



MIGRANT HEALTH CARE IN CAMBODIA

Roundtable on Migrant Health

15 August 2018

Bangkok, Thailand

The Country Team

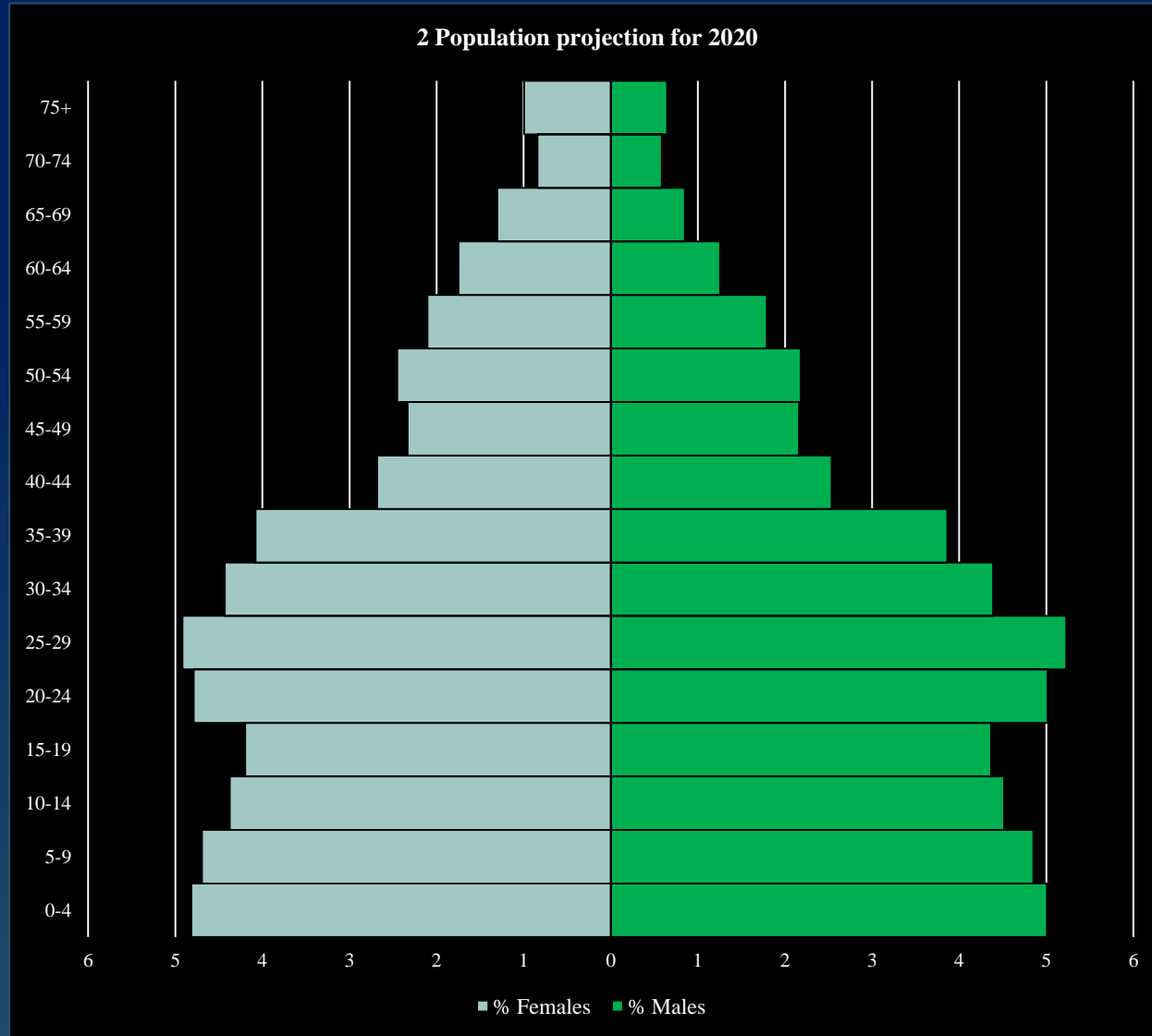
Dr. LO Veasnakiry, Ministry of Health

Dr. Ly Sovann, Ministry of Health

Mr. Heng Sophannarith, National Social Security Funds

Mr. Chhour Sopannha, Ministry of Social Affairs, Veterans & Youth Rehabilitation

CAMBODIA AT A GLANCE

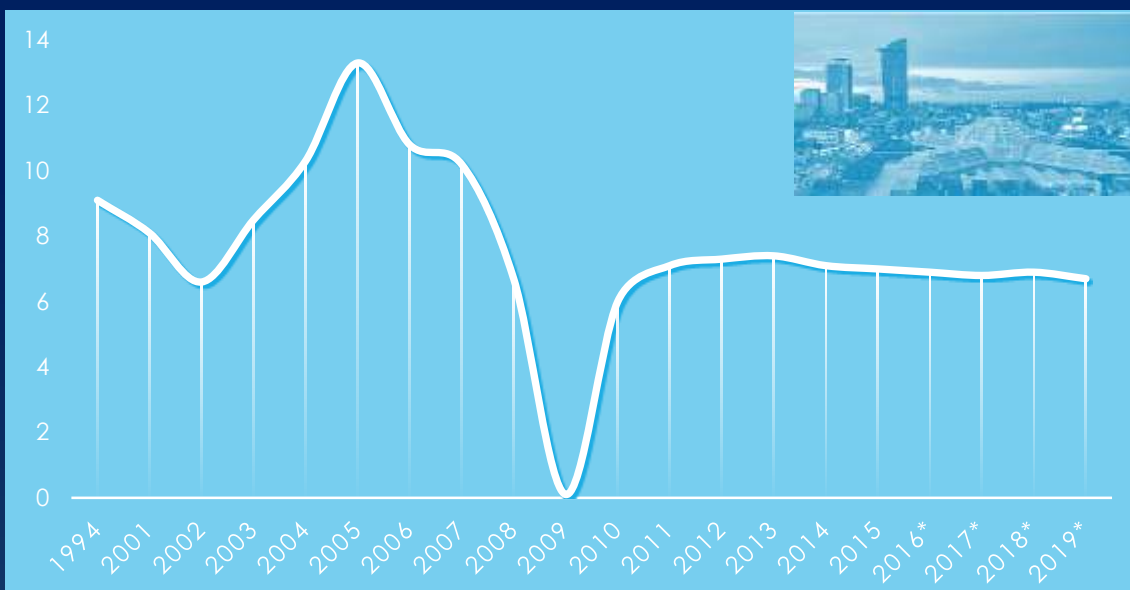


Population: 15,577,899 (2015)

Labor force: 8.6 million (2014)

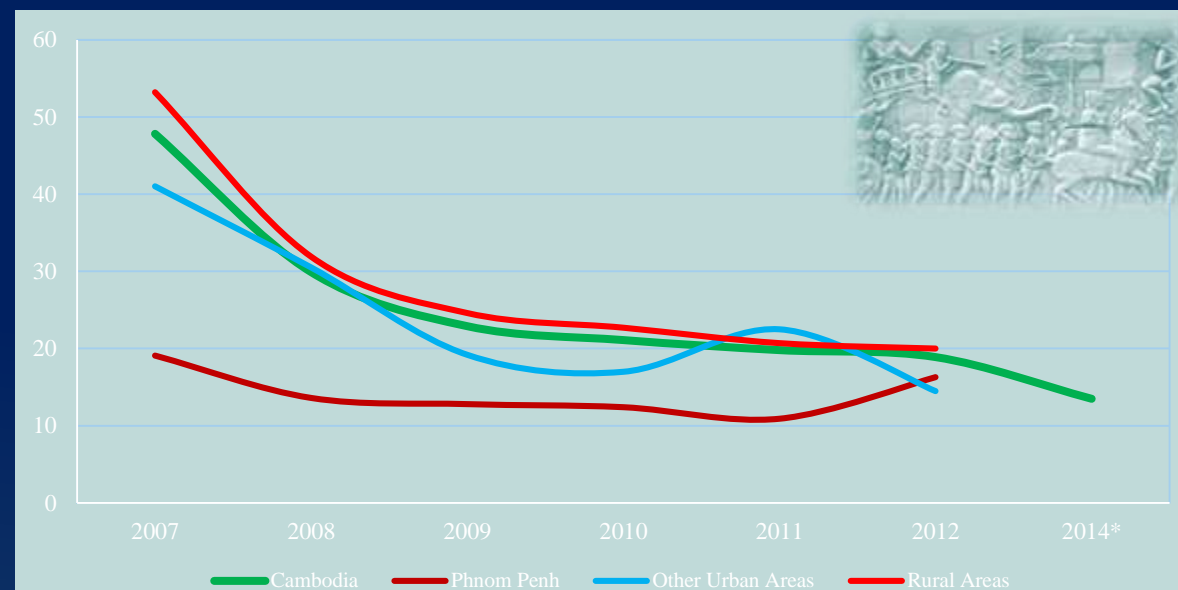
Unemployment rate: 0.5% (2015)

Economic performance & Poverty Reduction



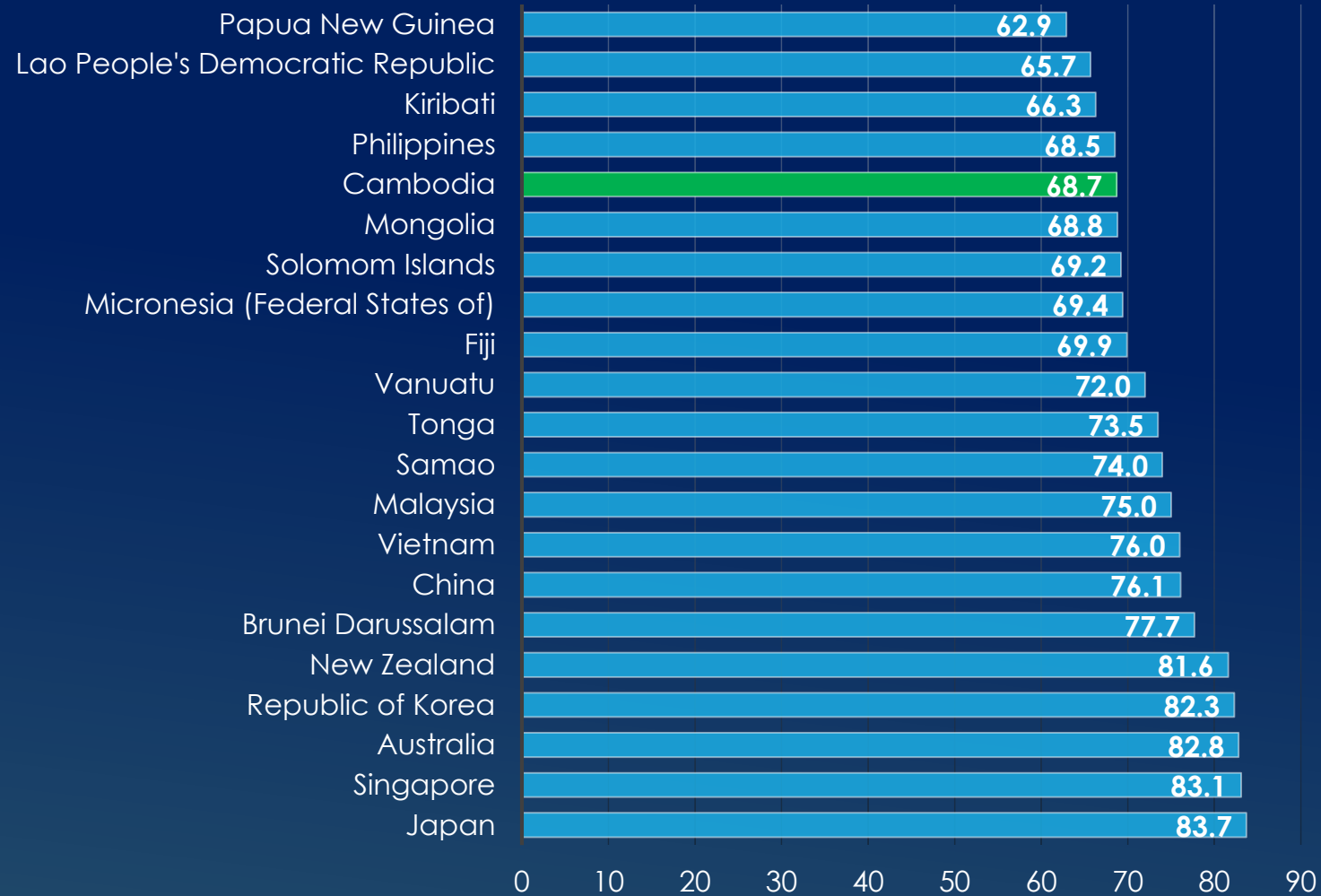
Cambodia Strong-- 6.8% in 2017 and 6.9% in 2018, but expected to slow slightly to 6.7% in 2019.

Cambodia in the lower middle-income status as of 2015, with gross national income (GNI) per capita reaching \$1,070



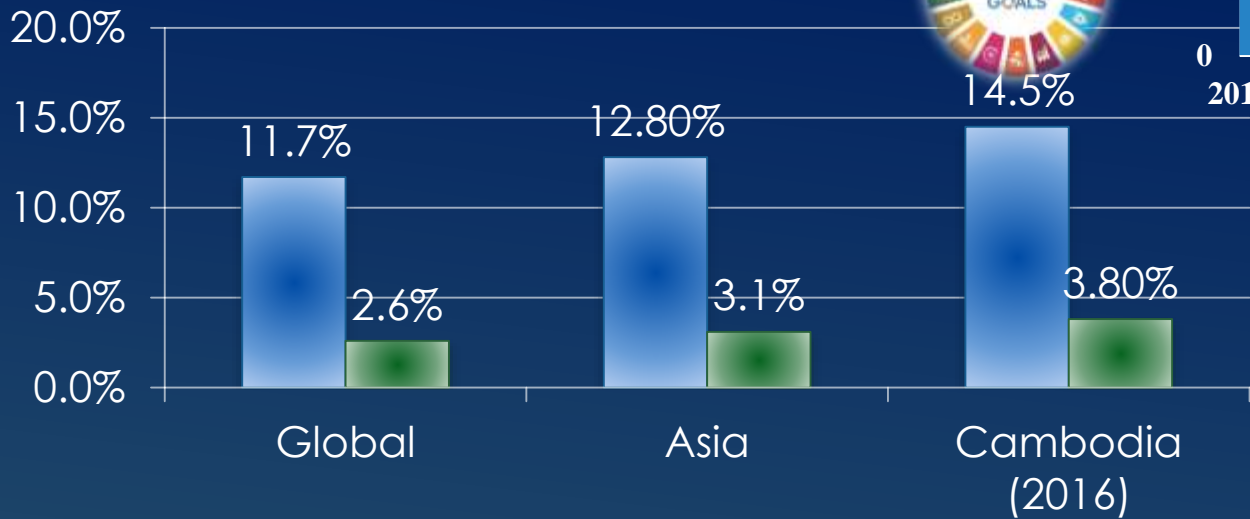
Cambodia Poverty rate fell sharply—from 47.8% in 2007 to 18.9% in 2012, and further down to 13.5% in 2014.

IMPROVING HEALTH

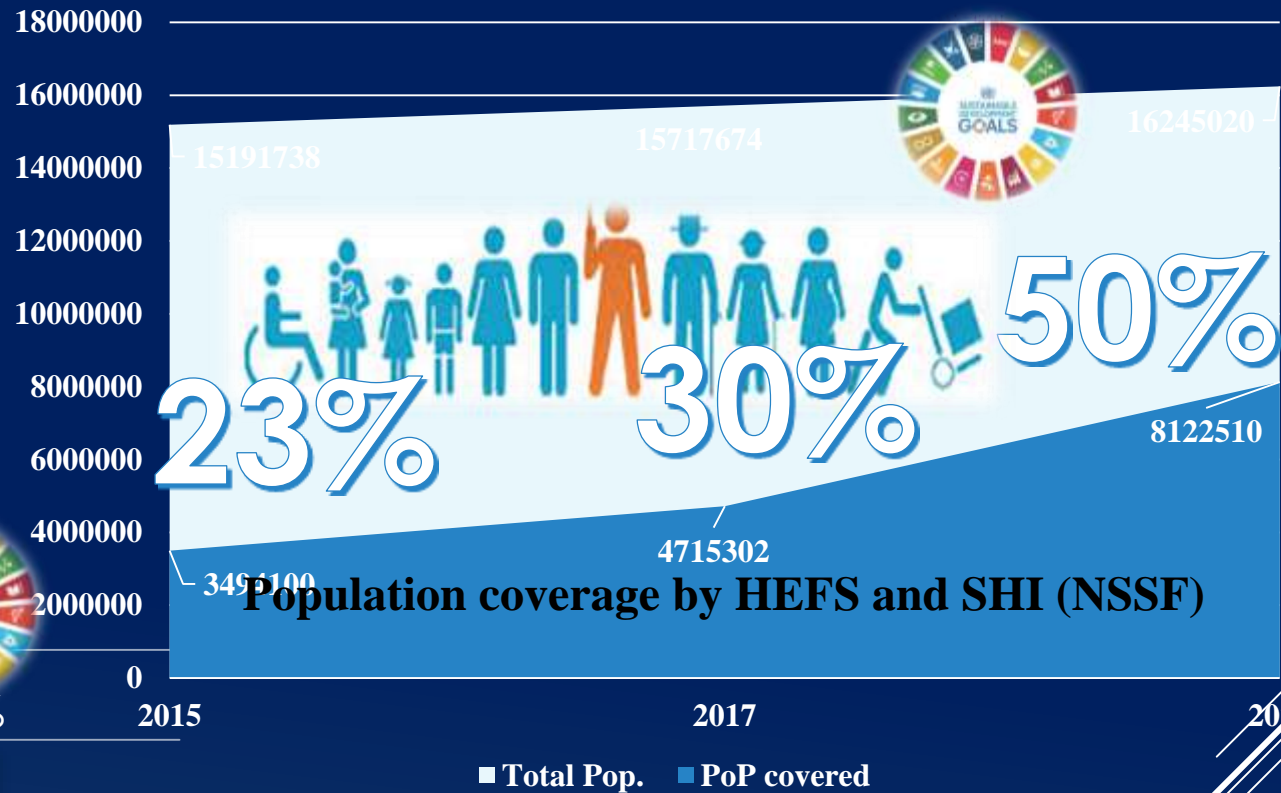


Life expectancy at birth (2015)

Increasing financial risk protection



- Incidence of catastrophic spending for 10%
- Incidence of catastrophic spending for 25%



Reduced financial barriers in access to affordable, quality health care services, when needed.

Source: Social Health Protection in Cambodia: Out-of-Pocket Health Expenditure Using CSES data 2009-2016. DPHI/MOH & WHO, June 2018). DPHI estimation of pop. Coverage 2017.

CURRENT MIGRATION SITUATION TO AND FROM COUNTRY

- Where
 - TO: Thailand, Korea, Malay, Singapore, Japan,**
 - FROM: China, Vietnam,**
 - Industries or types of jobs:
 - TO—industrial, agriculture, house-works, fishermen.**
 - FROM: industrial, agriculture, construction.**
- 


EXISTING MIGRANT HEALTH COVERAGE PROGRAMS

- In-coming migrants:
**National Social Security Funds, under labor law--
Work injury and health care schemes.**
 - Citizens moving to other GMS countries-- **n.a**
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EXISTING LAW/POLICY/STRATEGIES TO UHC/SOCIAL SECURITY

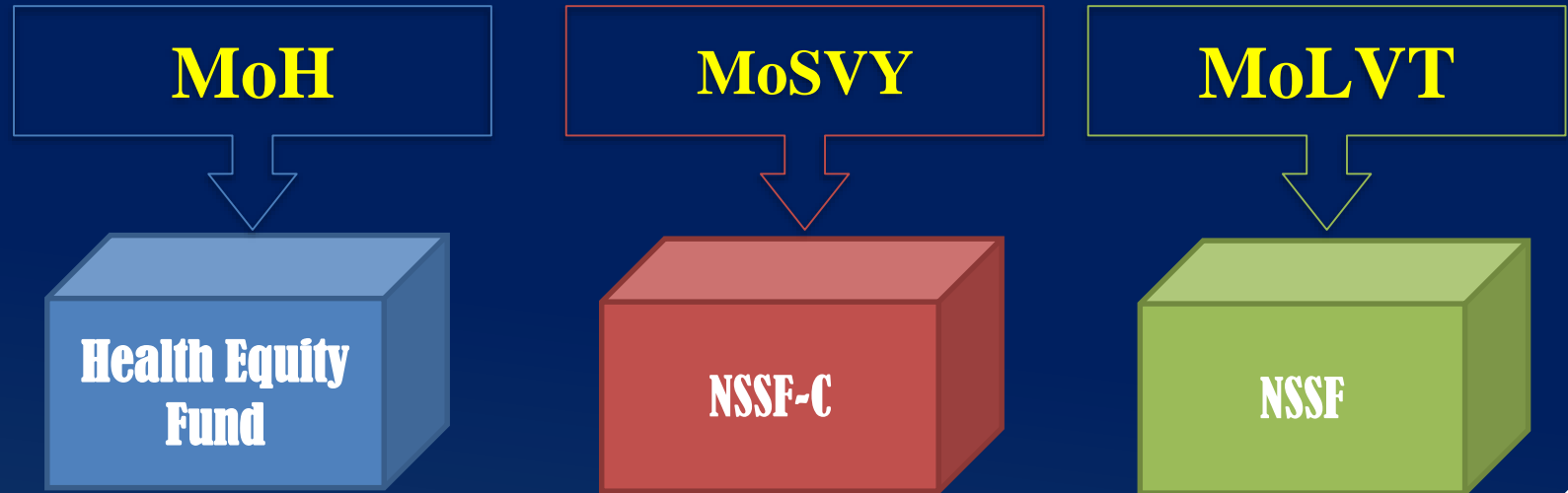
- **Social Security Law for persons defined by the provisions of the Labour Law (2002)**
 - ✓ Based on social security principles as defined in ILO social security conventions (e.g. C 102, 1952)
 - ✓ Public scheme vs. private insurance company
→ State is guarantor of the Fund and ensures good governance and financial sustainability
 - ✓ Tripartite Governance Board including representatives of employers, workers, and RGC (MOLSW, MOEF & MOH)
 - ✓ Financial sustainability is ensured by undertaking periodical actuarial valuations (every 5 years at least)
- **National Social Protection Policy Framework 2016-2025**
- **Strategies to cover migrant health, internal and external--- under development**

EXISTING HEALTH FINANCING SYSTEMS AND RESPONSIBLE AGENCIES (REVENUE GENERATION, POOLING AND PURCHASING) FOR NSSF

- Social Health Insurance for the private formal sector population under NSSF– to be launched in May 2016.
--mandatory and contributory.
 - Social Health Insurance for Civil Servants and Veterans under NSSF-C --
mandatory and contributory.
 - Tax-funded health equity funds for the poor and vulnerable groups
 - Voluntary insurance for the informal sector non-poor population and private health insurance.
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EXISTING HEALTH FINANCING SYSTEMS AND RESPONSIBLE AGENCIES (REVENUE GENERATION, POOLING AND PURCHASING) FOR NSSF

- **HEALTH EQUITY FUND**
:MINISTRY OF ECONOMY & FINANCE
- **EMPLOYERS & EMPLOYEES**
→ EMPLOYERS



Informal Sector		Civil Servants	Private Sector (1.4m) Civil servant (500.000)
Poor (pre-ID)	Near-poor & non-poor		
3 million - Health Insurance - Coverage 100%)	7,5 million - Coverage <5%	500,000 - Only pension	~2 million - Employment Injury - Health Insurance
FULL SUBSIDIZATION	CONTRIBUTION	CONTRIBUTION	CONTRIBUTION

AGENCIES ENGAGING IN IMPROVEMENT OF MIGRANT HEALTH INSURANCE (LABOR/MIGRATION, HEALTH OR SOCIAL PROTECTION)

- **Government ministries/agencies**
 - **Work effectively together through national institutional structures i.e National Council for Social Protection and its Secretariat....**
 - **Development Partners currently support**
 - a) UHC: bi-lateral and multilateral cooperation,
 - b) migrant health and financing– n.a.
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WAY FORWARDS

- **GOVERNMENT PRIORITY** in health as it contributes to human development and inclusive economic growth
 - **EXPAND COVERAGE:** design and implement the Social Health Insurance for informal sector
 - Strengthen **PURCHASING** function: benefits package design, provider payment design, review and assessment, quality monitoring of providers, etc.
 - **MONITORING** and **EVALUATION:** patient access and health care utilization, financial protection
 - **DEVELOP** law on Social protection system in Cambodia
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