

MICRO-INSURANCE BRIEFS



Cambodia: GRET “SKY” Health Insurance Programme

Scheme Design

GRET has been active in Cambodia since the late 1980s in several fields of development including agriculture, micro-finance, water and sanitation. In 1991, GRET launched in a microfinance program that has evolved into a financially viable, legally recognized micro-finance institution called AMRET (formerly EMT). Today AMRET has over 150,000 clients spread over 10 provinces of rural Cambodia.

An impact study on the micro credit work done by GRET and other similar studies clearly showed that health risks are a crucial factor in the impoverishment of households in Cambodia. Health problems pull households into situations of heavy indebtedness, in the face of which micro credit is a limited solution. This led GRET in 1998, to decide that an insurance product to protect poor households against severe health expenses would be relevant as a complement to micro-credit. GRET therefore launched an experimental health insurance project covering two Cambodian provinces (Kandal and Takeo) in 1998. The scheme is named “SKY”, an acronym for “Health of Our Families” in Khmer.

The Programme is supported by the German Technical Cooperation GTZ, the French Development Agency, the French Ministry of Foreign Affairs, in partnership with the Cambodian Ministry of Health and Swiss Red Cross.

Eligibility Conditions

Populations covered by specific health centres in rural areas; specific groups working in the informal; and formal sector (mototaxi/government workers, beer girls, market vendors...)

Exclusions

Long term treatment of chronic diseases, spectacles, basic dental care, prosthesis.

Plan Benefits

- Comprehensive benefit package which include the following
 - Fee cover for all Health Centre (HC) services and first level Referral Hospital (RH) services including deliveries
 - Transportation cost (HC-RH or Home –RH)
 - Funeral cost in case of death

Premium

The insured pay a Monthly premium based on family size and whether they are part of the Urban or Rural scheme

Rural SKY	Urban SKY
Premium varies as per family size	Premium varies acc to family size + type of workers (formal etc)
Average Cambodian KHR 16300 (US\$ 4,5) per person per year	Average Cambodian Riels KHR 38000 (US\$ 9,5) per person per year

General Overview

Starting date:	1998
Ownership profile:	NGO
Target group:	Poor families
Outreach:	Urban - Phnom Pehn; Rural – 8 dts in 4 prov
Intervention area:	Rural and urban
Risks covered:	Health/ funeral exps
Premium Insured/Y:	Rural:16 300 KHR; Urban:38 000 KHR (informal price)
Co-contribution:	-
Total premium:	Rural:16 300 KHR; Urban:38 000 KHR
No of insured:	34, 761 (Dec. 08)

Operational Mechanisms

Type of scheme:	In house
Insurance company:	NA
Insurance plan year:	Open year round
Insured unit:	Family
Type of enrolment:	Voluntary
One-time enrolm.fee:	Two months reserve
Premium payment:	Monthly instalments
Easy payment mech:	Advance
Waiting period:	Elec surgery: 6mths, Delivery: 3-6 mths
Indirect subsidy:	Yes

Scope of Health benefits

Tertiary health care:	No
Hospitalization:	
Deliveries:	
Access to medicines:	
Primary health care:	

Level of Health benefits

Hospitalization:	No limits; restricted to facilities offered by assoc HCs & RHs
Medicines:	
Primary Health care:	

Service Delivery

Prior H. check-up:	No
Tie-ups with HP:	Public HP
Type of agreement:	Formal agreement
No of Assoc. HP:	51 HC; 12 RH
Access to HC serv:	Free access, referral to higher hospital
Co-payment:	No
HC service payment:	Cashless
TPA intervention:	No
Addit. financial ben.:	Transport cost for IPD referral care
Addit. non-fin. ben.:	Funeral expense

Insurance Plan Key Features

The insurance plan has the following main features:

- It is a voluntary health insurance scheme based on monthly premium collection system at the family level.
- It partners with Public health care facilities for health care delivery, through a capitation payment mechanism with a clear referral system.
- Managed at both at the field level and the central Head Office
- All technical insurance functions are located at the HO
- It is also supported by an advanced Information System developed to coordinate and follow up activities, members, risks, and results both on financial and medical aspects.

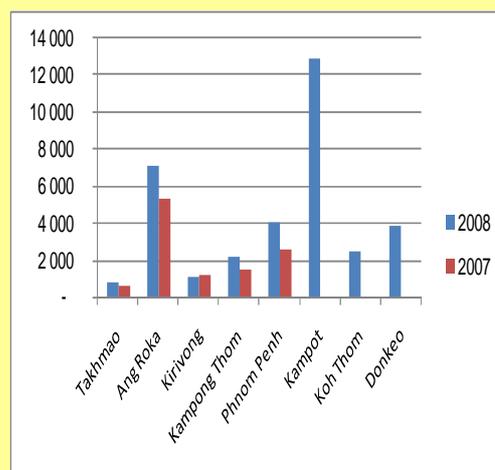
Main Achievements

- Design of an affordable insurance product fitting with target population needs;
- Implementation of a premium payment mechanism adapted to households financial capacity;
- Members do not wait to seek health care, avoiding therefore severe complications;
- Referral rate of members from Health Centres to Hospital is 50% lower than for non members.
- Around 35,000 persons (more than 7,000 households) protected;
- Coverage of the catchments area ranging from 3% in the most recent zone covered to 13,5% in the oldest.
- A local team of 100 persons trained as field agents, premium collectors, and HO Staff.

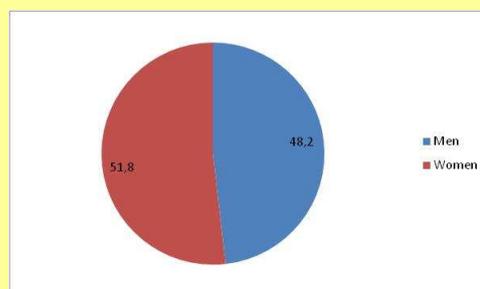
Remaining Challenges

- Up-scaling the project to a size sufficient to ensure risk smoothing and financial viability of the system in a context of low quality of public health care and hence low use rate of contracted health facilities;
- Developing innovative approaches, such as linkage with others payments mechanism, to reach the poorest households;
- Increasing awareness among all stakeholders and improving understanding of insurance basic principles among target population;
- Contributing to develop a legal framework for CBHI.

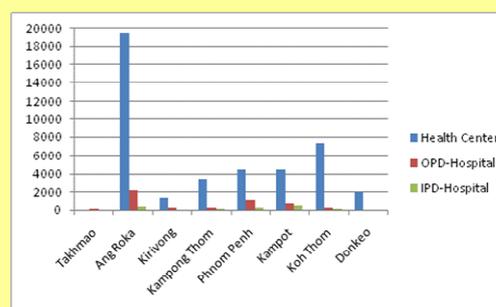
Activity Indicators



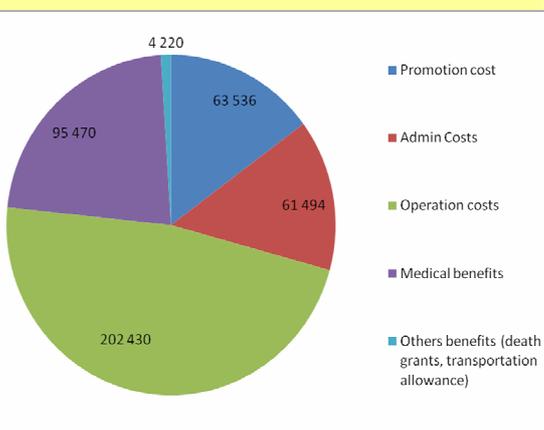
Membership



Women participation : 51.8%



Health Services Utilization



Breakdown of expenses

Development Plans

- Extension to the whole Takeo Province (70 Health centres, population 800,000) to reach critical mass and confirm the potential for financial sustainability
- Carry on the linkage with equity funds in Kampot Province to reach the poorest and increase the efficiency of these dedicated funds
- Expand the Urban scheme to new groups to seek cross financing with the rural scheme
- Expansion to other regions of Cambodia

