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Health Systems Governance

Empowering communities' voices – Promoting the right to health

The challenge

Despite significant improvement over the last decade in health personnel skills, health infrastructure as well as some key health indicators, Cambodia's public health sector still has low overall utilisation. Community participation is vital for strengthening health system stewardship functions, by empowering community members to actively contribute to improving the quality of health services and to hold service providers accountable. Many approaches have been applied to promote community participation, through which the voices of clients are made strong enough to stimulate improvement of health service quality. This would subsequently attract clients to use public services. However, this mechanism is still a gradual process, in part because of a lack of awareness about the right to health care and active participation. Based on a survey conducted by the National Centre for Health Promotion in 2006, only 20% of the population are aware of their right to express opinions about health care services.

Another reason for a lack of community participation is due to a cultural understanding of accountability relationships. In Khmer culture, the term "social accountability" is a relatively new concept and is poorly understood.

Citizens' abilities to voice their opinions, needs and concerns in order to make government authorities more aware of their priorities is a key element of social accountability, but due to cultural norms and socio-political realities, citizens have little confidence in their capacity - both individually and collectively - to influence decisions or change. Paternal attitudes, the embedded patronage system, and fear of reprisals contribute to feelings of citizen disempowerment and helplessness. Women, the elderly, people with disabilities and poor people face particular challenges in obtaining information, speaking up and influencing change.

According to the charter on clients' rights and providers' rights/duties, everyone is entitled to seven rights, namely: the right to equality and to be free from any form of discrimination; the right to information and education; the right to health care and treatment; the right to confidentiality; the right to privacy; the right to choice and informed consent; and, the right to express opinions and participation.

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The reality, however, looks rather bleak. Patients often feel disrespected by health care personnel. The poor, the elderly and people with disabilities often perceive health personnel behaviour as rude and discriminatory. Female users in particular complain of a violation of their privacy.

In addition, health workers tend to focus their time and efforts on more lucrative practice in private facilities. The lack of regulation of the private sector not only causes competition for resources between the public and private health sectors, but also adversely affects the quality of care.

Our approach

In line with the objectives of the Cambodian Ministry of Health (MoH), the Health Systems Governance (HSG) component seeks to enhance local governance and community monitoring of health service efficiency, and thus foster accountability.

On the sub-national level, the core process of the HSG component is the support of district councils and commune councils. These councils have a general mandate to promote the welfare of citizens in accordance with the legal framework for decentralisation (Organic Law). The component strengthens their abilities to fulfil this mandate. Supporting these authorities is

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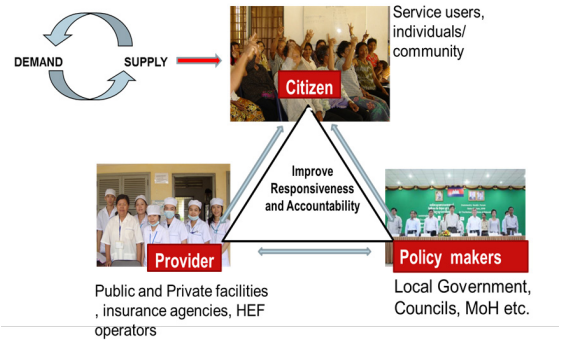
an effective way to improve the responsiveness and accountability of public health policy-makers.

Rather than sticking with the classic supply-and-demand interaction model which often results in arbitrary change, HSG aims to stimulate the interactions between three sets of actors, namely: citizens/service users (individuals and com-munities who may be supported by insurance agencies and civil society); providers (public and private facilities, insurance agencies, etc.); and policymakers (politicians, councils, MoH, etc.). This approach addresses the issues following the accountability triangle, as illustrated in the figure below.

The Accountability Triangle



When these interactions function well, they lead to outcomes that characterise good health systems governance, such as responsiveness to public health needs and citizen preferences, leadership that addresses priorities and manages trade-offs, the legitimate expression of health needs and preferences (voice), clear and operational accountability, transparency in performance and resource allocation/utilisation, evidence-based policy and decision-making, and efficient and effective service delivery and management. All these factors lead to improved health systems performance, and improved access and utilisation of quality health services. This way, it is possible for the underprivileged, vulnerable and marginalised to be included alongside the general population.

To acheive these objectives, the following intervention areas are introduced simultaneously:

Right to health

The objective of the component for this intervention is to build the confidence of citizens in expressing their voices, by raising community awareness through advocacy and capacity building on clients' rights and providers' rights/duties, and to improve interactions between communities, consumers and suppliers.

In addition, the component provides training on clients' rights and providers' rights/duties to all health care provid-ers, community representatives, school teachers and wom-en's affairs focal persons. This has allowed for the gradual transfer of information to the general population before the planned mass media campaign (such as through TV and radio). The training was conducted in a "top to bottom" manner, to raise awareness of rights effectively by ensuring that clients would not have expectations that cannot be met, as the providers were trained before the clients. The training for supply-side actors was conducted through workshops that covered clients' rights and providers' rights/duties, the medical code of conduct, and the Hippocratic Oath. The training also stressed gender sensitivity and the need for confidentiality, especially for female patients. The same principles were applied to the training for patients with disabilities.

Social accountability

As the commune councils can hold an important role in providing a platform for citizen-state dialogue, the project engaged them in the promotion of clients' rights, overseeing client satisfaction assessments and feedback for health care providers. At the same time, the project is engaged with civil society to introduce and facilitate dialogues between citizens, health service providers and local authorities. Particular focus has been on the development and establishment of client feedback mechanisms that ensure:

- Client satisfaction surveys are conducted on a regular basis;
- Feedback on the client satisfaction survey findings and recommendations are communicated to health care providers by the commune council chiefs, who chair the Health Centre Management Committee;
- Suggestion boxes are positioned in health facilities to capture public opinion. The opinions from the suggestion boxes are provided to health facility staff, to resolve among themselves and take necessary corrective measures without delay.

Decentralisation and deconcentration

Decentralisation offers important possibilities to increase the interaction of civil society organisations (CSOs) with local authorities, by participating in commune council meetings, contributing to discussions about local development issues or the specific problems faced by communes/villages, and participating in decision-making processes. The project supports the capacity development of sub-national councils, starting with commune councils. Capacity development includes training on clients' rights and providers' rights/duties, client satisfaction surveys, how to conduct client satisfaction survey feedback

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with health staff, facilitated participatory planning, organic law and training on social accountability, etc.

Specific areas of focus under this of intervention are:

- Supporting commune and district councils in assuming their defined health related roles;
- Supporting the development of decentralised and participative planning processes, to ensure broader participation of local stakeholders (including local nongovernmental organisations and civil society organisations, health centres, etc.) in decision-making.

The results

The charter on clients' rights and providers' rights/duties was developed with the project's technical support. It was a milestone document, creating a policy framework for advancing and promoting the rights to health for patients, and the roles and responsibilities of providers. It has contributed to an increased awareness of clients' rights among the Cambodian population, and increased the demand for quality health care.

Client feedback mechanisms contribute to transparency and client-responsiveness in sub-national governance of the health sector. Quality assessments have shown that 90% of health facilities supported in Kampot and Kampong Thom provinces have noticeably improved the quality of their services. This suggests that patient feedback informs practice.

Commune councils and local CSOs are increasingly involved in sub-national decision-making processes in the health sector. The component's cooperation with commune councils contributed to their increased participation and involvement in steering and monitoring of health service provisions, in line with the decentralisation reforms of the Cambodian government. An example of this is commune council involvement in the participatory planning process of the health centre management committees.

Awareness-raising activities have reached 120 villages in Kampong Thom province; in Kampot province, 63 villages have been sensitised to their right to health and their clients' rights. Participatns of these outreach actitivities are encouraged to engage in client satisfaction feedback mechanisms, and to make their needs and demands heard.

Multiple workshops in Kampot and Kampong Thom, on the specific needs of vulnerable groups and their right to health, have brought together beneficiaries and a variety of stakeholders. Participants included commune councils, civil society representatives, social health protection scheme operators, and representatives of disabled people's organisations. Vulnerable groups have been given a voice, and are advocating for their interests.

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