This report describes the current health management and leadership capacity and issues that affect health management performance at a district level in Cambodia. It will be useful for developing policy recommendations for improving management and leadership performance in the country itself or as an example (case study) for other countries.

HEALTH SECTOR OVERVIEW

In the 1990s the Cambodian Government introduced health sector reforms to improve health care delivery especially primary health care at the district level. Since then, there has been significant improvement in the health of Cambodian people. For example, life expectancy at birth has risen from about 50 years in the 1990s to 62 years in 2010.

Despite the improvements, Cambodia still faces serious health challenges. For example, maternal mortality has worsened slightly, with the ratio deteriorating from 440 per 100,000 live births in 1985–2003 to 460 per 100,000 in 2005–2009. Less than half (44%) of births in the country are attended by skilled health professionals. Also, improvements in health have not occurred equally across different places and among different groups of people.

Health management and leadership

Human resource planning and personnel management remains one of the difficult challenges. Also:

- there are no human resource policies to support staff sent to work in areas with insufficient health services
- financial flows are not aligned with managerial authority and with accountability for outcomes
- there is no effective system of supportive supervision for district managers
- key management support systems, such as the health information management system, do not function well enough to improve district management.

While the working environment of district managers has generally improved and the implementation of health sector reforms, including the 1996 Health Care Plan and

For Cambodia, the key challenge will be to implement the strategic health plan. In particular, the Ministry of Health will need capacity to monitor and evaluate progress and impact on health outcomes.

Guidelines for Operational Health Districts, have given managers some sense of direction. For example, district managers now have some sense of direction in terms of planning and their working environment has generally improved.

To help improve the health sector, the Ministry of Health has developed a second strategic health plan (Health Strategic Plan 2008–2015). The plan identifies three priorities, as follows:

- reduce newborn, child and maternal morbidity and mortality (and increase reproductive health)
- reduce morbidity and mortality of HIV/AIDS, malaria, tuberculosis and other communicable diseases
- reduce the burden of non-communicable diseases and other health problems.

The Ministry also recognises the need to increase and improve service delivery at the operational district level with a focus on strengthening management and leadership capacity and performance.

For Cambodia, the key challenge now is to implement the strategic health plan. In particular, the Ministry of Health will need to monitor and evaluate progress and impact on health outcomes.

Access to health care

Despite recent achievements, Cambodia has indeed made significant efforts and improvements to rebuilding the country’s health infrastructure.

Financing the health system

The health system is mostly financed by a combination of out-of-pocket spending (68%) and contributions from donors (22%). The Government has introduced health equity funds and community-based insurance schemes to help cover medical expenses for the poor.
Government policy for the future is to spend more on health but allocations as a proportion of GDP have varied around 2% in recent years. This means that district-level health managers will find it hard to estimate the amount of financial resources available to them.

Human resources for health

There are few accurate statistics about health workforce numbers in Cambodia. WHO estimates there are about 4,300 doctors and 14,800 nurses in the country. The Ministry of Health employs about 15,000 staff. Although the Ministry considers the size of the health workforce small in relation to the country’s population, compared to similar developing countries, Cambodia’s health workforce density is higher than the density of about 30 other low- and middle-income countries.

Health management structure

There are three health service delivery models with different management structures and responsibilities:

- Contracting-out: where the contractor has complete management responsibility for service delivery
- Contracting-in: where the contractor works within the Ministry of Health system to strengthen the existing administrative structure
- Government model: where management of service delivery and resources remain with government district health management teams.

Number and distribution of managers

Health districts are run by district health management teams of around five to six members. With 73 operational districts the number of individuals involved in health management at the district level is approximately 365–438 nationwide.

Competence of district health managers

The majority of health managers in Cambodia have clinical backgrounds as medical doctors or nurses. This is the same in many other developing nations.

The National Institute of Public Health in Cambodia, with support from GTZ (Deutsche Gesellschaft für Technische Zusammenarbeit), provides some management training for district level managers in the areas of quality management and human resource development. It also provides practical training and continues to revise quality standards for hospitals.

Management working environment

The working environment of district managers in Cambodia has reportedly improved with the development of the Health Coverage Plan and Guidelines for Operational Health Districts, which have helped provide district managers with direction in terms of planning. The legislative environment, however, does not allow sub-national managers to change or influence human resource management practices.

Functioning of management support systems

Issues that affect management capacity and effectiveness include little supportive supervision for district managers, weak and ineffectual procurement and supply management systems, low staff motivation (as a result of poor pay) and lack of an effective system for gathering and sharing information.

The socio-cultural context

Gender roles in Cambodian society result in fewer females than males being promoted to manager positions.

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The Human Resources for Health Knowledge Hub was funded by AusAID in 2008 and forms part of the School of Public Health and Community Medicine at the University of New South Wales.

Our publications report on a number of significant issues in human resources for health. We also have resources available on leadership and management issues, maternal, neonatal and reproductive health workforce, and human resource issues in public health emergencies.

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