

— RESEARCH BRIEF • HEALTH

Who Pays for Healthcare?

How much do Cambodian families pay out of their own pockets for healthcare, and how is health coverage changing?

— THE SHORT ANSWER

In 2023, mostly families paid.

When people in Cambodia get sick, who pays the bill? In 2023, mostly families did. About **61 cents of every health dollar** came from people's own pockets (WHO Global Health Expenditure Database via World Bank, 2023, WHO estimate).

The government says health coverage has **almost doubled** since 2023. It is not yet clear whether families are paying less.

— KEY NUMBERS

Four numbers that tell the story



60.6%

of health spending was paid out of pocket (2023, WHO estimate)



90.2%

of outpatient visits were at private facilities (2023, NIPH survey)



8.5M

people with health cover, Aug 2026 (government-reported, NSPC Chair)



35%

of people cut food, housing or utilities for health costs (2023, NIPH)

01

WHAT HAPPENED

\$114.56 per person, from all payers

In 2023, health spending in Cambodia was **\$114.56 per person**, from all payers (WHO Global Health Expenditure Database via World Bank, 2023, WHO estimate). That is about **\$9.55 a month** (our calculation).

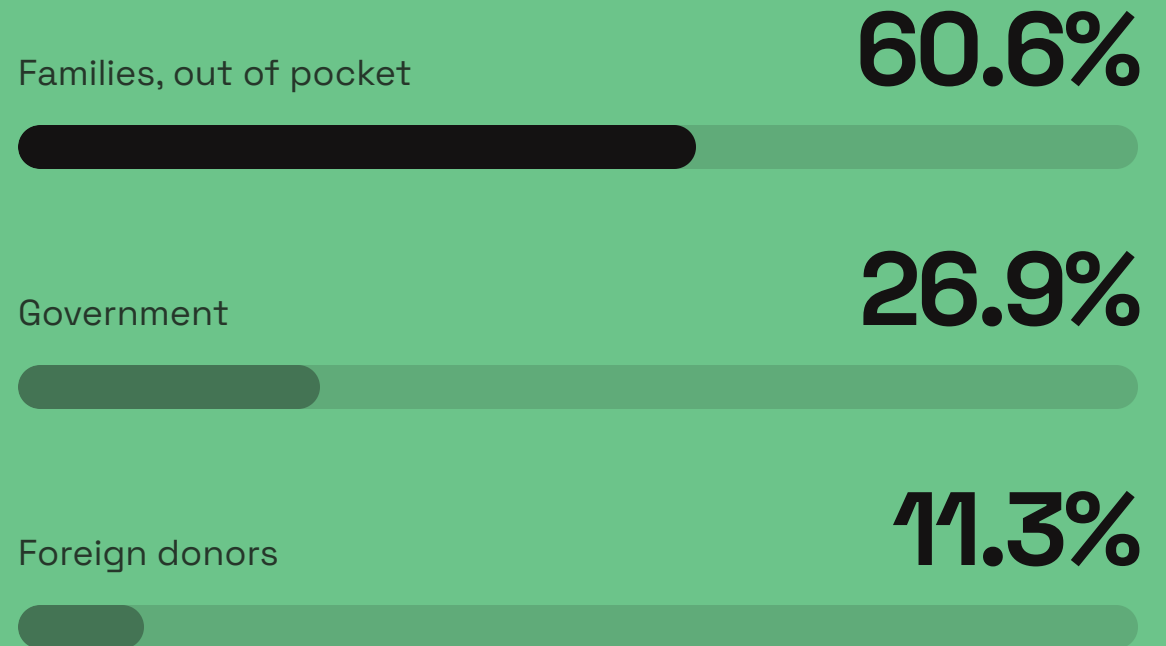
— WHAT HAPPENED

Who paid for each health dollar?

Out-of-pocket spending is cash paid at a clinic, pharmacy or hospital. It made up **60.6%** of health spending (WHO GHED via World Bank, 2023, WHO estimate).

The government paid 26.9% and foreign donors 11.3%. The small rest came from sources like voluntary insurance and NGOs.

SHARE OF HEALTH SPENDING, 2023

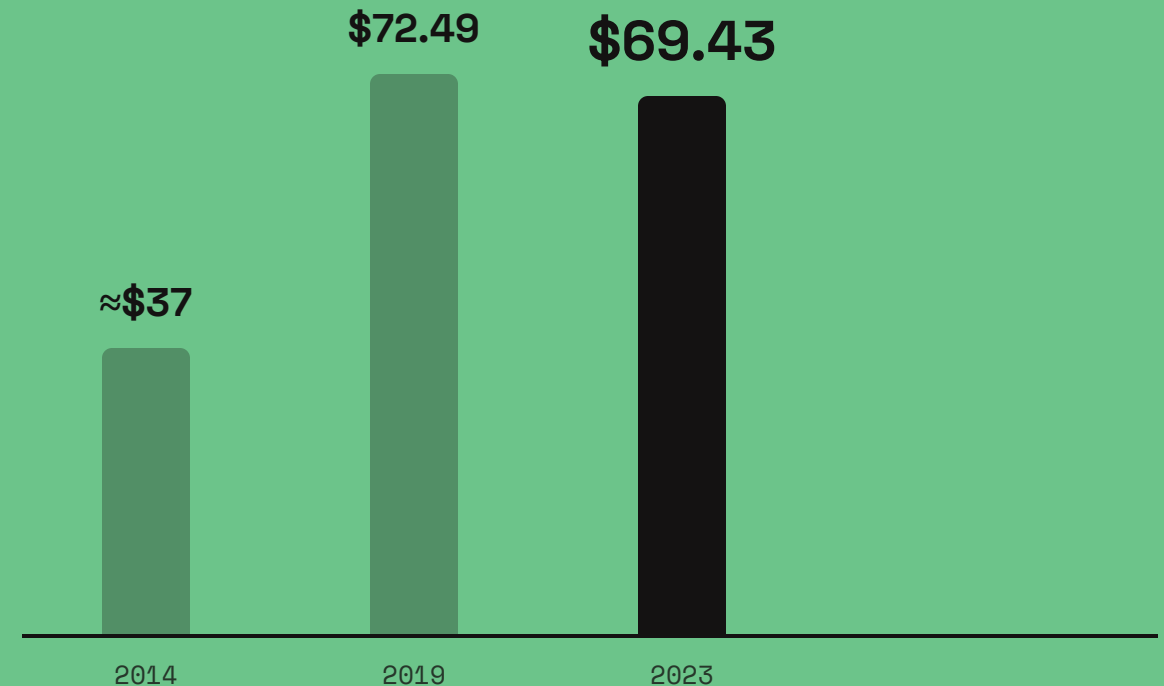


— WHAT HAPPENED

Out-of-pocket spending almost doubled

Out-of-pocket spending was about **\$37** per person in 2014 and **\$69.43** in 2023 (WHO GHED via World Bank, WHO estimate). That is almost double (our calculation). In 2023, it was about **\$5.79 a month** per person (our calculation).

The highest year was 2019, at \$72.49. The COVID years, 2020 and 2021, were lower.



Out-of-pocket spending per person, US\$. Only the three years named in the brief are shown; 2020–2022 are left out.

— WHAT HAPPENED

The highest share among six neighbours

Among six countries in the region, Cambodia’s out-of-pocket share is the highest.

It is 9.9% in Thailand, 31.1% in Indonesia, 39.2% in Viet Nam, 44.4% in the Philippines, 44.8% in Lao PDR and **60.6% in Cambodia** (WHO GHED via World Bank, 2023).

OUT-OF-POCKET SHARE OF HEALTH SPENDING, 2023



02

WHY SO MUCH FROM THE POCKET?

First, most people go private for everyday care.

Outpatient care means you visit and go home the same day. In a 2023 national survey, **90.2%** of outpatient visits were at private facilities, such as private clinics (National Institute of Public Health, World Health Survey Plus Cambodia, 2023).

Hospital stays were more balanced: 51.4% public and 48.6% private.

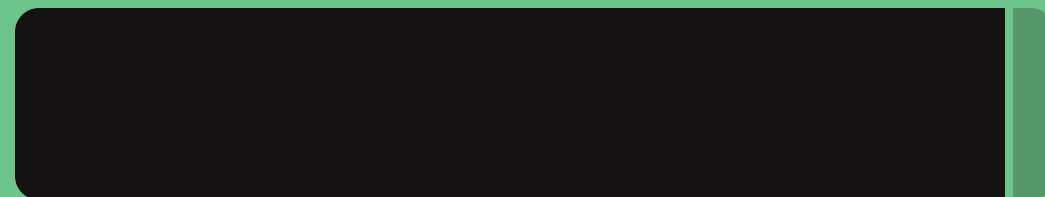
— WHY SO MUCH FROM THE POCKET?

Second, insurance rarely pays at the counter.

Families paid for **96%** of outpatient visits themselves (NIPH, 2023). Insurance or fee waivers covered only 4%.

For hospital stays, families paid **88.8%** and insurance paid 11.2%.

OUTPATIENT VISITS: WHO PAID?

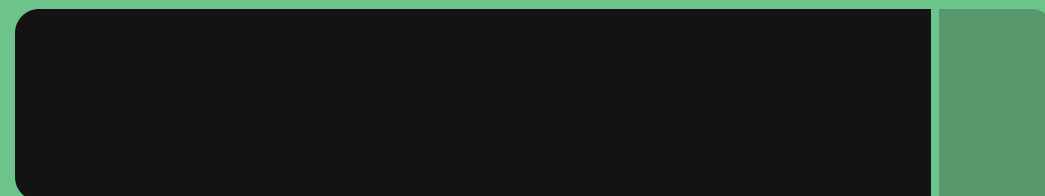
**96%**

families paid themselves

4%

insurance or fee waivers

HOSPITAL STAYS: WHO PAID?

**88.8%**

families paid themselves

11.2%

insurance

— WHY SO MUCH FROM THE POCKET?

Third, government spending on health is modest.

In 2023, health took **6.65%** of all government spending (WHO GHED via World Bank, 2023, WHO estimate). That is **\$30.80** per person.

People also need care often. In 2023, **19.2%** of people were ill or injured in the past 30 days (National Institute of Statistics, Cambodia Socio-Economic Survey 2023).

6.65%

of all government spending went to health (2023)

\$30.80

government health spending per person (2023)

19.2%

of people were ill or injured in the past 30 days (2023)

— 03 · WHO IS INVOLVED

Two schemes and one council

Two main schemes protect families, and one council coordinates them:



The Health Equity Fund (HEF)

Pays for free care at public facilities for poor families. They are found through IDPoor, the Ministry of Planning's Equity Card system. In late 2023, HEF was extended to "at-risk" families, just above the poverty line (National Social Protection Council, Roadmap towards Universal Health Coverage 2024–2035).



The National Social Security Fund (NSSF)

Gives health insurance to private-sector workers and civil servants. Since November 2023, self-employed people and family members can also join by choice (ASEAN Social Security Association, 2025; ILO, 2023).



The National Social Protection Council (NSPC)

Coordinates the plan.

— WHO IS INVOLVED

Coverage, as the government reports it

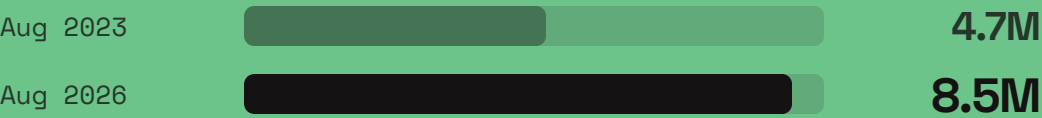
At the end of 2023, the national roadmap counted about 7 million people with cover, about 41% of the population (NSPC, UHC Roadmap 2024–2035).

The government says about **8.5 million** people had healthcare cover by August 2026, up from 4.7 million in August 2023 (government-reported; Deputy Prime Minister Aun Pornmoniroth, NSPC Chair, Social Protection Week, 30 September 2026, via AKP). It says HEF grew from 2.8 million to 4.8 million people. It says NSSF health cover grew from 1.9 million to 3.7 million. Much of this rise came in late 2023, when HEF was opened to at-risk families.

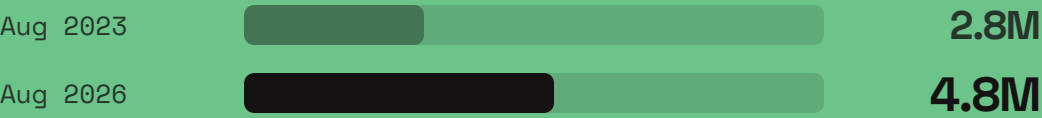
SOURCE Dep. PM Aun Pornmoniroth (NSPC Chair) via AKP, 30 Sep 2026 · NSPC, UHC Roadmap 2024–2035

PEOPLE WITH HEALTH COVER (GOVERNMENT-REPORTED)

All healthcare cover



Health Equity Fund (HEF)



NSSF health cover



— 04 · RISKS AND OPEN QUESTIONS

Is the money pain falling?

Some homes spend more than a tenth of their budget on health. In 2019, 17.6% of people lived in such homes. By 2021, it was 12.1% (NSPC, UHC Roadmap 2024–2035).

People pushed into poverty by health bills fell from 4.2% to 3.7%. But these figures are 5 to 7 years old, and 2021 was an unusual COVID year. We found no national survey on this after 2021.

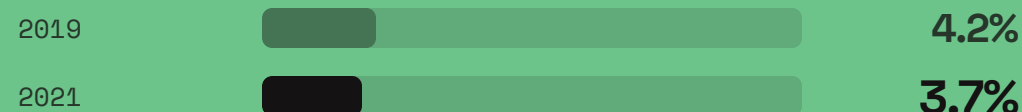
In the 2023 survey, **35%** of people cut spending on food, housing or utilities because of health costs (NIPH, 2023).

OLD DATA: 2019 AND 2021

Live in homes spending over 10% of budget on health



Pushed into poverty by health bills



35% cut food, housing or utilities because of health costs (2023)

 RISKS AND OPEN QUESTIONS

Risks the roadmap names itself

The government's own roadmap also names risks (NSPC, UHC Roadmap 2024–2035):



Split schemes

The schemes are split, with different benefits for different groups.



Informal workers

Many informal workers, people without a formal job contract, are still left out.



Private clinics

Rules for private clinics are “weak”, with risks of over-treatment, over-pricing and uneven quality.



Dual jobs

Doctors often work public and private jobs, with few rules.



Outside cities

There are fewer services outside cities.

— 05 · WHAT IT MEANS FOR YOU

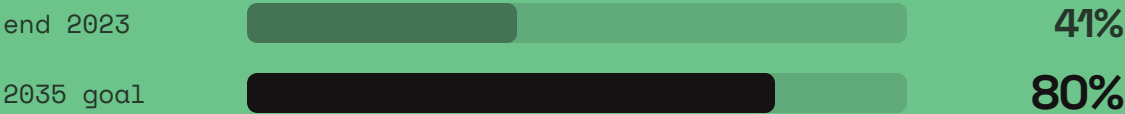
Covered at public facilities, paying at private ones

With an Equity Card or NSSF cover, care at a public facility should cost little or nothing. But most everyday visits are at private facilities. There, you usually pay yourself.

WHO scores how well basic health services reach people, from 0 to 100. Cambodia scored **62** in 2023 (WHO Global Health Observatory, 2023, modelled estimate).

LATEST FIGURE VS 2035 TARGET

People with cover



Service score (0–100)



Out-of-pocket share



The national roadmap sets targets for 2035: cover 80% of people, raise the service score to 80, and cut the out-of-pocket share to 35% (NSPC, UHC Roadmap 2024–2035). These are goals, not results. Going from about 61% to 35% means a big drop in about 10 years.

— 06 · DIFFERENT VIEWS

Three open questions



More cover, but is it used?

The government reports that coverage almost doubled by August 2026. Yet in 2023, insurance or fee waivers paid for only 4% of outpatient visits. Some say new members have not started using their cover yet. Others point out that people prefer private providers, which the schemes mostly do not pay. The survey came before much of the growth, so both readings are still open.



Is the money pain falling?

One reading uses the roadmap's figures, which show fewer people facing very high health costs from 2019 to 2021. Another notes that 2021 was an unusual COVID year, and the out-of-pocket share was about 61% in 2023. No newer national survey settles it.



Public or private?

The roadmap calls for stronger rules and better public services. Another possible path is to bring private clinics into the schemes, under stronger rules. The balance is still an open question.

ABOUT THE DATA

Read these numbers carefully

- Spending figures are for 2023, the latest year. They are WHO estimates, published through the World Bank in July 2026.
- Coverage figures for August 2023 and August 2026 are government-reported, from a speech. We found no separate official data table. The roadmap's end-2023 count uses a different starting point, so the two cannot be compared.
- Figures on high health costs and poverty are from 2019 and 2021, and 2021 was a COVID year.
- The service score is a WHO modelled estimate. The 2035 figures are targets.
- The monthly amounts and "almost double" are our own calculations.
- The out-of-pocket chart shows only 2014, 2019 and 2023, the years named in this brief. The 2014 value is about \$37 (shown as ≈\$37).
- In the 2035 chart, the "end 2023" cover share (about 41%) is the roadmap's count, not the government's August figures.

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Every number, and where it comes from

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