The role of national public health institutes in promoting health equity: Lessons learned from Cambodia

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In recent decades, Cambodia made tremendous progress in improving health care coverage, health and financial protection, and achieved all health MDG targets, except TB.

But inequalities in health care, health status and financial protection persist.
Skilled birth attendance:
Significant improvement but urban-rural and poor-rich gaps remain significant
Catastrophic health expenditures and impoverishment (% of households): Rural, old, disabled population and those with NCDs are at higher risk

<table>
<thead>
<tr>
<th>Vulnerable group</th>
<th>Wealth quintile</th>
<th>Place of residence</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>National</td>
<td>Lowest (Q1)</td>
</tr>
<tr>
<td>Catastrophic health expenditures</td>
<td>4.8</td>
<td>3.6</td>
</tr>
<tr>
<td>Impoverishment</td>
<td>2.1</td>
<td>2.7</td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>Urban</td>
</tr>
<tr>
<td>Catastrophic health expenditures</td>
<td>5.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Impoverishment</td>
<td>1.8</td>
<td>0.2</td>
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<tr>
<td></td>
<td>Disability</td>
<td>Elderly</td>
</tr>
<tr>
<td>Catastrophic health expenditures</td>
<td>7.5</td>
<td>5.3</td>
</tr>
<tr>
<td>Impoverishment</td>
<td>5.3</td>
<td>3.2</td>
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</tbody>
</table>

Source: CSES 2014
Inequities in health outcomes

Infant mortality rate
Deaths per 1,000 live births

Under-five mortality rate
Deaths per 1,000 live births

Source: CDHS 2014
Risk factors - Smoke cigarettes:
% of women and men age 15-49 in Cambodia, 2014

Source: CDHS, 2014.
Background (2)

• Addressing these health inequalities is necessary to:
  – Further improve health care coverage, health status and financial protection
  – Achieve UHC and SDGs and
  – Preserve social justice/human rights

• This requires better governance for health equity and health inequality monitoring
Health Equity Governance

- Health Equity has been central to the government policies:
  - Constitution, article 73 – free medical care for the poor
  - Health Strategic Plan 2016-2020 – promoting health and wellbeing for all

- A number of existing multi-sectorial institutional mechanisms & structure for SDGs, social protection, UHC...

- But no health equity specific country multi-sectorial mechanisms, and structure and systematic means to monitor health inequalities yet

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MOH (DHPI) & associated working groups: TWG-H, NHA, NCD, AMR

National Social Protection Council & its supporting structure (executive body & general secretariat)
National Institute of Public Health (NIPH)

• A semi-autonomous public health institute in Cambodia
• NIPH mandate includes 3 main functions:
  • Public health laboratory, serving as the national reference laboratory;
  • Public health teaching & training, including MPH and MSc programs in Epidemiology, Nutrition and Hospital Administration; and
  • Public health/health systems research & policy support
NIPH contribution to promoting health equity (1)

- Organizing and participating in a number of national and international workshops to raise awareness and deepen understanding of health equity issues among key stakeholders
- Joining with WHO and MOH to conduct an equity situation analysis to provide a basis for informing joint actions to promote health equity:
  - Setting up multi-sectorial institutional mechanisms & structure for health equity governance
  - Developing health equity monitoring system as part of SDG/UHC M&E
  - Developing specific multi-sectorial action plans to address health inequalities and advancing SDG/UHC progress
- Creating a team and build their capacity in analysis of national survey data (CDHS & CSES) for equity monitoring as part of SDG/UHC M&E framework
NIPH contribution to promoting health equity (2)

• To support the National Social Protection Council in computing UHC indicators with necessary equity stratification
• Develop a course on UHC and health equity as part of its master programs
• Promoting health equity and introducing equity concepts as an integral component of management and leadership training for hospital and health center managers
• Setting up network with hospitals and health centers managers to improve equitable health services
• Health equity is considered a priority area for health systems research, and a number of equity oriented research conducted,
  – e.g. System-wide analysis of health financing equity in Cambodia
What can be learned so far?

• National Public Health Institutes, like NIPH, can play a crucial role in promoting health equity through a number of equity oriented actions:
  – Training and capacity building
  – Research
  – Technical support (in equity analysis and monitoring)
  – Developing equity network among health managers and policy makers
  – Organizing workshops to raise their awareness and deepen understanding about the importance of health equity, related problems and solutions

• Setting up an effective equity governance and monitoring system with local capacity is key to sustainably improving country health equity and achieving UHC

• However, it is challenging and takes time to see results, as it requires a multi-sectorial approach which is much beyond the health sector responsibility