

Memorandum of Agreement

Thmar Pouk Partnership Project

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List of Abbreviations

AOP	Annual Operational Plan
BHEF	Bureau for Health Economics and Financing
CAAFW	Cambodian Agency for Assistance to Families and Widows
CAS	Center for Advanced Studies
CBHI	Community Based Health Insurance
CPA	Complementary Package of Activities
DOP	Department of Planning (in MoP)
DPHI	Department of Planning & Health Information (in MoH)
DM	Diabetes Mellitus
HbA1c	Glycated Hemoglobin A1c test
HBP	High Blood Pressure
HEF	Health Equity Fund
ICCO-KIA	ICCO-Kerk In Actie
MOH	Ministry of Health
MOP	Ministry of Planning
NGO	Non Governmental Organisation
OD	Operational District
ODO	Operational District Office
PFD	Poor Families Development
PHD	Provincial Health Department
RDF	Revolving Drug Fund
TPPS	Thmar Pouk Partnership Secretariat
URC-CHS	University Research Council - Community Health Services
WHO	World Health Organisation

Project Justification

In order to bring about universal coverage in Cambodia, all people, including the poor and including the people suffering from chronic Non Communicable Diseases should have access to affordable health insurance and have access to an affordable continuum-of-care. This is currently not yet the case.

There is no documented implementation experience in Cambodia on the linking of Community Based Health Insurance (CBHI), the use of Health Equity Fund (HEF) or Subsidy and empowered communities of chronic patients led by “Peer Educator networks” to inform the design of efficient and effective social health protection.

The linking requires different agencies with their own specializations to work together in one specific area towards a common goal during a period of time so the effects of their implementation effort can be studied. This is often not difficult to organize because agencies have their own priorities and different donors to be accountable to.

Description of the Project Location: Thmar Pouk OD

In North West Cambodia on the border with Thailand lies Banteay Meanchey province with 678,033 people (102/km²). The provincial population is divided in 4 operational [health] districts (called “OD”), which are the population units administered by the Provincial Health Department. Thmar Pouk OD has about 120.000 inhabitants, among whom probably 40% are poor and many of whom are trying to eek out a living as laborers in Thailand. People in rural households mostly have 4.6 members per household.

CAAFW operates Cambodia’s largest community based health insurance (CBHI) with more than 25.000 members in the OD. CAAFW was Cambodia’s first Equity Fund (1999) but transformed itself into a CBHI in 2005 in pursuit of a financially sustainable future, reducing its Health Equity Fund activities gradually and stopping it altogether at the end of 2008.

As there is currently no functional Health Equity Fund in Thmar Pouk and no pre-identification has ever been carried out, an unknown number of poor households are paying full premium. Very poor households are unlikely to be able to afford the health insurance premium but whether they have enrolled remains to be clarified also once pre identification has taken place and analysis can be done. Targeting the poor with special benefits has to wait until Pre-Identification of poor households in Thmar Pouk is complete.

The Provincial Department of Planning staff has recently been trained in how to carry out Pre Identification. The NGO Poor Family Development (PFD) is experienced in doing pre-identification in the other 3 OD’s of the province and ready to assist in the pre-identification in Thmar Pouk following a special process agreed by the Ministry of Planning.

The public health services of Thmar Pouk show relatively good utilization rates in part thanks to the CBHI (CAAFW). The CBHI data show good utilization of the primary care level (the MPA) and CPA levels, when compared to the rest of the country. The CBHI has contracts with all health centres (MPA) and with the Referral Hospital at Thmar Pouk (CPA2) in the OD and with the Provincial Hospital (CPA3) in Monkolborei, where PFD is managing the Health Equity Fund. In 2009 for the first time the Health Equity Fund direct benefits (=poor patient health expenses) are financed directly from resources received from the Ministry of Health based on a PFD contract with the MoH. This was previously an activity taking place under the direct management of URC-CHS, an American NGO entirely funded by USAID, which continues to fund administration costs of NGO's including Health equity fund operators like PFD.

Rationale of the Thmar Pouk Partnership Project

The Thmar Pouk Partnership is formed in order to conduct a 3-year pilot project in Thmar Pouk Operational District (Banteay Meanchey province) to study how CBHI, Pre-Identification, the use of HEF and "Peer Educator networks on Diabetes and High Blood Pressure" can be made sustainable and efficiently linked as part of the Cambodian health system.

There are two main health financing issues that will be investigated through this pilot in particular in their combinations and linkages in the local context:

- 1) How to extend Community Based Health Insurance to pre identified poor households using subsidy (HEF) to help them pay premium;
- 2) How to link CBHI with self-management groups of diabetes and high blood pressure patients, by extending partial insurance coverage of specific secondary prevention benefits;

The pilot will be implemented and studied by an *informal* partnership of the following governmental organisations, non-governmental organisations and civil society actors:

1. Ministry of Health, Dpt Planning and Health Information
2. Ministry of Health, Dpt of Preventive Medicine
3. Provincial Health Dpt in Banteay Meanchey province
4. Operational District Office in Thmar Pouk, Banteay Meanchey province
5. CAAFW, (CBHI operator) in Banteay Meanchey province
6. MoPoTsyo Patient Information Centre, based in Phnom Penh
7. Center for Advanced Studies, (CAS), Phnom Penh

Based on proposals, CAAFW, MoPoTsyo and CAS have each requested funding from the same donor, ICCO-KIA in The Netherlands, who will contract with each agency separately with regards to their respective proposals.

Thmar Pouk Partnership Project Aim

This project aims to engage during a period of 3 years the above Cambodian government partners, Cambodian civil society institutions as well selected technical experts in an informal partnership that delivers the following end result:

Project Purpose

The CBHI scheme in Thmar Pouk Operational District provides insurance coverage for health care benefits available for all households, including for the district's poor level 1 and poor level 2 and including for the household members with Diabetes (DM) and High Blood Pressure (HBP), as part of Annual Operational Plan and with enough government subsidy to be financially sustainable;

This project purpose will be achieved through implementation and ongoing study which will cross-influence each other throughout the project period as a result of data collection and data analysis of implementation discussed in the project's Advisory Board, which convenes once every six months, in meetings prepared and organized by the Advisory Board Secretariat.

Project Immediate Objectives (Strategies)

1. Organize Pre Identification of Poor Households in Thmar Pouk OD with data entry and Equity Access Card distribution;
2. Use subsidy to pay CBHI premium in order to extend CBHI coverage to Pre Identified Poor, paid in year 1 by the Donor and in year 2 and year 3 by the Ministry of Health;
3. Detect chronic patients and organize them into communities (starting with DM and HBP) with self-management knowledge and skills, to institutionalize a demand side structure that fits into the overall health system;
4. Link CBHI and Chronic Patient networks by organizing coverage links and administrative links among the CBHI scheme and the Peer Educator network;

Throughout the project period the above project strategies will be studied:

- 1) To measure the effectiveness of subsidy when it is used to extend health insurance coverage to the most vulnerable among pre-identified poor households in Thmar Pouk OD with a view on sustainability;
- 2) To measure the effectiveness of including specific benefits for diabetes and high blood pressure patients (DM and HBP) into the health insurance coverage benefit package with a view on sustainability;
- 3) To explore the role of peer education networks with regards to chronic disease, its benefits with regards to social health protection and how best to fit it into the Cambodian health system with a view on sustainability;

The strategies will be facilitated and implemented by the partners (in particular CAAFW to manage Community Based Health Insurance, PFD to carry out Pre Identification, MoPoTsyo to organize the Peer Education network and Center for Advanced Studies to conduct the studies). The role of all partners in the Advisory

Board to the Partnership is described in detail in the next section and according to their individual proposals to donor ICCO-KIA.

Description of role of every Partner

1. Ministry of Health/DPHI will sign a special contract with CAAFW and with Thmar Pouk Partnership Secretariat, regarding the sources, amounts and use of the subsidy to be used to pay for premium to insure pre identified poor households in Thmar Pouk in Year 2 and Year 3 based on actual costing, to continue the subsidy paid for by The Donor in Year 1 of the project. DPHI appoints a staff member to be in the Project Advisory Board, and participates in the joint yearly evaluations including the workshops that follow the evaluation. It hosts the Advisory Board meetings when held in Phnom Penh, and it makes recommendations;
2. Ministry of Health/Dpt of Prev Medicine appoints a staff member to be in the Project Advisory Board and participates in the joint yearly evaluations including the workshops that follow the evaluation and make recommendations;
3. Provincial Health Department Banteay Meanchey, supports the project implementation as far as within PHD resource capacity, reports on the project implementation to MoH/DPHI + MoH/Dpt of Preventive Medicine, integrates the implementation into annual operational planning, and where appropriate into the planned budgets, and joins in the six-monthly evaluation and the workshop following the evaluation and make recommendations, and hosts the Advisory Board meetings when held at Banteay Meanchey;
4. Operational District Office in Thmar Pouk, Banteay Meanchey, co-manages the new Peer Educator network according to technical guidelines of MoPoTsyo, supports the other project implementors, reports on the project implementation to PHD, integrates the implementation into annual operational planning, and joins in the six-monthly evaluation and hosts the Advisory Board Meetings when held at Thmar Pouk;
5. CAAFW, in Banteay Meanchey, based in Sisophon, operator of the CBHI scheme, signs a special contract with MoH regarding the subsidy for premium. It receives the subsidy and uses it to extend health insurance benefits to the targeted pre-identified poor and certain benefits to chronic patients. CAAFW reports regularly to MoH/DPHI using the standard MoH quarterly reports. CAAFW is member of Advisory Board Secretariat;
6. MoPoTsyo Patient Information Centre, based in Phnom Penh, organizer of the Peer Educator network under the ODO structure, organizer of the access to quality outpatient consultation for detected diabetes and high blood pressure patients, organizer of the access to good quality medicine and manager of the Revolving Drug Fund of essential drugs for chronic diseases, member of Advisory Board Secretariat;
7. Center for Advanced Studies carries out field research, investigations ordered by the Advisory Board before Advisory Board meetings and workshops; CAS conducts 2 kinds of studies: one is the *scientific study* and another one is the

evaluation study. The scientific study consists of a “*before and after intervention*” study. This would involve gathering baseline data before the start of intervention. At the end of the project, after 3 years, follows the post-intervention study. This scientific study will only be conducted by CAS but in collaboration with all the partners, which means that only CAS involves in data collection, but other partners can help in developing the research instruments and in providing comments and recommendations. For the evaluation study, all partners can be involved in data collection but CAS is the leading investigator. Evaluation studies will be conducted every six months as ordered by the Advisory Board. CAS is member of Advisory Board Secretariat;

The World Health Organisation supports the partnership initiative as much as it can. WHO has assigned a Health Financing expert and an expert on Non Communicable Diseases to the Advisory Board. Both experts contribute to the analysis of the data and the formulation of recommendations every six months;

The Ministry of Planning is officially in charge Pre-Identification of Poor Households in Cambodia. The MoP’s ID Poor Project gives technical assistance to Provincial Planning Department of Banteay Meanchey province. This Provincial Department of Planning (DoP) organizes the Pre-Identification of Poor Households in Thmar Pouk OD through its district counterparts and in partnership with PFD; PFD will be contracted by the Thmar Pouk Partnership Secretariat TPPS (see below) to carry out the pre identification. PFD is not a member of the project’s Advisory Board but communicates with the Advisory Board’s Secretariat and it can help solve problems;

The TPPS is permanent. It is an executive and administrative unit consisting of 3 individuals who are full members of the Advisory Board, representing their respective organisations. It facilitates for the Advisory Board as it prepares and organizes partnership-meetings and it can sub-contract if its mandated to so by the full secretariat membership. The activities of the Secretariat are funded based on a separate proposal to the donor.

The donor

The donor is ICCO-KIA from The Netherlands. ICCO-KIA will have a representative closely following the project’s progress from abroad and regularly visiting to join in discussions and review meetings and make project site visits. The donor will not vote or decide as the donor is not a formal member of the partnership.

The project is will be externally funded in yearly installments by ICCO-KIA from The Netherlands for 3 years starting in July 2009, but only if the partnership stays together and of all the partners respect their engagements on which the partnership relies. So if during the project period one partner drops out, the whole partnership is at risk as well as its funding.

The donor will make a available a subsidy for the poor to help them buy CBHI from CAAFW in year 1, on the condition that this subsidy will be continued in year 2 and year 3 of the project by the Cambodian Government.

If this first 3-year partnership goes well, there may be a possibility that ICCO-KIA funds a second partnership after this one has ended.

Timing

Year	Meeting Number	Workshop	Subject of the Advisory Board Meeting
Year 1	1	July 2009 Inception Meeting	First Advisory Board Meeting prepared by Secretariat; Agreement on the project process including objectives of the "before and after intervention study"
	2	Jan 2010	Present results of Before Intervention Study if available and implementing partners report on activities and making recommendations
Year 2	3	Jul 2010	Reporting on last Evaluation study results and making recommendations for AOP 2011 and 2012 and 2013
	4	Jan 2011	Reporting on last Evaluation Study results and Recommendations for AOP 2012, 2013 and 2014, for partners with regards to planning of Financial Sustainability
Year 3	5	Jul 2011	Reporting on last Evaluation Study results and recommendations for implementing partners and AOP 2012-2014
	6	Jan 2012	Reporting on last Evaluation Study and recommendations for AOP 2013 – 2015 and for partners;
	7	Jul 2012 End of Project Meeting	Recommendations for "After Intervention Study"

Results year by year

Year 1:

A) Project Partnership results:

1. *Advisory Board's Secretariat has adopted a set of written internal regulations and divided tasks and responsibilities among its members;*
2. *Advisory Board members have been nominated by the partners;*
3. *Pre-Identification is carried out by NGO according to MoPlanning rules and Equity Cards have been distributed;*
4. *Base-line study conducted by CAS*
5. *Pre ID data have been analysed and subsidy was decided in terms of level and beneficiaries;*
6. *Project Inception meeting of Partnership in Banteay Meanchey has been held;*
7. *Presentation on the result of the base-line study to the Advisory Board*
8. *An initial special Insurance Benefit Package is designed;*
9. *Field visit to Ang Roka by Advisory Board members was done;*
10. *A proposal to expand the project scope to include high blood pressure is presented to the Advisory Board;*

B) Project Implementation results

- a) The Pre Identified Poor purchase subsidized health insurance;
- b) One peer educator established in each of 5 health center coverage areas with routine assessments;
- c) Contracts are made with ODO and the pharmacy and the Referral Hospital
- d) 250 people with diabetes detected and insured by CAAFW
- e) Specialized medical consultations given to the detected diabetes patients
- f) Revolving Drug Fund is functioning;

Year 2:

A) Project Partnership results:

- 11. Qualitative and quantitative survey of beneficiaries and non beneficiaries*
- 12. The implementers present a "projection" to the Advisory Board of the future, based on extrapolation of project activities;*
- 13. Analysis of last evaluation study results followed by workshop with full Advisory Board in Banteay Meanchey province, resulting in recommendations;*
- 14. Elements of the project activities are incorporated into the Operational District and into the Provincial Annual Operational Plan of Banteay Meanchey and its budget plan;*

B) Project Implementation results

- g) Continuation of health insurance coverage for subsidized Pre Identified Poor;
- h) One peer educator established in each 10 health center coverage areas
- i) One Diabetes Program Manager selected among the Peer Educators is appointed and agreed by OD as Diabetes Program Manager, the network responsible;
- j) 500 people with diabetes detected and insured by CAAFW
- k) High blood pressure detection started in selected Health Center coverage areas with creation of self-managing high blood pressure groups in each village;
- l) Specialized medical consultations given to the detected diabetes and high blood pressure patients;
- m) Randomized samples show that two-thirds of DM patients, registered more than 6 months as member of the Peer Education network, are self recording progress, they have an HbA1c of <7.5%, improved Blood Pressure, improved Bodyweight, improved knowledge and understanding, report to spend less on their health than before, and report improved quality of life;
- n) Project assessment 2 and 3 (with at least 6 months interval) are carried out in each health center coverage area (of the 10) where there is trained peer educator and sufficient DM patients registered for more than 3 months;

Year 3:

A) Project Partnership results:

- 15. Analysis of evaluation study results followed by workshop with full Advisory Board in Banteay Meanchey province, resulting in recommendations with regards to preparations of scale up to other OD's in Banteay Meanchey and other OD's in Cambodia;*
- 16. Elements of the project activities were incorporated into the relevant Operational District and Provincial Annual Operational Plans;*
- 17. Report on the Post-intervention study conducted by CAS*

B) End of Project Implementation results

- o) Continued health insurance coverage for subsidized Pre Identified Poor;
- p) One peer educator established in 10 health center coverage areas, forming a functional empowered network representing 1500 chronic patients (500 DM and 1000 HBP);
- q) Chronic patients entitled to special benefits and insured by CAAFW
- r) High blood pressure activity is underway in all health center coverage areas;

- s) Specialized medical consultations given to the detected patients according to medical “needs” and covered by social health insurance;
- t) Project assessments (with at least 6 months interval) are carried out in all health center coverage areas where there is a peer educator and sufficient diabetes patients and high blood pressure patients registered more than 3 months in the program;
- u) Revolving Drug Fund is providing access to good quality prescription drugs for Diabetes and High blood pressure which is affordable for all patients who are registered as insured, and if necessary with partial subsidy for level 1 Poor and level 2 Poor;
- v) Randomized samples show that two-thirds of DM patients, registered more than 6 months as member of the Peer Education network, are self recording progress, they have an HbA1c of <7.5%, improved Blood Pressure, improved Bodyweight, improved knowledge and understanding, report to spend less on their health than before, and report improved quality of life;
- w) Randomized samples show that two-thirds of High Blood Pressure patients, registered more than 6 months as member of the Peer Education network, are self recording, have improved blood pressure, improved body weight, and improved knowledge and understanding;

Partner signatories agreement

1. The signatories have read and agree to support as best as they can the partnership described above.
2. The signatories will communicate with each other and cooperate to achieve the intended results;
3. The signatories will make time available at least twice per year as Members of the Advisory Board to review the partnership project’s progress and to discuss in order to reach consensus and make the best recommendations to adapt the project implementation to reach the project purpose;
4. Ministry of Health/DPHI will sign a special contract with CAAFW and with Thmar Pouk Partnership Secretariat, regarding the sources, amounts and use of the subsidy to be used to pay for premium to insure pre identified poor households in Thmar Pouk in Year 2 and Year 3, to continue the subsidy paid for by The Donor in Year 1 of the project.