Challenges

Over the past 15 years, efforts to strengthen Cambodia’s health system have resulted in considerable improvements in population health. Life expectancy at birth rose from 64.6 years in 2000 to 71.4 in 2012, the maternal mortality ratio declined from 437 deaths per 100,000 live births in 2000 to 170 in 2014, and the under-five mortality rate fell from 111 to 35 deaths per 1,000 live births over the same period.

Despite these significant achievements, further efforts are needed to improve the quality of public health services. Especially in rural areas, where the majority of Cambodians live, the health system suffers from poor basic infrastructure, shortages of drugs, and inadequate numbers of qualified health personnel. According to an assessment conducted by the Ministry of Health in 2015, the average technical knowledge of health workers is low and the overall quality of patient care is poor. The low remuneration paid to health workers in the public sector, and the widespread problem of ‘dual practice’ (working simultaneously at public and private facilities), is seen as the main obstacle to more motivated staff and better quality services.

The low utilisation rates of public health services – whether due to their inaccessibility or perceived poor quality – is of concern. According to the 2014 Cambodian Demographic Health Survey, only 15% of individuals who sought treatment for an illness went to a public facility first; 78% turned to private clinics as their initial provider. Patients reportedly favour private health providers, including pharmacies, because they offer flexible payment methods and are conveniently located. However, the private sector is inadequately regulated in Cambodia and the quality of these services cannot be ensured.

Cambodia’s health system is facing the dual challenge of an on-going communicable disease burden and a growing epidemic of non-communicable diseases (NCDs). The public health system is geared towards acute care, and does not have the resources, expertise, services or data to support the prevention and management of chronic diseases and disability-related conditions. There is not yet a service delivery model for NCDs at the primary health care level, and services for chronic conditions and disability-related care are limited to urban areas. Certain services are available exclusively in the private sector. The lack of interaction, cooperation or exchange between the public and private sectors causes disruptions in service delivery and presents obstacles to effective referrals.

Our Approach

The Health Service Delivery component of the Social Health Protection project, implemented by the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) on behalf of the Federal Ministry for Economic Cooperation and Development (BMZ), aims to strengthen quality improvement mechanisms within the Cambodian health system. At the national level the project advises the Ministry of Health on the development of policies, guidelines and frameworks to improve the quality of care. In Kampong Thom, Kampot and Kep provinces, it works with Provincial Health Departments and staff at hospitals and health centres to implement quality improvement initiatives and to improve the quality of health care services. Measures supported by GIZ are
aligned with the Cambodia Health Equity and Quality Improvement Project (H-EQIP), a joint initiative of the Royal Government of Cambodia and development partners, including German Development Cooperation, which seeks to improve the quality of health service delivery and utilisation of health services through the provision of performance-based financing to health facilities.

**Advising on the development of national policies, strategies, guidelines and tools**

GIZ’s Health Service Delivery team provides technical advice to the Ministry of Health on the development and application of health policies, laws, strategies, guidelines, and national quality of care standards. It has supported revisions to the 2005 National Policy for Quality in Health, the Quality Improvement Master Plan 2010-2015, and the Minimum Package of Activities Guidelines for Health Centres. GIZ is working with the Ministry of Health and other stakeholders on the development of a new health law which will serve as the legal framework for the development of a health care accreditation system for public and private facilities in Cambodia. Support is also being provided for the development of a National Strategic Plan for Public-Private Partnerships in Health.

The Health Service Delivery team assists the Ministry of Health in the development, revision and regular application of quality assessment tools for health facilities, including Quality of Care Assessments Level 2 and Quality Enhancement Monitoring Tools for H-EQIP. It has also trained a team at the National Social Security Fund (NSSF) in quality improvement concepts and secured an agreement from the NSSF to work with existing Quality of Care Assessments for the health facilities which will be contracted in the newly established health insurance scheme for private sector employees, rather than establishing its own quality tools.

**Building capacity in quality improvement concepts, tools and approaches**

At both national and provincial levels GIZ helps to build the capacity of health care leaders and providers to manage and implement quality improvement processes. It has supported representatives of Provincial Health Departments to participate in trainings in Quality Management in International Health and has facilitated training in continuous quality improvement methods and tools for health care managers. At health facilities in the three target provinces, GIZ supports quality assessments and the implementation of Continuous Quality Improvement (CQI) approaches using the ‘plan-do-study-act’ cycle, based on the results of the Quality of Care Assessment Level 2 conducted in 2015. It also builds the capacity of provincial Quality Improvement Working Groups to undertake supportive monitoring and supervision, coaching of health facilities, and regular joint planning and reviews of achievement.

**Mainstreaming health services for vulnerable groups**

As a contribution to the development of a sustainable system of care for persons with chronic diseases, GIZ supports the client-centred model for diabetes and hypertension care introduced by the non-governmental organisation MoPoTsyo. This peer educator network, which has been endorsed by the Ministry of Health and approved for nationwide expansion, is a community-based approach which involves patients in screening, treatment and prevention processes. Working with the Department of Preventive Medicine, GIZ also helps to increase access to services for non-communicable diseases at primary health care level through support for the Essential Package of NCDs (PEN). In addition, the Health Service Delivery team works closely with provincial referral hospitals and other stakeholders to strengthen the quality of physiotherapy services for persons with disabilities.

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Published by Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH  
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Author(s)  Dr. Prahors Ung  
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Printed by GIZ Cambodia  
As at November 2016  
GIZ is responsible for the content of this publication.

In cooperation with  
Embassy of the Federal Republic of Germany  
Phnom Penh

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