



# Promising Practices

## On the human rights-based approach in German development cooperation. Health: A patients' rights charter in Cambodia

### Background

Since the civil war and the Khmer Rouge era services within the public health sector remain insufficient, especially for the poor. As a result Cambodian children have the lowest life expectancy at birth in Asia. The utilisation rate in most public health facilities is low because facilities are poorly equipped, lack drugs and are of generally low quality. Medical staff is inadequately qualified, underpaid and often behave in a discriminatory way towards poor people. As compared to private clinics treatment fees are lower but lack transparency.

The 'Social Health Protection Programme' has been implemented by Deutsche Gesellschaft für Internationale Zusammenarbeit, GIZ (formerly GTZ) since 2009 with the aim to improve the quality, access to, and use of, health services. With the objective of making health care more effective and accessible for all Cambodians, including the poor and vulnerable groups, as of 2014, GIZ supports the Cambodian Ministry of Health (MoH) in implementing three of the five priority areas of the Cambodian Health Strategic Plan (2008 – 2015) at the national level, as well as in the provinces of Kampot and Kampong Thom. The three priority areas are:

- Health service delivery: emphasis on quality assurance,
- Health care financing: emphasis on minimising the financial burden when accessing health services, and
- Health system governance: emphasis on the right to health and accountability of health service providers.

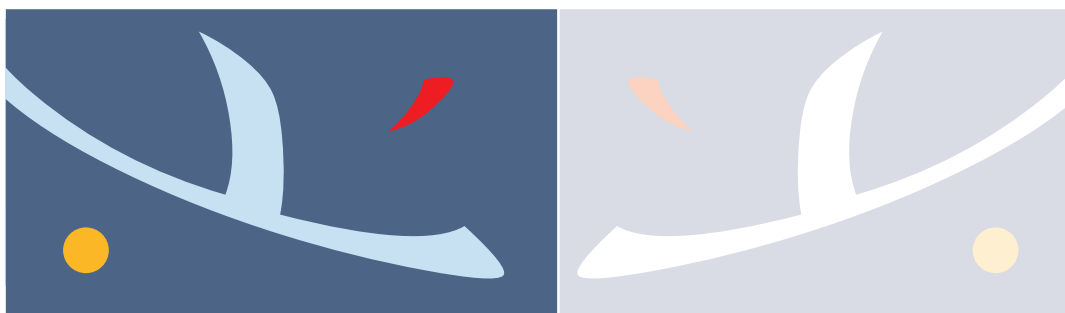
The programme interventions include improving the quality in health centres and hospitals by supporting medical treatment

guidelines, adequate staff training and regular performance checks against uniform quality standards. Furthermore, the programme supports the development of solidarity-based health insurance mechanisms that ultimately enable all Cambodians to access quality health care when needed without financial burden. Finally, the programme seeks to strengthen accountability to improve client orientation in the health system and involve citizens as well as sub-national councils in health sector decision-making processes.

### Human rights framework

The right to the highest attainable standard of health is stipulated in article 12 of the International Covenant of Economic, Social and Cultural Rights (ICESCR) and in article 24 of the Convention on the Rights of the Child (CRC). Details on these rights can be found in General Comment No. 14 (2000) by the Committee on Economic, Social and Cultural Rights, which states that health care must be available, accessible, acceptable and of appropriate quality. Details on article 24 CRC can be found in the Committee on the Rights of the Child's General Comment No. 15 (2013). Furthermore, article 12 of the Convention on the Elimination of All Forms of Discrimination against Women stipulates that states have to take measures to eliminate discrimination against women in the field of health care.

Human rights standards are complemented with cross-cutting human rights principles: non-discrimination and equality of opportunities, participation and empowerment, transparency and accountability.



## Towards a human rights-based approach

It was the Cambodian health strategy of 2003 – 2007 that already made reference to the human rights treaties ratified by Cambodia. The strategy's key goal was:

*'Fostering changes in attitudes and behaviour toward effective health service delivery and greater empowerment of the Cambodian people'.*

It identified major underlying problems: A lack of awareness of both health care users and providers of their rights and responsibilities is a cause of inadequate standards in health care. This leads to lack of trust which in turn causes under-utilisation of medical facilities by the population. Taken together, this contributes to unnecessary high morbidity and mortality.

Therefore, the notion of patients' rights was incorporated in the implementation plan of the strategy. The Cambodian-German Health Programme supported this initiative and facilitated the development of a charter on clients' and providers' rights.

The Charter reflects the cultural notion that every individual holds both rights and duties and focuses on a fair and balanced relationship between clients and providers. It also introduces rights of the individual health care providers, i.e. staff at the health centres, such as their right to just and favourable working conditions.

## Process

In February 2004, a participatory rapid appraisal revealed deficits in the implementation of existing client rights. In July 2004, a multidisciplinary working group of specialists was established. They were tasked to draft a charter on clients' and providers' rights and accompanying operational guidelines together with codes of conduct and ethics for health care providers.

In a number of consultative meetings a broad array of stakeholders reviewed, revised and finally adopted the draft charter. Meetings involved the MoH, NGOs, patients' representatives, the nurses' association, the medical doctors' association, trade unions, lawyers and human rights groups.

Yet, a baseline survey in February 2006 still revealed a lack of knowledge and implementation of clients' and providers' rights. This changed only after the MoH officially endorsed the Charter in May 2007. With support from then GTZ, the MoH started

dissemination: Workshops were held for MoH officials, health care providers and communities and posters displayed in all public health centres and clinics in the two pilot provinces. Based on these experiences, the initiative has been upscaled to other provinces by using multiple resources from the Government and health partners.

The process was based on the premise that access to health care is a fundamental right. Though no explicit reference was made to the human rights standards and their interpretations (nor to national law), the Charter and the process of its elaboration de facto applied human rights standards and principles.

## Impact

The Cambodian charter on clients' rights and providers' rights/duties was developed with GIZ's technical support. It was a milestone document, creating a policy framework for advancing and promoting the right to health for patients, as well as the roles and responsibilities of providers. Supported by promotional activities in the communities, this has contributed to an increased awareness of clients' rights among the population, and demand for quality health care.

Client satisfaction surveys and feedback mechanisms have further contributed to transparency and client-responsiveness in sub-national governance of the health sector. Quality assessments have shown that 90% of public health facilities supported in Kampot and Kampong Thom provinces have noticeably improved their services. This also suggests that patient feedback informs practice.

Commune councils and grass-roots organisations are increasingly involved in sub-national decision-making processes in the health sector. The cooperation with commune councils in particular contributed to their increased participation and involvement in the steering and monitoring of health service provisions. This is in line with the decentralisation reforms of the Cambodian government. By way of example, commune councils are involved in the participatory planning process of the health centre management committees.

In areas where the Charter became widely known it helped to improve services. Staff treated patients, including the poor, in a more respectful and professional manner, and patients developed trust. Demand for services in public clinics increased. The higher utilisation rate generated higher revenues for the public clinics, which were partly distributed as bonuses among staff and improved their motivation.

### Objective of the Charter on Clients' Rights and Providers' Rights-Duties

- Improve client-oriented service of health providers.
- Promote awareness among the population of their right to health and appropriate health-seeking behaviour.
- Promote awareness among health providers of rights and responsibilities in delivering health services.
- Improve ethical practices of health service providers.

Patients, especially members of the health insurance scheme, also demanded better quality in services. Efforts have started to include poor people in the insurance scheme.

The participatory and consensus-oriented process in developing the Charter helped the stakeholders to understand and respect each others positions and interests. Communication between them has sustainably improved, also facilitating other decision-making processes in the health sector.

### Challenges

Effective mechanisms for creating transparency and accountability still need to be strengthened further. It needs more time as well as political will for the accountability mechanism to function

systematically well. Contributing to this there should be sufficient financial means made available to support sub-national councils, civil society as well as health care providers enabling them to carry out their tasks and duties well.

The health administration is still lacking a mechanism that provides redress for legitimate complaints.

A more explicit reference to the international human rights standards could possibly have helped to create a greater sense of obligation and accountability from the government side.

The Charter mainly focuses on behavioural change, it does not and cannot address other structural problems in the health care system that also limit access and quality of health services for instance that many poor people still cannot afford health care and that public medical staff is grossly underpaid.

### Lessons learned

Increased rights awareness on the side of rights-holders and duty-bearers can lead to empowerment and behavioural change which in turn can result in improved public services.

The demand and supply sides need to be addressed concurrently to achieve impact.

In order to effectively realise rights and shift power towards the rights-holders, accountability mechanisms such as participatory monitoring and reporting and complaint mechanisms are needed.



*Awareness-raising about the right to health.*



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## Cambodian Charter on Clients' Rights and Providers' Rights-Duties

### Clients' Rights

- Right to equality, and to be free from all forms of discrimination
- Right to information and health education
- Right to health care and treatment
- Right to confidentiality
- Right to privacy
- Right to choice and informed consent
- Right to express opinion and to participation

### Providers' Rights-Duties

- Right and duties to ask and receive information according to medical techniques
- Rights and duties to provide health care and treatment
- Rights and duties in confidentiality
- Rights and duties to decide on intervention

- Participation of a wide range of stakeholders is essential for the quality and broad ownership of the outcome. Support by higher levels of political responsibility – here the MoH – is crucial. Being an outsider, GIZ has been able to facilitate the process.
- Human rights issues can be addressed constructively in a sensitive political context, since they provide concrete and dialogue-based solutions in seemingly technical areas.

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