



# Cambodia Health Researchers' Forum

## Mapping and Planning Health Systems Research in Cambodia: Building the evidence base for policy and practice

11<sup>th</sup> November 2015

Phnom Penh Hotel, Phnom Penh, Cambodia

**វេទនាអន្តរកម្មស្រាវជ្រាវលើវិស័យសុខាភិបាល**  
**ស្តីពី**  
**"ការរៀបចំប្រព័ន្ធសុខាភិបាលនៅកម្ពុជា:**  
**កសាងភស្តុតាងសំរាប់គោលនយោបាយ និង ការអនុវត្ត"**  
 រាជធានីភ្នំពេញ, ថ្ងៃទី១១ ខែវិច្ឆិកា ឆ្នាំ២០១៥

**Health Researchers' Forum**  
**on**  
**"Mapping and Planning Health System in Cambodia:**  
**Building the evidence base for policy and practice"**  
 Phnom Penh, 11 November 2015

រៀបចំដោយ:

Supported by:





## 1. Background

The first Health Researchers' Forum – a meeting of local and international health systems researchers in Cambodia – was held on 11<sup>th</sup> November 2015 in Phnom Penh, attended by representatives from local and international Research Institutes, NGOs, the government sector and international donor agencies. The Forum was hosted by the National Institute of Public Health (NIPH). This report describes the meeting's proceedings and the actions agreed by participants.

The event was supported by the Asia Pacific Observatory, the ReBUILD Consortium, and the Nossal Institute for Global Health, through the Australian Aid and UK DFID funded programmes. The Forum followed a Policy Dialogue event held on 10<sup>th</sup> October 2015 sponsored by the APO, WHO, MOH, GIZ and the Nossal Institute and based on the draft Cambodian Health Strategic Plan 2016-2020 and the APO Cambodia Health in Transition study. The purpose of the Health Researchers' Forum was to highlight the need to set research priorities as Cambodia embarks on its new Health Strategic Plan for 2016-2020 (HSP3). There is a need to co-ordinate the setting of these priorities and how they are funded across organisations. It is timely to start this now before the HSP3 is rolled out so as to facilitate its evaluation.

## 2. Introduction

Professor Chheng Kannarath of NIPH, facilitator for the Forum, outlined the objectives of the meeting. The Forum gave an opportunity to share common work and interest. It also achieved the objective of making connections between the research process, the evaluation of health intervention and activities, and the formation of new health policies, and how these connections could be strengthened.

### 3. Opening remarks

In his opening remarks, Professor Chhea Chhorvann, Director of NIPH stated '*NIPH has been established as a centre of excellence in Health Systems with a remit to co-ordinate all Health System Research for the country and that NIPH is seeking to extend its network to all organisations so as to share recommendations from research with the Ministry of Health and other researchers*'.

### 4. Context – Update from the Policy Dialogue<sup>1</sup>

The earlier Policy Dialogue set the scene for the event and the context in which research must work to address policy information needs. Cambodia has experienced rapid economic growth and the health budget is increasing. While out-of-pocket spending still provides approximately 60% of total health expenditure nationally, the government share of funding for the public health sector has increased and dependence on donor funding has fallen. According to the Ministry of Health's National Health Accounts Report for 2012, the Government health budget provides approximately 20% of total health expenditure, and donor funding provides approximately 20% of total health expenditure (mostly funnelled through the Health Sector Support Project). The population is becoming healthier but demands more and better health care. Both public and private provision need to look at ways of cooperating. Equity is the key goal with a need to address inequity between rural and urban areas and between genders and income groups and achieve universal health coverage in line with the sustainable development goals. The Health Coverage Plan in the 1990s built a sufficient infrastructure and during the 2000's there was an emphasis on providing access to care for the poor through the creation of the Health Equity Funds. Now, with increased demand, quality of care has become an important issue. Utilisation of government facilities is increasing but remains relatively low despite the increasing demand for health care. Policy makers see a need to co-ordinate better with the private sector to achieve these improvements, whilst the Health Researchers' Forum also raised the need to consider consumer preference as part of quality improvement, as well as technical improvements to care.

### 5. What Health Systems Research is going on in Cambodia?

A number of presentations were made at the meeting giving an overview of the health systems research that is going on in Cambodia.

#### 5.1. ReBUILD Consortium

**ReBUILD co-director, Professor Barbara McPake, presented on understanding path dependency in health systems development over the longer term following a period of conflict.** The research has analysed Socio Economic surveys to look at the impact of health financing policies initiated before, during and after conflict and how different combinations of policies have affected access to care. The research shows when Health Equity Funds, vouchers and contracts are all in place there is more utilisation by poorer people of publically provided health care. The longer term perspective that ReBUILD takes allows a more thorough analysis of the impact of policies. ReBUILD has also used

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<sup>1</sup> All presentation slides from this Health Researchers' Forum are available via: <http://bit.ly/1HQnT6l> or [http://www.slideshare.net/ReBUILD\\_Consortium/cambodia-health-researchers-forum-11-nov-2015-combined-presentations](http://www.slideshare.net/ReBUILD_Consortium/cambodia-health-researchers-forum-11-nov-2015-combined-presentations)

qualitative life histories to explore the long term perceptions people have of access to care, which complement the quantitative analysis.

**Sreytouch Vong, ReBUILD Researcher, presented an overview of ReBUILD’s other core and affiliate research projects in Cambodia.** In addition to the financing work described above, the research includes incentives and recruitment of health workers, contracting and the challenges of Special Operating Agencies, obstetric referral and the role of gender on the career pathways of health workers. More information is available on the [ReBUILD](#) website.

## 5.2. NIPH

**Dr Ir Por of NIPH Presented on Strengthening Health Systems Research in Cambodia: What Health System Research is. How and why we need to strengthen it.** He identified four primary purposes of health systems research: governance, finance, resources and the ability to generate and translate research findings into policy and practice. Health systems research is essential to provide the evidence for making policy that improves health and equity and to improve the functioning of the system and the research cycle. Currently in Cambodia there are no national Health Systems Research (HSR) standards or a monitoring and evaluation framework, nor specific institutions with authority and resources for research governance. There is a need to align research priorities and sustain HSR. National level researchers have limited capacity for communicating research findings and there are limited opportunities for capacity building of researchers, although increasingly more projects are being led by Cambodian rather than international researchers. Capacity building and improved governance are essential areas to address, as well as the mismatch between the main topics of research publications and the changing burden of disease. Ir Por advised we need to improve communications through an online Cambodian Public Health Journal, develop networks through more forums and workshops, and present research as policy briefs. Decision-makers’ capacity to use research effectively also needed to be addressed, through longer-term engagement to build trust and understanding of the research process. Government and donor funding would have to be mobilised to support these activities.

In terms of priorities for research, more operational/implementation research is needed on quality of care, and on non-communicable diseases and appropriate models of care for hypertension, diabetes and cervical cancer. Food and nutrition were highlighted as priorities well as evaluations of health financing schemes such as the new national health insurance scheme.



### 5.3. ADRA research project (Nossal Institute, NIPH, UHS, Harvard)

**Assoc. Prof. Peter Annear of Nossal Institute presented on Health Facility Utilization and Health Equity Fund (HEF) membership analysis.** This research is the first to analyse the national membership data on Health Equity Funds (HEF) and routine data from the MOH Health Management Information System at the household and patient level. A summary report will be out this year. Peter highlighted how databases like the HMIS and the HEF Membership are not designed for research, with limitations to the data but remain a useful source of information. The findings of the research are consistent with ReBUILD research showing that households benefit from HEF. It gives decisive evidence that HEF are effective in improving access to and utilization of government-provided health care and reduce out of pocket and catastrophic payments. HEF is approaching national coverage (currently 3 million people in 62/80 operational districts) at approximately 20% population coverage, which is consistent with national poverty levels. In conclusion, HEFs meet design expectations as they increase utilization by both HEF and fee paying users and do what they were designed to do, as well as having other benefits, such as increasing hospital revenue.

### 5.4. A number of short updates from other institutions on topics of interest were given. These included:

#### *University of Health Sciences (UHS)*

UHS's remit covers research on disease control and health system issues to inform Health Finance, Human Resources for Health and Quality of Care policies. A study funded by WHO on Strategic Operating Agencies related to performance based financing and changes to contracting is about to begin, with support and advice from Professor Tim Ensor of Leeds University (ReBUILD) and Assoc. Prof. Peter Annear of the Nossal Institute. Working with London School of Hygiene and Tropical Medicine (LHSTM) and Singapore University, the UHS research team is looking at prevalence changes in TB and access to services for detection. They are researching HIV medical practice and the issue of private medication for disease control and transmission, HIV aid care and how this changes care seeking behaviour. In addition they have projects on clinical research on Hepatitis C prevalence studies and a Centre for Non-Communicable Diseases and hypertension.

#### *Partnering to Save Lives*

Partnering to Save Lives has a focus on north east Cambodia and is researching barriers to access to care and why those eligible for HEF may not be accessing services. They have reanalysed baseline data to look at distance from where patients live to health centres and how this affects utilisation.

#### *WHO*

The WHO has dissemination activities as part of its remit. It is working with Dr Kiry, the Planning Director of the MOH, and with UHS to further evaluate Special Operating Agencies (with advice from Tim Ensor and Peter Annear). WHO co-chairs the Health Partners donors' group, whose monthly meetings are another forum where HS research can be shared with partners who support the government's policy making and implementation. WHO have also funded a prevalence survey on violence against women and a small research workshop on how to use secondary data analysis from the survey. They are working at a regional level on Universal Health Coverage (UHC).

## 6. Health Systems in Transition (HiT) Report

The **Health Systems in Transition (HiT) Report** for Cambodia, written by a team of local and international researchers and published by the APO, was officially launched at the Forum by Assoc. Prof. Peter Annear. The APO Director, Dr Dale Huntington, was expected at the Forum but difficulties with flights prevented his arrival. These country-specific HiT profiles provides a detailed description of a country's health system and of reform and policy initiatives in progress, and seek to provide relevant information to support policy-makers and analysis in the development of health systems. This Cambodia HiT report has been used to support the development of HSP3.



## 7. Group work – Mapping and prioritising research, and improving management, coordination and funding

Following the morning's presentations and mapping of health systems research being done in Cambodia, the afternoon's sessions addressed the Forum's further objectives of (i) identifying priorities and gaps in HS research, based on policy-makers' needs, and (ii) identifying how HS research could be better managed, coordinated and funded, to provide evidence for policy and practice.

Working in small groups, three key areas of work were discussed: alignment of research to health service needs, research priorities/gaps and management and co-ordination. The following conclusions were drawn:

### Alignment

The group agreed that currently there is no good system for aligning and co-ordinating research and no forum for directing it. It is supply driven. NIPH is setting up a portal which may provide stronger coordination, but resources are limited. Much of the current research is funder-driven with a focus on HIV and malaria, meaning there is a mismatch between current research needs and donors' interests. A landscaping of research needs against the Sustainable Development Goals is required, bringing donors and government together to agree priorities. These priorities should also be commensurate with the national development strategy and HSP3.

NIPH could play an important coordination role here, as currently all research ethics approval goes through NIPH. This event marks the beginning of mapping research. From this we will be able to see

what the research gaps are and where there is duplication. Priorities can then be set through a broader forum and shared with the Technical Working Group for Health, chaired by the Secretary of State.

### What are the priorities for health system research?

There was a consensus that there was plenty of information on disease prevalence but a shortage of operational/implementation research to support implementation of what works or doesn't and why, as well as on incentives and behaviour. There was strong support for research on quality of care in both the public and private sector and for research on non-communicable diseases, including traffic injuries and alcohol abuse, as well as maternal health. More needs to be known on the supply side of the health system, in particular on private sector provision and semi-autonomous hospitals, including whether regulation is enforced to ensure the best outcomes for patients rather than revenue maximisation through repeat visits.

In addition to research topic areas, other priorities included the need to quality-assure the research that is being done. It was suggested that there may be broad schemes or plans of research with smaller working groups focussing on specific components.

### How could Health System research be better managed, co-ordinated and funded to provide evidence for policy and practice?

There was a consensus that NIPH will play an important role in co-ordination of research. This role extends beyond just storing research, but also in synthesising work and providing key messages tailored to audiences' interests. There is a need to build trust here amongst researchers and policy makers to facilitate this and to ensure that researchers send their findings to NIPH.

NIPH is able to produce a protocol for researchers to use to inform NIPH of what research is going on. This can support research prioritisation responsive to the national health research agenda and avoid duplication of research. Protocols can be discussed at forums such as this.



Advice can be taken from the government and research development agencies to improve the quality of policies. There was a consensus that government should have a sense of ownership of research so as to improve the quality of policies and for the longer term benefit government ownership would bring.

## 8. Panel session: Alignment of research and health policy, and its challenges

**Following the group feedback, a panel made up of Professor Chhorvann, Director of NIPH, Momoe Takeuchi, WHO, Dr Kim Kheo Vathanak, UHS, and Chris Vickery, URC each gave their thoughts on the issues that had been raised.**

A number of important points emerged from the panel's responses and subsequent questions. These included:

- The need to build trust in research and between researchers.
- The quality of research will be important in establishing trust and a quality assurance role was suggested for the group.
- The need to increase the utilization of data collected from different national studies and to maximize the use of data from national survey.
- HSP3 presented an opportunity for research prioritisation this could be developed into a research plan through a participatory approach. Research questions need to be written with the big picture in mind. Presenting the plan to the TWGH would give it legitimacy. However other channels should also be used such as the Asia Pacific Observatory and policy dialogue events.
- It is important for the government to commission its own research as they are more likely to use their own research than that provided by donors and there may be a higher level of trust in it.
- The importance of stakeholder involvement throughout the project not just at the beginning and the end of research. Involvement of research users in the research is difficult to do, but improves capacity and embeds users in the project and gives a sense of ownership.
- Greater co-funding and commissioning by the government increases likelihood of results being used, even if the government puts in only a small amount of money. It gives them a leadership role. However it is important to be mindful of corruption in commissioning.
- There is opportunity to learn from the Ministry of Education in Cambodia, which allocates 5% of its budget to research.
- It was firmly agreed by the group that while the Nossal Institute and LSTM can provide support, it is the Cambodian members of the group who are in charge and own the actions
- The quality of medical education is critical and more investment is needed for this. Provider behaviours are important and we need to consider their incentives, working environment and supporting professionalism in medical practice.
- The intersection between disease control and the health system. A good system has well trained staff and support systems with institutional rule and regulation.
- We need to sustain the good things in the health system – eg HEF. Institutional arrangements will be critical particularly how they complement each other. There are differences in how things are conceived between the top office and the operational office, and we have to overcome the constraints of this.
- We should look at how we can pool funding for research.

- Consider current training in medical schools on encouraging health systems thinking, as this can impact for years into the future.
- There is a need to develop a website for the group and to give it a name and a definition.

## 9. Actions

A number of actions emerged from the meeting. Some are more immediate, with actions 1, 2 and 3 being taken forward by NIPH through Professor Chhorvann and Dr Ir Por. Others are for longer term consideration.

1. NIPH is to take on a co-ordinating role of all research that is going on and set up systems for ensuring protocols and final results are sent to them.
2. The Technical Working Group on Health (TWGH) is to be informed of the group and that it proposes to develop a plan for research related to evaluating HSP3.
3. Develop and propose a research plan for HSP3 to the group and TWGH for comment and shaping.
4. Develop a national health systems research agenda, with a protocol for prioritising research.
5. NIPH is to lead on getting match funding from the ministry for donor research perhaps through creating a public health foundation to hold government and donor money.
6. The group needs to consider how it can influence data quality strategies to improve Health Management Information Systems (HMIS) and how it can engage staff who collect data to value it and hence ensure data quality of data.
7. Consider making better use of existing data sets, such as those held by URC relating to HEF and making other researchers aware of the data sets that are available.
8. Consider as part of the research plan for HSP3 the data that will be needed and how any gaps may be addressed in the design of information systems.
9. Consider what the research questions will be for non-communicable diseases.
10. Consider quality assurance of research and the importance of trust here.

### Further information:

For further information on this Cambodia Health Researchers' Forum, or the process and actions following, please contact the Director of NIPH, Professor Chhea Chhorvann ([cchhorvann@niph.org.kh](mailto:cchhorvann@niph.org.kh)) or Dr Ir Por ([ipor@niph.org.kh](mailto:ipor@niph.org.kh))

## Annexe 1: Presentation slides

All presentation slides from this Health Researchers' Forum are available via: <http://bit.ly/1HQnT6I> or [http://www.slideshare.net/ReBUILD\\_Consortium/cambodia-health-researchers-forum-11-nov-2015-combined-presentations](http://www.slideshare.net/ReBUILD_Consortium/cambodia-health-researchers-forum-11-nov-2015-combined-presentations)

## Annex 2: List of Delegates.

<b>Name</b>	<b>Organisation</b>
Chhea Chhorvann	National Institute of Public Health (NIPH)
Chheng Kannarath	NIPH
Ir Por	NIPH
Chap Seak Chhay	NIPH
Heng Sopheab	NIPH
Leang Supheap	NIPH
Peter Annear	Nossal Institute for Global Health
Barbara McPake	ReBUILD RPC (Nossal Institute, Australia)
Nick Hooton	ReBUILD RPC; Liverpool School of Tropical Medicine [LSTM], UK)
Tim Martineau	ReBUILD RPC (LSTM, UK)
Helen Carlin	ReBUILD RPC (LSTM, UK)
Ros Bandeth	ReBUILD RPC (Cambodia)
So Sovannarith	ReBUILD RPC (Cambodia)
Vong Sreytouch	ReBUILD RPC (Cambodia)
Ros Chhun Eang	Department of Planning & Health Information
Sok Srun	Hospital Services Department
Sok Po	Hospital Services Department
Chan Sodara	SPH
Momoe Takeuchi	WHO
Suos Premprey	Australian DFAT, Australian Embassy
MIZUSAWA Aya	Japan International Cooperation Agency Cambodia Office
Christophe A. Grundmann	University Research Company (URC)
Var Chivorn	Reproductive Health Association of Cambodia (RHAC)
Khou Bunsor	World Vision International
Sao Chhorn	Social Health Protection Association (SHPA)

Heidi Brown	PSL
Yi Siyan	KHANA
Chan Theary	Reproductive and Child Health Alliance (RACHA)
Chap Kavey	Foundation for International Development/Relief (FIDR)
Nou Keosothea	Cambodia Development Resource Institute (CDRI)
Yaneth Heng	The Population Council
Suon Sereyathanak	USAID
C Chreurn	OD Takhmao
Yat Burmey	Population Council
Ashish Bojrachaye	Population Council
Chan Cohhong	SOJ
Phlong Pisith	DHS/MoH
Thou Kagnabelle	UNFPA
Tuot Sovannary	Khana
M Saleem	UNAIDS
Keovathanak Khim	University of Health Sciences (UHS)
Hay Saing	GJ2/SHPP
Chris Vickery	URC