

Terms of Reference

Comprehensive National Health Insurance Assessment (Re-issued)

I. Background

Government funding towards health care has increased in recent years. Various social health protection initiatives in the country have led to a reduction in health-related poverty. In January 2016, the NSSF established a mandatory Social Health Insurance (SHI) for private sector workers. As part of the preparatory works that provided the evidence to the system design, ILO and GIZ collaborated in carrying out an actuarial study. The implementation of the SHI initiated in May 2016 and by the end of 2016, more than 295,000 workers were registered and around 100,000 had used it to access health services. By the end of October 2017, the scheme reached approximately 950,000 workers. The SHI was also extended to cover public sector workers, with a slightly different benefit package based on a set of actuarial calculations initially carried out by the ILO. Being a new scheme under NSSF management there is a recognition that there is room for improvement.

In this context, the ILO and WHO were requested by NSSF to carry an assessment of the “performance” of the social health insurance during its 2 years and a half of implementation. This assessment should constitute the basis for a revision of the current scheme and the improvement of processes leading to higher quality of service.

In line with the principles laid out in relevant ILO Standards¹, the work to be undertaken will assess the performance of the social health insurance system against different dimensions which will demand a combination of different work items and expertise.

II. Objective of the assignment

The objective of this assignment is to carry out a comprehensive evaluation of NSSF Social Health Insurance and propose, on this basis, scenarios for reform / improvement.

The main outputs of the assignment are:

- Report on analysis and present the results of the evaluation, including the articulation of the scenarios under consideration;
- Support the NSSF in organizing the necessary consultations with its Board and wider scope of stakeholders as relevant;
- Support NSSF in building an action plan for the implementation of the selected reforms.

These outputs will contribute to the national debate on the extension of health coverage.

¹ C102 - Social Security (Minimum Standards) Convention, 1952 (No. 102)

R202 - Social Protection Floors Recommendation, 2012 (No. 202)

R069 - Medical Care Recommendation, 1944 (No. 69)

C130 - Medical Care and Sickness Benefits Convention, 1969 (No. 130)

R134 - Medical Care and Sickness Benefits Recommendation, 1969 (No. 134)

C183 - Maternity Protection Convention, 2000 (No. 183)

III. Scope of work

The consultant team should conduct the assessment focusing on the following elements:

1. An assessment of the organization and administration of the SHI, comprising two dimensions:
 - Framework: i) NSSF in the health system of Cambodia; ii) responsiveness of policies and strategies (needs-demand-use); iii) characteristics of the origin and destination of the financing and its efficiency; iv) model of care (type of providers); v) modality and level of decentralization; vi) rapid overview of regulation in the context of the health system affecting quality of care; vii) degree of separation of functions (financing, purchasing, provision).
 - Management and operations: i) organizational structure; ii) operational processes (registration, claim, etc.); iii) information system; iv) infrastructure and human resources; v) network of health care providers (evaluation of clinical practice;² payment mechanisms and incentives for both cost control and quality service provision); vi) quality control; vii) governance and participation; viii) main performance indicators and trends in operations.

This work will involve desk review, interviews and data extraction. This work will be the basis for the formulation of recommendations, both organizational and parametric, which will support the formulation of scenarios for reform and be integrated with a separate actuarial valuation.

2. An overview of the perceived strength and weaknesses of the NSSF from the perspective of protected persons on the one hand and service providers on the other hand.

This work will be done through a survey of protected persons and health service providers to assess the quality, relevance and performance of services provided under the NSSF Social Health Insurance:

- The survey with protected persons will be designed to benchmark the system along the key principles that health services should meet as per relevant ILS, and provide the NSSF with an overview of the satisfaction of beneficiaries and key perceived strength and weaknesses. The design of the survey should consider existing guidelines and international practices on health insurance beneficiary satisfaction. The survey shall include but not be limited to the following topics:
 - o Level of information beneficiaries and employers have about health insurance benefits/entitlements/ Awareness of NSSF Health Insurance Scheme existence.
 - o Level of worker and employers satisfaction with NSSFs Health insurance services.
 - o Level of satisfaction on benefits received as compared to entitlements / Level of satisfaction on Medical Treatment Service Covered by NSSF.
 - o Review the benefits provided and all aspects of their administration, including planning, process flows for all functionalities, decision-making on enforcement and benefit approval, efficiency of processes, and productivity at different levels, human resource capacity and ICT.
 - o Perception of the Health Service Providers regarding the performance of the NSSF SHI in implementing the SHI. It should include their perception on the relevance and operability of the claim procedures; the level of the benefit package and other elements that might be of relevance for the review of the scheme.
- The survey with service providers will be designed to assess the perception of service providers in relation with the SHI, in particular administrative processes, adequacy of the benefit package, issues related to exclusion, evasion and fraud, as well as overall satisfaction vis-à-vis performance on key functions (financial flows from the SHI, linkages with medicine and equipment purchasing, etc.).

² Quality of care, management of services and patient information system.

These two elements will feed into a separate stream of work that will assess the clinical quality of the services provided and the financial assessment of the system. Together, it will provide the basis to select adequate and feasible priority reforms. The consulting team is expected to facilitate the participation of NSSF staff and key stakeholders to ensure the building of ownership and technical capacities throughout the process.

IV. Timeline

The consultancy is scheduled to start in February 2021 and completed in July 2021 with the expected working days to be no more than 90 days in total.

V. Expected Deliverables

Outputs/deliverables	Deadline
<u>Inception Report</u> : detailing the methodology of the review, data collection framework and the templates for data collection.	15/Mar/2021
<u>Survey Result</u> : consisting of the database, tables, graphs and reports on client satisfaction (employers, workers, service providers).	31/May/2021
<u>Preliminary Report</u> : detailing the key findings for initial consultation and comments from stakeholders	30/June/2021
<u>Final Report</u> : including: <ul style="list-style-type: none"> - Assessment of management and administration - Overview of client satisfaction (employers, workers, service providers) - Recommendations for reforms, articulation of reforms scenarios and comments from stakeholders 	31/July/2021

VI. Requirements of team members

The assessment will involve the following team corresponding to the various expertise needed to conduct the different work items:

- Lead Expert responsible by the supervision of the process and by the production of the Final report.
- National expert in charge of liaising with the relevant institutions and supporting data collection on the ground.
- A local service provider in charge of implementing the survey.

Lead Expert will be responsible for the following outputs:

- Developing a detailed methodology for the assessment of NSSF SHI;
- Designing and implementing a questionnaire on NSSF services. World Bank/ISSA Performance Indicators should be a reference to this work.
- Conduct an initial set of interviews with relevant stakeholders
- Designing a survey to assess the general satisfaction from employers, workers and health providers in relation to the quality of the services provided by the NSSF SHI scheme;
- Train the enumerators in charge of implementing the survey.
- Review and assess the quality of the MoU signed between NSSF and the Health Facilities.
- Develop a preliminary report that should include a set proposal for the review of the SHI
- Production of a final Report with recommendations to revise the current SHI scheme.

Requirements

- Master's degree or equivalent in Economics, Public Health, Public Administration, Social Security or related areas.
- Knowledge of management systems of social health insurance schemes and health financing.
- Software management in Windows environment: Text Processor and Spreadsheet.
- Minimum experience of 7 (seven) years, developing work at an international level, relevant in the topic of health management and financing.
- Experience in social health insurance, social security, health financing, public management and similar areas.
- Experience in preparing and using quantitative models.
- Knowledge of the Cambodian health system is considered an advantage.

National Expert

- Bachelor's degree or equivalent in Economics, Public Health, Public Administration, Social Security or related areas.
- Knowledge of management systems of social health insurance schemes and health financing.
- Software management in Windows environment: Text Processor and Spreadsheet.
- Minimum experience of 5 (five) years, relevant in the topic of health management and financing.
- Experience in social health insurance, social security, health financing, public management and similar areas in the context of Cambodia.
- Experience in preparing and using quantitative data.

Survey Team

The survey team should ideally be provided by a local service provider. The team members should have:

- In charge of implementing the survey, treating and cleaning the dataset;
- Deliver a database to the ILO with all the metadata produced;
- Produce a set of tables following the leadership of the Senior Expert;

Requirement:

- A combination of relevant backgrounds (expertise in statistics, social science and health).
- Demonstrated experience in conducting surveys on health-related matters, including with patients.
- A team of experienced enumerators with demonstrated capacities to identify and control bias and administer surveys in a gender-sensitive fashion.
- Demonstrated technical capacities in data visualisation.

All costs of travel or any incidental expenses required to complete the above mentioned assignments should be included in the financial proposal.

VII. Selection Criteria

Proposals will be evaluated based on Cumulative Analysis the following criteria:

- Technical Proposal (100 points) weight; [70%]
- Financial/Price Proposal (100 points) weight; [30%]

A two-stage procedure is utilized in evaluating the proposals, with evaluation of the technical proposal being completed prior to any price proposal being compared. Only the price proposal of the firm who passed the minimum technical score of 70% of the obtainable score of 100 points in the technical qualification evaluation will be evaluated.

Technical evaluation

The total number of points allocated for the technical qualification component is 100. The technical qualification of the firm is evaluated based on following technical qualification evaluation criteria:

A. Proposer qualifications and experience	20
B. Technical proposal	60
C. Implementation plan and schedule	20

Financial Evaluation

Only the financial proposal of the consultant firm/team who is identified as qualified in the technical evaluation will be considered and evaluated.

The total number of points allocated for the price component is 100. The maximum number of points will be allotted to the lowest price proposal that is opened/evaluated and compared among those technical qualified candidates. All other price proposals will receive points in inverse proportion to the lowest price.

VIII. Submission of Application

Interested firms or consortiums are requested to submit a separate technical proposal to koh@ilo.org and the financial proposal to heng@ilo.org by **5 February 2021 by 5 p.m.** local time in Phnom Penh, Cambodia. Late submissions will not be considered.