



CAMBODIA–WHO

Country Cooperation Strategy 2016–2020



CAMBODIA–WHO

Country Cooperation Strategy 2016–2020



WPRO/2016/DPM/004

© World Health Organization 2016
All rights reserved.

Photo credits

Cover: ©WHO

Inside pages: ©WHO

CONTENTS

Abbreviations	iv
Foreword	v
Executive summary	vii
1. Introduction	1
2. Health and development situation	2
3. Linkage with the Sustainable Development Goals and the National Health Strategic Plan	8
4. Strategic agenda for WHO cooperation in Cambodia	11
4.1 Development of the strategic agenda	11
4.2 Vision, mission, values of WHO in Cambodia	11
4.3 Strategic priorities	12
Strategic Priority 1. Providing leadership for priority public health programmes	13
Strategic Priority 2. Advancing universal health coverage	19
Strategic Priority 3. Strengthening capacity for health security	23
Strategic Priority 4. Engaging in multisectoral collaboration and fostering partnership	24
5. Implementing the strategic agenda	27
5.1 Transforming WHO's cooperation for a healthier future.....	27
5.2. Measuring results and accountability.....	29
Annex	30
References	31

ABBREVIATIONS

AMR	antimicrobial resistance
CCS	Country Cooperation Strategy
CMDGs	Cambodian Millennium Development Goals
CDHS	Cambodia Demographic and Health Survey
D&D	decentralization and deconcentration
HEFs	Health Equity Funds
GDP	gross domestic product
HDI	Human Development Index
HPV	human papillomavirus
HSP2	Second Health Strategic Plan 2009–2015
HSP3	Third Health Strategic Plan 2016–2020
ICD	International Classification of Diseases
IHR	International Health Regulations
LMIC	low- and middle-income country
LTBI	latent TB infection
MCV	measles-containing vaccine
MERS	Middle East respiratory syndrome
MDGs	Millennium Development Goals
NCDs	noncommunicable diseases
NSDP	National Strategic Development Plan 2014–2018
PLHIV	people living with HIV/AIDS
RMNCH	Reproductive, Maternal, Newborn and Child Health
SDGs	Sustainable Development Goals
STH	soil-transmitted helminths
TB	tuberculosis
THE	total health expenditure
TWG-H	Technical Working Group-Health
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework 2016–2018
WHO	World Health Organization

FOREWORD

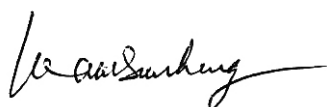
The Ministry of Health of the Kingdom of Cambodia and the World Health Organization (WHO) are pleased to present the *Cambodia–WHO Country Cooperation Strategy 2016–2020*, which provides a basis for collaboration on health between Cambodia and WHO over the next five years. We trust that this cooperation, and the joint implementation of this strategy, will contribute to attainment of the highest possible level of health by all people in Cambodia.

Cambodia has enjoyed great success in improving health outcomes in recent decades, especially significant reductions in maternal mortality, as documented in the Cambodia Demographic and Health Survey 2014. Cambodia also met most of the health-related Millennium Development Goals by the end of 2015.

The country's health system has been expanded and strengthened. Access to health services has increased; coverage of social health protection schemes has expanded, along with increased commitment by the Government to finance essential services and commodities. There is now stronger stewardship in regulation and governance, and greater preparedness for pandemic-prone diseases.

Still, significant challenges remain as Cambodia moves towards universal health coverage. Challenges include improving the quality of care and equitable distribution of health benefits across population groups, reorienting health systems to respond to epidemiologic transitions, ensuring the country's capacity to contribute to global health security, and addressing the social, economic and environmental determinants of health.

This Country Cooperation Strategy (CCS) was developed on the foundation of *Third Health Strategic Plan 2016–2020*, which highlights the Government's commitment to UHC. This CCS is a renewal of the 2009–2015 CCS — and a reaffirmation of our shared commitment to support national priorities, goals and strategies.



Dr Mam Bunheng
Minister of Health
Kingdom of Cambodia



Dr Shin Young-soo
Regional Director for the Western Pacific
World Health Organization



EXECUTIVE SUMMARY

A Country Cooperation Strategy (CCS) provides a medium-term strategic vision for World Health Organization (WHO) cooperation with a particular Member State in support of that country's national health policies, strategies and plans. WHO in consultation with the Government of Cambodia has drafted this *Cambodia–WHO Country Cooperation Strategy 2016–2020* in parallel with the process of development of the Government's *Third Health Strategic Plan 2016–2020 (HSP3)*. The 2030 Agenda for Sustainable Development and the *United Nations Development Assistance Framework 2016–2018* for Cambodia helped shape discussions among Government officials, WHO and other health partners.

Cambodia has a young population that will take time to transition to an ageing population, allowing the country to benefit from a “demographic dividend” that will increase its potential for continued economic growth. Rapid urbanization and internal migration have caused the population of Phnom Penh, the capital city, to more than double over the last 15 years. With its economy steadily growing at more than 7% annually, Cambodia is expected to achieve lower middle-income status soon. The health of the population has improved significantly as demonstrated in the impressive achievements in meeting the health-related Millennium Development Goals, due in large part to the strong political commitment by the Government of Cambodia and extensive health reforms that began in the 1990s. However, challenges remain including high maternal, child and neonatal mortality that continues to occur despite recent progress; malnutrition, especially in children and women; limited access to safe water and sanitation; a growing epidemic of noncommunicable diseases (NCDs); and the double burden of communicable diseases and NCDs.

The strategic priorities and the intended WHO outcomes as set out in the CCS were developed based on the HSP3 goals and strategies. The work of WHO under its four strategic priorities (see below) will therefore contribute to national progress on morbidity, mortality, health equity, quality of care and social health protection. It will also contribute to the achievement of the Sustainable Development Goals (SDGs), both for health-specific SDGs (SDG Goal 3) and other health-related SDGs to address public health issues.

CCS Vision: Attainment by all Cambodian people of the highest possible level of health.

CCS Mission: Provide leadership to support the Government and people of Cambodia in response to their health needs.

In order to align with the national priorities of the Ministry of Health as spelt out in HSP3 and best support its implementation within the context of the SDGs, WHO and the Government of Cambodia have identified four strategic priorities in its CCS 2016–2020:

- Strategic Priority 1.** Providing leadership for priority public health programmes
- Strategic Priority 2.** Advancing universal health coverage
- Strategic Priority 3.** Strengthening the capacity for health security
- Strategic Priority 4.** Engaging in multisectoral collaboration and fostering partnership

Section 4 (Strategic agenda for WHO cooperation in Cambodia) includes the various programme areas under each strategic priority. The programme areas contain the intended WHO outcomes that are expected to contribute to achievement of either HSP3 targets or other national goals by 2020. The WHO outcomes and their targets have been developed after thorough discussions with Government counterparts.

To effectively implement the CCS, WHO in Cambodia will pursue an organizational transformation and strategic shift so that it can better deliver on its goals of improving the health of the Cambodian people and increasing coherence in the health sector and health-related sectors. The transformation will focus on providing greater strategic leadership, using innovative communications and working as “One WHO”.

CCS strategic priorities will inform the WHO’s biennial Programme Budget process and its operational plans for 2016–2020. In addition to annual assessments of Programme Budget implementation, WHO will periodically monitor and evaluate its performance through a midterm review of the CCS and an assessment at the end of the CCS cycle.



1. Introduction

A Country Cooperation Strategy (CCS) provides a medium-term strategic vision for World Health Organization (WHO) cooperation with a particular Member State in support of that country's national health policies, strategies and plans.

The *Cambodia–WHO Country Cooperation Strategy 2009–2015* was drafted in 2008. It was drafted in parallel with the *Second Health Strategic Plan 2008–2015* (HSP2) and was informed by it. Since then, Cambodia and its health sector have developed rapidly. The donor environment also has changed markedly.

In order to reflect changes in the broader environment and WHO's evolving programme of support to Cambodia, a midterm review of the *Cambodia–WHO Country Cooperation Strategy* was conducted in 2013. It refocused WHO support to Cambodia around three priorities: (1) universal access to an essential package of quality health services based on financial fairness and equitable access; (2) technical excellence in disease and public health programmes; and (3) effective stewardship of the health sector and health partnerships.

During 2015, this CCS was drafted by WHO in parallel with the inclusive process of development of the *Third Health Strategic Plan 2016–2020* (HSP3). Building on assessments from the 2013 CCS midterm review and continuing policy discussions with Government counterparts in the context of the 2030 Agenda for Sustainable Development, as well as the *United Nations Development Assistance Framework 2016–2018* for Cambodia, WHO was able to develop strategic directions for Cambodia–WHO cooperation for 2016–2020.

The *Cambodia–WHO Country Cooperation Strategy 2016–2020* is informed by the 2013 midterm review, which identified WHO's strengths and weaknesses. The importance of periodically reviewing and resetting priorities is critical in reflecting the changing needs of the country and ensuring that WHO collaboration, including global and regional programmes, is appropriately positioned to provide optimal support.



2. Health and development situation

2.1 Health and development achievements

In 2015, the projected population of Cambodia was 15.4 million people, the annual population growth rate was 1.46%, the sex ratio of males to females was 96.2, and the median age was 24.6 years. In 2015, the population aged 60 years and above was estimated at 1.3 million (8.3% of the total population). By 2050, it is expected that the number of older people will reach about 5 million, representing 21% of the total Cambodian population (1). As Cambodia's young population will take time to slowly transition to an ageing population, the country is currently benefiting from a "demographic dividend" that is expected to lead to continued economic growth for the next few decades. The gradual declining percentage of the young population (0–14 years old) from 43% in 1998 to 34% in 2008 (2), along with falling fertility rates and increasing life expectancy, are leading to the slow transition to an ageing society.

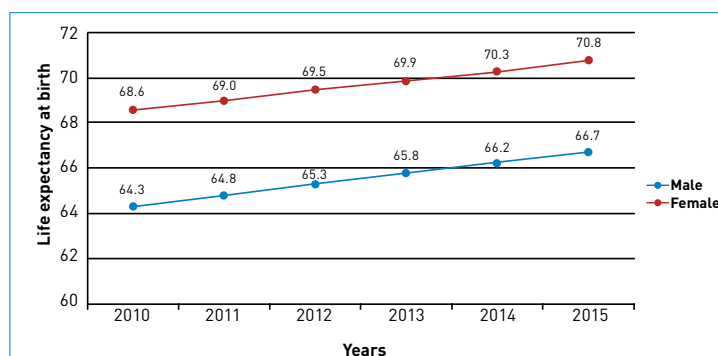
Cambodia's Human Development Index (HDI) is in the medium range, ranking 136 out of 187 countries and territories. Between 1980 and 2013, Cambodia's HDI value increased from 0.251 to 0.584. This means that Cambodia has continued to experience an upward, positive change between 1980 and 2013 in the three dimensions measured: life expectancy, education and gross national income per capita (3).

Cambodia is currently enjoying sustained economic growth. Estimated real annual growth reached 7.1% and the gross domestic product (GDP) per capita was increased from US\$ 471 in 2005 to US\$ 1090 in 2014. Garment production, construction and services continue to propel growth. Poverty continues to fall, although the pace has declined significantly in recent times. The net primary school admission rate increased from 81% in 2001 to 95.3% in 2014 (4).

Cambodia has observed a significant improvement in the health status of the population due to strong economic growth and the initiatives of the Government in accelerating various health sector reform measures since the 1990s.

The life expectancy rose to 66.7 years for men and 70.8 years for women in 2015 (Fig. 1), although they are still lower than the global average.





Fig. 1. Life expectancy at birth of Cambodia



Source: United Nations Economic and Social Commission for Asia and the Pacific, Statistical Yearbook for Asia and the Pacific 2015.

In Cambodia, progress towards the targets of the health-related Millennium Development Goals (MDGs) has been impressive. Cambodia achieved most of the MDG targets, except for some areas in which the achievements were slightly below the target (Fig. 2). This “unfinished business” under the MDGs will be tackled as priority areas through the renewed efforts under the new Sustainable Development Goals (SDGs).

Fig. 2. MDG scorecard of Cambodia

		Achievements	CMDG Targets
 Reduce child mortality	Infant mortality rate per 1000 live births (2014)	28	50
	Under-5 mortality rate per 1000 live births (2014)	35	65
	Measles immunization % coverage (2014)	79	90
 Improve maternal health	Maternal mortality ratio per 100 000 live births (2014)	170	250
	Skilled birth attendant % births (2014)	89	87
	Contraceptive use % married women aged 15-49 (2014)	56	60
 Combat HIV/AIDS, malaria and other diseases	HIV prevalence % adults aged 15 to 49 years	0.6	0.4
	Malaria mortality rate per 100 000 population (2013)	0.08	0.8
	Notified cases of TB new and relapse (2014)	43 738	40 000
 Ensure environmental sustainability	Water (rural) % using improved drinking-water sources (2014)	59	50
	Sanitation (rural) % using improved sanitation facilities (2014)	41	33

CMDG = Cambodian Millennium Development Goals; TB= tuberculosis.

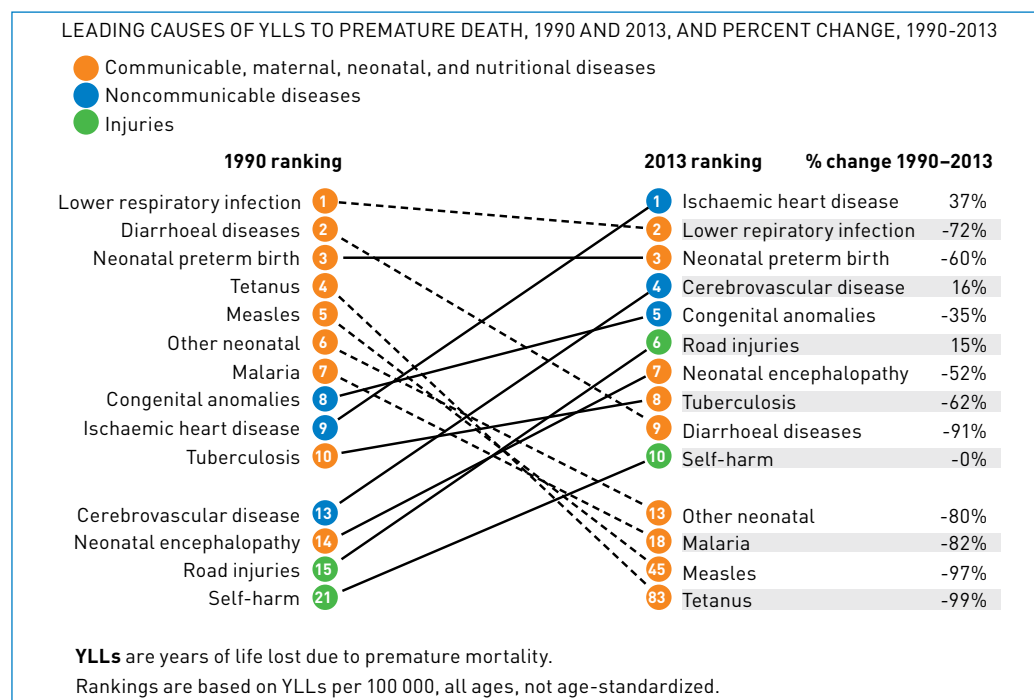
Source: Cambodia Demographic and Health Survey 2014; Cambodian Millennium Development Goals Report 2013; WHO Tuberculosis Report; UNAIDS Cambodia; WHO Malaria Report.

2.2 Remaining challenges

Poverty remains an issue in Cambodia. In 2012, the poverty rate was 17.7%, with almost 3 million poor people and over 8.1 million who are near poor. Despite the rapid growth of the capital of Phnom Penh due to internal migration, about 90% of the poor still live in the countryside. About 35% of Cambodia's people did not have access to improved drinking water and 52% did not have access to improved sanitation in 2014, with the access rates much worse in the rural areas (see Annex). Forty-one per cent of children under 5 years were stunted and 29% were underweight (5). The median duration of exclusive breastfeeding was 3.7 months in 2014, a decrease of one month compared to 2010. About 53% of under-5 children were anaemic. About 14% of women between 15 and 49 years of age were underweight (body mass index of less than 18.5) – a situation that increases risk for complications during birth and leads to low birth weight for their babies. About 45% of women were anaemic; 1% of them severely so. Only 69% of households were using salt with some iodine, a substantial decrease as compared to the 83% measured in the 2010 Cambodia Demographic and Health Survey (CDHS) (6).

Along with progress come new challenges. Ageing, urbanization and an increase in unhealthy lifestyles have driven a sharp rise in prevalence of noncommunicable diseases (NCDs), with ischaemic heart disease and cerebrovascular disease among the top causes of premature mortality (Fig. 3). Due to its epidemiological status, Cambodia is facing the double burden of communicable diseases and NCDs.

Fig. 3 Epidemiologic transition in Cambodia (1990–2013)



Source: Institute of Health Metrics and Evaluation. Country Profile of Cambodia. *Global Burden of Disease* (2015).

2.3 Health-care system and governance

Cambodia has a well-established network of public health systems, including those at the central, provincial and community levels, as well as those in operational districts. Service availability and the utilization of certain services have improved significantly; the percentage of health centres with at least one secondary midwife increased to 80% in 2014, and the percentage of deliveries at health facilities increased to 83% in 2014. Yet, utilization of public providers still remains relatively low for outpatient services. Sixteen percent of ill or injured patients currently seek care first in the public sector, while 43% sought care for their last concern at private providers (7). People visit private practitioners and clinics more for curative care, whereas preventive activities such as immunization, tuberculosis (TB) testing and HIV/AIDS prevention and control are the domain of the public sector. Wealthier patients tend to use private providers, while the poor depend on providers from the informal sector. The private sector and informal providers account for 61% and 26%, respectively, of all service provision. The Government has started strengthening reinforcement of the compliance for facility-based licensure, while enacting a new law on regulation of health practitioners. Stewardship for the entire health sector, including private health services and those meeting the needs of the poor, is central to health strategy and planning in the coming years.

In addition to the need for stronger oversight and regulation, remaining challenges include the need to improve the safety and quality of health services in the public and private sectors, as well as overcoming remaining health inequities – both geographically and among various economic and social groups. A nationwide assessment of the quality of care at health facilities was completed in 2015. This helped inform policy discussions and focus attention on the increased importance of safety and quality in health care, focusing on various entry points, especially through a longer-term investment in human resources for health to improve their competencies. Supply-side measures and performance-based financing mechanisms, such as a Special Operating Agency, offer an opportunity to further strengthen service delivery.

The national budget for health has almost doubled in real terms in the last five years, and there has been impressive progress in providing financial risk protection for the poor through measures such as Health Equity Funds (HEFs) and voucher schemes, with the former covering all health centres now. Moreover, a joint effort by the Ministry of Economy and Finance and line ministries led to the development in 2015 of a national policy framework for social security, including social health protection and health insurance. There is an ongoing discussion about the long-term vision of establishing a broad, national social security system. In this process, the Ministry of Health will play an important role, especially in strengthening social health protection not only for the poor but also for other vulnerable populations.

Nonetheless, patient out-of-pocket payments still make up more than 62% of total health expenditures (THE) (8). With HSP3 setting a direction towards the goal of universal health coverage (UHC), there is an opportunity to reduce the high burden of out-of-

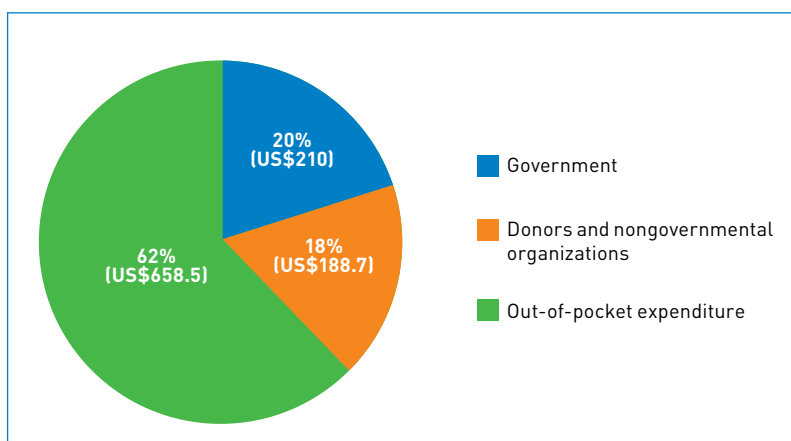
pocket health expenditures by households by increasing domestic funding, especially to primary health care and prevention, as well as giving greater attention to a social health protection system, including the non-poor informal sector.

In addition, with the ongoing Decentralization and Deconcentration (D&D) pilot project being a key area of public policy reform in Cambodia, it is expected that D&D will increase the delegation of administrative functions and resources from the national to the subnational level, as well as improve both administrative and financial efficiencies. D&D also holds the potential to make the system more accountable and responsive to local community needs.

2.4 Development assistance and partnership landscape

Over the past decade, Cambodia has been receiving a significant proportion of financial support from the international community, including support for the health sector. As shown in Fig. 4, estimated donor funding amounted to approximately US\$ 189 million (18% of THE) in 2014, which is close to the amount spent by the Government – with the remainder coming from out-of-pocket payments. Government health expenditure as a share of GDP was 1.5% in 2013, which was lower than spending in most low- and middle-income countries (LMICs) in the Region. The heavy reliance on donor funding and low government spending on health, if the trend continues, will pose further risks and challenges to the health sector in terms of possible fragmentation and sustainability. The issue of sustainable financing is also pertinent to disease programmes such as HIV, TB and malaria, which have been mostly funded by global health initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Currently, the Global Fund, Gavi and the Bill & Melinda Gates Foundation account for one fourth of total donor funding; a decrease in funding will have significant implications on sustainability of many programmes.

Fig. 4. National health expenditure by source in Cambodia (2014)



Source: Ministry of Health, Kingdom of Cambodia. Estimating Health Expenditure in Cambodia: National Health Accounts Report (2012–2014 Data) (2015).

Health sector partnerships in Cambodia are complex and dynamic, with at least 30 development partners active in the sector and more than 160 nongovernmental organizations. Cambodia's mechanisms for aid coordination have continued to expand and strengthen. An effective Technical Working Group-Health (TWG-H) with broad representation from Government, multilateral and bilateral agencies, and nongovernmental organizations facilitates information sharing and policy discussions in the health sector. The TWG-H network involves subgroups for various diseases and public health programmes, as well as the provincial-level TWGs.

Cambodia has 23 United Nations agencies that make up the United Nations Country Team under the coordination of the United Nations Resident Coordinator. WHO is one of the largest agencies and plays a lead role in health. In line with United Nations reform efforts, all United Nations agencies are working to better coordinate their support through the *United Nations Development Assistance Framework 2016–2018* (UNDAF) (9).



3. Linkage with the Sustainable Development Goals and the National Health Strategic Plan

The Sustainable Development Goals (SDGs) are a set of 17 goals with 169 associated targets to be reached by 2030 (10). The SDGs followed in the wake of the MDGs, which had set out goals to be achieved by 2015. The SDGs are built around an ambitious vision to end poverty and improve health, education, food security and nutrition. The goals include a range of economic, social and environmental objectives, promising more peaceful and inclusive societies. The means of implementation are defined in the SDGs, reflecting an integrated approach and recognizing connections across the goals. Goal 3 – *Ensure healthy lives and promote well-being for all at all ages* – focuses on health, with target 3.8 on UHC as an overarching goal for the health sector. While all SDGs are interlinked and should have a synergistic effect on one another, the goals related to poverty, hunger/food security/nutrition, gender inequality, water, sanitation and climate change are of particular relevance to the health sector. In this regard, working across the sectors, as well as in collaboration with various stakeholders including non-state actors, communities and other partners will be crucial for attainment of the SDGs.

The Third Health Strategic Plan 2016–2020 (HSP3) of the Ministry of Health (11), launched at the National Health Congress in March 2016, is a manifestation of the Government’s commitment for incremental progress towards the goal of UHC. HSP3 has been informed by the *National Strategic Development Plan 2014–2018 (NSDP) (12)*, which provided the foundation for investing in health as a means to develop human capital and build a more productive workforce for social and economic development of the country. HSP3 also reflects the vision, goals and targets of the SDGs.

The overarching policy goal of HSP3 is “*improved health outcomes of the population, with increased financial risk protection in access to quality health care services*”. HSP3 is supported by four Health Development Goals, seven cross-cutting Strategic Objectives, and five Strategic Interventions under each strategic objective (See Figure 5).

The four Health Development Goals are:

- Goal 1** Reduce maternal, newborn and child mortality, as well as malnutrition among women and children.
- Goal 2** Reduce morbidity and mortality caused by communicable diseases.
- Goal 3** Reduce morbidity and mortality caused by noncommunicable diseases and other public health problems.
- Goal 4** Increase access to and utilization of affordable quality health services with reduced financial burden.

Fig. 5. Goals and strategies of HSP3



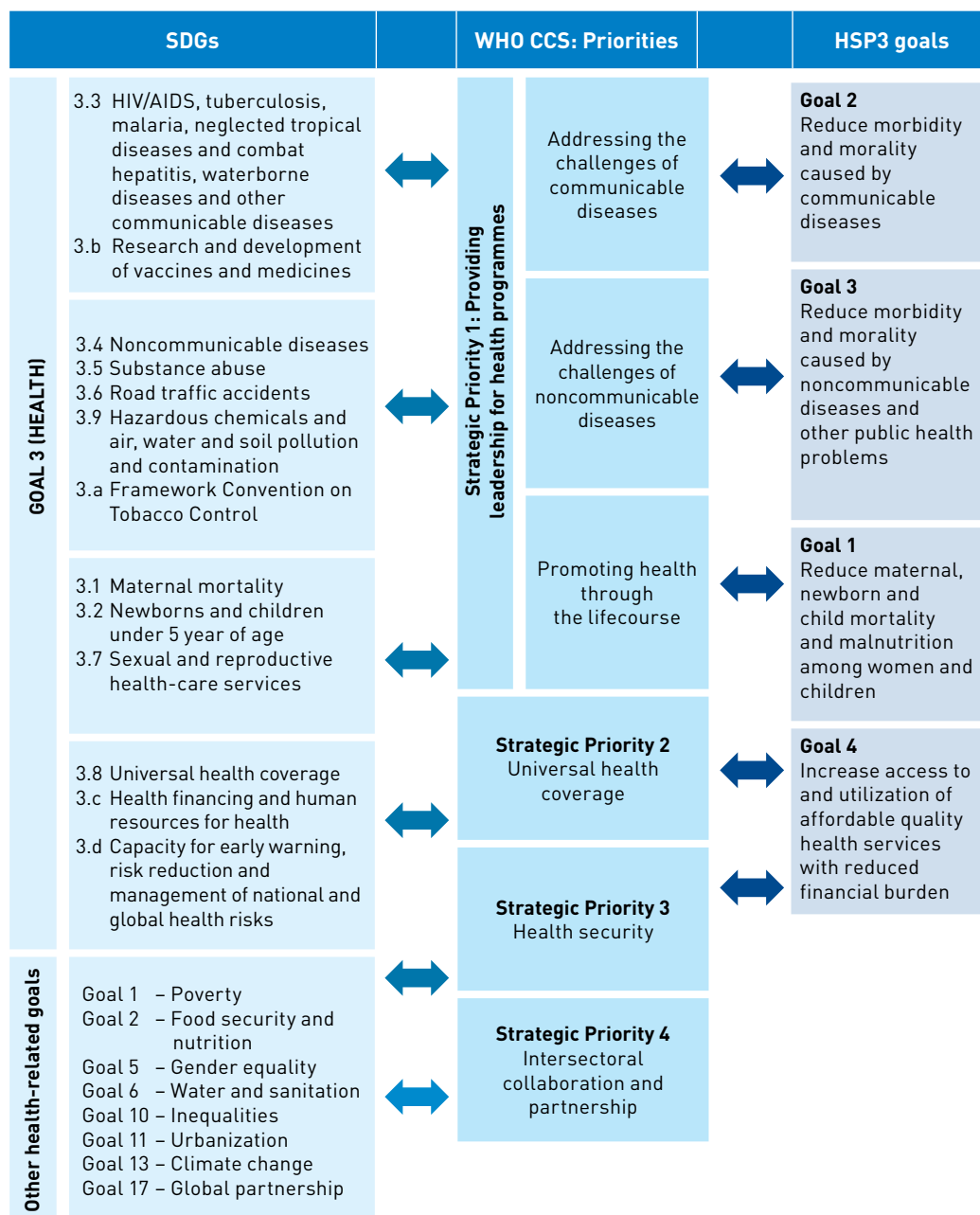
Source: Ministry of Health, Kingdom of Cambodia. The Third Health Strategic Plan (HSP3) 2016–2020 (2016).

The key areas of focus of HSP3 are to improve equity in access and financing, as well as quality of care. The unfinished business from the MDGs are mainly addressed under Health Development Goals 1 and 2 – reproductive, maternal, newborn and child health (RMNCH), nutrition, as well as communicable diseases including HIV/AIDS, TB, malaria and other neglected tropical diseases, while Health Development Goals 3 and 4 aim to address the new areas under the SDGs including NCDs, emerging and re-emerging diseases, environment and health, and UHC. The monitoring and evaluation framework of HSP3 involves monitoring of 75 defined core indicators.

The strategic priorities and intended WHO outcomes as set out in the CCS were developed based on the HSP3 goals and strategies. The work of WHO under its four strategic priorities will therefore contribute to the national impacts on morbidity, mortality, health equity, quality of care and social health protection. It will also contribute to the SDG targets, both for the health-specific SDG 3 and other health-related SDGs to address public health issues.

Figure 6 shows the linkages between the SDGs, the HSP3 goals and WHO’s strategic priorities in Cambodia for the next five years.

Fig. 6. Linkages of the CCS strategic priorities with SDGs and HSP3 goals





4. Strategic agenda for WHO cooperation in Cambodia

4.1 Development of the strategic agenda

The strategic agenda for WHO cooperation in Cambodia between 2016 and 2020 takes into account the global and national health agenda. Considerations include WHO's comparative advantages and Cambodia's commitments as a WHO Member State, as detailed resolutions of the World Health Assembly and the WHO Regional Committee for the Western Pacific.

The strategic priorities focus on the areas that are important to the country and that WHO can influence to achieve better health outcomes and impact. This will result in greater impact on high priority issues and mitigate the risk of spreading limited resources to lower priority areas.

4.2 Vision, mission, values of WHO in Cambodia

The vision, mission and values of WHO in Cambodia are reconfirmed in this renewed CCS and the following four strategic priorities are identified for WHO to focus on over the next five years.

CCS Vision: Attainment by all Cambodian people of the highest possible level of health.

CCS Mission: Provide leadership to support the Government and people of Cambodia in response to their health needs.

CCS Values: The values and principles that will continue to guide the work of WHO are set out in the preamble to the WHO Constitution.

Health is:

- a state of complete physical, mental and social well-being, not just the absence of disease or infirmity;
- the fundamental right of every human being, everywhere; and
- crucial to peace and security.

To align with the national priorities of the Ministry of Health as spelt out in HSP3 and best support its implementation within the context of the SDGs, WHO and the Government of Cambodia has identified four strategic priorities in the *Cambodia-WHO Country Cooperation Strategy 2016-2020*.

4.3 Strategic priorities

Strategic Priority 1. Providing leadership for priority public health programmes

Strategic Priority 2. Advancing universal health coverage

Strategic Priority 3. Strengthening the capacity for health security

Strategic Priority 4. Engaging in multisectoral collaboration and fostering partnership

Programme areas are listed under each strategic priority. The programme areas contain the intended WHO outcomes in contributing to country outcomes – either in terms of WHO’s contribution to achievement of HSP3 targets or other national goals by the year 2020. The WHO outcomes and their targets have been developed in thorough consultations with Government counterparts.

STRATEGIC PRIORITY 1.

Providing leadership for priority public health programmes

PROGRAMME AREA 1.1 Addressing the challenges of communicable diseases

The country has achieved significant successes against the so-called Big Three (TB, HIV and malaria) and vaccine-preventable diseases, although they continue to pose serious challenges for prevention, care, control, elimination and eradication.

Ending the TB epidemic – To reduce the TB incidence rate by 20% by 2020 (compared to 2015), WHO will:

- support the country to carry out annual active case finding using mobile laboratories for more than 20% of the population every year;
- support the country to perform ongoing enhanced case finding using community transport mechanisms for more than 50% of the population every year; and
- provide policy advice for treatment of latent TB infection for more than 50% of new people living with HIV/AIDS (PLHIV) and more than 50% of estimated under-5 child TB contacts every year, in addition to expanding latent TB infection (LTBI) treatment to other high-risk groups, in order to end TB by 2030–2035.

The country achieved the MDG targets of halving TB prevalence and mortality rates. However, Cambodia continues to have very high TB prevalence and mortality rates – 668 for prevalence and 58 for mortality per 100 000, respectively, in 2014. In addition, multidrug resistance continues to rise based on figures from routine surveillance. SDG 3.3 sets a goal of ending the TB epidemic by 2030. WHO's *End TB Strategy* had previously set the target year at 2035. However, Cambodia does not have adequate funds or the aggressive policies to end TB. As a result, although treatment success rates are reportedly high, the country continues to struggle with case finding for drug-sensitive, drug-resistant TB. Treatment of LTBI is negligible in children and low in PLHIV. The country needs to become more aggressive if it intends to end the TB epidemic by 2030–2035.

Ending the HIV epidemic – To achieve pre-elimination of HIV by 2020, WHO will:

- support the country to scale up the Boosted–Integrated Active Case Management strategy to improve HIV cascade outcomes nationwide by 2017;
- support the country to establish a strong case surveillance system by 2017; and

- support the country to implement and monitor appropriate strategies to reach the Joint United Nations Programme on HIV/AIDS (UNAIDS) 90-90-90 targets by 2020.

The national HIV programme in Cambodia has been very successful in reducing HIV prevalence among the adult general population from 1.7% in 1998 to 0.6% in 2014, and achieving MDG targets with more than 80% of PLHIV covered by antiretroviral treatment. Despite rapid success, HIV case detection among high-risk populations remains a challenge. Key populations such as entertainment workers, drugs users, transgender people and men who have sex with men remain as target groups for provision of prevention, care and treatment. The cost-effectiveness of current new community case detection and active case management approaches has not been assessed. These approaches together with strengthened linkages and quality of care will contribute to improve outcomes of the HIV cascade. Further decentralization and integration of the HIV programme within the general health system, including the management of HIV and hepatitis co-morbidities, represent other challenges. These are essential components to help the country to achieve the national HIV targets.

Ending the malaria epidemic – To achieve elimination of *Plasmodium falciparum*, including multidrug resistance, by 2020 and elimination of all kinds of malaria by 2025, WHO will:

- support the country to establish an online, case-based surveillance system for malaria elimination by 2017;
- support the country to introduce innovative interventions including mass drug administrations and strategies to reach migrant and mobile populations by 2017; and
- support the country to eliminate multidrug resistance by 2025.

Cambodia has been able to reduce the number of reported malaria cases by half in about a decade, from 113 855 cases in 2004 to 56 271 cases in 2014. The overall malaria mortality rate has also decreased from 0.98 per 100 000 in 2010 to 0.12 per 100 000 in 2014. Based on these successes, Cambodia has set up the goal of malaria elimination by 2025. However, reaching, tracking and serving key populations affected by malaria are very challenging. This problem is further compounded by intense cross-border population movements and the lack of real-time cross-border surveillance. Multidrug resistance and asymptomatic parasite carriers further complicate the challenge.

In response to increasing cases of dengue, WHO will support the Dengue Control Programme for developing an action plan for the next five years. WHO will continue to provide training to health workers in facility-based treatment of dengue, and collaborate with partners for resource mobilization.

Achieving and sustaining immunization goals – To achieve and sustain immunization goals by 2020, WHO will:

- support the country to reach coverage of 90% or greater in every operational district for all vaccines used in the national immunization programme by 2020;
- support the country to increase the percentage of children aged 12–23 months receiving all basic vaccinations as per the national immunization schedule by 2–3% every year from 73% in 2014 to 86% in 2020; and
- support the country to reach and maintain the standards of performance indicators for acute flaccid paralysis, measles and rubella by 2020.

The country has maintained polio-free status since 2000. It achieved measles-free status in March 2015. It also achieved maternal and neonatal tetanus elimination status in June 2015. Five new and underutilized vaccines were introduced into the routine immunization system in the past 15 years. The 2005 and 2010 CDHS showed that the percentage of fully vaccinated children aged 12–23 months increased from 67% in 2005 to 79% in 2010. However, the 2014 CDHS showed that coverage for fully vaccinated children aged 12–23 months declined to 73%. The coverage of the third dose of DTP-Hep B-Hib and first dose of measles-containing vaccine (MCV1) was 83.7% and 78.6%, respectively, with significant differences among various wealth quintiles. The vaccine-preventable disease surveillance system is still weak and quality widely varies across provinces. Cold-chain equipment and maintenance remain major challenges.

PROGRAMME AREA 1.2 Addressing the challenges of noncommunicable diseases

Like many developing countries, Cambodia is facing the double burden of communicable diseases and NCDs, including injuries.

Building health system capacity for early detection and management of NCDs – To increase to 30% the percentage of adults 40 years and older with hypertension and diabetes who are receiving treatment in public facilities by 2020, WHO will:

- support the country to develop and adopt evidence-based national guidelines for the management of major NCDs through a primary care approach by 2017;
- support the country to develop quality assessment and quality monitoring tools to evaluate the effectiveness and reach of preventive care services for NCDs by 2018; and
- support the Government to ensure timely delivery of medicines of affordable cost, sufficient quantity and good quality needed for management of hypertension and diabetes at all health centres by 2020.

Prevention and control of cervical cancer – To increase to 10% the percentage of women aged 30–49 years screened for cervical cancer at least once by 2020, WHO will:

- support the country to develop and adopt national guidelines for screening, treatment and referral for cervical cancer, and to develop and adopt a national action plan for the prevention and control of cervical cancer by 2016; and
- support the country to implement a demonstration human papillomavirus (HPV) vaccine pilot project in two provinces in 2017 and scale it up to a national HPV vaccine programme by 2020.

There is an urgent need to develop effective NCD management at all levels of the health-care system. However, in 2012, only 6% of the health budget was allocated for preventive health services, including NCD risk factors (13).

The greatest burden from NCDs is due to four diseases – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. These four diseases cause 52% of all deaths in Cambodia. Moreover, over one half of men and over one third of women who die from NCDs are younger than 60 years.

The WHO STEPwise Approach to Surveillance Survey in 2010 found that the prevalence of diabetes and hypertension in adults was 2.9% and 11.2%, respectively. Yet more than half of those who have these conditions reported that they were not receiving any treatment.

Cervical cancer is the leading cause of cancer mortality among women in Cambodia. It has been estimated that 1500 women are newly diagnosed with cervical cancer and at least 900 women die of the disease each year (14). Yet the screening and treatment services for cervical cancer are negligible.

Reducing NCD risk factors – To successfully monitor and achieve global and national targets for the reduction of NCD risk factors by 2020, WHO will:

- support the country to further increase excise tax as a proportion of the retail price of tobacco products (2015 baseline: 13.15%) (15);
- support the country to implement pictorial health warnings covering at least 50% of tobacco product packaging by 2017;
- support the country to adopt the draft Law on Alcohol Products Control by 2017;
- support the country to develop and implement a national salt reduction action plan designed to achieve a 10% relative reduction in the mean population intake of salt (sodium chloride) by 2020; and
- support the country to develop and implement healthy settings policies and strategies for NCD risk reduction, including for Healthy Cities and Health Promoting Schools, by 2018.

NCDs share common risk factors. These include tobacco use, the harmful use of alcohol, unhealthy diets and lack of physical exercise. In Cambodia, nearly one third of adult men use tobacco. One in every two working adults is exposed to second-hand tobacco smoke in their workplace, and two in three are exposed to second-hand smoke at home. Data from the Cambodia Socioeconomic Surveys in 2004, 2007 and 2009 show a trend of increasing alcohol consumption. There is a causal relationship between the harmful use of alcohol and more than 200 disease and injury conditions, including mental and behavioural disorders, NCDs, and unintentional and intentional injuries resulting from violence, road crashes and suicides. Nearly one in every five road accidents in Cambodia is related to drink-driving.

Ensuring better health for people with disabilities – To provide people with disabilities equal access to quality health services, as well as physical and mental rehabilitation, by 2020, WHO will:

- support the country to adopt a comprehensive plan for the transition of management and financing of physical rehabilitation services from nongovernmental organizations to the Government by 2017;
- support the country to collect and report comprehensive information on disabilities by 2019;
- support the country to increase its capacity to lead, regulate and undertake planning in the rehabilitation service sector by 2020;
- support the country to put in place national policies on rehabilitation services for people with disabilities by 2020; and
- enhance and expand community-based rehabilitation services, consultation and treatment for people with disabilities, including people with mental and intellectual disabilities, by 2020.

The number of people with disabilities in Cambodia will continue to rise due to the ageing population and increases in chronic health conditions. Disability prevalence is already significant in Cambodia, 10% according to the 2014 CDHS, with a large number of people with unexploded ordinance-related injuries and mental health problems. As in many other developing countries, half of all people with disabilities cannot afford health care. These people are 50% more likely than others to suffer catastrophic health expenditures. In such cases, out-of-pocket health-care payments can push their families into poverty. Accurate estimates of the rehabilitation and disability service needs of the Cambodian population are difficult to determine as there are no specific population-based surveys to collect this information.

PROGRAMME AREA 1.3 Promoting health through the life course

Mothers, newborns and children continue to be among the most vulnerable groups, constituting a significant proportion of the Cambodian population. Their mortality is still unacceptably high, due to various causes that are preventable.

Ending preventable maternal, newborn and child mortality – To reduce the maternal mortality ratio to 130 per 100 000 live births and reduce the neonatal mortality rate to 14 per 1000 live births by 2020, WHO will:

- support the country to increase the coverage of deliveries in health facilities to 90% by 2020;
- support the country to increase the coverage of women and newborns receiving early postnatal care, within two days of delivery, to 95% by 2020;
- support the country to increase the coverage of infants who are breastfed within one hour of birth to 76% by 2020; and
- support the country to increase the percentage of infants under 6 months who are exclusively breastfed to more than 70% by 2020.

Cambodia has met MDGs 4 (Reduce Child Mortality) and 5 (Improve Maternal Health) due to significant improvements in RMNCH and investment in health systems. Cambodia's maternal mortality ratio decreased from 437 deaths per 100 000 live births in 2000 to 170 per 100 000 live births by 2014. Similarly, neonatal mortality fell from 27 per 1000 live births in 2010 to 18 per 1000 live births, and under-5 mortality fell from 54 per 1000 live births to 35 per 1000 live births during the same period. However, the maternal mortality ratio and under-5 child mortality rate, especially neonatal deaths, are still higher than in the neighbouring countries. In addition, adolescent pregnancy has emerged as an issue in the CDHS 2014.

The population of older people has been rising, with those above 60 years of age constituting about 8.3 % of the population in 2015 (1). The WHO approach to ageing and health includes action to promote healthy ageing and prevent functional decline and disease among older people through multisectoral collaboration and also reorientation of health systems in order to respond to the specific needs of older people, notably NCDs (16).

STRATEGIC PRIORITY 2.

Advancing universal health coverage

UHC is defined as all people having equitable access to quality health services without undergoing the financial hardship associated with paying for care and other related costs. HSP3 clearly articulates the health development goal of Cambodia for the incremental realization of UHC. UHC is also a part of and an overarching goal of the health-related SDGs.

The five necessary attributes of UHC are defined as: quality, efficiency, equity, accountability and resilience (17). To achieve UHC, well-functioning health systems need to be in place to realize actions that support the achievement of these attributes. Strengthening various elements of health systems functions – such as governance, the health workforce, health financing, essential medicines and health information – in order to realize integrated and people-centred service delivery provides a foundation to improve these five attributes of UHC.

While health systems is a distinct programme of work within WHO, it has implications for all programme areas. Therefore, the work on UHC needs to be implemented through horizontal collaboration across all disease and public health programmes.

PROGRAMME AREA 2.1 Improving equity, efficiency and sustainability in access and financing

To mobilize sufficient public funding and improve efficiency for equitable access to services and financial protection by 2020, WHO will:

- support the development of a road map for UHC through facilitation of policy dialogue, coordination, and institutional capacity-building by 2017;
- advocate for an increase of Government health expenditures as a share of GDP from 1.5% in 2013 to 2% by 2018 and maintain that level until 2020 through support for National Health Accounts and other evidence for advocacy; and
- support the reduction of out-of-pocket expenditures as a percentage of THE from 62.3% in 2014 to less than 55% by 2020 through support for expansion of social health protection and prepayment mechanisms.

THE per capita in Cambodia in 2014 was US\$ 69 (8). However, the burden of out-of-pocket expenditures remains high at 62% of THE. In addition, the percentage of households experiencing catastrophic expenditures was still close to 5% in 2014. Health financing is heavily reliant on donor funding (18% of THE in 2014). This raises concerns about the

sustainability of public health programmes as the country is moving towards lower middle-income status and many donors have started or will soon start reducing their funding to Cambodia.

Health sector reform in Cambodia since the 1990s has led to impressive gains in health outcomes. The key challenges now include ensuring that both the benefits of progress are shared equitably among all sectors of society and services are responding to changing demography and epidemiology. It is also critical that the resources be targeted at the population health needs, and people have access to effective care that is acceptable, non-discriminatory and sensitive to the needs of specific population groups.

PROGRAMME AREA 2.2 Improving quality and safety of health-care services

To ensure improved access to quality health services and achieve better health outcomes by 2020, WHO will:

- support the country to address inequalities in the distribution of health workers, and achieve the minimum recommended density of health workers (doctors, nurses, midwives) of two per 1000 population by 2020;
- support the country to strengthen health workforce competency through capacity-building and performance enhancement approaches, including the establishment of accreditation mechanisms for health training institutions by 2020;
- support the country to strengthen regulatory mechanisms to promote patient safety and adequate oversight of health service delivery by 2020; and
- support the country to attain at least a two-fold increase in the utilization of public health sector outpatient services by 2020.

An acknowledged limitation of the Cambodian health system is the lack of quality assured services, which influences health-seeking behaviour. According to the 2014 CDHS (6), among patients seeking treatment for an illness only 15% initially went to a public facility, whereas 78% accessed private clinics. This finding is of particular concern given the inadequate regulation of the private sector and the poor quality of services in both the public and private sectors. Key factors for this low level of quality in health services are the lack of well-trained, motivated and adequately compensated health workers in the public sector, and inadequate regulatory and oversight for quality and safety.

PROGRAMME AREA 2.3 Ensuring access to essential medicines and vaccines

To ensure health outcomes by supporting equitable access to safe, effective, quality and affordable essential medicines, WHO will:

- contribute to strengthen the medicines supply system to ensure that at least 95% of health facilities in the country will have zero stock-outs for 15 essential medicines, including those for malaria, HIV/AIDS and TB by 2020;
- support the national medicines regulatory authority in establishing a quality management system and effective registration system and in strengthening medicines and vaccine safety and quality assurance mechanisms by 2020; and
- support the development of the national medicines formulary and medicines scheduling for improving the rational use of medicines by health-care providers and in the community by 2018.

Cambodia has made significant progress in the pharmaceutical sector. However, various components of the system still need to be strengthened as guided by the *Medicines Policy 2010* and the *Pharmaceutical Sector Strategic Plan 2013–2018*. The number and competency of trained pharmacy workforce are insufficient to achieve the desired quality of work. Medicines regulation and quality assurance systems in the public and private sectors need strengthening. Due to improper quantification and weak inventory management, stock-outs or overstock of medicines in health facilities is still regularly seen. Irrational prescribing and dispensing of medicines are also common.

PROGRAMME AREA 2.4 Strengthening effective use of information, evidence and research

To strengthen use of health information and evidence for effective HSP3 implementation and monitoring by 2020, WHO will:

- support the development of monitoring systems for the health-related SDGs by 2017 as an integral mechanism for national NSDP and HSP3 monitoring; and
- support the strengthening of mortality diagnosis and coding based on the International Classification of Diseases (ICD), and the introduction of medical death certificates in 50% of referral hospitals by 2018, with incremental expansion to large hospitals in the private sector by 2020.

The country has a growing demand for high-quality health information for decision-making and actions from the public and private sectors. Information is also essential for

monitoring progress towards health goals and targets of HSP3 and the SDGs. However, data quality of the Health Management Information System is still a concern, especially since about half of the causes of death are unclassified. International Statistical Classification of Diseases and Related Health Problems (ICD-10) and cause of death coding are not being used. Health systems research should be further promoted and used for policy dialogue and decision-making.

STRATEGIC PRIORITY 3.

Strengthening capacity for health security

PROGRAMME AREA 3.1 Building capacity to detect and respond to health security events

To protect Cambodian people from public health events including emerging diseases, WHO will:

- support the country to further develop core capacities for the International Health Regulations (2005), or IHR (2005), as measured by steady annual improvement of annual IHR (2005) monitoring questionnaires;
- support the country to detect and accurately diagnose emerging diseases through the national laboratory network by 2020;
- support the country to strengthen the system to respond in a timely manner and effectively control public health events related to emerging diseases by 2020; and
- support the Ministry of Health to prevent foodborne diseases through strengthening the national food safety system.

Emerging and re-emerging diseases of public health concern, such as avian influenza, Ebola virus disease, Middle East respiratory syndrome (MERS) and Zika virus disease, pose ongoing threats to global and national health security. Cambodia is a signatory to IHR (2005) and thus is required to meet the IHR core capacity requirements that not only protect the country but also contribute to global health security.

According to an IHR annual evaluation, Cambodia does not meet all IHR 13 core capacity requirements. In 2014, Cambodia was granted a second two-year extension to comply with IHR requirements by July 2016. However, the country still requires intense efforts for further development of its core capacities in order to comply with IHR and to be able to detect and respond to public health events of international concern effectively. In particular, the country requires strong coordination within and among sectors to respond to zoonotic, food safety and other critical issues.

STRATEGIC PRIORITY 4.

Engaging in multisectoral collaboration and fostering partnership

The WHO vision of the attainment by all people of the highest possible level of health will not be achieved without focusing more intensely on the social, economic and environmental determinants of health. For this, WHO must engage in multisectoral collaboration with a wide range of stakeholders, including other United Nations agencies, development partners and civil society.

In the past, WHO work in communicable diseases has illustrated the importance of addressing the social, economic and environmental determinants of health through multisectoral collaboration, for instance collaboration with the animal sector in fighting the A(H5N1) avian influenza epidemic. Such multisectoral collaboration is becoming more and more important for other health areas, such as NCDs, food safety, nutrition, road traffic injuries and disaster risk management for health, among others.

The work of WHO is either directly or indirectly related to many of the SDGs including: SDG 1 (End Poverty), SDG 2 (Zero Hunger), SDG 5 (Gender Equality), SDG 6 (Clean Water and Sanitation), SDG 10 (Reduced Inequalities), SDG 11 (Sustainable Cities and Communities), SDG 13 (Climate Action) and SDG 17 (Partnerships for the Goals).

SDGs 1, 5 and 11 will be addressed as fundamental and cross-cutting principles of WHO programmes, with a focus on human rights, gender and the most vulnerable populations in an effort to achieve health equity. Similarly, effective stewardship and fostering partnerships (SDG 17) in sector development and coordination of health partners will remain a key strategic approach of WHO throughout the period of this CCS.

Other goals, including SDGs 2 and 11 are incorporated in the strategic focus areas of associated programme areas such as RMNCH, food safety and NCD.

The following priorities require substantial multisectoral responses and collaborative approaches in collaboration with other United Nations agencies, partners and a broad range of stakeholders.

PROGRAMME AREA 4.1 Combating antimicrobial resistance (AMR)

To achieve the goals of antimicrobial resistance by 2020, WHO will:

- support the country to establish a national, integrated surveillance system to monitor the levels of drug resistance and consumption of antimicrobial drugs in the human and animal sectors by 2018;

- support the country to establish and sustain antimicrobial stewardship programmes in 100% of national and provincial referral hospitals by 2020;
- support the country to establish multidisciplinary Infection Prevention and Control Committees in 80% of national and provincial referral hospitals by 2020;
- support the country in upgrading pre-service training curriculum for human and animal health sciences to include AMR and rational drug use by 2018; and
- collaborate and coordinate with concerned partners and advocate for implementation of a “One Health” approach to AMR.

Inappropriate use of antimicrobials in Cambodia is very common and has contributed to the emergence of resistance against a variety of antimicrobial drugs – antimalarials, antivirals and antibiotics. Resistance against the most commonly used antibiotics in Cambodia is significantly high among many species of bacteria. The major factors that contribute to AMR in Cambodia (18) include:

- weak surveillance and laboratory capacity;
- irrational use of antimicrobial agents during treatment of human infections;
- overuse and misuse of antibiotics in animals raised for food; and
- limited infection prevention and control measures in health facilities.

Similar to other countries, the main barriers to combating AMR in Cambodia include limited awareness of AMR among most stakeholders, limited surveillance data to support evidence-based decisions, lack of adherence to clinical guidelines, irrational use of medicines, and limited coordination among different sectors, especially the health, animal, and agriculture and environment sectors.

PROGRAMME AREA 4.2 Addressing the determinants of water, sanitation and climate change

To ensure that every person has equal and sustained access to safe water supplies and sanitation services and lives in a hygienic environment, WHO will:

- support the country to implement standards, guidelines and tools on the Safe Water Plan as a means to improve safe water management and an adaptation measure to reduce climate risks to health in rural and urban areas by 2019; and
- support the country to conduct a landscape review of the status of safe water supplies and sanitation and hygiene services in health-care facilities by 2017 (baseline data: 67% had access to improved water sources in 2008).

To strengthen country capacity to deal effectively with climate-sensitive, vector-borne and water-related diseases and reduce the health impacts of natural disasters, WHO will:

- support the country to enhance operational research and the surveillance system to generate evidence related to climate-sensitive risks to health that can guide effective health adaptation planning by 2019;
- support the country to strengthen institutional capacity to integrate climate risk and adaptation options in the health sector planning and implementation by 2020; and
- support the country to improve capacity of health personnel to cope with climate-sensitive, vector-borne and waterborne diseases in order to reduce the health impacts by 2020.

More than 60% of the communicable disease burden is linked to water, sanitation and the environment. Arsenic contamination of drinking water remains an issue. Over 2 million people in Cambodia are potentially exposed to high levels of arsenic. Untreated drinking water and unsafe storage contributes to widespread bacterial and viral infections. A recent WHO study on drinking-water quality at the point of consumption suggests that only 23% of rural households (19) and 42.5% of urban households (20) have access to microbiologically safe drinking water. Poor sanitation and hygiene, which are closely tied to water supply and water quality, are likely the cause of nearly 10 000 deaths annually – most of which are due to diarrhoeal diseases (20). Cambodia is one of the most vulnerable countries assessed for its vulnerability to climate change (21). This will also have an impact on food security and nutrition and could slow down the progress being made to reduce all forms of malnutrition.



5. Implementing the strategic agenda

5.1 Transforming WHO's cooperation for a healthier future

WHO will pursue organizational, programmatic and governance reforms so that it can better deliver on its goals of improving the health of the Cambodian people and increasing coherence in the health sector and health-related sectors. The transformation will focus on providing greater strategic leadership, employing innovative communications, and working as “One WHO”.

Greater strategic leadership

WHO's leadership role will evolve continually along with changing global, regional and national environments. The Organization's role will become more “strategic” than “operational”. This conscious role shift is necessary as the capacity of the Government and other non-state partners improves.

The shift in WHO's leadership role will also involve the promotion of greater cooperation and engagement among various government and nongovernmental agencies, including development partners and civil society. This is necessary because overlapping circles of governance of various national and global partnerships and agencies compete for control and – inevitably – for resources. Such competition often leads to scarce resources being wasted. WHO will lead a coordinated response from the health sector to maximize available resources, and will remain a lead convenor in health involving multiple stakeholders.

WHO will lead a coordinated response from the health sector by:

- continuing to use its convening power to play a lead role among all health partners;
- engaging not just the state actors but also non-state actors; and
- broadening multisectoral collaboration with the other United Nations agencies and partners.

Innovative communications

In order to become an innovative communicator WHO will need to become more of a learning organization and find innovative ways to communicate externally.

WHO's lead role in innovative communications not only means tracking progress towards the SDGs, but also leading in knowledge management. WHO will facilitate the flow of information among various levels of the Organization and among various partners and agencies, including United Nations agencies and development partners.

Governments all over the world trust WHO with country-specific information. Hence, WHO is in a unique position to use that information to build stronger collaborations, facilitate evidence-based policy dialogue and use the data for action.

However, the amount of information that is available is multiplying so rapidly that WHO will need to use effective means to identify the most useful information and present it in easy-to-digest and interesting ways, for example by using infographics and data visualization. This would help Cambodia and other countries see patterns to inform more effective, evidence-informed decision-making and to tailor actions for vulnerable populations.

In addition, WHO will increase its visibility among people within and outside Cambodia by sharing information and knowledge through the use of social media and infographics.

Working as “One WHO”

WHO will transform its cooperation at the three levels of the Organization – the Office of the WHO Representative in Cambodia, the Regional Office for the Western Pacific and WHO headquarters. WHO's General Programme of Work (22) relies on cooperation at all three levels to achieve results. The relationship among the three levels depends on two critical and fundamental elements. First, *synergy and alignment* are required to develop policies, strategies and positions on global health issues. This calls for extensive consultation among all levels during the formulation of key national and global policies. Secondly, it requires *uniformity in the application of rules* relating to human resources and finance, as well as to administrative and reporting procedures. In this sense, all parts of WHO need to work as a single organization.

The WHO Representative Office in Cambodia will continue to be responsible for WHO's core functions of providing leadership, engaging in partnerships, shaping the health research agenda, setting or adopting norms and standards, articulating evidence-based policy options, providing technical support, and monitoring and assessing health trends. The WHO Regional Office for the Western Pacific and WHO headquarters will continue to support the work of the WHO Representative Office in Cambodia, also known as the WHO Country Office. In particular, WHO headquarters and the Regional Office for the Western Pacific will work with the Country Office to build country capacity, share experiences from other countries, and align the work of global and regional partners with the needs of the country.

The WHO Country Office also needs to become more strategic, which will entail taking on a more generalist role. Such a transformation will not only maximize internal

resources but will also allow its roles to evolve gradually as the country develops greater capacity in public health. WHO will encourage its staff members to work in a more cross-cutting manner rather than focus only on their own vertical programmes, especially in health systems work. Strategic team meetings will help in this process. However, not all activities fall within a linear planning framework. Many country requests for specialist input will continue to be ad hoc, often requiring rapid and brief interventions. For instance, the WHO Country Office may seek rapid advice from the Regional Office or WHO headquarters or both for an issue that might come up during in-country partner deliberations. The WHO Country Office will also engage the Regional Office and headquarters for ad hoc specialist input, as needed.

5.2 Measuring results and accountability

Measuring results

Measuring results is important for monitoring and improving performance, ensuring accountability in the use of resources and the achievement of targets and goals, and promoting individual and organizational learning. WHO will continue to promote internal assessments and evaluations, as well as facilitate independent evaluations, including those organized by the Regional Office for the Western Pacific and WHO headquarters.

The WHO Country Office measures its results through a clear results chain. The results-based management framework determines how WHO is accountable for its resources (inputs), the results it delivers (outputs), the contributions it makes to UHC and effective coverage of priority programmes (outcomes), and the influence it has on people's health (impact).

The results framework still stands a basis for monitoring the implementation of WHO's collaborative programmes and measuring results. The biennial WHO Programme Budget and its operational plans are informed by the midterm strategic priorities as laid out in the CCS.

Accountability of resources and results

The primary tool for accountability of resources and results is the biennial Programme Budget. The Programme Budget has an embedded process of annual assessment of its implementation, mainly through the midterm review at the end of the first year of the biennial budget cycle, as well as the end-of-biennium assessment. These two assessments review both the financial and technical implementation of the Programme Budget and identify both successes and impeding factors, as well as lessons learnt, in order to inform the next cycle of biennial planning.

In addition to the periodic assessments of Programme Budget implementation, WHO will regularly monitor and evaluate its performance through a midterm review of the CCS around 2018 and an assessment at the end of the current CCS cycle.

ANNEX

Key health and socioeconomic indicators

Total population (2013) ¹	14 962 591
Population, ages 0–14 (%) (2013) ¹	29.4
Population, ages 65 and above (%) (2013) ¹	5
Life expectancy at birth (years) (2015 estimates) ²	66.7 male / 70.8 female
Neonatal mortality rate (per 1000 live births) (2014) ³	18
Under-5 mortality rate (per 1000 live births) (2014) ³	35
Maternal mortality ratio (per 100 000 live births) (2014) ³	170
Diphtheria-tetanus-pertussis (DTP3) immunization coverage among 1-year-olds (%) (2014) ³	82
Births attended by skilled health workers (%) (2014) ³	89
Physicians density (per 1000 population) (2012) ⁴	0.2
Nursing and midwifery personnel density (per 1000 population) (2012) ⁴	0.8
Total health expenditure as a percentage of gross domestic product (%) (2014) ⁵	6.3
Government expenditure on health as a percentage of total health expenditure (%) (2014) ⁵	19.9
Out-of-pocket expenditure on health as a percentage of total health expenditure (%) (2014) ⁵	62.3
Adult literacy rate, both sexes (% ages 15 and older) ⁶	73.9
Population using improved drinking-water sources (%) (2014) ³	95.1 (Urban) 58.8 (Rural) 64.5 (Total)
Population using improved sanitation facilities (%) (2015) ³	85.0 (Urban) 41.2 (Rural) 48.1 (Total)
Poverty headcount ratio at US\$1.90 a day (2011 PPP) (% of population) (2012) ⁷	6.2
Gender Development Index (GDI) (2014) ⁶	0.890 (GDI group 5)
Human Development Index rank out of 188 countries (2014) ⁶	143

Sources:

¹ Cambodian Population Data Sheet 2014, Ministry of Planning

² United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP), Statistical Yearbook for Asia and the Pacific, 2015

³ Cambodian Demographic and Health Survey (CDHS) 2014 report

⁴ World Bank data <http://data.worldbank.org/indicator>

⁵ Cambodian National Health Account (NHA) report 2012-2014

⁶ United Nations Development Programme (UNDP) Human Development Reports: <http://hdr.undp.org/en/>

⁷ World Bank data <http://data.worldbank.org/indicator/SI.POV.DDAY>

References

1. Ageing and Migration in Cambodia: A Cambodia Rural Urban Migration Project Series Report. Phnom Penh: Ministry of Planning, Royal Government of Cambodia; 2013.
2. National Population Policy 2016-2030. Phnom Penh: Royal Government of Cambodia; 2016.
3. Human Development Report. New York: United Nations Development Programme; 2014 (<http://www.kh.undp.org/content/cambodia/en/home/presscenter/articles/2014/09/02/cambodia-s-human-development-index-value-continues-to-rise-in-2014.html>).
4. Cambodia: Overview. Washington, DC: World Bank; 2015 (<http://www.worldbank.org/en/country/cambodia/overview>).
5. National Institute of Statistics and Directorate General for Health. 2014 Demographic and Health Survey of Cambodia. Phnom Penh: Directorate General for Health, Ministry of Health; 2014.
6. National Institute of Statistics and Directorate General for Health. Cambodia Demographic and Health Survey 2010. Phnom Penh: Directorate General for Health, Ministry of Health; 2011.
7. Cambodia Socio-Economic Survey 2014. Phnom Penh: National Institute of Statistics, Ministry of Planning; 2015 (http://www.nis.gov.kh/nis/CSES/CSES_2014_Report.pdf).
8. Estimating Health Expenditure in Cambodia: National Health Accounts Report (2012–2014 Data). Phnom Penh: Department of Planning and Health Information, Ministry of Health; 2015.
9. United Nations Development Assistance Framework (UNDAF) 2016–2018. Phnom Penh: United Nations in Cambodia; 2015.
10. Sustainable Development Goals: 17 Goals to Transform our World [website]. New York, NY: United Nations; 2015 (<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>).
11. The Third Health Strategic Plan (HSP3) 2016–2020. Phnom Penh: Ministry of Health; 2016.
12. National Strategic Development Plan 2014–2018. Phnom Penh: Royal Government of Cambodia; 2014.

13. Estimating Health Expenditure in Cambodia: National Health Accounts Report (2012 Data). Phnom Penh: Department of Planning and Health Information, Ministry of Health; 2014.
14. Human Papillomavirus and Related Cancers in the World (2010). In: ICO Information Centre on HPV and Cancer [website]. Barcelona: Cancer Epidemiology and Registration Unit Institut Català d'Oncologia (ICO); 2015 (<http://www.hpvcentre.net>).
15. WHO Report on the Global Tobacco Epidemic. Geneva: World Health Organization; 2015.
16. WHO Regional Framework for Action on Ageing and Health in the Western Pacific. Manila: WHO Regional Office for the Western Pacific; 2014.
17. Universal Health Coverage: Moving Towards Better Health. Manila: WHO Regional Office for the Western Pacific; 2015.
18. Ministry of Health of Cambodia and World Health Organization. Antimicrobial Resistance (AMR): Country Situation Analysis Report. Phnom Penh: Ministry of Health; 2013.
19. A National Assessment of Point-of-Consumption Drinking Waters in Rural Areas of Cambodia. Phnom Penh: Office of the WHO Representative in Cambodia; 2013.
20. A National Assessment of Point-of-Consumption Drinking Waters in Urban Areas of Cambodia. Phnom Penh: Office of the WHO Representative in Cambodia; 2015.
21. Barnato K. Climate change is riskiest for these countries: S&P. CNBC. 27 November 2015 (<http://www.cnbc.com/2015/11/27/climate-change-is-riskiest-for-these-countries-sp.html>).
22. Twelfth General Programme of Work: Not merely the absence of disease 2014-2019. Geneva: World Health Organization; 2014.

