

# SUCCESS FACTORS FOR MATERNAL AND CHILD HEALTH IN CAMBODIA

## STAKEHOLDER REVIEW APRIL 1, 2014

Por Ir

National Institute of Public Health

[ipor@niph.org.kh](mailto:ipor@niph.org.kh)

# OUTLINE

- ⦿ Documentation (review) process
- ⦿ Conceptual framework
- ⦿ Success factors:
  - Political and economic context
  - Overall governance
  - Initiatives & investments outside the health sector
  - Health Sector Initiatives & Investments
- ⦿ Remaining gaps and challenges
- ⦿ Lessons learned and future priorities

# Documentation (review) process

- ◎ Literature review
  - Journal articles on RMNCH and related areas
  - RMNCH related policy documents,
  - RMNCH related project/program evaluation reports
  - Data: CDHS 2000, 2005, 2010, HIS, IGME, WDI, WHS...
- ◎ Key informant interviews: >20 selected key informants from MOH, other relevant government sectors and health partners have been interviewed
- ◎ Stakeholder review workshop
- ◎ Direct comments on the final draft

# Conceptual framework

## POLITICAL AND ECONOMIC CONTEXT AND OVERALL GOVERNANCE

### Health Sector Initiatives & Investments

- Leadership/  
Governance
- Health Financing
- Health workforce
- Health  
Infrastructure/  
Supplies
- HIS/Research
- Health Service  
Delivery

### PROGRAM OUTPUTS

- Increased  
supply/access
- Increased  
demand
- Improved  
quality
- Improved  
information/  
knowledge

**INCREASED  
POPULATION  
COVERAGE  
OF KEY RMNCH  
INTERVENTIONS**

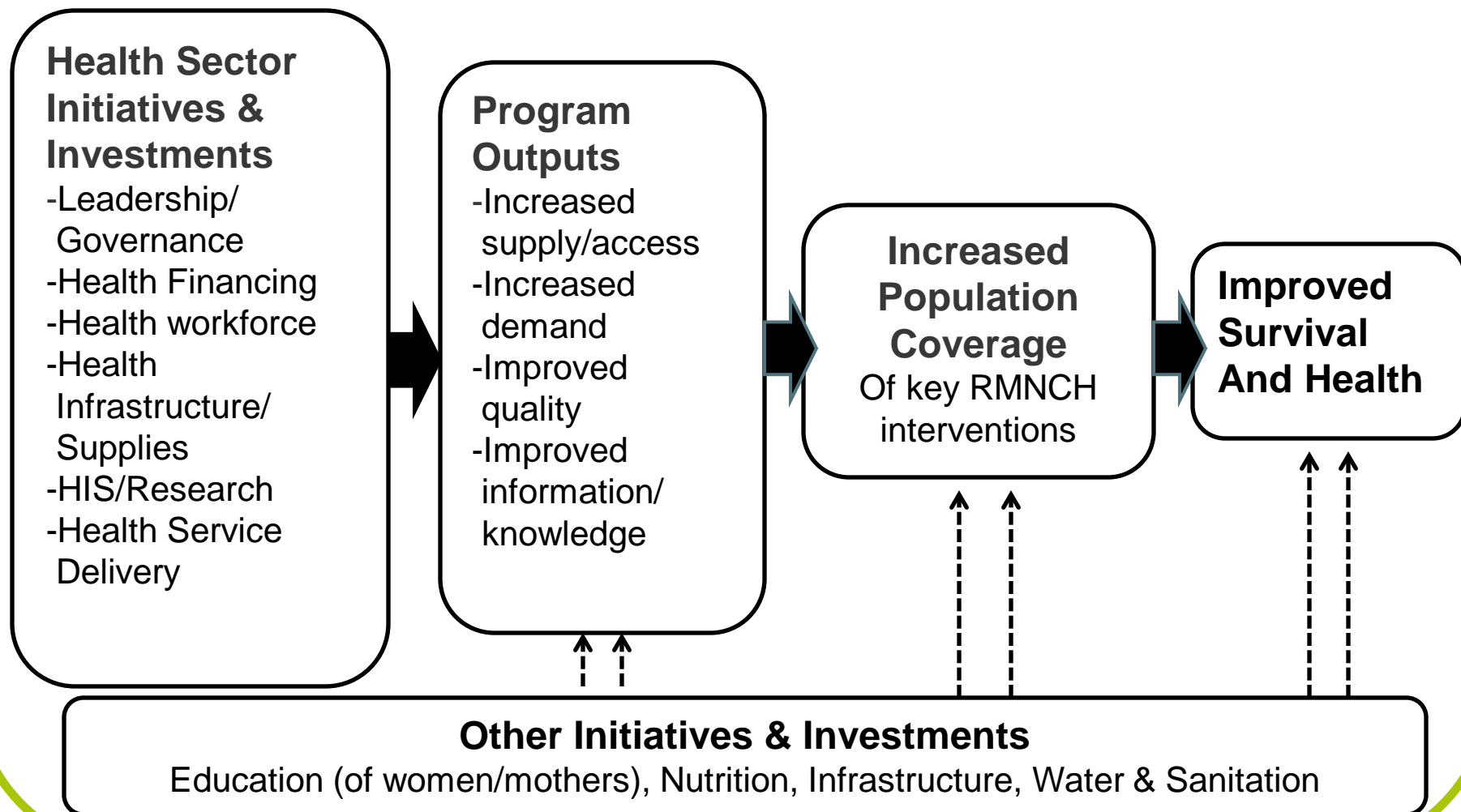
**IMPROVED  
SURVIVAL  
& HEALTH**

### Other Initiatives & Investments

Education (of women/mothers), Nutrition, Infrastructure, Water & Sanitation



## POLITICAL AND ECONOMIC CONTEXT AND OVERALL GOVERNANCE



# SUCCESS FACTORS

# 1–Political and economic context

A conducive political and economic context

- Good progress in ensuring political stability since early 1990s
- Full peace since 1998
- Considerable economic growth:
  - GDP/capita: \$774 (1993)-\$2150 (2012) in PPP
  - GDP grew by 54.5% from 2004 to 2011, ranking 15<sup>th</sup> among 174 countries
- Poverty reduction: National Poverty Rate declined from 53.2% (2004) to 20.5% (2011)

## 2-Overall governance and leadership

- Strong political commitment to improving MCH:
  - The PM expressed Cambodia's commitment to achieve universal coverage for reproductive health services by 2015 at the 60<sup>th</sup> UN-GA in New York
  - The 1<sup>st</sup> Lady as honorable chair of MCH Committee & became the UN's National Champion for Women's & Children's Health
- MCH is deeply embedded in key national policies and strategies:
  - CMDGs
  - National Population Policy (2003)
  - National Strategic Development Plan (2006-2010, update 2009-2013)
  - Triangular and Rectangular Strategies 1-2-3



- Stronger or similar overall level of good governance compared to other South-east Asian and Pacific countries with similar maternal and child mortality
- The government flexibility and openness to:
  - Accept international cost-effective evidence-based interventions (best practices) and national evidence on how to scale up these interventions to improve RMNCH
  - Collaborate with development partners

# 3-Initiatives and investments outside the health sector

- ◉ Education (of women/mothers):
  - Increased national budget for education: from US\$44 million (2000) to USD178 million (2009)
  - Various strategies to enhance enrolment and retention rates developed and implemented
  - Since 1998, improved female adult and youth literacy rates reaching 66% & 86% respectively in 2009
  - Eliminated gender disparities in primary and lower secondary schools' net enrolment rates

*IMR among children of no-education mothers = twice of those of mothers with secondary education.*

*Educated women ( $\geq 7$  years) = 6 times as likely to give birth in a health facility than those of no schooling*

## ◉ Nutrition:

- Cambodia Nutrition Investment Plan 2003-2007 instigated to address high rates of malnutrition & micronutrient deficiencies
- In 2003, a sub-Decree on the Management and Exploitation of Iodized Salt developed to increase iodized salt consumption and reduce iodine deficiencies
- In 2007, MOH developed National Guidelines for Use of Iron/Folate Supplementation to prevent and treat anemia in pregnant and postpartum women

## ◉ Infrastructure, water supply and sanitation:

- Road rehabilitation and construction: increased % of paved roads => facilitate access to education and health care
- Coverage of clean water and proper sanitation in rural areas increased from 41% & 23% (2008) to 44% & 26% (2011)

# 4–Health sector initiatives & investments

## ◉ Leadership and governance:

- The Health Minister is committed and takes lead in RMNCH actions –he initiated the FTIRM & created a special group to monitor maternal deaths and other maternal related issues/irregularities
- MCH is a first priority health program area in HSP1 & HSP2
- Relatively good coordination between MOH & health partners through TWGH, sub-TWGH, HSSP1, HSSP2...
- Since early 1990s, several RMNCH policy and legal framework documents have been developed and implemented:
  - ◉ Birth Spacing Policy (1995),
  - ◉ Abortion Law (1997) implemented (2005),
  - ◉ National Safe Motherhood Policy (1997),
  - ◉ Child Survival Strategy (2006-15),
  - ◉ EmONC Improvement Plan (2010-15),
  - ◉ FTIRM 2010-15...

## ● Health sector financing:

- Increased THE from \$41/capita (1995) to \$135/capita (2011) in PPP
- Increased national budget for health from USD49 million (2005) to USD200 (2012) = 12% of TGE = 1.4% GDP => government commitment to health
- Coordination of funding streams from external partners better linked with national priorities set in HSP2 => improved aid effectiveness
- Innovative health financing schemes to overcome barriers to RMNCH services and provide financial protection: PBC, HEFs, Vouchers, CBHI

## ● Health workforce:

- A comprehensive approach to strengthening Cambodia's health workforce undertaken since 1990s
- Well-defined targets based on reliable data influenced the CM to increase health civil servants by 50% in mid/late 2000
- In 2010, Cambodia had 1.1 HP/1000pop (<2.5 benchmark)
- Since 2005, a special attention made to improve capacity and availability of midwives as cornerstone of its efforts to reduce MMR
  - A high-level Midwifery task Force convened in response to findings from 2006 comprehensive midwifery review
  - MOH adopted a slogan “place midwives in all health centers”
  - By 2009, all HCs had at least one MW1 & over half had one MW2
  - By 2011, Cambodia met the global benchmark for MWs: 6 MWs/1000 births/year

## ● Health infrastructure:

- HCP 1996 guided the construction of health facilities by geographic distance and number of population covered
- By 2012, 1,024 health centers & 91 referral hospitals in 81 health districts and 8 national hospitals throughout the country
- Construction of maternity waiting homes and delivery rooms in many health centers

## ● HIS, research:

- Web-based HIS introduced in 2011
- Maternal deaths audit started as part of FTIRM
- National Assessment of BEmONC in 2008
- Sub-national tracking of MDGs
- Analyses of national survey data (CDHS) to track progress toward MDGs, NSDP & HSP indicators and identify factors associated with remaining challenges/gaps

## ◎ Health service delivery: huge progress in expanding the coverage of essential RMNCH interventions

- Improved family planning: almost universal knowledge of MCMs & increase use from 19% (2000) to 35% (2010) => TFR from 4 to 3 respectively
- Increased child immunization coverage:
  - fully immunized children: 40% (2000) – 79% (2010)
  - Cambodia certified Polio free in 2000 & confirmed no measles since 2011
  - exclusive breastfeeding: 11% (2000) - 73% (2010)
  - ARI treated rate: 35% (2000) - 64% (2010)
  - Diarrhea treated rate: 22% (2000) - 59% (2010)



## ◎ Health service delivery (cont.):

- Increased coverage of TT for pregnant women
- Increased access to safe abortion services
- Increased SBA: 32% (2000) – 71% (2010)...
- Increased No of BEmONC facilities: 294 (2004) – 901 (2010)
- BCC by MOH (NMCHC, NCHP), health partners, BBC World Service Trust

# Remaining gaps/challenges

- Overall health leadership & governance, including effective regulations & partnership with the private sector, remains to be further improved
- Despite considerable improvements, RMNCH service coverage remains low (for some indicators), with poor-rich, urban-rural disparities
- Quality of care in both public and private sectors remain a major concern
- Despite increased government health spending & several health financing initiatives, OOP still represents a large share of THE: => constitute barriers to access and cause catastrophic expenditure and impoverishment
- Harmonization and integration of the many existing health financing schemes remains a challenge
- Absence of National Health (Systems) Research Agenda to guide health research activities and align them with national priorities

# Lessons learned & future priorities

- Reduce socio-economic inequities in health outcomes and in access to RMNCH services
- Intensify efforts on newborn health and child nutrition
- Improve quality of care, especially RMNCH, including quality of SBA & BEmONC services to address the 15% complicated births
- Decrease high OOP through a combination of
  - Further increase government funding & improve allocation, disbursement, and spending efficiency
  - Scaling up and integration of the existing proved effective health financing mechanisms, and develop SHI for the formal sector
- Improve policies on compensation/reward (salary and other forms of incentives) and sanctions for health providers to address the insufficient civil servant wages and dual practices