WHO Country Cooperation Strategy

យុទ្ធសាស្ត្រនៃកិច្ចសហប្រតិបត្តិការប្រចាំប្រទេស របស់អង្គការសុខភាពពិភពលោក

CAMBODIA
2009-2015

World Health Organization

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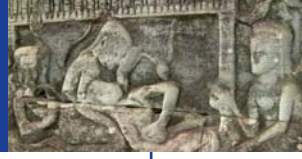

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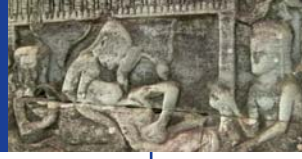
(ក្បួនហៅព្រលឹងអ្នកជម្ងឺ)

“May the tevoda grant us good health and prosperity, freeing us from suffering and fear. […] I am finishing my call, o nineteen pralung, come back all together now. There is no more suffering, no more fear, no more misfortune. O my dears, your relatives are gathered together in great number.”

(Treatise for Calling the Souls of the Sick)

Scene of Assisted Birth Delivery at Health Center, South West Outside Gallery of Bayon Temple, Angkor Wat



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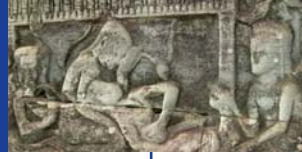


Foreword

The Royal Government of Cambodia and the World Health Organization have enjoyed a long and productive collaboration in advancing the health agenda in Cambodia.

Since the re-opening of the WHO office in Phnom Penh in 1991, WHO staff and counterparts at the Ministry of Health have worked closely together to address health concerns of highest priority in the country. The health sector benefits substantially from the stewardship of the Ministry of Health and from the technical and financial contributions from Development Partners in Health. WHO remains committed to supporting the Ministry of Health in improving the health of all Cambodians.

Cambodia has achieved many successes during this time, including reductions in HIV prevalence, in tuberculosis and malaria mortality, and in infant and child mortality. We have seen substantial expansion and strengthening of the health system, and improved access to health services.

Yet many challenges remain. Maternal mortality remains high. The old scourges of tuberculosis, malaria, dengue, and HIV surely stand ready to re-emerge or worsen should efforts slacken. Cambodia's epidemiologic transition means that non-communicable diseases and injuries take an ever-increasing toll. Stable and sustainable health care financing and social safety nets to address the needs of the poor are priorities with substantial financial implications. Dedicated and skilled health workers need to be retained, and quality services assured, through capacity-building, appropriate compensation, and good working conditions. A healthy population means assuring a safe water supply and adequate sanitation, and safeguarding a healthy environment.

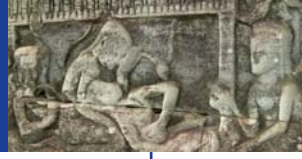
Cambodia is developing rapidly. Priorities, needs, and resources for health are continually changing. The Royal Government of Cambodia and the World Health Organization recognize the importance of periodically reassessing approaches and inputs. This is reflected in the second Ministry of Health Strategic Plan 2008 – 2015 (HSP2). WHO, in its commitment to align with Ministry and Government priorities, has reassessed and reaffirmed its own collaborative support in this second Country Cooperation Strategy, 2009 to 2015 (CCS).

WHO and the Royal Government of Cambodia remain fully committed to the strategies and priorities expressed in the HSP2 and the CCS. The WHO Representative Office in Cambodia, the Regional Office for the Western Pacific, and WHO Headquarters will continue to work in collaboration with all our partners, and to provide resources and technical support based on the highest international standards. We are confident that this cooperation, and the implementation of this CCS, will contribute to achieving the best possible health for the people of Cambodia.

Phnom Penh, 11 September 2009

H.E. Dr Mam Bun Heng
Minister of Health

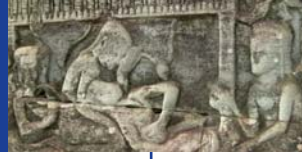
Dr Michael J. O'Leary
WHO Representative



List of Abbreviations

AC	Assessed Contributions
ADB	Asian Development Bank
AFD	Agence française de développement
AOP	Annual Operational Plan
BTC	Belgian Technical Cooperation
AusAID	Australian Agency for International Development
CCC	Country Coordinating Committee (Cambodia's CCM)
CCS	Country Cooperation Strategy
CDC	Council for the Development of Cambodia
CDCF	Cambodia Development Cooperation Forum
CD	Communicable Diseases
CDHS	Cambodia Demographic and Health Survey 2005
CMDGs	Cambodia Millennium Development Goals
CVC	Core Voluntary Contributions
DAC (OECD)	Development Assistance Committee of OECD
D&D	Deconcentration and Decentralization
DFID	UK Department for International Development
DPs	Development Partners
EDPs	External Development Partners
FCTC	Framework Convention on Tobacco Control
GAVI	Global Alliance for Vaccines and Immunizations
GDCC	Government-Development Partner Coordination Committee
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GHIs	Global Health Initiatives
GHPs	Global Health Partnerships
H&A	Harmonization and Alignment
HIS	Health Information System
HMN	Health Metrics Network
HPs	Health Partners
HSP1	Health Strategic Plan 2003-2007
HSP2	Health Strategic Plan 2008-2015
HSS	Health System Strengthening
HSSP1	First Health Sector Support Project
HSSP2	Second Health Sector Support Project
IHP	International Health Partnership

IHR	International Health Regulations
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IOM	International Organization for Migration
JPA	Joint Partnership Arrangement
JPIG	JPA Development Partner Interface Group
LDF	Lead Donor Facilitator
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
M&E	Monitoring and Evaluation
MMR	Maternal Mortality Ratio
MNCH	Maternal, Newborn and Child Health
MoH	Ministry of Health
NCD	Non-Communicable Diseases
NGOs	Non-Governmental Organizations
NPO	National Professional Officer
NSDP	National Strategic Development Plan, 2006- 2010
OD	Operational District
OECD	Organization for Economic Cooperation and Development
PHC	Primary Health Care
PIPs	Public Investment Programs
RGC	Royal Government of Cambodia
SEDP	Socio-Economic Development Plans
SP	Strategic Priority
SWAp	Sector-Wide Approach
SWiM	Sector-Wide Management Approach
TWGs	Technical Working Groups
TWGH	Technical Working Group on Health
UNAIDS	United Nations Program on HIV/AIDS
UNCT	United Nations Country Team
UNDAF	United Nations Assistance Development Framework
UNFPA	United Nations Populations Fund
UNICEF	United Nations Children Fund
UNTAC	United Nations Transition Authority in Cambodia
USAID	American Agency for International Development
WB	The World Bank
WHO	World Health Organization
3YRP	3-Year Rolling Plan



Executive Summary

The economy in Cambodia is driven by agriculture, the garment industry, tourism and foreign direct investment, especially in construction. Many of these are vulnerable to global economic downturns.

Health and Development

Cambodia has seen considerable socio-economic progress in recent years, accompanied by improvements in many health indicators. The economy expanded by over 10% per year in recent years and poverty declined, but despite this, 35% of the population still remained below the poverty line in 2006. Many more families are susceptible to being tipped into poverty, especially in times of personal health crisis. The national health budget has grown substantially but remains low on a per capita basis, and about 60% of health expenditure is out-of-pocket. This creates many challenges in ensuring universal access to quality health care, alleviated only in part by such additional measures as health equity funds, an embryonic system of social health insurance, decentralization in the health system, and the contributions of health Non-Governmental Organizations (NGOs).

The epidemiologic transition is well underway. While communicable diseases remain substantial threats to health, the prevalence of HIV has fallen significantly (to less than 1% of the adult population), the malaria and tuberculosis programs have strengthened considerably, immunization rates are high with new vaccines being introduced, and national programs have developed substantially in control of parasitic diseases, dengue, and childhood respiratory infections and diarrhoeal diseases, (even though the supply of safe water remains irregular, and rural areas especially have low levels of sanitation). In addition to the continued efforts needed in these areas, Cambodia reports high rates of diabetes and hypertension, more than 50% of adult men smoke cigarettes, and community mental health and traffic-related injuries are regarded as significant under-addressed problems.

While infant and child mortality fell by about 30% from 2000 to 2005, both rates remain high, at 66 and 83 per 1000 live births respectively. Even more worrisome is a sustained high level of maternal mortality, at 472 deaths per 100,000 live births (2005). Progress toward achieving the health-related Millennium Development Goals (MDGs) has thus been mixed, with MDG5 particularly at risk. Limited access to quality health care, especially in Maternal and Child Health (MCH) in rural and remote areas, and the lagging improvement in the Maternal Mortality Ratio (MMR) were driving forces behind the strategies enunciated in the second Health Strategic Plan 2008-2015 (HSP2),[1] and in the declaration of a Fast Track Initiative in MCH in October 2008.[2]

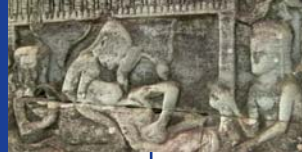
Along with the ongoing dynamic maturation of the health system, it is an incremental process to achieve universal access to quality health services. This requires well-trained, motivated, and adequately-compensated staff, and adequate drugs, supplies and equipment across 26 referral hospitals and nearly 1000 health centers. Health care worker salaries are widely regarded as inadequate for this purpose, and remain constrained by a limited but improving national health budget and by the budgetary situation across civil service as a whole.

To focus on these systemic issues, the HSP2 established 5 cross-cutting strategies to strengthen the health system: health planning, health information systems, health care financing, human resources for health, and health system governance. Both the Ministry of Health (MoH) and the Development Partners (DPs) in health are committed to Health System Strengthening (HSS) and continued improvement in service delivery to achieve universal access to quality health services across the entire country.

OPPORTUNITIES	CHALLENGES
• **Second Health Strategic Plan, 2008-2015** The HSP2 provides a comprehensive national strategy to 2015 to drive the health agenda and around which health development partners can align. It forms the basis of WHO's CCS and expectations for technical input. • **Fast Track Initiative on MCH** By focusing attention on this crucial area for health development, the Ministry of Health signals its intention to allocate national resources, and its desire for development partners to similarly support with funds and technical assistance. • **Deconcentration and Decentralization** A Government-wide effort to channel resources and skills more directly to provinces and districts, this initiative promises increased autonomy, with opportunities for clinic staff to access resources to improve the quality of and access to care.	• **Poverty** Despite significant gains, many people remain in or near poverty, with little margin of safety. • **Implementation Capacity at Local Level** Health care worker salaries remain low. Many health centers and hospitals are under-resourced, lacking adequate staff, supplies, and equipment. • **Neglected Areas in Health** Insufficient resources are available to adequately tackle many health threats, especially in areas of environment, and non-communicable diseases. • **Drug-resistant Malaria** Drug resistant strains of malaria have evolved previously on the Cambodia–Thai border, and artemisinin-tolerant parasites have recently been confirmed there. • **Private Sector** The private sector delivers nearly 80% of health care, with many challenges in ensuring quality.

Partners

Many development partners participate in the dynamic health sector in Cambodia. In addition to around 20 multilateral and bilateral donors, there are well more than 100 health-related international and national NGOs. Both the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) and the Global Alliance for Vaccines and Immunizations (GAVI) are substantial contributors to the health sector, complemented by several other Global Health Initiatives (GHIs). Looking beyond health, 2009 was the first year that the aggregate Official Development Assistance to all sectors almost reached US$1 billion in pledged aid.[3] Cambodia has participated actively in realizing the goals of the Paris Declaration on Aid Effectiveness,[4] with very active formal channels of collaboration between Government and Development Partners. In health, the monthly meetings of the Technical Working Group on Health (TWGH) provide the official mechanism to ensure harmonization and alignment among Health Partners (HPs) and Government/MoH. A smaller group of senior staff from the Ministry and selected representatives of HPs also meet monthly, as the Secretariat of the TWGH.



As in other countries, the MoH is WHO's official and principal counterpart. WHO serves a liaison role as the Lead Donor Facilitator (LDF) on the TWGH (and its Secretariat), and in this capacity also convenes meetings of HPs on a monthly basis, as well as ad hoc meetings to address specific issues of mutual concern. Cambodia is also a pilot or first-wave country for certain global initiatives, including the Health Metrics Network (HMN),[5] and the International Health Partnership (IHP).[6] For the latter, the Secretariat of the TWGH serves as the Country Health Sector Team, and WHO, with the World Bank (WB), serves as facilitator for the IHP. The commitment of HPs to harmonize their efforts is seen in the steady progress to a Sector-Wide Approach (SWAp) in Cambodia, currently in its most advanced state in the Health Sector Support Project, a management collaboration (with partial pooling of funds) among 7 key HPs. In addition, nearly 20 UN agencies are resident in Cambodia and work closely in programming and collaboration through bi-monthly meetings. A new United Nations Assistance Development Framework (UNDAF) is under development in 2009.

OPPORTUNITIES	CHALLENGES
• **Commitment to Paris Principles on Aid Effectiveness** Strong Government-Development Partner mechanisms of collaboration. • **International Health Partnership** Funding and political support to further consolidate gains in harmonization and alignment to achieve aid effectiveness. • **Global Health Partnerships (GHPs)** Several GHPs provide substantial funding to the health sector, and have demonstrated impacts in disease control and prevention. • **Health Sector Support Program** A growing number of Development Partners participate in common management and in some cases pooled support to the health sector.	**Many Health Partners** While very supportive, the large number of health partners with varied expectations can pose a fragmentation challenge that is not yet fully addressed. • **Non-Resident Global Health Partnerships** GHPs provide substantial resources to the health sector. The absence of representatives at country level for many GHPs, without delegation to or support of proxies, can inhibit participation in this dynamic collaboration. • **Imbalance between National and Donor Priorities** Donors emphasize alignment with national priorities, but many priorities remain under-funded.

WHO Strategic Agenda

To align with the strategies and priorities of the MoH as spelled out in the Health Strategic Plan 2008-2015, WHO in Cambodia has identified three Strategic Priorities in its CCS 2009-2015, each with specific areas of WHO focus:

Strategic Priority 1: Technical excellence in disease and public health programs

Targeted technical support in priority disease control areas
Cross-cutting support to National Programs and Centers
Programmatic support to under-resourced priorities
Technical capacity-building, and transfer of skills and knowledge
Support to the national implementation of global agreements

Strategic Priority 2: Access to quality health services

Delivery of priority health services

Health care financing
Human resources for health
Essential medicines and products
Quality of care and accountability across providers and programs

Strategic Priority 3: Effective stewardship of the health sector, including health partnerships

Policy development and advocacy
Health information systems and health systems research
Harmonization and alignment under a sector-wide approach in health
The relationship between the public and private sector
Integration of and linkages across disease control programs
Governance and decentralization

These priorities and focus areas are selected to enable enhanced support from the WHO Country Office in Cambodia, targeting particular areas of need in communicable diseases, advocating and providing support for relatively neglected or financially under-resourced areas, and re-defining and improving WHO's support to country-level health partnerships and Global Health Initiatives.

សេចក្ដីសង្ខេប

សេដ្ឋកិច្ចនៅក្នុងប្រទេសកម្ពុជា ពឹងផ្អែកទៅលើកសិកម្ម ឧស្សាហកម្មកាត់ដេរ ទេសចរណ៍ និងការវិនិយោគដោយផ្ទាល់ពីបរទេស ជាពិសេសការវិនិយោគក្នុងវិស័យសំណង់ ។ ផ្នែកជាច្រើននៅក្នុងចំណោមវិស័យទាំងនេះ បានទទួលរងនូវផលប៉ះពាល់ដោយសារវិបត្តិសេដ្ឋកិច្ចពិភពលោក ។

សុខភាព និងការអភិវឌ្ឍន៍

នៅក្នុងបណ្ដាឆ្នាំកន្លងទៅថ្មីៗនេះ កម្ពុជាបានសំរេចនូវការរីកលាស់ផ្នែកសេដ្ឋកិច្ចដ៏ធំគួរអោយកត់សំគាល់ រួមទាំងការកែលំអនៅក្នុងស្ថានភាពសុខភាពជាច្រើន ។ កំណើនសេដ្ឋកិច្ចបានកើនលើសពី ១០% ក្នុងមួយឆ្នាំ នៅក្នុងរយៈពេលជាច្រើនឆ្នាំកន្លងទៅថ្មីៗនេះ ហើយភាពក្រីក្របានថយចុះ ប៉ុន្តែទោះបីជាយ៉ាងដូចនេះក្តី ៣៥% នៃប្រជារាស្ត្រកម្ពុជានៅតែស្ថិតនៅក្រោមបន្ទាត់ក្រីក្រ នៅក្នុងឆ្នាំ ២០០៦ ។ គ្រួសារជាច្រើនថែមទៀតងាយធ្លាក់ចូលទៅក្នុងភាពក្រីក្រជាពិសេសនៅក្នុងពេលមានវិបត្តិសុខភាពផ្ទាល់ខ្លួន ។ ថវិកាសុខាភិបាលបានកើនឡើងយ៉ាងច្រើន ប៉ុន្តែនៅតែបន្តមានកំរិតទាបសំរាប់មនុស្សម្នាក់ ហើយប្រហែលជា ៦០% នៃការចំណាយទៅលើការថែទាំសុខភាពត្រូវបានធ្វើឡើងដោយអ្នកប្រើប្រាស់សេវា ។ ស្ថានភាពបែបនេះបង្កឱ្យមាននូវការលំបាកជាច្រើននៅក្នុងការធានាអោយមាននូវលទ្ធភាពប្រើប្រាស់សាកលនូវការថែទាំសុខភាពដែលមានគុណភាព ហើយដែលលទ្ធភាពប្រើប្រាស់សេវានេះត្រូវបានកែលំអដោយអន្តរាគមន៍ប៉ុន្មានដោយសារវិធានការបន្ថែម ដូចជា មូលនិធិសមធម៌ ប្រព័ន្ធធានារ៉ាប់រងសុខភាពសហគមន៍ដែលរីករីកចំរើនឡើង ការធ្វើវិមជ្ឈការនៅក្នុងប្រព័ន្ធសុខាភិបាល និង ការចូលរួមចំណែកពីសំណាក់ក្រុមការងារក្រៅរដ្ឋាភិបាលដែលធ្វើការងារនៅក្នុងវិស័យសុខាភិបាល ។

អន្តរកាលអេពីដេមីសាស្ត្រកំពុងប្រព្រឹត្តិទៅល្អប្រសើរ ។ នៅក្នុងពេលដែលជំងឺឆ្លងនៅតែជាការគំរាមកំហែងដ៏ធំចំពោះសុខភាពនេះ ប្រេវ៉ាឡង់នៃមេរោគអេដស៍បានធ្លាក់ចុះយ៉ាងច្រើន (មកត្រឹមអត្រាទាបជាង ១% នៅក្នុងចំណោមមនុស្សពេញវ័យ), កម្មវិធីគ្រុនចាញ់ និងជំងឺរបេងមានការរីកចំរើនយ៉ាងច្រើនគួរឱ្យកត់សំគាល់ អត្រាចាក់ថ្នាំបង្ការមានកំរិតខ្ពស់ដោយមានវ៉ាក់សាំងថ្មីៗត្រូវបានដាក់អោយប្រើប្រាស់ កម្មវិធីជាតិមានការរីកចំរើនជាច្រើននៅក្នុងការទប់ស្កាត់ជំងឺប៉ារ៉ាស៊ីត ជំងឺគ្រុនឈាម ជំងឺដង្កូវជញ្ជីមនៅក្នុងចំណោមកុមារ និងជំងឺឃ្លង់ (ទោះបីជាការផ្គត់ផ្គង់ទឹកដែលមានសុវត្ថិភាពនៅតែមិនទាន់មានគ្រប់គ្រាន់នៅឡើយ និងជាពិសេសនៅក្នុងតំបន់ជនបទមានអនាម័យអន់ខ្សោយ) ។ បន្ថែមពីលើកិច្ចប្រឹងប្រែងដែលនៅមានបន្តនៅក្នុងផ្នែកទាំងនេះ កម្ពុជាមានអត្រាខ្ពស់នៃជំងឺរលាកថ្លើម និងជំងឺសំពាធឈាមខ្ពស់ដោយជាង ៥០% នៃបុរសពេញវ័យជក់បារី ហើយសុខភាពផ្លូវចិត្តនៅក្នុងសហគមន៍ និងគ្រោះថ្នាក់ចរាចរណ៍ត្រូវបានចាត់ទុកថាជាបញ្ហាធំ និងមិនទាន់បានដោះស្រាយពេញលេញ ។

ទោះបីជាអត្រាស្លាប់នៅក្នុងចំណោមទារក និងកុមារ បានធ្លាក់ចុះប្រហែល ៣០% ចាប់ពីឆ្នាំ ២០០៣ ដល់ ឆ្នាំ ២០០៥ ក៏ដោយ អត្រាស្លាប់ទាំងពីរនេះនៅតែមានកំរិតខ្ពស់ ដោយអត្រាស្លាប់នៅក្នុងចំណោមទារកមានចំនួន ៦៦នាក់នៅក្នុង

កំណើតរស់ ១០០០នាក់ និងអត្រាស្លាប់នៅក្នុងចំណោមកុមារមានចំនួន ៨៤នាក់ នៅក្នុងចំណោម កំណើតរស់ ១០០០នាក់ៗ ប្រការដែលគួរឱ្យព្រួយបារម្ភនោះគឺអត្រាស្លាប់របស់មាតាដែលនៅតែមានកំរិតខ្ពស់ ដោយមានមាតាស្លាប់ ចំនួន ៤៧២នាក់ នៅក្នុងចំណោមកំណើតរស់ ១០០.០០០នាក់ (២០០៥) ។ អាស្រ័យហេតុនេះ វឌ្ឍនភាពឆ្ពោះទៅរកការសំរេចបាននូវគោលដៅអភិវឌ្ឍន៍សហសវត្សរ៍ដែលទាក់ទងទៅនឹងសុខភាពមានភាពមិនច្បាស់លាស់ ជាពិសេសគោលដៅអភិវឌ្ឍន៍សហសវត្សរ៍ ៥ អាចមិនសំរេចបានទៅតាមការរំពឹងទុក ។ កង្វះលទ្ធភាពប្រើប្រាស់ការថែទាំសុខភាពដែលមានគុណភាព ជាពិសេសនៅក្នុងផ្នែកគាំពារមាតា និងកុមារ នៅក្នុងតំបន់ជនបទ និងតំបន់ដាច់ស្រយាល និងកង្វះខាតនូវការកែលំអនៅក្នុងអត្រាស្លាប់របស់មាតាគឺជាកត្តាចលករនៅពីក្រោយយុទ្ធសាស្ត្រដែលត្រូវចែងនៅក្នុងផែនការយុទ្ធសាស្ត្រសុខាភិបាលជំនាន់ទី ២ ឆ្នាំ ២០០៨-២០១៥ និង នៅក្នុងសេចក្តីប្រកាសនៃគំរោងផ្តួចផ្តើម Fast Track (ដែលជាវិធីធ្វើឱ្យបានឆាប់) នៅក្នុងផ្នែកគាំពារសុខភាពមាតា និងកុមារ នាខែសីហាឆ្នាំ ២០០៨ ។

ទន្ទឹមគ្នានឹងការឈានទៅរកភាពចាស់ទុំប្រកបទៅដោយភាពស្វាហាប់នៃប្រព័ន្ធសុខាភិបាលនេះ វិស័យសុខាភិបាលនឹងឈានជាបណ្តើរៗឆ្ពោះទៅរកការសំរេចបាននូវលទ្ធភាពប្រើប្រាស់ជាសាកលនូវការថែទាំសុខភាពសំរាប់ប្រជារាស្ត្រទាំងអស់គ្នា ។ ដើម្បីសំរេចបាននូវគោលដៅនេះ គេទាមទារនូវបុគ្គលិកដែលមានការបណ្តុះបណ្តាលត្រឹមត្រូវមានការលើកទឹកចិត្ត និងមានប្រាក់ខែគ្រប់គ្រាន់ និងទាមទារឱ្យមាននូវឱសថ ការផ្គត់ផ្គង់ និងសំភារៈបរិក្ខាគ្រប់គ្រាន់នៅទូទាំងមន្ទីរពេទ្យបង្អែកទាំង ២៦ និងមណ្ឌលសុខភាពជិត ១០០០ មណ្ឌលសុខភាព ។ ប្រាក់ខែសំរាប់បុគ្គលិកថែទាំសុខភាពត្រូវបានគេដឹងឮជាទូទៅថាមានភាពមិនគ្រប់គ្រាន់សំរាប់បីគោលបំណងនេះ និងនៅតែមានការខ្វះខាតដោយសារតែថវិកាសុខាភិបាលជាតិដែលមានកំរិត ប៉ុន្តែមានការកែលំអ និងដោយសារស្ថានភាពថវិកានៅក្នុងសេវាស៊ីវិលទាំងមូលក៏នៅមានកំរិត ។

ដើម្បីដោះស្រាយនូវបញ្ហាជាប្រព័ន្ធទាំងនេះ ផែនការយុទ្ធសាស្ត្រសុខាភិបាលជំនាន់ទី ២ បានបង្កើតឡើងនូវយុទ្ធសាស្ត្រដែលពាក់ព័ន្ធគ្នាទៅវិញទៅមកចំនួន ៥ ដើម្បីធ្វើការពង្រឹងនូវប្រព័ន្ធសុខាភិបាលៈ ការធ្វើផែនការសុខាភិបាល ហិរញ្ញប្បទានសុខាភិបាល ធនធានមនុស្សសំរាប់វិស័យសុខាភិបាល និងអភិបាលកិច្ចនៅក្នុងប្រព័ន្ធសុខាភិបាល ។ ទាំងក្រសួងសុខាភិបាល និងដៃគូអភិវឌ្ឍន៍នៅក្នុងការថែទាំសុខភាព បានគាំទ្រដល់ការពង្រឹងនូវប្រព័ន្ធសុខាភិបាល និងបានបន្តធ្វើការកែលំអនៅក្នុងការផ្តល់សេវា ដើម្បីសំរេចបានលទ្ធភាពប្រើប្រាស់ជាសាកលនូវសេវាសុខាភិបាលដែលមានគុណភាព នៅទូទាំងប្រទេស ។

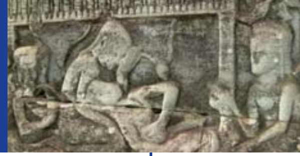
ឱកាស	ការលំបាក
• **ផែនការយុទ្ធសាស្ត្រសុខាភិបាលជំនាន់ទីពីរឆ្នាំ ២០០៨-២០១៥** ផែនការយុទ្ធសាស្ត្រសុខាភិបាលជំនាន់ទី ២ ផ្តល់នូវយុទ្ធសាស្ត្រថ្នាក់ជាតិគ្រប់ជ្រុងជ្រោយរហូតដល់ឆ្នាំ ២០១៥ ដើម្បីធ្វើការដឹកនាំនូវកម្មវិធីសុខាភិបាល ហើយដៃគូអភិវឌ្ឍន៍អាចធ្វើការតំរឹមស្របទៅតាមផែនការនេះ ។ ផែនការនេះបង្កើតបានជាមូលដ្ឋានសំរាប់យុទ្ធសាស្ត្រនៃកិច្ចសហប្រតិបត្តិការថ្នាក់ប្រទេសរបស់អង្គការសុខភាពពិភពលោក និងបង្កើតឡើងនូវការពឹងផ្អែកលើជំនួយបច្ចេកទេស ។ • **គំរោងផ្តួចផ្តើម Fast Tract នៅក្នុងផ្នែកគាំពារសុខភាពមាតា និងទារក** ដោយបានធ្វើការផ្តោតការយកចិត្តទុកដាក់ទៅលើផ្នែកដ៏សំខាន់នេះសំរាប់ការអភិវឌ្ឍន៍វិស័យសុខាភិបាលនោះ ក្រសួងសុខាភិបាលមានគោលបំណងធ្វើការបែងចែកនូវធនធានថ្នាក់ជាតិ និងមានបំណងចង់ឲ្យដៃគូអភិវឌ្ឍន៍ផ្តល់នូវការគាំទ្រផ្នែកមូលនិធិ និង ជំនួយបច្ចេកទេសសំរាប់ផ្នែកនេះ ។ • **វិមជ្ឈការ និងសហវិមជ្ឈការ** កិច្ចប្រឹងប្រែងនៅក្នុងរដ្ឋាភិបាលទាំងមូលធ្វើការផ្ទេរនូវធនធាន និងថវិកាដោយផ្ទាល់ទៅខេត្ត និងស្រុក គំរោងនេះបាននូវកំណើននៃភាពស្វយ័ត ដោយផ្តល់ឱកាសឲ្យបុគ្គលិកក្នុងមូលដ្ឋានសុខភាពប្រើប្រាស់នូវធនធានដើម្បីធ្វើការកែលំអគុណភាពនៃការថែទាំនិងបង្កើននូវលទ្ធភាពប្រើប្រាស់នូវការថែទាំ ទៅដល់អ្នកប្រើប្រាស់ ។	• **ភាពក្រីក្រ** ទោះបីជាមានការរីកចំរើនជាដុំកំភួនក៏ដោយ ប្រជារាស្ត្រជាច្រើននៅតែស្ថិតនៅក្នុងភាពក្រីក្រ ឬនៅជិតនឹងភាពក្រីក្រ ដោយសារតែខ្វះខាតនូវសុវត្ថិភាព ។ • **សមត្ថភាពសុខាភិបាលនៅក្នុងថ្នាក់មូលដ្ឋាន** ប្រាក់ខែសំរាប់បុគ្គលិកថែទាំសុខភាពនៅតែមានកំរិតទាប ។ មណ្ឌលសុខភាព និងមន្ទីរពេទ្យបង្អែកជាច្រើនមានការខ្វះខាតធនធាន ខ្វះខាតបុគ្គលិក ខ្វះខាតនូវការផ្គត់ផ្គង់ និងសំភារៈបរិក្ខារ ។ • **ផ្នែកដែលមិនត្រូវបានគេគិតពី នៅក្នុងវិស័យសុខាភិបាល** គ្មានធនធានគ្រប់គ្រាន់ដើម្បីដោះស្រាយនូវបញ្ហាសុខភាពជាច្រើនប្រកបដោយប្រសិទ្ធភាព ជាពិសេសនៅក្នុងផ្នែកបរិស្ថាន និងជំងឺមិនឆ្លង ។ • **ជំងឺគ្រុនចាញ់ដែលស៊ាំនឹងឱសថ** មេរោគជំងឺគ្រុនចាញ់ដែលស៊ាំទៅនឹងឱសថបានកើតឡើងនៅក្នុងពេលកន្លងទៅនៅតាមព្រំដែនកម្ពុជា-ថៃ ហើយមេរោគដែលធន់ទៅនឹងឱសថប្រភេទ artemisinin ត្រូវបានគេរកឃើញនៅទីនេះនាពេលថ្មីៗកន្លងទៅនេះ ។ • **ផ្នែកឯកជន** ផ្នែកឯកជនផ្តល់នូវការថែទាំសុខភាពប្រហែលជា ៨០%, ដោយមានការជួបប្រទះនូវការលំបាកជាច្រើនក្នុងការធានានូវគុណភាព ។

ដៃគូ

ដៃគូអភិវឌ្ឍន៍ជាច្រើនបានចូលរួមនៅក្នុងវិស័យសុខាភិបាលដ៏មានភាពស្វាហាប់នៅក្នុងប្រទេសកម្ពុជា ។ ក្រៅពីម្ចាស់ជំនួយទ្វេភាគី និងពហុភាគីប្រហែលជាង ២០ នេះ នៅមានអង្គការក្រៅរដ្ឋាភិបាលក្នុងស្រុក និងអន្តរជាតិជាង ១០០ អង្គការដែលធ្វើការងារទាក់ទងទៅនឹងសុខភាព ។ មូលនិធិសកលដើម្បីប្រយុទ្ធនឹងជំងឺអេដស៍ ជំងឺរបេង និងគ្រុនចាញ់ (GFATM) និងសម្ព័ន្ធភាពពិភពលោកសំរាប់វ៉ាក់សាំង និងការចាក់ថ្នាំបង្ការ (GAVI) គឺជាអ្នកដែលបានចូលរួមចំណែកដ៏ធំនៅក្នុងវិស័យសុខាភិបាល ដោយត្រូវបានបំពេញបន្ថែមដោយគំរោងសុខភាពពិភពលោកដទៃទៀតជាច្រើន ។ ក្រៅពីវិស័យសុខាភិបាល ឆ្នាំ ២០០៩ នេះ គឺជាឆ្នាំដំបូងដែលជំនួយអភិវឌ្ឍន៍ផ្លូវការសរុបសំរាប់វិស័យទាំងអស់មានចំនួនលើសពី ១កោដិដុល្លារសហរដ្ឋអាមេរិក ។

ប្រទេសកម្ពុជាបានចូលរួមយ៉ាងសកម្មនៅក្នុងការសំរេចបាននូវគោលដៅរបស់សេចក្តីប្រកាសទីក្រុងប៉ារីសស្តីអំពីប្រសិទ្ធភាពជំនួយ ដោយមានបណ្តាញផ្លូវការយ៉ាងសកម្មគាំទ្រកិច្ចសហការរវាងរដ្ឋាភិបាល និងដៃគូអភិវឌ្ឍន៍ ។ នៅក្នុងវិស័យសុខាភិបាល ការប្រជុំរបស់ក្រុមការងារបច្ចេកទេសសុខាភិបាលបានផ្តល់យន្តការជាផ្លូវការដើម្បីធានានូវភាពរលូន និង ស៊ីសង្វាក់គ្នា នៅក្នុងចំណោមដៃគូសុខាភិបាល និងរដ្ឋាភិបាល/ក្រសួងសុខាភិបាល ។ ក្រុមប្រឹក្សាថ្នាក់ដឹកនាំនៃក្រសួងសុខាភិបាល និងអ្នកតំណាងដែលត្រូវបានជ្រើសរើសរបស់ដៃគូសុខាភិបាលក៏បានធ្វើការប្រជុំប្រចាំខែផងដែរក្នុងនាមជាលេខាធិការដ្ឋានរបស់ក្រុមការងារបច្ចេកទេសសុខាភិបាល ។

ដូចគ្នាទៅនឹងប្រទេសដទៃទៀត ក្រសួងសុខាភិបាលគឺជាសមាគីផ្លូវការ និងមានសារៈសំខាន់ របស់អង្គការសុខភាពពិភពលោក។ អង្គការសុខភាពពិភពលោកបំពេញនូវតួនាទីដ៏នាំមុខ ក្នុងនាមជាអ្នកសំរបសំរួលដ៏សំខាន់នៃម្ចាស់ជំនួយ នៅក្នុងក្រុមការងារបច្ចេកទេសសុខាភិបាល (និងលេខាធិការដ្ឋាននៃក្រុមការងារបច្ចេកទេសសុខាភិបាលនេះ) ហើយនៅក្នុងតួនាទីនេះ អង្គការសុខភាពពិភពលោកដឹកនាំធ្វើការប្រជុំប្រចាំខែរបស់ដៃគូសុខាភិបាលផងដែរ ក៏ដូចជាការប្រជុំដោយគ្មានការគ្រោងទុក ដើម្បីធ្វើការដោះស្រាយនូវបញ្ហាជាក់លាក់ដែលពាក់ព័ន្ធគ្នាទៅវិញទៅមក ។ ដូចគ្នានេះដែរ កម្ពុជាក៏ជាប្រទេសសាកល្បង ឬប្រទេសដំបូង (first-wave) ដែលបានអនុវត្តនូវគំរោងសាកល ជាក់លាក់ រួមមាន៖ បណ្តាញរង្វាស់សុខភាព (Health Metrics Network) និងដៃគូសុខាភិបាលអន្តរជាតិ ។ សំរាប់ដៃគូសុខាភិបាលអន្តរជាតិ លេខាធិការដ្ឋាននៃក្រុមការងារបច្ចេកទេសសុខាភិបាលបំពេញនូវតួនាទីជាក្រុមការងារវិស័យសុខាភិបាលថ្នាក់ប្រទេស ហើយអង្គការសុខភាពពិភពលោករួមគ្នាជាមួយនឹងធនាគារពិភពលោក បំពេញតួនាទីជាអ្នកសំរបសំរួលសំរាប់ដៃគូសុខាភិបាលអន្តរជាតិ ។ ការសន្យារបស់ដៃគូសុខាភិបាលនៅក្នុងការធ្វើឲ្យកិច្ចប្រឹងប្រែងរបស់គេមានភាពរលូន និងស៊ីសង្វាក់គ្នានេះ ត្រូវបានមើលឃើញនៅក្នុងការរីកចំរើនជាលំដាប់ឆ្ពោះទៅរកវិធីសាស្ត្រទូទាំងវិស័យនៅក្នុងប្រទេសកម្ពុជា ដែលបច្ចុប្បន្ននេះស្ថិតនៅក្នុងភាពរីកចំរើនបំផុតនៅក្នុងកម្មវិធីគាំទ្រទូទាំងវិស័យសុខាភិបាល (Health Sector Support Program) ដែលជាកិច្ចសហការផ្នែកគ្រប់គ្រង (ដោយមានដាក់បញ្ចូលគ្នាមួយផ្នែកនៃមូលនិធិ) នៅក្នុងចំណោមដៃគូសុខាភិបាលសំខាន់ៗ ចំនួន ៧ ។ ក្រៅពីនេះ ទីភ្នាក់ងារអង្គការសហប្រជាជាតិប្រហែល ២០ មានការិយាល័យនៅក្នុងប្រទេសកម្ពុជា នឹងធ្វើការងារយ៉ាងជិតស្និទ្ធនៅក្នុងការធ្វើកម្មវិធី និងកិច្ចសហការតាមរយៈការប្រជុំរៀងរាល់ខែម្តង ។ ក្របខ័ណ្ឌជំនួយអភិវឌ្ឍន៍ថ្មី នៃអង្គការសហប្រជាជាតិកំពុងត្រូវបានរៀបចំឡើងនៅក្នុងឆ្នាំ ២០០៩ ។



ឱកាស	ការលំបាក
• **ការប្តេជ្ញាចំពោះគោលការណ៍នៃសេចក្តីប្រកាសទីក្រុងប៉ារីស ស្តីពីប្រសិទ្ធភាពជំនួយ** យន្តការនៃកិច្ចសហការដឹកនាំដោយរដ្ឋាភិបាល-ដៃគូអភិវឌ្ឍន៍ • **ដៃគូសុខាភិបាលអន្តរជាតិ** ការផ្តល់មូលនិធិ និងការគាំទ្រផ្នែកគោលនយោបាយ ដើម្បីបង្កើននូវភាពរលូន និងស៊ីសង្វាក់គ្នា ដើម្បីសំរេចបាននូវប្រសិទ្ធភាពជំនួយ ។ • **ដៃគូសុខាភិបាលសាកល** ដៃគូសុខាភិបាលសាកលមួយចំនួនបានផ្តល់នូវមូលនិធិជាច្រើនទៅឱ្យវិស័យសុខាភិបាល និងបង្ហាញពីសារៈប្រយោជន៍ នៅក្នុងការបង្ការ និងការទប់ស្កាត់ជំងឺ ។ • **កម្មវិធីគាំទ្រវិស័យសុខាភិបាល** (HSSP) ដៃគូអភិវឌ្ឍន៍កាន់តែច្រើនចូលរួមនៅក្នុងការគ្រប់គ្រងរួម និង នៅក្នុងករណីខ្លះបានធ្វើការដាក់បញ្ចូលគ្នានូវការឧបត្ថម្ភគាំទ្រដល់វិស័យសុខាភិបាល ។	• **ដៃគូសុខាភិបាលច្រើន** នៅក្នុងពេលដែលមានការគាំទ្រច្រើននេះ ការមានដៃគូសុខាភិបាលច្រើនដែលមានការពឹងទុកផ្សេងៗគ្នាអាចបង្ករអោយមានការប្រជែងដាច់ដោយឡែកដែលមិនត្រូវបានដោះស្រាយពេញលេញនៅឡើយ ។ • **ដៃគូសុខាភិបាលសាកលដែលគ្មានការតំណាងនៅក្នុងប្រទេស** ដៃគូសុខាភិបាលសាកលផ្តល់នូវមូលនិធិជាច្រើនដល់វិស័យសុខាភិបាល ។ អវត្តមានតំណាងប្រចាំប្រទេសសំរាប់ដៃគូសុខាភិបាលសាកលជាច្រើន គ្មានការផ្តល់សិទ្ធិតំណាង ឬការគាំទ្រដល់អ្នកតំណាង អាចបង្កបញ្ហាក្នុងការចូលរួមរបស់គេនៅក្នុងកិច្ចសហការដ៏ស្វាហាប់នេះ ។ • **អនុលោមភាពជាមួយអាទិភាពជាតិ និងអាទិភាពម្ចាស់ជំនួយ** ម្ចាស់ជំនួយព្យាយាមធ្វើអោយស្របទៅតាមអាទិភាពជាតិ ប៉ុន្តែអាទិភាពជាច្រើននៅតែមិនមានមូលនិធិគ្រប់គ្រាន់ ។

របៀបវារៈជាយុទ្ធសាស្ត្ររបស់អង្គការសុខភាពពិភពលោក

ដើម្បីធ្វើឱ្យមានភាពរលូន និងស៊ីសង្វាក់គ្នាជាមួយនឹងយុទ្ធសាស្ត្រ និងអាទិភាពរបស់ក្រសួងសុខាភិបាល ដូចដែលមានចែងច្បាស់លាស់នៅក្នុងផែនការយុទ្ធសាស្ត្រសុខាភិបាលដំណាក់ទី ២ ឆ្នាំ ២០០៨-២០១៥ នេះ អង្គការសុខភាពពិភពលោកបានកំណត់នូវអាទិភាពជាយុទ្ធសាស្ត្រចំនួន ៣ នៅក្នុងយុទ្ធសាស្ត្រនៃកិច្ចសហប្រតិបត្តិការថ្នាក់ប្រទេសសំរាប់ឆ្នាំ ២០០៩-២០១៥ របស់ខ្លួន ដែលអាទិភាពនីមួយៗមានផ្នែកនៃការផ្តោតការយកចិត្តទុកដាក់ជាក់លាក់របស់អង្គការសុខភាពពិភពលោក៖

អាទិភាព ១: គុណភាពផ្នែកបច្ចេកទេសនៅក្នុងកម្មវិធី និងសុខភាពសាធារណៈ

ការគាំទ្រផ្នែកបច្ចេកទេសដែលជាគោលដៅចំណុចនៅក្នុងផ្នែកទប់ស្កាត់ជំងឺជាអាទិភាព
គាំទ្រគ្នាទៅវិញទៅមកដល់កម្មវិធីជាតិ និងមជ្ឈមណ្ឌលជាតិ
ការគាំទ្រផ្នែកកម្មវិធីដល់អាទិភាពដែលគ្មានធនធានគ្រប់គ្រាន់
ការកសាងសមត្ថភាពបច្ចេកទេស និងការផ្ទេរជំនាញ និងចំណេះដឹង
ការគាំទ្រដល់ការអនុវត្តន៍នូវកិច្ចព្រមព្រៀងសាកលនៅក្នុងថ្នាក់ជាតិ

អាទិភាព ២: លទ្ធភាពប្រើប្រាស់សេវាដែលមានគុណភាព

ការផ្តល់នូវសេវាសុខាភិបាលដែលមានអាទិភាព

ហិរញ្ញប្បទានសុខាភិបាល

ធនធានមនុស្សសំរាប់វិស័យសុខាភិបាល

ឱសថ និងផលិតផលសាស្ត្រ

គុណភាពនៃការថែទាំ និងគណនេយ្យភាពនៅក្នុងចំណោមអ្នកផ្តល់សេវា និងកម្មវិធីទាំងអស់

អាទិភាព ៣៖ ការគ្រប់គ្រងប្រកបដោយប្រសិទ្ធភាពក្នុងវិស័យសុខាភិបាល រួមទាំងដៃគូនៅក្នុងវិស័យសុខាភិបាល

ការបង្កើតនូវគោលនយោបាយ និងការតស៊ូមតិគាំទ្រគោលនយោបាយ

ប្រព័ន្ធព័ត៌មានសុខាភិបាល និងការស្រាវជ្រាវនៅក្នុងប្រព័ន្ធសុខាភិបាល

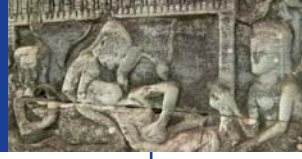
ភាពកម្ពូន និងស៊ីសង្វាក់គ្នាតាមរយៈការអនុវត្តន៍នូវវិធីសាស្ត្រគាំទ្រវិស័យនៅក្នុងវិស័យសុខាភិបាល

ទំនាក់ទំនងរវាងផ្នែករដ្ឋ និងផ្នែកឯកជន

ការដាក់បញ្ចូលគ្នា និងការផ្សារភ្ជាប់គ្នានៅក្នុងកម្មវិធីបង្ការជំងឺទាំងអស់

អភិបាលកិច្ច និងវិមជ្ឈការកម្ម

អាទិភាព និងផ្នែកនៃការផ្តោតការយកចិត្តទុកដាក់ទាំងនេះត្រូវបានជ្រើសរើសឡើងដើម្បីបង្ករអោយមាននូវការគាំទ្រកាន់តែប្រសើរឡើងពីសំណាក់ការិយាល័យប្រចាំប្រទេសនៃអង្គការសុខភាពពិភពលោកនៅក្នុងប្រទេសកម្ពុជា ដោយធ្វើការផ្តោតការយកចិត្តទុកដាក់ទៅលើផ្នែកជាក់លាក់នៃតំរូវការនៅក្នុងជំនឿខ្លួន ការធ្វើការតស៊ូមតិ និងការផ្តល់នូវការឧបត្ថម្ភគាំទ្រទៅដល់ផ្នែកដែលមិនត្រូវបានអើពើ ឬផ្នែកដែលមានធនធានហិរញ្ញវត្ថុមិនគ្រប់គ្រាន់ ការកំណត់ឡើងវិញ និងការកែលំអនូវការឧបត្ថម្ភគាំទ្ររបស់អង្គការសុខភាពពិភពលោកសំរាប់ដៃគូសុខាភិបាលនៅក្នុងថ្នាក់ប្រទេស និងកំរាងសុខាភិបាលថ្នាក់ពិភពលោក ៤



Introduction

This Country Cooperation Strategy (CCS) comes at an important juncture for WHO and the Cambodian MoH. It was developed in parallel with the HSP2, which has shaped its content. HSP2 outlines the Ministry's vision for how it will build a stronger and more equitable health system, more effectively prevent diseases and improve the health of all Cambodians. It also documents a remarkable improvement of national health outcomes and access to health services over the last decade, the result of joint efforts by government, NGOs and international development partners. WHO intends to continue to play an important role in the health development process. Cambodia is entering a crucial new phase in health development in the years leading to the year 2015 targets of the MDGs. Elucidating WHO's role and comparative advantages for supporting the implementation of HSP2 and achieving the health related MDGs has been at the center of the CCS development process. The WHO Country Office team worked on questions of fundamental importance for the organization's work in Cambodia, including:

What are the critical new challenges in this rapidly developing country where the transition to a more multifaceted public health has just started, and how should WHO respond to those challenges?

What is WHO's preferred role and comparative advantage in the complex health development environment in Cambodia?

Which of WHO's institutional assets will most effectively contribute to an improvement of the health and well-being of all Cambodians?

Increased political stability, economic growth, gradual improvement of government accountability and sustained development support are factors that contribute to a renewed commitment in a fair and effective health system in Cambodia.

Section 2

Cambodia's Health and Development Challenges

2.a Overview

The 1991 Paris Peace Accords[7] marked the end of dark times for the people of Cambodia and reset the clock for a long and complex nation-building agenda. Such a process takes much longer to complete than the ink on a peace agreement takes to dry. Nation building is a gradual and intricate process of institutional strengthening sector by sector over many years. If participatory mechanisms can appear very early in the process, free elections can often be organized within a couple of years. However the fulfilment of social and economic rights (education, housing, health, and others) takes much more time as they require an established democratic foundation and sustainable development processes.

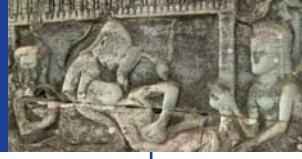
Cambodia has been on this path for almost 20 years. Since the July 1993 elections, important nation-building milestones have gradually turned the battlefield into a place of relative prosperity. Today, Cambodia's institutional development allows a vision of universal social and economic protection of the people.

Even so, many socioeconomic indicators remain of great concern. It is important to keep in mind that Cambodia's development agenda operates not only in the context of poverty-linked drawbacks but also within a much more complex mix of post-war recovery, social trauma, and institution-building.

As the health system has built itself over the years, national authorities have shown increasing readiness to reclaim full ownership of the health sector. In doing so, they reassess the roles and responsibilities of government and non government parties, to best address issues of sustainability and equitable access for all Cambodian people.

2.a.i. Demographics and Mortality

The provisional population totals of the General Population Census 2008 from the National Institute of Statistics[8] establish a population for the country of 13,388,910 people, with an annual population growth rate of 1.54%, reduced from 2.5% ten years ago. With a sharp decline in infant and under-five mortality, a drop in total fertility rate and a concomitant increase in life expectancy at birth, Cambodia is normalizing its population figures along regional averages, but it is also facing the burden of demographic transition, with large numbers of young adults entering the labour market. Of significant concern is the MMR of 472 deaths per 100,000 live births (Cambodia Demographic and Health Survey 2005, CDHS),[9] which remains one of the highest in the region and shows no significant progress since 2000. There are many contributing factors to the unfavorable MMR in Cambodia but the poor access to, and low utilization of professional delivery services is at the heart of the problem. These results have prompted the MoH to rank the maternal health determinant of maternal mortality very high in the current strategic agenda.



2.a.ii. Socioeconomic Development

Economic growth in Cambodia increased from 1.2% in 1991 to a double digit pace fifteen years later, although with a GDP per capita of US$ 2,000[10] and a Human Development Index of 0.598,[11] Cambodia still ranks below the average for the region.

In 2004, the Cambodia Poverty Assessment Report[12] concluded on a positive note, the poverty rate having declined by 12% nationwide between 1994 and 2004. At the same time, the Report highlighted how fragile these achievements are and how much more must be done before the Cambodian people can rely on solid social safety nets. Poverty remains highly endemic and multidimensional: land ownership, road access, access to commercial markets, irrigation, electricity, literacy among adults, and other measures especially among the bottom income quintiles confirm the depth and magnitude of poverty in Cambodia.

The current global economic recession is expected to reduce economic growth to around 5% annually[13] or even less in the coming two years. A severe contraction in most macro and micro economic indicators in 2009 is to be expected, with a lengthy recovery. The labour market in most key economic sectors could record significant losses, which would deprive hundreds of thousands of people of their current income.

The long term impact of the current economic turmoil on household consumption, on poverty and on people's health behaviour is difficult to predict. It is certainly hoped that recent achievements in poverty reduction and overall access to services will not be reversed. However the current macro and micro economic situation in Cambodia and in the region is a potential determinant of ill health in the years to come, and must be monitored closely.

2.b. Government and Macro-level

In recent years, Cambodia has strengthened its institutional apparatus and embarked on an ambitious program of government reforms. Between 1996 and 2005, the Royal Government of Cambodia (RGC) developed two consecutive Socio-Economic Development Plans (SEDPs).[14] Both SEDPs took shape in three-year rolling Public Investment Programs (PIPs)[15] to spell out in greater detail the investment and project proposals in the public sector. The RCG also prepared a set of Cambodia Millennium Development Goals (CMDGs)[16] in 2003. Through an intensive and inclusive consultative process the RGC adopted in 2004 its Rectangular Strategy[17] for addressing governance and socio-economic development comprehensively and holistically. In an effort to materialize these planning initiatives, the RGC adopted the National Strategic Development Plan (NSDP)[18], 2006-2010, which in a single overarching document contains the Government's priorities and strategies to reduce poverty rapidly, and to achieve its CMDGs. It is also intended to align sector strategies and planning cycles and to enhance better aid effectiveness across all external development partners (EDPs).

More specifically, the Council of Ministers in May 2006 adopted the Public Service Delivery Policy,[19] followed two years later by the Law on Administration and Management of the Capital, Province, Municipality, District and Khan (the "Organic Law").[20] Both policies

provide the framework for Deconcentration and Decentralization (D&D) reform[21] and for various incentive-based initiatives aimed at "serving people better". The health sector is fully engaged in these institutional reform processes.

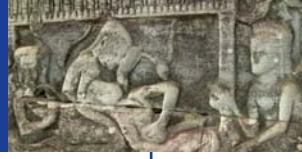
These incentives and D&D efforts are meant to alleviate the financial burden of health system financing and are used to enhance the health system's capacities at peripheral level, especially in the area of human resources for health. Such measures have generated mixed results globally. In Cambodia, the health sector has witnessed significant progress in many areas, despite some stagnation in key indices such as maternal mortality. These realities have guided the development of HSP2 (see below).

2.c. Progress and Constraints, Situation Analysis

The health of the Cambodian people and the epidemiological transition that prevails in the country ultimately influence the strategy under which the health system fulfils its goals over the coming decades. Child health is improving in Cambodia and the country is currently on track to achieve the CMDG 4. The rapid progress in child health over the 5 year period leading up to the CDHS 2005 is attributed to socio-economic development, reductions in under-nutrition (despite recent data suggesting an impact of the economic context on food security), increasing coverage with preventive interventions, improved family planning practices and better access to health services for sick children. Measles immunization coverage increased to > 80% in 2008.[22] Exclusive breastfeeding rates have risen to over 60%.[23] Access to health services, including Integrated Management of Childhood Illness (IMCI) at health center level, is steadily increasing. More families have access to safe water and sanitation.

Along with these encouraging trends, the data also demonstrate lower morbidity associated with major communicable diseases. A decline in HIV transmission among at-risk populations brings the population prevalence below 1%. Similarly, both malaria and tuberculosis show declining morbidity and mortality. This progress results from aggressive detection and accessible treatment programs at community and health center level.

These major health gains are shadowed however by growing concerns in non-communicable diseases (diabetes and hypertension with urban rates at 10% and 25% respectively),[24] environmental health, and road traffic injuries (Cambodia has one of the highest rates of fatal accidents in Southeast Asia). These issues reflect changing life styles (urban stress, nutrition patterns) coupled with increasing life expectancy (demographic and epidemiological transition). With more than half of Cambodian men now smoking, cardiovascular diseases will demand a strong health service delivery response. A well functioning emergency care system needs to respond to this increased demand for specialized care. This should be also associated with the improved Emergency Obstetric Care required at the most peripheral level possible (health center level) in order to address the issue of maternal mortality. Although



there is considerable data on the health situation in Cambodia, detailed analysis of the social determinants of health and of health outcomes is less available.

2.d. Health System and Cross-cutting Strategy Alignment

While the first Health Strategic Plan 2003-2007 (HSP1)[25] was mostly focused on achieving Maternal and Child Health (MDGs 4 and 5) and controlling epidemic hazards (MDG 6), HSP2 2008-2015 focuses on health system development *"based on a robust platform of experiences gained from both strengths and weaknesses of the implementation of HSP1"*. The current strategy marks a constructive evolution from theme-focused and vertical programs towards far more complex health system-based endeavours. The HSP2 gives prominence to five health system cross-cutting strategies: health service delivery, health care financing, human resources for health, health information system, and health system governance. This is an ambitious but timely agenda. With the current level of institutional maturation in the country and the capacity of the government to conduct and lead complex development processes, it reasonable to say that the conditions are in place for the HSP2 to succeed, and to generate very significant health gains.

However, to make a health system strengthening agenda work, it is necessary to find appropriate and cost effective programmatic entry points. Basic therapeutic and preventive interventions in the area of communicable diseases like tuberculosis, malaria or HIV/AIDS on the one hand, or obstetric care, child health and immunization on the other, offer countless health system building options. All these avenues are pursued in Cambodia: both the GAVI and GFATM are heavily supporting core health system functions (e.g. health service delivery, financing through drug procurement) and many donors are aligning and even pooling contributions, through the Second Health Sector Support Program, (HSSP2) in line with the HSP2.

2.e. Ongoing Challenges

2.e.i. Health Service Delivery

Although evidence from facility based surveys is limited, some data from ad hoc assessment and key informants suggests that the quality of services among both public and private providers is often below standard. Basic infection control measures are insufficient in many large hospitals and at health centers; the skill level of health professionals is often low; poor staff motivation may lead to a high absenteeism rate and often to a dual public/private practice. A strong and aggressive health system stewardship by the MoH will improve the regulation of medical and public health practice at all levels of the health system, especially in the private sector (which represents >80% of total health spending)[26] where deregulation remains problematic.

The multiple elements that represent the burden of disease in Cambodia are best tackled by a continuum of care strategy for women and children, providing the backbone of the health care service delivery system. A comprehensive package of services to address the needs of the population (especially the poor) may be achieved by linking other service delivery

programs with this continuum of care, strengthening referral pathways, and upgrading infrastructure (basic infrastructure at hospital and health center level, proper health financing measures, non structural supply and facilities, laboratory services, procurement services). This approach is fully in line with the current Primary Health Care (PHC)[27] strategy to strengthen a national health system at all its levels and scale it up towards universal access.

2.e.ii Human Resources for Health

A key priority area for Government is that of improving the capacity of one of its most important assets: the health, medical and paramedical professionals working at all levels of the health system, from the bedside of the sick to the central offices for health policy and planning. This includes the improvement and harmonization of education curriculum and working conditions, the creation of salary incentive packages (e.g. Merit-Based Performance Incentives),[28] incentive-based deployment of health professionals in underserved areas, the appropriate mix of competencies by level of care, and regulation of private practice.

2.e.iii.Health Financing

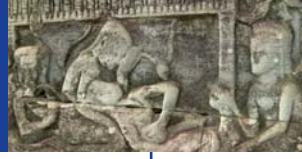
A very important concern is the proportion of households impoverished through catastrophic health expenditure (around 40% of cases of families losing land involve health crises, a confirmation that health often precipitates poverty.)[29] Current health financing strategies focus on social safety nets, such as the (currently) donor-dependent Health Equity Funds.[30] To ensure sustainability, high level political commitment and mechanisms to enhance system capacity may result in expanded health financing mechanisms to unlock financial barriers faced by the poor.

2.e.iv. Governance

Despite a positive trend in government's role and leadership, the health sector remains fragmented, with multiple implementing partners. This is partly a consequence of many years of humanitarian operation in the aftermath of the 1991 Peace Accords and the establishment of the United Nations Transitional Authority in Cambodia (UNTAC).[31] Sector unification continues to pose a challenge for the MoH. The health system stewardship function of the "governance" cross-cutting priority of the HSP2 will translate in an improved capacity for the MoH to set norms and make them implementable throughout all health system constituencies, both public and private, governmental and non-governmental, and at both central and peripheral level.

2.e.v. Epidemiological Transition and Double Burden of Diseases

In the years to come, the challenge for the health sector in Cambodia will be to achieve a health system able to absorb and be responsive to the needs of a population in epidemiological transition, meaning a population displaying a double burden of diseases. The demand of care covers a large span of interventions generated by both communicable and non-communicable diseases, from simple therapeutic ones to long term complex interventions, and requiring as well a variety of preventive measures.



Historically health system and non-communicable disease problems have received less donor attention; hence the importance of future resource allocation and distribution to ensure that relatively neglected areas are addressed.

All of the above issues have direct implications for the expected future WHO support in Cambodia.

Section 3

Development Assistance and Partnerships: Aid Flows, Instruments and Coordination

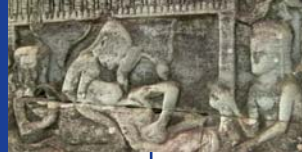
Cambodia enjoys a dynamic health sector, with strong support from a wide variety of health partners working together to align with national priorities. The HSP2 includes an initial consolidation phase (2008-2010) during which further policy decisions are made on implementation of strategies, and scaling-up is facilitated in many areas. Building on the HSP2, operational planning is accomplished on a yearly (the Annual Operational Plan, AOP)[32] and medium term (3-Year Rolling Plan, 3YRP)[33] basis. These processes are strongly led by the MoH, with inputs and consultation among Development Partners. Increasingly, plans are linked at an early stage to budgets.

In the broader context, Cambodia has been an active participant in the harmonization and alignment agenda as set forward by the Paris Declaration, and has been an Organization for Cooperation and Development (OECD) pilot country. Donors and the Government signed a formal agreement, the *Declaration by the Royal Government of Cambodia and Development Partners on Harmonization and Alignment* in December 2004,[34] and followed this with an *Action Plan on Harmonization, Alignment and Results: 2006-2010*.[35] This has taken practical form in the establishment of Government-Development Partner Technical Working Groups (TWGs), each chaired by a Government Ministry or agency, and co-chaired by one or two Lead Donor Facilitators representing development partners. In 2009 there are 19 TWGs across many sectors. In health, the principal one is the TWG for Health (TWGH),[36] which meets monthly, bringing together about 60 participants from senior staff of the MoH, and health partners, including multilateral and bilateral donors and agencies, NGOs and civil society. Additional TWGs that have a bearing on health include TWGs for HIV/AIDS, Water and Sanitation, and Education.

Overall development assistance to Cambodia is overseen by the Council for the Development of Cambodia (CDC), which convenes the Government-Development Partner Coordination Committee (GDCC)[37] three times a year under the Chairmanship of the Ministry of Economy and Finance, and the Cambodia Development Cooperation Forum (CDCF) every 18 months or so, under the Chairmanship of the Prime Minister. These forums bring together the Chairs and Co-Chairs of all TWGs, and other senior staff of Government Ministries and Development Partners, with NGO participation. Among DPs, more than 20 are actively engaged in the health sector, where contributions for 2009 are expected to exceed $120 million.[38]

3.a. Matrix of Development Partners in Health

Development Partners contribute to the health agenda in a variety of ways. Since the inception of the Action Plan for Harmonisation, Alignment and Results, the MoH and Health Partners have identified WHO as the LDF, partly because both perceive WHO as a “neutral partner” and due to its statutory convening role.



To support the TWGH, Health Partners (HPs) meet monthly at WHO to optimize alignment and collaboration. Representatives of the Health Partners then participate in the monthly meetings of the Secretariat of the TWGH. This is a subset of the TWGH, under the chairmanship of the MoH and co-chaired by the LDF, which includes a number of senior staff from the Ministry, and one representative for each of the bilateral, multilateral, and NGO constituencies. These health partner representatives are rotated on an annual basis, as may also be the case with the LDF. As an NGO umbrella organization, MEDiCAM has been representing approximately 120 NGOs active in Cambodia in these fora. The TWGH Secretariat sets the agenda for the monthly TWGH meeting to discuss progress in the sector and contains standardised feedback presentations from two Provincial Technical Working Groups. Increasingly Health Partners have formalized their collaboration in the health sector. In addition to the harmonization of approaches fostered by the TWG mechanism, the First Health Sector Support Project (HSSP1) brought together 4 partners (World Bank, UK Department for International Development (DFID), the United Nations Population Fund (UNFPA), and ADB) to support the first MoH HSP (2003-2007) with a common management framework, as part of a so-called Sector-Wide Management (SWiM) approach. This was substantially extended in 2008 with the HSSP2 (see Box 1), formally including 7 partners: World Bank, UNFPA, the United Nations Children Fund (UNICEF), DFID, Belgian Technical Cooperation (BTC), Agence française de développement (AFD), and the Australian Agency for International Development (AusAID). Some of these were able to take the further step of pooling funds, as Cambodia moved closer to a full-fledged Sector-Wide Approach.

Box 1: Second Health Sector Support Program (HSSP2)

The HSSP2 was developed in the context of the HSP2 and with the intention of consolidating donor support around the HSP2 in a harmonized fashion as part of the health SWAp. Formally launched in March 2009, the HSSP2 constitutes an important element of both sector support and policy development, as well as in refining aid modalities that limit the burden on local systems and partners. The introduction of pooling arrangements and concrete steps towards the use of stronger national systems is a critical development for the sector and Government-donor cooperation. WHO as a neutral broker not taking part in either design or funding of the HSSP2, and as an independent voice, has an important role to play in ensuring that it achieves its potential as an engine for Harmonization and Alignment (H&A) and SWAp.

The HSSP2 partners have signed a formal Joint Partnership Arrangement (JPA) with Government, and established a JPA Development Partner Interface Group (JPIG) with rotating chairmanship and internal lead responsibility for particular technical areas. Harmonization among JPIG/ HSSP2 and other health partners is fostered in the Health Partner meetings and TWGH mechanisms, and further promoted through activities of the International Health Partnership (IHP)[39] that identified the TWGH Secretariat as the IHP Country Health Team. These processes have steadily moved partners to greater harmonization and alignment in accordance with Paris Declaration principles. Broader collaboration in the Mekong Region among Development Partners is also reflected in various mechanisms and programs.

3.b. Global Health Initiatives and Partnerships

Cambodia has been a pilot country for, or a major beneficiary of, support provided by a number of Global Health Initiatives and Global Health Partnerships (GHPs). Many of these

are hosted by or maintain a special relationship with WHO at global level. While important contributors to the health sector in Cambodia, a particular challenge has been their status as non-resident donors, therefore not participating directly in the harmonization and alignment mechanisms described above.

WHO has played and can maintain an important intermediary role in this situation. For example, WHO has been a significant facilitator, for both technical and administrative issues, for Global Fund proposal development and implementation, and the national-level functioning of the Global Fund through the Country Coordinating Committee (Cambodia's CCM). This role of "neutral partner" helped fill an important need in collaboration among Government, Development Partners, and Civil Society. This is also the case for other Global Health Initiatives such as GAVI, and the Health Metrics Network (Box 2)

Box 2: Global Health Initiatives and Partnerships in Cambodia

The comparative advantage of GHIs and GHPs is to mobilize financial and institutional resources in a way individual institutions cannot. Usually active in their areas of interest, GHIs and GHPs are gradually looking at addressing under-served cross-cutting health systems issues. WHO acts as convener and technical agent in helping the RGC to make best use of these resources within a broader agenda of health system strengthening. For example:

- The Global Alliance for Vaccines and Immunization (GAVI), provides support in addressing key health system issues in the area of service delivery
- Global Fund to Fight HIV/AIDS, Malaria and Tuberculosis (GFATM): since Round 5, the GFATM is receiving health system strengthening proposals to address systemic issues. Cambodia has successfully received HSS support for round 5 mainly in the areas of health planning and management, and in health system procurement. In 2009, the Cambodian Country Coordinating Committee of the GFATM (CCC) has submitted an HSS proposal focusing on HSP2 cross-cutting priorities, mainly in the area of quality of health services,

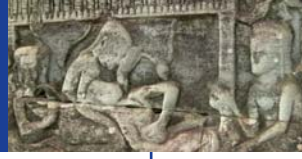
Health Metrics Network (HMN): health information system (HIS) is a key component of health system and recognized as one of the five cross-cutting priorities of HSP2. Since 2007, HMN is piloting its program in Cambodia, more specifically in establishing innovating channels for data transmission and storage and in designing a national strategy for HIS

3.c. International Health Partnership

Of particular note at the time of writing is the International Health Partnership. Cambodia was one of the original seven IHP pilot countries when a global compact was signed in London in September 2007. WHO and the World Bank were asked to serve as national-level facilitators of the IHP. A "Country Compact" signed by Government and DPs is considered a key measure of IHP-fostered commitments. Formal agreements and a number of processes were already in place in Cambodia, and others recently achieved such as the HSSP2 and JPA. While WHO is not a signatory to the HSSP2, it actively supports these initiatives and, through its role as LDF and convener of the Health Partners Group, seeks to support extension of harmonization and alignment efforts to all partners.

Box 3: International Health Partnership (IHP)

The IHP was launched in September 2007, with Cambodia as one of seven original 'first-wave countries'. WHO and its co-facilitator, the World Bank, support Cambodia in seizing on opportunities presented by the new International Health Partnership. The IHP has considerable potential to leverage change in international aid policy and practice in favour of more coherent, better aligned and less transaction cost-high aid as well as health systems strengthening. WHO efforts also involve engagement in dialogue on cross-sectoral partnerships in critical non-health areas of human development, such as education, agriculture, general infrastructure and transportation.



3.d. UN System in Cambodia

The United Nations Country Team (UNCT) in Cambodia is[40] represented by the heads of 22 UN agencies and programs (4 UN health agencies from the High Level Health Group), 19 of which are resident in Cambodia, and 3 are UN-affiliated agencies: the World Bank, the International Monetary Fund (IMF), and the International Organization for Migration (IOM). Among them, WHO is one of the largest in term of staff and budget, and it cooperates very closely with UNAIDS, UNFPA, UNICEF, and the WB. An important area of cooperation is through IHP, GHIs and GHPs, as well as through HSSP2 and the GFATM. By 2008 elements of UN Reform were in place or under development, including the placement of a Country Director in UNDP and an Office of the UN Resident Representative and freeing the Representative to focus more on the coordinating role of UN Resident Coordinator. WHO has been committed to UN Reform and remains closely engaged with a view to maximizing collaboration among UN agencies in areas of common concern, and minimizing duplication and inefficiency. In addition to UN efforts to harmonize administrative and management procedures, another means for accomplishing this is through the UNDAF. WHO will continue to work closely with its major UN partners in the health sector and in areas where there are overlapping interests with many or all of the other UN agencies.

3.e. WHO's Evolving Role in Partnership

The convening role of WHO has been part of the organization's mandate since it was founded in 1948. The international realization over the past 10 years of the need for harmonization and alignment of development cooperation was reflected in the OECD/Development Assistance Committee (DAC) Paris Declaration. The evolution of Global Health Initiatives, which often lack in-country representation, has added a new dimension to the convening role of WHO.

In Cambodia, aid effectiveness has intensified both in the number of partnerships and initiatives, and in the level of resources channelled through them. On the one hand, the government is facing an increasingly complex aid architecture prone to numerous coordination and integration challenges, and on the other, concerns arise over how the substantial resources are actually benefiting the institutional building agenda, and focusing on systemic and cross-cutting sectoral issues. The very dynamic development processes in Cambodia and the perceived "neutral partner" position of WHO has meant an increased role for WHO as convener and facilitator of Health Partner interaction with the MoH; and more widely in representing health sector interests in the UN, and also Government and international coordination mechanisms such as the International Health Partnership. This gradual shift of the WHO Country Office from a mostly disease specific and health sector reform orientation represents an opportunity that seems appropriate to WHO's international mandate. However, due to the labour intensive nature of the processes to facilitate dialogue among DPs, this requires, for WHO, a revised organizational policy and human and financial resources to fulfil country and international expectations.

Section 4

Current WHO Cooperation with the Government and People of Cambodia

A growing economy, strong commitment for health, opportunities in decentralization, the availability of a clear health sector strategic plan, and as mentioned, a sustained institutional maturation and reform process together constitute critical elements favorable to health system strengthening and universal access, and to collaboration in all areas of health between the Government and WHO.

4.a. WHO's Work in Cambodia

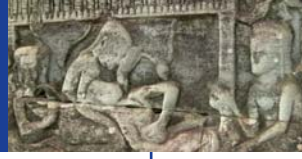
The health of the Cambodian people and the epidemiological transition ultimately influence the composition of health service delivery, and of WHO collaboration. WHO's technical cooperation in Cambodia is currently focused in four strategic elements (through four core work teams, as below) in alignment with the core strategic components of the HSP2.

In parallel to technical work, the WHO Representative and senior management in Cambodia are actively involved in the harmonization and alignment agenda, through collaboration with MoH and with Development Partners around aid effectiveness issues, and with the Global Health Initiatives and Partnerships. This health diplomacy role is of critical importance to maintain coherency in the technical work of WHO in Cambodia.

4.a.i. Maternal, Newborn and Child Health

WHO is collaborating closely with government and other health partners around the implementation of the Child Survival Strategy. This Strategy identifies a set of key interventions to reduce child mortality in an equitable way. These include the promotion of healthy practices and the provision of public health services such as immunizations, improved nutrition, and promotion of the Integrated Management of Childhood Illness for improving access to quality health services. The Organization has focused on support for policy development, planning and management, and evaluation of child health programs and interventions. This includes day-to-day engagement with government counterparts in the Child Survival Management Committee, capacity building through training and coaching of provincial child health teams and support for the conduct of household and facility surveys to estimate coverage of services and practices.

As mentioned in Section 2, maternal health is of particular concern in Cambodia, with a sustained MMR of about 450 to 500 per 100 000 live births over the last 10 years.[41] WHO has increased its support and engagement with Government and NGOs aimed at reducing MMR and assisting Cambodia to achieve MDG 5. Technical assistance is provided in the areas of Human Resources for Health, Reproductive Health and Making Pregnancy Safer.



4.a.ii. Communicable Diseases

WHO's collaborative program in communicable diseases encompasses many activities in HIV/AIDS (including harm reduction), tuberculosis, malaria, dengue and communicable disease surveillance and response. In addition to direct WHO technical support in national disease control planning and policy development, these program areas incorporate planning elements that represent health system strengthening entry points and opportunities. This is particularly the case for issues of procurement and financing, health services delivery, quality of health care, health information system, and laboratory strengthening. WHO provides, as part of its mandate and through its technical assistance to the respective MoH programs, a large support in the various programmatic phases of the GFATM and GAVI (proposal development, reporting, implementation, monitoring and evaluation), and in implementation of global initiatives such as the International Health Regulations (IHR).[42]

4.a.iii. Non-Communicable Diseases and Environmental Heath

Non-communicable diseases and environmental health require the involvement of the health sector as a whole as well as close cooperation with other relevant sectors and stakeholders. The major roles of the health system response are in strengthening legal and institutional frameworks and mechanisms which are still relatively weak; improving clinical experience and re-training of medical professionals on disease detection and management; improving public awareness on the need to change behaviors and improve life-styles; costing of non-communicable disease treatment, incorporating the costs in the health financing strategies and proper budgeting for the sector; and increasing efforts on prevention through cooperation between ministries and sectors in a multi-sectoral approach. WHO is providing technical support along these lines in four programmatic areas: environmental health; traffic injury prevention; emergency and disaster management; and non-communicable diseases and risk behavior management including tobacco control. As for the communicable diseases work stream, non-communicable diseases and environmental health offer wide opportunities for improving health systems functions, mainly the improvement of health services delivery.

4.a.iv. Health System Development

Central to WHO cooperation in Cambodia, WHO work in health system development mirrors very closely the five cross-cutting health strategies retained in the HSP2: health service delivery, health care financing, human resources for health, health information system and health system governance. As distinct elements, the approach is to identify, develop and promote innovative methodologies and techniques to address highly complex health system issues. In health financing, for example, WHO works on civil service reform and on the design of sustainable social safety nets in collaboration with the Ministry of Finance. WHO also works on systems planning, aid effectiveness and system decentralization. These areas of work are in fact highly correlated and very much aligned

with governmental reform approaches and instruments that are gradually developed and implemented. In addition to these cross-cutting strategies, WHO is providing technical assistance on essential drug management under the health system development umbrella.

4.b. WHO Human Resources

WHO has a substantial presence in Cambodia. With a current total of 25 professional staff and 22 support staff, this office is the second largest in the WHO Western Pacific Region. WHO´s organigram for Cambodia is a reflection of the MoH structure. It distributes the staff in six groups: the Office of the Representative, administrative support, and the four technical teams responsible for the four strategic directions described above. With an evolving focus on more specialized technical assistance and the MoH´s attention to health system constraints, WHO has strengthened its staffing in key areas (Table 1).

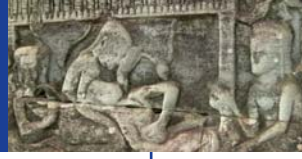
Table 1: WHO Staff – Mid 2009

	International Professionals	National Professionals	Support Staff
Maternal and Child Health	3	1	1
Communicable Diseases	8	2	5
Non-Communicable Diseases	1	2	1
Health Systems Strengthening	5		1
Total Staff in Technical Areas	**17**	**5**	**8**
Administration, Management and Support	3		14

A major distinguishing feature of WHO in its program of technical cooperation at country level is the capacity to draw on the three levels of the Organization. Country Office technical staff is backed up by Regional technical experts (in Manila) who are available for country visits as well as remote technical backstopping. WHO at global level (Geneva) has a responsibility for international standards and best practices, whose dissemination and promotion is readily available through, and supported by, the Organization. WHO technical assistance is therefore provided within a global framework of technical excellence.

4.c. Financial Situation

The financial situation for WHO in Cambodia has recently been stable (to 2009), with very few changes from the previous to the current biennium. This situation replicates the regional and global financial contributions by donors to program funding. However, the evolving global economic crisis, and the redirection of donor resources in Cambodia, mean that new financial challenges are arising. Although WHO programs in Cambodia receive broad and diversified donor support, they largely rely on just a few principal bilateral donors, plus some



multilateral contributions to supplement core funding. It remains challenging to mobilize resources for cross-cutting health system issues. Such horizontal activities are more dependent on limited transfer of resources from better-funded disease-specific programs. Such transfers can only be granted through an appropriate program planning exercise in which core health system activities may be implemented with a disease angle.

WHO in Cambodia, as in the Region, suffers from a low proportion (around 20%) of non-earmarked funds, either in the form of Assessed Contributions (AC) from member countries, or of Core Voluntary Contributions (CVC). This, again, has consequences on the program capacity to move and shift funding from well-funded to underfunded activities.

WHO operates primarily as a technical rather than a donor agency, providing direct support to government counterparts. Technical staff is therefore regarded as WHO's principal and essential asset, in comparison with program funding agencies. In this respect, the balance between human resources and activity costs remain in favor of the former. It is critical to ensure that there are enough people with the appropriate skills to deliver the needed technical support. It is also WHO´s responsibility, through its technical assistance, and through its convener and neutral broker roles, to promote coherence in the way other agencies' resources are channeled to Government-led programs.

Section 5

WHO Policy Framework: Global and Regional Directions, Strategic Agenda and Priorities

WHO in Cambodia shares the MoH vision of a strong health system that responds effectively and fairly to the needs of the population – thereby contributing to poverty elimination and socio-economic development, and to the achievement of MDGs. Being strategic in planning support to Cambodia requires WHO to focus on what the Organization does best, and how it can be done in the local circumstances and context. This CCS, which is based on discussions with Government and other health partners, identifies priority areas of work for WHO and describes how WHO will align its support with development partners in order to most effectively contribute to the development of Cambodia's health system. The identification in the CCS of focus areas of support is a strategic decision to execute WHO's core functions (Box 4) in areas where the organization will add most value to the efforts of the MoH to reduce mortality and improve health for the population of Cambodia.

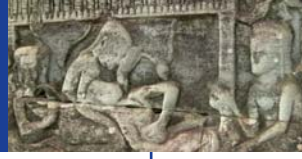
Box 4: WHO Six Core Functions [43]

1. Providing leadership on matters critical to health and engaging in partnerships where joint action is needed
2. Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge
3. Setting norms and standards and promoting and monitoring their implementation
4. Articulating ethical and evidence-based policy options
5. Providing technical support, catalyzing change, and building sustainable institutional capacity
6. Monitoring the health situation and assessing health trends.

Taking into account WHO's institutional strengths and limitations, this CCS reflects the intersection of WHO's overall mandate with Cambodia's national priorities. This section articulates the choices WHO as an organization is making with regard to the elements of the national health agenda it is best positioned to support.

5.a. WHO's Mission in Cambodia

WHO's overall mission in Cambodia is twofold: to support the Government and people of Cambodia to achieve national health and development goals; and beyond that, to contribute to the advancement of international health more broadly. Cambodia is both a member and an important program country of the Organization – with specific development needs as well as its own critical contribution to make to regional and global public health. WHO´s work in Cambodia should be seen as a genuine partnership with mutual benefits, and a particularly close accountability that distinguishes WHO´s perspectives from those of other development partners. WHO's work in the medium term is closely linked with and organized around Cambodia's HSP2. For the purpose of defining WHO´s overall Strategic Objective under this CCS (Box 5), the two elements of WHO's mission are coming together in its contribution to the HSP2.



Box 5: WHO Dual Mission and Overall Strategic Objective

Support the achievement of Cambodia's national health goals and targets	Support Cambodia's role and international obligations in the global health agenda

"WHO's contribution to a successful implementation of the HSP2"

The HSP2 is the framework for WHO's work in Cambodia and the starting point for the CCS. It reinforces linkages between the MoH and its counterparts, and allows for a shared understanding of the challenges that lie ahead. WHO has identified strategic priorities and focus areas in HSP2 to engage with the MoH and partners. These are areas where the Organization's involvement is critical, specifically requiring a substantial part of WHO's resources while maintaining programmatic flexibility and responsibility for the full health agenda. Any changes in WHO operations will be consulted with the MoH making sure they have the intended benefits and do not open new gaps. In all aspects, WHO's work in Cambodia will be guided by a firm commitment to international norms and agreements on human rights and equity, technical excellence and ethical programmatic practices. These terms lie at the heart of the identity of an Organization founded under the UN Charter[44] and the Universal Declaration of Human Rights[45], and are directly relevant to its work.

5.b. Mapping WHO's Strategic Priorities in Cambodia

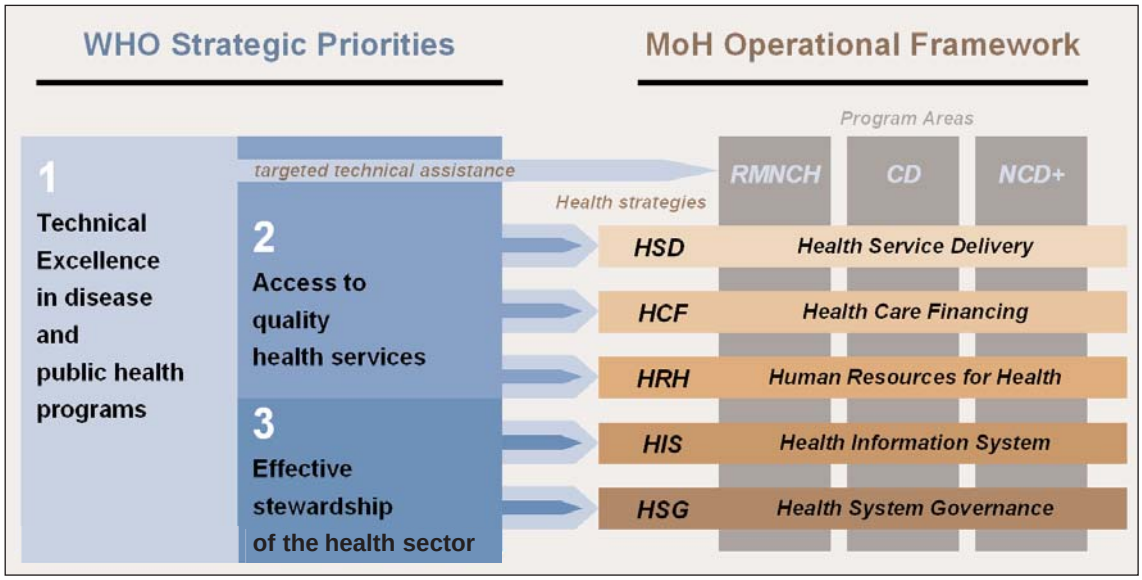
The CCS incorporates the visions for health development from partners and counterparts in and outside the Government, and considers what can realistically be achieved with the timeframe of the strategy. It also draws its conclusions on past experiences and trends in Cambodia's broader development and on how these factors can affect health development and outcomes in the future. Three distinct but interrelated Strategic Priorities (Box 6) which will guide WHO's engagement in Cambodia have emerged from this process.

Box 6: WHO Strategic Priorities (SPs)

SP1	Technical excellence in disease and public health programs
SP2	Universal access and coverage to quality health services
SP3	Effective stewardship of the health sector, including health partnerships

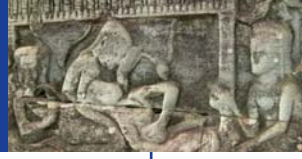
These strategic priorities are central to WHO's global core functions. They do not represent separate areas of work but cut across workplans and adviser teams. While WHO's technical assistance to national programs (SP1) will continue to form the foundation for WHO support, intensified engagement in *horizontal functions* means increased support for improved access and utilization of services (SP2), as well as to overall sector stewardship (SP3). These integrated functions translate into sector-wide implementation strategies as described in the diagram below. This goes beyond alignment with the HSP2 and recognizes WHO's vision of a strong health system that is capable of integrating multiple functions that currently are dependent on separate planning, technical assistance and external funding. The HSP2

embodies this thinking and reflects global thinking on health systems. The five cross-cutting strategies in HSP2 cover the full range of WHO's inputs and provide entry points for all partners. WHO will continue to adjust its support as capacity development continues in the MoH and more resources become available in the health system. Areas in which WHO currently anticipates continued or strengthened support may later require less attention. The challenges of realizing the vision of HSP2 are substantial and Cambodia's health sector will continue to depend on considerable external support in the foreseeable future. WHO's role as a facilitator and broker of policy dialogue and of coordination and harmonization of donor programs and efforts will remain a critical part of its work. With all large donors involved in sector-wide approach efforts in Cambodia, WHO's interaction with health partners will be central, at technical as well as at policy level. These efforts will also extend beyond discussions within Cambodia, and include aspects of global partnerships and the international aid architecture under the framework of the IHP.



5.c SP1: Technical Excellence in Disease and Public Health Programs

Promoting technical excellence (Box 7) involves the provision of up-to-date evidence-based information on medical products, technologies and interventions, as well as advice on how to most effectively scale up programs aimed at reducing the burden of disease. WHO believes that there is a need to adjust the focus of technical assistance and the way it is delivered by taking into account the growing local capacity and the capacities of international health partners. The area of communicable diseases control is one example where local achievements have been most pronounced and where WHO will be refocusing its TA towards more targeted support within priority disease areas. Stronger emphasis will be placed on cross-cutting aspects of communicable disease control, such as infection control, drug resistance, nutrition and sanitation. The support for implementation of public health measures under global frameworks and agreements will be sustained or increased. WHO's



aim is to integrate technical advice for disease control with health system strengthening and sector-wide policies, whereby the Primary Health Care approach is an essential modality to further develop the Cambodian Operational District (OD)[46] based health system.

Box 7: Strategic Priority 1: Technical Excellence in Disease and Public Health Programs

Areas of WHO Focus	1a. Targeted technical support in priority disease control areas 1b. Cross-cutting support to National Programs and Centers 1c. Programmatic support to under-resourced priorities 1d. Technical capacity-building, and transfer of skills and knowledge 1e. Support to the national implementation of global agreements

5.c.i. Focus Area 1a: Targeted Technical Support in Priority Disease Control Areas

WHO will restructure the way it provides technical support to the MoH and its national programs and centers for the control of communicable diseases including HIV/AIDS, tuberculosis, malaria and dengue. By providing assistance for specific technical issues, WHO will focus on improving coverage and utilization of services and on the use of information for M&E. In addition WHO will promote synergies between disease control programs and decentralized management of health services.

5.c.ii. Focus Area 1b: Cross-Cutting Support to National Programs and Centers

These include aspects of infection control, drug resistance, and the development of an integrated system of surveillance and laboratory support, as well as other functions that cut across disease programs. To that end, WHO will draw from specialised international expertise to work closely with the MoH and its national programs to refine and develop national responses in these areas. WHO´s engagement on these issues will be done with a perspective for the full span of functions and services under the Cambodian health system, and will involve an increased focus on aspects associated with the growing non-communicable disease burden.

5.c.iii. Focus Area 1c: Programmatic Support to Under-Resourced Priorities

WHO will enhance its technical engagement in these areas not receiving adequate resources and attention. Increased WHO technical assistance to the MoH in these areas will aim at strengthening the national response and local capacity. It will also contribute to efforts for presenting more systematically the relevant evidence and programmatic needs, such as through a burden of disease assessment as planned under the HSP2. Based on evidence WHO will support the MoH in making the case for investing appropriate resources to address major determinants of health within the overall health financing framework. This effort will include measures to improve coordinated prevention and care across disease programs, as well as

targeted engagement with other sectors and relevant branches of government to collaborate on broader determinants of health. As an example, the Government has identified improving maternal health as the top priority in HSP2 and has announced a *fast-track initiative* to address this issue. WHO will intensify its support for MCH and will work closely with UNICEF, UNFPA and other partners to help Cambodia implement the Child Survival Strategy and the interventions aimed at reducing maternal deaths. Other under-resourced priorities include non-communicable diseases and health system strengthening.

5.c.iv. Focus Area 1d: Technical Capacity Building and Transfer of Skills and Knowledge

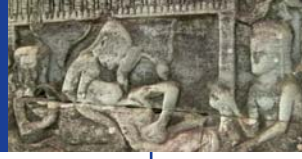
When providing direct technical assistance, WHO will more explicitly contribute to strengthening local technical capacity in the Ministry's counterpart institutions. It will identify together with partners the right approaches and support to match local needs. WHO´s TA will range from hands-on technical collaboration in some areas, to supportive supervision systems and research capacity strengthening, and to up-stream policy advice. WHO will focus on strengthening existing capacity and on contributing to the Ministry's own efforts for education and in-service training. It will draw from both national and international best practices aiming at the sustainable transfer of technical skills, competencies and knowledge of relevant research and technologies.

5.c.v. Focus Area 1e: Support to the National Implementation of Global Agreements

WHO will continue to provide targeted technical support to the ongoing efforts of its national partners to fulfil international obligations and compliance with global agreements such as the MDGs, the IHR, and the Framework Convention on Tobacco Control (FCTC).[47] While much of the specific work and technical assistance under these frameworks falls within conventional streams of WHO support, WHO identified the need to ensure effective and continuous follow up at country level, as well as the appropriate institutional linkages with mainstream public services and institutions.

5.d SP2: Universal Access and Coverage to Quality Health Services

Most Cambodians do not have access to quality health services which underlines the importance of focussing on aspects of availability, affordability, and acceptability of facilities, goods and services. More, universal coverage (coverage implies that the needs are covered from a supplier perspective) is equally problematic in the absence of protective unified health financing policy. Working within an integrated and intersectoral PHC approach, WHO will provide targeted technical assistance and policy advice aiming at strengthening those horizontal functions required to improve access and coverage of services and interventions. WHO will thus link up directly with the MoH strategies underpinning health service delivery, health financing and human resource development, procurement and drug management systems. WHO will support the MoH to build upon successes to improve quality in priority health programs, to respond to both pressing constraints and to anticipate innovative service delivery models - in the public and private sectors - that reach underserved



and vulnerable populations, in particular as part of the government Policy on Public Service Delivery, "Serving People Better" (Box 8).[48]

Box 8: Strategic Priority 2: Access to Quality Health Services	
Areas of WHO Focus	2a. Delivery of priority health services 2b. Health care financing 2c. Human resources for health 2d. Essential medicines and products 2e. Quality of care and accountability across providers and programs

5.d.i. Focus Area 2a: Delivery of Priority Health Services

WHO will work closely with the MoH to strengthen delivery mechanisms that, from the perspective of an individual patient, provide a continuum of essential services and efficient referral pathways across health conditions and disease programs, across levels of care, and over the life cycle. Improving the continuum of services and reducing fragmentation in the delivery system is a central aspect of the HSP2. WHO recognizes that the management of health service delivery by ODs and PHDs is key for improving accountability of expenditures and the quality of services. The new contract based internal purchaser-provider approach and the evolving D&D policy offer opportunities to improve priority setting and responsiveness to address population needs. Priority will be given to supporting initiatives that improve the quality of and access to maternal, newborn, and child health care services, with particular attention to addressing health system constraints. WHO will also devote particular attention to the growing burden of non-communicable diseases and its implications for the supply of relevant health services. More specifically, linkages between existing capacities of disease control programs with care for chronic conditions and injuries will be scaled up.

5.d.ii. Focus Area 2b: Health Care Financing

WHO will expand and adjust its support to the MoH under Cambodia's health care financing strategy, both on aspects of overall investments in the sector and on ways to address supply and demand-side aspects of health system financing. This will include focused support to reduce out-of-pocket expenses (which currently account for about two-thirds of all health expenditure) towards pre-payment and social transfer mechanisms as indicated in the HSP2, strengthened social protection and pooling mechanisms, consolidation of different purchasing practices, alternative payment options and innovative demand-side financing mechanisms benefiting the poor. WHO will draw from our global and regional experience and strategies on matters of universal coverage to provide evidence-based technical support to the MoH, and work with other relevant national institutions and partners.

5.d.iii. Focus Area 2c: Human Resources for Health

WHO will substantially strengthen its engagement concerning Cambodia's health workforce, including more direct support to the resolution of some long-standing problems in this area. Key objectives of the HSP2, namely to lower high maternal and infant mortality rates, are

directly associated with the insufficient number and quality of midwives and other categories of health workers. Within the HSP2 strategy for human resources for health, WHO will work with the MoH on the quality, availability and motivation of health professionals at all levels of the system, and also on their deployment based on needs, especially at the primary care level. WHO will actively support broader civil service reforms, and promote innovative approaches to human resource development, including partnerships with the private sector and civil society. Together with others WHO will also engage with the education sector on improved education for health and medical professions, and on continuing training for practitioners. Issues in registration of health professionals and mechanisms for addressing malpractice and unethical conduct will be incrementally addressed.

5.d.iv. Focus Area 2d: Essential Medicines and Products

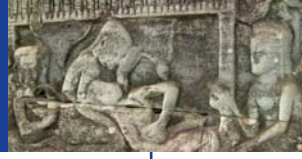
Ensuring equitable access to safe, inexpensive and effective essential medical products and technologies is central to any functioning health system. WHO will consolidate its support to Cambodia in this area as a critical building block to strengthen and integrate Cambodia's health system. WHO´s TA will draw from its regional and global resources and aim at strengthening overall the MoH´s institutional capacity to provide effective governance and regulatory oversight. To that end WHO will emphasise practical solutions based on assessments, and work with others to enlist the support from other government agencies. The organization will support work towards an effective and accountable national procurement, drug management and logistical supply system. Other important issues include those of rational drug use, preventing drug resistance and the control of counterfeit drugs for which experiences of national programs represent valuable inputs. Overall, WHO will work with the MoH to bring together both national and external stakeholders under a common approach to improve transparency in all aspects of medical products and technologies.

5.d.v. Focus Area 2e: Quality of Care and Accountability Across Providers and Programs

WHO will identify new ways for providing effective support to efforts by the MoH to ensure the quality of health services in Cambodia, more specifically the improved quality of care, professionalism and accountability of service providers, and the empowerment of patients. With a view to the nationwide scale up of packages of essential services as envisaged under the HSP2, WHO as a normative agency has an important role to play in supporting the MoH to ensure and raise standards of care, especially when it comes to the regulation of private clinical practices. WHO´s contribution to relevant components under the MoH health service delivery strategy will focus on the development and implementation of evidence-based quality standards and protocols for clinical care, will back the work of service delivery monitoring teams, and overall aim at establishing a culture of excellence in medical practice and public health programs. Support to other health systems functions such as health financing and information will also be oriented towards improving quality of services.

5.e. SP3: Effective Stewardship of the Health Sector and Health Partnerships

Strengthening government's stewardship role in the health sector is a cornerstone of WHO



work in Cambodia (Box 9), mainly through a commitment to undertake policy analyses and to conduct broader governance and development processes. Increasingly important is to work with the MoH and other institutions to advocate for policy change and effective implementation for improved equitable health outcomes, in particular as part of D&D. The HSP2 stresses the importance of a common policy framework on Harmonization and Alignment between government and development partners for health development. Within the global context of the aid effectiveness agenda, WHO supports the MoH for a move towards a full Sector-Wide Approach in health. WHO will link up predominantly, though not exclusively, with the MoH strategies underpinning Health System Governance, the HIS, and the sector's planning processes including M&E. MoH will benefit from WHO's convening role in the sector to advance policy dialogue among health partners and within the Government in critical and complex issues such as human resources for health and health system financing, MCH, as well as aspects of aid delivery and SWAp development. Being host to and having direct institutional links with most GHPs, WHO as an Organization is also well positioned to assist the MoH in managing partnership contributions to Cambodia's health sector. As the UN's lead agency for health, WHO supports UN Reform[49] and its related inter-agency processes.

Box 9: Strategic Priority 3: Effective Stewardship of the Health Sector, Including Health Partnerships

Areas of WHO Focus	3a. Policy development and advocacy 3b. Health information systems and health systems research 3c. Harmonization and alignment under a sector-wide approach in health 3d. The relationship between the public and private sector 3e. Integration of and linkages across disease control programs 3f. Governance and decentralization

5.e.i. Focus Area 3a: Policy Development and Advocacy

WHO will continue to provide policy advice and encourage dialogue in support of decision-making in the MoH and other sectors on a broad range of topics, based on scientific evidence and lessons learned within Cambodia, the region and globally. The organization will facilitate the generation of political support and resources across government for the effective implementation of existing and new policies designed to improve health outcomes, both within and outside of the health sector. It will advocate for areas requiring substantial boosts to achieve national and international targets, as well as others associated with the rapid transformation in Cambodia's disease burden.

5.e.ii. Focus Area 3b: Health Information Systems and Health Systems Research

WHO's global role in health information and health systems research is important also at country level: the Ministry's Strategy to strengthen the national HIS emphasises routine collection and analysis of decentralized and disaggregated data from both public and private sectors; research and program evaluation to generate evidence on key determinants of health are critical aspects to inform policy making, track program performance, and adjust technical approaches. WHO will work with partners in and outside the Government towards improved

surveillance systems across disease programs, and the analysis and dissemination of new data. International initiatives to improve health information, including those under the IHR and HMN, need to contribute to the development of national HIS and be synchronised with government efforts. In the area of health systems research, WHO will work with the MoH and others to strengthen existing and build new national capacity.

5.e.iii. Focus Area 3c: Harmonization and Alignment under a Sector-Wide Approach in Health

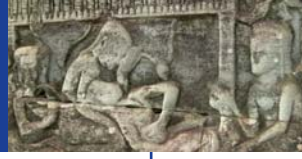
WHO strongly supports the development of Cambodia's sector-wide approach in health, building on past successes and MoH leadership to align and harmonise the delivery of external aid around the national health strategic plan. To this end WHO will seize on international trends favouring program-based approaches to advance sector policy dialogue and help alleviate bureaucratic and political bottlenecks. Drawing from SWAp experience in many countries, WHO will synthesize best practices and provide policy advice for deepening sector-wide management in health – such as in the context of the multi-donor HSSP2. This involves working with health partners and MoH on aid modalities and concrete ways in which external assistance, including from GHPs, can be better aligned with national priorities and harmonize with national systems. WHO at regional and global level will facilitate dialogue with partnership secretariats to bring them more directly into the national policy dialogue in support of integrated health plans, and to adjust partnership operations to existing local frameworks.

5.e.iv. Focus Area 3d: The Relationship Between the Public and Private Sector

Health development in Cambodia needs a more systematic engagement between the public and private sector – both are critical to the improvement of health outcomes. WHO is committed to facilitate such a dialogue with government and private providers, including not-for-profit and commercial providers. WHO will work with the MoH to assess the challenges of moving towards a more integrated health system under the regulatory authority of the MOH, and assist in the institutional cooperation with other relevant branches of government to enforce and back up this role. WHO will see engagement with the private sector as a theme cutting across all focus areas and priority health programs. Evidence will be provided that draws from experiences in other countries, with particular attention to ensured equitable access to needed health care through a pluralistic health system and broader efforts for the development of social health protection schemes under the HSP2.

5.e.v. Focus Area 3e: Integration of and Linkages Across Disease Control Programs

WHO supports the MoH vision of a fully integrated national health system. It will take into account the different levels of capacity, resources and attention given to programs and disease control efforts, and work with disease programs and more central MoH departments towards a more integrated approach to planning, managing, and evaluating public health efforts. WHO will provide targeted guidance and options to the MoH leadership, drawing from international experiences and lessons from ongoing cooperation in Cambodia. With an increasing share of non-communicable and chronic health conditions, and the resulting double burden of disease on many Cambodians, it is becoming even more important to build



bridges and collaborative mechanisms between programs and providers, especially at PHC level where individual patients need to access a continuum of care as envisaged under the HSP2.

5.e.vi. Focus Area 3f: Governance and Decentralization

WHO will strengthen its involvement and expertise on a range of broader aspects of Cambodia's development and governance, including efforts to strengthen the public service and its institutions, their efficiency, transparency and accountability to the population. WHO will provide advice to the MoH and other partners on broad Government reform programs as they involve both challenges and opportunities for governance and service delivery in the health sector. Most notable are ongoing and future changes in the area of public financial management and the D&D. The ability of MoH staff to manage, plan and implement the organization of public services in an increasingly complex environment is critical to the achievement of better outcomes. WHO will support the MoH at all levels in managing and formalizing decentralization processes in the health sector as a critical part of strengthening MoH stewardship. The organization will work closely with the MoH and other partners in identifying ways to strengthen institutional capacities, including at sub-national level, and related efforts to move towards integrated service delivery across health conditions and delivery programs.

Section 6

Expected Evolution of WHO Presence in Cambodia

The strategic agenda as described in Section 5 is focused primarily on supporting the HSP2. It identifies three Strategic Priorities to align with the three Program Areas and 5 cross-cutting Health Strategies of the HSP2. This alignment is reflected in the 4-team structure: Maternal and Child Health (MCH), Communicable Diseases (CD), Non-Communicable Diseases (NCD), and Health System Strengthening (HSS) in the WHO Country Office.

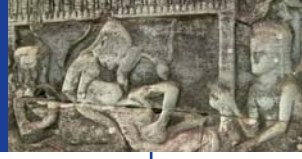
6.a. Strategic Priorities

6.a.i. SP1: Technical Excellence in Disease and Public Health Programs

"Technical excellence in disease and public health programs" indicates WHO's intention to provide strategic targeted support to the 3 principal program areas of the HSP2: MCH, CD, and NCD. Among these, communicable diseases have been most consistently and strongly supported by donors, including support provided through WHO. The resulting gains in many areas of CD control, and the substantial capacity building within the MoH, the semi-autonomous communicable disease control centers and NGOs, is testament to this support. CDs will remain a serious public health problem in Cambodia in both the short and long term and it is critical to sustain and build on the gains in CD control. However, this development of national capacity in vertical programs has refocused the attention of both MoH and WHO on relatively neglected priorities. It is clear that the epidemiologic transition is well underway in Cambodia, and NCDs come increasingly to the fore: diabetes mellitus, hypertension, cancers, injuries, and mental health disorders, among others. In MCH, the MoH provides clear and strong guidance to its own staff and to development partners to focus on improving the status of MNCH, where much remains to be done, and for which general system strengthening is clearly important, potentially providing the core for WHO advocated PHC. For these reasons WHO proposes, in this first Strategic Priority, increasingly targeted but flexible technical and financial support addressing neglected technical areas, and complementing MoH's own strengths. This will be a dynamic challenge, and requires WHO to respond with technical expertise and some financial support to shorter term needs (3 months to 2 years), as well as sustaining core WHO presence.

6.a.ii SP2: Universal Access and Coverage to Quality Health Services

WHO's second (and third) Strategic Priorities address the critical cross-cutting elements of the HSP2, to strengthen access and coverage to quality health services and to effectively manage the health sector. This health systems strengthening focus on the MoH strategies is highly consistent with WHO's own emphasis on PHC, and on broadly strengthening public health and clinical services available to all, ensuring equity and quality. SP2 acknowledges that all health systems are challenged by the need to put well-trained, motivated, and compensated staff in well-supplied and supported facilities; and to ensure that the services provided are accessible to all. Accessibility and coverage to quality services requires special



attention to the needs of the poorest and most vulnerable, including those in rural and remote areas, and minority and mobile populations. The cross-cutting strategies of the HSP2, and SP2, aim to complement the public health and disease program areas by ensuring a continuum of care for all those in need of health services in Cambodia.

6.a.iii. SP3: Effective Stewardship of the Health Sector and Health Partnerships

The above are challenges being faced forthrightly by the MoH and the Government, and are issues of great importance to WHO and the development community. Because they can be successfully addressed only in a coordinated manner, a critical task is that of harmonization among donors, as well as civil society and the private sector, in aligning with Government priorities and strategies, a process that WHO sees as essential to its own country activities. This function, and the evidence and policy to support it, is at the core of SP3.

6.b. WHO Contributions from its Country, Regional, and Headquarters Offices

The re-focus of WHO from a general core-function based TA to more targeted support for disease control, and strategic technical support to HSS and partnerships, has implications for WHO staff and financial resources in Cambodia – and also with regards to regional and global inputs to this country office. While the four focus areas on which WHO staff is aligned need continued strong support, the priority emphasis in recent years requires substantial strengthening of health systems broadly, in particular the decentralization of skills, capacities, and resources to provincial, district, and health center level. Given the much increased capacity of MoH in many areas, WHO aims to support especially those areas most lacking in human and financial resources *and thus still in greatest need of strengthening.*

6.b.i. WHO at Country Level

WHO's three-tiered organizational structure starts in country offices, where the focus is on providing technical support, and limited financial support, to member states in addressing priority areas. The needs widely vary from country to country and evolve within a specific country depending on the epidemiologic situation, national capacities, political stability, conflict, risk of natural and manmade disasters, and the contributions of development partners, civil society, and the private sector. The complement of staff in a country office thus depends on the national situation at a given point in time, and will need to develop over time. WHO strives to be a neutral partner in the collaboration between Government and donors, fostering harmonization in alignment with government priorities. The development partner community is large and dynamic in Cambodia and WHO plays an important role in coordination and enhancing collaboration. This role has increased substantially in recent years with the proliferation of GHIs and GHPs which collectively make substantial financial resources available to Cambodia. Although the overall impact of these new entities is positive, it is also recognized that asymmetrical resources can distort planning and priorities in a weak health sector. Many of them are non-resident in Cambodia and they rely, often substantially, on WHO's support. Many have formal administrative relationships with WHO at global level while the working relationships at country level are still evolving.

6.b.ii. WHO at Regional Level

WHO's historical role in technical support at country level has required access to highly specialized technical expertise, which cannot be practically deployed as such in 193 member states, even in larger offices such as Cambodia. This is addressed through the network of 6 Regional offices, whose technical staff provides this level of backup to the country offices of the Region. WHO has a strong Regional Office in Manila, whose staff remains in close contact with country staff and routinely provides technical support when needed, at a distance or in country visits.

6.b.iii. WHO at Global Level

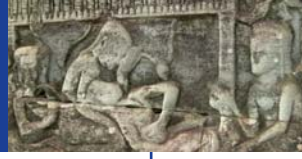
WHO's work is overseen from its Headquarters in Geneva, whose normative function includes the development and promotion of global standards and agreements, and production and distribution of technical papers, international guidelines, and resource materials. As in the Regional Office, there is a complement of technical staff available to provide back-up to Regions and country offices.

6.c. Expected Evolution of WHO Support in Cambodia

With guidance in standards and norms from WHO Headquarters, and specialized technical support from the Regional Office, the Cambodia Country Office would continue to provide country-specific technical support to align with the strategic priorities of the HSP2, and the more flexible operational priorities identified in the annual and medium-term planning processes. In addition, WHO envisages its continuing involvement in the partnership arena, facilitating harmonization within the complex aid environment in Cambodia, ensuring alignment with Government priorities.

In terms of human resources at WHO Cambodia Office, the current ratio of international to national professionals in the WHO office is about 4 to 1 (Table 1, Section 4), although until recently there were hardly any National Professional Officers (NPOs) at all. However, national capacity has grown in the last 10-15 years, and the need for and intensity of external technical support should consequently decline. In the future, WHO should foresee a gradual shift to a ratio which is more balanced and responsive to the changing environment. In such a scenario, WHO might move toward a 4-team structure in which teams are led by international professional staff, supervising selected international experts and, especially, NPOs. In this case it is ideal for Team Leaders to have both extensive and broad experience in the subject area; i.e. well-experienced "generalists", working with a mix of proficient international and national staff. Teams would be augmented on a shorter-term basis (3 months to 2 years) with international specialists in specific areas of identified need.

With such a shift, the proportion of WHO country budget support allocated to WHO staff salaries would be expected to decline even if overall staff levels remained similar, because of the differential in budget allocation between international and national professional posts. This could help in freeing some flexible (non-earmarked) resources from staff cost to activity cost to address specific gap areas where additional support is needed. This will be very much welcome to compensate the decreasing ratio between non-earmarked money and earmarked contributions from governments, international organizations and philanthropists. However, WHO budget will also fluctuate according to global economic realities, but the importance here is to allow a greater degree of financial flexibility for WHO support to the MoH and the Government.



Conclusion

In summary, the implementation of a re-directed program of collaboration among WHO, MoH, and other partners, as reflected in this Country Cooperation Strategy, represents an important shift in strategic priorities for WHO and in the staffing and resources to address these priorities. This CCS commits to a strong emphasis on alignment with HSP2, and especially to the relatively under-resourced areas of Maternal, Newborn and Child Health, and selected non-communicable diseases, as well as a substantial emphasis on strengthening the health system overall. These changes occur in the context of a steadily increasing capacity in the health sector generally in Cambodia.

As may be seen in this document, this implies a gradual shift of WHO technical support, contingent on funding, to these relatively under-resourced areas, and a focus on technical teams comprised of international professional Team Leaders, and a mix of specialized international staff and national professional experts to address the evolving needs of the MoH.

In this dynamic and critical collaboration among all partners, under the leadership of the MoH and the Royal Government of Cambodia, WHO remains committed to its mandate and mission for the attainment by all peoples of the highest possible level of health.

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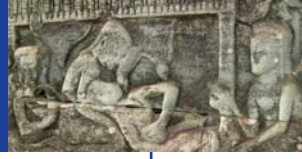

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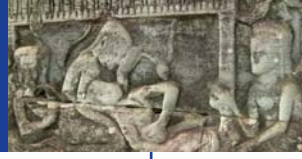

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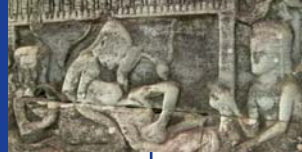

Annex 1: Mapping of CCS Strategic Direction and Objectives into the WHO 2008-13 Mid-Term Strategic Plan Framework

Strategic Priority 1: Technical excellence in disease and public health programs

Targeted technical support in priority disease control areas
Cross-cutting support to National Programs and Centers
Programmatic support to under-resourced priorities
Technical capacity-building, and transfer of skills and knowledge
Support to the national implementation of global agreements

Strategic Priority 2: Access to quality health services

Delivery of priority health services
Health care financing
Human resources for health
Essential medicines and products
Quality of care and accountability across providers and programs

Strategic Priority 3: Effective stewardship of the health sector, including health partnerships

Policy development and advocacy
Health information systems and health systems research
Harmonization and alignment under a sector-wide approach in health
The relationship between the public and private sector
Integration of and linkages across disease control programs
Governance and decentralization