



# Extension of Social Health Protection Coverage in Cambodia

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# Overview of Cambodia



- ❑ Covers an area of 181,035 km<sup>2</sup>
- ❑ Official language(s): Khmer
- ❑ Currency: Riels
- ❑ Government : Unitary parliamentary constitutional
- ❑ Monarch: Norodom Sihamoni
- ❑ Prime Minister: Hun Sen (CPP)

- ❑ Population: 15,205,539 (2013 est.)
- ❑ Labor force: 8.4 million (2012 est.)
- ❑ Unemployment rate: 1% (2012 est.)



# Social Protection in Cambodia

## National Social Protection Policy Framework

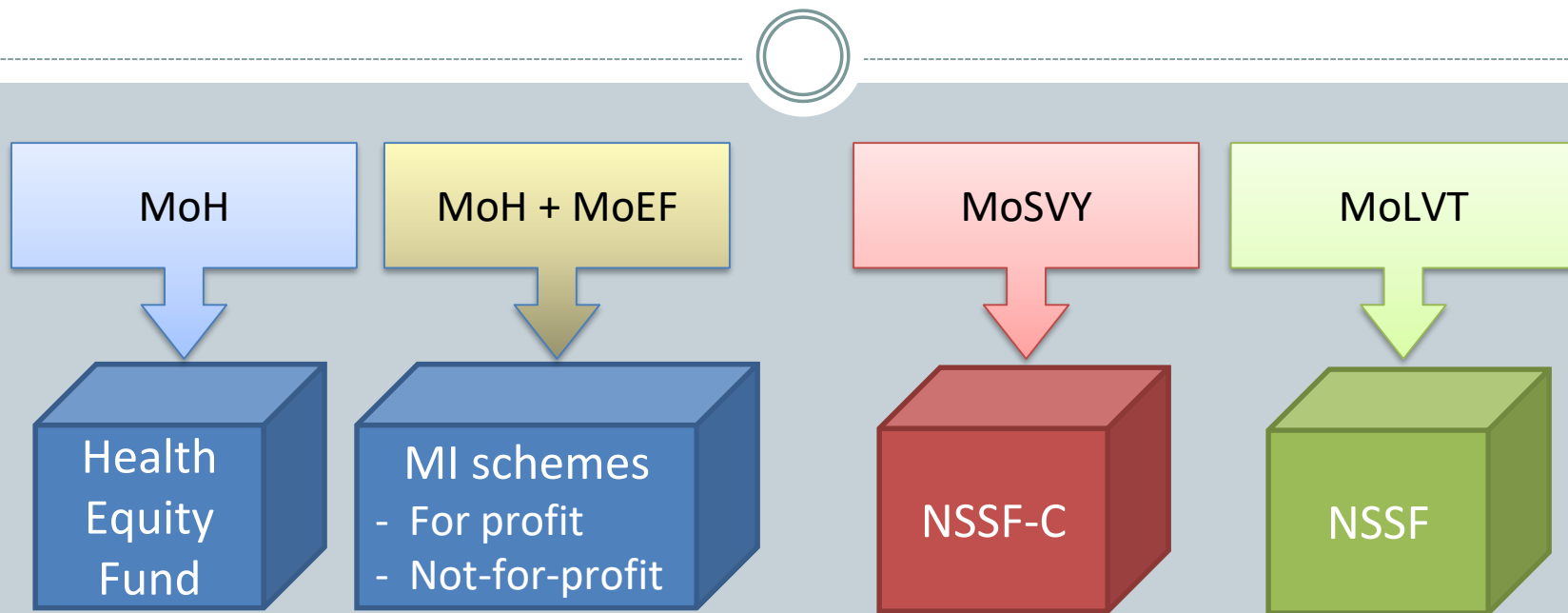
### Social Security

- Employment Injury Insurance (EII)
- Health Insurance
- Pension
- Unemployment
- Disability

### Social Assistance

- Emergency Response
- Human Capital Development
- Vocational Training
- Welfare for Vulnerable People

# SOCIAL PROTECTION IN CAMBODIA (CON'T)



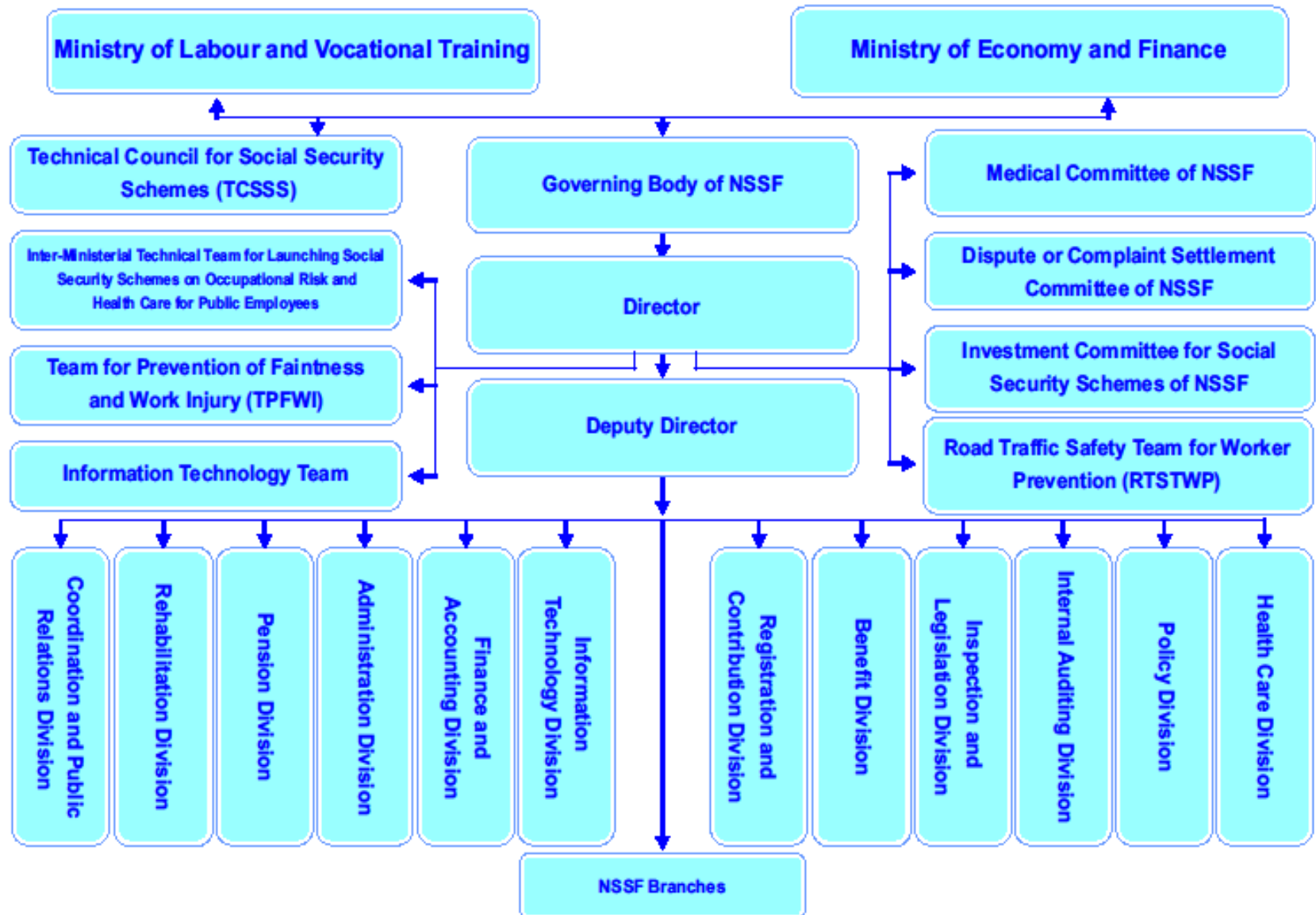
Informal Sector		Civil Servants	Private Sector
Poor (pre-ID)	Near-poor & non-poor		
3 million - Health Insurance - Coverage 100%)	7,5 million - Coverage <5%	400,000 - Only pension - No HI yet	~1.4 million - Employment Injury - Health Insurance

# About NSSF



- ➔ Public Establishment
- ➔ Under the Supervision of MoLVT & MoEF
- ➔ Tripartite Governing Board
- ➔ Manage and Administer the Social Security Scheme for Worker in Private Sector.
  - . Employment Injury Insurance (2008)
  - . Health Care (Sept,2016)
  - . Pension (2019)

# ORGANIZATIONAL STRUCTURE OF THE NATIONAL SOCIAL SECURITY FUND (NSSF)



# History of Health Insurance



- Health Insurance Project (HIP) for workers enterprise as voluntary schemes Since 2007-2013
- CBHI Project schemes Since 2007-2016 / Government of Cambodia abandoned the CBHI
- HIP move to NSSF since October 2013
- NSSF has launch HI for compulsory in Sept 2016.



# Registration and Contribution



- Workers enterprises registered 10,938 and 1,410,546 workers.
- Contribution rate 2.6% (only employers)
- Revenues 2017, 154.75 Billion Riel
- Income ceiling for the contribution calculation 50\$-300\$.

# Benefit package



- Medical treatment
- Prevention
- Cash benefit for sickness and maternity leave
- Cost of transportation

# Health care network



- Health Facilities 1323

○ Healthcare center	1174
○ Referral Hospital	109
✦ Level I	59
✦ Level II	32
✦ Level III	18
○ National Hospital	4
○ Private Hospital	36

# Payment method



- **52 cases**
    - ✦ MPA 6 cases
    - ✦ CPA1 9 cases
    - ✦ CPA2 11
    - ✦ CPA3 11
    - ✦ NH 12
  - Minimum Package Arrangement (MPA) covering mainly OPD
  - Complementary Package Arrangement (CPA I to III) covering OPD and IPD
  - National Hospital Arrangement (NHA) covering OPD and IPD up to the level of tertiary care
- 
- Fees for service (MRI, CT-Scan, Radiotherapy ....)

# Utilization



Members access health services by level of HF in 2017.

Health Facilities	Public	Private
MPA	17,860	0
CPA1	26,478	26,050
CPA2	5,697	39,964
CPA3	5,600	1,374
National Hospital	18,509	22,982
Total	74,144	90,370

# Challenges of Strengthening and Extending the Implementation of Health Care Scheme



1. A Handful of enterprises/ Establishments
  - Renewing registration of workers
    - Delay to register their workers
    - Be afraid of impacting the assembly line by sending a minority of workers to register
  - Don't inform NSSF about number of new and laid-off staffs and other inform unclearly
  - Has not paid contribution of Health Care Scheme

# Challenges of Strengthening and Extending the Implementation of Health Care Scheme



## 2. A handful of worker

### 2.1 Renewing registration of workers

- Use other's identification documents by not telling the truth because they are afraid that they will be dismissed,
- Don't understand clearly about health care benefits,
- Are afraid of losing years of service when their names are adjusted properly.

2-2 Try not to show their membership card by thinking that the doctors don't provide good services to them except immediate payment.

# Challenges of Strengthening and Extending the Implementation of Health Care Scheme



3. A handful of some health facilities' services  
A small amount of doctor don't know obviously about the procedures of service provision for the member (refer patient from one ward to another) and prescribe essential drugs inadequately.





Thanks