Moving toward UHC

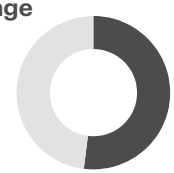
Cambodia

NATIONAL INITIATIVES, KEY CHALLENGES, AND THE ROLE OF COLLABORATIVE ACTIVITIES

Cambodia's snapshot

UHC Service Coverage Index *(SDG 3.8.1, 2015)*

52%



Catastrophic OOP health expenditure incidence at the 10% threshold *(SDG 3.8.2, 2009)*

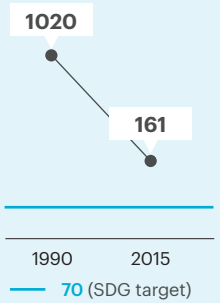
10.7% of households

Results of Joint External Evaluation of core capacities for pandemic preparedness *(JEE, 2016)*

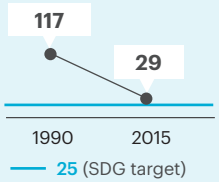
Score (for capacity)		# of indicators (out of 48)
5	Sustainable	0
4	Demonstrated	6
3	Developed	14
2	Limited	22
1	No capacity	6

Health results

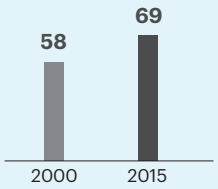
Maternal Mortality Ratio *(WHO)*
Per 100,000 Live Births



Under-Five Mortality Rate *(WHO)*
Per 1,000 Live Births



Life Expectancy at Birth *(WHO)*



Wealth Differential in Under-Five Mortality *(PHCPI, 2014)*

56.4

More deaths in lowest than highest wealth quintile per 1,000 live births

Performance of service delivery – selected indicators *(PHCPI, 2014-2015)*

	Cambodia	LMIC average
Care-seeking for symptoms of pneumonia	68.8%	61.5%
Dropout rate between 1st and 3rd DTP vaccination	3.3%	7.5%
Access barriers due to treatment costs	64.4%	47.4%
Access barriers due to distance	35%	35.8%
Treatment success rate for new TB cases	93%	80.1%
Provider absence rate	NO DATA	28.9%
Caseload per provider	NO DATA	9 per day
Diagnostic accuracy	NO DATA	47.9%
Adherence to clinical guidelines	NO DATA	33.6%

See page 8 for References and Definitions.

Existing national plans and policies to achieve universal health coverage (UHC)

SERVICE DELIVERY REFORMS

Cambodia remains a leading example of how a low-income country can quickly advance toward health goals; progress and innovation in health financing and in service delivery contributed to the achievement of all health-related Millennium Development Goals. The government is improving access to care through a larger health workforce, as well as by improving the infrastructure of health facilities. There are continuing efforts to improve the quality of health services, which encompasses preservice training, in-service training, an ambitious performance-based financing program, and efforts to strengthen regulation. However, there is more that needs to be done in order to accelerate progress and close remaining gaps in basic outcomes (including nutrition, immunization, and neonatal mortality, especially with an equity lens to narrow health disparities) and lay the foundation to address emerging issues such as pandemics and noncommunicable diseases (NCDs). Cambodia has made progress on service delivery, but will need stronger efforts to reduce inequities in care due to geography and income. Strengthening community services and capacity for health protection and promotion, including outreach services, as well as the role of community-based health workers and volunteers, are major areas for further development. Policy to reorient the health system toward strengthening preventive and primary care and addressing social determinants of health is progressing, but requires further investments.

HEALTH FINANCING REFORMS

Two major health financing initiatives have endeavoured to address high out-of-pocket (OOP) spending: the Health Equity Fund Program (HEF), which aims to improve access to health services for the poor, and the newly developed Service Delivery Grants, a nationwide performance-based financing scheme that rewards delivery of technically sound quality health services at all levels of health facilities. Health coverage is expected to expand, with social health insurance for the private formal sector aiming to cover 1.2 million people through a mandatory contributory scheme. By 2018, a new civil servants' scheme (covering 235,000 beneficiaries) and a plan for informal workers (over 2 million) will be launched, increasing coverage to over 40% of the population.

GOVERNANCE REFORMS

The government of Cambodia has made significant progress to elevate its status as a 'lower-middle-income' country thanks to sustained impressive economic growth. The objective of the Third Health Strategic Plan (HSP3) 2016–2020 is to build on the success of previous strategic plans to "effectively manage and lead the entire health sector to ensure that quality health services are geographically and financially accessible and socioculturally acceptable to all people in Cambodia." The National Social Policy Protection Framework (NSPPF) 2016–2025, an inter-ministerial initiative, outlines the direction toward UHC. Ongoing public financial management reforms include the implementation of a Financial Management Information System, program-based budgeting in the health sector, and increasing levels of financial autonomy and greater funding for peripheral health facilities. Performance-based top-up payments from Health Equity Funds (HEFs) are improving the efficiency of overall health spending, leveraging underlying public sector investments in health. New institutional sustainability measures, such as the recently created autonomous payment certification agency for HEFs, will provide strong governance support for critical institutional functions.

Progress and innovation in health financing and in service delivery contributed to the achievement of all health-related Millennium Development Goals.

Key challenges on the way to UHC

WEAKNESSES AND BOTTLENECKS IN SERVICE DELIVERY

Coverage of essential health services. Over the last two decades, health in Cambodia has greatly improved. Maternal and neonatal tetanus were eliminated in 2015. As of 2013, 93% of new tuberculosis cases were successfully treated, and from 1990–2014, the prevalence of tuberculosis decreased by 60% (WHO, 2015). In 2016, 82% of people living with HIV knew their status, and 80% of them were receiving sustained antiretroviral therapy (UNAID, 2017). However, important gaps persist, particularly for noncommunicable diseases (NCDs), stunting, cancer, and viral hepatitis, among others. Persistent equity challenges are evident—income disparities are prominent for antenatal care, postnatal care, and DPT3 vaccinations. Capacity challenges remain in the primary care system's ability to provide basic and routine preventive services for NCDs, such as screening for cancer, diabetes, and high blood pressure, even as the burden of NCDs is growing. Rehabilitation, an essential part of the continuum of care, is limited due to a lack of services and resources.

Quality of care. Several factors affect the ability to deliver high quality care. There are still limitations in basic health infrastructure: the density of health workers is significantly lower than recommended thresholds, there is low availability of hospital beds, and outreach services have been particularly weak in the recent past. In addition, geographic and economic barriers have precluded people, particularly women, from accessing health services. Utilization of HEFs, especially for outpatient services, also remains low. Cambodians often choose to seek care in the private sector and practice self-medication. There are continuing efforts to improve the training of health professionals, as well as a new law of regulation (2016) of the five main health professions. Strengthening regulation in the private sector strives to ensure quality of care and enforce alignment with national standards and practices. New performance-based financing through service delivery grants (SDGs) also entails administration of quarterly quality scorecards at each health facility.

Pandemic preparedness. A 2016 Joint External Evaluation (JEE) of International Health Regulations (IHR) core capacities found that Cambodia has either limited or developed capacity in most aspects of pandemic preparedness. The most critical areas of weakness—where there is currently no capacity—are: development and implementation of a national multi-hazard public health emergency and response plan; mapping of priority public health risks and resources; various components of emergency response operations; and an enabling environment for management of chemical risks. Areas of strength, where capacity is demonstrated but not yet sustainable are: IHR coordination, communication, and advocacy (which builds upon the successful inception of coordination mechanisms under the World Bank's Avian Influenza project); immunizations; laboratory testing for detection of priority diseases; indicator- and event-based surveillance systems; and syndromic surveillance systems. In response to the rising threat of antimicrobial resistance, Cambodia developed an antimicrobial resistance (AMR) policy and strategy to combat AMR in the human and animal sectors. Laboratory capacity, surveillance data, and awareness amongst health care providers and the general public remain challenges to combating AMR.

THE STATE OF HEALTH FINANCING

Overall funding for health. Since 2006, government spending on health has remained low, estimated at 1.0–1.5% of GDP (WHO Global Health Expenditure Database—GHED, 2017), though this has significantly improved during 2015–17 and in the 2018 budget. In 2014, total expenditure on health (THE) per capita was US$61 (GHED, 2017) and the share of out-of-pocket payments was estimated between 62 and 74% (NHA, 2014; GHED, 2016). The country remains dependent on external financing, just under 20% of THE, and significantly higher for the immunization, malaria, tuberculosis, and HIV/AIDS programs.

Lack of financial protection schemes. Less than 20% of people in Cambodia have financial protection for health, and accessing health services is prohibitively expensive for much of the population. More than 70% of women in the lowest income threshold and 40% in the highest income threshold cannot afford to access health services (OECD, 2016). Households with elderly members, or members with a disability or a chronic disease have high rates of catastrophic expenditure, emphasizing the need for financial protection for these groups. Targeting vulnerable groups is a priority for Cambodia, as outlined in the NSPPF 2016–2025, and a concerted effort is needed to advance social health protection.

Performance-based top-up payments from Health Equity Funds (HEFs) are improving the efficiency of overall health spending, leveraging underlying public sector investments in health.

GOVERNANCE CHALLENGES

Decentralization. Ministry of Health activities are structured in three tiers: provincial health departments, special operating agencies (assigned to operational districts and provincial hospitals), and service delivery facilities. This allows for greater responsibility at the subnational level for promoting stronger community orientation and monitoring the delivery of health services. Although there is strong upward accountability, there has been insufficient articulation of autonomy at subnational levels. The increased availability of funds at the decentralized level is a positive step but requires improved awareness and capacity building for health facilities to exercise core public financing management functions. The country also needs to address risks associated with the decentralization process to ensure that this does not exacerbate inequities across provinces.

Collaborative efforts to accelerate progress toward UHC

EXISTING INITIATIVES SUPPORTED BY EXTERNAL PARTNERS

External partners are engaged in Cambodia to build national capacity and strengthen the health system. The Tokyo Joint UHC Initiative, supported by the government of Japan and led by the World Bank (WB), in collaboration with the Japan International Cooperation Agency (JICA), the United Nations Children's Fund (UNICEF), and the World Health Organization (WHO), is supporting the government of Cambodia, and strives to accelerate progress toward UHC. This support will enable nationally-led strategic health system strengthening to achieve UHC, as well as pandemic preparedness.

Development partners are actively supporting UHC activities through the Ministries of Health; Economy and Finance; and Labour and Vocational Training, as well as the establishment of the National Social Protection Council and associated structures. Several multilateral partners operating in the domain of financing for social health protection are in the Providing for Health Network (P4H), a local umbrella arrangement to maximize alignment through active coordination and collaboration. The Health Equity and Quality Improvement Programme (H-EQIP), the Korea International Cooperation Agency (KOICA), the German Development Bank (KfW), the Australian Department of Foreign Affairs and Trade (DFAT), and the WB complement government funding through local Sector-Wide Management Arrangements. USAID, GIZ, JICA and UN agencies including WHO, the International Labour Organization (ILO) and UNICEF are among the other key partners in this space.

To strengthen service delivery, there are several partner-supported initiatives within the Ministry of Health (MOH). H-EQIP is strengthening equitable access to health services for vulnerable population groups. JICA is working with MOH to expand service coverage for the informal sector. Health workforce development initiatives include: a review of national curriculums for health professional qualifications, enforcement of minimum standards of Health Training Institutions (accreditation), and improved tracking of in-service health professionals. Technical support is provided to produce clear health center level guidelines to support appropriate and high quality primary care. The Disability Rights Initiative Cambodia (DRIC), a joint UN program with the Australian government, is under way to ensure that persons with disabilities have an improved quality of life.

Initiatives are also under way to improve monitoring and evaluation of health sector performance, including the production of data for National Health Accounts and the calculation of financial protection and essential health service coverage indicators. In addition, Cambodia is engaged with five other countries through the Malaria Elimination in the Greater Mekong Subregion Initiative to eliminate malaria in Cambodia by 2025 and by 2030 in the region. Finally, a joint multi-sectoral National Action Plan for Antimicrobial Resistance will also be developed.

PLANS FOR FUTURE COLLABORATIVE WORK

Policy and Human Resources Development (PHRD)-funded advisory support

The joint work under the Tokyo Joint UHC Initiative falls within two broad areas: strengthening pandemic preparedness and strengthening the health system to more efficiently deliver services at frontline levels. Activities related to pandemic preparedness include: analytical work to inform the design of multi-sectoral pandemic preparedness plans; developing evidence to support investments in health security and a financing plan for sustained investments in pandemic preparedness and response; strengthening the framework for governance and institutional arrangements; and strengthening multi-sectoral coordination and capacity for implementation.

Strengthening frontline service delivery will entail: enhancing access to primary health care to understand gaps and bottlenecks to people-centered integrated services at the primary care level; mainstreaming maternal and child health and nutrition services for UHC; and enhancing community engagement in service delivery and outbreak surveillance. The government will receive support to address cross-border health issues, including strengthening capacity in remote border areas at the primary care level and covering hard-to-reach populations, including ethnic groups, migrants, and the poor. Among Mekong countries, cross-border coordination and collaboration will be strengthened. Furthermore, the joint work will closely collaborate with other investments in health, such as those by the Global Fund and Gavi, to contribute to health system strengthening. Considering that other sectors, such as nutrition and water and sanitation, compose the foundations of heath for all, challenges in these fields also will be considered under the joint work.

Other planned activities

The upcoming activities under the Tokyo Joint UHC Initiative aim to play a catalytic role in jumpstarting the foundational activities necessary to plug gaps in preparedness and multi-sectoral coordination, and to support and follow up on priority actions identified in the recent JEE. This work aligns with, builds upon, and leverages ongoing World Bank regional and national operations supporting UHC, health systems strengthening (including through the GFF), agriculture/livestock, disaster risk management, and nutrition, as well as the priorities of the government of Japan in supporting UHC. The work will be coordinated closely with key partners such as WHO, the Asian Development Bank (ADB) and JICA, and also complement ongoing activities supported by other development partners (USAID, the Centers for Disease Control and Prevention (CDC), the UK Department for International Cooperation (DFID), DFAT, etc.), the UN, technical agencies (e.g., WHO, the Food and Agriculture Organization, UNICEF), and the private sector.

References & Definitions (page 1 indicators)

UHC Service Coverage Index (2015) – WHO/World Bank index that combines 16 tracer indicators into a single, composite metric of the coverage of essential health services. For more information: WHO/World Bank (2017). Tracking UHC: Second Global Monitoring Report.

Catastrophic out-of-pocket (OOP) health expenditure incidence at the 10% threshold (Single data point, year varies by country) – WHO/World Bank data from Tracking UHC: Second Global Monitoring Report (2017). Catastrophic expenditure defined as annual household health expenditures greater than 10% of annual household total expenditures.

Results of the Joint External Evaluation of core capacities for pandemic preparedness (2016/17, year varies by country) – A voluntary, collaborative assessment of capacities to prevent, detect, and respond to public health threats under the International Health Regulations (2005) and the Global Health Security Agenda. 48 indicators of pandemic preparedness are scored using five levels (1 is no capacity, 5 is sustainable capacity). https://www.ghsagenda.org/assessments

Life Expectancy at Birth (2000-2015), Maternal Mortality Ratio (1990-2015), Under-five Mortality Rate (1990-2015) – WHO Global Health Observatory: http://apps.who.int/gho/data/node.home

Wealth Differential in Under-five Mortality (Single data point, year varies by country) – Indicator used by the Primary Health Care Performance Initiative (PHCPI) to reflect equity in health outcomes. For more information: https://phcperformanceinitiative.org/indicator/equity-under-five-mortality-wealth-differential

Performance of service delivery – selected indicators (Single data points, years vary by country) – Indicators used by the Primary Health Care Performance Initiative (PHCPI) to capture various aspects of service delivery performance. PHCPI synthesizes new and existing data from validated and internationally comparable sources. For definitions of individual indicators: https://phcperformanceinitiative.org/about-us/our-indicators#/

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