Evidence for policy development: Supporting national policies to advance social health protection in Cambodia

When Cambodia’s health equity funds attain nationwide coverage in early 2014, it will mark a significant step in the country’s pioneering journey to ensure that health services reach every citizen. It will also provide a cohesive foundation for the central administration of these unique district-based funds—long considered vital to the sustainability of one of the developing world’s most innovative social health protection systems. Working towards the establishment of a national health protection agency to incorporate the health equity funds and other demand-side financing schemes has been central to the Health Policy and Health Finance Hub’s work with the Cambodian government, forming the subject of an evidence-based policy study in 2011. The findings of the study have been used by the Ministry of Health, contributed to a new National Health Financing Policy adopted in December 2012 and were published in a peer-reviewed journal.

The challenge

Cambodia has made remarkable progress in rebuilding its public health system in recent years. While major challenges remain to improve the quality of service, the development of comprehensive social health protection measures for the poor is an achievement of international significance.

Health equity funds (HEFs) are a critical mechanism for advancing universal coverage, providing access to health care for the poor without the impoverishing costs of user charges or the associated costs of travel and food. Since Cambodia became the first country to introduce HEFs in 2000, they have expanded to cover three-quarters of all people living below the poverty line—or more than 3 million people living on less than US$0.50 per day. The government aims to have an HEF operating in each of its health districts by the beginning of 2014.

The district-based HEFs are funded mostly by donors through the pooled funds of the national Health Sector Support Project, to which the government also contributes. In recent years, state funding for HEFs has increased, and the government also funds a separate subsidy scheme for the poor in 18 hospitals. The HEFs are managed nationally by the Ministry of Health (MoH), with monitoring and auditing provided by a single international non-government organisation (NGO). At district level, the funds are managed by local non-government agencies or community-based organisations.

While the HEFs have achieved extensive population coverage, the challenge now is to integrate these schemes into a coherent national social protection system for the poor and informal sector workers, together with a number of smaller demand-side schemes including community-based health insurance, vouchers and conditional cash transfers. All involved seem to agree that moving towards state administration of these schemes through some sort of national agency is both necessary and timely, in order to improve financing efficiency. Prior to 2012, however, there was no consensus among the main policy actors—the MoH, development partners and NGOs—about how this should be achieved, including the position of a national agency within the government infrastructure, its organisational structure or funding arrangements.

The response

Senior research staff from the Health Policy and Health Finance Hub have for many years provided assistance to the Ministry of Health in the development of national strategies and frameworks for health financing and social health protection. The administration and regulation of the country’s emerging social protection schemes will take place within these frameworks.
Since 2009, the Hub has played an important role working with MoH policy makers and planners to identify the key policy and administrative challenges in moving towards national administration of these schemes. In 2011, the Hub joined with the Ministry’s Department of Planning and Health Information to investigate the institutional and organisational challenges to national administration of HEFs and associated schemes, leading to an operational research study that consulted with representatives of government, donors, NGOs and local communities.

The results of the study were reported directly to ministry policy makers in early 2012, and were subsequently disseminated through a Hub working paper and publication in the peer-reviewed journal *Social Science & Medicine* contributing to the evidence base for discussions on the establishment of a national agency. The Hub’s reports were widely welcomed by both the MoH and donors supporting national policy development. The researchers were also invited to contribute to national policy seminars for the preparation of several health financing documents.

Such requests have repeatedly highlighted the openness of Cambodia’s policy makers to external inputs, and continue to demonstrate the collaborative role of the Hub in contributing to the policy cycle from problem identification to policy formulation.

**The impact**

The Hub’s findings on the challenges of creating a national health protection agency were used to inform the MoH’s mid-term review of the country’s Second Health Sector Strategic Plan 2008-2015. In December 2012, the Hub’s research provided source materials for preparation of a new national health financing policy, which recommends the establishment of a national social health protection fund for the poor and the informal sector. Similarly, findings from the research will influence the development of the next Health Strategic Plan, which will guide the country’s health sector after 2016.

As a trusted partner, the Hub continues to be regarded by both the MoH and its development partners as an independent and objective actor in the development of policies to shape the country’s social health protection. The ministry’s Department of Planning and Health Information and its Bureau of Health Economics have frequently consulted with Hub representatives and have an ongoing dialogue on efforts to advance the creation of a national agency. The MoH and Hub staff are also working together on a number of policy-based research projects.

The results of earlier research by current Hub staff have provided inputs to several important policy documents, including the Strategic Framework for Health Financing 2009-2015 and the 2009 draft of the Master Plan for Social Health Protection. With a strong relationship based upon mutual trust and close collaboration, the Department of Planning and Health Information continues to invite comment and advice from Hub representatives on health financing policy issues.

**The future**

The Hub will continue to support the Ministry of Health in its efforts to revise health financing policies and move towards a national structure for social health protection. Within a process of mutual collaboration, the Hub will contribute to further studies or produce background documentation on international lessons and further options for progress in Cambodia. This may take the form of applied research, collaboration with multiple policy stakeholders or ongoing discussions with AusAID and the MoH. Our unique convening role and strong relationships with stakeholders provide an exceptional opportunity for the Hub to continue facilitating progress towards a national agency for social health protection.

**Reading:**


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