

## **Cambodia Proposal to the International Health Partnership**

### **A. Background**

The Royal Government of Cambodia's (RGC) commitment to the International Health Partnership (IHP) was demonstrated by the signing of an IHP global "Compact" in September 2007. The intent is to use the political leverage of the signatories at the global level to address long-standing concerns at country level, specifically in relation to health systems strengthening and better coordination of development assistance.

At the Inter-Regional Country Health Sector Team Meeting in Lusaka, Zambia, in April 2008, the RGC reiterated its commitment to the principles of the Paris Declaration. The RGC's and Development Partners' (DPs) desire to collaborate was documented in a declaration on Harmonization and Alignment (H&A) signed in 2004. Steps to move forward are laid out in the RGC's Action Plan on Harmonization and Alignment 2006-2010. Within the health sector, there also exists a joint action plan for H&A. As these agreements already exist, and related agreements are being developed, RGC considers a separate IHP-specific RGC-DP Compact to be redundant. A separate agreement among DPs may be developed in consultation with the Ministry of Health (MoH).

In April 2008, under the leadership of the Ministry of Health (MoH), the Technical Working Group for Health (TWGH) and its Secretariat worked with the DPs to finalize the second Health Strategic Plan for the period 2008-2015 (HSP2) and aligned it with the National Strategic Development Plan to achieve the Cambodian Millennium Development Goals.

### **B. IHP in Cambodia**

The HSP2 represents a fundamental underpinning of the IHP process – alignment of overseas development assistance (ODA) with the RGC's (and more specifically the MoH's) priorities. Many IHP-relevant activities are already underway at the country level (see Attachment 1).

The added value of the IHP, in this context and at the country level, is that it has given extra impetus to already existing mechanisms and plans, such as the Technical Working Group for Health (TWGH) at the national level, the Provincial Technical Working Groups for Health (Pro-TWGH) at the provincial level and the H&A Action Plan. In addition, through the IHP (partners), existing planning, monitoring and budgeting processes, such as the Joint Annual Performance Review (JAPR), the Annual Operational Plan (AOP) and the Three Year Rolling Plan, will be moved forward in a harmonized way to produce results.

At the country level, the IHP will help further promote mind sets and behaviours that are supporting/enhancing the harmonization and alignment of development assistance in Cambodia.

Cambodia is well positioned to receive IHP funds as it has already demonstrated achievements which are in alignment with its National Strategic Development Plan (NSDP), the IHP objectives and key to defining a roadmap as it moves forward. These are:

- Development of a single results oriented country health plan (HSP2) that addresses the health systems constraints noted in the Stock Taking Report, which will include strategies for scaling up MDGs 1, 4, 5 and 6. It will also serve as a template for aligning external assistance;
- Establishment of a Pooled Account and/or common management mechanism for aid delivery which includes the World Bank (WB), AusAid, DFID, AFD, UNFPA and UNICEF. Under the leadership of the MoH and in partnership with the WB, the second Health Sector Support Program (HSSP2) was developed to strengthen harmonization in the health sector and to provide predictable and sustained funding over a five year period (2009-2013);
- Development and implementation of the RGC's H&A Action Plan and Joint Declaration by the RGC and DPs to improve ODA effectiveness.
- Development of draft partnership principles among the pooled partners and others to ensure mutual accountability and transparency between the RGC and DPs.

A total of USD 800,000 is requested from the IHP Secretariat to increase aid effectiveness and improve health outcomes against health-related MDGs. The IHP country support funds will be used to fill important gaps in harmonization and alignment among development partners, civil society, and Government, to strengthen the health sector in Cambodia. The objectives below will be addressed with this support over an 18 month period.

### **C. Objectives**

#### **Objective 1: Coordination, Policy, and Planning**

To strengthen national health sector coordination, harmonization, and alignment in policy development, planning, implementation, and review, through existing mechanisms such as the TWGH, Pro-TWGH, JAOPR, and partnership forums at both the national and provincial levels.

#### ***Strategies***

- 1.1 Support the TWGH (as the primary interface between MoH and DPs), the Secretariat of the TWGH, and the Pro-TWGH.
- 1.2 Support the annual and medium-term national health planning and evaluation process.
- 1.3 Deepen the Government/ Health Partner dialogue on health system strengthening and aid effectiveness, including through national and international exchanges of knowledge and best practices.
- 1.4 Facilitate public-private dialogue, through the relevant Sub-TWGH.

#### **Objective 2: Civil Society Organization (CSO) Engagement**

To build broader national consensus on health sector policy options for scaling up health services and to disseminate new knowledge and promote learning in CSOs for health.

***Strategies***

2.1 Strengthen relevant CSO capacity, individually and collectively, to support and advocate for consumers.

2.2 Improve CSO engagement in Government and national processes.

2.3 Promote HIV multisector coordination through the TWG for HIV/AIDS.

**Objective 3: Health and health-related information to enhance evidence-based policy decisions and planning**

To identify health priorities and funding requirements based on empirical evidence.

***Strategies***

3.1 Conduct targeted studies, assessments, and gap analyses.

#### D. Indicative Budget (18 months)

A summary budget in support of all three objectives is provided below, based on a detailed 18 month workplan (see section E.) and is expected to be provided in two tranches.

	Activities	Inputs	Budget-USD
<b>Objective 1: Coordination, Policy and Planning</b>			
1.1	Support the TWGH, its Secretariat, and 24 Pro-TWGH	Staff and consultative support, seminars, information management.	200,000
1.2	Support national planning and evaluation processes.	Gap filling activities to support annual operational planning & review, and related activities.	50,000
1.3	Deepen Government/ Health Partner dialogue on health system strengthening/ aid effectiveness	National forums (+/- international support), strategic and policy reviews and discussions.	100,000
1.4	Facilitate public-private dialogue through Sub-TWGH.	Partnership meetings. Option papers.	15,000
<b>Objective 2: CSO Engagement</b>			
2.1	Strengthen CSO capacity to support and advocate for consumers.	Forums, meetings, training, staff and administrative support.	115,000
2.2	Provide for improved CSO inputs to Government and national processes.	CSO/ Government interchanges.	102,000
2.3	Promote HIV multisector coordination.	Technical Advisor/ Coordinator	18,000
<b>Objective 3: Building an Evidence base</b>			
3.1	Conduct targeted studies, assessments, and gap analyses.	Studies and investigations on risks, gaps, impacts, outcomes.	200,000
<b>TOTAL</b>			<b>800,000</b>

E. Workplan: 18-month workplan and budget provided in Attachment 2.

## **F. Management**

Overall responsibilities for carrying out the work at the country level will be done in joint partnership among the Royal Government of Cambodia (RGC), Development Partners (DPs) and Civil Society Organizations (CSOs) under the leadership of the Secretariat of the Technical Working Group for Health (TWGH-Sec) in Cambodia.

Funds for the proposal will be provided through the WHO Country Office, but will be managed by the TWGH-Secretariat. Primary responsibility for implementation of activities will be assumed, in consultation with all other TWGH-Sec members, by:

- **Objective 1:** RGC, with support and input from TWGH.
- **Objective 2:** Health NGOs and civil society under the umbrella of MEDiCAM, in consultation with its NGO members and the MEDiCAM Steering Committee.
- **Objective 3:** RGC, in consultation with DPs and with NGOs/ Civil Society.

## Attachment 1: IHP-related activities, Cambodia

May 2008

Date	Activity / Achievement	Comments
2004	RGC-DP Declaration on H&A	Formal agreement committing to Paris Declaration principles
2007	Several studies as inputs to MoH – DP partnerships	<ul style="list-style-type: none"> <li>• HSSP (SWiM) Review</li> <li>• Scaling-up to Meet the Health MDGs</li> <li>• Contracting for service delivery</li> <li>• Midwifery Review</li> <li>• HSP1 Review</li> <li>• CDHS 2005</li> </ul>
Sep 07	IHP signing	London, 5 Sep
2007	H&A mechanisms established	<ul style="list-style-type: none"> <li>• New MoH Department of International Cooperation</li> <li>• MoH Task Force on Deepening H&amp;A</li> <li>• HP WG on H&amp;A</li> </ul>
Oct 07	"Country team" established	TWGH-Secretariat
Nov 07	WHO IHP Overview, Cambodia	WHO HQ
Nov 07 onwards	Updates and discussions among HPs and MoH	Regular discussions at monthly meetings of HPs and of TWGH-Secretariat, and periodically at TWGH
Dec 07	GFATM CCM retreat	Discussions on positive implications of IHP on GF activities in Cambodia. Conclusion: No change proposed.
Oct 07-Jan 08	Review of the Functioning of the TWGH and its Secretariat	Consultant support
Feb 08	Stock-take report	Consultant support
28 Feb – 1 Mar 08	Lusaka meeting	6 participants (3 MoH, MoEF, MEDiCAM, WHO)
Mar 08	GAVI HSS proposal	1 <sup>st</sup> proposal accepted, 2006

Mar – Jun 08	HSSP2 development	Eventual MoA between Government and several DPs
Apr 08	WHO internal review of partnerships, Cambodia	WHO
Apr 08	HSP2 2008-15 launched	Basis for alignment
May 08	IHP proposal development	Consultant support
May – Jun 08	HSS proposal to R8 GFATM	Consultant support
(Jul 08)	GFATM HSS proposal	1 <sup>st</sup> proposal accepted, 2005 (R5)
Ongoing, MoH level	JAPR, AOP, JAOPR, 3YRP, Quarterly Policy discussion TWGH	Joint activities among donors and MoH
Ongoing, Government level	GDCC, CDCF	Government – DP aid effectiveness, H&A, and accountability mechanisms

## Attachment 2: IHP 18 Month Workplan and Indicative Budget, with Milestones - Cambodia

Rev 15 Sep 08

<b>Objective 1: Coordination, Policy and Planning</b>				
<b>Activity</b>	<b>Primary responsible/ Key partners</b>	<b>Outputs</b>	<b>Milestones</b>	<b>Cost</b>
<b>1.1 Support TWGH, TWGH Secretariat and Pro-TWGH</b>				<b>\$200,000</b>
Strengthen capacity of DIC staff to prepare, facilitate and document outcomes and recommendations on key strategic/policy	DIC	- Strengthened capacity of DIC staff in facilitation and documentation	- Hired 1 Local TA to provide training.	\$20,000

issues			- 1/3 of selected active DIC's staff trained to prepare, facilitate and document key strategic issues after 12 months	
Conduct semi-annual seminars with Pro-TWGH staff from provinces to create awareness and to sensitize on their mandate and functions	DIC	- Increased sensitization and awareness of Pro-TWGH staff. 18 months	- 1 seminar conducted every 6 months with Pro-TWGH staff to create awareness and to sensitize on the mandate and functions of Pro-TWGH	\$30,000
Assess Pro-TWGH functions, gaps, and needs and develop a TA plan	DIC and HP	Assessment of the Pro-TWGH conducted and based on the findings TA plan developed 6 month	- Hired 1 International TA working with DIC staffs. - After 6 months there will be a report on functions, gaps, and needs of the Pro-TWGH in 24 provinces with a detail TA plan.	\$25,000
Strengthen the capacity of the Pro-TWGH focal point in planning, facilitation, presentation and reporting	DIC	Increased capacity of the Pro-TWGH focal points in facilitation, presentation and reporting 18 months	- Pro-TWGH focal persons in 24 provinces will be able to do planning, facilitation, presentation, and reporting within 12 months	\$20,000

**Objective 1, continued.**

<b>Activity</b>	<b>Primary responsible/ Key partners</b>	<b>Outputs</b>	<b>Milestones</b>	<b>Cost</b>
Conduct cross-province study tours to identify innovative approaches and strategies	DIC	Cross-province study tours conducted and provincial workplans developed to implement findings. 18 months	- 1 cross-province study tour organized every 6 months to identify innovative approaches and strategy and to develop the workplans to implement the findings	\$30,000
Document Pro-TWGH best practices and lessons learned	DIC and HP	Best practices and lessons learned documented and disseminate to all Pro-TWGH 6 months	- Hired 1 International TA working with DIC staffs. - Documents on best practices and lessons-learned produced in year 2, and disseminated to all Pro-TWGH	\$20,000
Complete database Phase II, develop a user manual and train staff on database management and its use.	DIC	- Phase II database developed - User manual developed and 3-5 staff trained on its Maintain, update and analyze data 18 months	- Hired 1 Technical Assistance - By month 9, phase II database developed with a User manual. - 3-5 staff trained to maintain, update and analyse data within 9 to 12 months	\$45,000
Update and maintain MOH website	DIC	MOH website developed and updated 18 months	- Hired 1 local TA - MOH website updated and maintained every month by website manager	\$10,000

**Objective 1, continued.**

Activity	Primary responsible/ Key partners	Outputs	Milestones	Cost
<b>1.2 Support the annual and medium-term planning and evaluation processes</b>				<b>\$ 50,000</b>
Support multi-partner participation in AOP and JAOPR processes at national and provincial level	DPHI and HPs	- Increased participation in AOP and JAOPR at the national level. -Increased participation in AOP and JAOPR at the provincial and district levels.  18 months	X	\$30,000  \$20,000
<b>1.3 Deepen Government/Health Partner dialogue on health systems strengthening and aid effectiveness</b>				<b>\$100,000</b>
Support national and subnational forums on selected topics in policy development (possible topics: Contracting, HEF, HRD, Civil service reform, Health service delivery, Decentralization and deconcentration, MBPI/SOA/SDG)	DIC, TWGH, and HPs	- 2 forum conducted at the national level on key policy issues 18 months	First forum conducted by month 9 and the Second forum by month 15	\$60,000
Strengthen existing mechanisms for joint management, funding, and monitoring of external aid	DIC, HSSP2 team and HPs	- Discussion forums convened between HSSP2 and non-HSSP2 partners, and existing mechanisms strengthened. 18 moths	1 forum convened every 6 months between HSSP2 and non-HSSP2 partners , and existing mechanisms strengthened	\$40,000
<b>1.4 Facilitate public-private dialogue</b>				<b>\$ 15,000</b>
Convene meetings between the public and private sectors. Develop option papers for improved public – private sector collaboration.	Sub-TWGH for Public-Private Partnerships (incl. MoH, civil society, HPs)	- 2 meetings will be convened by the Sub-TWGH on public-private sector partnership - 1-2 option papers will be developed and disseminated by the private-public sector	- 2 meetings conducted by month 12 by sub-TWGH on Public – Private sector partnership.	\$15,000

		Sub-TWGH 18 months	- 1 Option paper developed and disseminated by month 16	
			<b>TOTAL for Objective 1</b>	<b>\$365,000</b>

## Objective 2: CSO Engagement

Activity	Primary responsible/ Key partners	Outputs	Milestones	Cost
<b>2.1 Strengthen CSO capacity to support and advocate for consumers</b>				<b>\$115,000</b>
Conduct advocacy training for NGO leaders, and implement advocacy plans	MEDICAM and its Steering Committee members	<ul style="list-style-type: none"> <li>- 6 training sessions conducted</li> <li>- 4 issues advocated for by NGO leaders</li> </ul>	<ol style="list-style-type: none"> <li>1. At least 90 NGO leaders trained on advocacy</li> <li>2. Some of these leaders will participate in significant health related policy forums;</li> <li>3. Advocacy achievements are incorporated into policy/strategy development.</li> </ol>	\$85,000
Conduct CSO forums and meetings to promote understanding, coordination, and advocacy for IHP principles	MEDICAM	<ul style="list-style-type: none"> <li>- Quarterly CSO forums conducted to promote better understanding of IHP - Regular international engagement</li> </ul>	<ol style="list-style-type: none"> <li>1. At least 50% NGOs have participated in IHP forums.</li> <li>2. Some elected CSOs representatives will engage with IHP at Global Level.</li> </ol>	\$30,000
<b>2.2 Provide for improved CSO inputs to Government and national processes</b>				<b>\$102,000</b>
Facilitate a dialogue between key CSOs and networks to develop a joint platform on the role of CSOs in the health sector: <ul style="list-style-type: none"> <li>- Strengthen information sharing</li> <li>- Strengthen advocacy efforts</li> <li>- Establish and run a CSO Think Tank</li> </ul>	MEDICAM and its Steering Committee members	<ul style="list-style-type: none"> <li>- A joint RGC/CSO platform developed on the role of CSOs in the health sector</li> </ul>	<ol style="list-style-type: none"> <li>1. Health sector think tank created.</li> <li>2. Think tank regularly provides input into health system development.</li> <li>3. Quarterly health bulletin published in both English and Khmer.</li> </ol>	\$72,000

**Objective 2, continued.**

<b>Activity</b>	<b>Primary responsible/ Key partners</b>	<b>Outputs</b>	<b>Milestones</b>	<b>Cost</b>
Document NGO best practices and lessons learned	MEDICAM	- NGO best practices and lessons learned documented and disseminated	1. Research project conducted on NGO best practices. 2. NGO Best Practices published.	\$30,000
<b>2.3 Promote HIV multisector coordination</b>				<b>\$ 18,000</b>
Support one post at National AIDS Authority for 12 months, to coordinate activities of the Government– Development Partner Joint Technical Working Group on HIV & AIDS.	National AIDS Authority	- Post to be supported at NAA for - 12 months, to provide support to the GDJ-TWG for HIV (Terms of Reference available).	Candidate hired for post by Oct 08.	\$18,000
<b>TOTAL for Objective 2</b>				<b>\$235,000</b>

<b>Objective 3: Building an evidence base</b>				
<b>Activity</b>	<b>Primary responsible/ Key partners</b>	<b>Outputs</b>	<b>Milestones</b>	<b>Cost</b>
<b>3.1 Conduct targeted studies, assessments and gap analyses</b>				<b>\$200,000</b>
Conduct studies, reviews, and assessments which may better inform collaboration in health sector strengthening, considering issues such as disease burden, risks, interventions and outcomes, quality improvement, and the role and impact of civil society, and of Global Health Partnerships.	HPs and MOH Depts/ Ethical Committee	- At least 4 studies/reviews/ assessments completed and workplans developed for implementation of findings 18 months	- 2 studies completed (data collection) in 12 months. - 1 workplan developed to implement the findings.	4 x \$50,000
<b>TOTAL for Objective 3</b>				<b>\$200,000</b>
<b>PROPOSAL TOTAL</b>				<b>\$800,000</b>