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Professionals for Fair Development

LINKING SOCIAL ASSISTANCE PROGRAMS TO A MICROINSURANCE SCHEME: THE EXPERIENCE OF SKY HEALTH INSURANCE SCHEME IN CAMBODIA

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Devoted to Action and Innovation for Global Solidarity

Cambodia - Location

Cambodia – Indicators

Indicators	Value	Sources
Population (under poverty line)	14,300,000 (30.1%)	World Bank
Life expectancy at birth m/f	57/65 years	WHO Global HEF database, 2010
Maternal Mortality Under 5 mortality	206/100,000 54/1,000	CDHS 2010
THE as % of GDP (incl. OOP and Ext. resources)	6%	WHO Global HE database, 2010
% of THE: -GGHE -OOP - External resources	 37% 40% 23%	WHO Global HE database, 2010
-GNI per capita (current Usd)	830	WB, 2011

SKY Model

SKY Health Insurance Scheme

Model

Private Voluntary Community Based Health Insurance (CBHI) through a public mandate and associated public financing

Active in Cambodia since 1998

Targeting the rural poor and near-poor

Objectives

To protect its members from the risk of catastrophic medical expenditures

To ensure equity and solidarity within the health system and the social health protection system

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SKY Health Insurance Scheme




SKY contracts the public providers through performance-based contracts and monitor the service delivered

SKY promotes and sells insurance contracts for access to public health facilities

Insured pay a single premium for all members of the family

Health facilities provide feed back to SKY

SKY provides feed back to Insured

Provincial Hospital

Referral Hospital

Health Center

Contracted health structures provide care without co-payment

Insured receive care for free in public health facilities

Health Protection In Cambodia

National strategy (plans): combining the different components of the demand-side health financing schemes into a mixed model of social health protection (formal/informal)




Poor
Near Poor & Informal
Formal - Private
Formal - Civil Servants

HEF

CBHI

NSSF

NCSSF

CBHI's role today: Demonstration and Operation in link with Social protection strategy

Under Supervision and Guidance of the MoH

Merging MOLVT, MOSVY

ational Agency MOH, MOLVT, MOSVY, MOEF

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Linking Social Assistance Program to CBHI

Linking social assistance program to CBHI

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Linking social assistance programs to CBHI: objectives

- Removing remaining obstacles to appropriate access to health services:
  - > *For specific populations*
  - > *For specific services*

- Informing policy makers regarding the cost of such social assistance programmes when managed by a microinsurance scheme and their conditions of sustainability

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CBHI-HEF Linkage: Model

-Pre-identified households receive the **same booklet/** same health benefits package/ in the same health facilities as voluntary CBHI members.

- Premiums purchased by the **Cambodian government and donors** to the SKY CBHI scheme. The premium covers medical expenses only.

- 100% of the **Premium transferred to facilities** to cover the costs of HEF services utilizations. Same rates are paid to the providers for HEF and CBHI members.

- Pagoda and Mosque volunteers in charge of the Community work. SKY Health Insurance agents manage daily management

- **No additional budget for administration** is paid to the CBHI.

Transportation vouchers: model

- Provision of a single voucher per household member every six-months.

-Valid for six months and is non-refundable.

- Can be used indifferently by each member within the household, i.e. the vouchers are not restricted to individual members and can be used by anyone in the household.

- Value based on distance to Health Center

Safe Motherhood Program: Model

-Conditional cash transfer, to strengthen motivation of SKY members to regularly and appropriately use health services during pregnancy

-Voluntary registration within the 1st – 6th months of pregnancy

- Strict adherence to the following condition:

Part I	**Part II**
- Attendance of a minimum of 3 antenatal-care check-ups, - Testing for HIV, and to further access PMTCT services if positive, - To have a medically attended delivery either at the health-centre or referral hospital.	- Attendance of a minimum of 2 post-natal-care check-ups, - To have the newborn immunized within the first 4 months of birth.

IMPACT

SKY Coverage

SKY CBHI HEF scheme: protection against impoverishment

Covering 70,000 members (2011)

26% among the most vulnerable

60% of services delivered to women and children U5

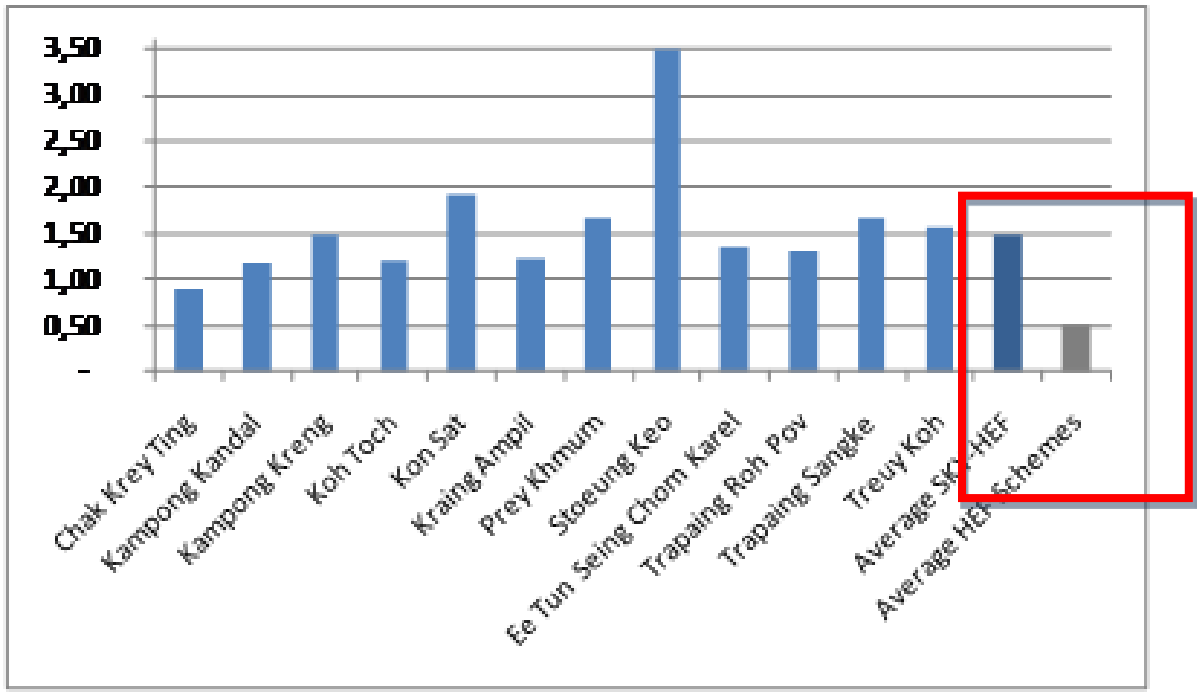
About 3 contacts per person per year on average

Significant impact in securing household assets by reducing debts caused by medical expenses (*randomized control trial impact evaluation of SKY, University of Berkeley*)

CBHI-HEF Linkage and TV (1)

Increased utilization of health services by the poorest



Average contact rate per capita per year in the standard HEF model: 0,5

Average contact rate per capita per year in SKY HEF-CBHI linkage: 1,47

CBHI-HEF Linkage and TV (2)

Increased use of health services by the poorest

•Absence of discrimination for HEF members;

•Active information methodology to encourage HEF members to use contracted health facilities;

•Stronger negotiation power towards health facilities to improve quality of care

•Transportation vouchers in remote areas (increase in health centre service utilization rates between 2009 and 2010, and between the first and second semester of 2010)

CBHI-HEF Linkage and TV (3)

Increased use further boosted by the transportation voucher from home to Health Centre




Membership Type	Indicators	Without TV	With TV	Utilization
		2009, Semester 2	2010, Semester 2	Growth Rate
Voluntary Members	Average Annual Utilization Rate	1.1	1.3	18%
	Confidence interval	[1.04;1.16]	[1.23;1.37]	
HEF Members	Average Annual Utilization Rate	0.40	0.64	60%
	Confidence interval	[0.39;0.41]	[0.62;0.65]	

- Increased use: 18% for VM, 60% for HEF members
- Longer membership – retention (12.7 – 11.2 months, significant correlation)
- Wise use of coupons (60%, use spread over the year)

Safe Motherhood Program

Increased number of deliveries in health facilities




IMPACT	SM - CCT	National Average (CDHS 2010)
Enrolment rate	66%	-
Full compliance rate	77%	-
4 recommended ANC	77%	59%
Vaccination Rate at 24 months	77%	79%
Breastfeeding Rate	77%	74%
Trained staff attended delivery	77%	71%
Delivery at health center/hospital	77%	54%

Cost and sustainability of social benefits

SMP -CCT 0.4 USD per capita/year on top of CBHI technical and management costs i.e. 6.5% increase of the premium (family registration based, constant enrolment and compliance rate)

Transportation Voucher: 3 USD per capita/year on top of CBHI technical and management costs i.e. 54% increase (constant utilization rate, average cost)

This raises the issue of the cost effectiveness of these interventions managed by microinsurance schemes and the difficult questions of who will or can pay for these social benefits

Lessons learnt

Providing Health Insurance to the poor (1)

The SKY experience in Cambodia confirms that:

Provision through microinsurance schemes of comprehensive health insurance services, accompanied by well targeted social assistance does **improve access to health care and protect the poor and the near-poor** against the risk of health related impoverishment;

The achievement of these objectives over the long term and the extension to the entire population **requires public financing**, and to **define the benefit package the government can afford without compromising the value of the benefit package provided to the poorest.**

It is difficult for health microinsurance schemes such as SKY to reach significant membership rates without a strong political commitment

Providing Health Insurance to the poor (2) *the relation between Micro Insurance and Social Health protection in Cambodia*




MOH STRATEGY	PLACE AND ROLE OF MI
Supporting both HEF and CBHI schemes to extend social health protection – based on pilot experiences	Microinsurance schemes have first played a demonstration role and are now acting as operators.
Contracting **private not for profit** local microinsurance operators (such as SKY) to provide health protection	Microinsurance schemes are linked to the national social protection system
Providing **guidance** to micro insurance operators : standardized benefit package, provider payment mechanisms and issuance of policy documents	

Risk: Allocating funding to HEF first, which raises the issue of access for the near poor

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