

FINAL TECHNICAL REPORT

WHO Cambodia - Health System Development Human Resources for Health - Technical Officer

Implementation period: 28 April 2008–30 June 2017

Implementation site: Cambodia/ Western Pacific region

Addressed to the Department of Foreign Affairs and Trade

Issued from: World Health Organization, Regional Office for the Western Pacific

Prepared by: Dr Momoe Takeuchi

Contact: +855 12 876 876; takeuchim@who.int

Date of submission: 30 June 2017

FINAL TECHNICAL REPORT

WHO Cambodia - Health System
Development Human Resources for Health -
Technical Officer

Implementation period: 25 April 2008 –30 June 2017

Implementation site: Cambodia/ Western Pacific Region

Addressed to the Department of Foreign Affairs and Trade
Australia.

DFAT Agreement number: 44944

WHO Award number: 52897

Award budget: USD 1,332,678

WHO Category: 4.002 42IPH Integrated people-centred health services

Responsible Officer: Dr Momoe Takeuchi

Contact details: Tel. + 855 12 876 876 email takeuchim@who.int

Address: WHO Representative Office, Cambodia.

Contents

Final Report: Overview	5
Abstract	6
1. Background.....	7
2. Key Results.....	8
3. Recent Activities	13
4. Financial information	16
5. Visibility.....	16
6. Conclusions	16

List of Tables

Table 1: Strategies and Key Results contributed by WHO HRH technical assistance	Error! Bookmark not defined.
Table 2: Implementation Summary Jan 2016- Jun 2017	14
Table 3. Project Financial Information	16

Acronyms	18
-----------------------	-----------

Final Report: Overview

The project

From:	WHO Regional Office for the Western Pacific (WPRO), Division, Unit
To:	Department of Foreign Affairs and Trade (DFAT), Australian Aid Program
Title of the project:	WHO Cambodia – Health System Development Human Resources for Health – Technical Officer
Implementation period:	25 April 2008 – 30 June 2017
Implementation site:	Cambodia / Western Pacific Region

Implementing partners:	Ministry of Health, Cambodia; DFAT, Commonwealth of Australia.
WHO Focal point:	Dr Momoe Takeuchi
Contact details:	+855 12 876 876 ; takeuchim@who.int
WHO Category:	4.002 42IPH Integrated people-centred health services
WHO Award number:	52897 (DFAT Agreement number: 44944)
Award budget:	USD 1,332,678

Financial information

Year (WHO financial biennium)	Receipts (expressed in US dollars)	Expenditure
2008- 2009	467,820	66,027
2010- 2011	499,858	394,961
2012-2013	-	330,997
2014-2015	365,000	307,956
2016-2017	-	232,737
TOTAL	1, 332, 678	1,332,678

Total implementation rate (in %)	100%
----------------------------------	------

The Statement of Financial Performance is submitted along with this report.

Abstract

The Commonwealth of Australia, represented by the Department of Foreign Affairs and Trade (DFAT), granted WHO Cambodia USD 1,332,678 during the period 2008 – 2017, under DFAT Agreement 44944/WHO Award 52897.

This Award was used to recruit a successive WHO Cambodia Technical Officer's post, specialising in Human Resources for Health (HRH). The award also funded a limited number of WHO Short-Term Consultants (STC) for HRH.

The HRH technical support was dedicated to assist the Ministry of Health (MOH) in the implementation of the Second Health Workforce Development Plan (HWDP2), 2006-2015; Mid-Term Review (MTR) of the HWDP2 implementation in 2011; guide the implementation in four strategic HRH priorities identified by the MTR, namely: (a) HRH-related governance; (b) improvement of the technical skills and competence of the health workforce; (c) health workforce recruitment, performance management, deployment and retention; and (d) health workforce remuneration, salaries and performance incentives; and to assist with the preparation and implementation of the third Health Workforce Development Plan (HWDP3), 2016-2020, that was launched by the MOH in March 2016.

In parallel with Award 52897 (for technical assistance), DFAT also provided a separate Award (59589, DFAT Agreement 50078/56) under the DFAT-WHO Partnership Framework with Cambodia, 2009-2015. This Award (59589) was earmarked to support implementation of MOH HRH-related activities in line with the four strategic priority areas identified by the MTR.

WHO Cambodia submitted the Final (Closure) Report for the Award 59589 to DFAT on 17 March, 2016. The report set out the substantial achievements realized in HRH supported by both DFAT Awards and identified three main next steps as exit strategy activities that could benefit from continued technical support beyond December 2015. These were to further support the MOH to strengthen: (a) HRH planning, governance, and management structures; (b) health workforce regulation; and (c) systems for health workforce recruitment, deployment and retention. These next steps provided the framework for the final phase of DFAT support under Award 44944, 01 January 2016-30 June 2017, outcomes of which are reported here.

Placed together, both DFAT Awards have enabled WHO Cambodia to provide the MOH with timely, effective technical assistance for key interventions and activities in the area of human resource for health.

The technical support provided to the MOH has been instrumental in developing systems for implementation of HRH-related activities, some of which are now either self-funding (e.g. the National Exit Examination) or have been successful in leveraging support from the national budget and other development assistance (e.g. implementation of the Law on Regulation of Health Practitioners). The DFAT Award has been catalytic in building MOH capacities, including effective HRH management and workforce planning. WHO Cambodia will continue to provide technical support to the MOH to maintain continuity of HRH-related activities using other funding sources beyond 30 June 2017.

1. Background

- The Commonwealth of Australia, represented by the Department of Foreign Affairs and Trade (DFAT), has supported the provision of international technical assistance in Human Resources for Health (HRH) in Cambodia since 2008. The ongoing technical assistance in HRH was financed under DFAT Agreement 44944 (WHO Award 52897) with the World Health Organization (WHO) represented in Cambodia by the Office of the WHO Representative (WHO Cambodia).
- The Award (52897) specifically supported WHO Cambodia to field international HRH technical officer and international short-term HRH consultants to assist the Ministry of Health (MOH) to implement HRH activities as set out in the second MOH Health Workforce Development Plan (HWDP2), 2006-2015 and in the third Health Workforce Development Plan (HWDP3), 2016-2020: managing a competent health workforce for improved service delivery. The HWDP3 2016-2020 was developed during 2015 and launched by the MOH in March 2016.
- In parallel with Award 52897, WHO Cambodia implemented a separate DFAT Award (59589, DFAT Agreement 50078/56) under the DFAT-WHO Partnership Framework with Cambodia, 2009-2015. This Award (59589), comprised an allocation of USD 1,200,000 in support of MOH HRH activities and USD 300,000 allocated for Maternal, Newborn and Child Health (MNCH) activities. Both sets of activities supported under Award 59589 concluded on 31 December 2015.
- WHO submitted the Closure Report for Award 59589 to DFAT on 17 March 2016. The Report sets out the achievements realized in HRH and MNCH supported by the Award¹.
- The Final Report of Award 59589 also identified some HRH capacity gaps and challenges, including areas requiring further technical assistance. Several of the initiatives and gaps identified in the Award 59589 Final Report were presented as “exit strategy activities” that could enhance the sustainability of HRH outcomes initiated under the Award.
- DFAT and WHO agreed for a no-extra cost, time-extension for Award 52897 to be completed by 30 June 2017. This enabled WHO Cambodia to continue providing technical support on HRH (01 January 2016 – 30 June 2017) without a gap. Thereby, continuing technical assistance support to the MOH for important HRH initiatives commenced during the period of Award 59589 and exit strategy activities.
- Specifically, during the Award 52897 extension period, WHO Cambodia applied the remaining Award balance to field HRH technical officer and consultant support and post; provided by Dr Indrajit Hazarika (January 2016 – April 2016) and for follow-on HRH

¹ Refer for detail and data, the Award 59589 Closure Report of the World Health Organization, Cambodia, 2015: *on Human Resource for Health and Collaborative Efforts between MOH, WHO and DFAT in Maternal, Newborn & Child Health, 01 July 2012 to 31st December 2015*. <http://dfat.gov.au/about-us/publications/Pages/cambodia-human-resources-for-health-final-project-report-2016.aspx>

technical assistance support to the MOH, provided by Mr Peter Miller (May 2016 – June 2017).

- This Final Report for Award 52897 predominately focusses on contribution of technical assistance to progress and results achieved during the period of the no extra-cost, time extension (January 2016 – June 2017).
- Specifically, the progress made in HRH and key results in the context of the "exit strategies" identified in the Award 59589 Final Report (March 2016), that aimed to further support the MOH to strengthen:
 - a. HRH planning, governance, and management structures;
 - b. health workforce regulation; and,
 - c. systems for health workforce recruitment, deployment and retention.

2. Key Results

The WHO international technical assistance in HRH contributed to key HRH planning, governance, regulation and ongoing HRH results (shown in Table 1).

Table 1: Strategies and Key Results contributed by WHO HRH technical assistance

STRATEGY	KEY RESULTS		
Strengthen HRH planning, governance, and management structures	HDWP2, 2006-2015 MTR (2012) HWDP3, 2016-2020	Annual Health Congress Reports, 2012 Annual Health Workforce Reports 2012 HRH-Oversight Committee meetings and secretariat 2012 HRH database 2016	National Examination Committee, 2007 National Entry Examinations, 2008 National Exit Examinations, 2013
Capacity building to strengthen health workforce regulation	Core competency frameworks developed for major health disciplines	Law on the Regulation of Health Practitioners Prakas on Criteria and Minimum Standards for Training Institutions in Health	Health Professional Councils – requirements under the Law for mandatory registration, licensing, continuing professional education

STRATEGY	KEY RESULTS		
Strengthening systems for health workforce recruitment, deployment and retention	<p>Academic Bridging Programs and career pathways developed:</p> <p>Associate degree to Bachelor of Science Nursing</p> <p>Associate degree to Bachelor of Science Midwifery</p>	Sub decree 59 revoked age limit for civil service entry issued, 24 Jan 2017	Second Fast Track Initiative for Reducing Maternal and Newborn Mortality (2016-2020)

Strengthened HRH planning, governance, and management structures

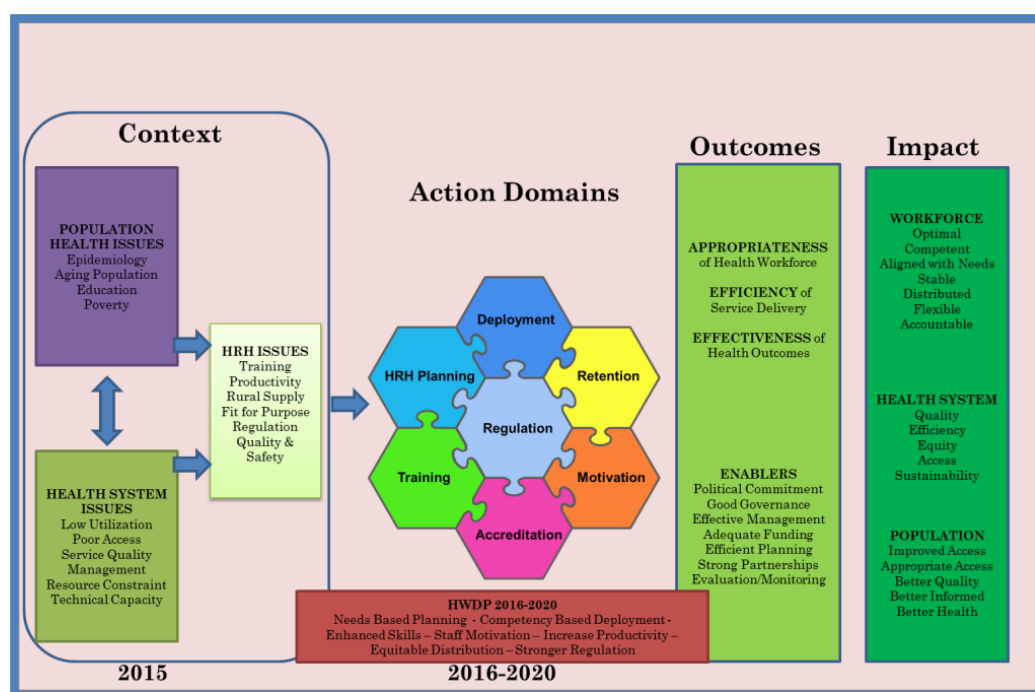
- **The Second Health Workforce Development Plan, 2006-2015** recognized the role of the private sector in the health workforce in Cambodia. HWDP2 made recommendations for strengthened MOH stewardship strategies for the private sector as well as for the development of the civil service including investment in health professional registration, regulation and ways to improve the quality of pre-service health discipline education programs.
- **Mid-Term Review of the HWDP2 (2012).** The WHO international TA and MTR consultants engaged under the Award identified several priority areas to be addressed. Specific recommendation were made to further strengthen MOH capacities in HRH in order to guide, monitor and regulate the production and deployment of skilled health personnel through improved governance and quality management initiatives.
- **The Third Health Workforce Development Plan (HWDP3), 2016–2020.** The MOH, assisted by the WHO international TA, completed preparation of the HWDP3 during late 2015 and 1st quarter of 2016 in consultation with development partners for health. Moreover, the WHO international HRH technical officer (fielded under Award 52897), provided technical assistance to MOH during 2015-16 and contributed to develop the comprehensive HWDP3 document that includes a costed implementation plan.

HWDP3 was launched at the 2016 National Health Congress and is considered as a sub-strategy of the third MOH National Health Strategic Plan (HSP3), 2016-2020. The MOH has widely disseminated the HWDP3 in Khmer and English.

- **HWDP3 has moved the policy direction** forwards and towards the goal of ensuring that the health system will have an adequate number of competent, well-motivated, equitably distributed and regulated health workforce with appropriate skill mix by 2020.

- a. The HWDP3 policy agenda provided strategic direction throughout 2016 for a variety of health workforce actions. HRH has also been supported by development partners, including DFAT, through the Health Equity and Quality Improvement Project (H-EQIP) investment².”
- b. The HWDP3 Strategic Framework (shown below) identifies seven interlinked Action Domains (deployment, retention, motivation, accreditation, training, HRH planning, and regulation) for priority HRH interventions and resourcing for 2016-2020, shown in Figure 1.

Figure 1: HWDP3 - Strategic framework



Successive WHO international HRH technical assistance fielded throughout the DFAT Award (2008-2017), have provided ongoing technical assistance for the design, development and assistance to MOH to implement key HRH governance structures and resourced them with HRH, planning and management support to help sustain their ongoing HRH functioning.

The current **Governance** structures for HRH in the MOH are: (i) the inter-departmental **Human Resources for Health Oversight Committee (HRH-OC)**; (ii) the inter-ministerial **National Examinations Committee (NEC)**; and, (iii) the **Health Professional Councils**.

² A subcomponent of the H-EQIP project (2016-2022) supports a program of activities designed to improve: i) implementation of comprehensive pre-service and in-service training programs for health workers; ii) equipping health facilities to meet minimum standards for the provision of obstetric and neonatal care; iii) the carrying out of enhanced health service quality monitoring; iv) timeliness of Service Delivery Grants and Health Equity Fund payments; and, v) the establishment of sustainable health service purchasing arrangements. <http://documents.worldbank.org/curated/en/344131468193769008/pdf/PAD1647-PAD-P157291-IDA-R2016-0076-1-Box394888B-OUO-9.pdf>

- **The HRH-OC** was established by the Minister of Health in 2011 to initially oversee and guide the MTR (2012) of the HWDP2. The WHO HRH TA prepared the Terms of Reference with the MOH and helped to establish the HRH-OC secretariat. The Minister of Health retained the HRH-OC to oversee implementation of the MTR recommendations and ongoing HWDP2 priorities.
- The Committee has a mixed department membership; with senior managers from the health and admin/finance directorates. The HRH-OC is chaired by the Secretary of State for Health and the Secretariat consists of staff from the Department of Personnel (DOP) and the Human Resource Development Department (HRDD). The HRH-OC meets twice each year and provides a forum for senior leadership to consider HRH policies and strategy, review progress of the HWDP and set priorities. The HRH-OC receives administrative support from the HRH secretariat and technical assistance and support from WHO.
- **Governance.** Senior level MOH committee and policy facilitation was provided by the WHO TA in HRH during 2016–2017 to prepare and support meetings of: (i) the HRH-OC which oversaw and has guided the preparation, launch and implementation of the HWDP3, 2016-2020. The WHO TA recommended the HRH baseline targets and indicators for HSP3 2016-2020 and the Cambodian Sustainable Development Goals (CSDGs), 2016-2030.
- The HRH-OC has become a key MOH governance mechanism. Post-Award, the HRH-OC will continue to review HWDP3 implementation progress against the indicators. The meetings are a unique opportunity for Director Generals from different directorates within MoH, the Rector of the main Medical University in Phnom Penh, WHO and JICA, to meet to discuss the progress of the current four-year health workforce plan.
- **The MOH Annual Health Workforce Report** has been prepared annually since 2012 by the HRH-OC secretariat, with considerable technical input and editorial support from the WHO TA.. The report updates the current situation with respect to the public sector workforce in Cambodia and is a tool for monitoring the overall quality of data and policy direction, referenced against the Health Workforce Development Plan 2016-2020.
- **The MOH Annual National Health Congress Reports** have progressively reported on HRH production, recruitment and deployment with increasing detail. These reports, prepared in Khmer, are the basis for the MOH Annual Health Workforce Reports prepared in English.
- **The National Examination Committee.** The Prime Minister nominated and tasked the NEC in 2007 with the mission to oversight the design and organization of the National Entrance Examinations for pre-service training programs in health disciplines that commenced in 2008. The WHO international TA in HRH have been highly involved in the development and resourcing of the institution and in supporting the completion of the examinations. National Exit Examinations were commenced in 2013 with considerable technical assistance and input provided by the WHO HRH TA supported under the DFAT Award. The national Exit Examinations were introduced in order to ensure accuracy, fairness, transparency and to the extent possible, standardize quality of the pre-service training in the bachelor and higher degree awards.

- **Institutionalisation of the National Entry and National Exit Examination (NEE) mechanism.** In 2011, a national WHO HRH consultant supported by the Award worked with the NEC on a Road Map for institutionalisation of the National Exam mechanism. The roadmap saw the formation of National Working groups for each discipline, nominated by the NEC, with representation from of all private and public training institutions for health. The National Entrance and Exit Examination arrangements are unique to Cambodia, and along with the NEC assist to drive competency based curricula for all health professionals in the public and private training sectors, shaping training behaviours. Several countries are interested to look into the feasibility to introduce the NEE mechanisms.

The NEC and NEE mechanism continued during 2016 and 2017. In 2016 the NEE became mostly self-financed. The NEE process, however, places an increasingly heavy time demand on the MOH staff of the Human Resources Development Department, which is now mandated as the NEC secretariat since January 2017.

Strengthened health workforce regulation.

- **Core competency frameworks.** The NEC with the assistance of the WHO TA in HRH, identified discipline-based, (core) competency frameworks for Medicine, Nursing, Dentistry and Pharmacy and developed valid and reliable tools to test the core competencies. Core competencies are the basis for the elaboration of professional practice standards and scopes of practice: essential elements of contemporary health work regulatory frameworks.
- **The Law on the Regulation of Health Practitioners.** Initiated with the support of JICA, a second draft of the Law was prepared by WHO Headquarter and by the WHO TA in HRH in Phnom Penh. The draft was translated into Khmer and circulated for comment during late 2015.
- The entry into force of the Law on Regulation of Health Practitioners (November 2016) was preceded by consultation within the MOH, with the Council of Ministers, and finally extended debate in Parliamentary committees before endorsement.
- The Law introduced professional registration with the Health Profession Councils as a mandatory requirement and practitioner licensing to evidence fitness to perform clinical practice. The Law authorizes a cascade of supporting regulations for full legal implementation. These include, updated codes of ethics, scopes of practice, practice standards and procedures to establish “fitness to practice” together with continuing professional education requirements for practitioner relicensing to practice. This work and the Councils' ongoing need for technical and financial support is set out in the Health Professional Council Strategic Plan 2015-2020.
- The Law directed the MOH to establish a high level Coordinating Committee to oversight and coordinate the transitions of responsibilities involved; comprised of representatives from each Health Professional Council and MOH departments. The WHO international TA in HRH assisted to prepare terms of reference for the Committee, which met twice in 2017.

Strengthened health workforce recruitment, deployment and retention.

- **Updated knowledge, skills and career pathways for Nurses and Midwives.** Bridging programs from Associate Degree level to Bachelor of Science were developed with the assistance of the WHO TA and other specialists supported by DFAT. The Bridging programs update knowledge and skills in each discipline award and provide a career pathway. Primary level courses in Nursing and Midwifery were discontinued at the end of 2015 in both public and private sectors training institutions in health.
- **Civil service administrative reform and the revocation of age limit for civil service entry** has removed age-restrictions for entry into the civil service. This now permits the MOH to recruit higher degree qualified specialists into the workforce. The WHO TA in HRH involved and strongly advocated for such a change with the MOH and with the Ministry of Civil Service. This also demonstrates effective involvement of the MOH in broader government efforts and polices to reform and strengthen the civil service.
- **Fast Track Initiative for Reducing Maternal and Newborn Mortality³.** WHO assisted in the development of this MOH initiative, which has seen a remarkable increase in numbers of secondary midwives recruited and deployed to rural health centres during 2016, along with an increase in facility based deliveries.
- **A consolidated HRH database and system** was developed and installed in early 2016. Several challenges have constrained performance. Guided by a recent systems diagnostic assessment initiated by the WHO TA, the challenges are to be addressed before a provincial rollout in late 2017-2018. WHO has committed to support the system upgrade that may be needed from other funding sources.

3. Recent Activities

- During 2016 – June 2017, the no extra cost time extension of Award 52897 has continued WHO TA support in HRH for MOH activities in three strategic priority areas of: (i) HRH governance, planning and management; (ii) strengthened health workforce regulation; and (iii) strengthening systems for health workforce recruitment, deployment and performance. Implementation Summary of HWDP3 Activities is presented in Table 2.

³ By end of 2016, the MOH had deployed at least one secondary midwife (Associate Degree qualified) in 88% of all health centres (Target 100% by 2015); and had two secondary midwives at 55% of all health centres (Baseline 41% in 2014). Refer: Section 7 Annexes – Highlights, for summary table of deployment of secondary midwives at health centres by province, 2016.

Table 2: Implementation Summary Jan 2016- Jun 2017

WHO technical support provided under Award 52897 applied to Exit Strategy Activities (of Award 59589)	Target Met / Target Not Met	Changes / Challenges Next Steps
HRH governance structures strengthened at national and subnational levels		
<p>Activity 1: Technical support to the Human Resource for Health Oversight Committee Meetings and for follow-up of Committee recommendations.</p> <p>Baseline: 2 HRH-OC Meetings convened per Year (2012 – 2016).</p> <p>Target: WHO technical support is provided to HRH-OC secretariat to convene two meetings per year.</p>	<p>Target Met: 2 HRH-OC meetings were convened in 2016 and were technically supported by WHO (Mar, Nov 2016). One HRH-OC meeting is scheduled in early July 2017, to be supported by WHO</p>	<p>WHO Cambodia will apply other funding support from Jul-Dec 2017, to continue international HRH technical support to the MOH. This will include technical support to the HRH-OC secretariat to convene the HRH-OC 2017 meetings, and to prepare meeting minutes.</p>
<p>Activity 2: Technical and policy support provided to the HRH-OC Secretariat to produce the MOH Annual Health Workforce Reports, 2015, 2016.</p> <p>Baseline: Annual Health Workforce Reports produced since 2012 with WHO technical support</p> <p>Target: Annual Health Workforce Reports, 2015 and 2016 prepared</p>	<p>Target Met: The Annual Health Workforce Report 2015 (in English) was endorsed by HRH-OC in 2016</p>	<p>The draft MOH Annual Health Workforce Report, 2016, (in English) is prepared for endorsement at the next HRH-OC meeting – (proposed for July 2017)</p>
<p>Activity 3: Policy support provided to the National Examination Committee for their oversight of the national exit examinations and national entrance examinations for health training programs.</p> <p>Baseline: NEE commenced in 2013.</p> <p>Target: Expand NEE to all health training disciplines.</p>	<p>Target Met: The NEC oversaw two rounds of NEE by June 2017 for academic year 2016. The NEE assessed graduate candidates for the 13 approved health training discipline awards, from public and private training institutions.</p>	<p>Amendment to Sub decree 21 (Feb 2017) re-locates the NEC Secretariat within HRDD, MOH. Previously, the NEC Secretariat was located in the Ministry of Education Youth and Sports (MOEYS). The Lao PDR and Viet Nam have shown interest to introduce NEE mechanisms into their countries.</p>
<p>Activity 4: Technical support to prepare, finalise, cost, launch and monitor implementation of the MOH Health Workforce Development Plan, 2016-2020</p> <p>Baseline: Annual Health Workforce Reports</p> <p>Target: Launch in March 2016. Progress monitoring and reporting through HRH-OC</p>	<p>Target Met: HWDP, 2016-2020, endorsed by the HRH – OC (Feb 2016) and launched Mar 2016. Target Met: HRH-OC Meeting Minutes (Nov 2016) recorded the rollout of HWDP activities, 2016.</p>	<p>The HWDP, 2016-2020, has provided strategic direction for various health workforce actions and health partners' support for HRH, including by DFAT, through the H-EQIP MOH health workforce key indicators are included in the MOH/HSP3 monitoring and reporting matrix.</p>
Health Workforce Regulation		
<p>Activity 5: Technical support to progress the draft Law on Regulation of Health Practitioners for Royal Assent, and support for legislated follow-up actions.</p>	<p>Target Met: Law promulgated, 22 Nov 2016.</p>	<p>Considerable technical and financial support is still required over the next five</p>

<p>Baseline: draft Law progressed through Legislature</p> <p>Target: MOH Joint Coordination Committee established with Health Profession Councils within 6 months of Royal Assent of the Law.</p>	<p>Target Met: MOH Joint Coordination Committee established, 20 Jan 2017 as specified in the Law, Article 31.</p>	<p>years to enable the Health Profession Councils to discharge their role and regulatory functions, as mandated by the Law.</p>
<p>Activity 6: Policy and technical support to the MOH to establish, standards and criteria for accreditation of academic health training programs provided by training institution in health (TIH) in Cambodia.</p> <p>Baseline: draft joint <i>Prakas</i> on accreditation standards for TIH prepared by MOEYS and MOH and circulated for feedback.</p> <p>Target: Convene consultative workshop with stakeholders to agree accreditation mechanism for health training programs and timeline.</p>	<p>Target Met: Consultative workshop held in Nov 2016. Scope and content on standards and criteria for TIH was progressed for Joint <i>Prakas</i> between MOEYS and MOH.</p> <p>New regulations drafted.</p>	<p>Revisions were approved (Feb 2017) to Sub decree 21, (2007) health professional training (Articles, 7, 12, 17). The revisions now solely authorise the MOH to issue regulations, determine the minimum requirements and standards for all health professional training fields, levels and programs and to, monitor and report on the quality of pre service training provided.</p>
<p>Activity 7: NEC extends the NEE to assess new awards of Bachelor & Associate Degree in Midwifery, Bachelor & Associate Degree in Laboratory Science, and Associate Degree in Nursing.</p> <p>Baseline: 2013-2015 NEE introduced for Bachelor degrees in medicine, pharmacy, dentistry, nursing</p> <p>Target: During 2016-2017, NEE introduced for Bachelor & Associate Degree in Midwifery, Associate Degree in Laboratory Science, and Associate Degree in Nursing.</p>	<p>Target Met: in 2016 and in 2017 all existing and new health discipline awards in two rounds as per NEE rollout plan.</p>	<p>Standardization of student assessment and practicums. From 2017 onwards, the NEE will assess knowledge through written Multiple Choice Question, as currently. Skills assessment will be undertaken by each TIH through internal Objective Structured Clinical Examination supervised by the NEC/MOH</p>
<p>Strengthened systems for health workforce recruitment, deployment and retention</p>		
<p>Activity 8: Support the capacity building of national and sub-national level on the use of the new database for HRH planning.</p> <p>Baseline: The database will complement the Projection Tool (WHO/DFAT funded HRH tool) for health facility workforce projections.</p> <p>Target: Sub national rollout by end of 2016.</p>	<p>Target Not Met: The rollout of HRH planning and management database system at sub national level ran behind schedule during 2016. Rollout is now re-scheduled to second semester 2017.</p>	<p>WHO Cambodia will apply other funding support from (Jul-Dec 2017), to continue international HRH technical support to the MOH for this activity. WHO funds will also be applied for piloting of the HRH planning and database systems supported earlier under DFAT Award 52897. Full HRH database sub national functionality is anticipated by Dec 2017.</p>

4. Financial information

- Costs, in receipts and expenditure, are presented below (table 3).

Table 3: Project Financial Information

Funds received for the period		1 322 678
Year (WHO financial biennium)	Receipts (expressed in US dollars)	Expenditure
2008- 2009	467,820	66,027
2010- 2011	499,858	394,961
2012-2013	-	330,997
2014-2015	365,000	307,956
2016-2017	-	232,737
TOTAL	1, 332, 678	1,332,678

Total implementation rate (in %)	100%
----------------------------------	------

The Statement of Financial Performance is submitted along with this report.

5. Visibility

DFAT Contributions have been acknowledged in major documents such as the Health Workforce Development Plan, 2016-2020 and any workshops or meetings banners.

6. Conclusions

- **DFAT's sustained commitment to support HRH improvements in Cambodia under Award 52897** has enabled WHO Cambodia to provide continued technical support to MOH through the engagement of experienced international technical officers and short-term consultants on Human Resources for Health. This support has assisted the MOH to implement priority recommendations in HRH as set out in: HWDP2 2006-2015; the Mid-Term Review recommendations (2012); and embark on the MOH HWDP3, 2016-2020: managing a competent health workforce for improved service delivery.
- The technical support for HRH provided by WHO since 2008, has also substantially contributed to sustained progress and improved outcomes in HRH governance, workforce planning, contemporary regulation, recruitment reforms, and to improved quality of health professional training and the better competency of graduates.
- The National Examination Committee and the institutionalization of the National Entrance and Exit Examination mechanism now cover 16 health disciplines. This achievement was in large part initiated by and continuously supported by the WHO international technical assistance fielded through Award 52897, and supported by Award 59589.

- The MOH HRH-OC continues to meet regularly and it provides guidance on implementation of the HWDP3. The recently convened Coordination Committee of the Health Professional Councils now provides oversight to the transitional arrangement for enactment of the Law on Regulation of Health Practitioners. These major positive outcomes and changes were directly influenced by support provided by Award 52897.
- As the health system in Cambodia advances towards the goal of Universal Health Coverage, guided by the Cambodian Sustainable Development Goals, the need remains for continued, specific, medium-to long- term external HRH technical support to be provided.
- Although the scope, composition and duration of the technical assistance required may vary in response to the strategic interventions and priorities elaborated in the MOH HWDP32016-2020, the key areas for international HRH technical expertise will be to:
 - a. strengthen the mechanisms for accreditation of health professions education and training. This would assist to improve the quality of pre-service health professional training and to sustain it;
 - b. support the health professional councils to ensure mandatory registration and licensing of health professionals continues, including rolling out new systems to assess on-going fitness to practice, and to take prompt disciplinary actions against unqualified, incompetent and unlicensed health practitioners;
 - c. support the use of the HRH information systems for health workforce management and planning, including for informed recruitment and deployment decisions.

Acronyms

DFAT: Department of Foreign Affairs and Trade (Commonwealth of Australia)

DOP: Department of Personnel

H-EQIP: Health Equity and Quality Improvement Project

HRH: Human Resources for Health

HRDD: Human Resource Development Department

HRH-OC: Human Resource for Health Oversight Committee

HSP: Health Strategic Plan

HWDP: Health Workforce Development Plan

HWDP2: Second Health Workforce Development Plan

HWDP3: Third Health Workforce Development Plan

MNCH: Maternal, Neonatal and Child Health

MOEYS: Ministry of Education Youth and Sports

MOH: Ministry of Health

MTR: Midterm Review

NEC: National Examination Committee

NEE: National Exit Examination alternately, National Entry Examination

OC: Oversight Committee

TA: Technical Assistance

TIH: Training Institution in Health