Australian National University

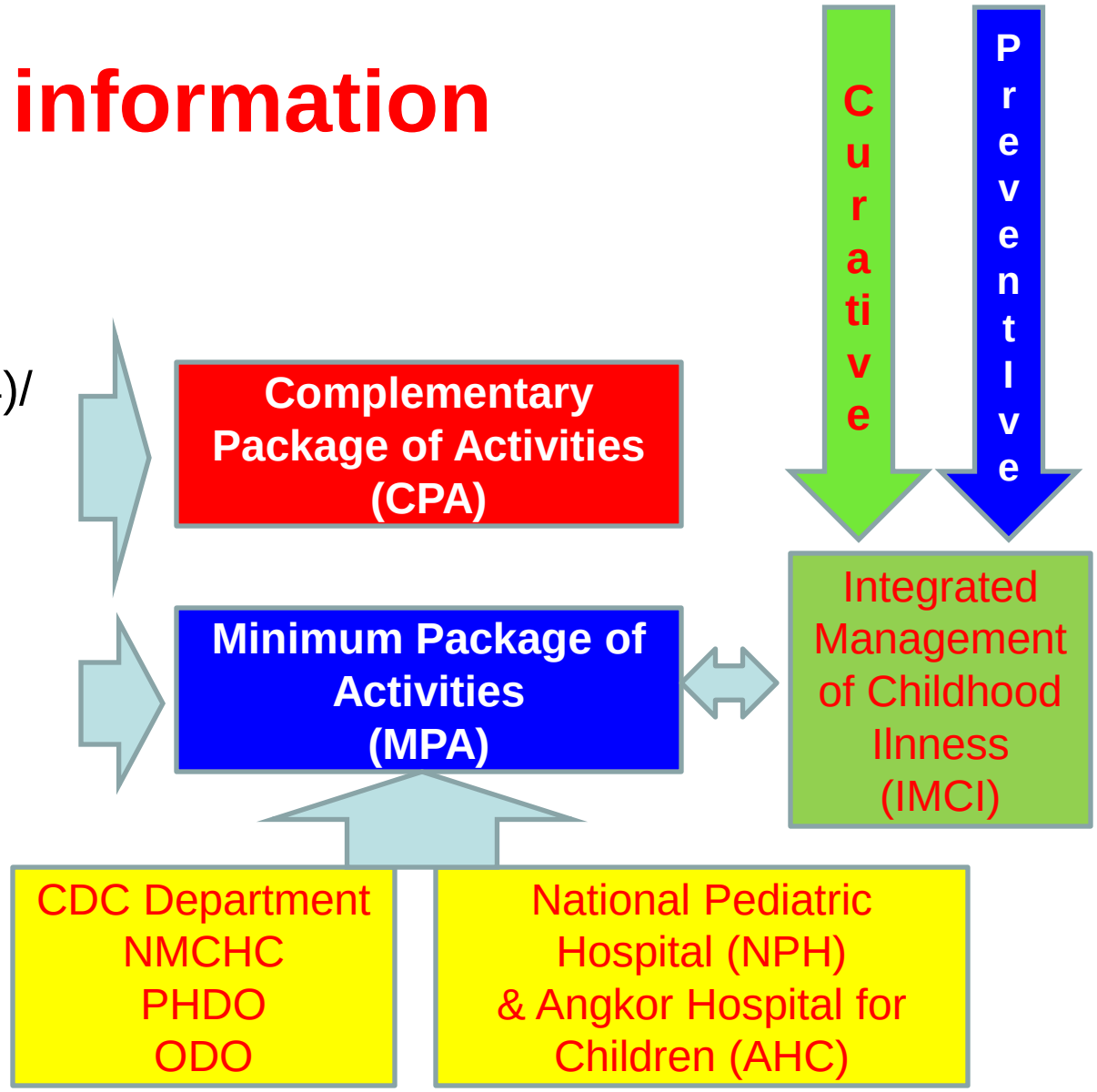
Using Epidemiological Research to Improve the Quality of Care for Children in Cambodia

"Bridging the Research-Policy Divide"
Australian National University (ANU)
Canberra

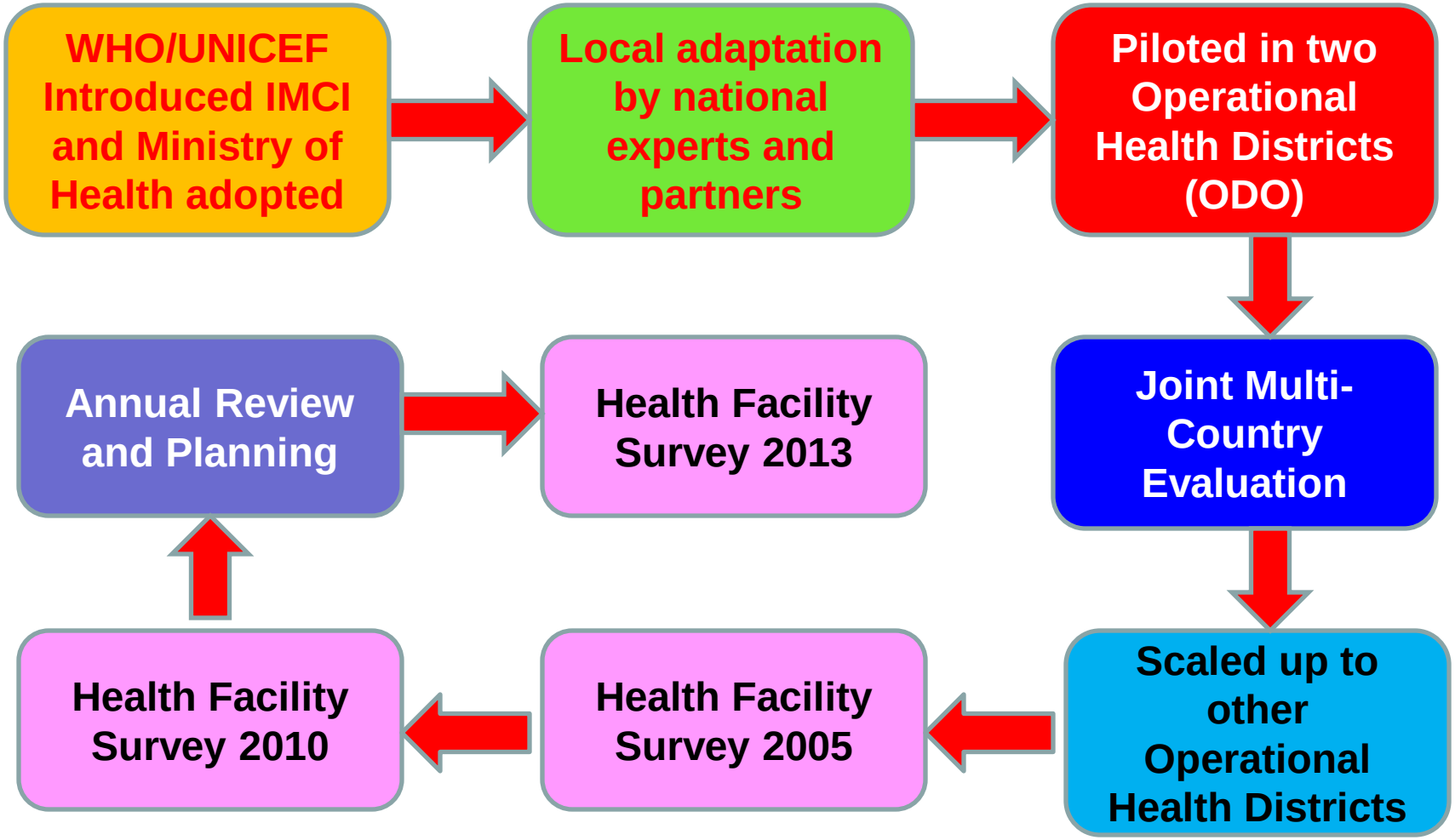
BUN Sreng
Department of Communicable Disease Control (CDC)
Cambodia

Background information

- National Hospitals (9)
- Provincial Hospitals (24)/
- Referral Hospitals (57)
- Health Centres (1,021/1,051)Health Posts (90/130)
- Village Health Support Groups (VHSG)



Profile of the IMCI Strategy in Cambodia



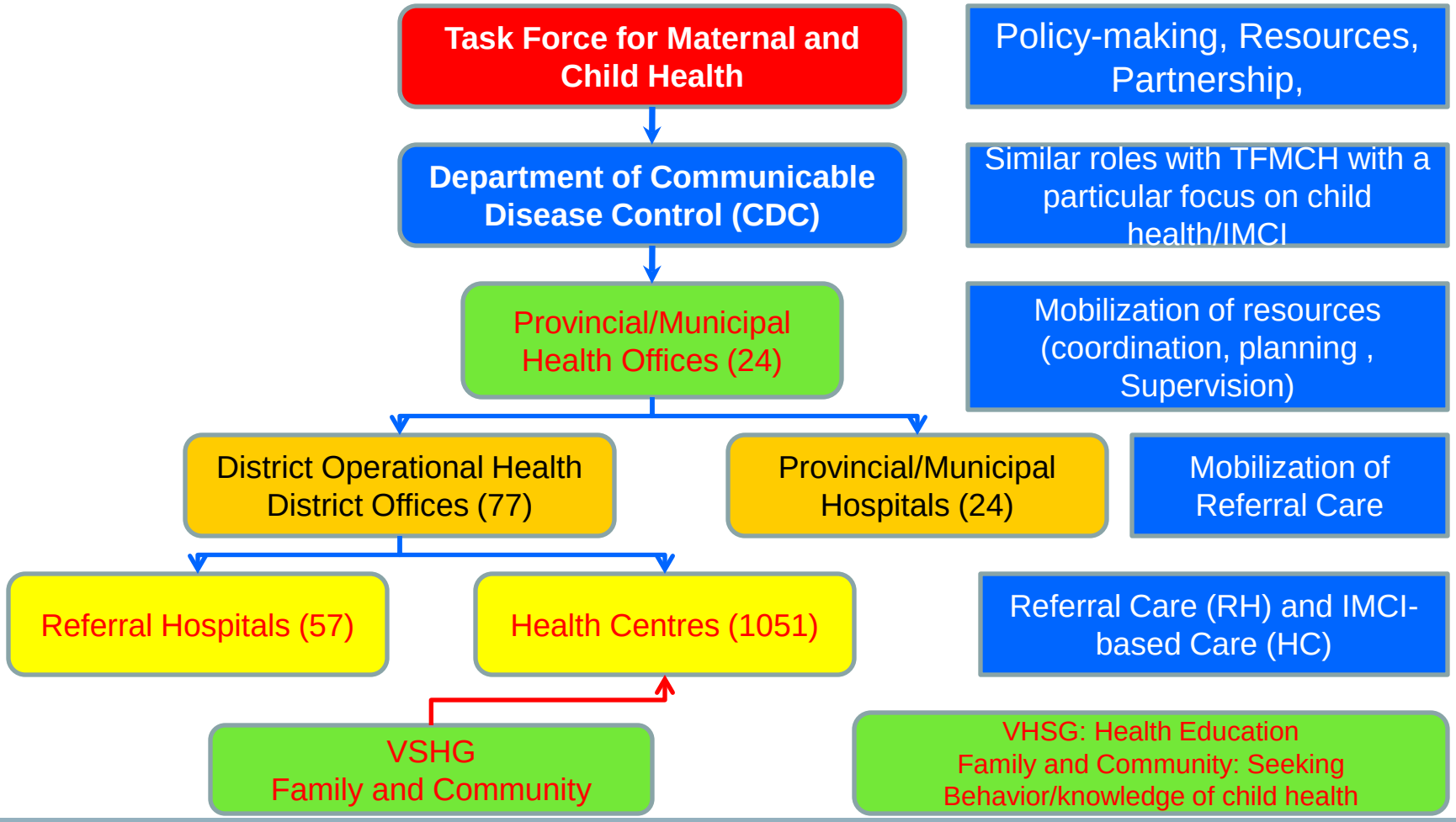
What did the research aim to achieve?

- To further improve quality of care provided to under-five sick children in the systematic approach
- To make available key health system supports (drugs, vaccines, equipments, supervision)
- To overcome barriers to the effective integrated management of sick children

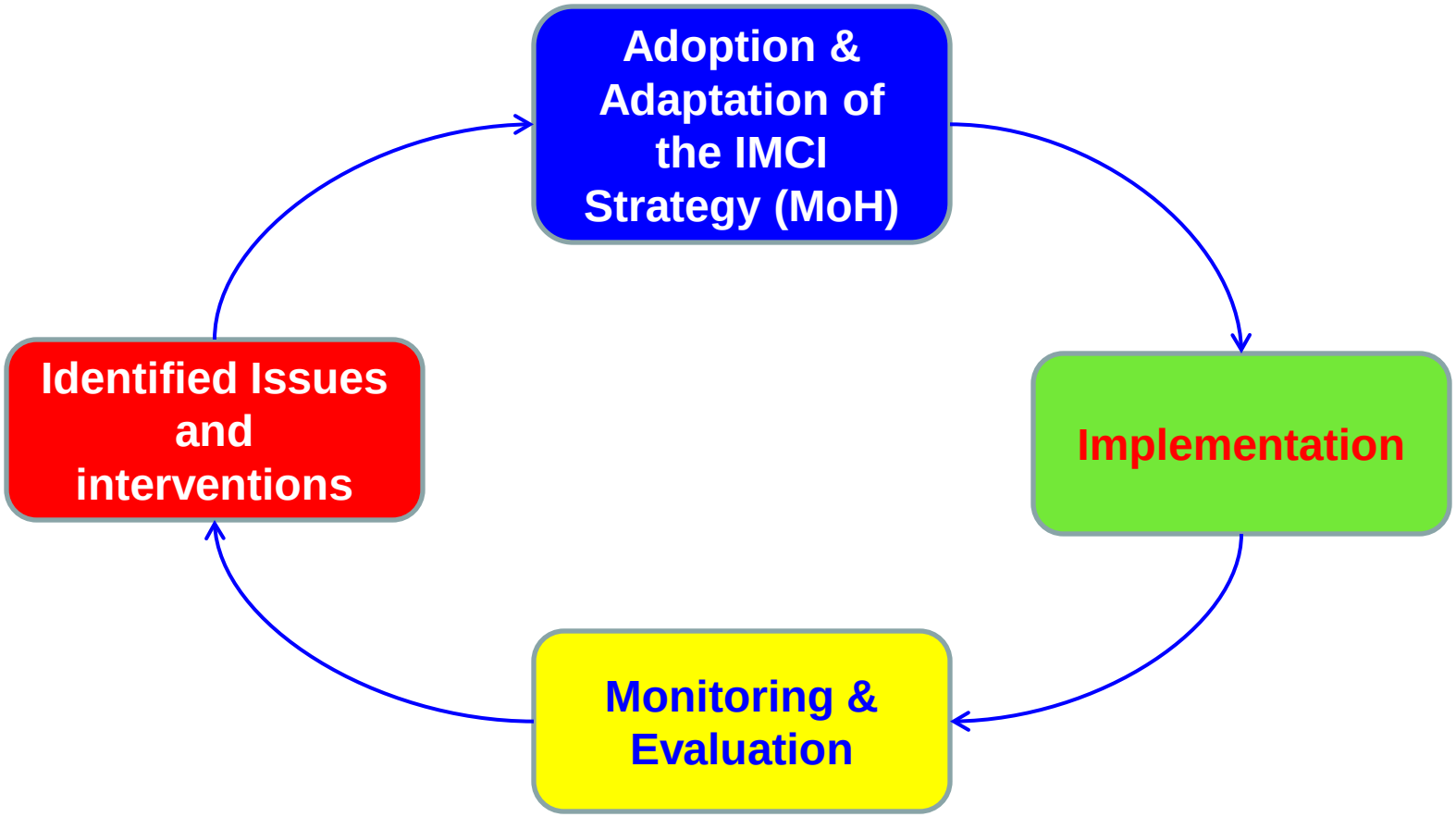
Who was intended to benefit?

- Staff providing outpatient consultations at the health centres
- Children and mothers in the community
- Provincial and district management and supervision teams
- Ministry of Health and Government
- Development partners

Taking a Systems View



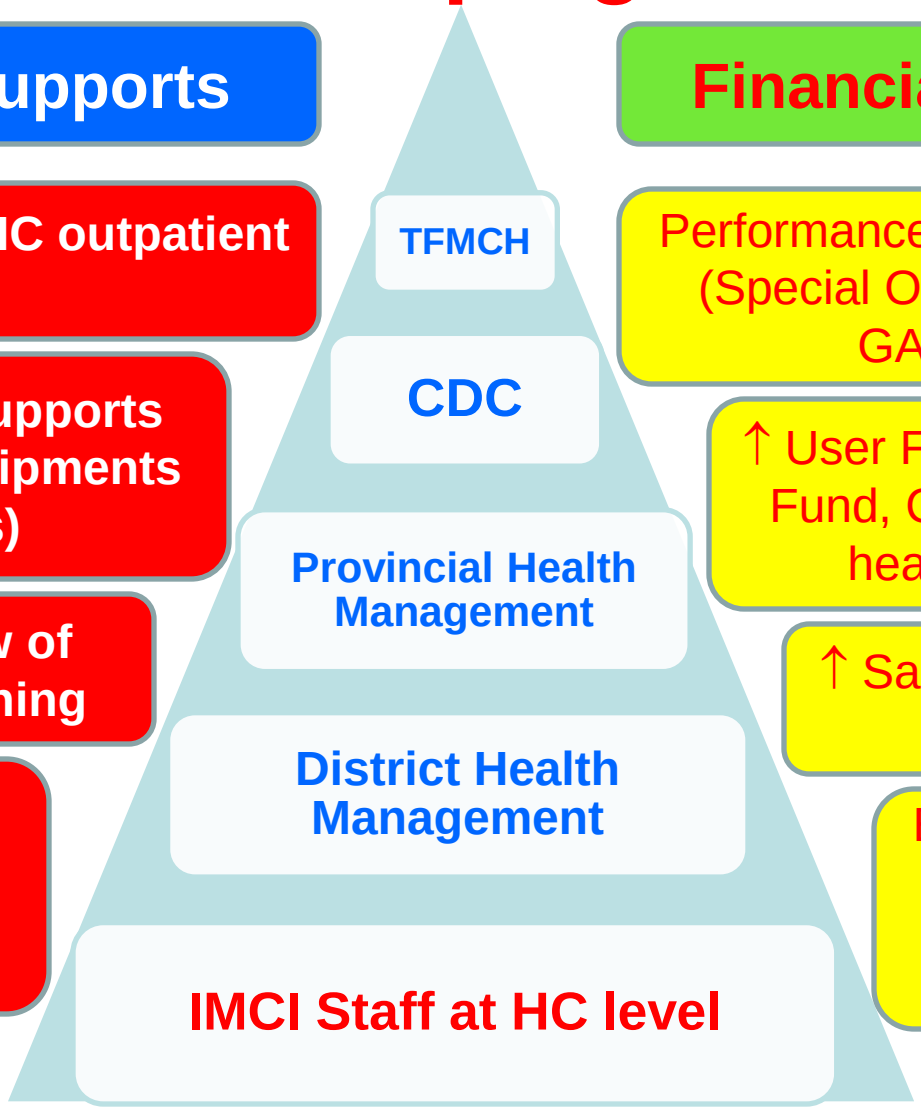
Policy cycle implied in this research



Scoping

Technical Supports

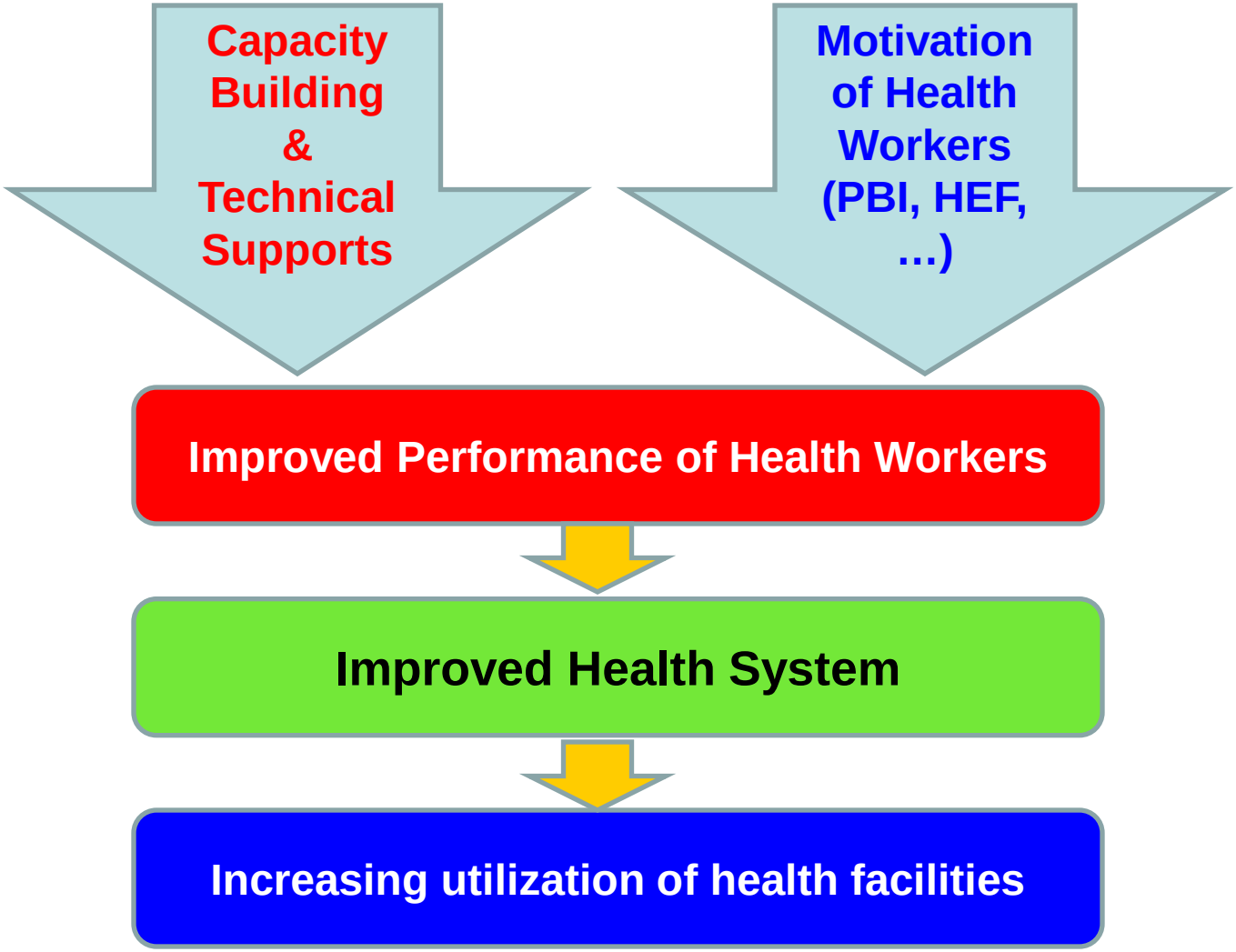
- Improve skills of HC outpatient staff
- Health system supports (supervision, equipments & supplies)
- Improved review of progress & planning
- Coordination meetings (CDC, Pro-Cocom, District, HCMC)



Financial Supports

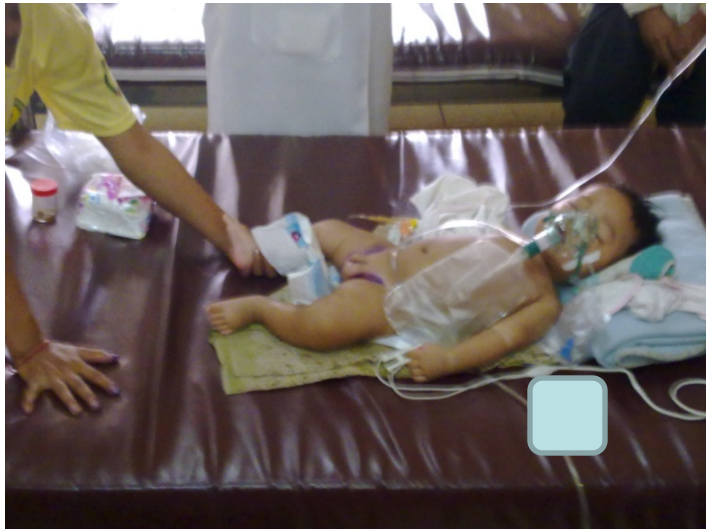
- Performance-Based Incentives (Special Operation Agency, GAVI, POC)
- ↑ User Fees (Health Equity Fund, Community-based health insurance)
- ↑ Salary of government staff
- Estimated need for equipments & suplplies, Tools, Referral System

Boundary Setting



Framing

- Taking every child into account!
- Every year, around 39,000 children died and many of them could be saved by affordable interventions!
- Of 1,000 babies, 27 died within 1 month after birth!



Taking values into account

- Commitment of Royal Government of Cambodia (RGC) and Ministry of Health (MoH) and Partners to achieve Millennium Development Goal 4 and 5 (MDG):
  - Reducing maternal and child mortality by two-thirds by 2015
- IMCI Strategy was adopted by the MoH and supported by major partners (UN, WB, bilateral agencies, IO/NGO)
- Commitment funds to support the health system (GAVI, SOA, HEF)
- Cambodia Child Survival Strategy 2006

Harnessing “good” differences

- Annual review and planning workshop
- Train HC staff
- System support
- Health facility survey (HFS)

Managing "bad" differences

- Poor compliance with guidelines
- Low support to trainers
- Limited supplies
- Infrastructure




How were the research findings channeled?

- Enlightenment Model
  - Media invited
  - Dissemination and Planning Workshop as a forum to disseminate the findings of the health facility survey (HFS)

- Engagement Model:
  - Policy-makers were invited (Secretary of State, Director General for Health, Directors of Departments and National Centres, Programme Managers, Provincial/District Directors or Representatives and Partners)

Conveying the research findings: who and when?

Who?

- Investigation Teams (CDC, MCH, WHO, UNICEF)
- Relevant programmes (MCH, CNM, Relevant Departments/Programmes, Hospitals)
- Partners (WHO, WHO)

When?

- At the end of the research

Overall Context

- High mortality of under-5 children and commitment of RGC and Partners to reach MDG 4 and 5 by 2015 (reduce mortality by 2/3)
- Less than 30% sought medical care at public health facilities (CDHS 2010)
- Access to health care (poor roads, level of system support, health-seeking behaviors)
- Various socio-economic and geographical factors (level of education, distribution of wealth, nutritional status, family size, remote areas)

Authorization

- Authorized by the decision-makers, policy-makers, partners, National Ethical Committee (NEC)

- Commitment of funding from development partners (World Health Organization and UNICEF)

Organizational Facilitators and Barriers

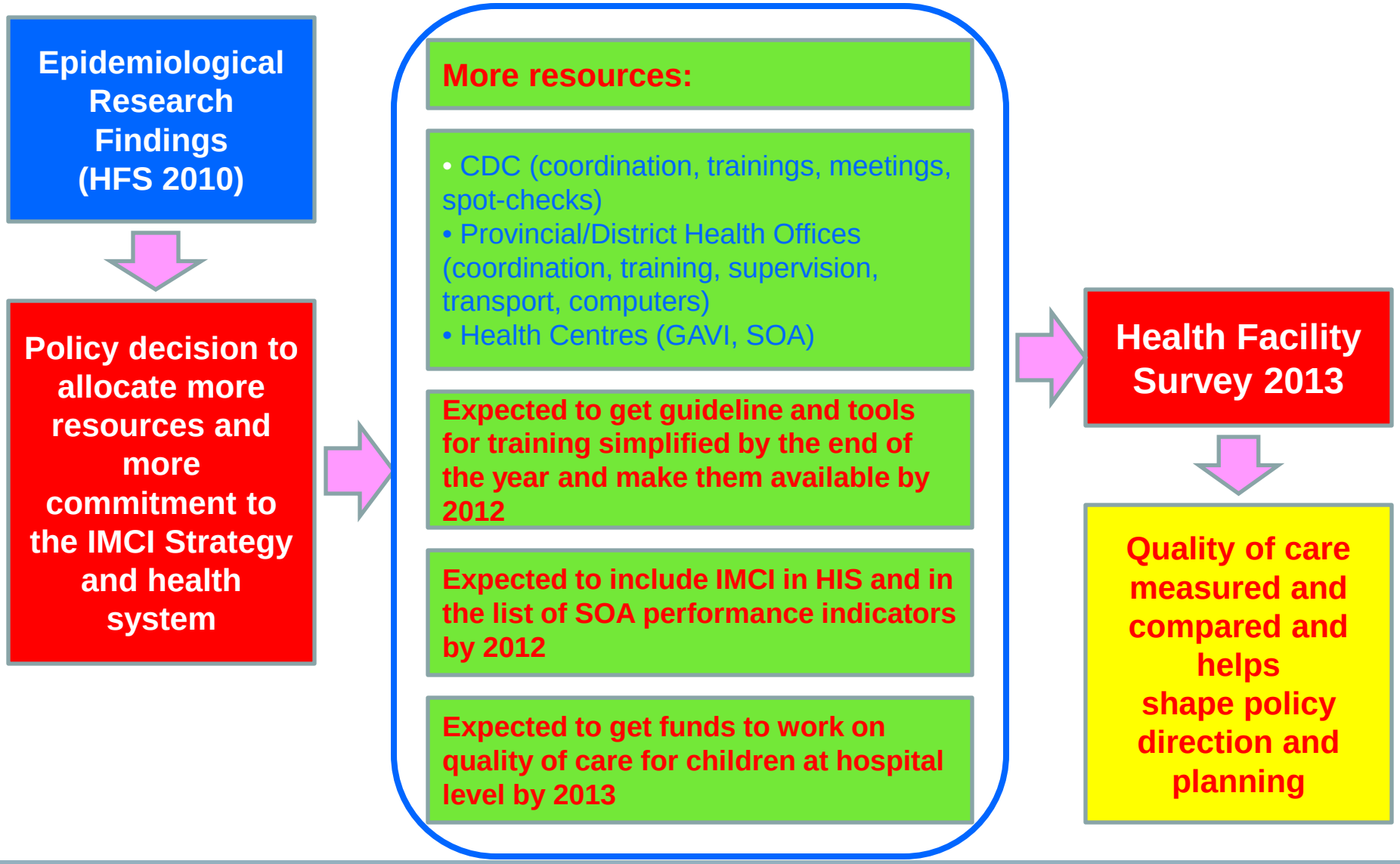
Facilitators

- Support from the Ministry of Health and Partners (funds)
- Experienced supervisors and surveyors
- Assistance from WHO Experts
- Advocated, engaged, and informed partners (planning)
- Improved health system to some extent

Barriers

- Pyramid shape of the health system (lower levels have fewer resources) with vertical programme approach
- Some selected health facilities- not accessible
- Surveyors are part of the system (bias)
- Very few sick newborns taken to HCs
- Fewer patients when going on days closer to weekend

What were the outcomes of using research to influence policy?



Thank You for Your Kind Attention!