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DISCUSSION PAPER FOR 2ND CAMBODIA UHC FORUM

MEETING REPORT OF 1ST CAMBODIA UHC FORUM

Evidence to inform policy towards
universal health coverage in Cambodia

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Produced by: Department of Planning and Health Information of the Ministry of Health, with support from the World Health Organization

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CONTENTS

PART 1

DISCUSSION PAPER ON IMPLICATIONS FOR THE SOCIAL HEALTH PROTECTION AGENDA

The World Health Day 2018 Cambodia Universal Health Coverage (UHC) Forum focused on Cambodia's pathway towards achieving UHC. Immense progress has been made in the past decade on improving health outcomes and expanding financial protection in Cambodia. The National Social Protection Policy Framework 2016-2025 (NSPPF) and the Third Strategic Health Plan 2016-2020 (HSP3) outline the policy direction on how Cambodia will move towards UHC in Cambodia. The World Health Day 2018 UHC Forum's recommendations provide the basis for specific strategies on how to move towards UHC.

Challenges remain in operationalizing the social health protection agenda. One of the primary objectives of the NSPPF is to avoid fragmentation and increase harmonization across the different social health protection schemes: the Health Equity Fund, a non-contributory scheme, and the contributory schemes – Social Security Funds for Health Care for private sector (started in 2016) and for civil servants, ex-civil servants and veterans (started in 2018). (See Table 1 for further details.) In the future, it is envisioned to have a single operator managing all health schemes. The two operators, National Social Security Fund (NSSF) and Payment Certification Agency (PCA), conduct in parallel similar functions such as verification and reimbursement. There are also differences in benefit packages and payment rates which may make it challenging in the future to create a cohesive system. Some processes if duplicated can have high transaction costs - multiple identification systems, and different information technology infrastructure among other areas.

One of the key concerns voiced at the World Health Day 2018 UHC Forum was how to sustainably expand financial and service coverage, while ensuring health providers are able to respond to demand. Among the recommendations from the Forum, three areas seem particularly important at this moment to move Cambodia along the road to UHC:

1. Raising additional government revenues for health;

2. Formalizing a uniform process to determine benefit package design and provider payment mechanisms;

3. Increasing investment to develop health services, and increase accountability, to ensure timely and effective treatment and care to meet the growing demand from expanding coverage.

Addressing these areas requires a coordinated approach across all stakeholders to build consensus on a detailed phasing plan which lays out clearly the different steps to reach the overarching goals. This discussion paper highlights why these three areas are worthy of focus, and considers options in these three areas for Cambodia's efforts towards UHC.

Raising additional government revenues for health

Why focus on this area?

The Royal Government of Cambodia is committed to achieving UHC. Expanding coverage and reducing out of pocket expenditures requires increasing the levels of public domestic financing allocated for health.[1] Out of pocket expenditures are a significant driver of financial burden for households, and therefore reducing these should be an explicit goal in order to increase financial protection.

Of the US$1.2 billion spent on health in Cambodia (2016), out-of-pocket spending accounts for 60% while donor and government resources account for 17% and 22%, respectively. Government spending is low in comparison to neighbouring countries such as Thailand, Viet Nam, and Philippines where it accounts for 30%-77% of current health expenditure.[2] All three countries have social health protection schemes that cover all segments of the population with estimated coverage between 60% to 100%.[3] It is estimated that 60 to 70% of the population in Cambodia are not covered under any social health protection scheme – the missing middle. By 2020 the government of Cambodia aims to cover 50% of the population through some form of social health protection scheme.[4]

[1] Jowett, M. and Kutzin, J. (2015) Raising revenues for health in support of UHC: strategic issues for policy makers. World Health Organization, Health Financing Policy Brief #1. Available at: http://apps.who.int/iris/bitstream/handle/10665/192280/WHO_HIS_HGF_PolicyBrief_15.1_eng.pdf?sequence=1

[2] World Health Organization Regional Office for the Western Pacific (2018) Cambodia national health accounts, 2012-2016: health expenditure report.

[3] Most recent data available

[4] Ministry of Health, Kingdom of Cambodia. (2016) Health Strategic Plan 2016-2020. Phnom Penh.

Revenue is also collected through premiums for social health insurance schemes – for the private sector and for civil servants. The recent policy change to have employers cover entire premium payments (1.3%) may have unintended impacts on collection and coverage. The Health Equity Funds (HEF) cost US$ 14 million a year, or 1% of current health expenditure. Contribution for HEF is currently split between the government and donors, but it is envisioned that the government will cover the entire contribution in future years.

There is currently limited analysis on the effectiveness of pre-payment collections or of projections on how much it would cost to expand coverage. Such an analysis would need to be based on scenarios of the service package to be provided.

The way forward

Strategies to raise revenue, maintain sustainability of funds and systematically expand population coverage include:

- **Assessing the feasibility of pre-payment models, either through general or specific taxation, or through premium collection**. Initial work already carried out on the design of the Social Health Insurance for Informal Population (SHIP) is a starting point in the design of a system that covers the missing middle. Willingness to pay analyses carried out as part of that work indicate challenges for an approach based on charging premiums, and global evidence points to difficulties for schemes which charge premiums either on a voluntary basis, or on a mandatory basis in a context in which enforcement is challenging. It would be worthwhile also to consider estimating the costs of collecting premiums from the informal sector, as against the revenue that would be generated. Reflection is therefore needed to assess the best approach for Cambodia among the available options.

- **Projecting and modelling of costs of service provision in both the public and private sectors. Both the Health Equity Funds and Social Health Insurance are generating data from purchasing which can inform an analysis of fiscal space to include additional population groups.** A low hanging fruit may be looking at feasibility of covering dependents through the contributory schemes. With the recent addition of select informal population groups to HEF and the expanding of services to national hospitals, analysis on usage of health services and cost can be utilized to estimate the financial gap for expanding coverage to additional groups under the HEF.

- **Analysing the feasibility of cross-subsidization across different schemes can inform what funding arrangements should be put in place to improve the financial sustainability of the different schemes.** Some level of subsidization from general taxation will be required across all the schemes, however this does not need to be at the same level for all schemes. The HEF will require higher subsidization per member than the formal sector schemes for example.

The following are potential next steps for consideration:

Analytical work for policy development	
I. Options on raising revenue	- Estimate the cost of collecting premiums from the informally-employed population (pre-payment), compare to estimates of potential revenue raised through this means - Explore allocating increased tax revenues to cover the missing-middle (government subsidies), potentially through earmarking new taxes
II. Cost projections	- Projection of costs to include informal population group and dependents in social health insurance.
III. Pooling and cross-subsidization	- Analysis of cross-subsidization arrangements and levels
Areas to monitor and evaluate	
I. Fiscal sustainability of schemes	- Actuarial study on sustainability of current social health insurance scheme for private sector (cost of reimbursements) vs effectiveness of premium collection
II. Revenue collection	- Indicators and reporting structure for revenue collection from all schemes
III. Financial protection	- Monitoring of out-of-pocket spending
IV. Pre-payment collection	- Indicator on pre-payment collection
Guidelines to be developed	
Premium setting and collection process	- Policy on premium setting, review, collection for social health insurance and subsidies for HEF - Guidelines on reporting and financial statements across all schemes (one comprehensive reporting structure)
Institutional arrangements to support with policy development	
Technical tariff team	- Mandate to review premiums, subsidies and fiscal space for health

Formalizing a uniform process to determine benefit package design and provider payment mechanisms

Why focus on this area?

In Cambodia, there is no formalized process yet for determining and reviewing what is included in a benefit package[5] for the different social health protection schemes. This result, among other outcomes, in fragmentation of benefits between schemes. A uniform mechanism can support the future single operator in fulfilling its mandate to review harmonization across schemes. Introducing due process for benefit package design can support with the evaluation of whether certain interventions should be included and excluded based on criteria such as affordability, equity, disease burden, and cost-effectiveness. The recently-updated HEF benefit package for the poor was determined by the Ministry of Health with the support of partners. Reimbursements are provided through case based payments and are low – they are intended to be a partial reimbursement to providers in lieu of charging patients user fees. The scheme for private sector and civil servants also uses case based payments and fee for service for emergency use at private facilities. The private sector benefit package was determined by a tripartite governing body consisting of representatives of employees, employers and government, while the benefit package for civil servants, similar to the benefit package of private sector with a few additional benefits, was determined by the government. Across the country, user fee schedules at facilities are not systematically determined, not based on costing information, and decided by sub-national governing bodies with the result that prices for the same services vary across the country.

The way forward

Strategies to formalize a uniform process to determine benefit package design and provider payment mechanisms across schemes include:

- **Undertaking a costing study to determine the cost of services to address ambiguity of baseline prices and facilitate effective negotiation between provider (MOH and private) and purchaser (NSSF) in determining the fee schedule for reimbursements.** Negotiation between the purchaser and providers should be based on accurate and realistic cost data on providing individual services – striking the balance between both parties may see improvements in health service delivery outputs.

- **Introducing a simplified health technology assessment that is adapted to the Cambodian context can support in making strategic decisions in developing benefit packages across the various schemes.** To eliminate the tendencies to have siloed processes for defining the benefit package, a select

[5] Benefit package – list of health service interventions included under a specific social health protections scheme

sub-committee can be mandated to develop a comprehensive approach to systematically look across schemes on benefit inclusion and exclusions and to introduce processes to better support decision making. Countries such as Thailand, Philippines, Viet Nam[6] among others are using systematic assessments to determine what is included in the benefit package taking into consideration cost-effectiveness, burden of disease among other criteria.

- **Considering structures to maintain quality given an increase in service outputs without proper checks and balances can lead to perverse incentives for providers.** As NSSF grows into its role as a third party purchaser, pressure is mounting on health facilities to deliver on services to meet contractual obligations. The claim and verification process needs to be well-developed and aligned with current clinical protocols to ensure that billing is correct. This requires trained staff both from the operational agency (NSSF/PCA) and the provider side to be trained on the reimbursement process. Reaching and maintaining a high level of efficiency of the operational agency to reimburse claims in a timely manner builds trust among providers to buy in to a demand-driven health system.

- **Socializing key elements of social health insurance (e.g. benefit package, clinical guidelines for reimbursement, etc.) among stakeholders can foster mutual understanding of their respective roles in the delivery of the services, given this still a relatively new concept in Cambodia.** Education and awareness campaigns among all stakeholders involved on their respective role in the delivery of services and for members to learn about their rights to benefits can support in the implementation of the social health protection schemes.

- **Monitoring and evaluating the effectiveness of the various health schemes increases accountability and can inform how to improve processes.** Tracking enrolment rates and utilization of the different schemes can inform the effectiveness of its reach and utility in responding to health needs. Building-up institutional capacity is a key intervention to increase proficiency in the delivery of the social health protection schemes. Evaluating the effectiveness of the operators in managing the process of collection, enrolment, verification and reimbursement can identify gaps in the service and efficiency gains that can be attained.

[6] Tantivess et al. (2017) 'Health Technology Assessment capacity development in low- and middle-income countries: Experiences from the international units of HITAP and NICE', NCBI [online]. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5749126/ (Accessed: May 2018)

The following are potential next steps for consideration:

Analytical work for policy development	
I. Costing of services	- Costing study of various health services to create baseline for reimbursements
II. Utilization and access	- Analysis on impact of provider behaviour on utilization of HEF and NSSF beneficiaries in accessing care
III. Accountability and verification process	- Reimbursements separately for national drug formulary to improve verification process (essential medicines list) - Feasibility of ICD-10 in all health facilities to strengthen reimbursement and cross-scheme data analysis
Areas to monitor and evaluate progress	
I. Effectiveness of service	- Indicator to track service enrolment, utilization, access
II. Efficiency of claims process	- Indicator to measure efficiency in the reimbursement
Guidelines to be developed	
I. Benefit package design (basic HTA assessment)	- Policy framework on regulation of benefit package – principles, selection criteria, cost analysis, decision making.
Capacity building and advocacy	
I. Service delivery	- Training providers on benefit package and services to be provided include admin process for reimbursement - Training of verifiers on reimbursement process
II. Increase service demand	- Education of beneficiaries on their rights and access
Institutional arrangements to support with policy development	
I. Health technology assessment sub-committee	- Sub-committee mandate to systematically review BP of all schemes

Increasing investment to develop health services, and increasing accountability, to ensure timely and effective treatment and care to meet the growing demand from expanding coverage

Why focus on this area?

Increased coverage should induce demand for service utilization at public facilities however simultaneous investment is needed to develop health services to ensure timely and effective treatment and care. Cambodians have a preference for selecting private providers when seeking care for many services.[7] HEF has helped to lower barriers of access to public health services for the poor. Members paying contributions will have increasing expectations on the health system which may catalyse improvements in service delivery quality. However, demand alone may not be sufficient for services to improve.

The way forward

Strategies to increase investment is needed to develop health services to ensure timely and effective treatment and care to meet the growing demand from expanding coverage include:

- **Investing in up-skilling health workers as demand increases to improve service quality.** Human resources are the most important input into the health system and underinvestment can lead to lower health system performance. Extending coverage to additional people should take into account supply side readiness to ensure that the public health system can deliver on the services agreed on in the benefit package. Providers should understand the services to be delivered in the various health schemes to fulfil their responsibility. The quality improvement initiative by the Ministry of Health is working on various aspects of quality like enhancing effectiveness of services, accountability and supervision. Additional injection of funds can supplement existing initiatives and support with building-up health human resource capacity. –Evaluations should be carried out on how primary healthcare services are delivered and can be designed to be patient-centred. Transitioning from a curative care model to a service delivery model that offers

[7] National Institute of Statistics, Ministry of Planning, Kingdom of Cambodia. (2017) Cambodia Socio-Economic Survey 2016. Phnom Penh: Ministry of Planning, Royal Kingdom of Cambodia.

continuous monitoring of population health throughout the individual's life course can be explored.

- **Changing the modality of payment through service outputs may incentivize providers to deliver services and can potentially curb the trend of dual practice.** Resources are needed for public facilities to be able to compete with private sector and deliver services effectively. Facilities are reliant on user fees as budget allocation is sufficient only to cover the cost of human resources, medicines and small amounts on operations. Incentivizing those clinicians engaged in dual practice to dedicate themselves solely to their public health facility will require increased budget allocation. In particular, how funds are redistributed across health staff can influence health motivation. Putting in transparent rules and regulation on redistribution of these new revenue streams at the facility level may see improvements in health staff motivation as it upholds principles of fairness and equity. In addition, providing an enabling environment with proper equipment, medicines and resources can ensure that providers can deliver quality health services.
- **Increasing mechanisms to improve delivery of services cost-effectively and at a high level of quality to maximize health outcomes**. Checks and balances including effective gate keeping mechanisms applied across all schemes can ensure that members are accessing care at the appropriate facility level. This can prevent practices such as bypassing health centres and going straight to hospitals which can be financially costly and inefficient for the health system. Building up capacity at health centres to provide comprehensive essential services can support in attracting members to follow the patient pathway. Facility accreditation is another mechanism to ensure that facilities are compliant with service standards and can be used as minimum criteria for contracting with health facilities. This however requires a phased approach as health facility accreditation and establishing a body to play the regulatory function to maintain health service standards is in a nascent stage. Developing an effective feedback mechanism to monitor user satisfaction can support with improving services from both the perspective of the provider in the delivery of health services and for the operators in managing the schemes.

The following are potential next steps:

Analytical work for policy development	
I. Human resources	- Analysis on dual practice, human resource motivation and developing transparent mechanism to redistribute salary top-ups - Review of distribution of human resources between rural and urban centres
II. Primary health care models	- Exploring primary health care models that are patient centred and geared towards prevention
Areas to monitor and evaluate progress	
I. Accountability of service provision	- Indicator on accreditation of facilities - Accountability mechanism to monitor verification and reimbursement process inclusive of efficiency indicators - Indicator to track enrolment and utilization for each scheme - Equity analysis on beneficiary - who is accessing services and where
II. Complaint mechanism	- Developing system for complaint mechanism and resolution process
Guidelines to be developed	
I. Integrated-operations	- Operational guidelines for health schemes (unified across schemes) - Referral process guidelines and enforcement protocols applied to all schemes
II. Quality control	- Accreditation of facilities manual - Manual for members on benefits
Capacity building and advocacy	
I. Provider responsibility	- Training of providers on role to deliver services and how social health insurance works - Up-skilling and coaching of health staff
II. Institutional capacity	- Training to effectively run health protection schemes (coordination and integration)
Institutional arrangements to support with policy development	
I. User experience	- Utilization review management team (analysis on equity issues and who is benefiting in the process) - Feedback mechanism process (increase transparency and can provide insight into service improvement)

Conclusion

Universal health coverage requires all stakeholders to work together, no one institution can do it alone as emphasized in the conclusion of the UHC Forum's inter-ministerial panel discussing Cambodia's progress on UHC. Social health protection in particular requires multi-sectoral inputs. Government representatives from Ministry of Health, Ministry of Economy and Finance, and the National Social Security Fund (Ministry of Labour) all voiced similar perspectives that there is much to be done in pushing forward the UHC agenda and there is commitment from all parties to do so.

The NSPPF calls for harmonization and coordination of all social health protection schemes in the future and it is envisioned for it to be managed under one single operator. This can be interpreted in various ways - it can range from full integration of schemes into one, meaning that there is only one scheme in the future for all Cambodians, partial integration where some aspects like funding flows are pooled and certain mechanisms like IT infrastructure is shared, to limited integration where schemes run autonomously but are coordinated under the single operator. The level of integration and how to harmonize across schemes should be based on evidence analysing feasibility, financial sustainability, and designing a system that upholds the goal to ensure Cambodian's equitable access to quality health services. To bring further clarity and direction on how to enact what is laid out in the policy framework, there are several policies that can be explored and introduced to support Cambodia in operationalizing the NSPPF to move towards increase breadth of coverage and depth of health services.

This discussion paper has provided options and steps on how to move forward towards UHC in Cambodia, based on the identified challenges and opportunities outlined during the World Health Day 2018 UHC Forum. The key areas includes raising revenue through government budget for health to expand breadth of coverage, the coordination processes to determine benefit package and payment mechanisms and increasing human and financial resources to build-up the service capacity of health providers and operators.

These action steps can be used as an input to future UHC efforts. A phasing approach can be collectively designed and agreed upon by all stakeholders. A potential first phase can focus on building a strong foundation with common agreement on how to proceed with the following:

- What is meant by harmonization of social health protection schemes?
- What is the role of the single operator?
- How to coordinate with processes if there are duplications (e.g. IT infrastructure, identification processes)?
- What guidelines and basic technical sub-working groups can be set-up to support with coordination?

As it is envisioned that in the future that there will be a single operator, instituting clear processes for policy development for

social health protection are required, including institutionalizing processes for the single operator. These processes should address the roles of each institution, establishing a common monitoring system, ensuring equity across population groups, and ensuring service quality. There may be merit in the government formalizing a roadmap for these steps as Cambodia continues its journey towards universal health coverage.

Table 1: Benefit Package by Scheme (2018)

	HEF	SOCIAL HEALTH INSURANCE	
Members	Poor and select-informal population groups*	Private sector	Civil servants (2018)
Operator	Poor – MOH Informal - NSSF	NSSF	NSSF
Population coverage*** (%/million)	Poor – 19% (3M) Informal – 7% (1M)	8% (1.2M)	1% (0.5M)
Provider payments	Case-based	Case-based and fee-for-service (emergencies)	Case-based and fee-for-service (emergencies)
Premiums	-	1.3% of salary (employee) 1.3% of salary (employer)	
Contracting	Public providers	Public providers and private providers (emergencies only)	Public providers and private providers (emergencies only)
Services	OPD/IPD	OPD/IPD	OPD/IPD**
Exclusions	High-cost services: cancer treatment, organ transplants, cosmetic surgery, acupuncture, and infertility treatments	Cancer treatment, cardiac surgeries, dental, cardiac surgeries, organ transplants, cosmetic surgery, acupuncture, infertility treatments, and haemodialysis	Cardiac surgeries, organ transplants, dental, cosmetic surgery, acupuncture, infertility treatments, and haemodialysis
Gate-keeping	○	×	×

NSSF: National Social Security Fund; HEF: Health Equity Fund
*Selected population (2018): commune/sangkat council Members, village chiefs, deputy chiefs and assistants, government-sponsored athletes and cyclo drivers
** Cancer treatment and medicines for noncommunicable diseases included
*** Estimated coverage Ministry of Health and Ministry of Economy and Finance (2018)
Source: Ministry of Health; Ministry of Economy and Finance; JICA and GIZ


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PART 2

MEETING REPORT FOR WORLD HEALTH DAY 2018 CAMBODIA UNIVERSAL HEALTH COVERAGE FORUM

Background

On 5-6 April, 2018 (Phnom, Penh), Cambodia hosted its first ever Cambodia Universal Health Coverage Forum in conjunction with the annual global celebration of World Health Day as this year's theme was "Health for All – Universal Health Converge: Everyone, Everywhere." The Ministry of Health Department of Planning and Health Information, in collaboration with WHO, GIZ and JICA, convened 120 stakeholders inclusive of policy makers from various ministries and

sub-national health operations directors, international health experts, civil society and development partners to discuss the acceleration of universal health coverage (UHC) in Cambodia.

In the past decade, Cambodia made substantial socio-economic progress with a rapidly growing economy, sharp reductions in poverty, and advancements across many social indicators. Health remains a key priority for the Royal Government of Cambodia and with the adoption of the National Social Protection Framework 2016-2025 and the Health Strategic Plan Three (HSP3), the policy frameworks lay out the direction for constructing a pathway to provide "All people in Cambodia to have better health and wellbeing, thereby contributing to sustainable socio-economic development (HSP3)."


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Cambodia
Universal Health Coverage Forum
UNIVERSAL
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COVERAGE:
EVERYONE,
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The UHC Forum was a platform to discuss among relevant stakeholders the challenges and successes in moving forward the UHC agenda. Expansion of social health protection requires balancing the demand – ensuring that people are enrolling and accessing services appropriately - and supply sides – the capacity of health facilities to deliver on agreed-upon services in the benefit package. Addressing the social determinants of health requires thinking about all aspects of the social security and assistance system rather than looking at health in isolation. The start of the social health insurance system for the private sector (2016) and now for civil servants (2018), and the expansion of the Health Equity Funds nation-wide for the poor and some informal workers, is the foundation for Cambodia's social health protection system. The forum discussions were framed to determine and develop consensus across actors on concrete steps to strengthen service delivery while seeking sustainable ways to expand social health protection to cover additional Cambodians to reach UHC. The format of the UHC Forum consisted of the launch of World Health Day on the morning of 5th April with the remainder of the Forum focused on technical presentations and interactive panel discussions to allow all participants to debate key issues and find common understanding on progressing towards UHC. The full agenda can be found under annex 1.

Objectives

1. To celebrate the progress Cambodia has already made towards UHC in terms of financial protection, service coverage, quality and equity.

2. To reflect on the global context around UHC and consider the progress of other countries in the region towards UHC, drawing lessons for Cambodia.

3. To share recent evidence and analyses from the Government of Cambodia and partners on aspects of efforts towards UHC.

4. To identify key challenges and how these can be overcome in terms of key next steps to realize Cambodia's vision of UHC

Highlights from the forum

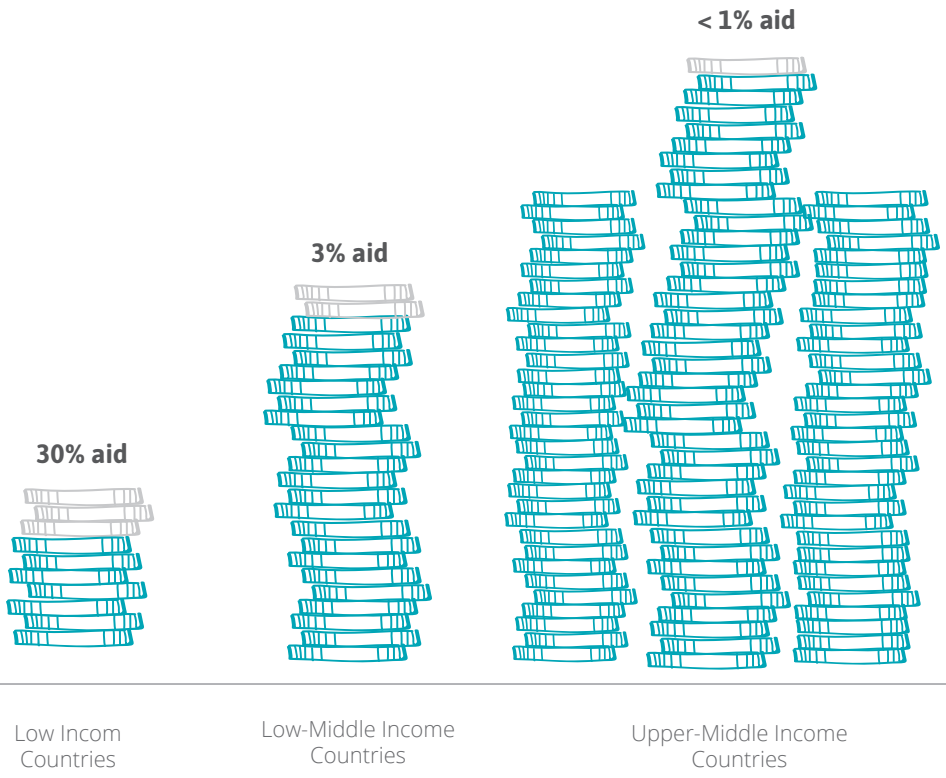
1.
Launch of World Health Day 2018

On day one of the forum, H.E. Prof. TE Kuyseang launched the World Health Day Celebration reemphasizing that the Royal Government of Cambodia is committed to reaching UHC and ensuring health for all Cambodians, everywhere. In attendance were H.E. Oum Samol, Secretary of State for Social Protection and H.E. Youk Sambath, Director of Department of Budget and Finance among other dignitaries.

2.
Global and regional progress on UHC

Globally, there are many great achievements in health; however inequalities still exist between and within countries. Even though 80% of the world's population live in middle-income countries, they only account for less than 20% of global health expenditure. World-wide a hundred million people still experience impoverishment due to health payments. Financial protection from out-of-pocket spending remains a global challenge though countries are making progress through the introduction of innovative financing schemes and government commitment to increase services and financial protection coverage widely. Service coverage is improving and is reflected by increasing life expectancy and health indicators; however, the large gains are attributed to vertical financing and targeted spending towards specific programs. With countries like Cambodia growing quickly economically, planning for transition from donor financing is essential. As noted by Dr Kumanan Rasanathan, Health Systems Coordinator (WHO Cambodia), "coverage of essential services however remains a challenge globally with over half of the world's 7.8 billion unable to access needed services." Cambodia now faces the "dual burden" of infectious and non-communicable diseases, with the rise in the latter associated with increasing urbanization, demographic and dietary change, and an increase in lack of physical activity.

Economic Growth = Less reliance on external aid



3.
Expansion of social health protection coverage to the missing middle

Cambodia is making great progress in building the foundation for the social health protection system through both contributory and non-contributory schemes. It is estimated that around 40% of the population is covered through a social health protection scheme – coverage of the formal sector through social health insurance for private sector (13%) and civil servants (1%), and the health equity funds (HEFs) covering the poor (19%) and informal groups such as cyclo drivers among others (7%). Over the past five years, out-of-pocket spending has remained static at 60% of current health expenditure, the largest source of funds. Cambodian households continue to face catastrophic spending and impoverishment from health payments. Sixty per cent of the population, the missing middle, remains without financial protection of which particular groups remain vulnerable to economic shocks, especially those that are near-poor. Ms Lay Lieang, Ministry of Economy and Finance, presented the framework of the National Social Protection Policy Framework 2016-2025 and noted that the policy direction is clear, however the implementation and coordination required to operationalize are key but challenging. Ms Lieang emphasized that fragmentation between schemes must be avoided to reduce inefficiencies and costs of duplication.

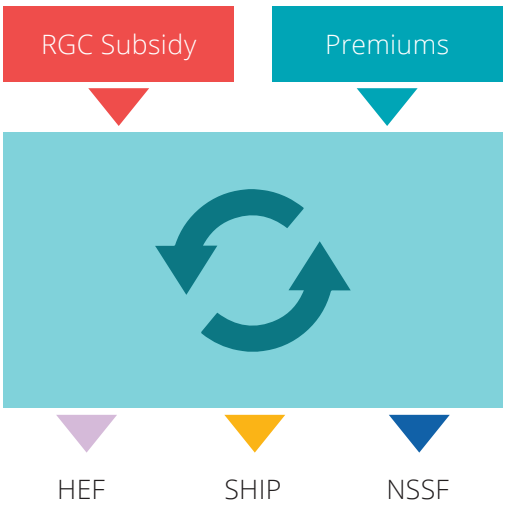
Exploring a new model to reach the missing middle in Cambodia

The Ministry of Health and JICA team presented a model, Social health Insurance for Informal Sector Population (SHIP), that explores a way to expand service and financial protection to the 60% of Cambodians, the missing-middle, not currently covered. The SHIP model incorporated various design options for covering the informal population. For example with respect to funding arrangements, one option is to have government contributions and direct contributions cross-subsidizing all the schemes, and another is to have government subsidies directed only at HEF and SHIP, and to have the formal sector schemes be entirely financed through contributions. This choice has implications for risk-pooling. The presentation highlighted the need for a systematic way of collecting premiums from household level that is efficient, has low transaction costs and is financially sustainable. Emphasis was placed by speaker Ms. Haruyo Nakamura, Team-leader of JICA-SHIP, to use the pre-existing administrative structure and social health protection schemes as the foundation on which SHIP can be built.

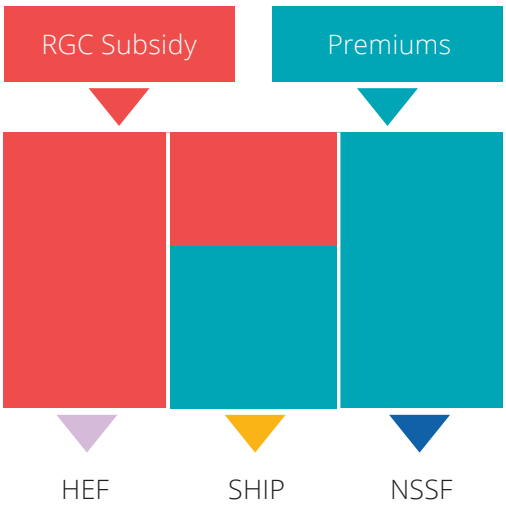
	Informal Sector		Dormal Sector	
		* Selected population	Private Employees	Civil Servants
High-Income	SHIP (NSSF) (60%)	HEF (7%)	NSSF (13%)	NSSF (1%)
Middle-Income				
Low-Income				

*Selected population: Commune/Sangkat Council Members, Village chiefs, deputy chiefs and assistants, the Government-sponsored athletes and Cyclo drivers

Cross-subsidy



Subsidy



Journey towards UHC: country experience sharing

International experts from Japan, Thailand and Indonesia provided insights on their countries' journey towards UHC and pathway taken to cover the informal population. In particular, Dr. Piya Hanvoravongchai outlined that voluntary health insurance posed several challenges from cost recovery and adverse selection – only those who were sick or vulnerable bought into the system. Thailand moved towards a tax-based financing system, but is now exploring additional streams of revenue to support with cost recovery. Though UHC is achieved in Thailand, emphasis was placed by the speaker that the journey continues and that the system needs to evolve with the changing environment.

In the Cambodian National Social Protection Framework 2016-2025, it is envisioned for a single operator in the future and there is a lack of clarity if financing will be pooled by a single payer – currently NSSF and the Payment Certification Agency reimburse payments for the respective schemes which they run. Ms Sowmya Kadandale, Health Manager, UNICEF Indonesia shared the Indonesian experience on the transition towards a single payer system. The design process started with consensus building on the phasing approach to move towards UHC including defining the benefit package, premium levels, and steps to move the agenda forward. Building a cohesive approach required considering strategies to integrate the many existing schemes into one national health insurance scheme. Across all three countries, mandatory enrolment is emphasized as fundamental for the success in covering the informal sector. In Japan, a national law in 1958 was put in place mandating that all Japanese citizens enrol in the National Health Insurance, except for beneficiaries under the formal sector. Dr. Makoto Tobe, Senior Advisor, JICA emphasized that the Japanese government while focusing on expansion committed towards strong health services, "no services can be provided if there are no services". In Thailand, the accreditation process is used to maintain quality across facilities and this is rolling-out in Indonesia. In both countries, public and private providers are contracted to deliver services under the social health protection scheme. All international experts emphasized that greater investment is needed in health and that the journey towards UHC is continuous.

Key lessons learnt that can inform decision making in Cambodia's journey towards UHC include 1) that voluntary health insurance does not work because of adverse selection and usage costs being higher than contributions 2) that it is important to explore new forms of revenue to safeguard the sustainability of the schemes 3) that co-payments are for controlling utilization and are not a source of raising revenue and 4) increased public investment in health is needed in order to scale-up.

4.
Expanding service coverage and operationalization of social health protection schemes

The growing of demand-side financing schemes relies on health services being available. As new members are added to the contributory health schemes, there will be expectations from members to deliver services that are of quality. This however does not neglect that non-contributory members also have expectations and that limited utilization of the HEF merits reflecting on how to improve access and reach of health services. Cambodians have a preference for private sector services (CDHS 2014) and changing behaviour entails fostering confidence in the public system. The inter-ministerial panel moderated by Dr Ir Por, professor at the National Institute of Public Health, laid out the landscape of the progress and challenges in advancing UHC, in particular the operationalization of expanding to new population groups.

Socialization of social health insurance and role delineation between ministries

As social health insurance is still a relatively new concept in Cambodia there was consensus among panellists that greater socialization of the key elements (e.g. benefit package, clinical guidelines for reimbursement verification etc.) among line ministries is required to ensure mutual understanding of their respective roles in the operating the schemes. It was noted that members of the social health protection schemes should also be educated on how to gain access to these benefits. The cost and reimbursement process of the benefit package remains a challenge. The ambiguity around the real cost of services makes the baseline

price unclear and inhibits effective negotiation between provider and purchaser in determining the fee schedule for reimbursements. Negotiating between providers' expectations and the ability of NSSF to pay for a particular service may see improvements in service outputs. Structures to maintain quality should be simultaneously considered as increasing of service outputs without attention to quality service delivery can lead to perverse incentives for providers. As NSSF grows into its role as a third party purchaser, pressure is mounting on health facilities to deliver on services to meet contractual obligations. Health providers in the audience noted that in order to be able to deliver on the needed services, providers have to be aware and well educated on benefit package inclusions.

Expanding services to hard to reach populations

The representative from the Ministry of Planning noted that there are still challenges in identifying the poor and finding ways to reach the most vulnerable. Though ID Poor decreases the barrier to access for the poor, greater thinking is needed on how services can be provided to those that are hard to reach. The complexity moreover of NSSF expanding HEF benefits, a non-contributory scheme, to specific target groups requires communication across ministries to operationalize the expansion of coverage and services in a uniform manner. Coordination is also required to circumvent duplications and streamline processes, especially when purchasing large investments such as IT infrastructure. Additional investments are necessary to maintain and strengthen the supply side so as to not overburden the health facilities. The panel concluded that ministries need to work together as it cannot be done alone.

5.
Include equity as important dimension in policy making

Addressing inequities in health ensures that all members of society are able to access good quality health services regardless of age, gender, sex, race, geography, and socio-economic background. The improvement in health outcomes in Cambodia is progressing with many of the health Millennium Development Goals achieved including declining maternal and child deaths and longer life expectancy. Prof. Chhea Chhorvann, Director of National Institute of Public Health notes however that we must look beyond national indicators for health and look at sub-population groups to uncover if there are disparities. The data shows that across many indicators for health - child mortality, 4th ANC visit, and birth by skilled birth attendant among others – Cambodians from lower economic quintiles or those living in rural areas tend to suffer worse health outcomes or access services less. This is compounded by the fact that vulnerable groups are more susceptible to economic shocks and can be subjected to stigma and discrimination therefore leading to delays in care-seeking behaviours. Prof. Chhorvann encourages that equity assessments and analysis should be included in policy making to ensure that recommended policies benefit everyone including the marginalized. Monitoring of health indicators by sub-population groups can support developing targeted approaches that can alleviate inequalities.

6. Way forward for Cambodia to reach UHC

The concluding panel discussed the way forward for Cambodia to accelerate progress towards UHC. Dr Lo Veasnakiry, representing the Ministry of Health, emphasized the need for investment to upskill health workers to improve quality and to deliver on the demanded services offered in the benefit package. Emphasis was placed on building-up institutional capacity as a key intervention to increase effectiveness in delivering on the social health protection schemes. Dr Sum Sophorn (NSSF) emphasized the growth and capacity needs of NSSF as it expands its role as the operator for millions of Cambodians. Moreover, in the implementation of the schemes, establishing structures for accountability and transparency can increase effectiveness. A proper monitoring and evaluation framework would be able to support with measuring progress and gaps in implementations.

Development partners – JICA, GIZ, WB, and WHO – each re-confirmed their commitment to provide both technical assistance and resources to support the

Ministry of Health and other ministries to move on requested initiatives. From government, the request is for all support to be coordinated, consistent and aligned with national policies and strategies. It was agreed among all panellists that striving for health for all in Cambodia, everyone, everywhere, requires collaboration on various initiatives to generate momentum in moving the Cambodia UHC agenda forward.

The various discussions from the Cambodia UHC Forum will inform the way forward; the compiled inputs will be used to develop a UHC roadmap to realize the goal from the policy frameworks to build a social health protection system that covers all Cambodians. The Cambodia UHC Forum is a step in the right direction; however these discussions should continue and occur more frequently to catalyse progress.

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World Health Organization

Areas For Further Work

The following areas for further work emerged during the World Health Day 2018 UHC Forum.

1. How can Cambodia expand financial protection coverage to reach more people?

- Explore ways to reach uncovered and vulnerable population groups (i.e. the informal sector, children, people with disabilities)
- Leverage current existing systems to avoid duplications that lead to inefficiencies, and manage transaction costs
- Strengthen the capacity of a single operator to integrate all schemes under one management thereby increasing efficiency, effectiveness, and uniformity of the schemes
- Invest in basic infrastructure such as unified unique identifiers, systematic and efficient collection of direct and indirect contributions from the general population (e.g. tax, premiums), and other IT infrastructure, to support scale-up
- Explore new forms of revenue to improve sustainability of financial protection
- Significantly increase efforts to socialize health insurance concepts among line

ministries, providers, and beneficiaries
- Learn from other country experiences on successes and failures

2. How can Cambodia develop health services to ensure timely and effective treatment and care?

- Increase investment in health services to move towards UHC
- Invest in the quality of health service delivery, so that providers are not solely focused on quantity of output
- Determine process for uniform benefit package development so benefits are clear to providers and beneficiaries, and costed such that reimbursement rates are clear to providers

3. How can equity be made central to coverage extension?

- Reduce inequities to health service access
- Disaggregate health indicators to reveal disparities across different groups (rich/poor; rural/urban etc.) and use to inform policy

4. How can governance and coordination be strengthened to fortify the health sector?

- Leverage existing inter-ministerial mechanisms like the NSPC to ensure policy coherence
- Implement and operationalize an effective social health insurance system through coordination across all ministries and para-statals
- Establish strong accountability and transparency mechanisms to increase effectiveness

5. How can Cambodia continue systematic discussions on its progress to UHC?

- Develop a roadmap such that all parties, administrators, providers and beneficiaries are clear on the expansion of the schemes, thereby improving implementation
- Invite international health experts to discuss potential strategies and policy options for feasibility and analysis on impact to the Cambodian system
- Organize regular forums for discussions on UHC to provide a platform for continued technical discussions that can support in accelerating UHC in Cambodia

ANNEX

Agenda for World Health Day 2018 – Cambodia Universal Health Coverage Forum

Day 1: Thursday 5 April 2018

Time	Agenda item
08:30-9:00	Registration
09:00-9:10	Introduction to World Health Day National anthem
09:10-09:30	Opening remark HE Prof. TE Kuyseang, Secretary of State, Ministry of Health
09:30-9:45	Welcome to World Health Day from WHO Message from Dr. Liu Yunguo, WHO Representative
09:45-09:50	UHC Video
	Group picture
09:50-10:10	Coffee Break Press release: HE Prof. TE Kuyseang, WHO, JICA, German Embassy.
10:10-10:40	Global context for UHC Dr Kumanan Rasanathan, WHO
10:40-11:00	Policy direction for Cambodia to move towards UHC: The National Policy Framework for Social Protection System in Cambodia 2016-2025 National Social Protection Council Secretariat
11:00-12:00	Designed model for Social Health Insurance for informal sector population in Cambodia. Dr. Lo Veasnakiry, Director of Department of Planning & Health Information, Ministry of Health and Ms. Haruyo Nakamura, Team-leader of JICA-SHIP
12:00-13:30	Lunch

13:30-15:00	Panel 1: Current development in Cambodia to move towards UHC: Progress, challenges, and way forward: the role of each sector Moderator: Dr. Ir Por, National Institute for Public Health 1. Social health protection system for the informal sector population including the poor 2. Dr. Bun Samnang, Vice-chief, Department of Planning & Health Information, Ministry of Health. 3. Social Security System: Work injury and Health Care schemes for the formal sector population 4. Dr Sum Sophorn, Deputy Director of NSSF 5. Pre-ID poor process 6. Mr. Keo Ouly, Director of Department of ID of Poor Households, Ministry of Planning
15:00-15:30	Coffee break
15:30-16:15	Equity in access and financing Prof. Chhea Chhorvann, Director of National Institute of Public Health
16:15-16:30	Summary of day 1
16:30	End of Day One

Day 2: Friday, 6 April 2018

Time	Agenda item
08:00-08:30	Registration
08:30-08:40	Re-cap by WHO
08:40-10:00	Panel 2: Making progress towards UHC in regional context: Progress and experiences from other countries in region in overcoming key barriers to UHC. Moderator: Dr Bart Jacobs, GIZ 1. Moving forward on UHC in Indonesia - from multiple payers to single payer system for social health insurance, and expanding service delivery Ms Sowmya Kadandale, Health Manager, UNICEF, Jakarta, Indonesia 2. Enrolment of informal sector population in Universal Coverage scheme in Thailand. Dr. Piya Hanvoravongchai, Chulalongkorn University, Bangkok, Thailand. 3. Moving from community-based health insurance to mandatory social health insurance in Japan Dr. Makoto Tobe, Senior Advisor, JICA, Tokyo, Japan
10:00-10:20	Coffee Break
10:20-11:30	Panel 3: Bringing together current efforts in Cambodia towards UHC (Sector specific questions to panellists) Moderator: Dr Kumanan Rasanathan, WHO Panellist: • Dr. Lo Veasnakiry, Ministry of Health • Dr Sum Sophorn, Deputy Director of NSSF • Dr. Makoto Tobe, Senior Advisor, JICA • Dr Bernd Appelt, GIZ • Dr Somil Nagpal, World Bank
11:30-11:40	Wrap-up: "take-home message" Dr. Lo Veasnakiry
11:40-12:00	Closing remark by Dr Bernd Appelt, GIZ Closing remark by Mr Yuichi Sugano, JICA Closing speech by H.E Prof. Eng Huot, Secretary of State for Health
12:00-13:30	Lunch