HOW TO READ THE COUNTRY PROFILE

All data presented on this visual aid are self-reported by the Ministry of Health (MoH), development partners (13 DPs out of 15 participated), civil society organisations (16 CSOs participated) and private sector representatives (5 PS participated) supporting the health sector. All data provided by DPs, CSOs and PS have in principle been validated by MoH.

The 8 Effective Development Cooperation (EDC) practices in health are captured in 4 commitments. The first three commitments present the performance of the government and DPs against 6 EDC practices. The last commitment also includes the opinion of the CSOs and PS on the EDC practices relevant to their engagement.

Where possible, trends in performance are documented over 4 monitoring rounds (2007, 2011, 2013 and 2015). When relevant, a comment relative to the EDC practice is provided in a text box.

For more detailed and disaggregated information on the data presented please visit www.internationalhealthpartnership.net/cambodia.

CAMBODIA

2016 IHP+ MONITORING ROUND

National performance review

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COMMUNITY

TO ESTABLISH STRONG HEALTH SECTOR STRATEGIES WHICH ARE JOINTLY ASSESSED, AND STRENGTHEN ACCOUNTABILITY

PARTNERS SUPPORT A SINGLE NATIONAL HEALTH STRATEGY

Alignment of support against the Health Sector Strategy

100% of participating DPs confirm they align their support with the national (or sub-national/sector) Health Sector Strategy.

DPs 85%

CSOs 100%

PS Did not participate in joint assessment

Stakeholders that supported the joint assessment

Health development cooperation is more predictable

Predictability of funds for the future

Rolling 3 year budget or Mid-Term Expenditure Framework in place:

2005/07 2010/11 2012/13 2014/15

67% of participating DPs have communicated their planned resources for the next 3 years to the MoH.

Health aid is on budget

% of DP funds reported on budget

2014/15 2012/13 2010/11

100% of participating DPs confirm they participated in the mutual accountability processes.

A national M&E plan for the National Health Strategy exists?

15% of participating DPs only use national health sector indicators to monitor their support.

Target 100%

Target 79%

67% of participating DPs confirm they participated in the mutual accountability processes.

National Health Expenditure

Total health expenditure per capita

$61.00

Sources of national health expenditure

DOMESTIC 84%

PUBLIC 22%

78% PRIVATE

16% EXTERNAL

Target 100%

Target 100%

Target 100%

While 15% of DPs only use national health indicators, 77% of DPs use an agreed results framework and harmonized M&E system, although different from the national.

Source: WHO, National Health Accounts 2014

LEGEND

Data colour codes

Government Development Partners

Private Sector Civil Society

Symbols

Yes Did not participate in monitoring round

No Unknown or not applicable

Health aid is on budget

% of DP funds reported on budget

2014/15 2012/13 2010/11

Target 85%

Target 85%

Target 85%

Target 85%

100%

100%

100%

100%

No data was available from the Government and participating DPs appear to have applied different definitions in terms of what inclusion in the national budget means.
**COMMITMENT**

**TO ESTABLISH, STRENGTHEN AND USE COUNTRY SYSTEMS**

**PUBLIC FINANCIAL MANAGEMENT (PFM) SYSTEMS ARE STRENGTHENED AND USED**

33% of participating DPs confirm that sufficient support on PFM systems strengthening and capacity building is in place.

The DPs which use the PFM are GAVI and partners of the HSSP2.

**PROCUREMENT AND SUPPLY SYSTEMS ARE STRENGTHENED AND USED**

31% of participating DPs use the national procurement and supply systems.

33% of participating DPs confirm that sufficient support on procurement or supply systems strengthening and capacity building is in place.

**TECHNICAL SUPPORT IS COORDINATED AND SOUTH-SOUTH COOPERATION SUPPORTS LEARNING**

0% of participating DPs provide TA in line with the national plan.

92% of participating DPs support South-South cooperation.

**CIVIL SOCIETY ORGANISATIONS ENGAGEMENT**

**PRIVATE SECTOR ENGAGEMENT**

**COMMITMENT**

**TO CREATE AN ENABLING ENVIRONMENT FOR CIVIL SOCIETY ORGANISATIONS AND PRIVATE SECTOR PARTICIPATION IN THE HEALTH SECTOR**

What space does the government provide for CSOs to effectively participate in health sector policy, planning and monitoring? (Sources: Government qualitative survey and CSO online survey)

- Government consults CSOs in the design, implementation or monitoring of national health policies: 29% of CSOs confirm they are consulted
- Government provides financial resources: 0% of CSOs receive financial resources
- Government provides training support: 0% of CSOs receive training support

How effectively is the participation of CSOs in national health policy processes supported by development partners? (Sources: DP qualitative surveys and CSO online survey)

- 92% of DPs consult CSOs when developing their cooperation programme
- 46% of DPs provide financial resources
- 54% of DPs provide technical assistance
- 92% of DPs support South-South cooperation
- 81% of CSOs confirm they are consulted
- 71% of CSOs receive financial resources
- 71% of CSOs receive technical assistance

The Private Sector (PS) was not invited to participate in the development of the Health Strategic Plan 2016 – 2020, nor was it invited to engage in policy development processes. PS representatives report no support for participation by DPs.

The MoH has established a sub-T echnical Working Group for Public and Private Partnership (PPP). A PPP Strategic Plan - which will highlight the strategic engagement between the PS and the MoH – will be developed in due course.

No independent accreditation institution exists to assure quality of care across both the public and private sectors.

The PS, including representatives of professional associations, has limited capacity for advocacy and participation in policy processes.

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