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Cambodia’s Journey to Universal Health Coverage

INTRODUCTION

From 2018–2020, the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project delivered high-quality technical assistance and capacity development to advance universal health coverage and the sustainability of key health programs in Cambodia. Working hand-in-hand with key government institutions to support individual and institutional capacity development and respond to the government’s agenda to strengthen the health system, HP+ built a strong and lasting foundation with the General Secretariat for the National Social Protection Council (NSPC) and the National AIDS Authority to advance key health policies. This work has helped to expand health insurance coverage,

improve access to high-quality health services, secure predictable domestic financing for key programs, and strengthen institutional arrangements.

One highlight of these efforts is the progress made with regard to Cambodia’s Health Equity Fund (HEF). Building on more than two decades of USAID support, the HEF has evolved into the country’s largest social protection scheme, covering about 2.6 million individuals, or 16 percent of the population (Kolesar et al., 2020). In addition, the number of formal sector workers covered by health insurance increased from about 265,000 in 2016 to nearly 2 million in early 2020. These efforts have led to improved access to family planning and reproductive health services; maternal, newborn, and child healthcare; and HIV prevention and treatment in Cambodia.



LAYING THE GROUNDWORK TO ACCELERATE PROGRESS

Cambodia’s constitution enshrines the right to healthcare and the country’s highest-level strategy and policy documents have renewed the call to achieve universal health coverage. While the country has made progress on key health indicators since 2000, progress in relation to the adolescent birth rate, neonatal mortality, and under-five mortality has been unevenly distributed across geographical areas and wealth quintiles (WHO, 2015, 2017). There is also high disparity in regard to coverage of universal health services (Hogan and Stevens, 2018). In 1996, the HEF was developed to provide free access to healthcare for the poorest by reimbursing public health facilities for user fees normally paid by the patient as well as reduce non-medical direct costs by paying transport and food stipends (WHO, 2017).

Cambodia’s *National Social Protection Policy Framework (2016-2025)* establishes the reduction of poverty, vulnerability, and inequality as explicit policy goals. It aims to strengthen the social protection system by improving existing schemes, such as the HEF and the National Social Security Fund, for formal and informal sector workers and expanding coverage. The policy framework includes development and

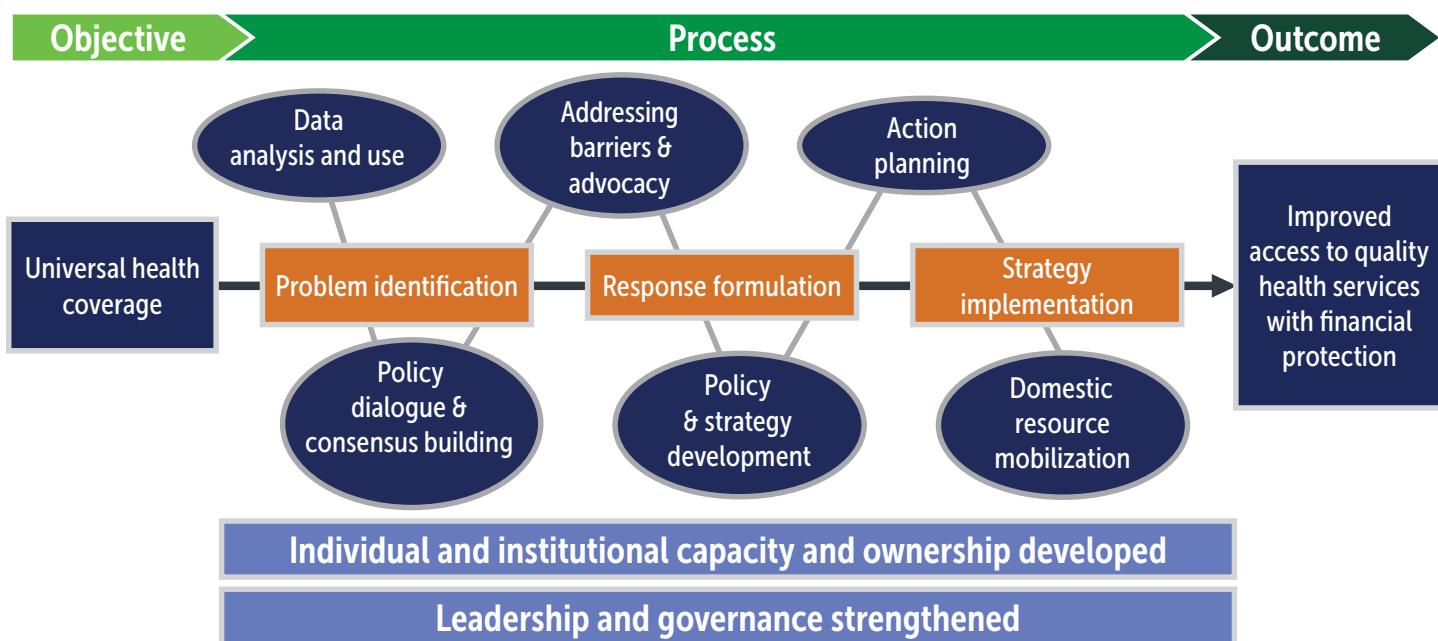
expansion of health insurance schemes to achieve universal health coverage. It also identifies several challenges facing implementation, including limited monitoring mechanisms to ensure effectiveness, accountability, and transparency of the management and operation of social protection programs.

HP+ supported the General Secretariat for the NSPC to implement the policy framework by engaging key counterparts and building local capacity to sustainably expand and improve social health protection coverage and systems to accelerate Cambodia’s journey to self-reliance. Building on and optimizing USAID’s long-term investments in Cambodia’s health systems, this effort focused on expanding social health protection; monitoring and evaluation (M&E); and information, communication, and technology (ICT) solutions.

Expanding Social Health Protection

To expand social health protection coverage, improve healthcare quality, and strengthen institutional systems, HP+ Cambodia supported an evidence-to-action agenda. This process identified key questions and policy options, completed a series of analytical studies to build an evidence base for consensus building and decision making, and supported the strategic advancement of policy recommendations (see Figure 1). These efforts engaged counterparts to

Figure 1. HP+ Policy Change Process



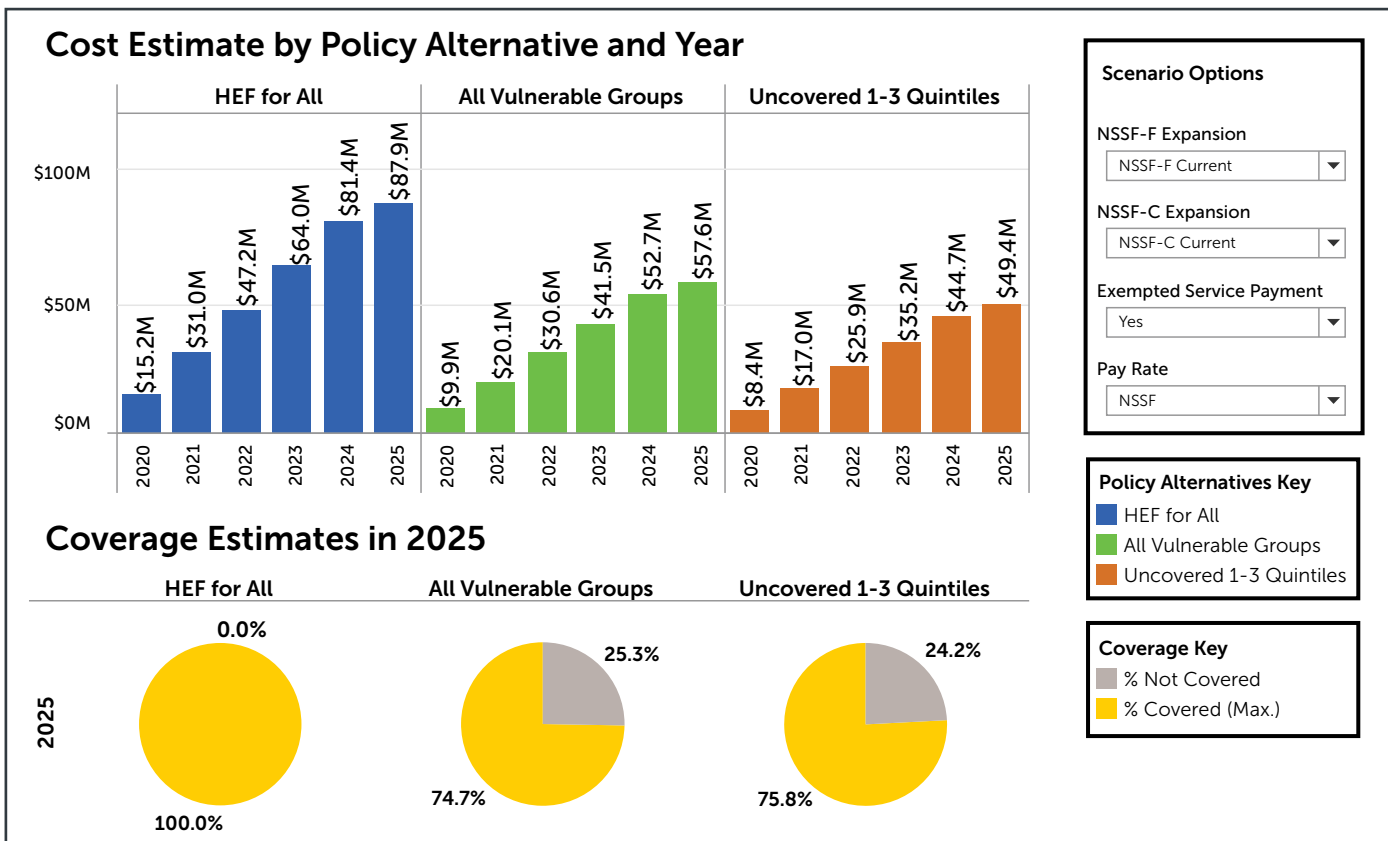
build capacity, ensure ownership, and empower key influencers to effectively advocate for policy change.

To support this agenda, HP+ assessed healthcare-seeking and out-of-pocket expenditure using 2016 Cambodia Socioeconomic Survey data. This study, [published in the *International Journal of Health Economics and Policy*](#), focused on the poorest wealth quintile that resides in rural areas—the primary target population of the HEF. The study also estimated the proportion of poor with an equity card, which provides access to HEF benefits at public facilities. Overall, 76 percent of people who sought healthcare in the past 30 days went to private providers, paying US\$39.40 on average for treatment. About 18 percent of patients first sought care from public facilities, paying US\$38.20 on average. Though the HEF aims to provide free healthcare for the rural poor, this analysis found that 67.2 percent of such patients seeking first care at public health facilities pay US\$11.60 on average, after controlling for confounding factors. Furthermore, about 36 percent of people under the

national poverty line do not hold an equity card to access HEF benefits. The study concluded that the fund is not yet fully reaching its intended impact of removing out-of-pocket expenditure as a barrier to access among the poor. Free access to healthcare should incentivize utilization of public services; however, the study was unable to isolate such an effect among patients from the poorest wealth quintile (Kolesar et al., 2019).

To support Cambodia’s aims to expand social health protection and move toward universal health coverage, HP+ developed a modeling tool to facilitate the simple, interactive estimation of cost and coverage across policy alternatives, enabling decisionmakers to adjust for scenario options currently under consideration (see Figure 2). Assuming adoption of all scenario options, the projected cost of expanding social health protection to all Cambodians is US\$42 million, to vulnerable individuals only is US\$32.1 million, and to uncovered people in the first to third wealth quintiles is US\$30.4 million. These policy alternatives are

Figure 2. Screenshot of Cost and Coverage Modeling Tool



HP+ Support Achieves Health Equity Fund Expansion to People Living with HIV

HP+ provided technical assistance to the National AIDS Authority to support its mission to drive policy change for a more sustainable and domestically financed HIV response through evidence generation, capacity building, policy advocacy, and technical dialogue. HP+ developed a brief examining vulnerability to lay out the rationale for including people living with HIV and tuberculosis patients in Cambodia's social protection schemes. This work informed sustained capacity building of National AIDS Authority leadership to support policy advocacy and drafting of board resolutions and proposals for the prime minister's office. In February 2019, these efforts culminated with the Council of Ministers ratifying a policy circular (SorChorNor 213), officiated by the prime minister. Among the six approved policy measures was the recognition that people living with HIV are a vulnerable group eligible for the equity card, enabling this population access to free healthcare under the HEF.

Policy measure #4 contributed to population coverage expansion through work with UNAIDS and the Ministry of Planning to identify and enroll additional people living with HIV in insurance schemes. Policy measure #3 contributed to increasing access by supporting the development of guidance and standard operating procedures for civil society organizations contracting with public funding so that people living with HIV can continue to access civil society-run clinics as donor funding declines. Policy measure #2 supported improving financial protection with the development of a guidance note for public health facilities on using various sources of income for HIV service delivery, enabling people living with HIV to avoid out-of-pocket expenditure. Finally, measure #6 supported the integration of the HIV response into the public health system. This policy success has also resulted in people living with HIV benefiting from the government's new COVID-19 unconditional cash transfer program.

projected to increase population coverage to 100, 89.1, and 92.5 percent by 2025, respectively. The results have multiple policy implications.

Building on this work—and given the rapidly changing situation with COVID-19—HP+ Cambodia catalyzed a process to identify policy options to strengthen social health protection coverage with the aim of enhancing financial risk protection and improving healthcare access. Key recommendations are under consideration, as of October 2020, at the highest levels of the Cambodian government.

Monitoring and Evaluation

To ensure effectiveness, accountability, and transparency related to the management and operation of social protection programs and schemes, HP+ supported the development of a national social protection M&E system. The

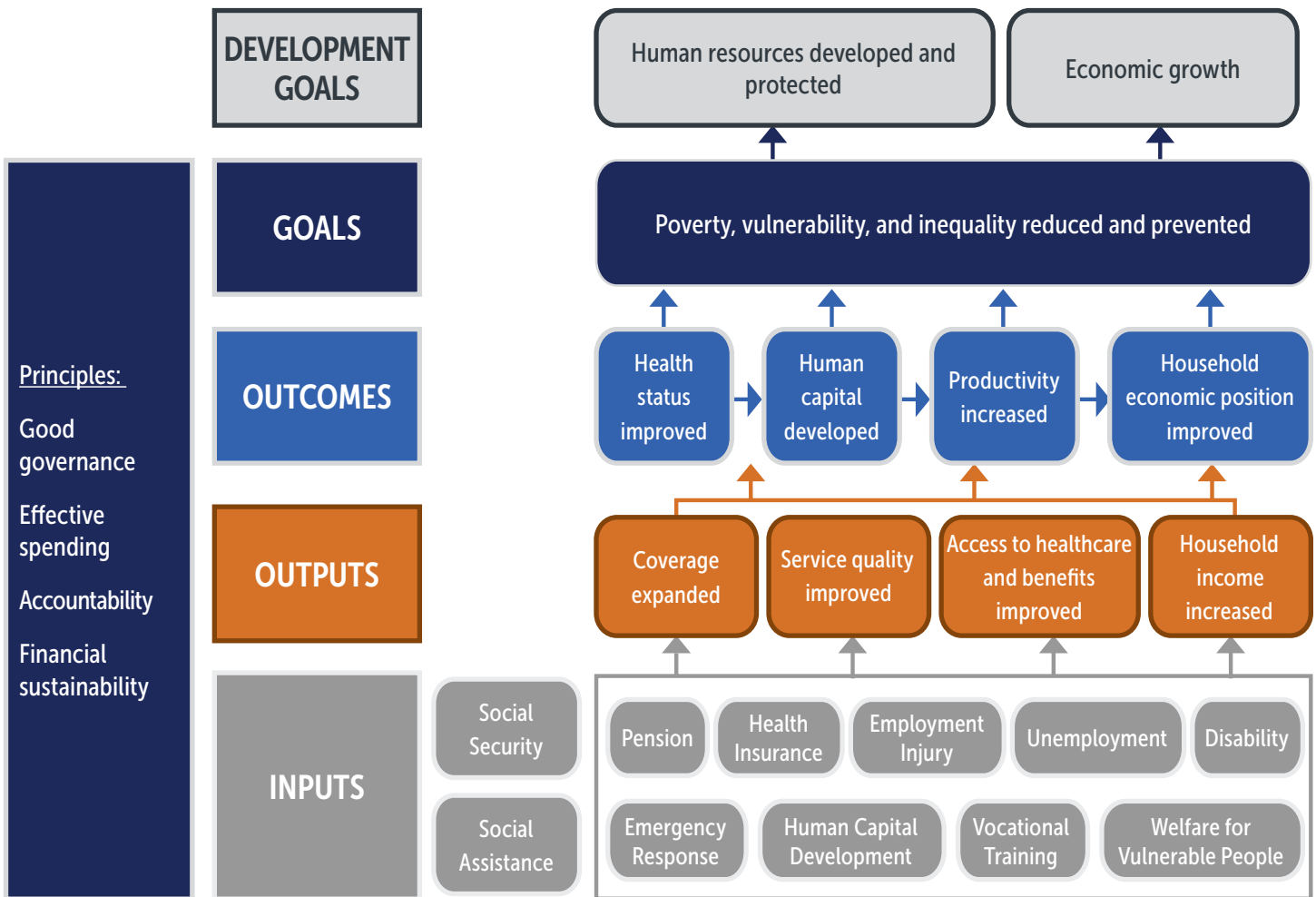
system facilitates the collection, analysis, and use of routine service and beneficiary statistics, budget and expenditure data, and payment and administrative statistics to enable comparative analysis and calculation of key performance indicators by scheme with sex- and provincial-level disaggregation. The M&E system is supported by an operational manual, legal framework, and software system enabling online data entry from line ministries and departments to generate reports for management decision making. The Social Protection M&E Logical Framework (see Figure 3) forms the basis for the M&E system as it provides a rationale and structure to define and measure expected results, leading to the achievement of policy goals.

This state-of-the-art system serves as the primary management tool for the General Secretariat for the NSPC to effectively fulfill its mandated M&E

functions. It organizes and integrates key social protection indicators including input, output, outcome, and goal-level indicators to measure progress on reducing poverty, vulnerability, and inequality. The system also automates reporting,

institutionalizes performance tracking, and enables comparative results analysis and customized report generation, laying a foundation to inform decision making and future resource prioritization by the NSPC.

Figure 3. Cambodia’s National Social Protection Monitoring and Evaluation Logical Framework



Advancing a Social Health Protection Policy Agenda

In January 2020, Cambodia’s Ministry of Economy and Finance’s inter-departmental health working group accepted 32 recommendations from the NSPC. The recommendations, generated with HP+ support, include expanding coverage to dependents and raising the income threshold for premium contributions. The government has begun implementing these recommendations, which will target the most vulnerable citizens, including 3.8 million family dependents. These citizens will gain improved access to long-acting reversible and permanent family planning methods that are reimbursed under the HEF benefits package.

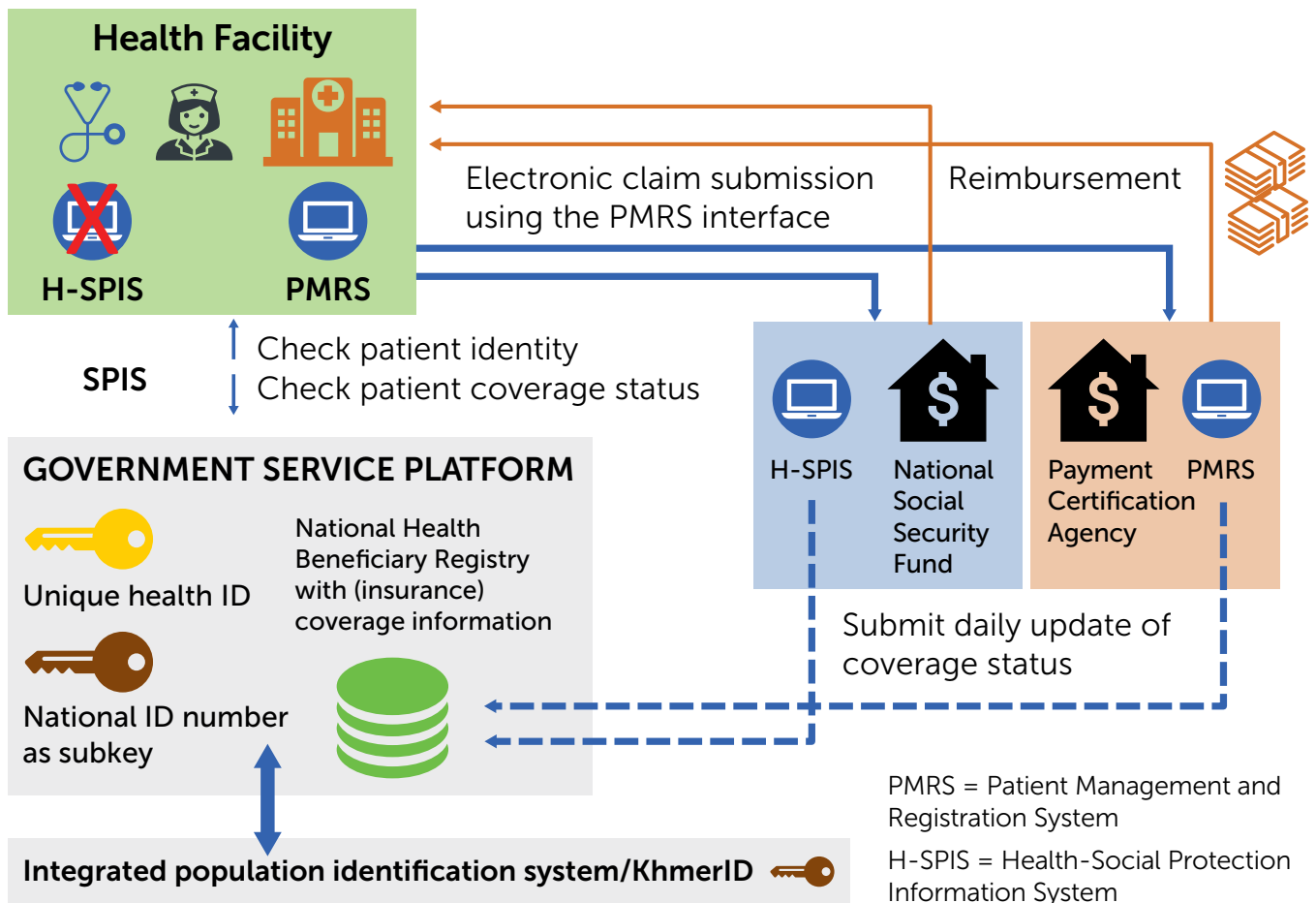
Information, Communication, and Technology Solutions

To address ICT challenges associated with establishing a national health insurance information system, HP+ assessed factors inhibiting a move toward a harmonized system and developed options to facilitate the interoperability of health insurance claim and reimbursement systems and improve efficiencies under a single operator. Figure 4 illustrates potential solutions published in an [HP+ policy brief](#). This led to the development of a digital health strategy and the Prime Minister’s formal establishment of the Interministerial ICT Technical Working Group. This foundation positioned the General Secretariat for the NSPC to oversee and coordinate an interoperability demonstration activity with financial support mobilized from the Asian Development Bank.

CONCLUSION

In Cambodia, HP+ support to provide on-demand, timely analytics on universal health coverage dimensions led to the formulation and alignment of key policy recommendations for the Cambodian government. These recommendations, formulated in close discussion with key health development partners and relevant institutions within the Cambodian government, support the country in its efforts to expand social health protection and move toward achieving universal coverage. HP+ support in developing the national social protection M&E system will enable the systematic oversight of social protection results and financing to manage the portfolio, improve accountability and transparency, and inform future investment priorities. In addition, HP+ support to advance digital health solutions has laid the groundwork for linking the two primary

Figure 4. Potential Solutions and Connections via a Health Beneficiary Registry



Source: Health Policy Plus, 2019



social health insurance claims and reimbursement systems to improve the efficiency and effectiveness of social health insurance in Cambodia. Taken together, these efforts have the potential to improve healthcare access to over 6 million financially vulnerable Cambodians, significantly advancing the country’s universal health coverage agenda and supporting its journey to self-reliance.

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CONTACT US

Health Policy Plus

1331 Pennsylvania Ave NW,
Suite 600

Washington, DC 20004

www.healthpolicyplus.com

policyinfo@thepalladiumgroup.com

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