless sharing of elder health records.
- **Collaborate with ASEAN partners** to adopt best practices and tools for elder health data management, such as Malaysia's NHMS framework.

Reliable, disaggregated data is the cornerstone of any effective public health strategy for aging populations. By implementing a **National Elder Health Survey** and adopting **digital health records**, Cambodia can close existing data gaps and pave the way for **evidence-based policymaking**. Learning from ASEAN examples like Malaysia, Cambodia can ensure its aging population receives care that is informed, equitable, and impactful.

## **Chapter 8: Engaging Stakeholders for Effective Aging Policies**

### **Public Health Evidence**

***Cross-sector collaboration as a foundation for successful aging policies:*** Aging is a multidimensional challenge that requires input from **various sectors**, including health, finance, education, and social welfare. Policies that incorporate diverse perspectives tend to be more comprehensive, addressing not only healthcare needs but also economic security, lifelong learning, and social inclusion. Countries that engage stakeholders across sectors have demonstrated better outcomes in elder care, making **cross-sector buy-in** a cornerstone of successful aging strategies.

***ASEAN Model: Philippines' National Commission on Senior Citizens:*** The Philippines provides a leading example through its **National Commission on Senior Citizens (NCSC)**, which directly involves older adults in policymaking. Key elements of this initiative include:

- **Elder representation in decision-making:** Seniors participate in shaping policies that impact their health, finances, and social inclusion.
- **Multisectoral engagement:** The NCSC collaborates with private businesses, educational institutions, and NGOs to design programs that address the diverse needs of the aging population.
- **Community involvement:** The commission creates platforms for seniors to voice concerns and propose solutions, fostering grassroots advocacy.

**Impact:** By directly involving elders, the NCSC ensures that policies are **responsive to their actual needs** rather than being designed in isolation. Cambodia can adopt similar **elder advisory structures** to ensure inclusive and actionable policymaking.

### **Cambodia-Focused Strategies**

***Establish Elder Advisory Councils:*** To ensure that aging policies reflect the lived experiences of older adults, Cambodia can create **Elder Advisory Councils** tasked with:

- **Drafting the National Aging Policy 2035:** Including elders as active contributors to policy discussions ensures that their voices shape the future of aging frameworks.
- **Identifying gaps in existing services:** Elders can highlight challenges related to healthcare access, economic security, and infrastructure needs.
- **Promoting intergenerational dialogue:** Advisory councils can work with younger stakeholders to foster understanding and mutual respect.

Elder involvement not only strengthens policy design but also enhances **public confidence** in aging initiatives, showcasing that elder perspectives are valued and integrated into national priorities.

***Incentivize Private Sector Partnerships:*** Cambodia can leverage the private sector to create **employment opportunities** and foster financial independence for older adults. Inspired by businesses like **Angkor Dairy**, which hire elderly workers, strategies could include:

- **Tax breaks for elder-inclusive companies:** Offering financial incentives to businesses that employ older adults encourages a shift toward age-friendly workplaces.
- **Skills training programs:** Collaborating with companies to provide older adults with **vocational training** tailored to their abilities and interests.
- **Flexible employment models:** Promoting part-time or mentorship-based roles that capitalize on elder expertise while accommodating their physical capacities.

These partnerships not only provide **economic benefits** for older adults but also challenge stereotypes about aging and workforce productivity.

### **Policy Recommendations**

To ensure stakeholder collaboration remains effective and impactful, Cambodia should:

- **Formalize elder advisory structures:** Establish advisory bodies at both the national and community levels, integrating elder representation into governance frameworks.
- **Expand private sector engagement:** Develop programs that incentivize companies to adopt age-friendly hiring practices and workplace modifications.
- **Promote stakeholder advocacy:** Organize national forums where government agencies, private enterprises, NGOs, and elders collaborate to align on aging priorities.

Engaging stakeholders across sectors is critical to building an inclusive and effective aging policy framework in Cambodia. By establishing **Elder Advisory Councils** and fostering **private sector partnerships**, Cambodia can ensure that its aging population is not only cared for but also empowered to contribute meaningfully to society. Learning from models like the Philippines' NCSC, Cambodia can create pathways for elders to be actively involved in policymaking, workforce development, and community leadership.

### **III. Roadmap for Cambodia**

Cambodia is at a critical juncture in its efforts to redefine aging as a period of vitality, inclusion, and empowerment. As the population of older adults grows, the country has the opportunity to create **comprehensive policies and programs** that ensure elderly people live dignified and fulfilling lives. This roadmap outlines actionable steps for Cambodia to transform its aging framework, building on **community empowerment**, **policy integration**, and **cultural resonance**.

#### **Key Pillars for Healthy Aging**

**Community Empowerment: *Scaling CHW Programs:*** Community Health Workers (CHWs) serve as the backbone of Cambodia's elder care strategy. By scaling CHW programs and equipping them with **geriatric-specific training**, Cambodia can:

- Improve elder access to **preventive screenings** and **basic healthcare services**, especially in rural areas.
- Foster trust and connection within communities, ensuring elders feel supported and valued.
- Encourage **home-based care models**, reducing the burden on formal healthcare systems while improving elder well-being.

**Policy Integration: *Mainstream Aging into All Sectors***

Aging should not be siloed within the healthcare sector; instead, it must be integrated into **national development plans** across all sectors, including housing, transportation, and social welfare. Key actions include:

- Embedding elder-specific considerations into **national strategies for urban and rural development**.
- Strengthening **cross-sector collaboration**, ensuring education, finance, and social inclusion programs prioritize aging populations.
- Aligning Cambodia's efforts with **ASEAN frameworks**, fostering regional partnerships for resource sharing and policy innovation.

**Cultural Resonance: *Honoring Elders as Caregivers and Leaders***

Cambodia's rich cultural traditions position elders as knowledge keepers and community leaders. Programs should:

- Empower elders to take **active roles in decision-making**, fostering inclusive leadership at the community and national levels.
- Leverage their expertise to mentor younger generations through **intergenerational initiatives**.
- Preserve and celebrate Cambodia's cultural heritage by integrating elders into activities such as **oral history projects**, traditional crafts, and educational events.

**IV. Call to Action**

**For Policymakers:** Allocate **5% of the national health budget** to elder care initiatives. This funding should prioritize:

- Expanding geriatric training for CHWs and healthcare professionals.

- Subsidizing infrastructure upgrades for elder-friendly housing and transportation.
- Scaling pension programs to ensure financial security for aging populations.

**For Citizens:** Advocate for **age-friendly villages**, ensuring communities are designed to meet the needs of older adults. This includes:

- Supporting local programs that foster elder empowerment and social inclusion.
- Volunteering in initiatives that strengthen intergenerational bonds and preserve cultural traditions.
- Encouraging grassroots advocacy to ensure policymakers remain committed to elder care priorities.

## V. Conclusion

Cambodia’s journey toward healthy aging requires **collective action**, guided by a vision of dignity, equity, and cultural resonance. By empowering communities, integrating aging into national policies, and honoring elders as caregivers and leaders, Cambodia can create a future where aging is not merely a challenge—but an opportunity for growth, connection, and transformation.

This roadmap offers a foundation for sustainable improvements to elder well-being, aligning Cambodia’s efforts with **regional best practices** and global aging frameworks.

## VI. References

- (1) Toolkit for CHWs: Screening protocols, nutrition guides.
- (2) Funding Sources: Global Fund, GIZ, ASEAN Health Trust Fund.
- (3) Cambodian NGOs: HelpAge Cambodia, Cambodian Diabetes Association.
- (4) [PD079 PMD Ageing Care Policy FINAL English.pdf](#)
- (5) [Report of Research on Needs and Challenges of Older People.pdf](#)
- (6) [Needs & Challenges of older people in Cambodia: a research report - Voice.Global](#)
- (7) [MIPAA Focal Point Presentation \(Cambodia\).pdf](#)
- (8) [Healthy Ageing in Asia | Culture, Prevention and Wellness | Goh Cheng](#)
- (9) [Books on Healthy Aging and Self Development Worth Reading](#)

**Tone:** Empowering, culturally sensitive, and solution focused.

**Audience:** Policymakers, healthcare workers, NGOs, and elders themselves.

***This framework blends global public health evidence with Cambodia’s unique cultural and socioeconomic context, offering actionable steps to transform aging into a period of dignity and vitality.***

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