Supplement 1. Maternal and child health and poverty in Cambodia

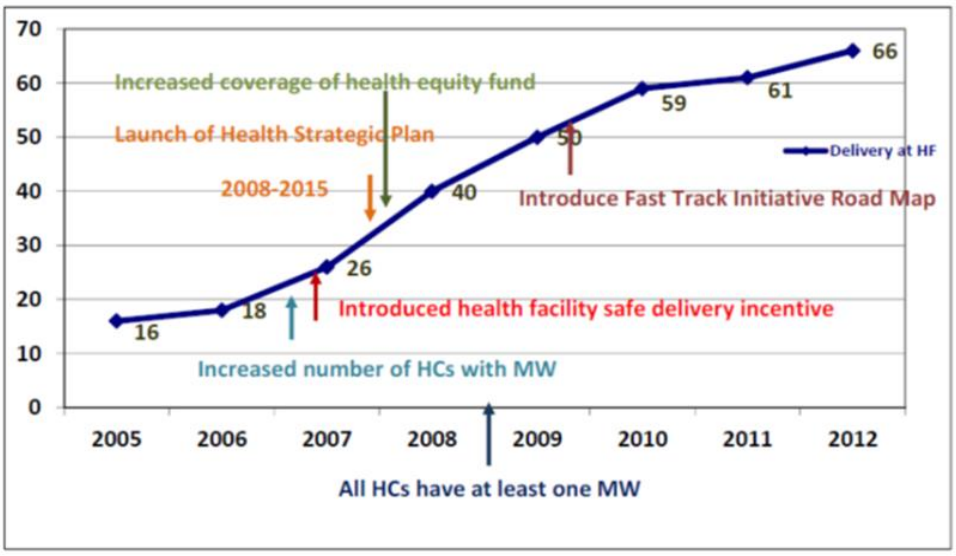
Cambodia has recently made the transition to lower middle-income status. Boosted by tourism and a thriving garment industry, Cambodia's official poverty rate has fallen from 47.8% in 2007 to 13.5% in 2014.[1 2] Nonetheless, these advances are fragile. Migration for work is widespread and a majority of the population live just above the poverty threshold, the equivalent of US$ 0.95 per day.[3]

Fig 1. Declining poverty in Cambodia 2007-2016 as measured by IDPoor.[4]

Under the impetus of strong pro-poor policies, particularly in the Ministry of Health (MoH), Cambodia has made significant advances in the domain of maternal and child health (MCH). Between 2005 and 2014, maternal mortality sank from 472 per 100,000 live births to 170, and under-five mortality from 124 per 1,000 live births to 35 between 2000 and 2014, enabling the country to attain its MDG 4 and 5 targets.[5]

Forward-looking measures such as the 1995 Birth Spacing Policy and the 1997 legalization of abortion have contributed to halve Cambodia's total fertility rate from 5.6 children per woman to 2.7 between 1990 and 2014. Supply-side interventions, including a doubling of health facilities between 1995 and 2012, posting of trained midwives in all health centres, and a delivery incentive scheme encouraging recourse to a skilled birth attendant, have contributed to raising the institutional delivery rate from 10% in 2000 to 83% in 2014,[6] as illustrated in the following figure.

Fig 2. Timing of new interventions to increase institutional delivery[7]



Nonetheless, social and economic inequities take a toll on the health of poor women and children, as reflected in the most recent Cambodian Demographic and Health Survey.[8] For example, infant and under-five mortality rates remain approximately four times higher in the poorest households than in the wealthiest. Malnutrition, a major consequence of poverty, severely impacts the health of mothers and babies and childhood development:

- Stunting (impaired growth and development resulting from poor nutrition), a widespread problem in Cambodia, affects 42% of children in the poorest quintile compared to 19% in the wealthiest.
- Diarrhoea is more frequent in the poorest households (lack of sanitary facilities and clean drinking water) and contributes to malnutrition.
- The poorest women have 3.8 children, compared to 2.2 for the richest, but also indicated a higher unmet need for contraception.
- 18% of the poorest girls aged 15 to 19 have begun childbearing, compared to 7% of the richest.
- In Early Childhood Development, children in the wealthiest quintile (where parents have a higher education level) tend to have a head start on acquiring literacy and numeracy (46%) compared to those in the lowest quintile (18%).
- Vaccination: only 61% of children in the poorest quintile are fully vaccinated, compared to 91% in the wealthiest quintile.

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