Ministry of Health

Health Sector Discussion

High Level Consultations,
Royal Government of Cambodia
and
Government of Australia

20 May 2009, Palais du Gouvernement

CMDG 4: Infant and Child Health

- Significant strides in improvement in recent years
- Infant Mortality Rate declined from 95 deaths per 100,000 live births in 2000, to 66 in 2005 (31% decline)
- Under 5 Mortality Rate declined from 124 deaths per 100,000 live births in 2000, to 83 in 2005 (33% decline)
- Positive trends consistent with increasing coverage and utilization in immunizations, Vitamin A, exclusive breastfeeding, and early initiation of breastfeeding, among others
- However, neonatal deaths are 42% of all infant deaths and reduction in these is key to achieving CMDG4 goals

CMDG5: Maternal Health

- MMR continues at same level from 437 per 100,000 live births in 2000 to 473 in 2005
- However, key maternal health indicators show sustained improvement
- Antenatal care visits (at least 2) risen to 81% in 2008
- Skilled attendance at birth risen from 32% in 2000 to 58% in 2008
- Deliveries in health facilities risen from 11% in 2000 to 39% in 2008
- Partner support for RMNCH services flows increasingly through central and provincial Annual Operational Plans, strengthening sector wide management and support
- Updated data on progress on maternal mortality will be available through next CDHS 2010 results

CMDG5: Maternal Health…

- Significant differences in utilization and coverage levels across income groups imply need for expansion of social protection mechanisms to improve access to health services for the poor
- Currently the percent of the population living under the poverty line which is protected by Health Equity Funds is a little over half (57%) of the total poor population in the country (JAPR 2009)
- Additional 80,000 persons are covered by Community Based Health Insurance schemes (JAPR 2009)
- These schemes need to be standardized and expanded, as well as targeted to remote areas where poor population resides
- Also, schemes need to be portable to account for internal migration of the poor in search of employment opportunities
- Critical need for more rapid expansion of pre-identification of the poor across the country based on MOP guidelines, as well as introduction of new Health Equity Fund operators at remaining Referral Hospitals and Health Centers
- This needs strong partner support to ensure success

Impact of Global Economic Crisis

- MOH placed issue as key agenda item for TWG-H discussion on 7 May 2009
- Agreement reached to define small set of indicators to track crisis impact (financing, services use, drugs supply, nutrition, etc.), and identify problem areas
- Disbursement rates in Q1 2009 higher than Q1 2008 indicating increased level of service delivery at provincial levels and below

Comprehensive Social Safety Net

- For poor and vulnerable, MOH now operates 50 Health Equity Funds with coverage levels of 57% of the total poor population (51 Referral Hospitals and 120 Health Centers)
- Funds pay for treatment, transport, meals and funeral expenses, as required
- CBHI schemes operate in 11 Operational Districts with coverage of 80,000 beneficiaries
- MOH believes country wide expansion of HEFs and CBHI schemes key step in transition to eventual Social Health Insurance
- This will also mitigate adverse impact of economic crisis on poor households, and reduce burden of debt to pay for catastrophic health expenditures

Sector Financing

- National budget allocations from RGC to health sector have risen steadily over the years
- However, a financing gap still remains that needs to be plugged
- Both MEF and MOP regularly participate in Health Sector Steering Committee (HSSC) deliberations
- HSSC discussions cover resource allocation needs at both sector and sub-sector levels
- Additional policy dialogue conducted with partners in TWG-H monthly meetings
- Annual Operational Plan process with Joint Annual Plan Appraisal (JAPA) and Performance Reviews (JAPR) is substantive plank for effective policy and program implementation, and needs to be strongly supported
- GOA currently doing so through pooled funding mechanism under Second Health Sector Support Program, 2009-13
- Further support to MEF's Public Financial Management Reform processes will also substantively improve resource allocation and use in the sector

Capacity Development

- MOH recognizes this is a slow process extending over medium to long term that needs to be targeted to appropriate staff in the sector
- Careful identification of Technical Assistance requirements along with delineation of monitorable outputs is key to success
- Recent introduction of Merit Based Performance Incentive (MBPI) scheme will likely positively affect capacity development in the sector
- Other initiatives such as Internal Contracting as part of RGC's Policy on Service Delivery include a Financial Management Improvement Plan at PHD and OD levels, with measurable outcomes
- Also, MOH has extended contracts to international NGOs to focus specifically on capacity development at PHD and OD levels
- Finally, operationalization of ODs as Special Operating Agencies (SOAs) with Performance Agreements signed with 7 PHDs will strengthen this process
- Next steps include execution of Service Delivery Agreements with SOAs

Harm Reduction

- Law on Drug Control has been drafted
- Includes health service aspects, such as right to access public health services for treatment
- And administration of opiates under close clinical supervision to reduce illicit drug dependency, where required
- MOH in collaboration with MOI also establishing special unit to address harm reduction issues