

# PROPOSAL FOR A JOINT ACTION PLAN OF THE PROVIDING FOR HEALTH PARTNERS IN CAMBODIA

## BACKGROUND:

In June 2009, the Agence française de développement (AFD), the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) on behalf of the German Development Cooperation (GDC), the World Health Organization (WHO) and the International Labour Organization (ILO) signed a Memorandum of Understanding (P4H-MoU) for the implementation of a local collaboration approach for social health protection in Cambodia in accordance with the principles of the Providing for Health (P4H) international initiative of social health protection.

P4H aims to support countries with the development of social health protection systems by increasing financial protection against out-of-pocket payments, and thus to facilitate the utilisation of health services. It adopts a network approach where regional and country structures of the partners provide the core of the support. However, coordination is also granted at global level through a network mechanism hosted by the World Health Organization in Geneva, Switzerland. This mechanism supports activities in key areas such as:

- *Facilitating* international and regional collaboration and exchange;
- *Mobilising* additional financial and technical resources for social health protection development;
- Supporting *capacity development* for social health protection and health financing strategies;
- *Advocating* for the right to access quality health care and social health protection.

P4h builds its added value for the social health protection agenda on the combination of the international commitment and high level of technical expertise of its partners at international and local level.

In alignment with the P4H initiative, the P4H-MoU aims at providing a framework for the “translation of the global collaboration (of P4H) into country coordination, activities and targets” among the partners. The fostered collaboration has a overall goal “to support the Royal Government of Cambodia (RGC) in its efforts to ensure access to equitable, quality health care for all people of Cambodia...” and at the same time protect populations adverse financial effects of seeking care in accordance to the principles of social health protection and to achieve universal coverage.

Five main areas of collaboration have been identified in the P4H-MoU, including:

1. Policy advice and technical support
2. Experience sharing
3. Capacity development
4. Models and evidence generation for scaling up
5. International coordination

The detailed support intended to be provided by the partners is to be discussed at the beginning of each year. Meetings for mutual review of the activities in the main areas of collaboration are foreseen if necessary.

The aim of the present action plan is to facilitate and identify the joint activities of P4H partners that are to be conducted in complement to the activities conducted by each partner in their respective annual plans for social health protection. It does not aim at minimizing the general principles outlined in the P4H-MoU such as better coordination of and information sharing on individual activities.

This action aims also at identifying eventual gaps for technical assistance or financial needs to support essential activities identified by the partners in collaboration with their RGC counterparts for the development of social health protection. It provides thus a base of discussion, planning and resource mobilisation for the partners and their counterparts. The financing of gaps will be addressed through a common effort in collaboration with the international coordination structure of P4H.

Joint activities are articulated around the five main collaborative areas of the P4H-MoU and an indicative budget and time frame is provided to ensure alignment of schedules of partners. Milestones can be added as necessary to ensure focus on performance and acknowledgment of success by the RGC.

In their efforts to promote better coordination for social health protection in Cambodia partners will also liaise during the implementation of the proposed activities with international P4H partners that have not signed the local P4H-MoU. This is in accordance with the principles promoted at international level by the initiative and to stand the need for alignment, harmonization and coordination at local level.

## RECENT POLICY DEVELOPMENTS

*This section shortly reviews the policy and development situation of social health protection in Cambodia as at the beginning of the planning period. It briefly outlines the recent successes and remaining challenges faced by the RGC.*

Cambodia's Strategic Framework for Health Financing (SFHF) provides the first step of the development of an operational health financing policy towards universal coverage. This

strategy was approved in 2008 and is to be complemented by policy and planning instruments such as the Social Health Master Plan (SHP-MP) and the Master Plan for Social Health Insurance adopted in 2005. In 2009, a final draft of the SHP-MP was adopted by the ministry of health (MoH) and submitted for further consideration to the Council of Ministries (COM). It is expected that this document will be formally endorsed by the highest bodies of the RGC in 2010. Following this endorsement the creation of steering and coordination structures for the implementation of the SHP-MP are to be put in place.

Population coverage of all categories of population foreseen in the SHP-MP has been improving in 2010. The coverage of the poor and vulnerable through Health Equity Funds (HEF) has now reached an estimated 68% of their target population, which corresponds to x% of the total population. Studies and field experience suggests that HEF have been successful in making health services accessible for the most vulnerable in Cambodia. However, this instrument is totally dependent on public subsidies to continue. Expectations have been increasing on HEF to move towards more sustainability, financial and institutional, as the share of donor funding in the overall public health expenditure falls. A consultation meeting to review the current situation and evidence on HEF is to be conducted in 2010 and will provide strategic options to extend HEF coverage and its sustainability.

Community based health insurance (CBHI) coverage of the informal sector has been slowly increasing. In 2009, X schemes were operating in the country with a total population coverage of X%. One integrated social health protection scheme were HEF beneficiaries are granted CBHI membership was initiated in Kampot province with the common financial support of the Health Sector Support Programme 2, AusAid and GDC. The project is project is being implemented by a single implementor/operator GRET.

*.....To be continue.....*

## STRATEGIC PRIORITIES FOR COLLABORATION IN 2010

*This section reviews as bullets points the key challenges that partners want to address in 2010 under the framework of the Social Health Protection – Master Plan.*

## MILESTONES FOR THE COLLABORATION IN 2010

*This section provides a limited set of milestones that could also be used in the following year for the evaluation of the implementation of the P4H-MoU. Milestones are however not only limited to joint activities as partners continue their individual endeavour for the development of the social health protection with national stakeholders.*

## JOINT ACTION PLAN

*This section is only composed of a summary table providing the joint activities structured according to 4 main strategic priorities or 2010 and in the main areas of collaboration, indicative time frames & budgets, financing sources and gaps.*

**Joint Action Plan Year 2010**  
Providing for Health (P4H) Initiative

Strategic intervention areas		Main areas of P4H Collaboration				
1	SHP general policy framework strengthening	1	Policy advice and technical support			
2	Informal sector and poor SHP schemes development	2	Experience sharing			
3	Formal sector SHP schemes development	3	Capacity development			
4	Capacity development in SHP and health care financing	4	Models and evidence generation for scaling up			
		5	International coordination			

Strategic area	Activity No.	Description	National counterparts	P4H partner agency			Timeframe				Estimated fund need	Available budget	Financial gap	Main area of collab.
				Germany GTZ	CIM	InWent	UN ILO	WHO	France AFD	Q1				
<b>1</b>		<b>SHP general policy framework strengthening</b>												
1	1,1	Adoption of the SHP Master Plan and its Implementation and Financial Plan	MOH; COM	x				x	x	x	1,500	1,500	-	1
1	1,2	Printing of SHP Master Plan	MOH;COM	x				x			900	900	-	1
1	1,3	Establishment of SHP Committee, TWG and Secretariat	COM	x				x					-	1
1	1,4	Annual Health Financing report	MOH					x	x	x			-	4
1	1,5	Catastrophic health expenditure report and dissemination workshop		x				x			28,000	18,000	10,000	4
1	1,6	SimIns validation and dissemination workshops		x				x			8,000		8,000	4
1	1,7	National Health Conference	MOH					x	x	x			-	1
<b>1 Total</b>											<b>38,400</b>	<b>20,400</b>	<b>18,000</b>	
<b>2</b>		<b>Informal sector and poor SHP schemes development</b>												
2	2,1	National forum on health equity funds											-	2
2	2,2	Development of SHP schemes in Kampot province (with financial support of	MOH; PHD	x										3
2	2,3	Support of SHP schemes in Khampong Thom province	MOH; PHD	x										3
2	2,4	Evaluation and dissemination on the integration of SHP schemes (HEF & CBHI)	MOH; PHD	x						x	6,000	6,000	-	4
2	2,5	Development and rolling-out of simplified M&E for CBHI schemes	MOH	x					x	x	1,500	1,500	-	3
2	2,6	Conduct local study tour on CBHI implementation	MOH	x						x	6,000	6,000	-	2
2	2,7	Development of legal framework for CBHI schemes	MOH	x						x	1,200	1,200	-	1
<b>2 Total</b>											<b>14,700</b>	<b>14,700</b>	<b>0</b>	
<b>3</b>		<b>Formal Sector Legislative Framework</b>												
3	3,1	Development of legal framework for SHI schemes (NSSF & NSSF)	MOLVT;	x	x				x	x	10,000	10,000	-	1
3	3,2	Financial sustainability assessment of SHI schemes (actuarial study)	MOLVT;	x	x					x	45,000	4,000	41,000	4
3	3,3	Information system development for SHI schemes (needs assessment and	MOLVT;	x	x					x	20,000	10,000	10,000	3
3	3,6	National conference on formal sector coverage and consultation on draft of SHI	MOLVT;	x	x	x				x	20,000	20,000	-	1
3	3,7	Financial management training course for SHI Implementers	MOLVT;	x	x	x				x	12,000	12,000	-	3
3	3,8	Orientation course on SHI scheme of civil servants for provincial implementers	MOSVY	x	x					x	5,000	5,000	-	3
3	3,9	Training of SHI private sector scheme agents at hospital level (NSSF)	MOLVT	x						x	2,000	2,000	-	3
<b>3 Total</b>											<b>114,000</b>	<b>63,000</b>	<b>51,000</b>	
<b>4</b>		<b>Capacity Development Activities</b>												
4	4,1	SHP Training Course-curriculum for health care providers	MOH	x						x	15,000	15,000	-	3
4	4,2	International study tour on SHP for national stakeholders and decision-makers	MOH;PHD;MOL	x	x	x				x	12,000	12,000	-	3
4	4,3	E-Learning Course on Health Financing	MOH;PHD;MOL	x		x					2,000	2,000	-	3
4	4,4	P4H meetings and support to SHP Activities	AFD,GDC,ILO,	x		x				x	1,000	1,000	-	3
<b>4 Total</b>											<b>30,000</b>	<b>30,000</b>	<b>-</b>	
<b>Grand Total</b>											<b>197,100</b>	<b>128,100</b>	<b>69,000</b>	