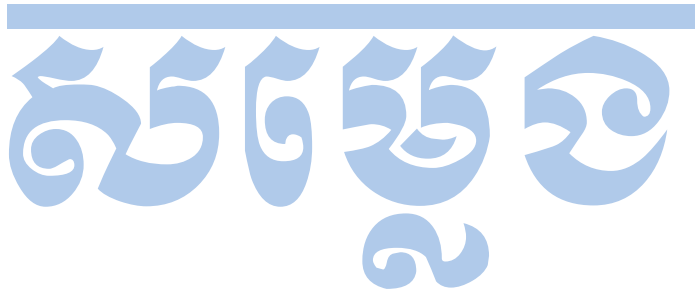




USAID
FROM THE AMERICAN PEOPLE

Health Systems
Strengthening in



USAID HSSC

USAID's Health System Strengthening in Cambodia Project, implemented by University Research Co., LLC

Issue 4 December 2006

Systems Strengthening Through HEALTH FINANCING

USAID-HSSC is providing ongoing support to the Ministry of Health's (MoH) health financing efforts as a key strategy towards strengthening the public health system.

In partnership with the MoH Department of Planning and Health Information (DPHI), USAID-HSSC is supporting implementation of Health Equity Funds in line with the "National Equity Fund Implementation and Monitoring Framework" which was developed by the MoH with input from USAID-HSSC in 2005.

Health Equity Funds serve to connect the poor with the public health system by facilitating their access to care and providing protection against catastrophic health care costs, while at the same time providing an incentive for the system to deliver quality services to the poor.

Coupled with other quality improvement interventions, Health Equity Funds support real change in the quality of services provided by the public health system and in turn increase the confidence of the poor to access those services.



Mrs. Chea Samon suffers from chronic liver disease. Previous health care costs for her condition had forced her family to sell their plot of land and left them with a significant amount of debt. In 2005 the family received a Health Book from USG, and since then they have been relieved from the burden of high health care costs.

"The Health Center referred me to the hospital where I stayed for 9 days. I would have died without the support from USG. Thankfully, I have been cured with good treatment from the hospital." She added, "We did not always fully understand the treatment in the hospital...but we were always supported by USG." She concluded with many thanks to USG and USAID for their help and requested that the health equity fund be continued.

Goals of the USAID-HSSC Health Equity Funds



Increase
quality of
care



Raise
consumer
confidence



Reduce
poverty

USAID-HSSC Health Equity Funds



USAID-HSSC, implemented by URC, and in partnership with the Ministry of Health (MoH)

- The MoH regularly monitors facility improvement.
- Continuation of the HEF is dependent on regular measured improvement in the facility.

Health Equity Fund (HEF)

- Directly funded by USAID-HSSC and implemented by locally based NGOs.
- Operates independently from health care providers to purchase health services on behalf of the poor.
- Mandated to represent and advocate on behalf of the poor to increase their access to quality health services.

- User Fees from utilization by the poor are paid directly to the facility by the HEF.
- The HEF monitors the quality of care on a case by case basis.
- As a bulk purchaser of services, HEFs can demand better quality and reduced price from the facility.

Local community

- Identify the poor working together with local government & authorities.
- Information, support & feedback through Community Networks.
- Provision of Priority Access ID cards, food for caretakers, and transport costs (paid directly) to those identified as poor.

Public Health Facility

- Health Care Providers realize increased volume of patients and increased income.
- There is a direct emphasis on "patient centered" care.
- Quality is measured and monitored for improvement.



Facility and staff are motivated to improve quality.



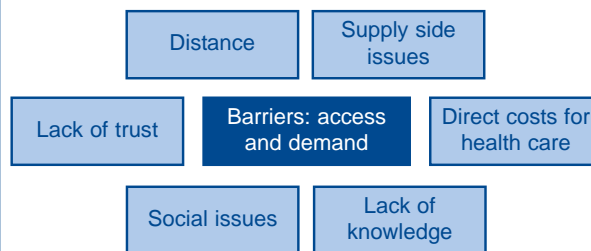
Increased confidence in the system following positive experiences maintains utilization.

Support by the HEF results in **increased utilization** by the poor.

USAID-HSSC Health Equity Funds (HEFs) are providing:

- Support to the poor to overcome financial barriers when accessing public health care.
- Representation and advocacy for the poor, to reduce non-financial barriers to care.
- Ensurance that health providers receive adequate payment for services rendered to the poor.
- Real accountability and transparency between health service users and providers.
- Improved provider-patient interactions.

Barriers to care



USAID-HSSC Health Equity Funds: Partners and Locations

Implementation through local NGOs

CFDS - Cambodian Family Development Society

AFH - Action for Health

RHAC - Reproductive Health Alliance Cambodia

USG - Urban Sector Group

Banteay Meanchey
(CFDS)
Monkol Borrey OD

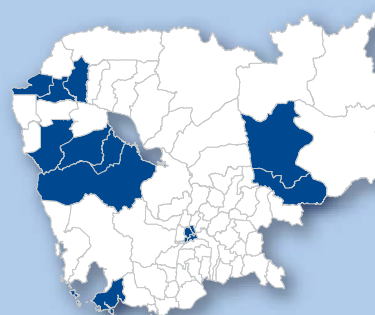
Sihanoukville (RHAC)
Sihanoukville OD

Pursat (CFDS)
Sampov Meas OD

Kratie(AFH)
Kratie OD
Chhlong OD

Battambang (AFH)
Battambang OD
Mung Russey OD

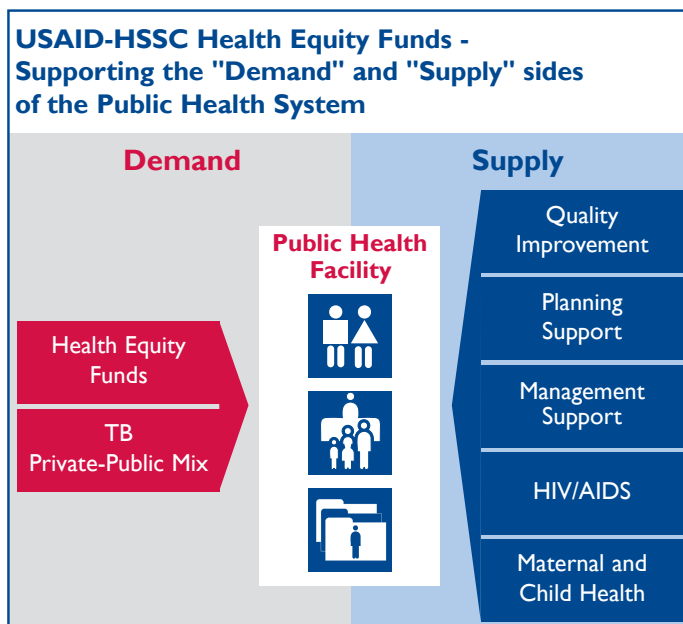
Phnom Penh (USG)
Cheung OD
Kandal OD
Lech OD
Tbong OD



HEFs - Strengthening the Health System

At the systems level

USAID-HSSC is supporting both demand and supply side initiatives to strengthen the public health system in Cambodia. USAID-HSSC is supporting a number of "supply" side activities that enable public health care providers to improve the management and quality of the services which they provide. Concurrently, HEFs directly impact the "demand" side by granting greater access to health services to the poor and also by facilitating increased health seeking behavior and demand for better quality from the public system.



At the operational level

As the funder of HEFs, USAID-HSSC has linked real and measured quality improvements to the continuation of the HEF.

Based on a comprehensive Referral Hospital Assessment tool, every year each hospital must obtain a progressively higher minimum score in order for the HEF to continue its purchase of services. In each Operational District there is also a HEF Steering Committee which meets quarterly to issues, identify solutions, and follow-up on progress related to the practical implementation of the HEF.

At the clinical level

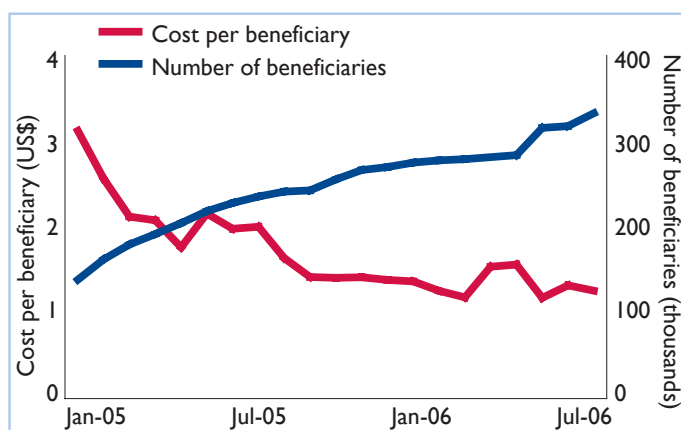
Health Equity Fund Operators continue to develop activities that allow them to advocate for better quality service for the poor they represent. This includes daily visits by HEF staff to the beneficiaries in the facility and follow-up on issues raised during feedback sessions with the community network of HEF beneficiaries at the village level. HEF operators are investigating the possibility of conducting clinical audits to ensure that HEF beneficiaries receive appropriate clinical care.

Beneficiaries and cost per beneficiary

The chart on the right represents the overall cost per beneficiary expressed here as cost per beneficiary per year versus the overall number of beneficiaries who have been pre-identified.

The current average cost per beneficiary per year averages about \$1.34. This is expected to rise slightly with the further introduction of Health Center services and increased utilization rates.

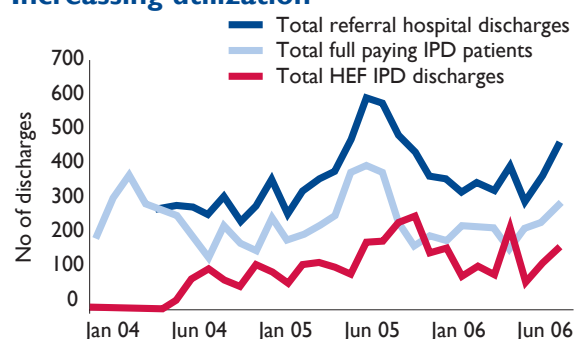
The overall cost of HEFs is however expected to decrease with the introduction of cost sharing arrangements for the marginally poor and the introduction of Community Based Health Insurance.



Quality Improvement - Results

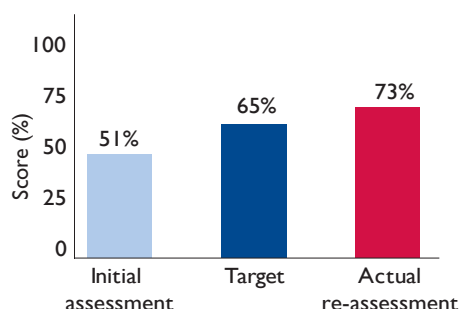
Monkol Borrey Referral Hospital, Banchhay Meanchey Province

Increasing utilization



In Monkol Borey Provincial Referral Hospital, the HEF currently purchases about one third of the total services provided by the facility. This bulk purchase of services by the HEF puts them in the position to negotiate with the hospital for better quality services at a fair price. A strong and clear link between improved quality in hospital services and the continued purchase of services by the HEF drive quality improvement activities.

Improving quality



In August of 2005, the first Referral Hospital Assessment was conducted in Monkol Borey which yielded an overall result of 51%. After this initial assessment, the hospital developed a Quality Improvement plan and set a goal to achieve a minimum score of 65% after one year. In the re-assessment of the hospital in August of 2006, the hospital achieved a score of 73%: results driven by the HEF.

Future Directions

In the medium to long term, USAID-HSSC project plans to integrate HEF activities with Community Based Health Insurance. This involves provision of a benefit package to the non-poor, co-financing of benefits with the marginally poor and development of community financing initiatives to support the poorest of the poor. The goal of this strategy is to create systems that provide ongoing equitable access to public health care services and continuous agitation for improved quality at a fair price.

Contributing to the Millennium Development Goals

An important part of the work being done through Health Equity Funds is a contribution to the Millennium Development Goal to halve extreme poverty by 2015. Currently, the HEFs supported by USAID-HSSC provide potential access to public health services for approximately 700,000 of Cambodia's estimated 4,550,000 poor. This represents protection from catastrophic health care costs (a leading cause of extreme poverty) for 15% of the nations' poor.

If you would like more information or further documentation, please contact us.

USAID-HSSC

USAID's Health System Strengthening in Cambodia Project, implemented by URC

Phnom Penh Centre, 2nd Floor,
Corner Sihanouk & Sothearos Blvds.
Sangkat Tonle Bassac
Phnom Penh

Tel: +855 (0) 23 222 420
Fax: +855 (0) 23 221 433
email: urc-cambodia@urc-chs.com