

P4HC⁺ Regular Meeting

Minutes

Date: May 11, 2018
Time: 2:00 - 4:00 pm
Venue: SDC Office
Attendees: GIZ, USAID, World Bank, Australian DFAT, JICA

Meeting Notes:

1. Ensuring financial risk protection for people with chronic non-communicable diseases (NCDs):

- Charlotte and Bart, with contribution from Somil, presented on the current situation and financial burden of NCDs in Cambodia while clarifying the activities to date for engaging local champions to put NCDs firmly on the political agenda.

Economic Burden of NCDs

- Why are NCDs relevant to P4HC⁺?
 - Responding to concerns: Results of the CSES 2014 revealed that people with NCDs experience 7-8 times higher out-of-pocket expenditure than people without NCDs.
 - Limited financing for NCDs in Cambodia: there is limited attention for NCDs by health partners, and the government's response is primarily primary prevention and not secondary prevention (treatment). For example, the Central Medical Store (CMS)'s drug supply for NCDs is extremely limited.

- There are some limited activities for NCDs in Cambodia such as peer education programs and some investments in Disbursement Link Indicators (DLIs) but political will to commit to long term action hasn't been expressed to date. There are some potential opportunities ahead for proactive engagement in NCDs such as the forthcoming multi-sectoral action plan to tackle NCDs as well as KfW's investment through H-EQIP.
- The 2015 STEPS survey report that just came out (the country wide survey to assess the prevalence of selected NCDs and associated risk factors) enables comparison with the 2010 results and showed that NCDs are raising concerns. The 2010 STEPS survey report can be downloaded from [WHO's website](#) while the 2015 reports is only available in hard copy in limited edition.
- Past experiences, especially those related to the Millennium Development Goals, more specifically maternal mortality, show that much can be achieved when having the right high-level people on board.
- A mechanism to foster local champions is needed to leverage existing and potential relationships to secure support for specific actions and policy initiatives.
- Ideally the initial focus is on NCD interventions that can be relatively easily be attained, such as secondary prevention of hypertension and diabetes.

(For details, see Charlotte's presentation)

Financing NCDs:

- The International Health Program and Thailand Health Foundation are producing a multi-country (including Cambodia) report on innovative financing for health promotion for NCD prevention. This report outlines information such as the amounts of spending on prevention, burden of NCDs, catastrophic expenditure related to NCDs and recommendations to effectively address health promotion for NCDs (see Kouland's presentation).
- Innovative health financing interventions in Cambodia were prevalent, namely internal and external contracting, performance-based financing, vouchers for reproductive health, midwifery incentive scheme, health equity fund, service delivery grants, CBHIs; but these are not applied for health promotion for NCDs. Agencies such as Global Fund, GAVI and development partners should start

paying attention on financing of NCDs as these dominate the burden of diseases and account for most of morbidity and mortality.

H-EQIP: Initial Financing for NCDs

- KfW is injecting approximately €2 million on NCDs, more specifically for cervical cancer as well as treatment of diabetes and hypertension in the public health sector.
- Initially the aim is to ensure service availability (standard operating procedures, drugs supply, logistics, etc), quality of treatment (patients follow-up).
- Drugs for NCDs from Central Medical Store are limited which is a huge bottleneck.
- Fiscal instruments for NCDs (taxes/ restrictions on items or lifestyles which contribute to NCDs) are needed. P4HC⁺ can be a platform to discuss how to leverage these instruments for health care promotion and to link with Ministry of Economy and Finance in developing and implementing such fiscal instruments.

2. Brainstorming on outcome of P4HC⁺ Consultative Workshop: how can P4HC⁺ contribute to identified issues?

Priorities identified by panel discussion during P4HC⁺ Consultative workshop:

- Umbrella Law for Social protection
- Benefit package and policy options (unique or various Benefit Package?) with an essential package accessible to all
- User fees schedules
- Extension of coverage to informal sector population
- Budget allocation
- Strategic purchasing
- Fiscal space analysis is a core priority, especially considering the need to cover poor and vulnerable
- Costing and Quality

- The meeting revisited the panel discussion results from P4H International Consultation Day back in February 2018 to clarify what could be contributed by P4HC⁺. To recall it, the above box outlines a number of forwarded areas for collaboration between the government and P4HC⁺ towards achieving universal health coverage. The meeting discussed on what areas P4HC⁺ contribute to and how.

Discussion

- Some of the identified areas are being addressed by P4HC⁺ partners through their existing programs. For instance:
 - GIZ (with partial funding from USAID) is providing consultation to the Ministry of Economy and Finance on the **draft of social protection law (umbrella law)**. The development of this law is now under the leadership of the secretariat to the National Social Protection Council despite some bottlenecks last year. A consultation meeting on the draft of umbrella law will take place on 22nd of May to discuss the current status and ways forward to get it developed.
 - H-EQIP (which is being supported by KfW, Australia DFAT, KOICA) covers the **quality** area. JICA has been working on developing a model for extending social health insurance coverage to the informal population although the implementation of the model is yet decided.
- It may be struggling for P4HC⁺ to engage with government on a regular basis like the technical working group for health or the Health Partners group or shape the direction of the above identified areas as:
 - P4HC⁺ has to wait for opportunities given by the government because some areas, for example, coverage for informal sector (high-profile issue) and implementation of H-EQIP, are not necessarily donor-driven. In this case, P4HC⁺ would coordinate joint responses from its partners when opportunities arise. As an example, close collaboration between P4HC⁺ partners (WHO, GIZ and JICA) and Ministry of Health to arrange the World Health Day in April was welcomed by DPHI and Ministry of Health.
 - P4HC⁺ has no significant project/program of itself.

- It might be difficult for government to engage with too many groups of development partners. There is some possibility for P4HC⁺ to engage with MEF, MoH and some key players to address the priority issues through existing programmes.
- The meeting decided on the following arrangement:
 - In terms of its interaction with government, P4HC⁺ may present itself to the government occasionally to promote P4HC⁺ and maintain itself as a donors' coordination platform (a closed group for information sharing, alignment on policy advice...) which is very beneficial.
 - Short conversation on the prioritized issues at each meeting can be made and P4HC⁺ should also balance topics according to partners' interests. The topics of informal sector, HEF and NSSF are considered tangible for P4HC⁺, so the meetings should provide some updates on these. The P4HC⁺ meetings can focus on finding solutions and possibilities when there are issues coming up.
 - Every three-six months, P4HC⁺ continues to jointly organize meetings with the social assistance group to engage with the wider network on issues other than health and social health protection.

3. H-EQIP updates by Benita

- The main updates included progress of Disbursement Linked Indicators (DLIs) and the release of fund and some delays with procurement.
- There is a better support from Ministry of Health in terms of program activity though there are some constraints to other parts of the programs.
 - HEF promoters are to be engaged.
 - Civil works (construction of hospitals) is being negotiated.
 - Disbursement linked indicators money for year 0 and year 1 is close to finalization.
 - Databases such as HMIS and PMRS are no longer freely accessed by donors. The access of certain data is upon approval to formal requests (with purpose of the use of the selected data) when needed. With URC, everyone had access to the data with the same password.

- Information and Communication Technology (ICTs) training for the third round of Service Delivery Grants is to be started in July once ICTs tablets were received for participants.