

Attracting poor people to free public health care

2 alternative health equity fund approaches

The approaches

1. Integrated Social Health Protection Scheme

- Kampong Thom

2. Community-managed Health Equity Funds

- 12 provinces

1. Integrated social health protection scheme

- Non-poor ‘voluntarily’ buy into HEF
- Other interventions, including:
 - Awareness raising voluntary insurance
 - Vouchers for MCH
 - Pay-for-performance –clients satisfaction surveys
 - Technical and structural quality of services
 - Limited degree of accountability interventions

Methods

- Cross-sectional survey 2 interventions ODs, 2 control ODs
- Adults 18-59 years
- 3 configurations
 - *iSHPS* that also expands HEF coverage to non-poor households [n= **1182**]
 - *Standard HEF* (HoHEF) where HEF coverage is only available at a hospital [414]
 - *Comprehensive HEF* (CHEF) where HEF coverage is available at both the health centre level and the hospital level to eligible poor households [486]
- Direct costs (transport and fees)

Results

	HEF configuration			p-value (df = 2)
	HoHEF N (%)	CHEF N (%)	iSHPS N (%)	
Number of health centres	4	9	27	
Number of respondents	262	607	767	
Gender respondent				
Male	75 (28.6)	127 (20.9)	113 (14.7)	<0.001
Female	187 (71.4)	480 (79.1)	654 (85.3)	
Had ≥ 1 sick member	215 (82.1)	349 (57.6)	643(84.5)	<0.001
Total sick persons	414	486	1182	
Gender of sick person				
Male	123(29.7)	90 (18.5)	167 (14.1)	<0.001
Female	291 (70.3)	396 (81.5)	1015 (85.9)	
Was sick and sought care	411 (99.3)	448 (92.2)	1148 (97.1)	<0.001
Mean age of sick seeking care in years	26.3	29.0	22.8	
Of which				
children aged ≤ 5 yrs	71 (17.2)	76 (17.0)	259 (22.6)	<0.001
women of reproductive age	65 (15.8)	95 (21.2)	211 (18.4)	<0.001

1st treatment

	HoHEF	CHEF	iSHPS
	N (%)	N (%)	N (%)
Sought care at			
Health centre	34 (8.3)	130 (29.0)	559 (48.7)
Public hospital	21 (5.1)	47 (10.5)	80 (7.0)
Private facility	209 (50.8)	161 (36.0)	337 (29.3)
Non-medical	147 (35.8)	110 (24.6)	172 (15.0)
<i>Total who went public</i>	<i>55 (13.4)</i>	<i>177 (39.5)</i>	<i>639 (55.7)</i>
Use of IDPoor card			
Health centre	19 (55.8)	121 (93.0)	422 (75.4)
Hospital	9 (42.8)	29 (61.7)	40 (50.0)
<i>Public facility</i>	<i>28 (50.9)</i>	<i>150 (84.7)</i>	<i>466 (72.9)</i>
Distance to provider in km			
Health centre	1.7	2.9	3.1
Public hospital	18.5	30.2	16.4
Private facility	6.1	13	5.3
Non-medical	1.4	3.8	1.7
<i>Average per facility</i>	<i>4.2</i>	<i>8.6</i>	<i>4.1</i>

Costs 1st treatment

	HoHEF	CHEF	iSHPS
	US\$	US\$	US\$
Direct medical cost in US\$			
Health centre	1.7	0.5	0.08
Public hospital	27.4	25.0	16.7
Private facility	32.1	30.4	20.5
Non-medical	3.3	6.4	3.4
<i>Average per patient</i>	<i>19.1</i>	<i>15.1</i>	<i>7.7</i>
Direct non-medical cost in US\$			
Health centre	0.3	0.9	0.3
Public hospital	4.7	11.1	5.4
Private facility	0.6	2.6	1.1
Non-medical	0.14	1.1	0.14
<i>Average per patient</i>	<i>0.6</i>	<i>2.6</i>	<i>0.9</i>
Average total cost in US\$	19.7	17.7	8.6
Initiates care at public facilities	13.4	10.6	3.1
Initiates care at private facilities	20.6	22.5	15.5

2nd treatment

	HoHEF	CHEF	iSHPS
	N (%)	N (%)	N (%)
Went for 2nd treatment	51 (12.4)	66 (14.7)	248 (21.6)
Those who initiated care at public facility	7 (12.7)	32 (18.1)	146 (22.8)
at private provider	29 (13.9)	14 (8.7)	74 (22.0)
at non-medical provider	15 (10.2)	20 (18.2)	28 (16.3)
Sought care for 2nd treatment at			
Health centre	3 (5.9%)	15 (22.7)	72 (29.0)
Public hospital	6 (11.8)	9 (13.6)	28 (11.3)
Private facility	23 (45.1)	19 (28.8)	116 (46.8)
Non-Medical	19 (37.3)	23 (34.8)	32 (12.9)
<i>Proportion going to a public facility</i>	<i>(17.6)</i>	<i>(36.4)</i>	<i>(40.3)</i>

Costs 2nd treatment

	HoHEF	CHEF	iSHPS
	US\$	US\$	US\$
Direct medical cost			
Health centre	0.50	0.01	0.23
Public hospital	16.9	9.5	3.6
Private facility	9.2	10.4	13.3
Non-Medical	2.7	1.8	3.3
<i>Average per patient who sought 2nd treatment</i>	<i>7.2</i>	<i>4.9</i>	<i>7.2</i>
Direct non-medical costs			
Health centre	0.3	0.8	0.3
Public hospital	3.6	4.6	4.3
Private facility	0.9	1.2	1.0
Non-Medical	0.3	0.0	0.5
<i>Average per patient who sought second treatment</i>	<i>1.0</i>	<i>1.1</i>	<i>1.0</i>
Total cost 2nd treatment per patient who sought care	8.2	6.0	8.2

Total cost

	HoHEF	CHEF	iSHPS
	US\$	US\$	US\$
Overall cost per patient who sought care	20.7	18.6	10.3
Of which treatment costs (% of total)	19.9 (96.4)	15.9 (85.1)	9.3 (89.6)
Of which transport costs (% of total)	0.7 (3.6)	2.8 (14.9)	1.1 (10.4)

In Summary

- Multiple interventions address various access barriers to public health facilities
 - 13% (HoHEF) – 40% (CHEF) - 56% (iSHPS)
- Inclusion health centres aids in initiating care at public health facilities
 - @health centre: 8% (HoHEF) – 29% (CHEF) – 49% (iSHPS)
 - @hospital: 5% - 11% - 7%
- Initiates **public** -1st treatment total costs
 - \$13.4 (HoHEF) - \$10.6 (CHEF) - \$8.6 (iSHPS)
- Initiates **private**
 - \$20.6 - \$22.5 - \$15.5

Community-managed HEF

Concept

- Established at health centres
- The organizing body of a CMHEF is a **committee** composed of:
 - Religious leaders (i.e. Monks, Achaas, Imams)
 - Village Health Support Group members (at least one per village)
 - Local authorities from the Commune Council and Village administration
 - Service providers (health, education, agriculture)
 - Local association leaders
 - Active community members
- Within each committee, **3 sub-groups**:
 - A Group of Leaders (5 to 9 persons)
 - A finance sub-committee (3 to 5 persons)
 - A feedback sub-committee (3 to 5 person)

Concept 2

- The **CMHEF committee** responsible for
 - fundraising
 - determining benefits and eligible target populations
 - purchase of health services
 - day-to-day financial management
 - monitor health service utilization by HEF beneficiaries and other vulnerable population groups (older people, PWD, nonIDpoor poor)
 - identify locally appropriate solutions to address access barriers

Concept 3

- At district level: **District Facilitation Team**
 - Led by the Deputy District Governor in charge for Health
 - Comprised of representatives of Cult and Religion, Women Affairs, Health, Education, and Planning
 - Support, advice, and follow-up CMHEFs, collection of quarterly reports for District Governor
 - Each CMHEF gives \$50 annually to a district fund

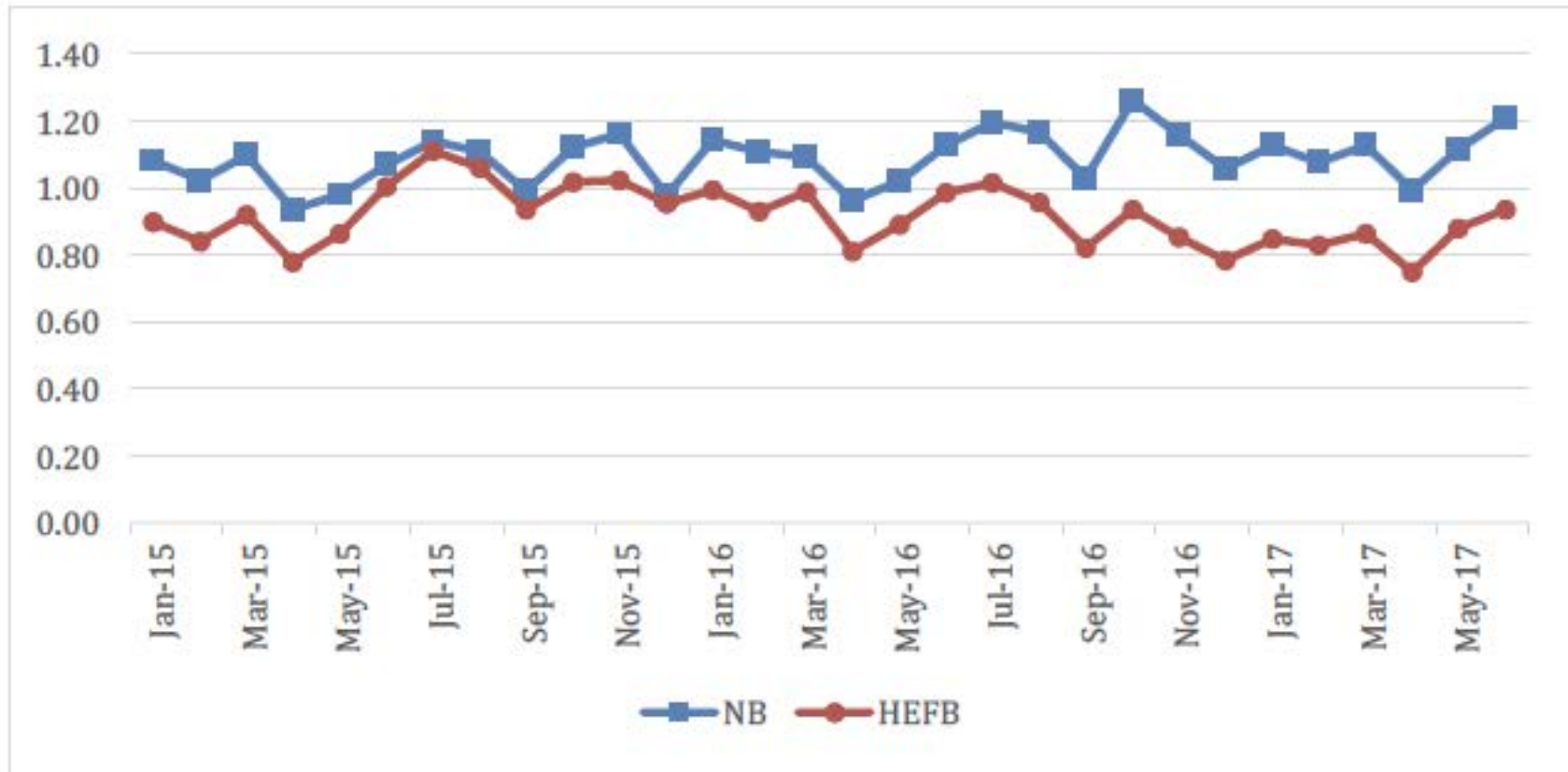
Objectives

- Assess the impact of the CMHEF on utilization of public health facilities by pre-identified poor people during activities by HEF Operators and after their cessation

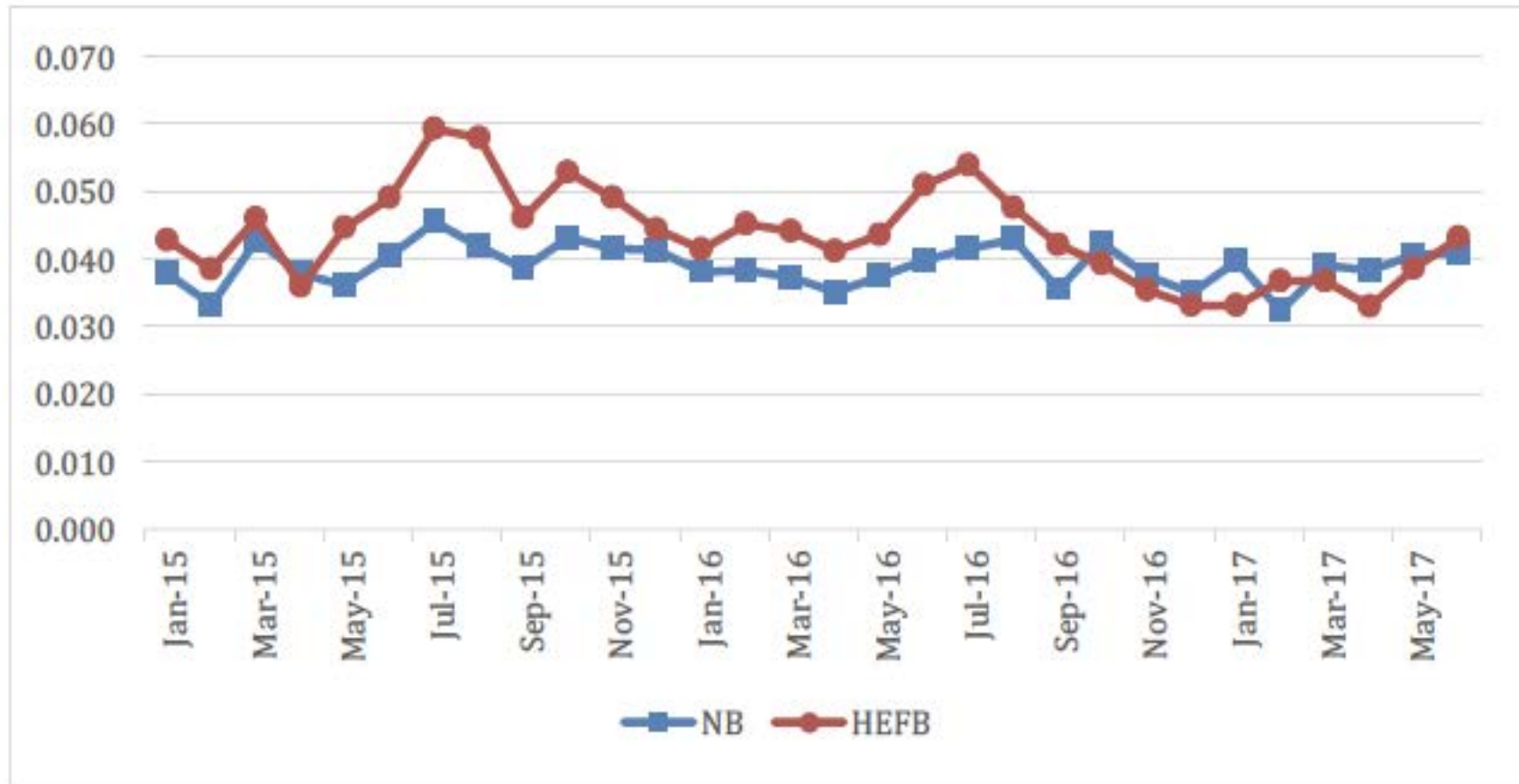
Methods

- Period: January 2015 – June 2017
- **Takeo Province**: start in 2004, entire province 2014
 - BfH HEF operator till June 2016; afterwards no support
 - IPD (no provincial hospital) and OPD –**HEFB and NB**
- **USAID-supported provinces**
 - BfH technical advise to HEFO till June 2016
 - Afterwards technical advise to CMHEF Committees
 - 3 districts with CMHEF; 3 without –**HEFB only**

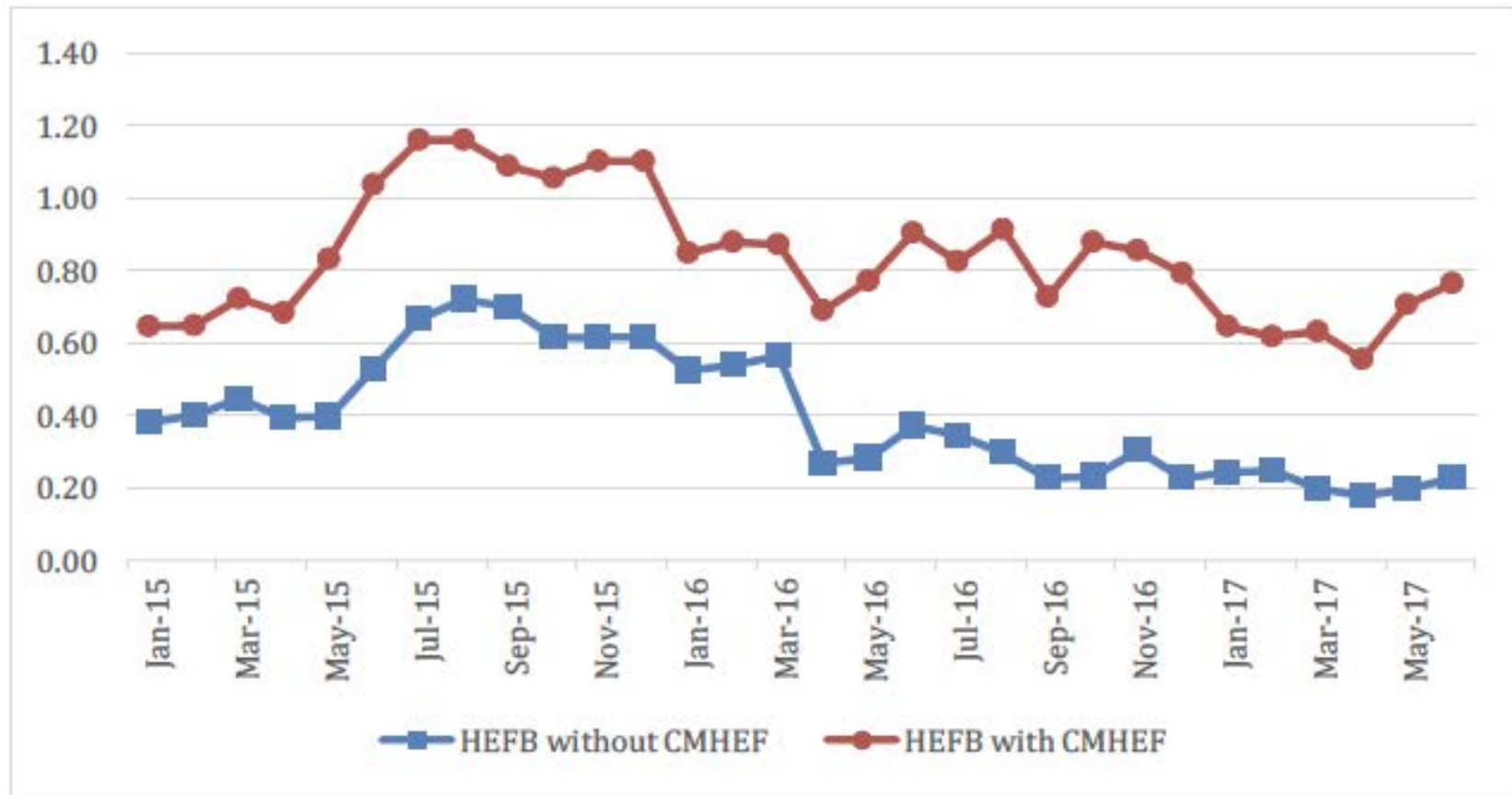
Results –Takeo: OPD NB vs HEFB



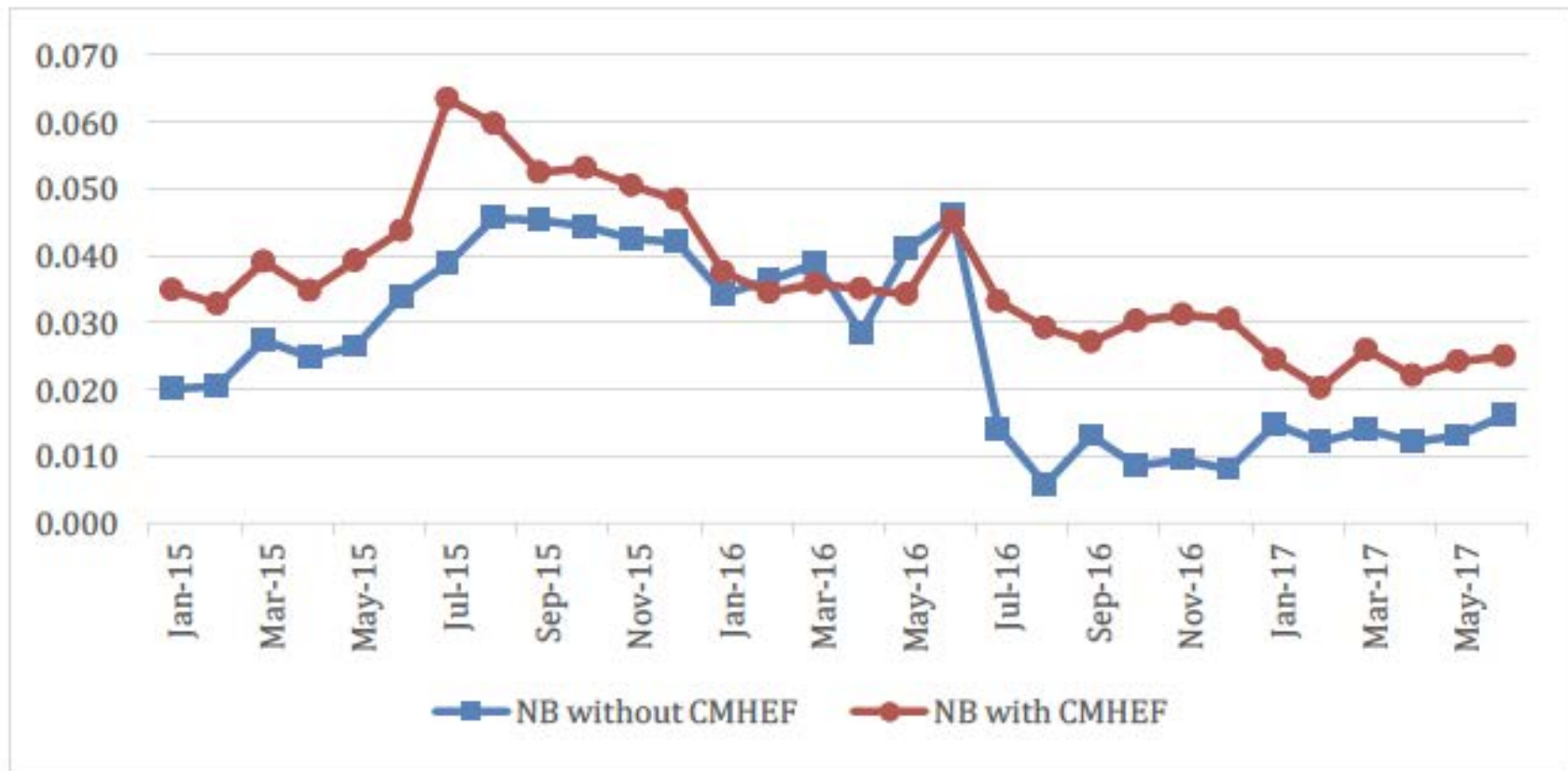
Takeo –IPD NB vs HEF



New provinces –OPD CMHEF vs HEF



New provinces –IPD CMHEF vs HEF



In other words (and summary)

	Outpatient consultations (per capita per annum)			Inpatient admissions (per 1,000 HEFB)		
	30 months	< July '16	> June '16	30 months	< July '16	> June '16
Initial Province						
CMHEF	0.92	0.94	0.87 (-7%)	44	46	39 (-15%)
New Provinces						
CMHEF	0.83	0.90	0.74 (-18%)	37	43	27 (-27%)
Conventional HEF	0.40	0.50	0.24 (-48%)	26	35	12 (-66%)

