

## Success Factors for women's and children's health

Study group internal communication – Please do not circulate

### Update on Cambodia multistakeholder review process, May 2014

**Overview:** Cambodia has made significant progress in improving the health of women and children and is 'on track' to achieve Millennium Development Goals (MDGs) 4 (to reduce child mortality) and 5a (to reduce maternal mortality). The success factor analysis builds on Joint Annual Programme Reviews and reviews of National Health Strategic Plans that are conducted routinely– but looks in more detail at how results have been achieved – with an emphasis on the overarching policy and management best practices both within the health sector and in health-enhancing investments in sectors outside of health. The multistakeholder review process is supported by Prof Tung Rathavy, Director, National Maternal and Child Health Center, MOH. It is coordinated by Dr. Silvia Pivetta, MCH Medical Officer, WHO.

The Cambodia multistakeholder review of the country's progress towards MDGs 4&5 involved four parts:

- 1) **Document review** including peer-reviewed and grey literature, policy documents, programme evaluations and sector strategies and plans.
- 2) **One-on-one stakeholder meetings** with staff from MOH, other ministries and development partners.
- 3) **Multistakeholder meeting** on April 1, 2014 to review the draft document and to make additions and edits.
- 4) **Review of the final draft** by all stakeholders and final approval by the MOH (pending May 2014).

### Emerging summary of findings

**Under-Five Child Mortality:** Reductions in mortality are associated both with improved coverage of effective interventions to prevent or treat the most important causes of child mortality – in particular essential immunizations, malaria prevention and treatment, vitamin A supplementation, birth spacing, early and exclusive breastfeeding - and with improvements in socio-economic conditions. Reductions in severe stunting and underweight are also noted. The rate of decline in newborn mortality has been considerably slower than that of under-five mortality and in 2010 represented 50% of all under-five mortality. Mortality declines are much slower among the poor, less educated and rural populations – and this equity gap remains an important challenge.

**Maternal Mortality:** Declines in maternal mortality are associated with a halving of the total fertility rate between 1990 and 2012 – from 6 to 3 - and associated increases in birth interval and reductions in births by very young and very old mothers. Fertility declines are associated with improvements in the contraceptive prevalence rate – and socio-economic and educational improvements. There have been significant increases in the proportion of women attending at least 4 antenatal care visits (making more of these visits early in pregnancy), delivering with a skilled birth attendant and delivering at health facilities. The number of facilities able to provide basic and comprehensive Emergency Obstetric and Newborn Care (EmONC) has improved. Declines in maternal mortality are therefore associated both with declines in fertility and other socio-economic improvements; and with improved availability of and demand for skilled delivery care.

**Health sector initiatives and investments:** Cambodia has put in place policies and programmes in three areas to improve delivery of key RMNCH interventions to women and children: Laws, standards and guidelines; essential health systems and improved delivery strategies. Laws standards and guidelines have focused on; supporting universal coverage with a package of effective interventions; developing technical standards; and mechanisms for improving coordination. Systems policies and programme inputs have focused on improving health care financing, the health workforce, and use of data for tracking progress. Health financing efforts include increasing government allocations to health, and the development and expansion of three health care financing schemes: performance based financing, health equity funds and vouchers, all of which have demonstrated improvements in access to essential RMNCH services and reduced inequity. Health workforce policy efforts have focused on improving numbers, capacity and distribution of workers, particularly

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midwives. At the center of the midwifery improvement strategy has been a government midwife incentive scheme, which is associated with a dramatic improvement in deliveries at facilities and with a skilled attendant. Key delivery strategies have included: implementation of an integrated routine system through provinces and districts; vertical programmes for immunizations, malaria and dengue; development of improved health infrastructure – including more health facilities of all categories; and health promotion and behaviour change campaigns for exclusive breastfeeding and antenatal care seeking.

***Investments and Initiatives outside the Health Sector:*** Sectors outside of health have been central to mortality declines and improvements in health. Cambodia has seen improvements in education (primary school enrolment, time spent in school, literacy), nutrition and access to improved water and sanitation. A 60% reduction in poverty was seen across all population groups between 2004 and 2011. Policy and programme inputs in these areas have included increased resource allocation and partnerships with development partners, NGOs and civil society; clear policies and strategies; identification and targeting of high risk groups and populations – with an emphasis on reaching the poor; and forming links between different sectoral areas.

### Next steps

Review of the draft Success Factor policy document will be completed in May, 2014. The document will be revised and edited based on all inputs. It will be reviewed and approved by the MOH Maternal and Child Health Center in late May or early June 2014.