Cambodia: Ways moving toward UHC

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Outlines for presentation

- Health Sector Performance
- Future Direction
- Concluding remark
Country overall development
Peace, security, Political stability, economic growth, road infrastructure, poverty reduction, telecom, ITC, education and health (infrastructure, training…)

1. Health Sector Performance

Supply-side Interventions

- HEALTH EQUITY FUNDS
- Voucher for Reproductive Health
- Work injury
- Health care

Demand-side Interventions

- Public Adm. Entreprise
- Special Operation Agency
- Midwifery Incentives

User charges with exemption for the poor

1. Health Sector Performance

- Population Health
- Mortality and morbidity
- Financial risk protection

Health Sector Performance

Input/process/system

HSF
HSD
HWD
HSG
HSD
HIS

Output

Outcome

Impact

Health Strategic Plan 2008-2015
Health Sector Performance

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

Trends in Nutritional Status of Children <5

2000 CDHS 2005 CDHS 2010 CDHS 2014 CDHS

Stunted Wasted Underweight

2000 CDHS 2005 CDHS 2010 CDHS 2014 CDHS

Population Health
Health Sector Performance

<table>
<thead>
<tr>
<th>Achievements</th>
<th>CMDG Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant mortality rate per 1000 live births (2014)</td>
<td>28</td>
</tr>
<tr>
<td>Under-5 mortality rate per 1000 live births (2014)</td>
<td>35</td>
</tr>
<tr>
<td>Measles immunization % coverage (2014)</td>
<td>79</td>
</tr>
<tr>
<td>Maternal mortality ratio per 100 000 live births (2014)</td>
<td>170</td>
</tr>
<tr>
<td>Skilled birth attendant % births (2014)</td>
<td>89</td>
</tr>
<tr>
<td>Contraceptive use % married women aged 15-49 (2014)</td>
<td>56</td>
</tr>
</tbody>
</table>

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**

### HIV Prevalence (15-49 yrs)

- **2000:** 1.6
- **2005:** 1.1
- **2010:** 0.8
- **2015:** 0.6
- **CMDG:** 0.4

### Malaria mortality rate per 100,000 population (2013)

- **Achievements:** 0.08
- **CMDG Targets:** 0.8

### Notified cases of TB new and relapse (2014)

- **Achievements:** 43,738
- **CMDG Targets:** 40,000

### Mortality and morbidity

- **HIV prevalence % adults aged 15 to 49 years**
  - **2000:** 6.0
  - **2005:** 4.0
  - **2010:** 2.0
  - **2015:** 1.0
  - **CMDG:** 0.4

- **Malaria mortality rate per 100,000 population**
  - **2000:** 5.3
  - **2005:** 1.4
  - **2010:** 0.98
  - **2015:** 0.08
  - **CMDG:** 0.8

- **Prevalence of TB and Death rate per 100,000 population**
  - **1990:** 155
  - **1995:** 135
  - **2000:** 128
  - **2005:** 95
  - **2010:** 66
  - **2015:** 58
  - **CMDG:** 68

- **Malaria cases treated and deaths**
  - **Case Sick**
  - **Case Death**
  - **2009:** 71,814
  - **2010:** 151
  - **2011:** 58,700
  - **2012:** 62,690
  - **2013:** 45,533
  - **2014:** 24,135
  - **2015:** 24,876
  - **CMDG:** 34,892
Health Sector Performance

- 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

Sources: Second data analysis of Cambodia Socio-economic Survey (2004-2014), MoH, GIZ, WHO
Health Sector Performance

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
Note: MEF team’s projection for 2016 and 2017
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

**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

**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.

**Equity in access and financing across the population (value-based health service delivery)**

**Vaccination by**

Source: CDHS2014
2. Future Direction

**Health Strategic Plan**
- Development Goals
- Strategic objectives
- Strategies/interventions

**Working principles**
- Accountability
- Efficiency
- Quality
- Equity
- Professionalism

**Values**
Rights and Equity to health for all people in Cambodian

**Mission**
Ensure quality health services are geographically and financially accessible and socio-culturally acceptable to all people in Cambodia

**Vision**
Better health and wellbeing for all people in Cambodia
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

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Improve reproductive health, Reduce maternal, newborn and child mortality and malnutrition among women and children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2</td>
<td>Reduce morbidity and mortality caused by communicable diseases</td>
</tr>
<tr>
<td>Goal 3</td>
<td>Reduce morbidity and mortality caused by non-communicable and other public health problems.</td>
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<tr>
<td>Goal 4</td>
<td>Make health system more responsive and accountable.</td>
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</table>
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**

1. Sustaining and improving access and coverage achieved with focus on improving quality.
2. Increasing financial risk protection across the population.

**KEY SERVICE DELIVERY INTERVENTIONS**
- Increase coverage of and accessibility 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.

**STRATEGIC OUTCOME**

- Developing 

**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 effective 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.
2. Future Direction

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

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

Sources: Momoe Takeuchi, WHO-Cambodia ✓
2. Future Direction

How to expand Population Coverage?
Can be achieve 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…)

<table>
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<th>Ensure environmental sustainability</th>
<th>Achievements</th>
<th>CMDG Targets</th>
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<tr>
<td>Water (rural) % using improved drinking-water sources (2014)</td>
<td>59</td>
<td>50</td>
</tr>
<tr>
<td>Sanitation (rural) % using improved sanitation facilities (2014)</td>
<td>41</td>
<td>33</td>
</tr>
</tbody>
</table>

- 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!