



Cambodia: *Ways moving toward UHC*

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Outlines for presentation

- **Health Sector Performance**
- **Future Direction**
- **Concluding remark**

1. Health Sector Performance

Community Based Health Insurance

HEALTH EQUITY FUNDS

Voucher for Reproductive Health

Work injury

Health care

Supply-side Interventions

1993

1995

2000

2005

2010

2015

2020

Country overall development

Peace, security, Political stability, economic growth, road infrastructure, poverty reduction, telecom, ITC, education and health (infrastructure, training...)

1993

1995

2000

2005

2010

2015

2020

Demand-side Interventions

Public Adm. Entreprise

Special Operation Agency

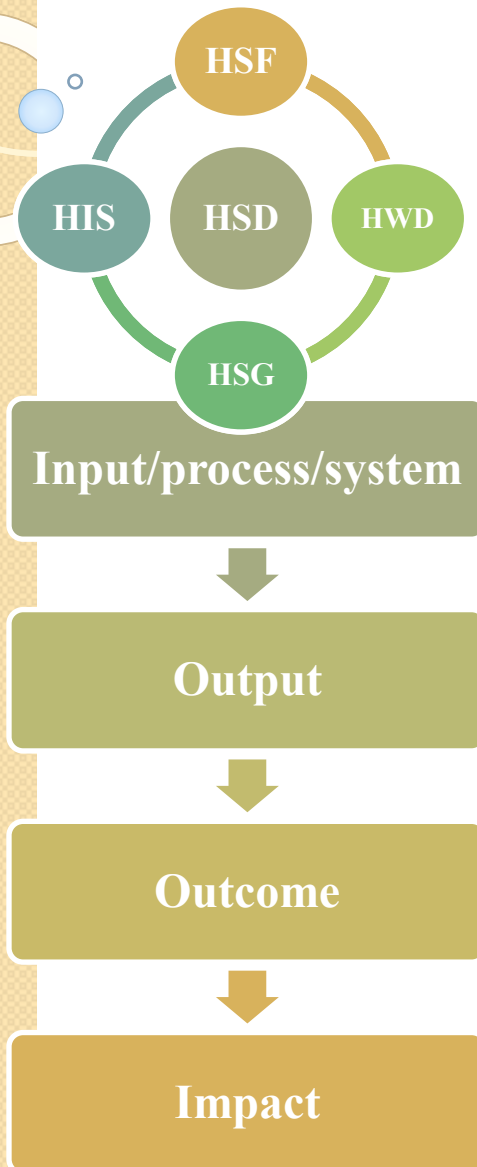
Midwifery Incentives

Contracting Health Service

User charges with exemption for the poor



Health Strategic Plan 2008-2015



1. Health Sector Performance

- **Population Health**



- **Mortality and morbidity**



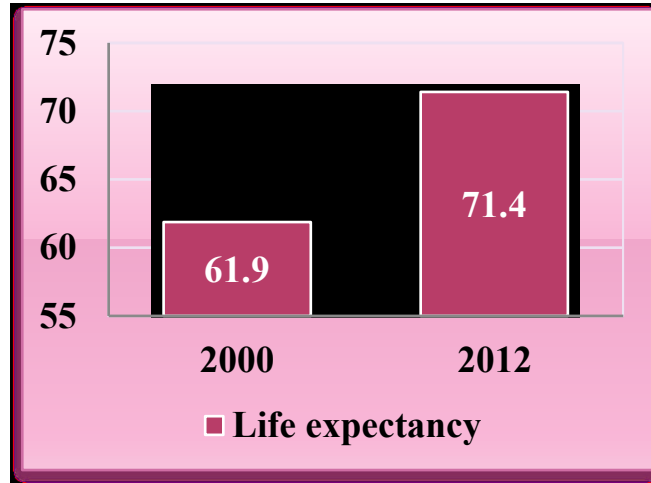
- **Financial risk protection**



Health Sector Performance

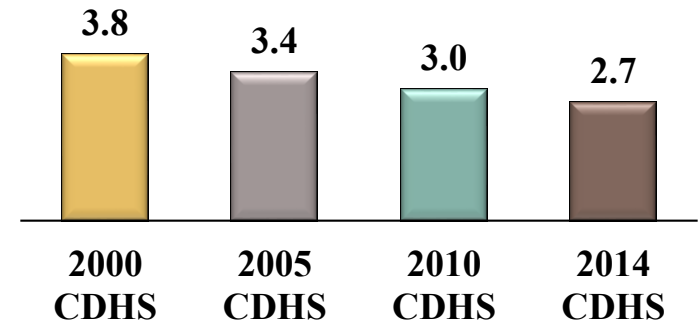


Population Health

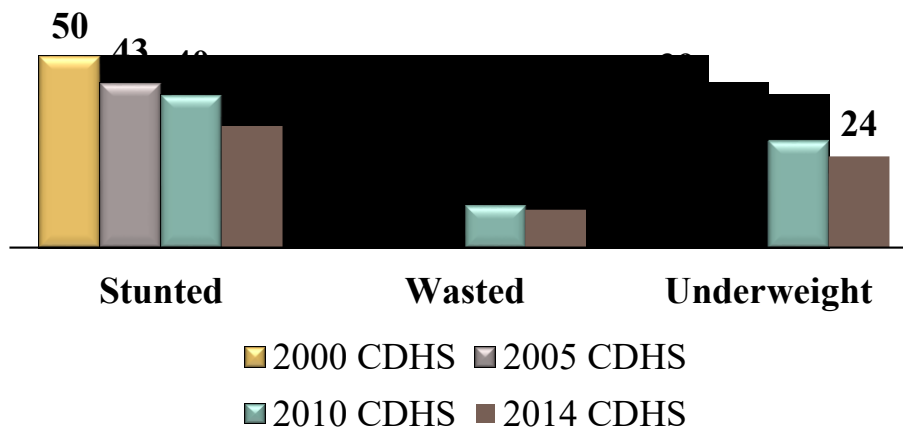


Fertility rate trends

(Births per woman for the three-year period before the survey)





Trends in Nutritional Status of Children <5

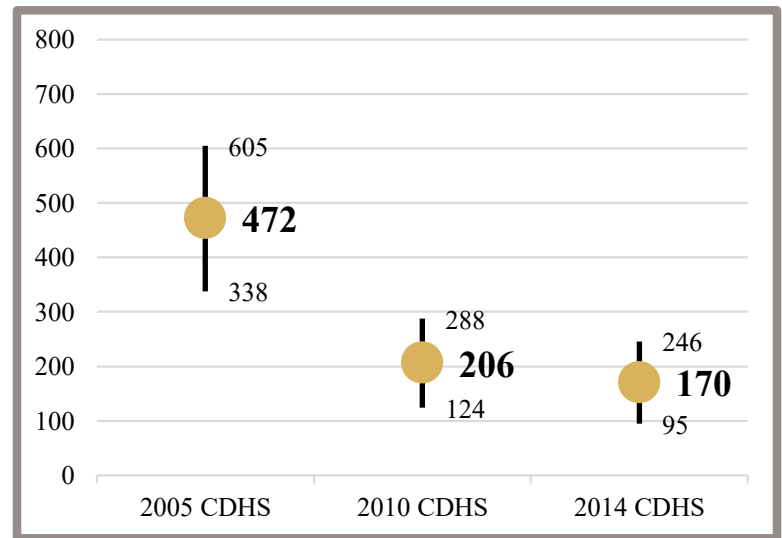
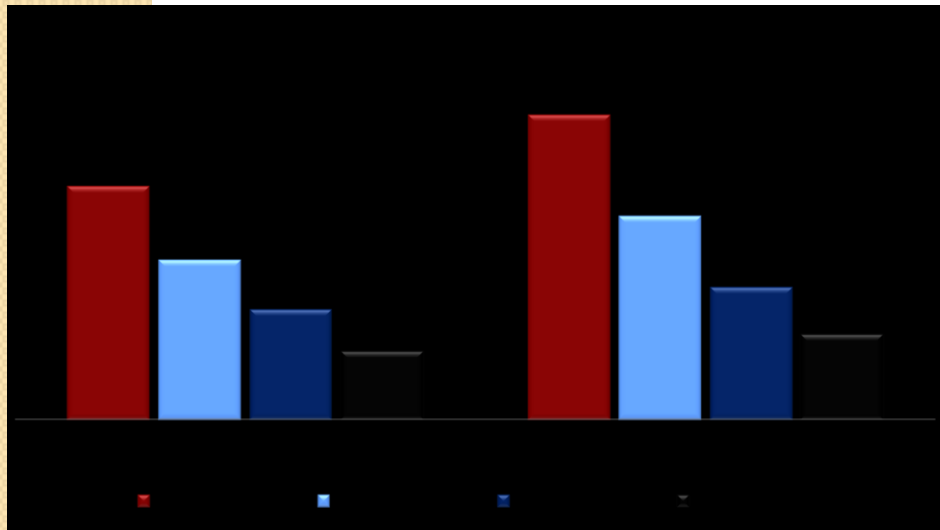


Health Sector Performance



Mortality and morbidity

		Achievements	CMDG Targets
 Reduce child mortality	Infant mortality rate per 1000 live births (2014)	28	50
	Under-5 mortality rate per 1000 live births (2014)	35	65
	Measles immunization % coverage (2014)	79	90
 Improve maternal health	Maternal mortality ratio per 100 000 live births (2014)	170	250
	Skilled birth attendant % births (2014)	89	87
	Contraceptive use % married women aged 15-49 (2014)	56	60




CMDG = Cambodian Millennium Development Goals; TB= tuberculosis.

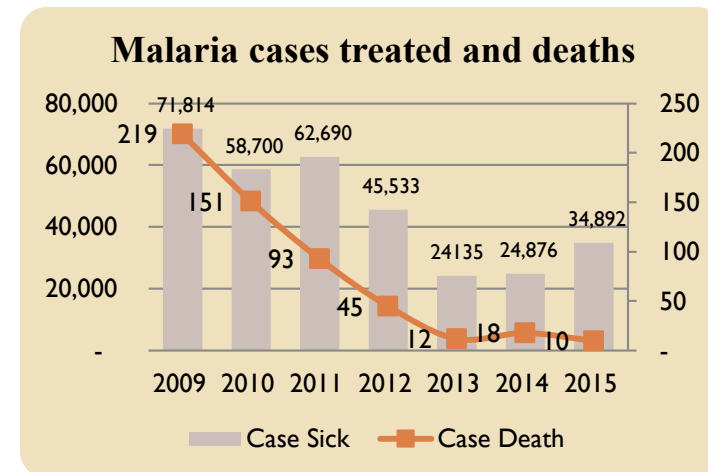
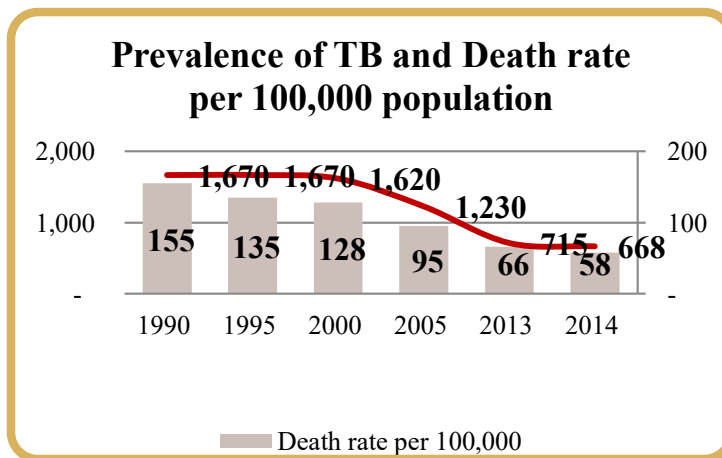
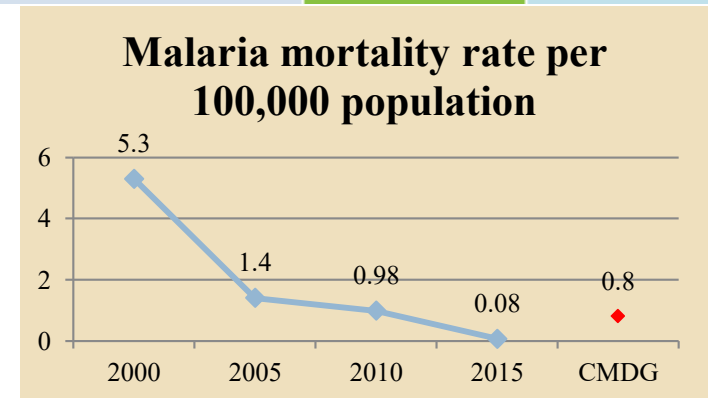
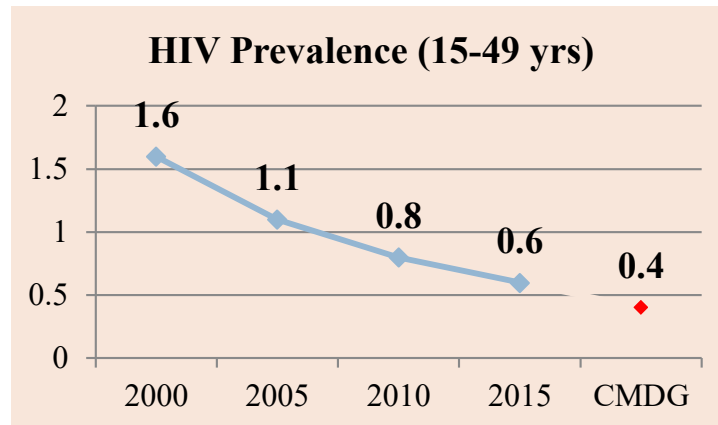
Source: Cambodia Demographic and Health Survey 2014; Cambodian Millennium Development Goals Report 2013; WHO Tuberculosis Report; UNAIDS Cambodia; WHO Malaria Report.

Health Sector Performance

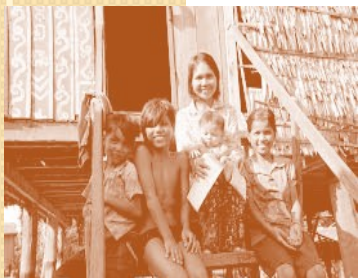


		Achievements	CMDG Targets
 Combat HIV/AIDS, malaria and other diseases	HIV prevalence % adults aged 15 to 49 years	0.6	0.4
	Malaria mortality rate per 100 000 population (2013)	0.08	0.8
	Notified cases of TB new and relapse (2014)	43 738	40 000

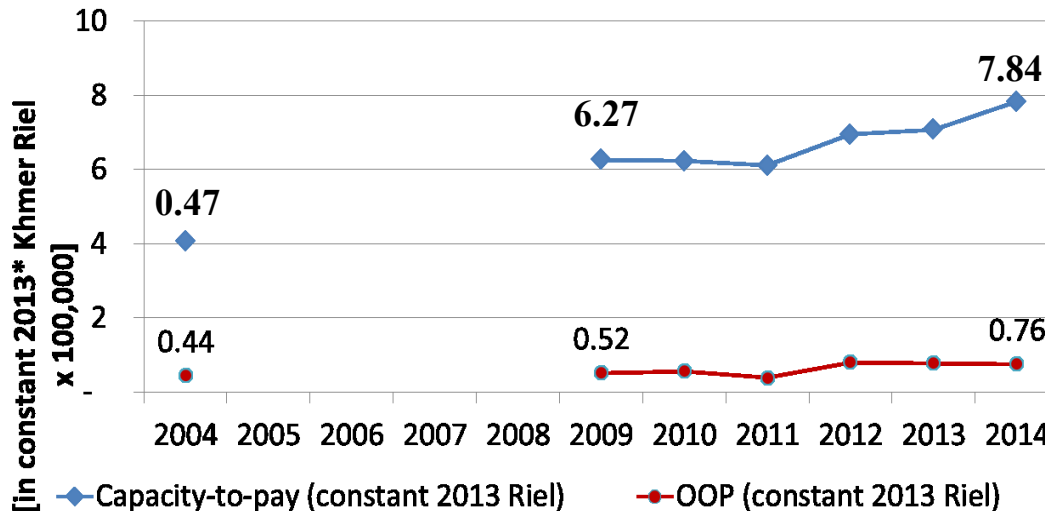
Mortality and morbidity



Health Sector Performance

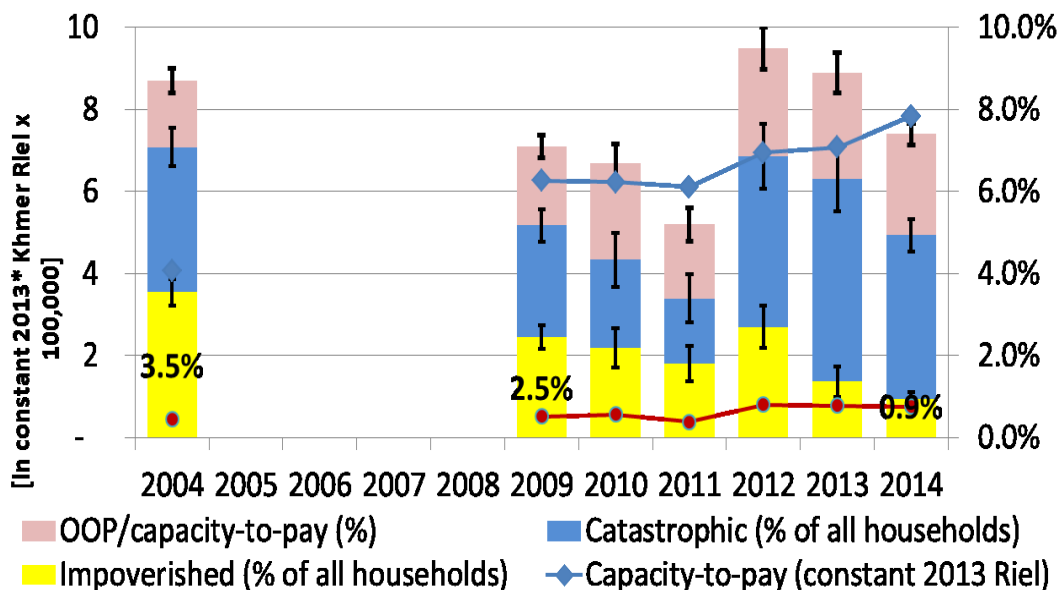


Financial risk protection



Average household capacity-to-pay has raised by 25%

Average household out-of-pocket expenditure has raised by 46%



- **Incidence of impoverishment from health expenditure has dropped by 90%**
- **Incidence of catastrophic expenditure has raised again with economic growth and prices**

Health Sector Performance



**Financial risk
protection**

POPULATION COVERAGE

Health Equity Funds

- All public health facilities, nationwide
- ≈3.2 million poor people
- Benefit packages: MPA & CPA, transportation cost to RHs, food allowances for in-patient care taker, funeral grant.

Voucher schemes for the poor and vulnerable groups

- Contracted with 131 health facilities (121HCs, 5 RHs, 1 PRH and 4 private clinics (NGOs, 1 private practice) in 9 ODs of 3 provinces
- Benefit packages: Reproductive health, child nutrition, support PWDs

CBHI schemes (voluntary contribution):

- 6 operators, 21 ODs, with 118,000 members
- Benefit packages: MPA & CPA

Integrated scheme (voluntary contribution):

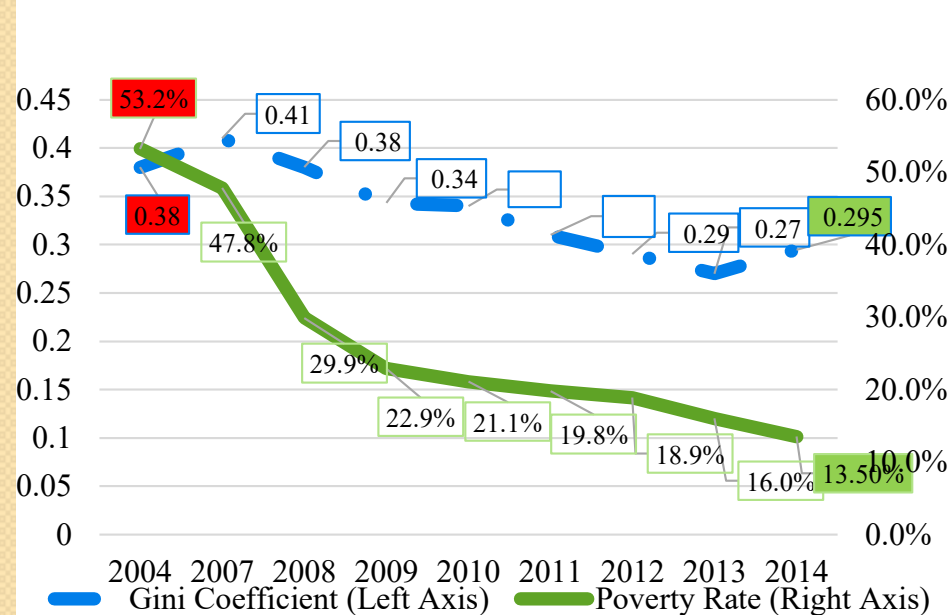
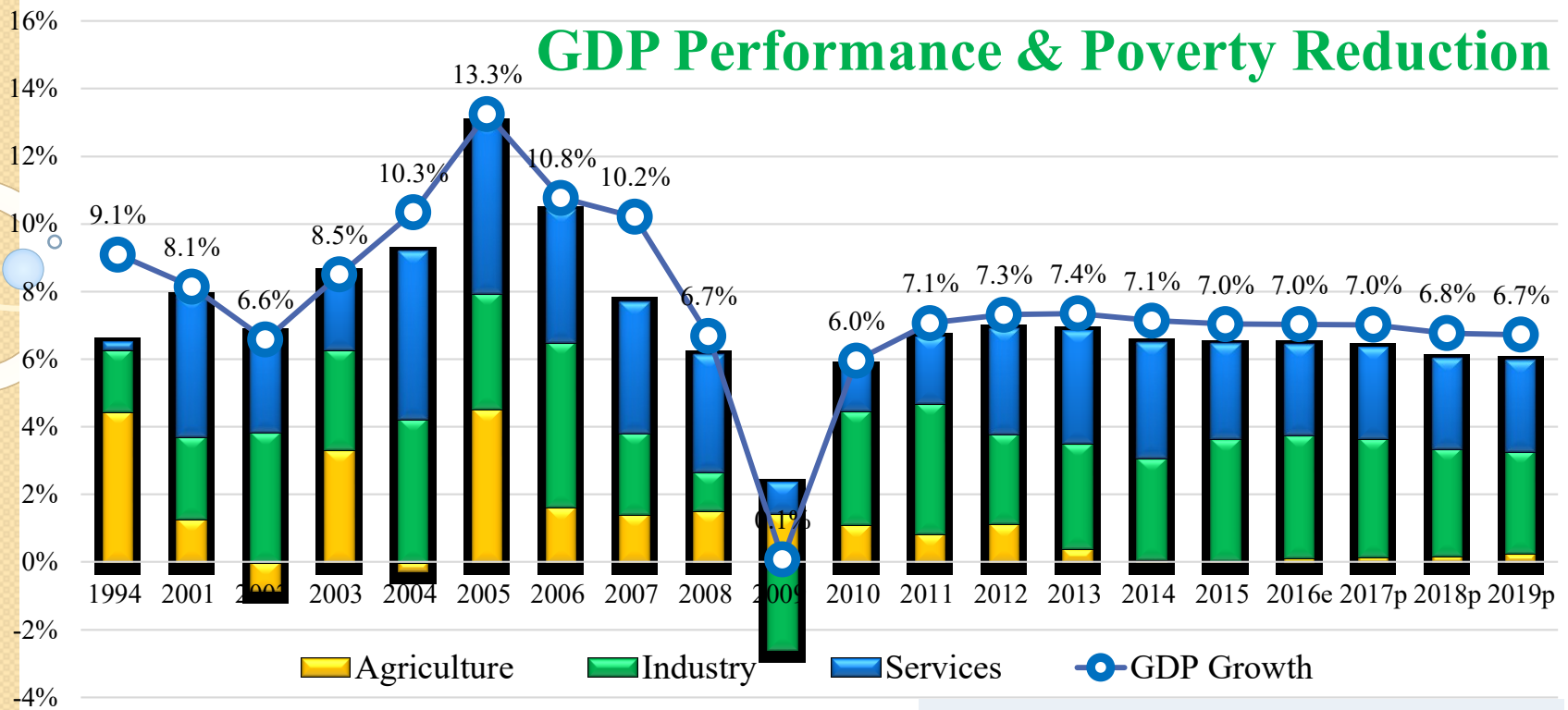
- 2 ODs with 7% non-poor enrolled
- Benefit packages: MPA & CPA

Work Injury Scheme (NSSF):

- 6,470 firms and 1,105,890 employees

Private health insurance coverage < 5% of the total population, targeting middle class & better-off, and concentrating in urban areas

GDP Performance & Poverty Reduction



- GDP yearly average growth (1996 - 2015): 7.7%
- Nominal GDP:
 - + 1996: 3,486 Million USD
 - + 2015: 18,078 Million USD
- GDP per capita:
 - + 1996: 295 USD
 - + 2015: 1,215 USD

Source: Slide of Dr. Phan Phalla , MoEF
 National Institute of Statistics, Ministry of Planning, 2016
 Note: MEF team's projection for 2016 and 2017
 Source: Ministry of Planning (for poverty rate and Gini coefficient from 2007 to 2014). World Bank (for poverty rate in 2004) .

2. Future Direction

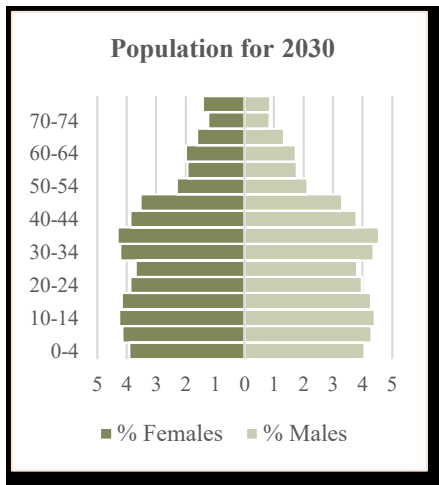
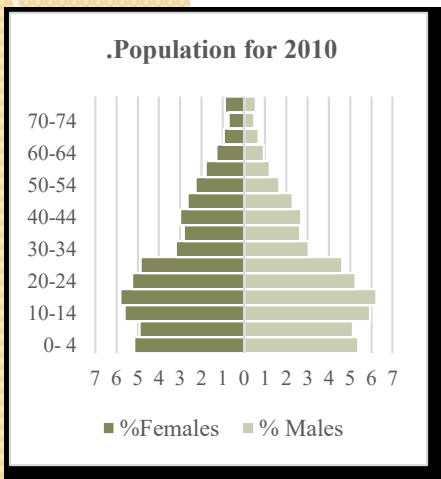


Health Strategic Plan 2016-2020 Ways moving from MDGs to SDGs

Health has a central place in SDG 3:
Ensure healthy lives and promoting well-being for all at all ages.



2. Future Direction



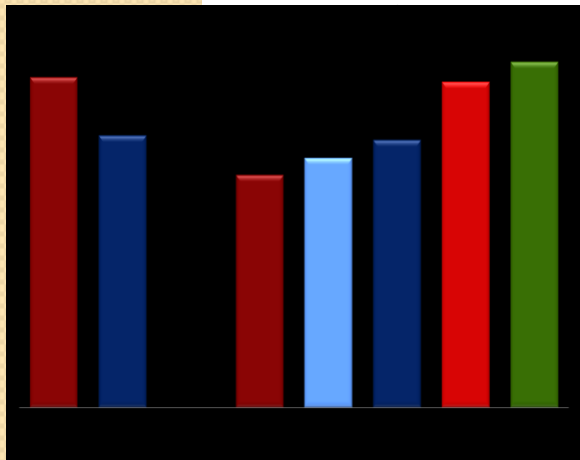
Strategic Priorities

- **Sustaining and further improving access and coverage achieved with a renewed focus on improving quality to reduce the gap in distribution of improved quality health services.**

Key Challenges

- **Epidemiological and demographic transition: burden of diseases and aging**
- **Increasing financial risk protection across the population to reduce financial hardship in accessing health care, when needed**
- **Equity in access and financing across the population (value-based health service delivery)**

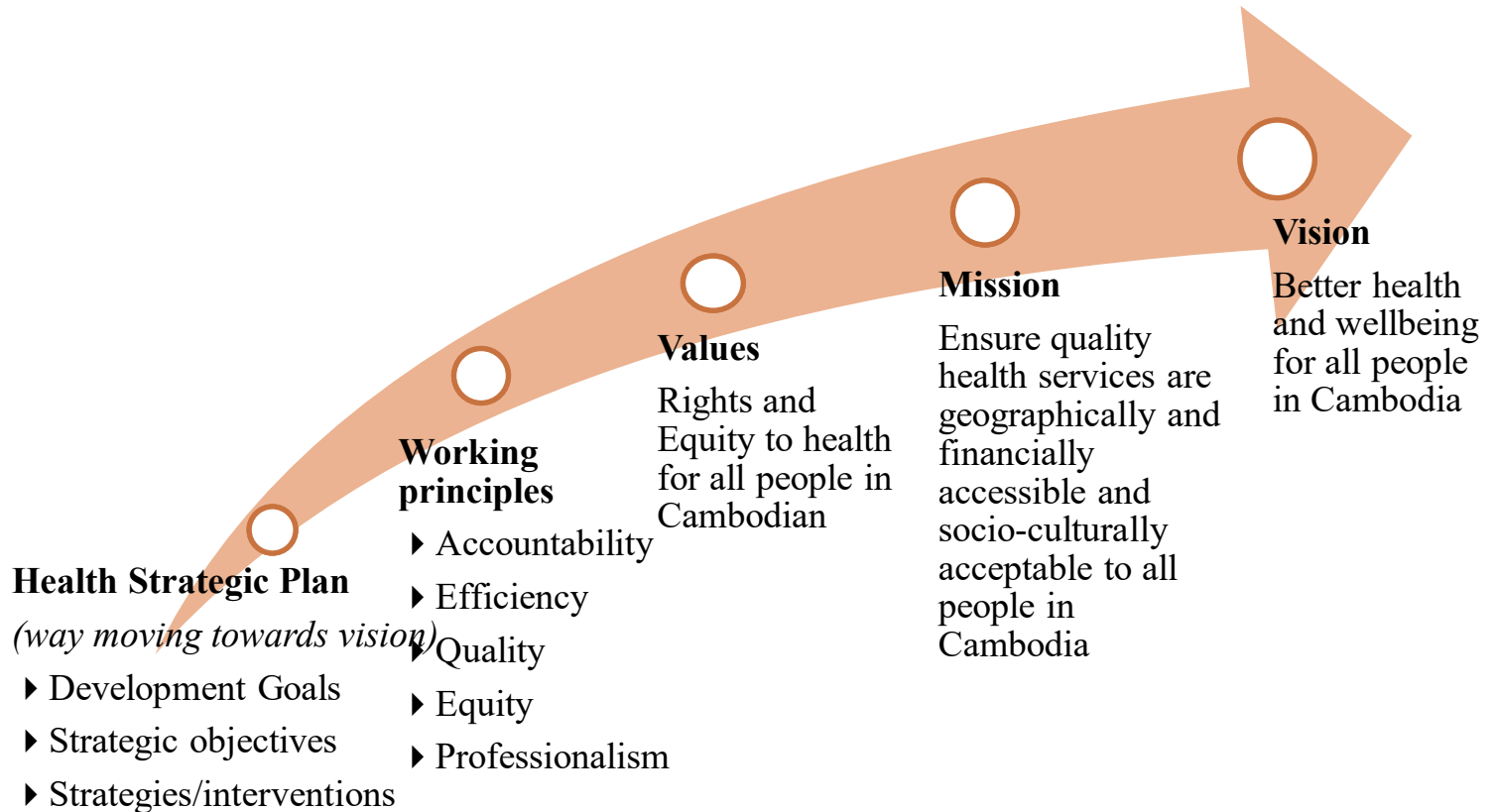
Vaccination by



Source: CDHS2014

2. Future Direction

STRATEGIC DIRECTION



2. *Future Direction*

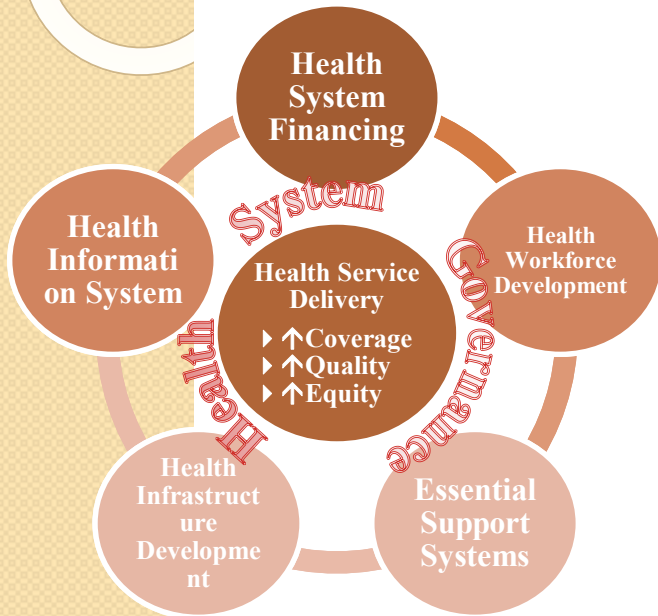
- **Policy goal: “Improved health outcome of the population and increased financial risk protection”.** focusing on two fronts: **the entire health system (both public and private sector) and the entire population**

Goal 1	Improve reproductive health, Reduce maternal, newborn and child mortality and malnutrition among women and children.
Goal 2	Reduce morbidity and mortality caused by communicable diseases
Goal 3	Reduce morbidity and mortality caused by non-communicable and other public health problems.
Goal 4	Make health system more responsive and accountable.

2. Future Direction

STRATEGIC OBJECTIVES

1. Access to effective health services at public and private health facilities;
2. Stable and sustained financing with increased financial risk protection;
3. Adequate number of well-trained, competent and appropriate skill mix, well-motivated health personnel;
4. Adequate supply of medicines, health commodities, medical material, with effective essential supportive services;
5. Appropriate basic infrastructure, advanced medical equipment and technology and a network of IT;
6. Availability and use of high quality, accurate and timely health and health-related data/information, and promote health research; and
7. Institutional capacity development at all levels, with special focus on leadership and management competency, regulation and strengthen local accountability in health.



2. Future Direction

STRATEGIC PRIORITIES



KEY SERVICE DELIVERY INTERVENTIONS

- Increase availability of affordable access to quality, safe and effective health services and information
- Strengthen referral system to enable client access to comprehensive health/health-related services.
- Ensure quality services in compliance with national protocols and quality standards.
- Encourage providers and consumers behavior change
- Implement innovative approaches for effective, efficient and sustained health service delivery

KEY FINANCING INTERVENTIONS

- Increase coverage of the informal sector population -expanding HEFs to vulnerable population groups
- Harmonize the existing social health protection schemes moving towards a establishment of the national social protection system,
- Strengthen complaint and feedback mechanisms
- Build institutional capacity to effectively manage, implement and monitor SHP operations
- Develop approach to the establishment of social health insurance for the informal sector population based on fairness in financial contributions and equity in access.

STRATEGIC OUTCOME

2. Future Direction

Health system attributes and Action domains for UHC Vs. HSP3 Interventions

Health system attributes	Action domains for achieving UHC	HSP3
QUALITY	1.1 Regulations and regulatory environment	✓
	1.2 Effective, responsive individual and population-based services	✓
	1.3 Individual, family and community engagement	✓
EFFICIENCY	2.1 System design to meet population needs	✓
	2.2 Incentive for appropriate provision and use of services	✓
	2.3 Managerial efficiency and effectiveness	✓
EQUITY	3.1 Financial protection	✓
	3.2 Service coverage and access	✓
	3.3 Non-discrimination	✓
ACCOUNTABILITY	4.1 Government leadership and rule of law for health	✓
	4.2 Partnerships for public policy	✓
	4.3 Transparency, monitoring and evaluation (M&E)	✓
SUSTAINABILITY AND RESILIENCE	5.1 Public health preparedness	✓
	5.2 Community capacity	✓
	5.3 Health system adaptability and sustainability	✓

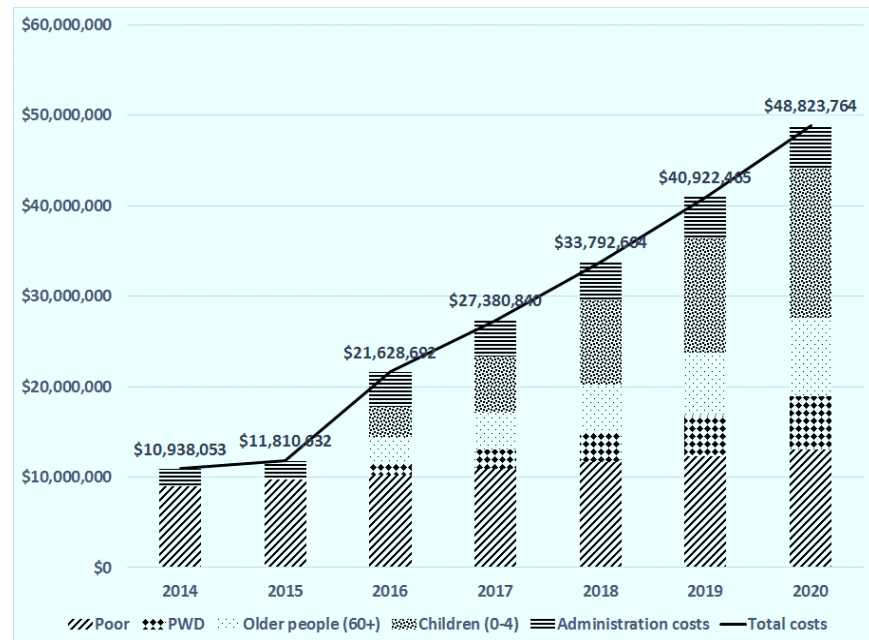
Sources: Momoe Takeuchi, WHO-Cambodia ✓

2. Future Direction

How to expand Population Coverage?

Can be achieved through:

1. Social Health Insurance for the private formal sector population under NSSF--**mandatory and contributory**.
2. Social Health Insurance for Civil Servants and Veterans --**mandatory and contributory**.
3. Social health insurance for the informal sector non-poor population --- **voluntary enrolment, then compulsory enrolment.**
4. Tax-funded health equity funds for the poor and vulnerable groups--- **full subsidy**



2. *Future Direction*

- Expand HEF to vulnerable populations:
Poor, PWD, Older people, children <5

What are the financial implications for the government of expanding population scenarios?

Implications depend on different potential answers to the following policy questions:

- 1. Target population**
- 2. Level of subsidization**
- 3. Benefit packages**
- 4. Level of Utilization of benefit packages**
- 5. Fiscal capacity**

2. Future Direction

What are the institutional implications?

Institutional arrangements and capacity development

Current arrangements

National Social Security Funds for private employees

National Social Security Funds for Civil Servants

Health Equity Funds Program for the poor managed by MoH

Future arrangements

Social Security Funds Governing Board



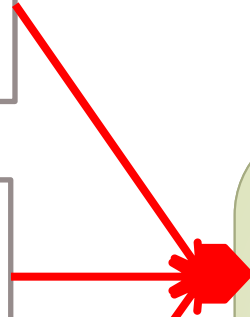
Fund Operator (single payer)

HEFs for Poor & vulnerable

SHI funds for private employees


SHI funds for informal sector pop

SHI funds for civil servant



3. Concluding remark

- Significant improvement in health outcome of the population with improved financial risk protection, as a result of
 - Strong political commitment to MDGs
 - Stronger health system performance: increased access to improved quality health services, and expanded social health protection.
 - Improved key social determinants of health (education enrollment, rural infrastructure development i.e. sanitation facilities, improved water sources, roads, public transport...)

		Achievements	CMDG Targets
 Ensure environmental sustainability	Water (rural) % using improved drinking-water sources (2014)	59	50
	Sanitation (rural) % using improved sanitation facilities (2014)	41	33

- Along with improved health outcome, economic growth and poverty reduction have determinant roles in increasing life expectancy and improving quality of life, hence improved overall health status of the population.
- Moving toward UHS is a great challenge and can be a long journey, but ‘the mission’ is possible.

Thank You!

