

1. Executive summary

Background: To achieve universal access to health care is the aim of many low income countries (LIC). Ensuring access to needed health services for all requires the development of pre-payment and risk pooling health financing systems.

In Cambodia the way to universal coverage has been laid down in the Master Plan of Social health protection. This plan foresees the introduction of Social Health Insurance (SHI) for the formal sector and civil servants, Community based health insurance (CBHI) for the informal sector, Health Equity fund (HEF) for the poor and for profit insurance or out of pocket payment of user fees for the better off.

The high percentage of poor, the equally high percentage of people working in the informal sector and the high percentage of out of pocket spending (OOP) in Cambodia represents a special challenge, which is currently tackled through HEF and CBHI.

CBHI as a pre-payment mechanism for the "better off" is based on the principles of solidarity, risk pooling and voluntariness.

HEF needs a process to identify the poor and targeted subsidies to cover their health care costs and to reduce barriers for using health services. Both approaches are currently in use in Cambodia; pilot projects are also trying to merge the two systems and thus taking also into account the changing poverty patterns.

Methodology: In this thesis the existing approaches are be analyzed and evaluated not only with respect to variables like coverage, costs and utilization, but also to show effects on quality improvement, empowerment of clients and strengthening of the role of the civil society through community participation. Special attention is paid to the potential and capability of merging CBHI and HEF particularly with regard to the latter by subsidizing CBHI premium for the poor by the government and/or donors.

The existing literature has been reviewed, quantitative data available from the information systems, reports and surveys of the implementing NGOs and the Ministry of Health (MoH) and the Ministry of Planning (MoP) has been analyzed and qualitative data has been obtained from focus group discussions and key informant interviews to complete the picture.