

Ministry of Health Statement
First Cambodia Development Cooperation Forum
(19 – 20 June 2007)

Excellencies, Ladies and Gentlemen,

Child mortality and maternal mortality are priorities for the Royal government for many years and clearly articulated in the Cambodia Millennium Development Goals, the National Strategic Development Plan, the Health Sector Strategic Plan and Neary Rattanak II. This prioritization has led to investment in range of initiatives to reduce child and maternal mortalities.

Progress and gaps in Maternal and Child Health:

Recently, Cambodia Demographic and Health Surveys 2000 and 2005 show that Under-five mortality decreased in the past 5 years from 124 to 83 per 1000 live births; Infant mortality, Post-natal and Neonatal mortalities decreased from 95, 58 and 36 to 66, 37 and 28 per 1000 live births respectively. However, if the country is to achieve the Millennium Development goal 4 by the end of 2015, Cambodia needs to put in strong efforts and commitment.

The 2005 CDHS survey also notes that 69% of women received antenatal care compared to only 38% in 2000; 44% of births were attended by trained birth attendants, an increase from 33% in 2000. HIV prevalence at only 0.6% is about 1/3rd of earlier estimates for 2005, placing Cambodia among the few countries in the globe that achieved their goals in 2005.

The 2005 CDHS also shows the improvement of maternal and child health service coverage such as deliveries at health facilities increased from 10% in 2000 to 22% in 2005. The antenatal care coverage increased from 38% in 2000 to 69% in 2005 and prevention of tetanus among women and babies increased from 45% to 77% respectively. Progress has been made in maternal health area, nevertheless, the maternal mortality ratio remains unacceptably high because of low utilization of key services, particularly in remote areas, due to limited geographic and financial access to services, low staff motivation, a scarcity of midwives, gaps in basic materials and running costs, low literacy level among girls and women, and gaps in rural infrastructure.

Moving forward

In 2006, Ministry of Health launched the Child Survival Strategy and the National Reproductive and Sexual Health Strategy with the aim to reduce child and maternal mortality in the country. These strategies include 12 key effective child survival interventions; provision of contraceptive services to prevent unwanted pregnancies; skilled care at pregnancy, delivery and after delivery; emergency obstetric care including

referrals for those who develop complications during pregnancy and child birth, and safe abortion services.

Along with these strategies, there are great needs to expand maternal and child care services nationwide, especially in the rural remote areas through construction/renovation of health facilities with all required medical equipments and essential drugs for appropriate health service coverage according to the health coverage plan; improving referral system; strengthening management capacity of health staff at provincial and district levels; promoting outreach services from the health centres to the hard to reach communities; increasing the number of competent health staff, particularly qualified midwives through attractive incentives to increase in-service training and deployment so that each health center will have at least one midwife by 2011; and enhancing women's basic and higher education and improving health knowledge for behavior change.. Health equity funds, especially for safe motherhood/reproductive health are also an important intervention to ensure that poor women and their babies can access the needed health care services.

Resource requirements

To help the MoH to develop an MCH/RH strategic plan, a costing study on the key CS scorecard interventions was recently conducted through joint technical and financial support from health partners. The costing exercise was conducted for the 11 key CS scorecard interventions only due to limitation of information on the skilled birth attendant intervention. The 11 scorecard interventions include early initiation of breastfeeding, exclusive breastfeeding, complimentary feeding, vitamin A supplementation, measles and tetanus toxoid immunization, impregnated bed-nets, malaria treatment, dengue vector control, oral Re-hydration treatment, and antibiotic treatment for pneumonia. According to the study, the estimated costs for scaling up these interventions is 79 million for the four year period from 2007 to 2010, with an annual average need in the range of 19 million to 21 million (77 to 85 billion riels).

The overall maternal/reproductive health costing is to be developed within the next 2-3 months. By then, a more realistic reliable costing of resources required to save women's lives and improve women's health status will be available.

Example of resource allocation for 2007 indicates that the budget for communicable diseases is 22.4 million US dollars (22%), while the budget for maternal and child health is only 5.87 million US dollars (3.4%).

Maternal and child death is truly a cross-sectoral issue and a tragedy not only for an individual, a family or a particular community, but for the whole society.

Increase investments in maternal and child health are required to contribute to the achievement of the millennium development goals



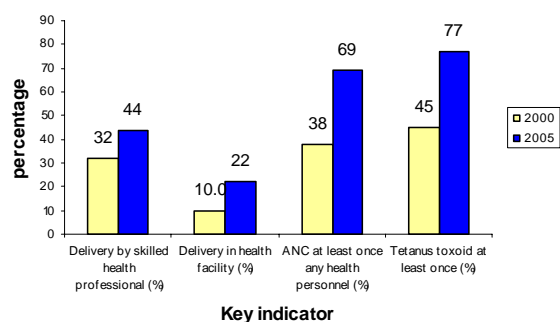
Strategy to improve maternal and child health - cross-sectoral issues and resource requirements

Presented at the First CDCF
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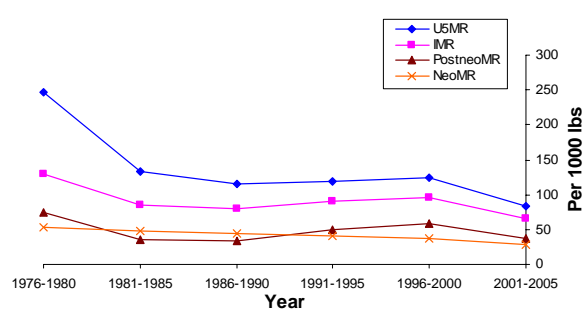
Toward achieving CMDG 4

Indicator	target 2005	CDHS 2005	target 2010	target 2015
U5MR	105	83	85	65
IMR	75	66	60	50
% of children fully immunized	80	77	85	90
% of infants exclusively breastfed up to 6 months	20	60	34	49

Improvement of MCH service coverage



Child mortality trends



Toward achieving CMDG 5

Indicator	target 2005	CDHS 2005	target 2010	target 2015
MMR	343	472	243	140
TFR	3.8	3.4	3.4	3.0
CPR for modern contraception	30	27	44	60
% of births attended by SBA	60	44	70	80
% of ANC visits from skilled health personnel	60	69	75	90

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Issues and suggested strategy

- **Issue:** Lack of qualified midwives in remote rural areas due to lack of graduated midwives and very competitive incentives for private sector.
- **Suggested strategy:** Establish attractive incentives for midwives to increase in-service training and deployment. Each health center will have at least 1 midwife by 2011.

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Issues and suggested strategy

- **Issue:** Lack of good quality and adequately equipped health facilities to provide comprehensive health services.
- **Suggested strategy:** Upgrade and expand health infrastructure with equipment and essential drugs for appropriate health service coverage.

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Issues and suggested strategy

- **Issues:** High level of positive correlation between various health indicators and level of women's education.
- **Suggested strategy:** Enhancing women's basic and higher education and improving health knowledge for behavior change.

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Issues and suggested strategy

- **Issue:** Financial barriers preventing access to health services.
- **Suggested strategy:** Expand health equity funds.

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Established MCH strategies

- Child survival strategy
- National reproductive and sexual health strategy.
 - These include:
 - 12 key effective child survival interventions;
 - Provision of contraceptives to prevent unwanted pregnancies
 - Skilled care at pregnancy, delivery, and after delivery
 - Emergency obstetric care, including referral system
 - Safe abortion.

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Resource requirements

- According to the costing study on the 11 child survival scorecard interventions, estimated costs range from 19 to 21 million US dollars per year from 2007 to 2010.
- The overall maternal/reproductive health costing is to be developed within the next two months.

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Example of resource allocation in 2007

- Example of 2007 MoH's budget planned for communicable diseases compared to maternal and child health (government and donors):
 - Communicable diseases, including HIV/AIDS – 22% (**22.4 million US dollars**)
 - Maternal and child health- 3.39% (**5.87 million US dollars**)

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Increase investments in maternal and child health are required to contribute to the achievement of the millennium development goals

Thank you

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