Universal Health Coverage and Maternal Newborn and Child Health

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World Health Organization
Cambodia

Sustainable Development Goals 2030

The United Nations Summit on Sustainable Development was held from 25-27 September 2015 in New York City. More than 150 world leaders attended including delegation from Cambodia.
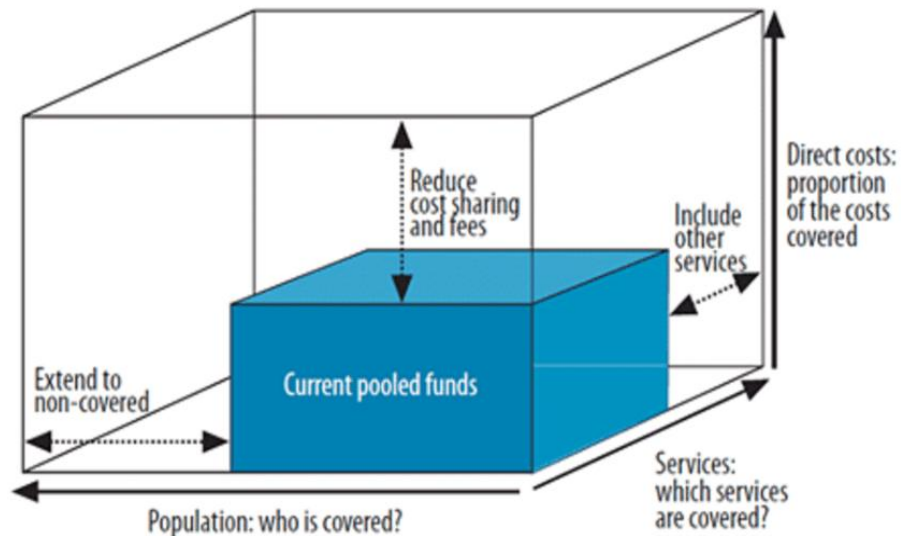
Cambodia SDGs

- 18 goals (Goal # 18: End the negative impact of Mine/ERW) and promote victim assistance.

- Goal 3: Ensure healthy lives and promote well-being for all at all ages (23 indicators).

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Universal Health Coverage (UHC) (1)

Everyone, everywhere can receive the **quality** health services they need **across the life course without facing financial hardship.**

Reduce cost sharing and fees

Include other services

Direct costs: proportion of the costs covered

Extend to non-covered

Current pooled funds

Population: who is covered?

Services: which services are covered?

Three dimensions to consider when moving towards universal coverage

Universal Health Coverage (UHC) (2)

The UHC target of the SDGs measures the ability of countries to ensure that everyone receives the health care they need, when and where they need it, without facing financial hardship.

Progress on UHC is tracked using two indicators:
•coverage of essential health services (SDG 3.8.1); and
•catastrophic health spending (and related indicators) (SDG 3.8.2).

Universal Health Coverage (UHC) (3)

Coverage of essential health services (SDG 3.8.1) is defined as the average coverage of essential services based on **14** tracer indicators/interventions that include:

- Reproductive, maternal, newborn and child health,

- Infectious diseases

- Non-communicable diseases and

- Service capacity and access among the general and the most disadvantaged population.

Reproductive, maternal, newborn and child health
1. Family planning *(FP)*
2. Antenatal care, 4+ visits *(ANC)*
3. Child immunization *(DTP3)*
4. Careseeking for suspected pneumonia *(Pneumonia)*

$$RMNCH = (FP \cdot ANC \cdot DTP3 \cdot Pneumonia)^{1/4}$$

Infectious disease control
1. TB effective treatment *(TB)*
2. HIV treatment *(ART)*
3. Insecticide-treated nets *(ITN)*
4. At least basic sanitation *(WASH)*

$$Infectious = (ART \cdot TB \cdot WASH \cdot ITN)^{1/4}$$
if high malaria risk

$$Infectious = (ART \cdot TB \cdot WASH)^{1/3}$$
if low malaria risk

Noncommunicable diseases
1. Normal blood pressure *(BP)*
2. Mean fasting plasma glucose *(FPG)*
3. Tobacco nonsmoking *(Tobacco)*

$$NCD = (BP \cdot FPG \cdot Tobacco)^{1/3}$$
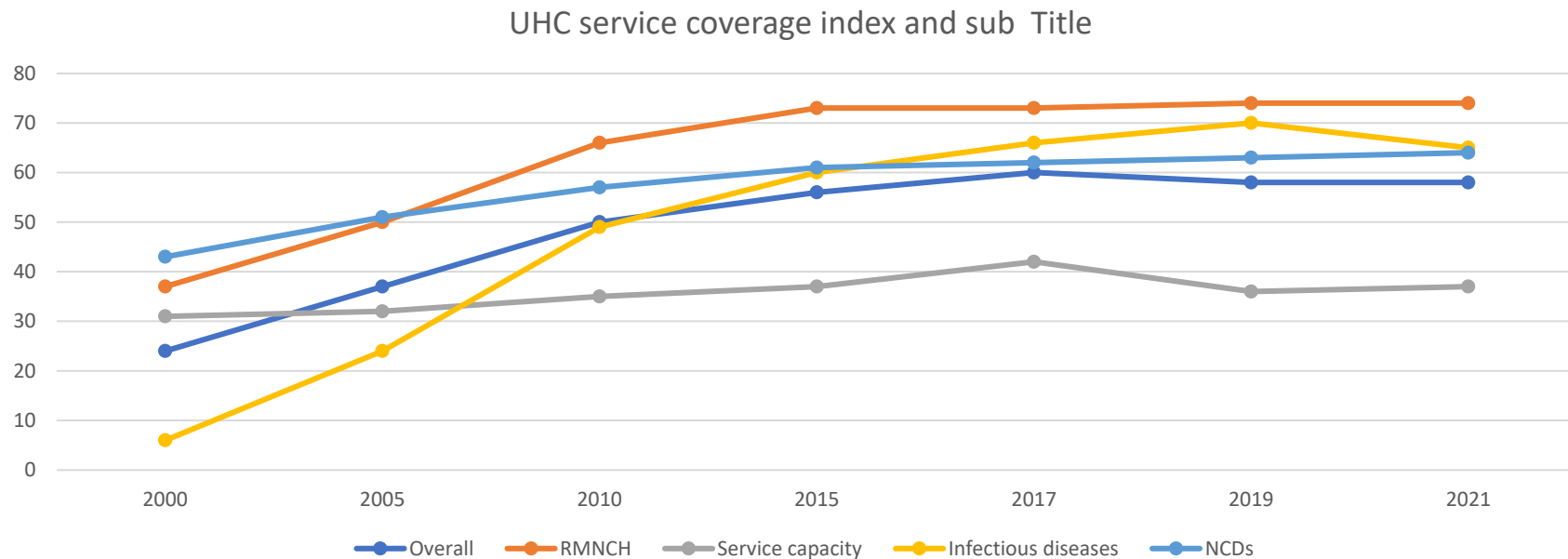
Service capacity and access
1. Hospital bed density *(Hospital)*
2. Health worker density *(HWD)*
3. IHR core capacity index *(IHR)*

$$Capacity = (Hospital \cdot HWD \cdot IHR)^{1/3}$$

$$UHC\ service\ coverage\ index = (RMNCH \cdot Infectious \cdot NCD \cdot Capacity)^{1/4}$$

Cambodia – UHC service coverage index and sub index trends

UHC service coverage index and sub Title

CSDG 3 MCH relevant indicators (1)

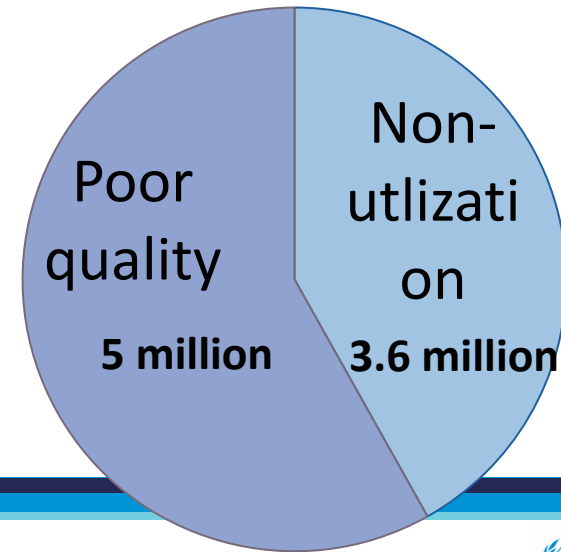| Indicators	Baseline 2021-2022 (CDHS)	CSDG Target	
		2025	2030
3.1.2 Total fertility rate	2.7	-	-
3.2.1 Maternal mortality ratio	154	100	70
3.2.2 Proportion of birth by SBA	99	93	95
3.3.1 Under-five mortality rate	16	26	25
3.3.2 Neonatal mortality rate	8	16	12
3.3.3 Number of outpatient consultations per under 5 year child	[1.28] (HMIS)	1.7	1.8

CSDG 3 UHC relevant indicators (2)

Indicators	Baseline 2021-2022	CSDG Target	
		2025	2030
3.8.1 Proportion of women of reproductive age who have their need for FP satisfies with modern methods	61	65	68
3.8.2 Teenage pregnancy (15-19 years) (% of teen ever been pregnant)	9	6	4
3.9.1 % of the population covered by social health protection systems (HEF and SHI)	39	50	70
3.9.2 Government current expenditure on health as % of GDP	1.7	-	-

Remaining challenges

- Inequities in women's children's and adolescent's health and health service utilisation persist between geographic areas, income status and educational level.

- As utilization of RMNACH service has substantially increased, quality of service needs to strengthen further to maintain community's trust.

- Existing social health protection coverage schemes (6.2 million Cambodians or **39%** of the total population only)

People die more from low **Quality** than from non-utilization

Among 8.6 million deaths that could be prevented through health system

Working with Cambodia

Key intervention points for maternal mortality reduction

Figure 5: (A) Timing of death for women and their babies (third trimester stillbirths and neonatal deaths) during pregnancy, birth, and the postnatal period* and (B) number of deaths during labour and the first
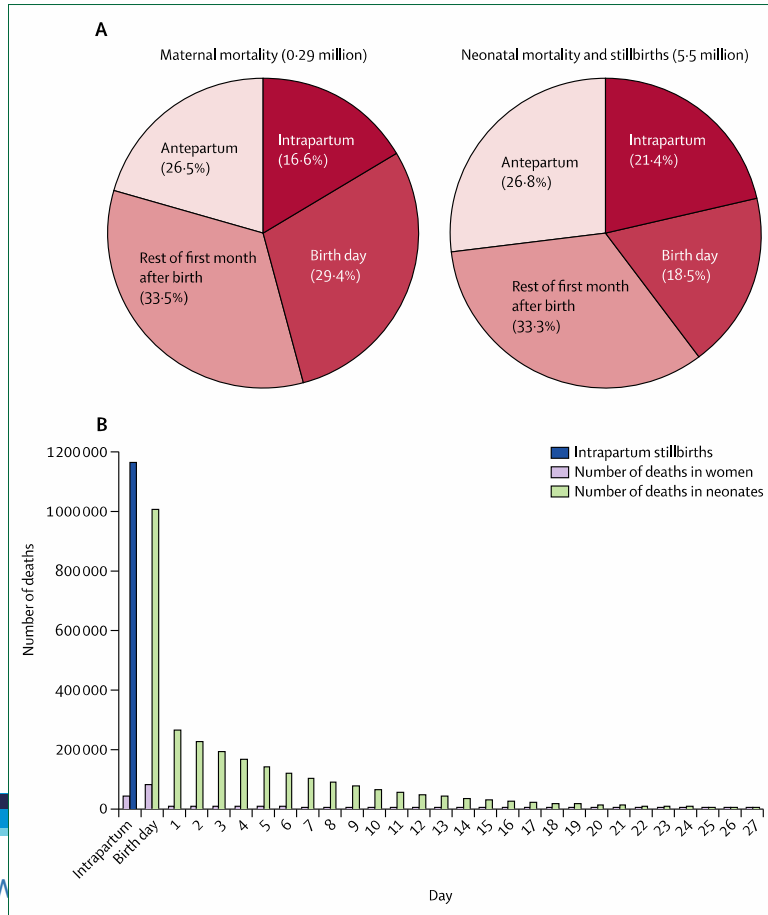
- ❖ About half maternal mortality occur on the day of delivery.
- ❖ Postpartum hemorrhage, eclampsia and sepsis attribute to majority of maternal deaths.
- ❖ SBA coverage is 99% (and yet, MMR 154)

- ❖ Prioritize improving basic quality of intrapartum care as well as EmOC

Need to continuously improve quality of maternal care

- Identify bottlenecks (decide quality of care indicators to monitors)

- Establish sustainable mechanism to support continuous quality improvement on maternal care

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Assessing availability of data on quality of health care to decide how to monitor quality

Understanding data collected through the patient pathway (E.g. triage, outpatient clinic…) and data flow (e.g. patient record, register, tally forms, HMIS)

Opportunity for using data for quality improvement in HMIS

❖ There are many data elements already collected but not used for regular monitoring of quality of care

❖ Using the available data from HMIS would be sustainable and cost-efficient

❖ Sources of quality-of-care data are HMIS as well as NQEMT, EENC AIR, EmoC review

Next actions

1. **Establish a single M&E framework for quality monitoring under the FTIRM (deciding key indicators)**

2. **Use available data elements to calculate and regularly monitor the indicators**

3. **Assess quality of care and create dashboard in all levels (selected provinces and districts)**

4. **Institutionalize utilization of data for quality improvement**

Together we can do it!

As we have limited human resource, funding and time to reach SDG 2030, we need stronger use of data for to guide interventions to fill gaps in quality of care and address equity gaps and ensuring no-one left behind !

Thank You!