

**World Health Organisation Cambodia**  
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**for Human Resource for Health and Collaborative Efforts between MoH, WHO and**  
**AUSAID (replaced by DFAT) in Maternal, Newborn & Child Health**  
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## 1. Background

Cambodia has made good strides in improving health outcomes over the last decade. Between 2000 and 2010, the maternal mortality rate (MMR) dropped from 437 to 288 (per 100,000 live births) and the under-five (U5) mortality rate dropped from 124 to 54 (per 1000 live births).<sup>1</sup> Considerable gains have been achieved in controlling the HIV/AIDS and tuberculosis (TB) epidemics. The HIV/AIDS prevalence has fallen from 3 percent in 1997 to 0.8 percent in 2012.<sup>2</sup>

Yet, in spite of these achievements, several challenges persist and new ones are emerging. Notably, the progress in reducing malnutrition has been slow - stunting showed a modest decline (from 50% in 2000 to 40 percent in 2010), but wasting increased (from 8 percent in 2005 to 11 percent in 2010) and underweight showed no change (28 percent in 2005 and 2010).<sup>3</sup> Cambodia's maternal mortality rate is almost four times higher than the averages for the East Asia (73 per 100,000 live births).<sup>1</sup> The country is also witnessing an epidemiologic transition; non-communicable diseases and injuries are now amongst the leading cause of DALYs lost per 1,000 population.<sup>3</sup>

Since the turn of the century, there have been on-going efforts to strengthen the health system to address the identified challenges. The health reform process were initiated under the Government's First Health Strategic Plan 2003 – 2007, followed by the Second Health Strategic Plan 2008-2015 (HSP2), which forms the framework for all decisions in the sector. HSP2 is guided by five working principles - social health protection, especially for the poor and vulnerable groups; client focused approach to health service delivery; integrated approach to high quality health service delivery and public health interventions; human resources management as the cornerstone for health system; and good governance and accountability. These cross-cutting principles are being applied to improve health outcomes in three strategic priority areas: reproductive, maternal, neonatal, and child health; communicable diseases; and non-communicable diseases.<sup>4</sup>

The reform process has helped achieve dynamic maturation of the health system, with incremental gains towards achieving universal access to quality health services. However, a widely acknowledged limitation of the health system is the lack of well-trained, motivated and adequately-compensated staff, providing quality assured services. Although there has been a huge increase in the size of the workforce, health sector analyses in Cambodia point towards the need for improving governance and quality management of the health workforce.

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<sup>1</sup> Cambodia Demographic Health Survey, 2005 and 2010

<sup>2</sup> Cambodia Country Profile. UNAIDS 2012

<sup>3</sup> Global Burden of Disease Profile: Cambodia. IHME, 2013

<sup>4</sup> Health Sector Strategic Plan 2008-2015. Ministry of Health

## 2. Health Workforce in Cambodia – Developments and Progress

Over the year Cambodia has made significant investments in re-building of the skilled workforce, in particular in critical areas such as health. This is considered a national priority and has been outlined in the National Strategic Development Plan 2014-2018 as well as sector-specific plans (First and Second Health Strategic Plans). HSP2 2008-2015 outlines the importance for service delivery of having appropriately skilled health staff who are adequately motivated, proficiently trained and equitably deployed.

To prioritize the rebuilding of the health workforce, the Ministry of Health invested in the Health Workforce Development Plan 1 (1997-2005), which focused on adequate production and equitable distribution of health workforce according to the then newly adopted Health Coverage Plan. Building on the achievements from the first plan, the second Health Workforce Development Plan (2006-2015) aimed to further address the issues of improving the competency and management of the health workforce. The specific focus granted to health workforce under these Plans resulted in impressive gains. For instance, the size of the health workforce increased substantially. The number of doctors increased from fewer than 50 doctors in the early 1990s to a current strength of over 2,500 working in the public sector.

The growth in the workforce was enabled to a large extent by the expansion of the tertiary education sector in the last decade, particularly in the private sector. As of April 2012, there were 7 public (includes military) and 7 private higher education institutions offering health professional training courses. Total enrollment in both public and private institutions was little over 20,000 in 2013.

A Mid-Term Review (MTR) of the Health Workforce Development Plan 2006-2015 was conducted in 2011 to review progress and refocus efforts. The MTR identified four strategic priority areas for further investment and action. (See Box 1) The MTR also provided recommendations that centred on these strategic priorities, which were ratified by the Ministry of Health.

### **Box 1. Overview of the strategic priorities and recommended action**

#### **1. Strategic Priority One:** *Governance, planning and management of Human Resources for Health*

- 1.1 Human Resource for Health (HRH) Committee
- 1.2. Capacity building for strengthening HRH governance at national and subnational levels

#### **2. Strategic Priority Two:** *Improve the Technical Skills and Competence of the Health Workforce through strengthened pre-service training*

- 2.1. National Licensing and Registration Exam
- 2.2. National Health Professional Registration Board
- 2.3. The Centre for Educational Development of Health Professionals (CEDHP)
- 2.4. The Nurse Bridging programme for Faculty development in Public Schools
- 2.5. In-service training and continuing education maintains the skills of the health workforce of Cambodia

#### **3. Strategic Priority Three:** *Health Workforce Management; recruitment, performance management, deployment and retention*

- 3.1. Health Workforce Recruitment, Deployment and Management
- 3.2. Scholarships

#### **4. Strategic Priority Four:** *Staff Remuneration, salaries, performance incentives*

- 4.1. Health labour market Analysis

Some of the above recommendations are being implemented by the Ministry of Health with technical support from the World Health Organization (WHO) and funding support from the Department of Foreign Affairs and Trade (DFAT) Australia.

This Annual Report 2014 updates on the progress in the past year (January 2014 – January 2015) and builds on the Annual Report 2013 submitted by WHO to DFAT in January 2014.

### **3. Human Resources for Health: Strategic Priorities, Objectives and Activities: Mid-Term Progress Report**

#### ***3a. Strategic Priority One: Supporting and Strengthening of Multisectoral policy dialogue through Increased Capacity of Governance Structures***

- **Supporting and strengthening multisectoral policy dialogue through the Human Resource for Health (HRH) Committee**

The Minister of Health established the Human Resource for Health Oversight Committee (HRH OC) to monitor and support the implementation of the MTR of the HWDP. The Committee chaired by HE Prof Eng Huot, Secretary of State for Health, includes membership of the Director General Admin/Finance and Health and all relevant department directors including Human Resource Development (HRD), Personnel, Planning and Health Information (DPHI) and Hospital Services (HSD). The Committee is co-chaired by the WHO Representative and includes, subject to rotation, JICA Project Leader as representative of development partners.

The Committee has provided an effective platform for dialogue on HRH issues.

#### **Key Achievements:**

- The HRH Oversight Committee met in October 2014 and focused its deliberations on the monitoring of the implementation of the MTR of the HWDP. This included presentations from the Department of Personnel and Human Resource Developments on the key activities undertaken and the status of their implementation. It also provided a platform for discussing the priority setting for the next six months. (Please find attached the Minutes of the HRH OC meeting – *Annex 1*)
- The HRH OC discussed the next steps for the formulation of the Health Workforce Development Plan 2016 – 2020. It is expected that the Committee will review a draft of the strategic priorities for the HWDP in their meeting (scheduled to be held in June 2015).
- The Secretariat of the HRH Committee has produced the Annual Health Workforce Report 2013 that provides descriptive information about the progress of HRH problems and reflects the achievements, the constraints and the required further steps. (A copy of the report was submitted along with the Mid-Term Report 2014)

**Proposed next steps:**

- The HRH OC will continue to monitor and guide developments in HRH policy, planning and management. The Committee will play a vital role in guiding the formulation of the next Health Workforce Development Plan 2016 – 2020 and its endorsement.
- The Secretariat of the HRH OC will provide the administrative support for the preparatory work related to the formulation of the next Health Workforce Development Plan 2016 – 2020.
- To enhance the availability and use of data for HRH planning, technical support will be provided to the Departments of Personnel and Human Resource Development to upgrade the current database followed by training of the sub-national levels in the use of the improved database.

***3b. Strategic Priority Two: Improve the Technical skills and Competence of the Health Workforce through Strengthened Pre-service and In-service Training***

• **Strengthening the implementation and quality of the National Exit Examination (NEE)**

The National Exit Examination (NEE) is designed to test the competencies of health professional graduates, to ensure that they have adequate knowledge and skills for practice. The examination assesses both knowledge and skills through written Multiple Choice Questions (MCQs) and Objective Structured Clinical Examination (OSCE).

There is high-level political commitment for the implementation of the NEE. The NEC was established by the Prime Minister and is chaired by the Council of Ministers, and includes among its membership representatives from the Ministry of Health, the Ministry of Education, Youth and Sport and all public/private schools. The NEC has the authority to set the exams and determine the standards for successful completion of the exam.

**Key Achievements:**

- Revision of the MCQ Question Bank and OSCE scenarios for the NEE, for each health professional group was undertaken. For this task, Technical Working Groups (TWGs) for each discipline were established under the leadership of Ministry of Health that led the revision/editing of the MCQ items. (Table 2) This exercise was informed by the results of the previous NEE Exam analysis. The TWGs will continue to review all the MCQs and OSCE scenarios, provide the answers keys for the MCQs and also add new MCQs to the question bank for use in the NEE.

***Table 2. Technical Working Group for revision of NEE MCQs and OSCE***

<b>Technical Working Groups</b>	
Medicine	Basic Science
	Medicine
	Paediatrics
	Surgery

	Obstetrics & Gynaecology
Dentistry	
Pharmacy	
Nursing	

- Refresher/new training of examiners in the OSCE scoring checklist and standard patients' assessments was conducted.
- The NEC approved the proposal of implementing the NEE in two phases - all students have to first pass the MCQ exam before proceeding to the OSCE test. Students have to pass both the tests within a pre-defined period in order to be eligible for the diploma certificate in their field of training.

*Figure 1. Training of OSCE Examiners*



- NEE for health professional groups - Medical doctors, Dental doctors, Bachelor of Science nurses and Pharmacists is currently being held. The MCQ exams were completed on 28<sup>th</sup> – 29<sup>th</sup> of January 2015. The *Table 3* below shows the total number of graduates who have taken the NEE in January 2015.

*Table 3. Total number of students sitting the NEE in January 2015*

Disciplines	UHS		IU		LU	CLU	TOTAL		
	New	Failed	New	Failed	New	New	New	Failed	
Medicine	225	15	675	0	0	0	900	15	
Dentistry	116	1	20	0	0	0	136	1	
Pharmacy	174	0	26	1	0	0	200	1	
BSN	93	2	27	1	22	30	172	3	
<b>TOTAL</b>	608	18	748	2	22	30	1 408	20	
<b>Grand total</b>								<b>1,428</b>	

*Figure 2. Preparation for the NEE at the Ministry of Health*



**Proposed next steps:**

- The NEC will continue to support the NEE and its acceptance as a licensing examination for the registration and licensing of health professionals in the future.
  - The implementation of the NEE is labour-intensive and requires intensive and continuing support from both MOH officials and technical experts. With the anticipated participation of all health professional training institutions and courses in the coming years, the number of candidates will increase substantially. The NEC will have to identify an institution/unit that will be handed over the administrative responsibility of conducting the NEE.
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- **Strengthening and mobilizing the Centre for Educational Development of Health Professionals (CEDHP)**

The CEDHP was established as a national resource for the development of health profession education, to address the urgent need to improve the quality of education through better teaching capacity and curriculum development. The CEDHP is expected to offer relevant short courses; to develop resource materials and guidelines; and to provide responsive technical advice and support. The Centre was re-designated as the Health Profession Education (HPEd) Unit under the Office of the Rector of the UHS.



The HPED has developed a short course on “Basics of Health Professional Education”. This course includes four modules:

- Module 1: Basic Concepts on Health Professions Education
- Module 2: Instructional Design
- Module 3: Class Management
- Module 4: Student Assessment

The course has been developed by a Technical Working Group established under the leadership of the Rector, UHS. Technical support for the finalization of the course material and content was provided by National Teacher Training Center for the Health Professions, University of the Philippines Manila.

According to the UHS Strategic Plan 2014-2018, all faculties of UHS will be trained in this basic course by end of 2018. It is expected that the trainings in the short-course will start from the month of February 2015.

**Key Achievements:**

- Development of the short course on “Basics of Health Professional Education”.
- The CEDHP has provided administrative support to the Nurse Bridging Programme.
- Since its establishment the CEDHP has been conducting workshops for the University of Health Sciences (UHS) faculty, focusing primarily on development of lesson plans, micro teaching and clinical teaching. As per the CEDHP Work Plan for 2014-15, more workshops will be conducted on topics such as microteaching, development of course syllabus, MCQ exam design and analysis etc.

**Proposed next steps:**

- The HPED Unit will continue to draw on the two cohorts of faculty members who were enrolled in the UP Manila MHPED program, as resource persons for its workshops.
- At present, the education development activities of the HPED Unit are limited to the UHS. It is expected that efforts will be made to liaise and support the educational resource people in the Regional Training Centres (RTCs).
- With regard to the CEDHP, further consideration will have to be given to its staffing, organizational placement, funding and technical assistance that will be required to ensure it has the capacity to act as an effective national resource center and respond effectively to the urgent need to improve the quality of health professional education in Cambodia. The performance of CEDHP will be reliant on adequate investment and intensive support, to improve its credibility and acceptance as an effective resource centre of national relevance.

- **Masters in Health Professional Education Program (MHPED)**

The University of Philippines (UP), Manila has been commissioned to deliver its ladder-type Masters in Health Professional Education (MHPED) program that enables participants to exit with a certificate/diploma or undertake a thesis leading to a Master’s degree. The participants for the

course were selected primarily from faculties of the UHS and include a mixed group from the faculties of Pharmacy, Dentistry, Medicine, Nursing and Midwifery. Both the French Cooperation and WHO (through funding support from DFAT) have supported this program. The program has been successfully completed.

**Key Achievements:**

- The status of the students of the first and second batches is shown in *Table 4* below.

*Table 4. Status of students enrolled in the MHPEd Program (as of November 2014)*

<i>MHPEd Students admitted in June 2011-2012</i>	
Graduated	3
Successfully defended thesis proposal	3
Graduated with Diploma	2
<i>MHPEd Students admitted in November 2012</i>	
Ready for defence	1
Research proposal undergoing revision	5
Writing proposal	4
Resitting comprehensive exam	3

- The “Enhancement Program on Thesis Writing” has been completed. The program was designed for the student, to assist them in completing the thesis requirements for the Master’s degree. Under this program two intensive thesis writing workshops have been held followed by online consultations with the enrolled students.
- The students of the MHPEd course have been successfully used as resource persons for trainings/workshops within the UHS.

**Proposed Next Steps:**

- The online consultations with the enrolled students will continue till the students graduate from the course either with a diploma or a Master’s degree.
- The students of the MHPEd course will form the critical mass of faculty to bring the required and recognized change in health professional education in UHS and beyond.
- The students of the MHPEd course will continue to be used as resource persons for trainings/workshops within UHS but also be available to provide these services to other interested institutions.

- **The Nurse Bridging Programme from Associate Degree to Bachelor Nurse for Faculty in the Public Sector**

The Nurse Bridging Programme provided an opportunity for the TSMC and RTC nurse faculty to upgrade their qualification to a Bachelor degree. Under the programme, faculty from UP Manila will visit Cambodia for one week a month to deliver the bridging programme with the Bachelor faculty.

*Figure 3. Recognition Ceremony – Nursing Bridging Programme 2015*



**Key Achievements:**

- All 29 participants in the programme (15 from UHS/TSMC, two from Battambang's RTC, four from Kampot RTC, four from Kampong Cham RTC and four from Stung Treng RTC) have successfully completed their course.
- The course participants were provided with a certificate of completion at a Recognition Ceremony held at UHS on January 29<sup>th</sup> that was presided by the Rector of UHS and the Chancellor of University of Philippines, Manila.

**Proposed Next Steps:**

- In view of the success of the first batch of the nurse bridging program, the Department of HRD, Ministry of Health as well as senior-level MOH officials have indicated the need to support a second batch.
- The creation of a critical mass of faculty members with Bachelor's degree in the Bachelor of Science Nursing faculty at both UHS/TSMC and the four RTCs that will then train and guide the new generation of nursing students will continue to be important to improve quality of services.

- **Support to Health Professional Councils**

- Support for training in the *Cambodia Midwives Council*'s newly developed Electronic Registration Database (ERD). The training on how to use ERD was imparted to all Provincial Midwives Council officers in three phases: Phase 1 was conducted on 5-6 July 2014. Eight officers from four Provincial Midwives Councils namely Kompong Cham, Battambang, Kompot and Prey Veng were selected for the training.

The Phase 2 training was conducted on 23-24 August 2014 at National Institute of Public Health (NIPH). Twenty-two officers from eleven Provincial Midwives Councils namely Odor Meanchey, Pursat, Kratie, Mondulkiri, Pailin, Svay Rieng, Kompot, Kandal, Kompong Chhnang, Stung Treng and Takeo.

The Phase 3 (final) training was conducted on 13-14 September 2014 at National Institute of Public Health (NIPH). Thirty-two officers from eleven Provincial Midwives Councils, Phnom Penh municipality and four hospital branches - namely Phnom Penh, Siem Reap, Kompong Speu, Banteay Meanchey, Koh Kong, Ratanakiri, Tboung Khmom, Kep, Preah Sihanouk, Preah Vihear, Kompong Thom, Preah Kosomak Hospital, National Maternal and Child Health Centre, Khmer-Soviet Friendship Hospital, and Calmette Hospital.

The trained officials will be responsible for entering data of their registered midwives into database by using their own laptop/computer.

- Financial support provided to the *Cambodia Nursing Council* to develop the 'scope and standard of practice' for nursing professionals. The scope of practice will be legal document that will be presented to MOH for approval and endorsement. Following the endorsement the document will be disseminated all chief nurses across Cambodia.

### ***3c. Strategic Priority Three: Strengthen health workforce management: Recruitment, performance management, deployment, retention and compensation***

- **Strategic Plan for University of Health Sciences (UHS)**

The Strategic Plan for UHS was developed as a comprehensive and detailed institutional plan that re-affirms UHS's mission to work in cooperation with national and international institutions, to improve the health of the people of Cambodia through contribution to education, research, and service to the community.

#### **Key Achievements:**

- The draft Strategic Plan was developed based on several consultations and a series of workshops with the Rector, Deans and senior staff of the UHS. The draft Plan was circulated and discussed with the faculty. It was structured around the agreed domains and submitted for the consideration of the Rector. The draft Strategic Plan was adjusted and refined by the Rector and Deans of UHS, and presented for further discussion in a series of workshops culminating in a retreat of the entire UHS Academic and Administrative staff.

- The Rector of UHS is leading the process with a strong commitment to dynamic engagement of the faculty members in the planning process.
  - The Strategic Plan has been successful in articulating the University's vision, mission and guiding principles.
  - The Strategic Plan was adopted in September 2014.
- **Formulation of the next Health Workforce Development Plan 2016-2020**

The Ministry of Health (MOH) is currently preparing input for the next Health Strategic Plan 2016 – 2020 (HSP3). The MOH has identified human resources for health as one of its priorities. Additionally, the MOH is committed to the formulation of the next Health Workforce Development Plan (HWDP) 2016-2020 to address emerging requirements of government policies and plans towards the achievement of highest level of health and well-being, for all Cambodians. The development of the HWDP 2016-2020 will be guided by a detailed a road map and work plan that outlines the key steps and activities.

The Department of Personnel, MOH is the designated as focal point for the development of the HWDP 2016-2020, with support from other relevant MOH departments and related Ministries. WHO will continue to collaborate and provide the required technical assistance to MOH in the development of the HWDP 2016-2020.

**Key Achievements:**

- A Roadmap has been prepared for the formulation of the HWDP 2016-2020 that outlines the key steps, the main activities, the responsible entities, the timelines as well as the requirements to fulfil the activity has been developed and endorsed. The overarching themes of the proposed Roadmap are:
  - Whole of Sector approach, including other ministries, military and private sectors in both production and employment of HRH.
  - Capacity building and institutional strengthening at all levels with particular attention to MOH and the education institutions.
  - Improved Information System through better integration of existing data systems and use of additional sources
  - Ensuring the workforce plan is driven by the policies and plans for attainment of Universal Health Coverage.

This was discussed and agreed in the HRH OC Meeting held in October 2014.

**Proposed Next Steps:**

- The Roadmap and the Work Plan for the HWDP 2016-2020 is currently being discussed with health partners for potential support to the associated processes. (Please refer to *Annex 2 & 3*)
- Continued support will be provided to the MOH for the timely accomplishment of the key steps and activities outlined in the roadmap, for the timely preparation of HWDP 2016-2020.

- The MOH will ensure that the HWDP is aligned with the goals and objectives of the Health Strategic Plan (HSP3), which will also be simultaneously developed within the same timeframe.
- The HWDP will try to consolidate recent advances, and continue to strengthen oversight, coordination, training quality and health workforce performance.
- The HWDP 2016-2020 will focus on addressing some key/new areas. For instance, it will include steps to improve and strengthening of the HRH Database i.e. inclusion of the private sector, details on specialist medical doctors, consistency in information maintained by different MOH departments etc.

