USAID ASSIST Project

Cambodia Country
Report FY17

Cooperative Agreement Number:
AID-OAA-A-12-00101

Performance Period:
October 1, 2016 – September 30, 2017
Acknowledgements
This country report was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) under the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project, which is funded by the American people through USAID’s Bureau for Global Health, Office of Health Systems. The project is managed by URC under the terms of Cooperative Agreement Number AID-OAA-A-12-00101. URC’s global partners for USAID ASSIST include: EnCompass LLC; FHI 360; Harvard University School of Public Health; HEALTHQUAL International; Initiatives Inc.; Institute for Healthcare Improvement; Johns Hopkins Center for Communication Programs; and WI-HER LLC.
For more information on the work of the USAID ASSIST Project, please visit www.usaidassist.org or write assist-info@urc-chs.com.

Recommended citation
Table of Contents

List of Figures and Tables .......................................................................................................................... i
Abbreviations ............................................................................................................................................. ii

1 BACKGROUND ......................................................................................................................................... 1

2 PROGRAM OVERVIEW ............................................................................................................................ 2

3 KEY ACTIVITIES, ACCOMPLISHMENTS, AND RESULTS .................................................................... 3
   Key Accomplishments and Results ....................................................................................................... 3

4 IMPROVEMENT IN KEY INDICATORS .................................................................................................... 9

5 SUSTAINABILITY AND INSTITUTIONALIZATION ................................................................................. 11

6 KNOWLEDGE MANAGEMENT PRODUCTS AND ACTIVITIES ........................................................... 12

7 GENDER INTEGRATION ........................................................................................................................ 13

8 DIRECTIONS FOR FY18 ........................................................................................................................ 13

List of Figures and Tables

Figure 1. Model of the health professions councils’ joint secretariat ......................................................... 6
Figure 2. Percentage of health professionals registered by Council (Dec 2014 – Sep 2017) ..................... 10
Figure 3. Percentage of health professionals registered, by sex (Dec 2014 – Sep 2017) ....................... 13

Table 1. Number of health professionals who participated in each field test, by Council and Province (Jun
2017) ...................................................................................................................................................... 7
Table 2. Results for Health Professions’ Regulatory System Performance Scorecard (Sept 2017) ......... 11
Abbreviations

AIDS  Acquired immunodeficiency syndrome
ASEAN  Association of South East Asian Nations
ASSIST  USAID Applying Science to Strengthen and Improve Systems Project
CCN  Cambodian Council of Nurses
CCHPC  Coordinating Committee of Health Profession Councils
CMC  Cambodian Midwives Council
DCC  Dental Council of Cambodia
FY  Fiscal year
HPC  Health Profession Council
IT  Information technology
LRHP  Law on *Regulation of Health Practitioners* (Nov 22, 2016)
MCC  Medical Council of Cambodia
MoEYS  Ministry of Education, Youth & Sport
MoH  Ministry of Health
MRA  Mutual Recognition Agreement
NMESC  Nursing and Midwifery Education Society of Cambodia
PCC  Pharmacy Council of Cambodia
PM&EP  Performance monitoring and evaluation plan
QI  Quality improvement
RGC  Royal Government of Cambodia
RMS  Registration management system
SBCC  Social and behavior change communication
UNFPA  United Nations Fund for Population Activities
URC  University Research Co., LLC
USAID  United States Agency for International Development
WHO  World Health Organization
1 Background

The primary purpose of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project in Cambodia is to work in partnership with the five health profession Councils (HPCs) along with the Ministry of Health (MoH) to strengthen the system of health profession regulation in Cambodia in accordance with the HPCs’ National Strategic Plan 2015-2020. The five HPCs include the Medical Council of Cambodia (MCC), Dental Council of Cambodia (DCC), Cambodian Midwives Council (CMC), Cambodia Council of Nurses (CCN), and Pharmacy Council of Cambodia (PCC).

This project seeks to address the issues of:

- Weak and variable effectiveness of health profession regulation in Cambodia;
- Limited authority, capacity, structure, and powers of the five health profession councils to regulate all health professionals in Cambodia; and
- Limited connections between health profession regulation with other quality and safety mechanisms in the Cambodian health sector, both public and private.

In Cambodia, ASSIST has focused on activities that support the HPCs’ three main strategic objectives:

1. To support the passage of a new law on Regulation of Health Practitioners through the Royal Government of Cambodia’s (RGC) parliamentary process and facilitate the implementation of this law;
2. To improve the governance and organizational structure for the five HPCs that builds capacity to establish, deliver, and maintain effective and efficient business and regulatory systems and processes; and
3. To increase awareness and compliance with new registration requirements by all health professionals and the public along with the development of an on-line registration application process and web-based registration management system (RMS).

ASSIST has worked in partnership with the five health profession councils and the MoH and along with the Japan International Cooperation Agency (March – June 2015) and the World Health Organization (WHO) in Cambodia (March 2015 – April 2016) to develop a new law that reflects contemporary approaches and practices for effective regulation to ensure each health professional meets the necessary professional standards to provide quality, safe practice to the public of Cambodia.

The purpose of the new Law on Regulation of Health Practitioners (Nov 22, 2016) is to protect the health and safety of the public by Councils ensuring that all health professionals are suitably qualified and registered and hold a license to practice their profession. It has introduced penalties for those health professionals who do not register with their respective Council and also for those who practice without a license to practice. There is a focus on ensuring all health professionals are registered with their Council by no later than 30 November 2017. Once registered as a health professional, those wishing to practice will be required to obtain a license to practice. This license to practice will be renewed regularly based on certain requirements being met by the health practitioner. These include maintaining professional competence through evidence of practice and continuing professional development; no criminal history; and no mental or physical health problems.

During FY17, ASSIST continued to provide technical assistance and guidance to the Councils in the activities described in the Program Overview. A week prior to the project closure date of September 29, 2017, a six-month extension to the ASSIST Cambodia Project was granted until 31 March 2018 to further advance the activities supported by the project and more importantly, provide a seamless transition to the new five-year USAID-funded Enhancing Quality of Health Care Project. This will ensure the five HPCs along with the MoH receive continuous support for the important work required to complete the HPCs’ five-year Strategic Plan and thereby strengthen the system of health profession regulation in Cambodia. The major accomplishments and results accomplished during FY17 and lessons learned are outlined in this report.
Scale of USAID ASSIST's Work in Cambodia

Five health profession Councils: Medical (Est. 2000); Dental (Est. 2005); Midwives (Est. 2006); Nurses (Est. 2007); Pharmacy (Est. 2010)

Three levels of Council: 1 National Council; 5 Regional Councils; 25 Provincial Councils

Population of Cambodia: 15,958,693

Number and percentage of health professionals registered* by Council as of Sept. 30, 2017

<table>
<thead>
<tr>
<th>Council</th>
<th>Number of registered health professionals</th>
<th>% of estimated total number</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCC</td>
<td>5,686</td>
<td>80%</td>
</tr>
<tr>
<td>DCC</td>
<td>1,187</td>
<td>92%</td>
</tr>
<tr>
<td>CMC</td>
<td>6,015</td>
<td>66%</td>
</tr>
<tr>
<td>CCN</td>
<td>12,461</td>
<td>68%</td>
</tr>
<tr>
<td>PCC</td>
<td>2,580</td>
<td>93%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>27,929</td>
<td>72%</td>
</tr>
</tbody>
</table>

*predominately public health sector

Total estimated health professionals (public & private health care sectors): 38,571

2 Program Overview

What are we trying to accomplish? At what scale?

1. Implement activities to support the health profession Councils’ priority strategic objectives: legislative reform; organizational improvement; registration; and license to practice (as articulated in the Health Profession Councils’ National Strategic Plan 2015-2020) *

**Strategic Goal #1: Legislative Review and Reform**
- Enable the enactment of the new law on Regulation of Health Practitioners by:
  - Identification and development of the consequential amendments at the appropriate level of the law: Royal Decrees, Sub Decrees, and Prakas
  - Development of procedural documents for each new or amended regulatory function in the new law for the five Councils to implement
  - Preparation of a communications plan for Councils to help all health professionals including, national and sub-national Council members, employers, and the general public understand and comply with the changes to the law and their implications to the individual health professional and organization

**Strategic Goal #3: Organizational Re-design**
- Source funds from Councils, Royal Government of Cambodia, and health donors to fund the establishment and maintenance of the Councils’ Joint Secretariat and shared office for a 3-5-year timeframe
- Establish a Joint Secretariat and shared office in accordance with the approved Business Plan that builds capacity to establish and maintain effective and efficient business and regulatory systems and processes

Focus on all five health profession Councils at national, regional and provincial levels
What are we trying to accomplish? At what scale?

- Identify and implement sound governance arrangements with robust financial accountability to deliver the five Councils’ shared business and regulatory functions over a 3-5-year timeframe

*Strategic Goal #4: Registration
- Achieve full compliance with registration requirements and full awareness amongst stakeholders and health professionals of registration requirements and obligations by the end of FY17
- Develop a web-based registration management system and on-line application process for registration and the new license to practice requirement

*Strategic Goal #6: License to Practice
- Review and further strengthen health professionals meeting the minimum requirements for professional competence to practice, including continuing professional development

Cross-cutting Activity

3 Key Activities, Accomplishments, and Results

Activity 1. Implement activities to support the health profession Councils’ priority strategic objectives: legislative reform; organizational improvement; registration; and license to practice

KEY ACCOMPLISHMENTS AND RESULTS

General: Technical assistance, workshops, and meetings

- Actively participated in and contributed technical advice to the MoH Quality Improvement (QI) Working Group, supported by the German Technical Cooperation Health Program:
  - Workshop to develop the MoH QI Master Plan to support the revised RGC National Policy for Quality and Safety in Health (Nov 2016).
  - MoH QI Working Group meeting to finalize the proposed National Policy for Quality and Safety in Health and Quality Improvement Master Plan (Jan 2017).

- Participated and provided feedback in the final consultative workshop for the Ministry of Education, Youth & Sport (MoEYS) and MoH Joint Prakas on Conditions and Minimum Standards for Training Institutions and Programmes in Health (Nov 2016). The workshop was sponsored by the Office of the WHO Representative of Cambodia and led by the MoH Human Resource Development Department.

- Worked with MOH and Office of the WHO Representative of Cambodia to finalize the MoEYS/MoH Joint Prakas on Conditions and Minimum Standards for Training Institutions and Programmes in Health (Dec 2016).

- Participated in a consultative workshop on the proposed Midwifery Education Pathway; Midwifery Education Regulatory Framework; Scopes of Practices for Midwives; and Midwifery Educational Standards. The workshop was sponsored and coordinated by the UNFPA and Cambodian Midwives Council (Dec 2016).

- Participated as an expert advisory member to the Asia Foundation’s Reform Inventory Initiative to identify the top five reforms in the administrative, economic and social sectors of the RGC for 2016 based on their contribution to improvements in the provision of public services. Contributed to Asia Foundation’s op-ed piece https://reforminventory.wikispaces.com/ (Nov/Dec 2016).
Attended press conference for the three top reforms for 2016: Teacher Policy Action Plan: Spotlight on Continuous Professional Development for Teachers (social sector); Revision of Tax Regimes (economic sector) and Urban Water Supply (administrative sector) (Dec 2016).

- Participated in the two-day Country Dialogue Workshop coordinated by the Country Coordinating Committee for the Global Fund to Fight AIDS, Tuberculosis and Malaria in Cambodia (Jan 2017). The workshop aimed to explain allocation letters and related opportunities, guidance, and requirements; build a common and clear understanding on processes, key documents, and implications; and obtain agreement on timetable and road-map for the Ministry of Health, WHO, health donors, and implementing partners.

- Attended mandatory USAID Cambodia training session ‘Environmental Sound Design and Management Training / Regulation 216 and Climate Resilience’. The objective was to strengthen the capacity of USAID staff and partners to implement agency policy on Climate Resilience and comply with environmental laws, incorporating environmentally sound design and management practices into existing and upcoming USAID programs (Feb 2017).

- Participated in site visits and provided a presentation on the new law and registration of all health professionals at Round 2, FY2017 USAID Implementing Partners Cluster Meeting in Siem Reap to address the themes of Decentralization and Deconcentration; Quality Improvement; and the Public Private Partnership (Mar 2017).

- Participated in and provided a presentation on the USAID ASSIST Project and efforts to strengthen the system of health profession regulation at the UNFPA health partners meeting on midwifery that also included updates on the Midwifery Education Pathway and next steps (UNFPA); on regulation and laws related to Human Resource for Health (WHO); and disbursement-linked indicators for pre-service training (HEQIP & World Bank) (Mar 2017).

- Participated in and provided a presentation on the Role of the Nursing and Midwifery Education Society of Cambodia in relation to the roles of a Professional Association; Regulatory Council; and MoH Bureau Chief of Nursing and Midwifery at the NMESC Seminar. The Theme was Professional Development for Nurses and Midwives: Enhancing nursing/midwifery professionalism through establishment of a professional body (Aug 2017).

- Participated in and provided a speech at the Public & Private Midwives Employer meeting on Cambodian Midwives Council’s responsibilities - registration, license to practice, renewal of license, and Continuing Professional Development in Siem Reap (Sep 2017).

Strategic Goals #1: Legislative Review and Reform

- New law on Regulation of Health Practitioners was passed by the Royal Government of Cambodia – signed by the King Norodom Sihamoni (Nov 19, 2016) and enacted on Nov 22, 2016.

- Dissemination workshops on the new law: ASSIST sponsored the first Council-led dissemination workshop on the new law for four of the five health profession Councils — Medical, Midwives, Nurses and Pharmacists (Dec 28, 2016). Members (240) from the national, regional, and provincial Councils participated and identified actions that will be required to implement the new law. The Dental Council independently delivered a separate dissemination workshop on the new law to its national and sub-national Council members. In addition, ASSIST with USAID Cambodia participated in three of the nine Council-led half-day dissemination workshops by five Presidents of National Councils to council members in Phnom Penh. Photo credit: Narom Bin, MCC.
workshops in the provinces. Sean Callahan, Deputy Mission Director, USAID Cambodia, participated in the workshops in Battambang (approximately 600 participants – Feb 7, 2017) and Siem Reap provinces (approximately 750 participants – Feb 8, 2017), and Sheri-Nouane Duncan-Jones, Director, Office of Public Health and Education, USAID Cambodia, participated in the workshop in Phnom Penh Province (approximately 350 participants - Mar 30, 2017). The Councils’ workshop in Phnom Penh Province was sponsored by ASSIST.

- **Coordinating Committee of Health Profession Councils (CCHPC).** The Minister of Health released a written decision on the establishment of the CCHPC in accordance with Article 31 of the new law (Jan 20, 2017). This appointed His Excellency Professor Thir Kruy, Secretary of State of Ministry of Health, as the President and describes the tasks of this Committee: to coordinate and organize procedures and mechanisms to help health profession councils fulfill their roles and responsibilities in accordance with the new law on *Regulation of Health Practitioners*. ASSIST drafted (Jan 2017) and then updated (Sep 2017) the Prakas for roles and responsibilities of the CCHPC for the President of the CCHPC to seek approval from the Minister of Health.
  o ASSIST facilitated the first two meetings of the CCHPC to:
    - Present findings of the Desk Review of the Legal and Procedural Framework to support the Implementation of the Law on “Regulation of Health Practitioners (LRHP)” (Sisithak Law Office, March 15, 2017). This report identifies and prioritizes the findings and recommendations for the consequential amendments and additions to all five Councils’ Royal Decrees, five Sub-decrees, and various Prakas, as well as other relevant laws that require amendment to align with the new National Law.
    - Increase understanding of legislative work required to fully implement the LRHP by the CCHPC, Councils, and Ministry of Health.
    - Present summary feedback from CCHPC members’ questionnaires to facilitate discussion on the Desk Review;
    - Facilitate CCHPC members to agree and prioritize the work required to implement the LRHP (April & May 2017).
  o The CCHPC approved and prioritized the amendments and additions required to the five Royal Decrees, five Sub-decrees, and various Prakas, identified in Annex A - *Law or regulation explicitly required by the new LHRP*.
  o CCHPC agreed the MoH is responsible for the legal work required to amend existing laws and regulations that are affected by new LHRP identified in in Annex B - *Existing Laws and Regulations affected by the new LHRP*.

**Strategic Goal #3: Organizational Redesign**

- **One day retreat to consider proposed budget for approved Business Plan and Joint Secretariat Implementation Plan** (Dec 2016). Anne Rooney, Consultant for Encompass, LLC, coordinated a one-day retreat for all five HPCs to consider the proposed FY17 Budget Plan submission in preparation of the FY18 budget submission to the Royal Government of Cambodia and the proposed Joint Secretariat Implementation Plan.

**Outcomes from this retreat included:**
  o Renewed commitment by the HPCs for the establishment of and agreed model of the HPCs’ Joint Secretariat (Figure 1).
Figure 1. Model of the health professions councils’ joint secretariat

![Model of the health professions councils’ joint secretariat](image)

- Completed FY18 budget submission for the Councils to use in presenting to the Royal Government of Cambodia’s Ministry of Economy and Finance for additional funding to support the operational expenditure of the Joint Secretariat in FY18 (March 2017);
- Developed the document, *Request for office space for the health profession Councils’ Joint Secretariat* for presentation by the health profession Councils to the Royal Government of Cambodia for contribution of funds for FY17;
- Finalized the Implementation Plan for the health profession Councils’ Joint Secretariat;
- Formation of the Executive Committee of the HPCs’ Joint Secretariat with each HPC nominating primary members with 2nd and 3rd proxies from each Council for the Executive Committee of the Joint Secretariat;
- Developed the draft Roles and Responsibilities for the Executive Committee of the Joint Secretariat;
- Finalized the position descriptions for recruitment by ASSIST for the Managing Director and eight staff positions for secondment to the Councils’ Joint Secretariat for FY17 using dedicated additional funds received from USAID Cambodia.

- **HR INC**, a local human resources company, was contracted to recruit, select, and employ three of the nine staff for the Joint Secretariat. Three positions were recruited by HR INC but placed on hold subject to receipt of USAID funding (May 2017).

- **ASSIST** sourced a significant number of suitable office premises for the Joint Secretariat for consideration by the HPCs with a decision on the preferred premises being made. **ASSIST drafted the lease agreement** (Jan - May 2017).

- **ASSIST** obtained initial quotes for the purchase of office furniture and IT equipment for the HPCs’ Joint Secretariat (June 2017)

- The establishment of the Joint Secretariat was subsequently placed on hold initially due to (1) insufficient USAID ASSIST project funds for FY17 and then (2) awaiting USAID’s decision as to whether ASSIST would be granted a six-month extension to ensure sustainability of the approach.
Strategic Goal #4: Registration

- Code’s Done, a local IT development company, was contracted by ASSIST to develop the new web-based registration management system for all five health profession Councils with an online application process for registration as a health professional (May 2017).

- Developed Cambodia: Social Behavior Change Communications (SBCC) Strategy for Health Professions Registration (Nov 2016). This SBCC strategy was subsequently amended with assistance from ASSIST headquarters in Q2 following appointment of the new SBCC consultant in Cambodia and approved by the Councils (May 2017).

- Developed two scripts for TV and designed poster and leaflets for health professionals and the public for printing by media and graphics companies. This activity was subsequently placed on hold due to insufficient USAID ASSIST Project funds for FY17 (July 2017).

- Drafted a proposed registration and license to practice policy (Jan 2017) and the online application form for registration of Cambodian nationals in accordance with the new law. The development of new application forms (i.e., for initial registration as a health professional for all five Councils) was finally approved by all five health profession Councils in preparation for a field test from May 22 to June 9, 2017 in three provinces.

- The field test was conducted by ASSIST with support from Code’s Done and the National and Provincial Council staff and members in three provinces: Phnom Penh City (large size) - June 6-9, 2017; Ratanak Kiri Province (small size) - June 12-16, 2017; and Battambang Province (medium size) - June 19-23, 2017. Health professionals who were not registered with the Councils were identified and invited to participate in the field test. Field test locations included Councils’ offices; Operational District office; referral hospital; closest and furthest health centers; health post; military hospital; and private health facilities. A target of 30 unregistered health professionals per Council per Province was agreed upon. It was expected that the Dental Council of Cambodia and Pharmacy Council of Cambodia would not reach this target due to the high number of dentists and pharmacists already registered. 952 out of an estimated total of 1,162 dentists are registered with DCC, and 2,336 out of the estimated total of 2,346 pharmacists are registered with PCC. Registered pharmacists volunteered to trial the new online application process and provide feedback.

- The objectives of the field test were to:
  - Test the on-line registration system; the new registration application form for five Councils; and the registration process;
  - Identify the barriers to on-line registration;
  - Identify improvements required to the on-line registration system, application forms, and related processes.

Table 1 lists the number of health professionals who participated in the field test by Council and Province.

<table>
<thead>
<tr>
<th>Province</th>
<th>MCC</th>
<th>DCC</th>
<th>CMC</th>
<th>CCN</th>
<th>PCC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phnom Penh (large)</td>
<td>18</td>
<td>0</td>
<td>30</td>
<td>12</td>
<td>10</td>
<td>70</td>
</tr>
<tr>
<td>Ratanak Kiri (small)</td>
<td>20</td>
<td>2</td>
<td>19</td>
<td>40</td>
<td>5</td>
<td>86</td>
</tr>
<tr>
<td>Battambang (medium)</td>
<td>36</td>
<td>18</td>
<td>34</td>
<td>55</td>
<td>11</td>
<td>154</td>
</tr>
</tbody>
</table>

Table 1. Number of health professionals who participated in each field test, by Council and Province (Jun 2017)

*The target sample size for the 5 councils was 450 health professionals (30 per Council per Province).
Three concerns identified prior to the field test related to participants’ level of computer literacy, their access to reliable internet, and having access to a computer to apply on-line.

- From the 184 participants who completed the evaluation questionnaire, 29% had little or no computer literacy. This cohort was predominantly midwives who are all female. Strategies will need to be identified and implemented to help this cohort. The on-line registration management system provides the option to download an application form to print and complete manually.
- The proliferation of smart phones in Cambodia means that access to reliable internet and a computer was less problematic than anticipated. Applicants were able to photograph and upload documents to their application with their mobile phone. Smart phones that did not have Khmer font and Unicode installed were unable to access and use the on-line registration application system.
- Improvements were subsequently made and included: amendments to the on-line registration application form and improvements to the registration management system based on the agreed feedback from participants and stakeholders (e.g., login process; uploading of documents; more drop-down lists to select from; web links from Councils’ website to the registration management system); modifications to the application form and required supporting documents (e.g., criminal history, academic transcript); confirmation by each Council for new payment schedule for application fee; and initial registration fee and license to practice fee for inclusion in on-line payment system.

- **ASSIST with Code’s Done conducted five regional training workshops to train staff and members from all five health profession Councils across the 25 provinces** (Aug – Sept 2017). Two-hundred fifty-five HPC members were trained in total. Workshops covered: how to complete the new online application for registration by Cambodian nationals; new registration application process, including registration fee payment; and new web-based RMS for all health profession Councils.
  
  - It is recognized that additional regular training workshops will be needed in the future to address turnover of Council members and staff. The feedback received from participants following each workshop was very positive, both with regards the conduct of the workshop and the new approach to applying on-line for registration as a health professional.
  
  - Participants completed an individual action plan to identify how they can improve the uptake of registration in their province and become more familiar with the new approach.

- **Code’s Done developed the RMS user guide manual that was printed by ASSIST for all participants to support their training and for future reference** (Aug 2017).
Strategic Goal #6: License to Practice
This activity did not proceed as planned due to the increased time required to obtain all five health profession Councils’ support and approval for the new registration management system, new registration application forms and fees, and registration processes. The Councils’ continued limited capacity along with the absence of funding for the Councils’ approved Joint Secretariat placed the substantial burden on the very small ASSIST field team, including administrative burden of development, coordination, and delivery of the field test and implementation of the new on-line registration system and process.

Project review and initial project close-out procedures
- ASSIST conducted a Regulatory System Performance Scorecard Workshop for members of the health profession Councils, USAID Cambodia, and key stakeholders (Aug 22, 2017). The objectives of the workshop and outcomes included:
  - Identification of the achievements to date as prioritized in the health profession Councils’ National Strategic Plan 2015-2020.
  - Understanding of the role and technical assistance that the USAID ASSIST Project provided in supporting the Councils’ achievement of their strategic priorities during the three-year USAID ASSIST Project.
  - Understanding the rapid baseline assessment outcomes, including the Councils’ Regulatory System Performance Scorecard (Oct 2014) and completion of the Regulatory System Performance Scorecard (Aug 2017). All five health profession Councils responses have been collated and analyzed to appreciate the progress achieved since October 2014.
  - Reviewed the strategic goals and objectives for FY2018-2020 and timelines from the health profession Councils’ National Strategic Plan 2015-2020 with Councils’ agreement to remain unchanged.
- ASSIST undertook the activities required for close-out of the project as scheduled in August and September 2017 until the decision to fund a six-month extension from October 1, 2017 to March 31, 2018 was approved on September 22, 2017.

4 Improvement in Key Indicators

Results for health professionals registered with each health profession Council (Sept 30, 2017)

<table>
<thead>
<tr>
<th>Percentage of health professionals registered with each health profession council</th>
<th>Baseline (2014)</th>
<th>2015</th>
<th>2016</th>
<th>End line (2017)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Council of Cambodia (MCC)</td>
<td>42%</td>
<td>Target</td>
<td>66%</td>
<td>75%</td>
</tr>
<tr>
<td>Dental Council of Cambodia (DCC)</td>
<td>55%</td>
<td>Target not set in 2015</td>
<td>74%</td>
<td>85%</td>
</tr>
<tr>
<td>Cambodian Midwives Council (CMC)</td>
<td>87%</td>
<td>91%</td>
<td>95%</td>
<td>84%</td>
</tr>
<tr>
<td>Cambodian Council of Nurses</td>
<td>43%</td>
<td>57%</td>
<td>70%</td>
<td>24%</td>
</tr>
<tr>
<td>Pharmacy Council of Cambodia (PCC)</td>
<td>86%</td>
<td>89%</td>
<td>95%</td>
<td>96%</td>
</tr>
<tr>
<td><strong>Actual total number of all health professionals registered</strong></td>
<td>16,048</td>
<td>20,250</td>
<td>16,547</td>
<td>27,929</td>
</tr>
<tr>
<td><strong>Estimated total number of all health professionals</strong></td>
<td>29,690</td>
<td>29,728</td>
<td>30,918</td>
<td>38,571</td>
</tr>
</tbody>
</table>

Figure 2 illustrates the percentage of health professionals registered by each Council over the past four reporting periods (December 2014; September 30, 2015; September 30, 2016; and September 2017) using the actual number of registered health professionals for each Council and the estimated total number of health professionals for each Council.
From 2015, a percentage target was agreed for each Council per year with the aim of eventually achieving 100% registration for all five health profession Councils. In light of the results from September 2016 and the outstanding work to be done to achieve 100% registration, ASSIST planned to recommend that the targets for four of the five Councils in the Performance Monitoring and Evaluation Plan (PM&EP) at the end of the USAID ASSIST Project (Sept 30, 2017) be revised in light of the Sept 30, 2016 actuals and targets. However, due to an oversight, ASSIST did not submit this request for approval and therefore the original targets for September 2017 remain unchanged.

The results for 2017 while very promising overall considering the substantial increase in the estimated total number of all health professionals, did not meet the 2017 target for each Council. The reasons are multifaceted however they are primarily attributed to:

- The absence of expected USAID funds at the beginning of FY17 for ASSIST to establish the health profession Councils’ Joint Secretariat and employ the nine agreed staff, including three registration staff to provide capacity and support to the five health profession Councils in reaching the goal of 100% registration.

- The significant amount of time required to obtain consensus between the health profession Councils in the development of the web-based registration management system and on-line application for registration; the field test in three provinces; and then the five regional training workshops for Council members and staff.

- Most of the new graduates in 2017 (in particular, those graduates for the Midwives and Pharmacy Councils) have yet to register in 2017 with their respective Council.

It is anticipated that 100% registration for all Councils can be expected in the foreseeable future due to: the impending implementation of the new web-based registration management system and on-line application process for registration; the imminent establishment of the Joint Secretariat to help deliver the Councils’ regulatory and business functions; and increasing awareness by health professionals of mandatory registration with substantial penalties under the new law if found to be practicing the profession without being first registered as a health professional and holding a license to practice as a health practitioner.

Figure 2. Percentage of health professionals registered by Council (Dec 2014 – Sep 2017)
**Results for Health Professions’ Regulatory System Performance Scorecard (out of 40) (Sept 30, 2017)**

Agreement was received for ASSIST to defer the implementation of the key indicator, “Health Professions’ Regulatory System Performance Scorecard (out of 40)” for all five health profession Councils until later in 2017 to better evaluate and compare the outcomes from the rapid baseline assessment (October 2014) to the outcomes towards the end of the project. Table 2 presents the results as of September 2017.

**Table 2. Results for Health Professions’ Regulatory System Performance Scorecard (Sept 2017)**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Indicator 2</th>
<th>Baseline</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement strategies for three of the health profession Councils’ priority strategic objectives</td>
<td>Health Professions’ Regulatory System Performance Scorecard (out of 40)</td>
<td>15/40 (Oct 2014)</td>
<td>---</td>
<td>---*</td>
<td>23/40 (Sept 2017)</td>
</tr>
</tbody>
</table>

The Regulatory System Performance Scorecard (based on Clarke and Foley 2014; Measuring the Performance of Regulatory System) was used to provide a rapid assessment in September 2017 of the current capacity of Cambodia’s regulatory system for health professionals to assure safety and quality. The new score of 23 from a maximum of 40, was an overall increase of 8 points from the October 2014 score (15/40). The key areas that demonstrated improvements in attributes and increased the overall score were improvements to laws, clarity, scope, and meeting Cambodia’s needs for health profession regulation.

The scores from this rapid assessment tool can be used to identify implications for possible interventions to address the limitations in the current regulatory system. Cambodia remains in the same score range of 15-28. This means that Cambodia continues to be within the second of three development phases of the regulatory system. This second development phase is identified as an Emerging Regulatory System.

Intervention planning strategies for an Emerging Regulatory System include:

- Detailed analysis is required to decide:
  - Whether existing laws need to replaced or amended
  - The extent to which a change management process is required to strengthen the regulator
  - The extent to which wholesale reform of existing systems and processes is required

It is important to note that this Regulatory System Performance Scorecard was not originally designed as a comparative tool but rather as a snapshot in time. A score is allocated for each attribute necessary for a well-developed and high-functioning regulatory system: Not present (0); partially present (1); and present (2). Evidence to support an increase in key area scores within the Regulatory System Performance Scorecard were obtained from a number of sources:

- During an evaluation workshop for members of the health profession Councils, USAID Cambodia, and key stakeholders
- Results and analysis of the regulatory authority self-assessment performance tool completed by each Council across key elements of regulatory function in four areas: 1) Legislation advocacy and responsiveness; 2) Organizational and internal governance; 3) External governance and public accountability; and 4) Responsibilities and functions (August 2017).
- Identification of achievements from the USAID ASSIST Project, Councils, and the Ministry of Health in strengthening the system of health profession regulation in Cambodia.

### 5 Sustainability and Institutionalization

Strengthening human resources for health is an integral component of the quality and safety framework for a country’s health care system. A competent and flexible health workforce that meets the existing and future health care needs of the Cambodian community is critical to ensure that the community has access
to safe, quality health services. To prevent the risk of harm to the community, all health professionals must be easily identified and recognized as competent and safe to practice.

A country’s system of health profession regulation is established by the government through a legal mandate, with the primary purpose being to protect the public from harm. The establishment of an appropriately resourced, cost-effective, and efficient body or bodies for the regulatory governance and operations of all health professionals across all health care sectors will support the Royal Government of Cambodia’s health care quality and safety reform agenda by:

- Ensuring only those health professionals who have the appropriate qualifications and requisite skills to provide safe care to the Cambodian community are registered with their respective Council to practice their profession.
- Determining the standards and requirements for entry to the profession, the continuing competence requirements to maintain professional practice, and the professional practice codes and standards required of a health professional/practitioner.
- Imposing restrictions and conditions on the registration of health professionals and license to practice of health practitioners and securing compliance or enforcement.
- Investigating complaints relating to the performance of professional practice and misconduct as well as reports relating to convictions for a criminal offence or physical and mental health impairment of a health professional, with the appropriate disciplinary or protective action taken.

The following principles underpin the approach ASSIST has applied to strengthen the system of health profession regulation:

1. **Co-design:** The ASSIST annual work plan is informed by the ASSIST project team; the five health professional Councils and their National Strategic Plan 2015-2020; the Ministry of Health; health development partners; and other key stakeholders.

2. **Ongoing development of the activity:** This is in recognition of the forces for change that will present during the life of the project. These include changes to the way the health system is planned and resourced; the resources available to deliver health profession regulation; the Royal Government of Cambodia’s policy in relation to the system for health profession regulation; and the public’s expectations.

3. **Enable not implement:** The ownership for this initiative remains vested with the Councils, the Ministry of Health, and other stakeholders in Cambodia and is designed to harness the Cambodian expertise and lessons learnt and support the development of relationships and collaboration with regulatory peers, both regionally and globally.

4. **Encourage solutions to better utilize/mobilize available resources within the health system:** Stakeholder ownership and capacity to develop, test, lead, and implement sustainable solutions will be strengthened as stakeholders are connected with the best international technical expertise.

6 **Knowledge Management Products and Activities**

- Councils’ Budget Strategic Plan for FY2018 – 2020 (Dec 2016)
- Implementation Plan for Health Profession Councils’ Joint Secretariat (Dec 2016)
- Social Behavior Change Communications (SBCC) Strategy for Health Professions Registration (Mar 2017)
- Proposed role and responsibilities of Executive Committee for health profession Councils’ Joint Secretariat (Mar 2017)
- Web-based registration management system for all five health profession Councils (May 2017)
- Final on-line application form for registration of Cambodian nationals as a health professional for each of the five Councils (Jul 2017)
- Health profession Councils’ registration management system user guide manual (Aug 2017)
• Proposed Prakas on role and responsibilities of the Coordinating Committee of health profession Councils in English and Khmer (Sep 2017)

7 Gender Integration

The annual registration data for each of the five health profession councils is collected and presented by sex. **Figure 3** shows the percentage of males and females for each health profession Council from the initial baseline over a three-year period. The data for the Cambodia Council of Nurses (CCN) is an estimation only for 2014 – 2016 as the manual records do not accurately record the sex of each nurse. CCN data does not reflect international trends, and it is noted that the number of male nurses far exceeds the number of female nurses in Cambodia.

For Sept 2017, both the Dental Council and Council of Nurses declined to report the estimated percentage of health professionals registered, by sex. The reason may be attributed to each Council’s manual registration system that does not accurately record the registrant’s gender along with the considerable time and effort required to extract this information manually.

**Figure 3. Percentage of health professionals registered, by sex (Dec 2014 – Sep 2017)**

8 Directions for FY18

In FY18, USAID ASSIST will continue to provide technical advice and assistance to the Councils and the Ministry of Health to build on and finalize the activities achieved in FY14-17. This includes providing legal technical advice and assistance to the Councils through the Ministry of Health CCHPC to develop a single Royal Decree that establishes existing and future Councils and involves a consultative process with key stakeholders; and a draft Sub-Decree on procedures relating to complaints on health professionals’ misconduct and fitness to practice.

ASSIST will provide technical advice and guidance for the establishment of the HPC Joint Secretariat Executive Committee and to the Joint Secretariat staff to ensure good governance and establish financial and business arrangements that result in financial sustainability and independence over time. ASSIST will provide financial support for the recruitment, selection and ongoing employment of the five designated positions for the Joint Secretariat and procure the necessary office furniture and IT equipment.

ASSIST will also provide technical assistance and support to the health profession Councils to achieve the enhancements to support full implementation of the health profession Councils’ new RMS. This includes the migration of each health profession Council’s registration data into the RMS; standardized
reports for each health profession Council; and mobile application for online registration. ASSIST will provide technical assistance to the Councils and Joint Secretariat to develop the requirements; application form and process by which registered health professionals apply online to obtain initial and renewal of license to practice. Moreover, ASSIST will provide financial support to the HPC Joint Secretariat and Councils to deliver training workshops in five regions for the Joint Secretariat and Council staff, Council members, and key stakeholders on the changes and new license to practice application processes. USAID ASSIST plans to close its activities in Cambodia on March 31, 2018, and through the activities listed above allow for a seamless transition to the new five-year USAID Cambodia funded project *Enhancing Quality of Health Care*. It is understood this will enable the five HPCs to receive ongoing support for the important work required to complete the HPCs’ five-year National Strategic Plan 2015-2020 and thereby strengthen the system of health profession regulation in Cambodia. This includes funding of the HPCs’ Joint Secretariat staff until the Councils are able to increasingly self-fund through registrants’ fees.