

Successes and Challenges in Covering the poor in Cambodia

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Outline

- **Briefing Health Equity Fund & Achievements**
- **Successful of HEF**
- **Issue & Challenges**

Briefing Health Equity Fund & Achievements

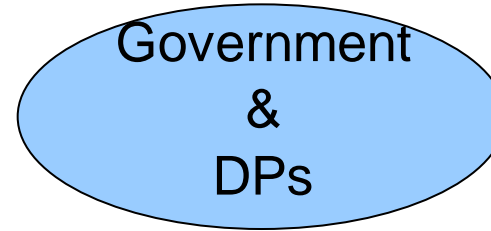
What is a Health Equity Fund?

A Strategy to Promote Access to Basic Public Health Services among the Poor

- Equity fund is a demand side financing strategy initiated and implementing in Cambodia to promote the use of priority public health services among the poorest by reducing financial barriers to access.
- Equity fund reimburse public facilities for health care expenses and associate cost of the poor.

HOW HEFs WORK ?

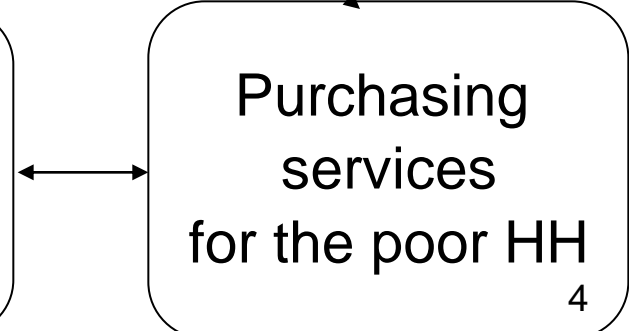
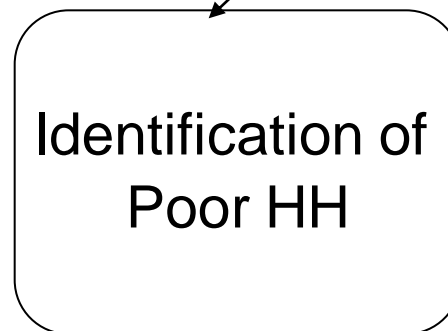
Funding



**Management &
operate schemes**



**Activities and
Services**



Models of HEF

- **Model 1: National hospitals**
 - Operate on government subsidy
 - No third party operator
 - Direct medical benefit
 - No transport, food or funeral allowance
 - Pre- and Post-Identification
 - Accountable for use of funds to MOH

Models of HEF (Cont)

- **Model 2:**
 - Operate on government subsidy
 - Operator is operational district offices, who manages and used of fund
 - Direct medical benefit
 - No transport, food or funeral allowance
 - Pre- and Post-Identification

Models of HEF (Cont)

- **Model 3- 4:**

Operate on donor funding, some through MoH, some are not channelled through MOH

- Manage by third party (HEFI)
- Operator is a local NGO (HEFO)
- Benefit: medical benefit, Transport, food and funeral allowance
- Pre- and Post-Identification
- HEFI/ HEFO takeover in use of funds to the MoH/ DPs

Existing Policy Documents:

- Social Protection Strategic Framework (2011)
- Draft of Social Health Protection Master Plan
- Health Sector Strategic Plan 2008-2015
- Strategic Framework for Health Financing 2008-2015
- HEF Financial Manual (2008)
- HEF Implementation Guidelines (2008)
- National EF Implementation & Monitoring Framework (2005)
- Social Health Insurance Guideline (2005)

Achievements 2011

| | |
|---|----------------------|
| • Total ODs implemented HEF, Subsidy (Group 1) | 58 |
| • Number ODs with Government subsidy (Group 2) | 11 ODs |
| • HEF with Govt & DPs funding (Group 3 & 4) | 48 |
| • Proportion of poor pop cover by HEF | 78% |
| • Adjusted poverty rate (CSES 2008, pre-ID/ MoP 2011) | 29% |
| • Total poor population within 58 ODs | 3,231,282 |
| • Proportion of RHs with HEF | 73% of total RH |
| • Proportion of HCs with HEF | 35% of total HC |
| • OP | <u>769,284</u> cases |
| • IP (including surgeries) | <u>78,122</u> cases |
| • Deliveries | <u>25,150</u> cases |
| • Poor BTR as percentage of total BTR | <u>56%</u> |

Successful of HEF

- Remove financing barrier among the poor
- People have access to needed services, especially the poor
- Reduce financial risk by the poor, ruin linked to paying at the time they receive care
- Reduce debt of the poor, cause by illness
- Improved quality of public health care services and increased utilisation especially by the poor
- Improved health personals and client satisfaction

Successful of HEF (Cont.)

- Supporting to National Social Protection Strategic Framework
- Response to government policy on poverty reduction

Thank you very much
for your kind attention!