

Abstract for ICIC conference in Denmark

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Pillar 2. Population health and care needs and local context

Title: The Cascade of Hypertension Care in Cambodia: Evidence from a Cross-Sectional Population-Based Survey

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1 - Introduction:

Hypertension (HTN) is a leading cause of cardio-vascular diseases (CVD) and deaths globally. The hypertension prevalence in Cambodia was high at 23.5% in 2016 among adults aged 40 to 69 years old. To respond to this high prevalence, innovative interventions have been established by government, donors as well as by private sectors to improve access to screening, care and treatment. Given the multitude of existing interventions for hypertension care, there is a need to assess the outcomes of these interventions as well as inequities of the health care through the cascade of hypertension care.

2 - Methods:

We performed a population-based survey (5000 individuals aged over 40 and over) to generate a cascade of care for HTN in Cambodia. The cascade shows the patients' flow in the health system and where they are lost (dropped out of) along all steps of the cascade from (i) prevalence, (ii) screening, (iii) diagnosis, (iv) treatment in the last 12 months, (v) treatment in the last 3 months, and (vi) being under control. The cascade is built with conditional approach and multivariate logistic regression was also used to determine the profile of the people dropping out from each bar of the cascade.

3 - Results:

The prevalence of hypertension (i) among study participants was 35.16%, of which 81.91% have their blood pressure measured in the last three years (ii). Over 63% of those received screening were diagnosed by health care professional as hypertensive patients (iii). Among these hypertensive patients, 56.19% have received treatment in the last 12 months (iv) and 54.26% have received the follow-up treatment in the last 3 months (v). The results showed that only 1 out of 3 people (35.8%) with HTN (and under treatment) had their blood pressure under control (vi). Those who are female, aged over 50 years old and has higher level in wealth quintile has higher odds to receive screening, diagnosis, and treatment. While greater odds in having their blood pressure under-control was found in people with female gender, medium wealth quintile, having hypertension more than 5 years and receive treatment at private facility.

4 - Conclusions:

Overall, people with hypertension are lost along the cascade and people with male gender, younger age, from poor households, and visiting private facility are more likely to drop out. Efforts to improve the quality of services and community-based intervention are needed to prevent inequitable drops along the cascade of care.

5 - Implications for applicability/transferability:

Cascade of care approach provides information on the outcome along the continuum of care. Our study provides a complete overview of cascade of HTN care with a profile of people dropping out. This will help policy-maker to implement the appropriate intervention to ensure equitable access to care in the health system.