

CAMBODIA: A SUCCESS STORY IN REDUCING MATERNAL MORTALITY

Maternal mortality ratio (MMR) in Cambodia, with an estimated population of 14.3 million in 2011, was estimated to be over 600 deaths per 100,000 live births in the 1990s. The rate remained stagnant at around 450 per



100,000 live births between 2000 and 2005 and, between 2005 and 2010, it declined significantly to 206 per 100,000 live births with a range of 124 to 288 per 100,000 live births. This poster outlines some of the factors which contributed to this reduction.

I) A strong political commitment for national development

Since 1997, Cambodia has gained stability, peace and a stronger health system, permitting intensified national development. The Government has invested in infrastructure building and in human resources ensuring the effectiveness, quality and reliability of public health services, including roads, bridges and health facilities such as health posts, health centres, sub-national and national referral hospitals.

II) Health sector strengthening: policies and strengthening health systems based on better health care

The Ministry of Health Strategic Plan 2008–2015 focuses on four health priority programmes, including reproductive, maternal, newborn and child health to improve major health indicators. The Fast Track Initiative to Reduce Maternal Mortality and Morbidity focuses on:

1. Emergency Obstetric and Neonatal Care
2. Family Planning
3. Advocacy
4. Skilled Birth Attendance

Midwives, earlier with a one-year and now with a three-year training background, are deployed and work in remote areas. Focused training, coaching, mentoring, training follow-up and supportive supervision to health centres' midwives are conducted to ensure quality of care. For several years now all health centres have been providing emergency obstetric and newborn care services for 24 hours a day. In addition, construction of maternity waiting homes and extended delivery rooms at health centres have made these services more accessible. The Royal Government of Cambodia also provides various incentives to birth attendants for safe delivery at public health facilities.

They include, among others, a midwife incentive schemes between US\$ 10.00 and US\$ 15.00 for every live birth, financial mechanism for fee exemption in some areas, free of charge delivery for the poor through the Health Equity Fund, community-based health insurance and voucher schemes.

III) Achievement

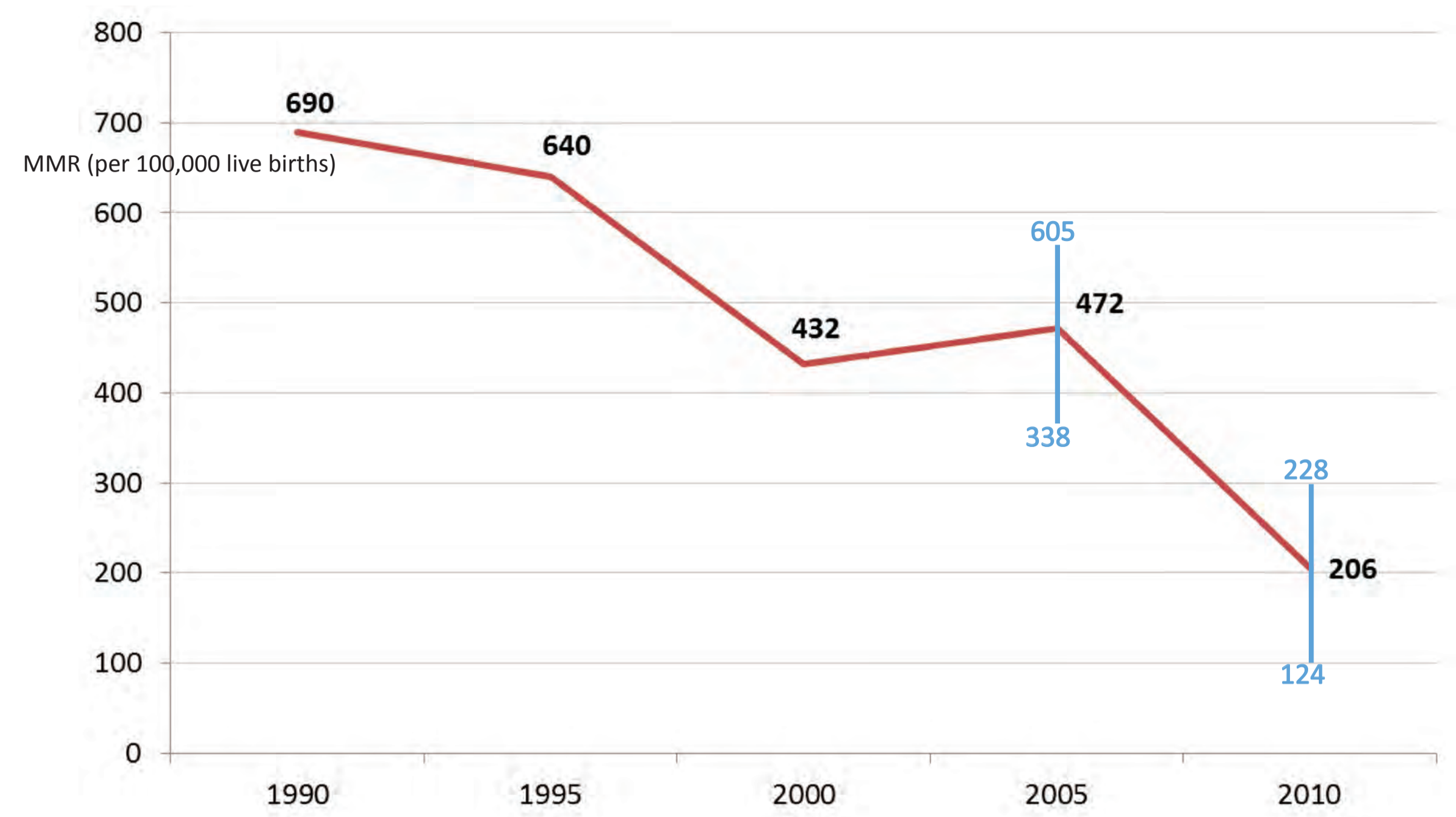
The systematic and stepwise work in a committed political environment and a favourable national development context has resulted in a dramatic increase in the utilization of maternal and newborn health services in public facilities, as reflected in the table.

Antenatal care (ANC) coverage, skilled attendance at birth, availability of caesarean section, HIV-testing and services for the prevention of mother-to-child transmission, and child immunization coverage have increased steadily. The graphs illustrate the steadily increasing availability of skilled care at birth. Besides increase in coverage, quality of care has also been improved.

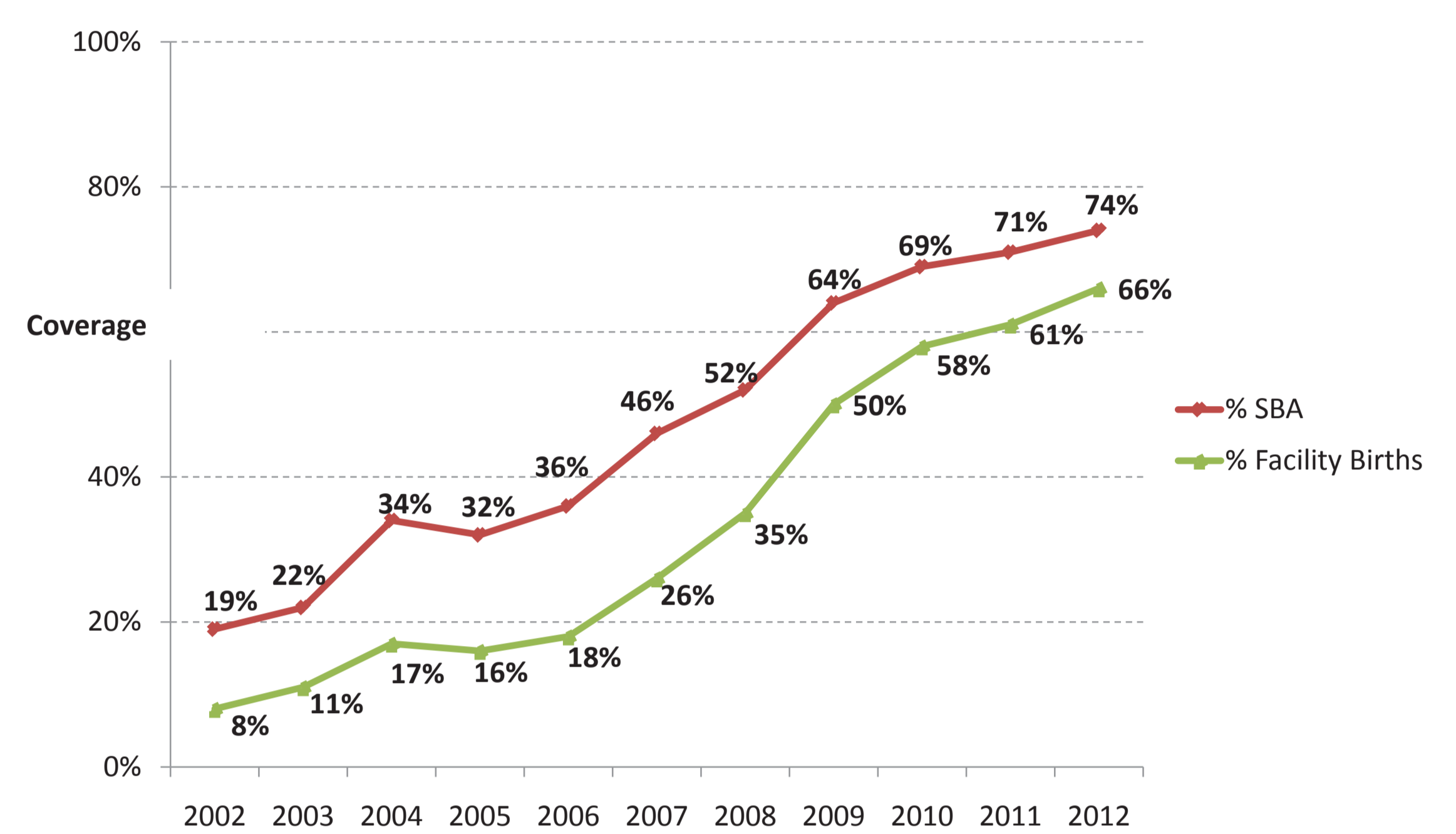
IV) Summary of health sector interventions

1. A clear commitment from the RGOC with formulation of clear policies and the Emergency Obstetric and Newborn Care Needs Assessment.
2. Placement of midwives to health centres where there was none, through increasing recruitment, deployment of motivated candidates.
3. A 3 year intensified training programme in Emergency Obsteric and Newborn Care for in-service midwives.
4. Training of doctors in Caesarean sections and life saving interventions.
5. Increased access to safe delivery at health facilities, by strengthening referral systems, including referral from communities to health facilities; continuing to build maternity waiting home or extended delivery room at health centres and referral hospitals in rural areas; continuing to provide government incentives for safe delivery at public health facilities; increasing coverage of emergency obstetric and neonatal care and 24-hour services; strengthening financial mechanisms for fee exemption.
6. Expansion of the Health Equity Fund for the poor, community-based health insurance and voucher schemes.
7. Building a large partnership for policy and funding with AusAID, DFID, the World Bank, UNFPA, UNICEF, BTC, and AFD.

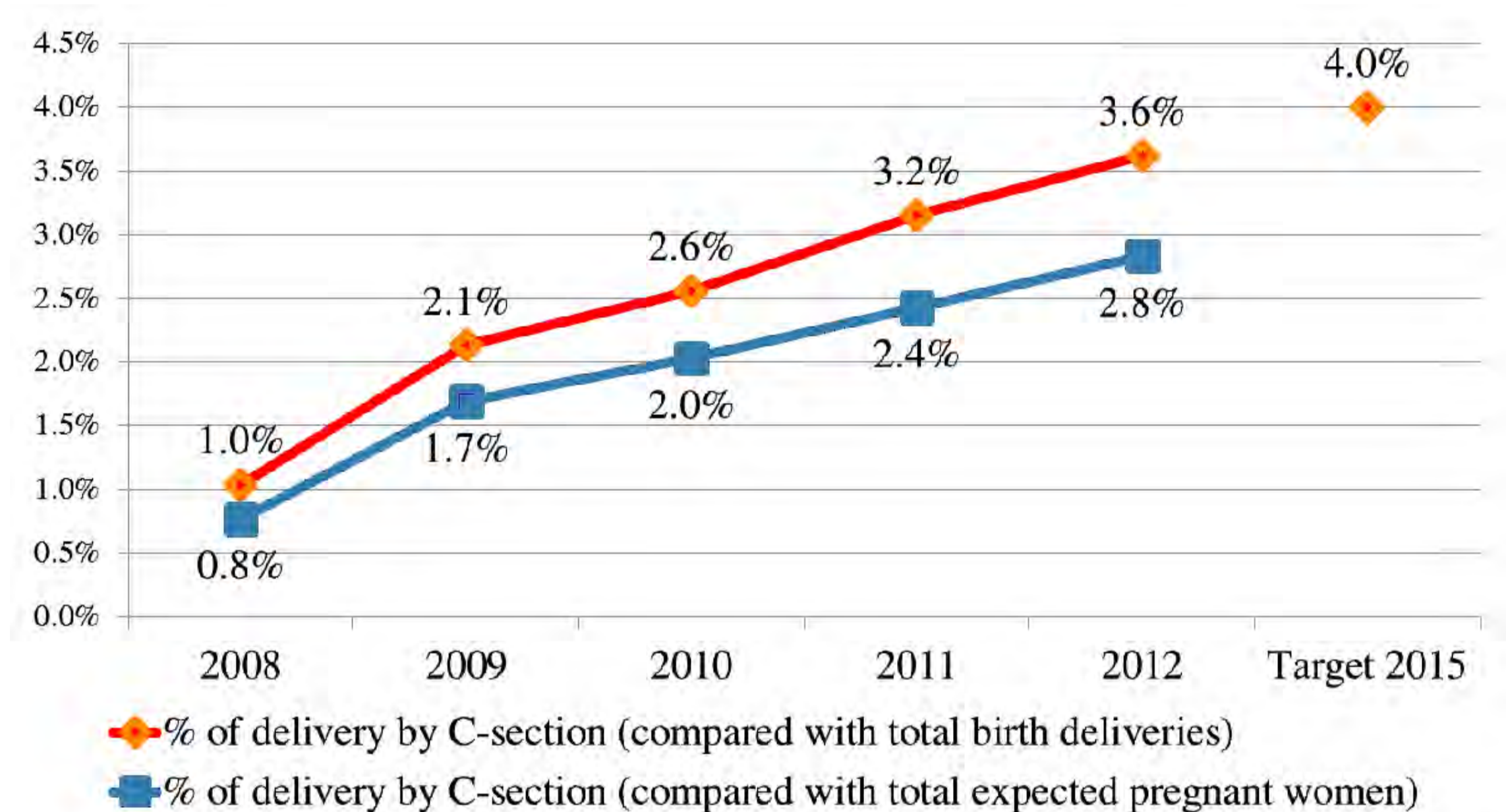
Maternal mortality ratio in Cambodia, 1990-2010



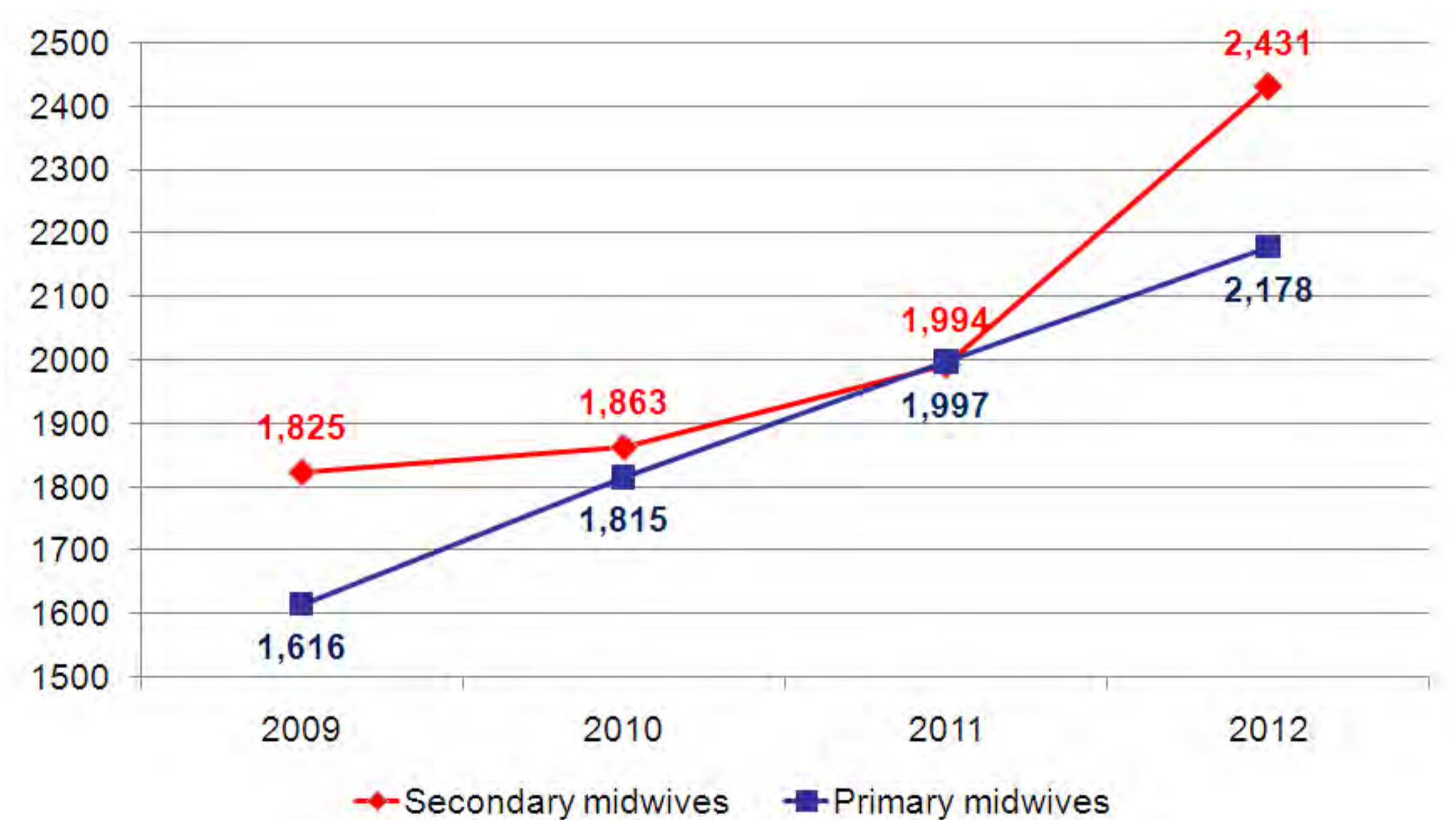
Coverage of facility births and skilled birth attendance in public facilities, 2000-2012



Trend of deliveries by C-section 2008-2012



Number of midwives working in public health facilities



Trends of key maternal and newborn care in Cambodia, 2000-2010

Key indicators	2000	2005	2010
% of antenatal care (ANC 2)	22.0	33.0	73.0
% of delivery by Caesarian section	1.1	1.8	3.0
% of HIV + pregnant women received ART (public sector only)	0.0	0.0	57.3
% of postnatal consultation (PNC 2)	11.3	32.0	70.0
Total fertility rate (average number of children per woman)	4.0	3.4	3.0
Contraceptive prevalence rate (%)	19.0	27.0	35.0

Source: Demographic Health Survey & Health Information System, Ministry of Health

STRENGTHENING OF MIDWIFERY SKILLS ON EMERGENCY OBSTETRIC AND NEWBORN CARE IN CAMBODIA

KEY ISSUES:

- Maternal mortality ratio at 206 deaths per 100,000 live births and neonatal mortality remains at a standstill at 27 per 1,000 live births. Still it remains amongst the highest in the Southeast Asia region.
- An estimated 1,650 mothers still die every year because of preventable complications of the pregnancy and delivery.
- Lack of skilled birth attendants to deal with complications.
- Cambodia is recovering from the consequences of the Khmer Rouge regime which had a tremendous impact on the health workforce.

THREE CONTRIBUTING BARRIERS TO MATERNAL DEATH:

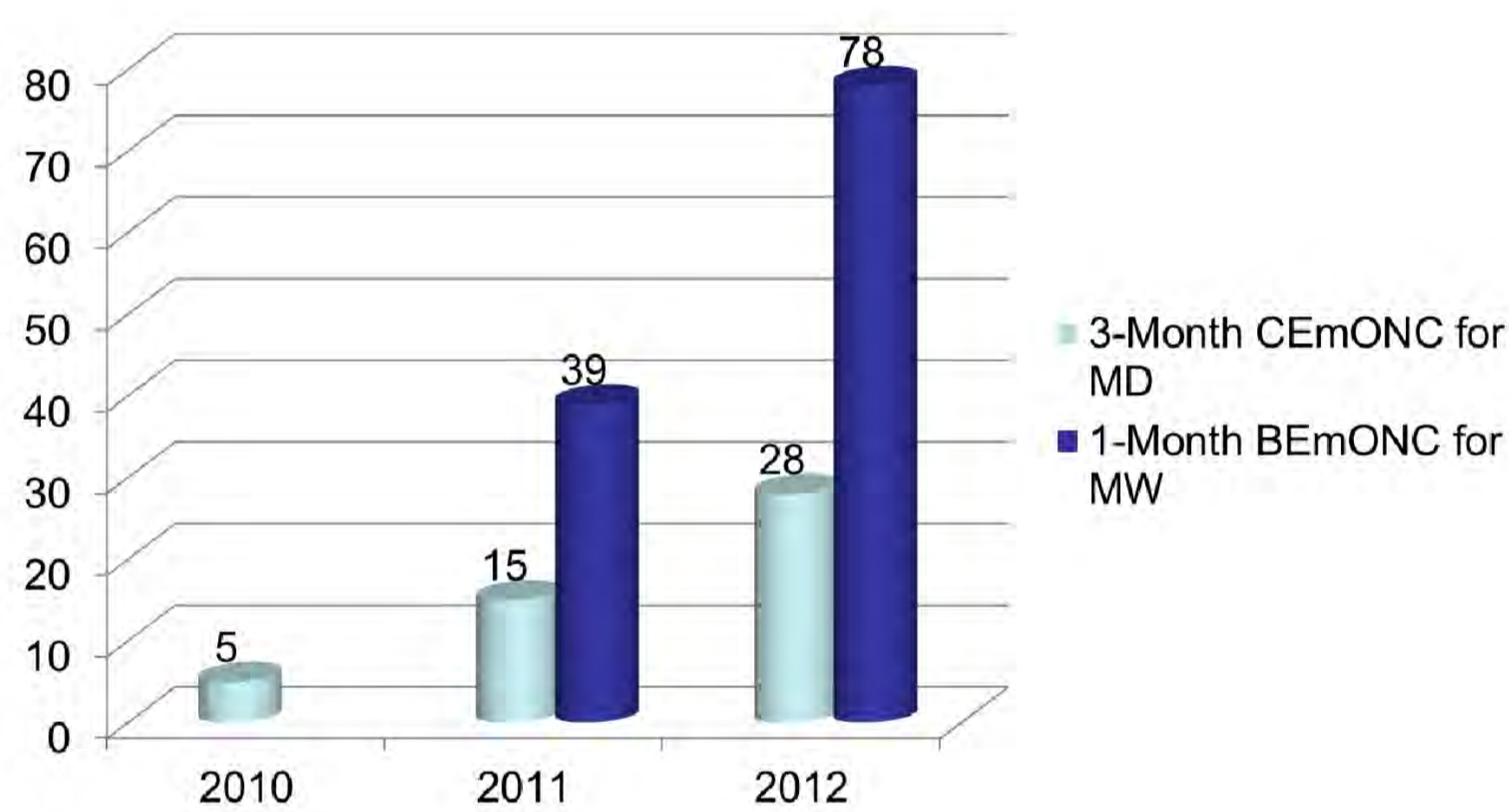
- 1) Delay in seeking medical assistance
- 2) Delay in referring of complicated cases
- 3) Delay in receiving services

RESULTS:

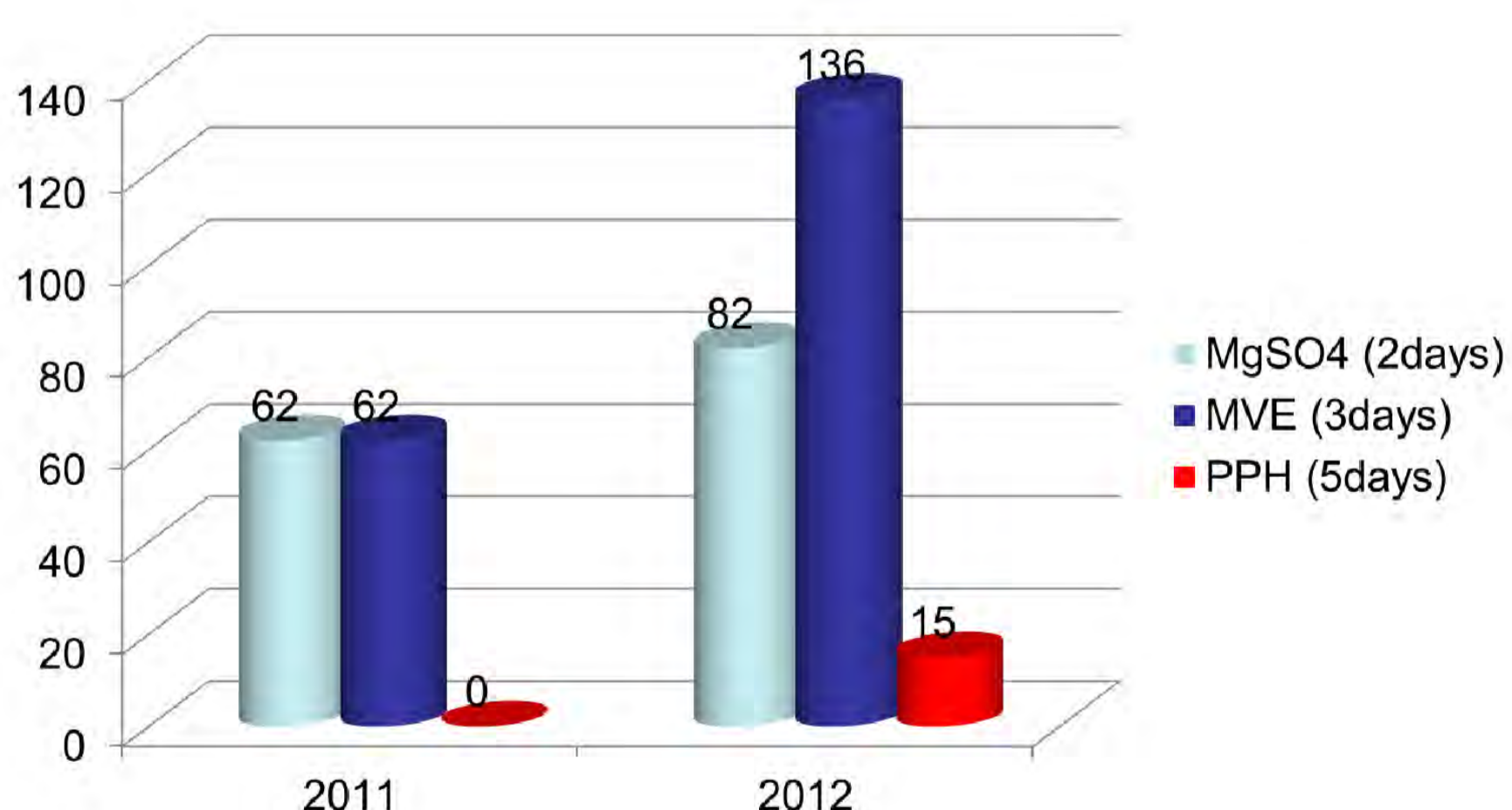
Staffing to meet EmONC standard based on the assesement

Description	Non specialist surgeons/ EmONC doctors	Anesthesiologists/ Anesthesia Assistants	Secondary Midwives	Primary Midwives	Total
Staff available at facilities	118	104	532	375	1129
Staff still needed to meet standard by 2015	55	46	125	140	366

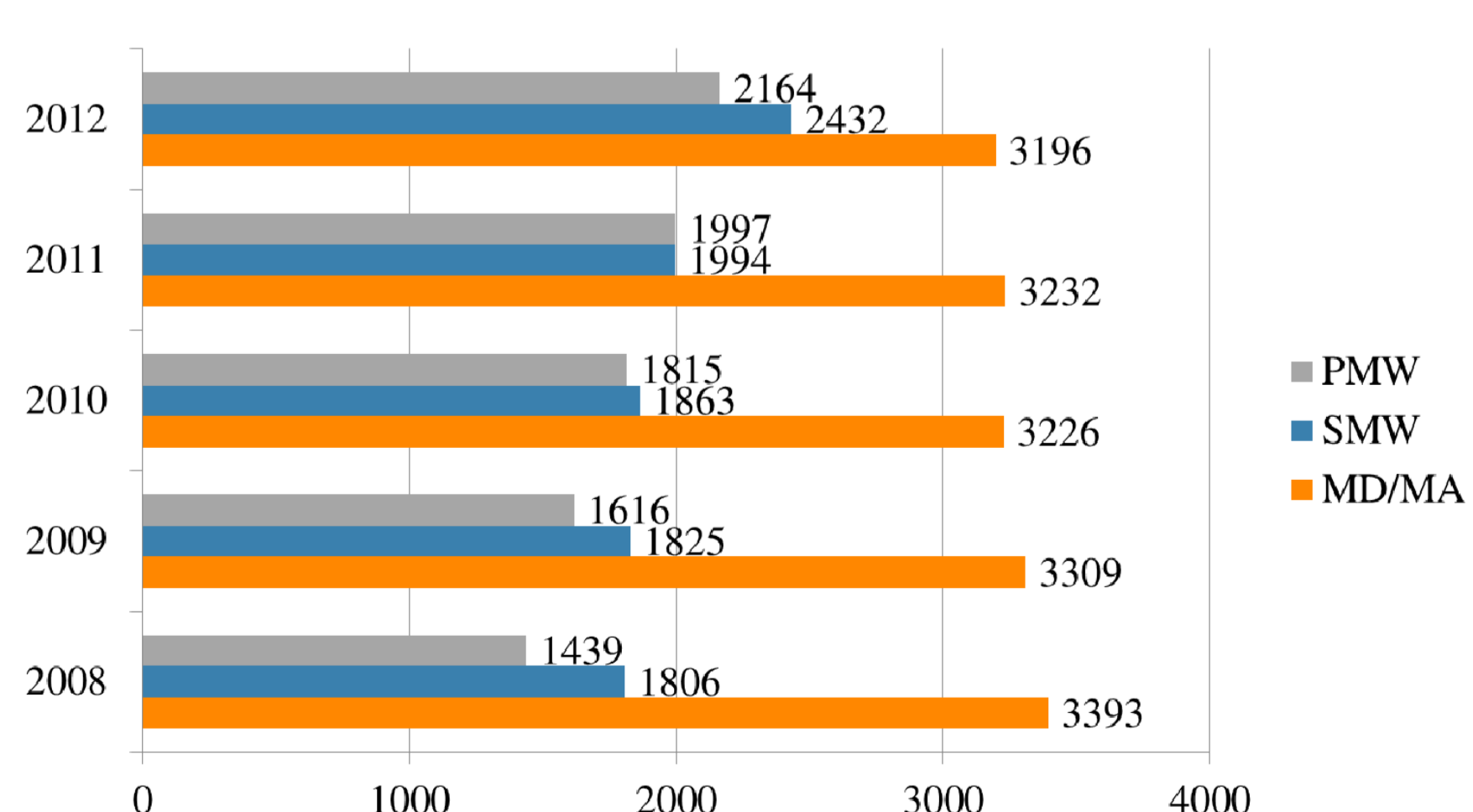
Cumulative Number of Health Staff Trained on EmONC



Cumulative Number of Health Staff Received Refresher Training by Topics



Physicians and Midwifery Deployment 2008-2012



Source: Demographic Health Survey & Health Information System, Ministry of Health



UNFPA Cambodia

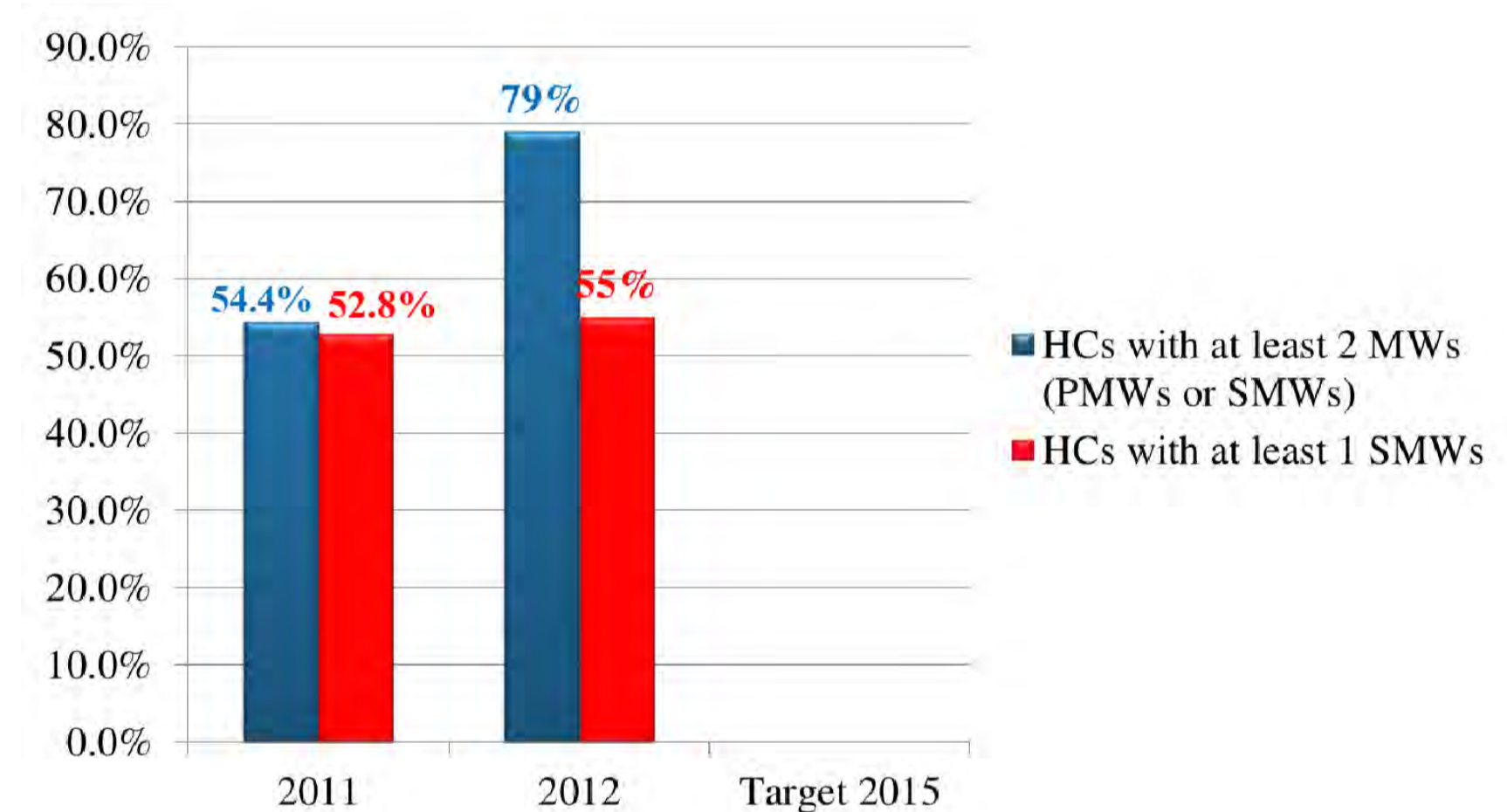
APPROACH:

- A Needs Assessment of the Emergency Obstetric and Newborn Care Situation was conducted in 2008.
- The Cambodia EmONC Improvement plan for 2011-2015 was formulated.

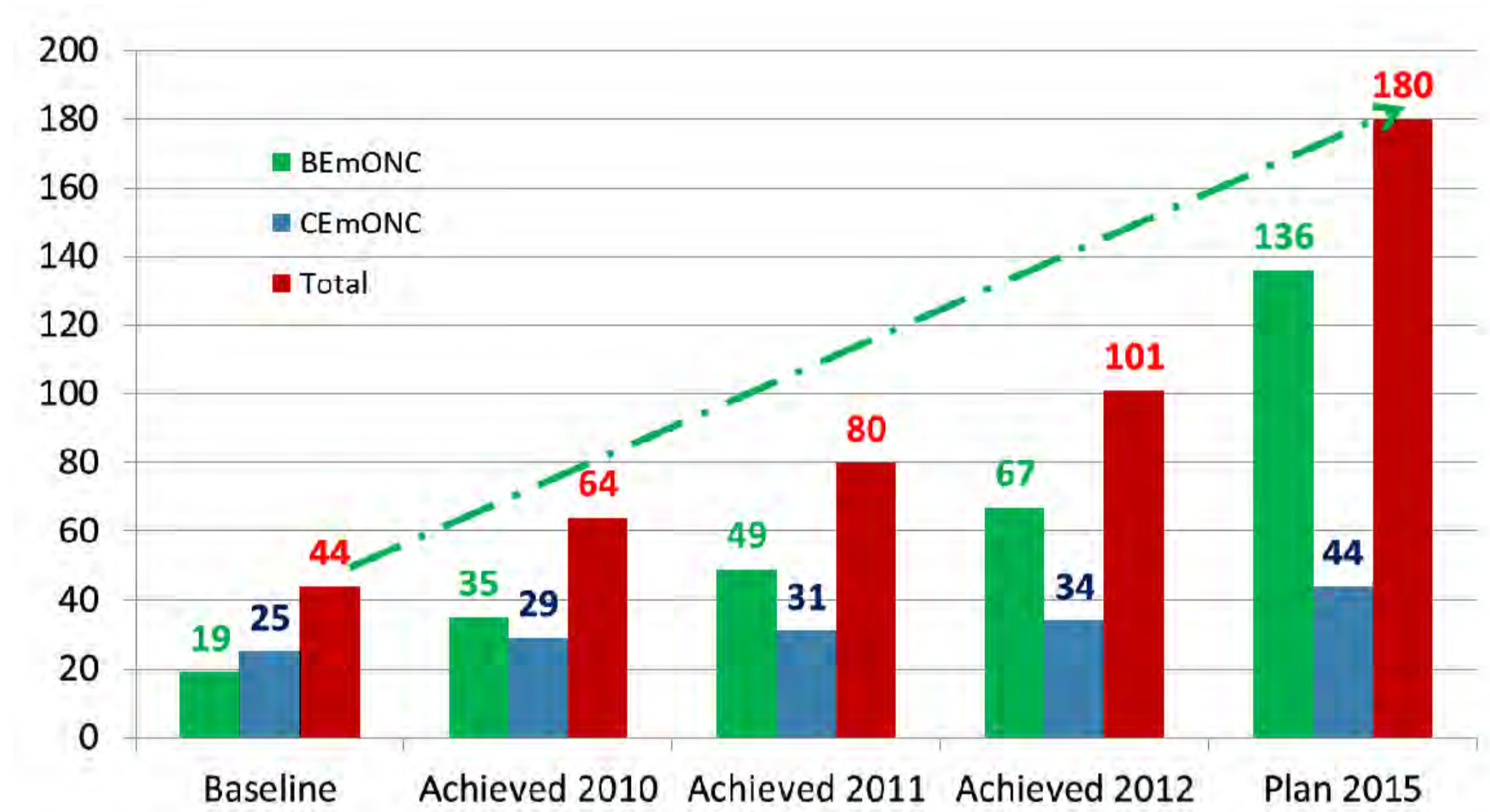
UNFPA'S TECHNICAL FOCUS IS TO STRENGTHEN THE EMERGENCY OBSTETRIC AND NEWBORN CARE THROUGH 3 MAIN AXIS OF ACTION:

- 1) Skills development
- 2) Promote the regulatory frameworks for midwifery practice
- 3) Technical and management support to the National Programme

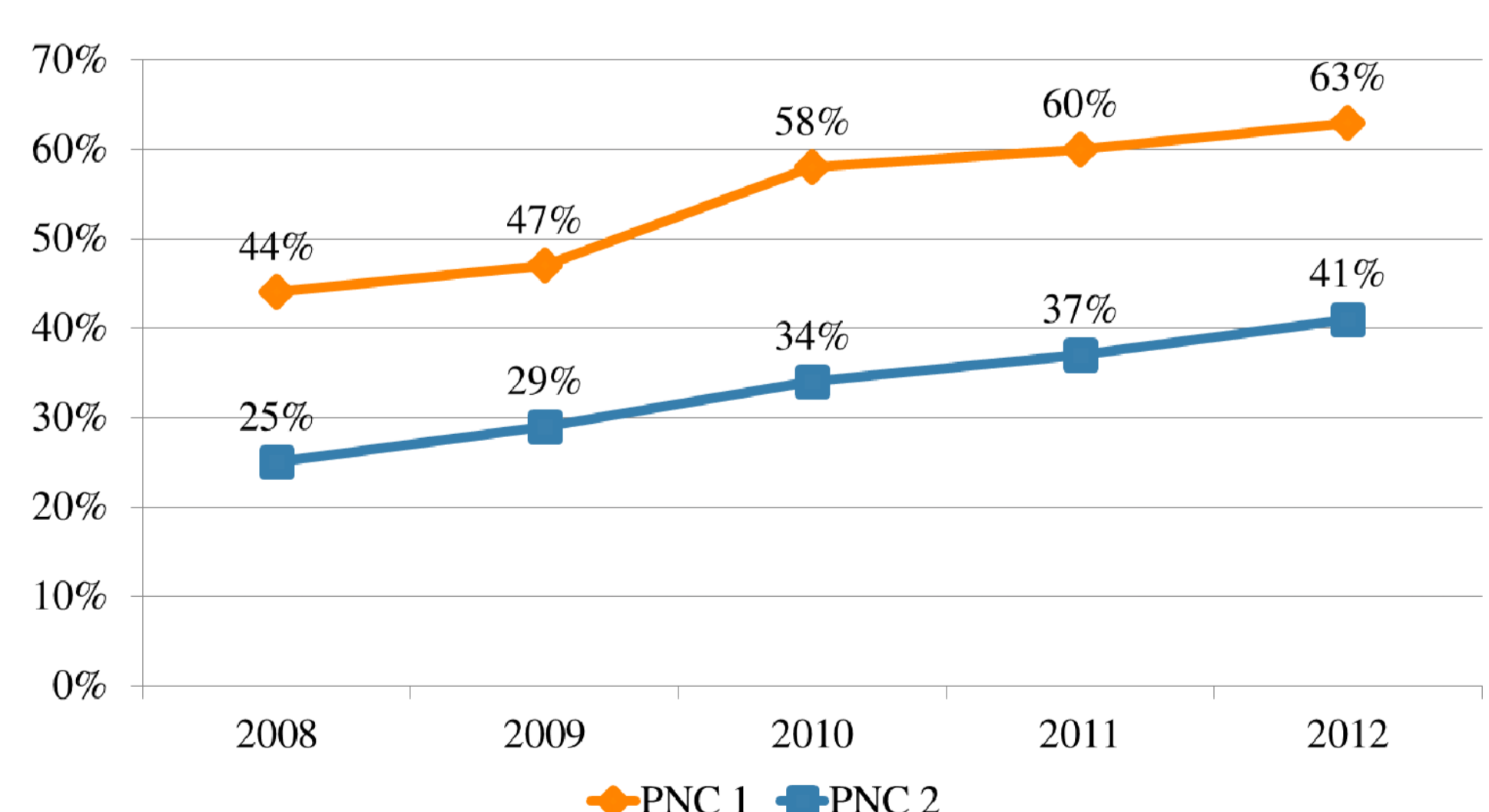
Deployment of Midwives at Public Health Facilities



Trend of EmONC Facilities, 2008-2012



Trend of Postnatal Care 2008-2012



RECOMMENDATIONS:

- Conduct regular monitoring
- Take immediate action for emergency cases
- Work closely with health partners, local authorities, communities and stakeholders