

REVIEW OF THE SUB-TWGH FOR CNM

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OUTLINE

- 1. Background
- 2. Reason Review of Sub-TWGH
- 3. Suggested Draft Revised Sub-TWGH/CNM
- 4. Next steps

1-BACKGROUND

Government stand in harmonization and Alignment of External Aids Our explicit open door policies

- Funding arrangements in the health sector "open" for both partners who wish to join pool funding and those not wishing to join pool funding (MOH Official Letter to DPs, 23 Mar 2007)
- MOH/CNM ownership in term of policies, strategies, technical protocols, coordination

GOVERNMENT STAND IN Building and maintaining trust in Partnership

- Having confidence in one another, that each partner will do what they say they will do, and mean what they say.
- Each partners (Donors, Government...) has their own agendas, cultural values and ethics, but they should find agreed code of conduct and specific partnership Rules
- To sustain and maintain trust and goodwill, it is essential to put in place agreed mechanisms to support accountability, transparency of decision making, information and reporting, audit evaluation and so on

1-BACKGROUND (Continued)

Cambodia Structural arrangement for harmonization and Alignment

- The Government's GDCC established Technical Working Group (TWG) for each sector.
 MOH transform its CoCom into the TWG in health (TWGH) is co-chaired by MOH and WHO
- The TWGH established many Sub-TWGH including Sub-TWG for CNM in 2006.
- In each Province, the TWGH established the ProTWGH
- The NSPEM indicates that all activities will be attained through collaborative intersectoral efforts to benefit from each entity's strengths.
- The Provincial Task Force for Malaria Elimination (PTME) for each province was
 established in according with NSPEM and within the context of decentralization & deconcentration of power from central ministries to local governor and commune
 council). PTME is leaded by a representative from the Provincial Governor and
 supported by a secretariat based at the provincial health department. Other members
 come from relevant entities including government agencies and civil societies.

2-Reasons for Review of the Sub-TWGH/CNM

- 1. Increasing partners in support of malaria program but unpredictable donors funding for Dengue/CHICK/NTDs
- 2. Government Policies in Decentralization and De-concentration (See next...)
- 3. Several externally assisted projects require decentralization of project resource to PHD/OD (ADB, World Bank, USAID/URC/PMI, USAID/FHI) but few donor still require flow fund to PHD through CNM (Against government policies)
- 4. Funding modalities being shifted from country specific project to regional intervention. Eg.: GF's RAI, WHO's ERAR (AusAid, BMGF), ADB's RMTF (DFID, AusAid)
- 5. Insufficient coordination in operational researches

Evolving CNM function in the context of Decentralization and De-concentration

- Endorsed by MOH 23 Oct 2012 (www.cnm.gov.kh/userfiles/file/CNM%20Structure%20and%20Fuction.pdf)
- Several functions being progressively decentralized to sub-national levels.
- CNM has no direct authority for planning/financing of its national programmes at sub-national levels.
- The DPHI leads the sector Planning & M&E process for land guides sub-national health units during the entire process including formulation of Annual Operational Plans (AOPs).
- The PHC functions including treatment and prevention for malaria, dengue and helminthiasis involving activitles such as bednet/abate distributions, antihelminthic drug distribution, diagnosis and treatment by VMWs, etc.), are in the process of being decentralised to sub-national units...
- Eg.: Under ADB/CDC2 and HSSP2 CNM has had no authority in PHD/OD financial management
- Direct transfer of authorities in human, financial, logistic and other appropriate resources (except procurement of health products and pharmaceuticals which will be undertaken through the MOH national budget) to the district and commune councils with decision making and implementation resting with these entities.
- CNM inputs will be limited to setting the direction for priority interventions to be delivered at each level of the health system, but it will have no mandate in actual resource allocation to the implementing agencies.
- Bottom-up planning including formulation of AOPs at every level of implementation will be encouraged and nurtured over the next several years during which CNM will provide guidance for prioritisation and actual implementation.

Central Government, Local Governors, Technical Units at local levels **Ministry of Health** Ministry of Other related ministries: Labor, Planning, **Finance Defense, Interior of labor, Interior (Polices...)** National Budget **National** Dpt. of Drug Other MOH Central **Dpt. Planning** Regulation, **Malaria Center** & Food units **Medical Store** & Health Supplies: drue, mosquito nets **Information** M&E, Training, Research, Tech. input **Provincial** QA, M&E, projects Budget & employment Governor **District Provincial** Governor **Malaria Task-Provincial** force Chair by Provincial Health Department (24) Dpt. other Prov. Governo Operational District Health Office (79) than health Commune Health Center (1024) Technical input, supplies Council **LEGEND** Administration, Budget, Employment line Village chief **VMWs** Technical line and/or contract line Coordination/Consultation line

4-DRAFT REVISED STRUCTURE AND FUNCTIONS

The specific **TORs** of the SUB-TWG-CNM are to ASSIST CNM in the:

- Formulation, monitoring and evaluation of the national polices, strategies, guidelines, protocol and plans for the programs
- Exploring strategies for CNM programs advocacy to guarantee political commitment and influence the decision makers.
- Development, Updating, Monitoring of the AOP
- Peer Review of new proposals (optional depending on DPs policies)
- Discussion on the major constraints and offer recommendations to resolve issues of program implementation at various levels.
- Coordination in activities, resource including knowledge management for malaria, dengue and other parasitic diseases control including those conducted by other government agencies, international organizations, the community and private entities.
- Advocacy on international and Regional Cooperation
- Preparing reports for the MOH's TWGH on the functioning of the Sub-working group on a regular basis and on an ad hoc as necessary.

MEMBERSHIPS

All the program heads and other relevant staff, representatives of other multi/bi-lateral agencies and other government agencies and NGO's.

MEETING:

Quarterly basis but Ad hoc meetings may be called by the director as deemed necessary.

Operation guideline

Secretariat Support: Hosted by CNM Admin. Bureau, Resource from DPs..., Need Lead Technical Facilitation from DPs

NEXT STEPS

- Immediate comment for after my presentation
- Soft copy available at <u>www.cnm.gov.kh</u> (Breaking News Box)
- Q&A and suggestion can be made to: <u>soleycnm@gmail.com</u> with cc for <u>mengchuor@gmail.com</u> and sinuonm@gmail.com not later than 10 Dec 2013
- Express of interest and Confirmation on membership by relevant entities
- CNM to submit FINAL DRAFT to TWGH at MOH in Jan 2014
- Presentation to the TWGH (Feb 2014)
- Official Nomination letter by MOH (Feb 2014)