

KINGDOM OF CAMBODIA
NATION RELIGION KING

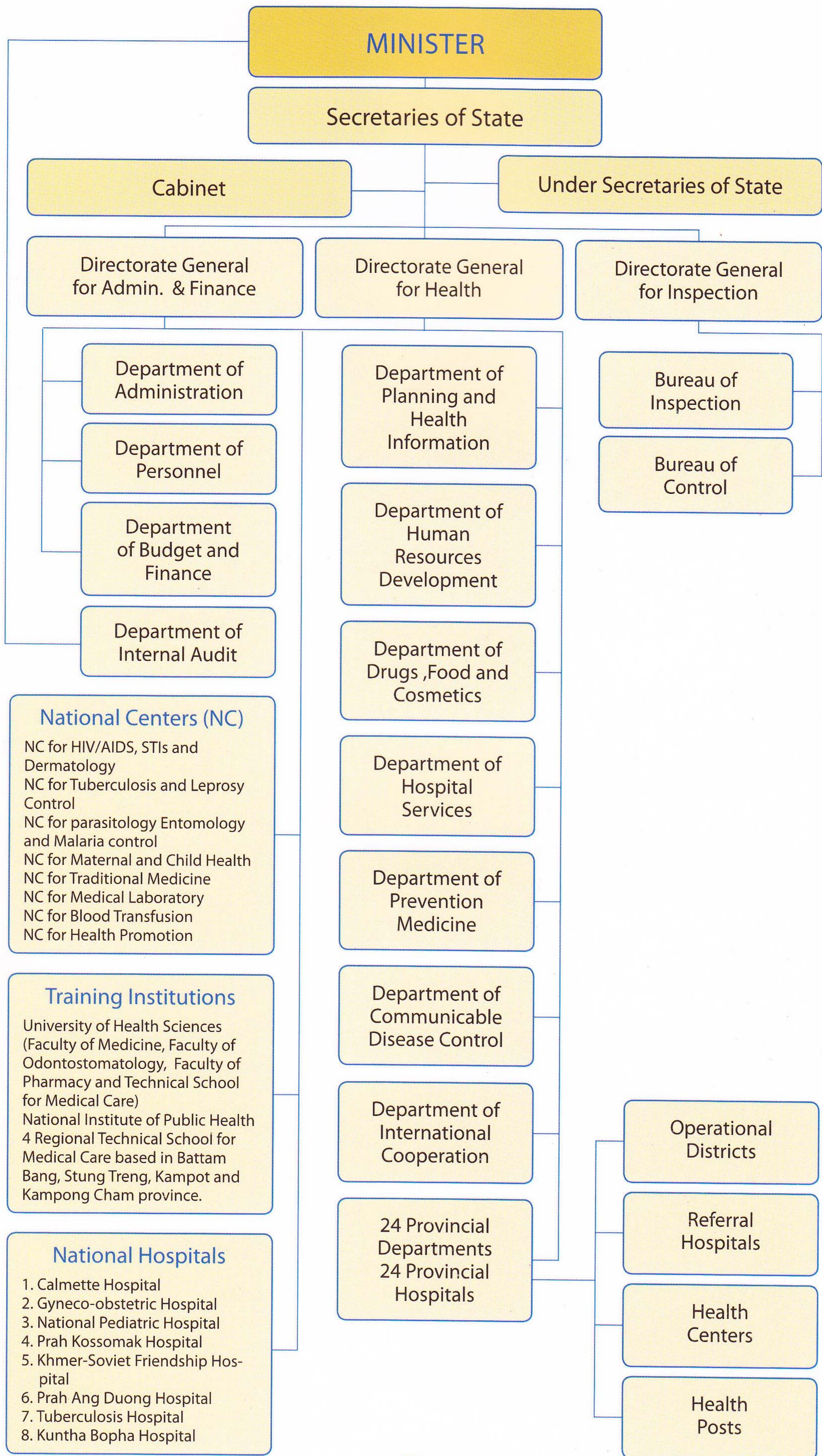


MINISTRY OF HEALTH

HEALTH SECTOR DEVELOPMENT
2010



ORGANIZATION CHART OF MINISTRY OF HEALTH



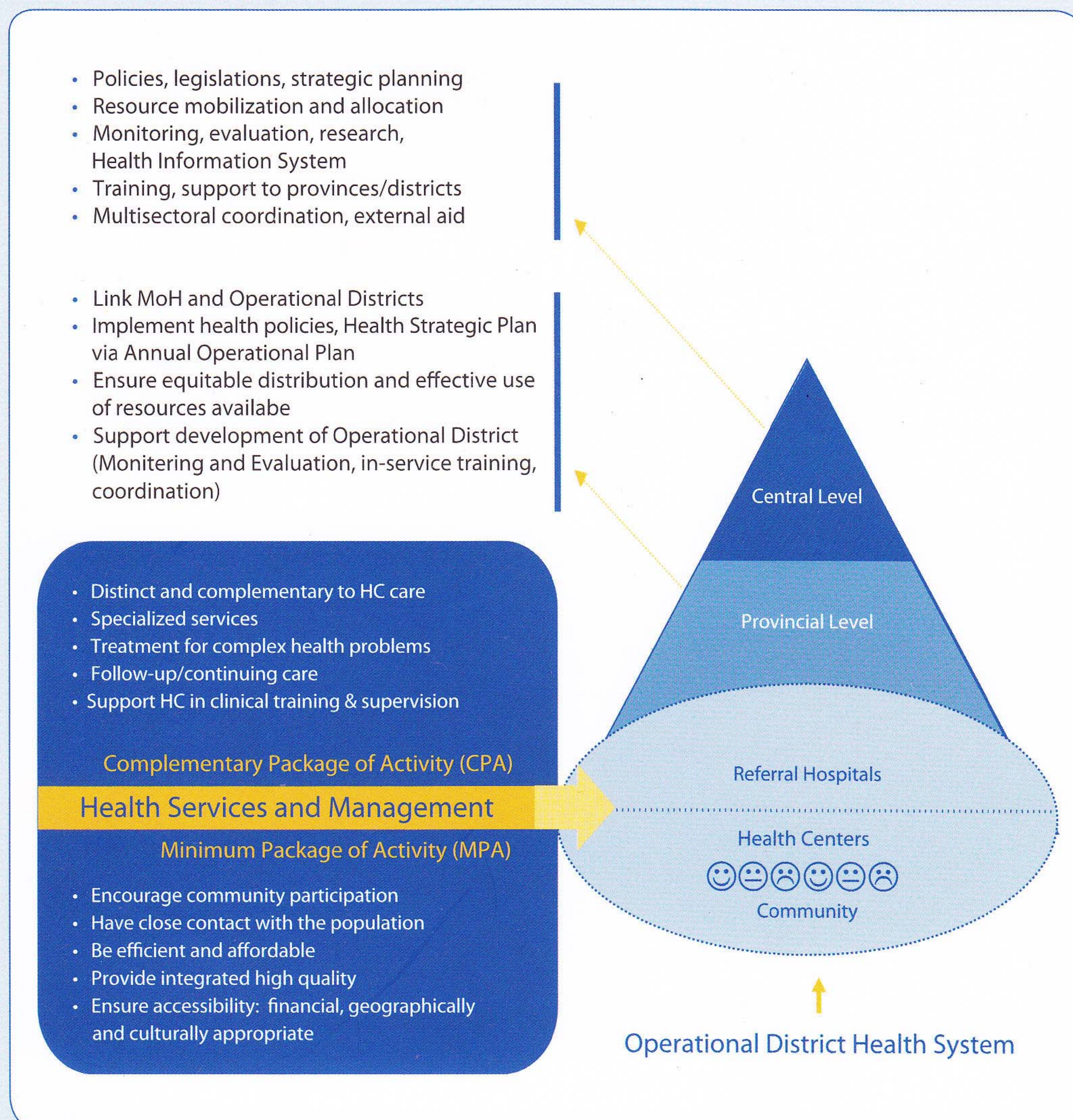
HEALTH SYSTEM ORGANIZATION

HEALTH COVERAGE PLAN is a framework for developing the health system infrastructure, based on population and geographical access criteria. "Working Principles" for selection of the criteria are:

- Coverage of entire population- nor gap neither overlapping
- Basic health needs of majority of population
- Quality of care – integrated care
- Availability of resource

HEALTH COVERAGE PLAN CRITERIA

CRITERIA	(1) POPULATION	(2) ACCESSIBILITY
Health Center (HC) MPA	Optimal: 10,000 Vary: 8,000-12,000	Radius: 10 km or Max. 2 hrs walk
Referral Hospital (RH) CPA	Optimal: 100,000-200,000 Vary: 60,000-200,000+	20-30 Km between 2 RHs or Max. 3 hrs by car/boat



IMPLEMENTING RECTANGULAR STRATEGY OF THE ROYAL GOVERNMENT OF CAMBODIA IN HEALTH SECTOR

RECTANGULAR STRATEGY PHASE II PRIORITY OBJECTIVES

1 . Sustainability, peace, political stability, security and social order to promote rule of law and protect human rights and dignity and multi-party democracy

2 . Sustainable long-term economic growth at a rate of 7% per annum on a broader basis and more competitive capacity in the context of one-digit inflation.

3 . Poverty reduction at rate of over 1% per annum, and improvement of main social indicators , esp. in education, health and gender equity.

4 . Increased outreach, effectiveness, quality and credibility of public services.



Health Sector Vision: "to enhance sustainable development of the health sector for better health and well-being of all Cambodian, especially of the poor, women and children, thereby contributing to poverty alleviation and socio-economic development."



Strengthening Health System

- Health Service Delivery
- Health Care Financing
- Human Resource for Health
- Health Information System
- Health System Governance



GOAL 1. Reduce maternal, new born and child morbidity and mortality with increase reproductive health.

- To improve the nutritional status of women and children
- To improve access to quality reproductive health information and services
- To improve access to essential maternal and newborn health services and better family care practice.
- To ensure universal access to essential child health services and better family care practice.

GOAL 2. Reduce morbidity and mortality of HIV/AIDS, Malaria, TB, and other communicable diseases

- To reduce the HIV prevalence rate
- To increase survival of people living with HIV/AIDS to achieve a high case detection rate and to maintain a high cure rate for pulmonary tuberculosis smear positive cases
- To reduce malaria related mortality and morbidity rate among the general population
- To reduce burden of other communicable diseases

GOAL 3. Reduce the burden of non-communicable diseases and other health problems

- To reduce risk behaviors leading to non-communicable diseases: diabetes, cardiovascular diseases, cancer, mental illness, substance abuse, accidents and injuries, eye care, oral health , etc
- To improve access to treatment and rehabilitation for non-communicable diseases
- To ensure Essential Public Health Functions: environmental health:, food safety, disaster management and preparedness

MINISTRY OF HEALTH

VISION

A long term broader vision of the Ministry of Health is "to enhance sustainable development of the health sector for better health and well-being of all Cambodians, especially of the poor, women and children, thereby contributing to poverty alleviation and socio-economic development."

MISSION

To provide stewardship for the entire health sector and to ensure supportive environment for increased demand and equitable access to quality health services in order that all the peoples of Cambodia are able to achieve the highest level of health and well-being.

VALUES AND WORKING PRINCIPLES

- A value-based commitment of the Ministry of Health is **Equity** and the **Right to Health** for all Cambodians.
- Working Principles
 1. Social health protection, especially for the poor and vulnerable groups
 2. Client focused approach to health service delivery
 3. Integrated approach to high quality health service delivery and public health interventions
 4. Human resources management as the cornerstone for the health system.
 5. Good governance and accountability

POLICY DIRECTION

1. Implement decentralized service delivery and management functions
2. Strengthen sector-wide governance
3. Scale up access to and coverage of health services
4. Implement pro-poor health financing systems
5. Reinforce health legislation, professional ethics and code of conduct, and strengthen regulatory mechanisms
6. Improve quality in service delivery and management
7. Increase competency and skills, including allied technical skills, of health workforce
8. Strengthen and invest in health information system and health research
9. Increase investment in physical infrastructures and medical care equipment and advanced technology with improvement of non-medical support services
10. Promote quality of life and healthy lifestyles of the population
11. Prevent and control communicable and chronic and non-communicable diseases, and strengthen disease surveillance systems
12. Strengthen public health interventions to deal with cross-cutting challenges
13. Promote effective public and private partnerships in service provision
14. Encourage community engagement in health service delivery and quality improvement
15. Systematically strengthen institutions at all levels

SECTOR STRATEGY

Strategic Areas

1. Health Service Delivery

- Expand coverage of MPA and CPA based on Health Coverage Plan and focused on client needs
- Strengthen health Service delivery support systems in an integrated manner
- Target public health service provision and public health interventions according to need.
- Develop and apply consistent standards of quality across entire health sector (public, private and non-profit)
- Develop contracting models as the center of Health Service Delivery

2. Health Care Financing

- Increase government budget and improve efficiency of government resource allocation for health
- Align donor funding with MOH strategies, plans and priorities and strengthen coordination of donor funding for health
- Reduce financial barriers at the point of care and develop social health protection mechanisms
- Account for the main sources and uses at service delivery level of national resources for health Strategic intervention
- Evidence and information for health financing policy

3. Human Resource for Health

- Improve technical skills and competence of health workforce.
- Strengthen staff professionalism, ethical conduct, and quality of work.
- Staff distribution and retention, with priority to personnel essential to health sector priorities
- Staff remuneration, salaries, performance incentives

4. Health Information System

- Increase the availability of accurate, timely, and complete health data of high quality from public and private sources, together with enhanced coordination, and resources for the HIS
- Improve data sharing, management, analysis, dissemination and use across all levels of the health system, including population and socio-demographic data
- Improve the national disease surveillance system, public facility patient medical record system, and strengthen the case reporting, monitoring and response to NCDs
- Expand the participation in the national HIS by the private sector, and facilitate data use for planning, resource allocation and management of human resources, infrastructure, and supplies

5. Health System Governance

- Harmonization and Alignment within MoH and across the Health Sector
- Public Private Partnerships
- Research, Policy, Regulation and Legislation
- Institutional Development
- Strengthen MoH Health Sector Stewardship through Decentralization and De-concentration
- Mobilize multi-sector responses increased national health system accountable for access to quality health services for all.

HEALTH INFRASTRUCTURES

NUMBER AND TYPE OF HEALTH FACILITY 2009

National Hospitals (including Tuberculosis Hospital and Gynaeco-Obstetric Hospital)	8
Number of Referral Hospitals (provincial and district based) :	79
• Referral Hospital CPA Level 1	34
• Referral Hospital CPA Level 2	28
• Referral Hospital CPA Level 3	17
Health Center	984
Health Post	111
Total of hospital beds	9,545
Average population per bed	1,403



NUMBER AND TYPE OF PERSONNEL 2009

Total number of health workforce (public sector only)	18,113
Medical Doctor	2,163
Medical Assistant	1,147
Dentist	177
Pharmacist	435
Secondary Nurse	5,098
Secondary Midwife	1,825
Primary Nurse	3,404
Primary Midwife	1,616
Others	1,829



HUMAN RESOURCES FOR HEALTH

HEALTH FINANCING 2009

% of GDP for Health	1.11
National health budget per capita (in USD)	9.36
Out-Of-Pocket spending per capita to public and private facility	25
External funding per capita	9.15
FINANCING SCHEMES	
Number of Special Operating Agency	15
Number of National Hospitals with subsidy schemes (for the poor)	6
Number of Referral Hospitals with Health Equity Funds and Subsidy schemes	53
Number of Health Centers with Health Equity Funds and Subsidy schemes	141
Number of Community Based Health Insurance Schemes	13

HEALTH SECTOR PERFORMANCE 2009 CAMBODIAN MDGs

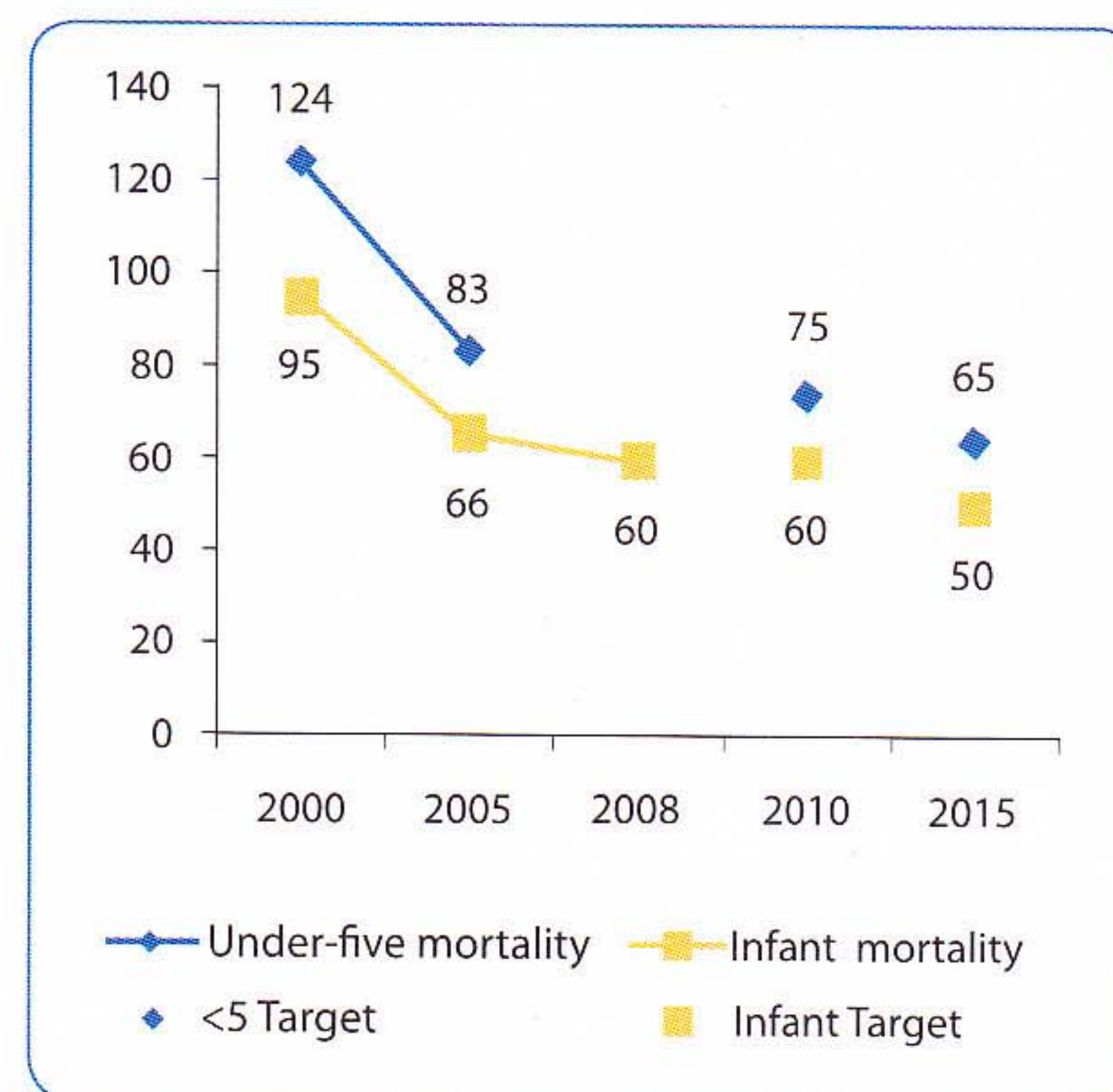


CMDG 4: Reduce Child Mortality

- Infant mortality has decreased from 95 to 60 deaths per 1,000 live births from 2000 to 2008.
- Under-five mortality has decreased from 124 to 83 deaths per 1,000 live births from 2000 to 2005.

Positive Development:

- strong performance of the national immunization programme,
- successful exclusive breastfeeding promotion,
- improved access to basic health services,
- Overall reduction of poverty levels and improved access to education and better roads.

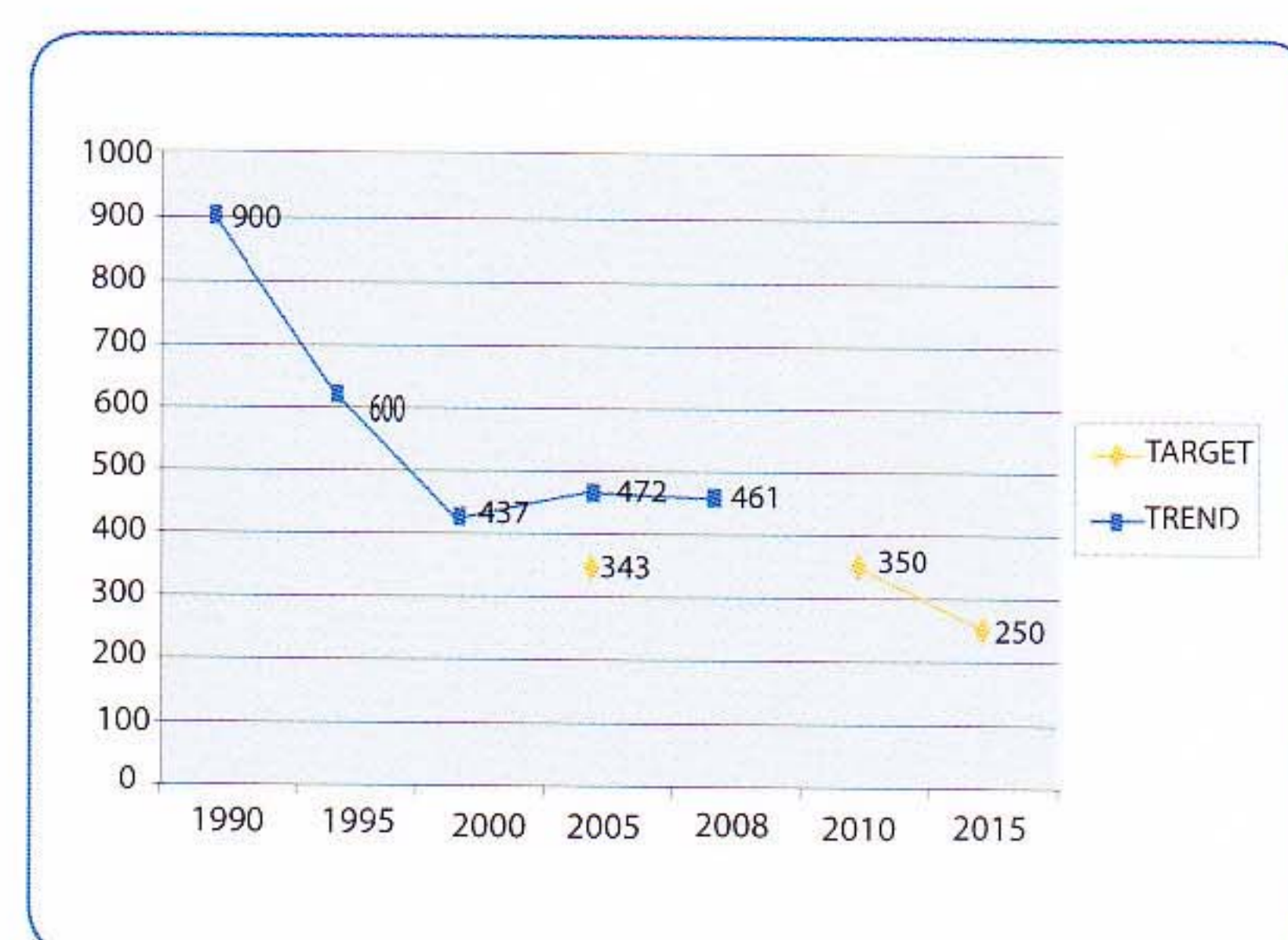


CMDG 5: Reduce Maternal Mortality

- Maternal mortality currently stands at 461 deaths per 100,000 live births, little change since 2000.
- Disparity: 278 per 100,000 live births in urban area Vs. 490 per 100,000 live births in rural area.
- Improved total fertility rate, which at 3.1 percent in 2008 (General Population Census) has almost reached its 2010 target.

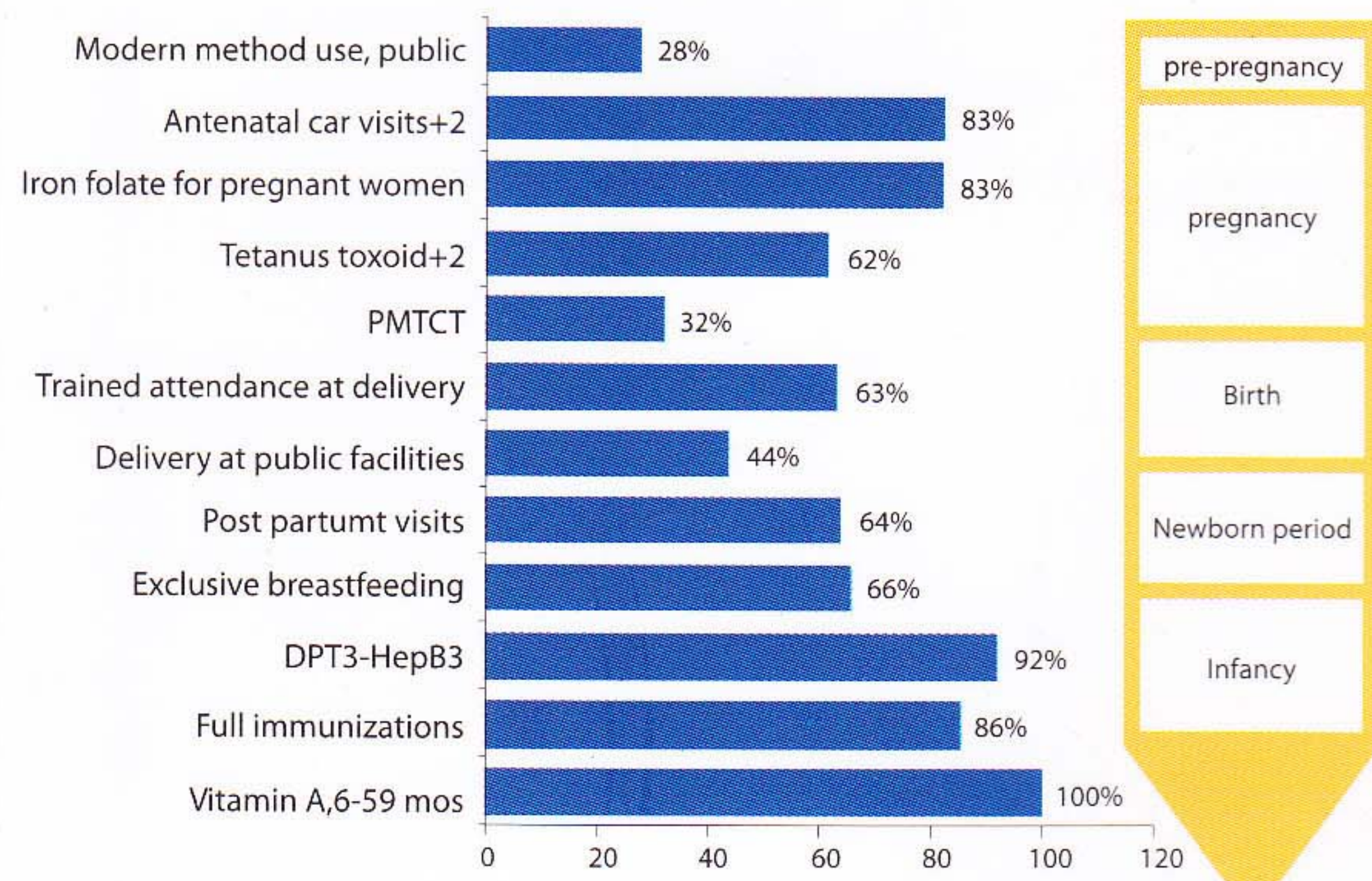
Positive Development

- Concerted efforts in increasing Anti Natal Care coverage
- Significant increases in the proportion of deliveries assisted by skilled birth attendants
- Subsidy schemes and Health Equity Funds have reduced financial barriers for the poor and resulted in more pregnant women accessing facility delivery services.
- More women are referred to hospitals where life-saving services (Emergency Obstetric Neonatal Care) are available.
- Contraceptive Prevalent Rate reported by public sector has steadily increased for the past 5 years- 1.5-2 percentage point per year.



Sources: CDHS 2000, & 2005 and General Population Census

REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH FAST TRACK INITIATIVE COVERAGE IN 2009



There are seven components of Fast Track Initiative for Reducing Maternal and Newborn Mortality

- Emergency Obstetric and Newborn Care
- Skilled Birth Attendance
- Family Planning
- Safe Abortion
- Behaviour Change Communication
- Removing Financial Barriers
- Maternal Death Surveillance & Response



CMDGs 6: Combat HIV/AIDS, Malaria and other diseases

- Reduce HIV prevalence rate among adults aged 15-49 from 2.6% in 2002 to <0.6 in 2015
- Increase percentage of people with advanced HIV infection receiving antiretroviral combination therapy from 3% in 2002 to 75% in 2015
- Significant progress has been made since 1997 in reducing tuberculosis prevalence from 428 per 100,000 population to 215 per 100,000 population in 2008
- Progress is observed in the tuberculosis death rate per 100,000 population, which, at 75 remains more than double the 2015 CMDG target of 32.
- The proportion of TB cases detected under Directly Observed Treatment has increased from 57 in 2002 to 67 in 2009, almost reaching the 2015 target of 70, and the treatment success rate of about 90% has already exceeded targets.
- The malaria case fatality rate reported by the public health sector remains far from the 2015 target of 0.1, having fallen only from 0.4 percent in 2000 to 0.33 percent in 2009.
- The current incidence rate of 0.8 per 1000 population is still much higher than the 2015 target of 0.4 but the case fatality rate of 0.30 percent has reached the 2015 target of 0.3. Further effort in prevention and treatment therefore still remains to maintain targets, but they appear to be in reach.

