MSF Belgium in Cambodia 1989-2009

MEDECINS SANS FRONTIERES
គ្រូពេទ្យគ្មានព្រំដែន

20 years

of medical humanitarian assistance

Dear readers,

Kingdom of Cambodia, Phnom Penh, June 15th, 2009

After 20 years of work in Cambodia, Médecins Sans Frontières (MSF) Belgium has decided to stop its medical humanitarian activities. The healthcare services we provided will continue in the hands of the Ministry of Health and development partners. In this report, we present you with an outline of our work in the country throughout the years we have been here.

20 years is a long period but time has passed very quickly. During that period, we have worked in 16 of Cambodia's 23 provinces at one time or another. We are very pleased to have been able to support the health of the wonderful Cambodian people for short term emergencies and through longer term health projects.

Our teams have always tried to address the most acute medical needs of the population. Whether providing early response to an epidemic outbreak, addressing endemics, or fighting a specific disease, MSF has been there to treat people.

Today, our organisation is leaving the country with mixed feelings. We regret having to say goodbye to our working partners who have been more than welcoming to us and have always supported us in implementing high quality medical activities. Through their help, MSF has gained a very strong reputation as a prolific medical humanitarian organisation in Cambodia.

It is also very satisfying to see that Cambodia as a country has made tremendous progress in the field of health. We feel extremely proud of having contributed to these improvements and will never forget the thousands of health staff we have worked with throughout the years.

For those who feel sad about our departure, please bear in mind that our withdrawal should be seen as an indication of the increasing capability of the Ministry of Health to take the lead in addressing Cambodia's health needs. Although there are still many issues remaining in the country, we are confident that the Ministry of Health, together with the many NGOs remaining in the country, will continue to address the country's health challenges appropriately.

Last but not least, this is not a definite farewell. MSF Belgium stands ready to return if new needs which fit our mandate arise, given that our Cambodian friends would welcome our assistance once again.

I would like to express our warmest thanks to the Cambodian authorities, our partners, our local MSF colleagues and our friends,

Philippe Berneau
Head of Mission
Médecins Sans Frontières Belgium

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Médecins Sans Frontières (MSF) is an independent international medical humanitarian organisation that delivers emergency aid in more than 60 countries to people affected by armed conflict, epidemics, natural or man-made disasters or exclusion from healthcare.

MSF charter

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Our members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic or religious powers.

As volunteers, members are aware of the risks and dangers of the missions they undertake and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

Rebuilding the health system

Strengthening public health services in the provinces

MSF began assistance to Cambodians as far back as 1979, when refugees stumbled across the Cambodian border into Thailand in huge numbers. MSF provided access to basic health-care for these refugees, and gave training to health staff in the refugee camp Kao I Dang.

In 1988, MSF Belgium and MSF Holland opened a joint office in Phnom Penh. This office soon began implementing health projects in the countryside using western expatriate staff – something which none of the few other NGOs had succeeded to do at the time. These projects consisted mainly of sending teams of international medical staff to work in provincial hospitals. MSF also supplied essential drugs, basic medical materials and equipment, and gave local hospital staff refresher training. MSF also worked on repairing and rebuilding health structures.

MSF's main objective in these early years was to reach out to Cambodians who had been isolated from the rest of the world for over two decades, and to demonstrate that it was actually possible to make abandoned hospitals functional again. The hospitals which received support from MSF admitted over 500 new cases per month after MSF intervened, due to the high numbers of war victims and malaria cases.

More than 10 provincial hospitals benefitted from such support in the provinces of Svay Rieng, Kompong Cham, Kompong Thom, Siem Reap, Kampot, Pursat, Battambang, Banteay Meanchey, Kratie and Stung Treng.

Support to district hospitals

When MSF reached most of its medical and technical objectives, it ended its support to the provincial hospitals of Kampot (1992), Svay Rieng and Pursat (1994), Siem Reap (1996), Kratie (1999), Bakan and Stung Treng (2000).

Ever since Cambodia decided to adopt a district health policy, MSF has been assisting the Ministry of Health in setting up district health systems in

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various rural areas (Kratie, Stung Treng, Bakan, Sotnikum & Thmar Pouk). Initially, low staff remuneration lead to poor motivation, which in turn resulted in a lack of patient access to quality health care. MSF therefore took the decision in 1999 to propose a "New Deal" to the health staff. This was a system aimed at providing fair access to healthcare for the poorest while at the same time generating more financial benefits for health workers, with the objective of improving service delivery. The system started in Sotnikum (Siem Reap Province) in late 1999 and in Thmar Pouk (Banteay Meanchey) in late 2000. Within two years, the activities in the hospitals and health centres increased dramatically – an obvious consequence of a better service suddenly being offered to the population.

When former Khmer Rouge-controlled areas became generally accessible once again in the late nineties, MSF started to provide medical assistance by providing support to rural health centres in these areas. Such support was provided in Phnom Malai, Nong Chan/O'Beychon, Thmar Pouk, Banteay Chhmar and the Anlong Veng area. Malaria was rampant everywhere and access to the population was very difficult, which made the implementation of these activities more challenging.

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Response to emergencies, epidemics and outbreaks

Over the years, MSF has responded to various medical emergencies. In 1999 a very serious malaria epidemic hit the area of Anlong Veng and MSF intervened. After this intervention MSF decided to set up a malaria project aiming at reducing the malaria morbidity and mortality in Anlong Veng and Sotnikum areas. The project focused on introducing combination therapy (artesunate + mefloquine) and reaching out to populations in areas with very limited access to health care. Provision of malaria treatment was progressively integrated into all MSF healthcare activities in the Sotnikum district.

In the same year, MSF intervened after a toxic waste dump of 3000 tons was discovered in Sihanoukville.

In 2001 MSF helped the Cambodian health authorities to tackle a dengue fever epidemic in the district of Thmar Pouk, in the Banteay -Meanchey Province.

In 2002 MSF supported the Ministry of Health in their response to flooding in Prey Veng province.

In 2006, MSF distributed non food items to 850 families who had been forcibly displaced from the bank of Bassac River to the outskirts of Phnom Penh, and who were living without adequate shelter and access to water and sanitation.

On several occasions, MSF also provided assistance after urban fires (through local partners such as the Urban Sector Group) and during flooding in the provinces (in collaboration with the Emergency Department of the Ministry of Health).

In 2007, a major dengue fever outbreak occurred in South East Asia, and Cambodia was one of the countries most affected. The outbreak peaked in the summer. With twenty children admitted daily, the local health staff in Takeo Provincial Hospital soon became overwhelmed by the patient load. Our team was extensively involved in assisting with the case management of patients admitted to the paediatric ward, in close collaboration with local health authorities and the hospital staff. In total the MSF team assisted 1676 patients, of whom 29 died (Case Fatality Rate: 1.73%). The patterns of the epidemic in the Takeo province were mirrored around the country.

In addition to our support to the clinical management of the children, the MSF team also gave immediate support through the provision of medical supplies such as needles, infusions and rehydration kits. We also sprayed the paediatric ward with insecticide and supplied an additional 40 beds to the ward.

Eventually, an entomological survey conducted in the area revealed considerable delays in the implementation of vector control activities and highlighted household practices that required change through long term commnity interventions.

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Tackling specific diseases

New initiatives to tackle malaria

At the end of 2002, MSF started a project to reduce the malaria morbidity and mortality in 62 villages in the Pailin municipality. The project proved that early diagnosis and prompt treatment at community level together with combination therapy using artemisinin derivatives (Artemisinin Combination Therapy or ACT) was an effective strategy to reduce Plasmodium falciparum transmission in remote areas.

MSF also launched a clinical trial which compared the efficacy, safety and tolerability of artusenate + mefloquine and a new combination therapy called Artekin consisting of dihydroarthemisinin + piperaquine. The four annual prevalence surveys conducted between 2003 and 2006 showed a dramatic decrease of Plasmodium falciparum prevalence from 7.8% in 2003 to 1.8% in 2006.

MSF developed an operational strategy of training members of local village communities to diagnose and treat malaria. This model, which enables early diagnosis and treatment, has not only been adopted in other Cambodian provinces but also in MSF projects in countries such as Sierra Leone, Mali and Chad.

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Neglected diseases

Between 1995 and 1999 MSF and the National Centre for Malaria (CNM) implemented a mass treatment programme in the Stung Treng and Kratie provinces to control Schistosomiasis mekongi - a form of bilharzia highly prevalent in villages along the northeastern part of the Mekong river.

Tuberculosis (TB)

MSF's TB programme started in the Sotnikum Operational District in the late eighties, and was upgraded in the year 2000 through a new approach introducing community-based Directly Observed Treatment (DOT). The five health centres with the lowest detection rates were identified in order to improve their management of TB. Health staff were trained in making quality sputum collections and to accurately identify TB symptoms. Village Health Workers belonging to the local communities were selected and trained as community DOT providers. This included training in drug administration, drug adherence and when to refer patients to a medical professional. Through the close collaboration and support of the local NGO 'Partners for Health and Development' (PFHAD), the project was scaled-up to another ten health centres by the end of 2005, and management of the project was progressively handed over to PFHAD in late 2006.

In the same year MSF started multidrug-resistant (MDR) TB activities in the Takeo Province, as Cambodia was ranked as one of the 22 high-burden countries in the world for TB. Between 2006 and March 2009, active screening for MDR-TB was introduced in each district of the Takeo province. Altogether, 55 patients were screened, out of whom 14 were confirmed to have MDR-TB. These

patients were subsequently treated under MSF's MDR-TB programme, which was the first of its kind in Cambodia.

MSF not only supported the clinical management of the patients but also introduced infection control measures and specific counselling guidelines to improve adherence and psycho-social support to those patients undergoing follow-up treatment. These activities were handed over to the NGO Cambodian Health Committee (CHC) at the end of April 2009.

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Sexually transmitted infections (STI)

In January 1995, MSF started to support a private not-for-profit clinic in Phnom Penh, located in the Svay Pak red-light district. The project focused on first-line health care for vulnerable urban groups, the prevention of HIV transmission, and the empowerment of sex workers. In 1996, MSF also started up STI clinics providing similar services in brothel areas in the towns of Poipet and Sisophon in the Banteay Meanchey province on the Thai border, and in Siem Reap town. The activities in these clinics were handed over to the government and to local and international NGOsin 2001 and 2002.

Four years later, after the introduction of antiretroviral therapy (ART) in the country, new activities were launched in the town of Siem Reap to facilitate the management of opportunistic infections and access to ART facilities for sex workers. Close collaboration with local NGOs was developed in order to deliver weekly health promotion and family planning sessions, as well as the free distribution of condoms. As well as boosting the number of referrals to Voluntary Confidental Counselling and Testing (VCCT) and STI services, the MSF team also facilitated access to safe abortion for more than 120 women.

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Catalyst for change

Chronic diseases

In 2002 MSF was among the very first health organisations to be authorized by the Ministry of Health to introduce antiretroviral drugs to the country and put HIV patients on treatment. This was done through the establishment of three clinics in Sotnikum, Siem Reap and Takeo Referral Hospitals focusing specifically on the management of chronic diseases.

These clinics focused on the treatment of HIV patients alongside those with other chronic diseases, such as diabetes and hypertension, by the same health staff and in the same hospital buildings. This model was recognised as an innovative way of fighting the stigma around HIV/ AIDS. It also addressed the needs of diabetes and hypertension patients at a time when nobody else was supporting the Ministry of Health to improve the management of these diseases.

This novel approach demonstrated the feasibility of integrating care for HIV/AIDS with care of other chronic diseases, and has since then attracted the interest of various actors including international medical journals.

Between 2002 and 2009, more than 4,000 HIV patients were put under ART, of whom more than 1,000 were children. In the same period almost 5,000 patients suffering from diabetes mellitus and more than 3,000 hypertension patients were managed by MSF and staff from the Ministry of Health.

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National health policies

MSF has contributed to the national health system in several ways. In the nineties, during the reconstruction period, MSF was one of the leading partners in introducing national treatment guidelines and rationalising the Ministry of Health essential drugs list. MSF was particularly active in the calculation of a Hospital Consumption Profile which would later serve as the basis for the Cambodian national drug supply plan.

After 2000, MSF was able to influence categoric changes at national level thanks to the successes of its medical projects in the field, and its ongoing operational research. For example, a combination therapy (artesunate + mefloquine) was introduced in the national protocols for the treatment of Plasmodium falciparum malaria, which was something that MSF had actively requested. MSF also provided extensive support to the Ministry of Health in writing the national protocols and treatment guidelines for MDR-TB.

Thanks to the MSF presence in Cambodia, hundreds of health professionals have been trained in various fields, such as malaria, HIV/AIDS, TB, diabetes, hypertension, surgery, anaesthesiology,midwifery and laboratory skills.

MSF has also played a role in improving the perception and reputation of NGOs in Cambodia. In 1989, a few months after the opening of the first MSF projects in Cambodia, MSF with few other NGOs, initiated MEDICAM - a network for NGOs working in the health sector in Cambodia. Today, MEDICAM has a membership body of more than one hundred NGOs working in the field of health and is one of the main stakeholders represented in most of the key national working groups in the health sector.

In construction, MSF has actively participated in the development of standard models for pharmacies at Operational Health District and Health Centre levels. MSF has also built and rehabilitated around 200 health structures.

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Reasons for leaving Cambodia

MSF delivers emergency aid all over the world to people affected by emergencies such as natural disasters, epidemics, healthcare exclusion and conflict. Although Cambodia has gone through turbulent times, the country has over the years gradually regained stability. Tremendous progress has been made in the field of health and MSF has played a significant part in some of these successes.

MSF is a medical humanitarian organisation giving priority to lifesaving emergency situations in times of extreme crisis. Our mandate does not usually extend to needs which could just as well be met by the Ministry of Health itself, or the many NGOs remaining in the country. We are now confident that our projects can be continued successfully thanks to the commitment of our partners at national and provincial levels.

Although the Belgian section of MSF is with drawing from Cambodia, our colleagues from MSF France are continuing their medical activities in the country and will be able to respond to any acute health needs that may occur in the future.

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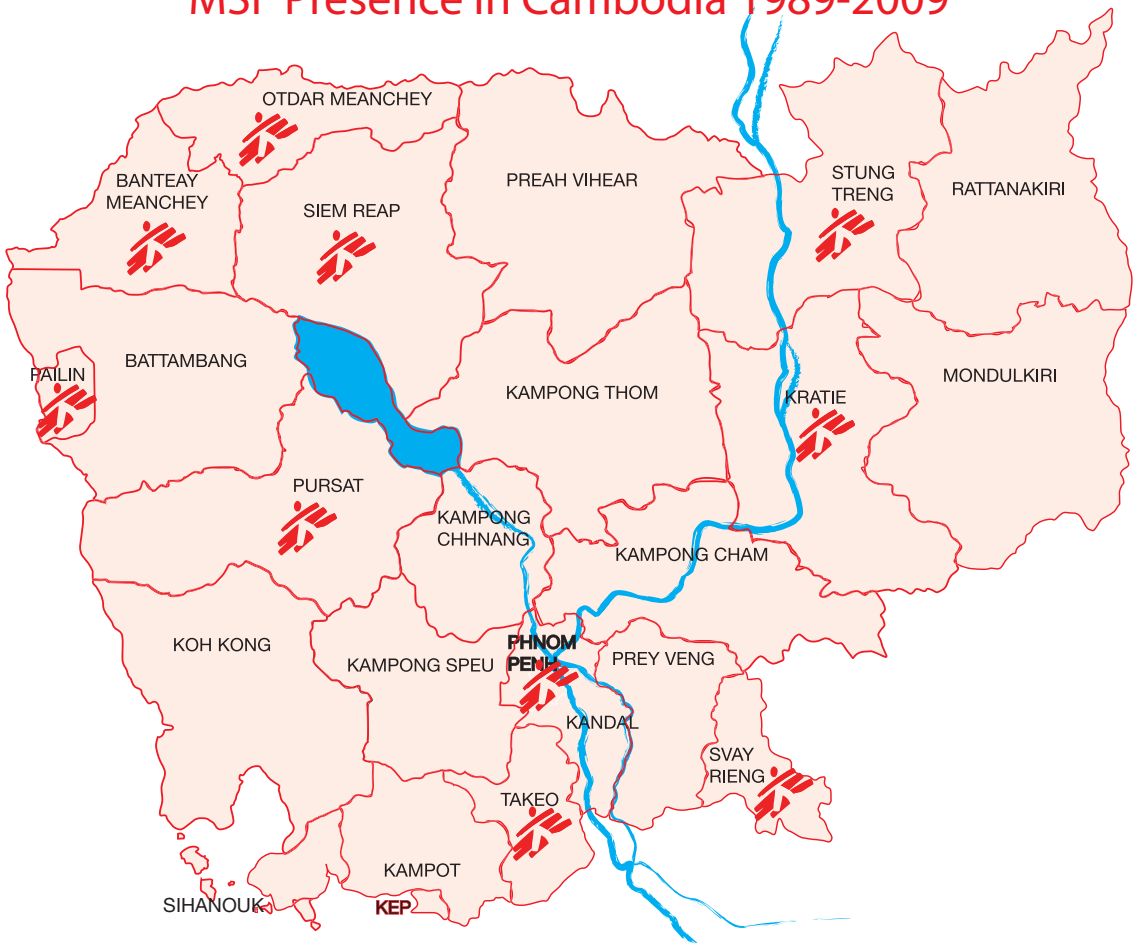
Remaining health challenges

Although we have witnessed tremendous improvements in Cambodia over the last 20 years, it needs to be said that the Cambodian health sector reform is still far from being complete. Many more steps need to be taken in order to provide access to quality health-care for all.

The Ministry of Health has expressed a political willingness to put mother and child health and the management of communicable diseases as top priorities in its 2008-2015 strategic plan. MSF hopes that this ambition will be steadily supported and sustained by a continuous increase of national budget disbursement, from the international donor community and NGOs working in the health sector.

MSF also hopes that the various attempts to facilitate the access to health services for the most vulnerable population, such as health insurance, equity funds and user fees initiatives, will lead to sustainable solutions for the poorest part of the population.

MSF Presence in Cambodia 1989-2009



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