

KINGDOM OF CAMBODIA

Nation Religion King



Policy Brief

Promote women roles in leadership and governance in the health sector



June 2024

The Ministry of Women's Affairs, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, has established working groups to develop the Policy Briefs



Bloomberg Philanthropies



Preface

Under the leadership of **Samdech Moha Borvor Thipadei Hun Manet**, Prime Minister of the Kingdom of Cambodia, the Royal Government of the 7th Legislature of the National Assembly has carried on promoting gender equality and preventing all forms of gender-based violence by increasing investment in gender and empowering women in all fields to enable conducive environments for women to exercise their leadership rights to alleviate gender-based violence, early marriage, and teenage pregnancy, as well as to enhance public health, such as malnutrition among women and children, aimed at mitigating maternal and child mortality.

As a secretariat to the Royal Government, the Ministry of Women's Affairs has played a key and active role in promoting gender equality and health, in collaboration with the Ministry of Health, the National Institute of Statistics of the Ministry of Planning, and developed recommendations for Policy Briefs related to gender and health.

The Inter-ministerial Working Group, which is composed of members from the Ministry of Women's Affairs, the Ministry of Health and the National Institute of Statistics of the Ministry of Planning, has decided to select 5 topics as follows:

1. Promote response services for women and children survivors affected by gender-based violence;
2. Promote eradication of cervical cancer to save women's lives;
3. Mitigate maternal and infant mortality by promoting women's health and nutrition, reproductive health, pregnant women, and postpartum women aged 15-49;
4. Mitigate the impact of early marriages and teen pregnancy; and
5. Promote women in leadership and governance roles in the health sector.

The aforementioned 5 recommendations of the Policy Briefs have responded to the Pentagonal Strategy – Phase I of the Royal Government of the 7th Legislature for Growth, Employment, Equity, Efficiency and Sustainability by continuing to embrace "People" as a priority, with Pentagon 1 focusing on "Development of human capital" that takes into consideration of promoting people's health and well-being people and strengthening social support system. Pentagon Side 4.1 on "Sustainable and Inclusive Development" focuses on promoting

gender equality. The Ministry of Women's Affairs' Neary Rattanak VI Five-Year Strategic Plan consists of 6 key strategies, the 3rd of which relates to promoting well-being of women and young girls, transforming gender in health sector. Hence, Data to Policy (D2P) is absolutely crucial as it serves as evidence for advocacy in taking public health response measures as part of Neary Rattanak VI Strategic Plan.

With the support of Vital Strategies, the Ministry of Women's Affairs has led and collaborated with the Ministry of Health and the National Institute of Statistics of the Ministry of Planning to organize several meetings and consultative workshops as well as reviewed and analyzed existing data and identified 5 key issues for the formulation of the recommendations of the Policy Briefs on gender and health to advocate with concerned ministries, institutions and partners.

In addition, strengthening the capacity of officials to develop D2P Policy Briefs recommendations on gender and health in line with the policies of the Royal Government of the 7th Legislature focuses on public administration reform, public financial management reform and other reforms at national and sub-national levels.

We firmly believe that these recommendations of the Policy Briefs serve as guiding aide-memoires for the Royal Government and line ministries and institutions to make informed decisions in the formulation of action plans to contribute to the reduction of identified issues and provide recommendations based on this Policy Briefs.

Last but not least, the Ministry of Women's Affairs, the Ministry of Health, and the National Institute of Statistics of the Ministry of Planning strongly believe that all stakeholders within the Royal Government, development partners, private sector, and civil society organizations will use these recommendations of the Policy Briefs as a compass for effective and efficient implementation to contribute to the promotion of gender equality and health in response to the Pentagonal Strategy - Phase I of the Royal Government of the 7th Legislature of the National Assembly, and Neary Rattanak VI Strategic Plan.

Phnom Penh, December 24, 2024

For - Minister

SECRETARY OF STATE



CHAN SOREY

Acknowledgement

The Policy Briefs Recommendation Development Working Group would like to express our most profound gratitude to **Her Excellency Dr. Ing Kantha Phavi**, Minister of Ministry of Women's Affairs, **His Excellency Professor Chheang Ra**, Minister of Ministry of Health, and **His Excellency Bin Trochhey**, Minister of Ministry of Planning, for their constant support to the successful completion of the Policy Briefs recommendations formulation.

In addition, the working group would like to thank the leaders of the 3 ministries, including **Her Excellency Chan Sory** and **Her Excellency Man Chenda**, Secretaries of State of the Ministry of Women's Affairs; **Her Excellency Pen Riksy**, Secretary of State of the Ministry of Health; **Her Excellency Pech Pitoratha** and **Her Excellency Thongphean Chhaymaly**, Under-secretaries of State, Ministry of Women's Affairs, and the technical working groups of the 3 ministries.

We would like to thank Vital Strategies for providing both financial and technical supports for the development of the recommendations of the Policy Briefs, in particular to **Mr. Luis Ocaranza**, Senior Technical Advisor; **Dr. Mean Reatanasambath**, Country Coordinator; **Ms. Emily Myers**, and **Mr. Ric Mateo**, Trainers, for having developed the capacity of the working group to formulate these recommendations of the Policy Briefs. In the meantime, we would also like to thank the experts from the relevant ministries, institutions and partners for their inputs on the formulation of these recommendations of the Policy Briefs.

Composition of Technical Team

The Ministry of Women's Affairs will prepare a decision to establish an inter-ministerial core working group to prepare a plan and implement policy recommendations, consisting of the following:

No	Name	Position
Core Team Leadership		
1.	HE Chan Sorey	Secretaries of State of MoWA
2.	HE Man Chinda	Secretaries of State of MoWA
3.	HE Hou Samith	Secretaries of MoWA
4.	HE Pen Ricksy	Secretaries of State of MoH
5.	HE Hou Nirmita	Secretaries of State of MoWA
6.	HE Pich Pitou Ratha	Under Secretaries of State of MoWA
7.	HE Thong Pheanchhaymaly	Under Secretaries of State of MoWA
8.	HE Chan Sokha	Under Secretaries of State of MoH
Composition of Coordination		
1.	HE Nhean Sochetra	Director General of the General Department of Social Development, MoWA
2.	Ms. Nith Sreya	Deputy General Director Directorate of Administration of General Affairs
3.	Ms. Chhan Ratha	Deputy Director General of Social Development Directorate
4.	Ms. Te Vouchlim	Director of Planning and Statistics Department, MoWA
5.	Dr. Mean Reatanak Sambath	Country Coordinator, Vital Strategies
Composition of Master Trainers		
1.	Luis Ocaranza	Senior Technical Advisor Vital Strategies
2.	Emily Myers	Senior Technical Advisor, Vital Strategies
3.	Ricardo Mateo Jr	Vital Strategies
Composition of Group 5		
1.	HE Thong Pheanchhaymaly	Under Secretaries of State, MoWA
2.	Ms. So Sovanchakrya	Deputy Director General, National Institute of Statistics, MoP
3.	Dr. Khem Chanthorn	Deputy Director of DPHI, MoH
4.	Mr. Chiwut Meas	Deputy Director, Department of Gender Equality, MoWA
5.	Ms. Te Tevy	Deputy Director, Department of Women and Education, MoWA
6.	Mr. Te Udonvisothreach	Staff Director of Education Department, MoWA

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Acronym / Abbreviations and Definitions

Acronyms Definitions in English

GBV	Gender-based violence
GESI	Gender Equality and Social Inclusion
GSNA	General Secretariat of the National Assembly
M&E	Monitoring and evaluation
MoH	Ministry of Health
MWA	Ministry of Women's Affairs
N	Total Number
OCM	Office of the Council of Minister
PPI	Policy Pulse Initiative
STEM	Science, Technology, Engineering and Mathematics
STEAM	Science, Technology, Engineering, Art and Mathematics
USC	University of Southern California
WGH	Women in Global Health
WHO	World Health Organization

Executive Summary

Women in Leadership in Public Administration of Health Sector Remains Low

Women in leadership in public administration of health sector remains low due to 4 main factors: 1. Social mindset, 2. Limited education of women compared to men; 3. Discrimination against women, and 4. Disrespect for women from male leaders who frequently think that women are still not able to do important pieces of work.

The Royal Government of Cambodia has continued to prioritize the promotion of gender equality and the empowerment of women and young girls in all areas as specified in the Strategic Policy Agenda and Pentagonal Policy - Phase 1 by bolstering citizenship in a highly civilized society with morality, equity, and inclusiveness in which "women are the core". Neary Rattanak VI's Strategy 5 (2024-2028) focuses on women in leadership and governance, which demonstrates that the ratio of women in the decision-making positions in the public sector is constantly increased both at the national and sub-national levels. This increase is attributed to the Royal Government's policy of recruiting new employees, focusing on increasing the number of women from 20% to 50%. Gender inequality in leadership and decision-making in health sector is clearly identified both on a global scale and in Cambodia at all levels. Despite the majority of workers in health sector are women, women in leadership positions are much lower than men. Women whose positions are in the executive management in health sector are likely to face some challenges that make it difficult for them to advance to the next positions. Quite often, this is because women in the leadership positions encounter oppositions while trying to claim for and defend their jobs or demonstrate their management style as carried out by men. In addition to facing issues in the institutional management, there are other factors women face including lower proportions of women with higher education levels than men, misconceptions that women not possessing the same capabilities to lead as men, personal health, in particular with regard to reproductive health in young women, and structural factors such as gender structural bias and bias in recruitment and promotion of ranks.

In order to promote the role of women in leadership and governance, the MoH should push forward the practice of appointing leaders in any managerial and political positions which have not yet realized the gender equality goals by focusing on:

- Priority must be given to women while appointing leaders in managerial and political positions and women successors,
- Retired women in positions must be replaced by women,
- Women should be placed into consideration as a priority for retired men in positions, and
- Mechanism for women as successors in leadership positions must be established.

The formulation of specific guidelines for the appointment of leaders and civil servants in the MoH is absolutely beneficial to provide opportunities for women to fully take part in the national development to help families, institutions and society to ensure growth and to contribute to the alleviation of the people's poverty.

1 Introduction

In modern times, women around the world enjoy more opportunities than ever before, including job and promotion opportunities. Women have been actively engaged in almost every area, particularly in the public and political areas, to contribute to the global development. Women have been performing various pieces of work and holding a wide array of roles in the health sector, and this scale has been on the rise in the last decades. According to data from the global report on Women Political Leaders 2024 by the United Nations Entity for Gender Equality and Empowerment for Women (UN WOMEN), 26 out of 139 countries, equivalent to 18.7%, have women heads of state. However, gender inequalities in leadership positions persist, which is sometimes an obstacle making women less efficient due to lack of decision-making power ⁽²⁵⁾. Today, although a lot of women are involved in the health sector globally, the representation of women in leadership positions remains low. Gender inequalities in the workforce can limit access to the health sector, career development, seizure of vocational educational opportunities, and incentives ⁽⁷⁾.

The Royal Government of Cambodia, under the wise leadership of **Samdech Akka Moha Sena Padei Techo Hun Sen, former Prime Minister** of the Kingdom of Cambodia, pioneered Cambodia to peace and development and growth in all areas. Within that, the Rectangular Strategy - Phase I to Phase IV have identified Strategic Objectives: Strengthening gender equality and social protection in order to promote socio-economic development and strengthening the role of women as the backbone of the economy and society. In addition, the Royal Government of the 7th Legislature under the leadership of **Samdech Moha Borvor Thipadey Hun Manet, Prime Minister** of the Kingdom of Cambodia, has launched the Pentagonal Strategy – Phase I in the Pentagon 4, focusing on sustainable and inclusive development, in which Side 1 has set forth the optimization of demographic dividends, strengthening demographic resilience and promoting of gender equality (increasing investment in gender and empowerment for women in the economy, education, health and education sectors and public leadership at all levels).

As an assistant to the Royal Government, the Ministry of Women's Affairs has launched the Neary Rattanak VI Strategic Plan 2024-2028 in the Fifth Strategy on Women in Leadership and Governance, focusing on key measures such as 1) policy support environment, support mechanisms and workplace environment to promote women in leadership and governance at all levels; 2. Expansion of women's leadership and network development program in the public and political sectors; 3. Increasing of public awareness and support for women and girl

leadership at all levels; and 4 Promotion of girl leadership through innovative programs and initiatives in educational institutions and in the communities ⁽¹⁾.

To encourage, promote and strengthen the role of women in satisfying the Sustainable Development Goals and Visions 2030 and 2050, the MoH shall work on gender equality in education and development of skills, in particular digital, Science, Technology, Engineering and Mathematics (STEM) skills, which are the most vital factors in the sustainable and inclusive development, and the promotion of gender equality at all levels by formulating gender-responsive policies and laws to better empower women to be appointed as leaders in both politics and public administration ⁽¹⁾. In addition, the Policy and Strategic Plan on Gender Mainstreaming 2020-2024 in the Health Sector has been actively developed and implemented with remarkable progress ⁽⁶⁾.

The Policy Brief Recommendations are a compilation of policy documents, strategic plans, action plans and guidelines of the Royal Government of Cambodia as well as national and international research documents which presents ample evidence of significant progress, including many challenges in accelerating and increasing the number of women leaders in health sector.

2 Problem Analysis

Why do we need women in leadership? Because women in leadership roles function well in many key areas in the health sector. According to a 2021 study by McKinsey & Company and Leanin.org in 423 companies across the United States and Canada, women outperformed men in 5 key aspects of employee work ⁽⁸⁾:

1. Providing emotional support to employees: 19% men and 31% women,
2. Considering well-being of employees: 54% men and 61% women,
3. Assisting employees who face life and employment imbalances: 24% men and 29% women,
4. Providing intervention to prevent or tackle mental or physical burnout of employees: 16% men and 21% women, and
5. Leading and providing support for efforts and equity: 7% men and 11% women.

These answers show that women can lead health institutions effectively, efficiently and equitably.

In spite of these results, the challenges faced by women remain; women do not seem to enjoy the opportunity to be promoted in the workplace, especially from the middle to the top levels. This is due to the common perception that female leaders are not as capable as men ⁽²⁾. Moreover, there are barriers to women leaders' participation in the health sector, such as lower levels of education than men and although some women are better educated the number is still fewer than men; personal health factors, in particular those related to reproductive health in young women; structural factors such as gender structural bias, and bias in selection and promotion of rank ^(3, 4).

The World Health Organization (WHO) found that about **70%** of women worldwide work in social work and health sectors, but only about **25%** of them hold leadership positions. As a matter of fact, the vast majority of health workers are women. Worldwide, about **90%** of women are nurses and midwives, but few of them are in the surgical field. Standards and values which define that some jobs are appropriate for men and some jobs are suitable for women are false, and they are an obstacle for women to fulfill and take up their roles as leaders. The WHO emphasizes that inequalities in leadership roles for women in the health sector lead to losses of knowledge, vision and talent of women, since the health system runs better when women have equal opportunities to participate in plan development and delivery of services⁽⁵⁾.

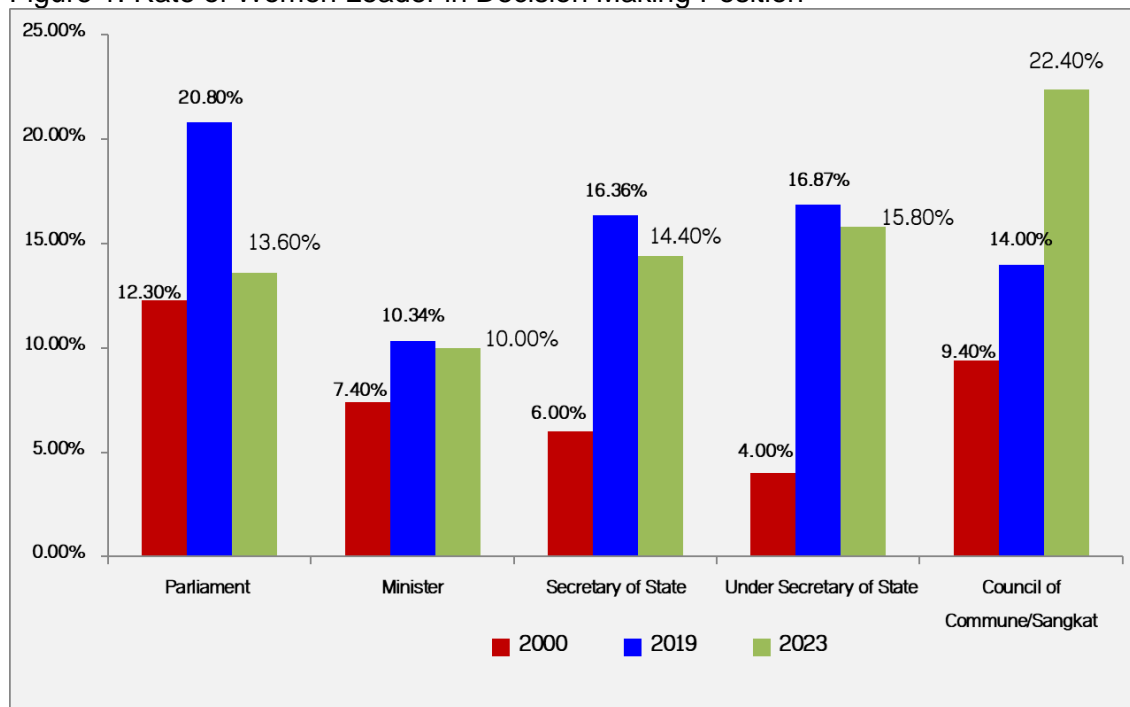
The 2020-2024 Policy and Strategic Plan on Gender Mainstreaming in Health Sector suggests that the gender gap in the health sector needs to be taken into account by both the service recipients and the providers, including the management. In spite of the efforts of leaders and the cooperation of the development partners, the gender gap in the health sector, in particular at leadership levels, remains. In Cambodian health sector, the majority of public officials are women, i.e 52.6% (2019), and most of them play a crucial role in providing primary health care, yet only a small number of them is at the management and decision-making levels ⁽⁶⁾.

The Second Strategy of the Policy and Strategic Plan on Gender Mainstreaming in the Health Sector focuses on reinforcing the equality of opportunities for recruitment, training and promotion of ranks of civil servants of the MoH, with the measuring indicators on ⁽⁶⁾ :

1. Percentage of health centers with at least two midwives,
2. At least there is a female staff in all national and sub-national emergency response teams,
3. Percentage of participation opportunities of female health officials compared to total participants in international conferences and training,
4. Percentage of female doctors among all doctors in the professions within the Ministry of Health,
5. Percentage of women leaders of health units, and
6. Number of women holding senior positions in the Ministry Cabinet from the Deputy Chief of Office to the Director General, and at the sub-national level from the Deputy Chief of the Operational District (OD) to the Department Director.

The following figure shows the increased number of women in decision-making roles in the public and political sectors over the past 20 years (2000-2023), reflecting a significant increase at both the national and sub-national levels ⁽⁶⁾. Despite that, participation of women in decision-making roles is still significantly lower than men.

Figure 1. Rate of Women Leader in Decision Making Position



Source: Ministry of Health Report

Based on a Deloitte Review research paper cited by a Cambodian Senate research paper, women's participation in leadership roles enables the entity to increase productivity and achieve positive results. Women make up more than half of the world's population, but female representatives at the leadership level are far smaller than men. The situation is the same in Cambodia. The report shows that in Cambodia, the percentage of women working in senior positions in all ministries and institutions, both at the national and sub-national levels, is significantly lower than of men, and that most women only hold the position of Deputy Chiefs of Offices. There are a number of factors which directly and indirectly influence a woman's capability to take a leadership position such as the educational level, women's health problems, early marriages and pregnancy which are the factors causing them to lose the opportunities for higher education and making it harder for them to compete for leadership positions, including in health sector ⁽⁴⁾.

2.1 Findings

The Royal Government of Cambodia has continued to prioritize the promotion of gender equality and the empowerment of women and girls in all areas in the Strategic Agenda and the Pentagonal Policy - Phase 1 by strengthening citizenship in a highly civilized society with moral, equity and inclusiveness in which "women are the core". Neary Rattanak VI Strategy 5 (2024-2028) focuses on women in leadership and governance ⁽¹⁾.

Gender inequalities at the leadership level in the health sector have also been highlighted in a research report in Saudi Arabia, which is similar to a WHO finding that the majority of health workers are women, but only a minority of them have leadership roles. The main challenge faced by many women in executive roles in health sector is work-life balance, and that only 12% of them do not encounter the issue of work-life balance ⁽²⁾.

There are some other factors such as concentration on working conditions and career advancement, and some women do not want to take a high position as they do not want to be a role model, and some are busy supporting the family and lack of support from the husbands who do not want their wives to hold a high position because the society does not value women in high positions. Work-life balance seems to be the main problem since it is a social mindset that women are the ones to take care of the family ⁽²⁾.

Based on a study on 200 organizations robustly engaging in the global health sector, 73% of executive positions are male. Therefore, women make up only about a quarter of the leadership roles, but women from low- and middle-income countries make up only 5% ⁽⁵⁾.

The 2024 Regional Human Resource Development Report of the United Nations Development Programme states that Cambodia has made significant progress in promoting gender equality based on the percentage of women in parliament, education, workforce, as well as the mortality rate, with the gender gap narrowing down from 0.679 in 1990 to 0.461 in 2023. This ranks Cambodia in the 116th out of 170 countries for the Gender Inequality Index (GII) 2023 ⁽¹⁾.

In the Cambodian context, in the field of public politics and leadership, the current female members of the National Assembly are 13.60% (2023), of which one is the President of the National Assembly and the other two are the Chairmen of the Expert Committee. The number of female senators increased from 14.75% (1999) to 17.74% (2024) ⁽¹²⁾. 55% of women hold the position of Undersecretary of State and 42% hold the position of Secretary of State ⁽⁴⁾.

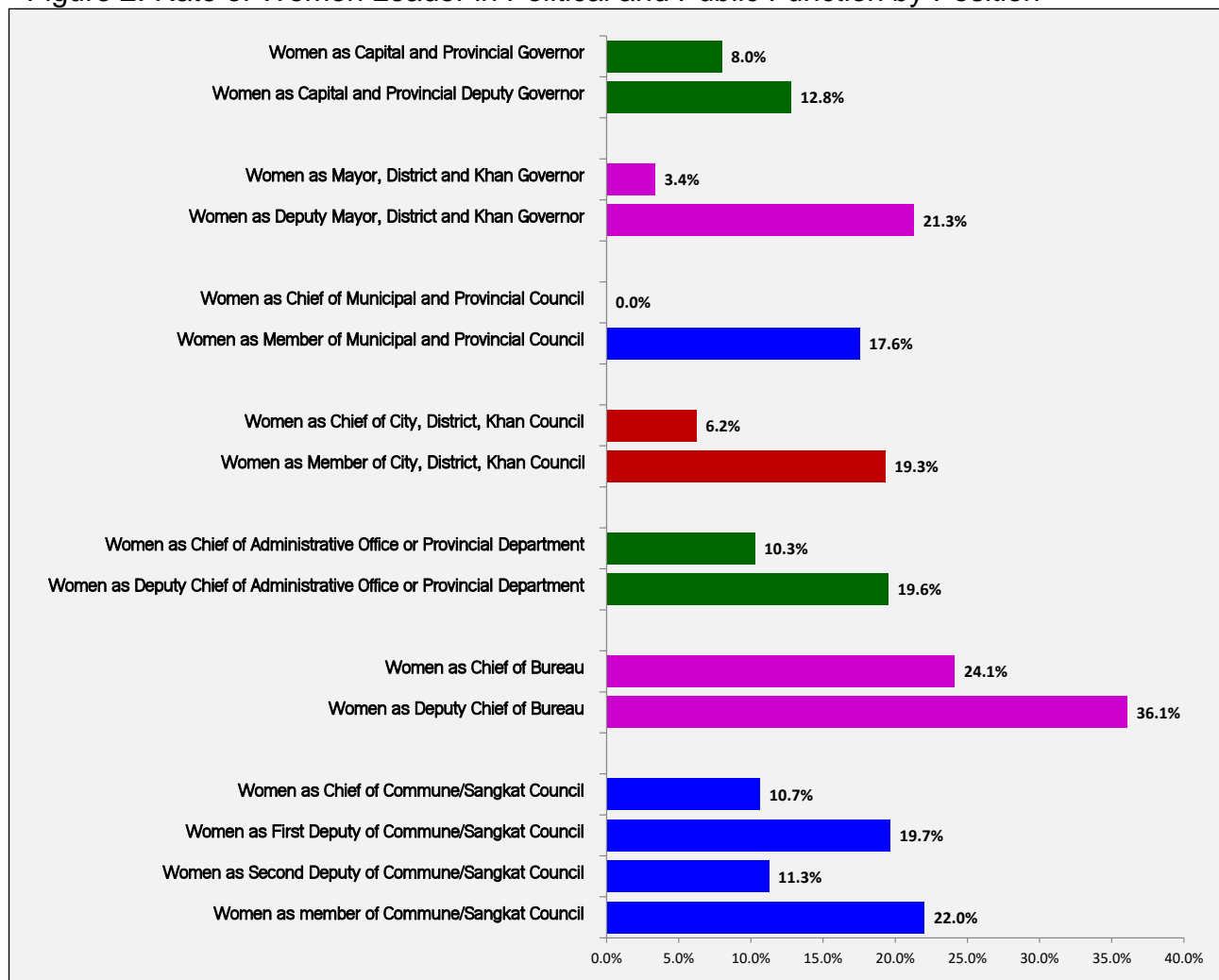
For the government, there are 3 women holder high position, one Minister, one Auditor General and one Governor of the National Bank with the rank of Senior Minister ⁽¹⁾.

The number of women at the sub-national level is remarkably positive, with women accounting for 17.56% of the Capital and Provincial Councils, about 6.22% of the Municipal, District and Khan Councils as chairmen and 19.32% of the members. In communes /Sangkats, women are commune chiefs / commune chiefs about 10.65%, first deputy / first deputy commune chief about 19.67%, second deputy / second deputy commune chief about 11.26% and members about 22.04% ⁽¹²⁾.

Two women are municipal/provincial governors (equal to 8%) and 32 deputy governors (equal to 12.80%). Seven women are Khan/district governors (equal to 3.37%) and 266 are Khan/district deputy governors (equal to 21.31%) in 2024. Women are the administrative director / director of the department, about 10.29% whereas the deputy director of administration / deputy director of the department is about 19.55%, the chief of the bureau is

about 24.13% and the deputy chief of the bureau is about 36.09%⁽¹²⁾. Thus, women position as director/chief are always less than deputy position.

Figure 2. Rate of Women Leader in Political and Public Function by Position

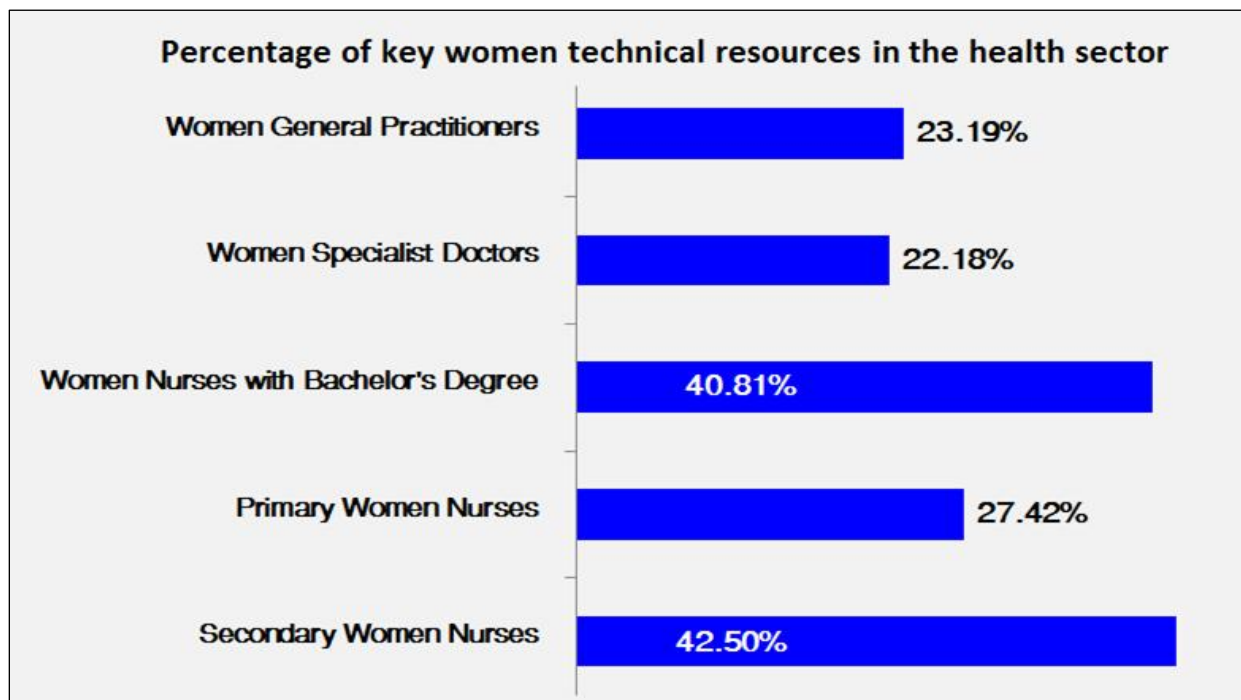


Source: Ministry of Women Affair 2024

Speaking at the celebration of the 112th International Women's Day on March 8, 2023, **Professor Mam Bunheng, former Minister of Health**, said: «To date, more than 50% of women have worked in health sector, which demonstrates their capability in contributing to the enhancement of health sector, especially on maternal, infant and child health». He added that in implementing Gender Equality Policy, the Ministry of Health pays close attention to women's work by providing opportunity, priority and encouragement to capable women to obtain a suitable position in their work as a manager and leader and providing the opportunity to

participate in various skills training courses within and outside of the country⁽⁹⁾. During a courtesy call and discussion with **Samdech Akka Moha Sena Padei Techo Hun Sen** on July 3, 2024, the Cambodian National Council for Women (CNCW) pushed for an increase in the number of female civil servants in the civil service, as the number of women in the civil service was recently increased from 40% in 2019 to 42% in 2022 ⁽¹¹⁾.

Figure 3. Technical resources positions from the gender-based human resource analysis of the Ministry of Health, 2024.



Source: Ministry of Health 2024

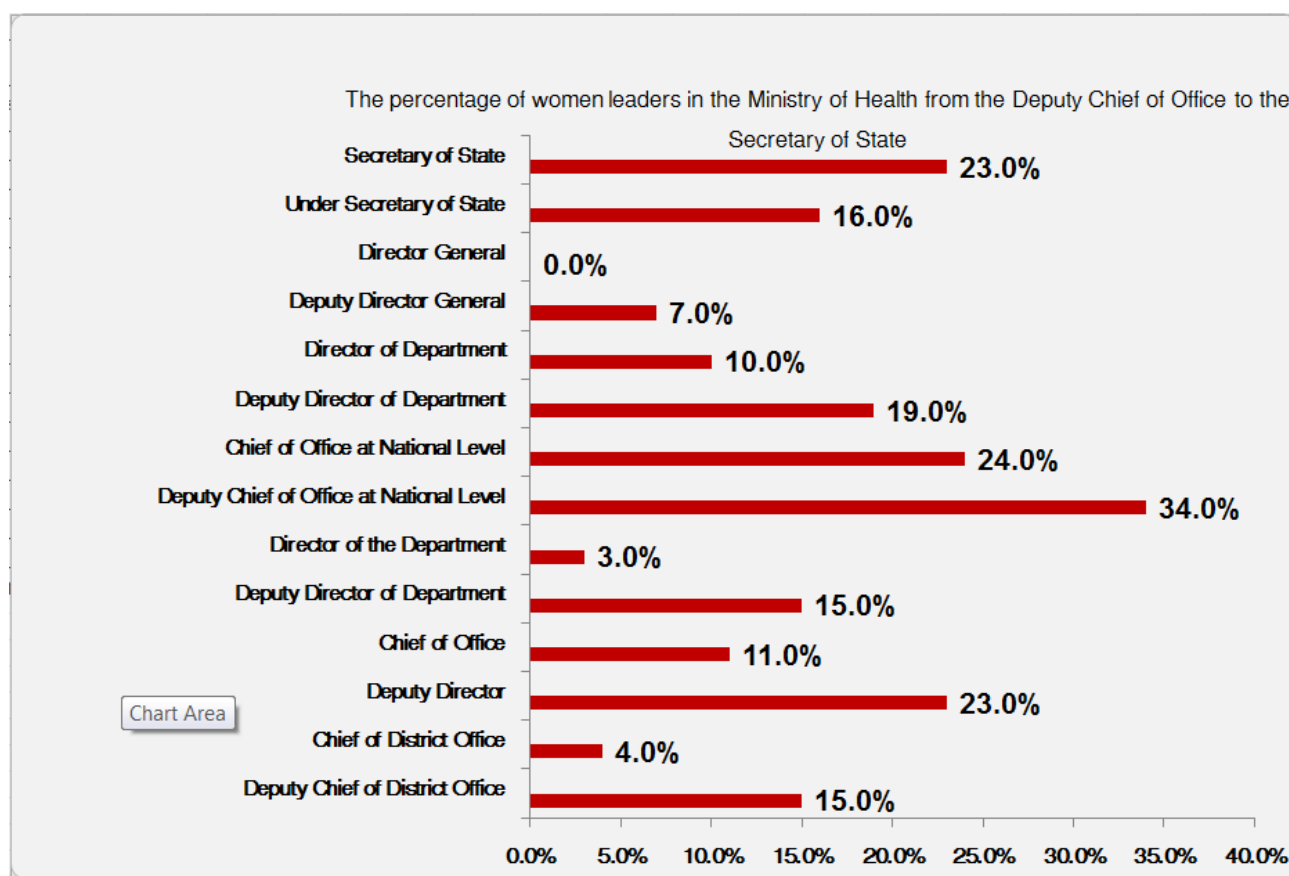
The gender-based human resource analysis of the Ministry of Health at both national and sub-national levels reveals that as of July 2024 there were a total of 31,101 civil servants, of which 17,088 being women (55%), and compared to 2010 there were only 13,786 (52.94%), most of them in the positions of midwives, officials and assistants ⁽¹²⁾.

In 2023, women holding the positions of Deputy Chief of Office to the Director General accounted for 187 (23%), compared to 115 (18.4%) in 2017. Women who are general practitioners accounted for about 23.2% (778/3,355), specialist doctors for 22.2% (264/1,190), nurses with Bachelor's Degree for 40.8%. (324/794), primary nurses for about 27.4%

(637/2323), and secondary nurses for about 42.5% (4,129/9,707) (Graph above). As for the women leaders, there were 8 Secretaries of State (22.86%, N = 35) and 3 Under-secretaries of State (15.79%, N = 19). Although the number of women in high positions has been increased, it is still minimal compared to the number of men.

The 2023-2024 report from the MoH demonstrates the percentage of women leaders from the level of Deputy Chief of Office at the district level to the level of Secretary of State, as shown in the graph below. This graph shows that the percentage of women holding the position of deputies is higher than men, except for the position of Under-Secretary of State.

Figure 4. Leadership position from the gender-based human resource analysis of the Ministry of Health, 2024.



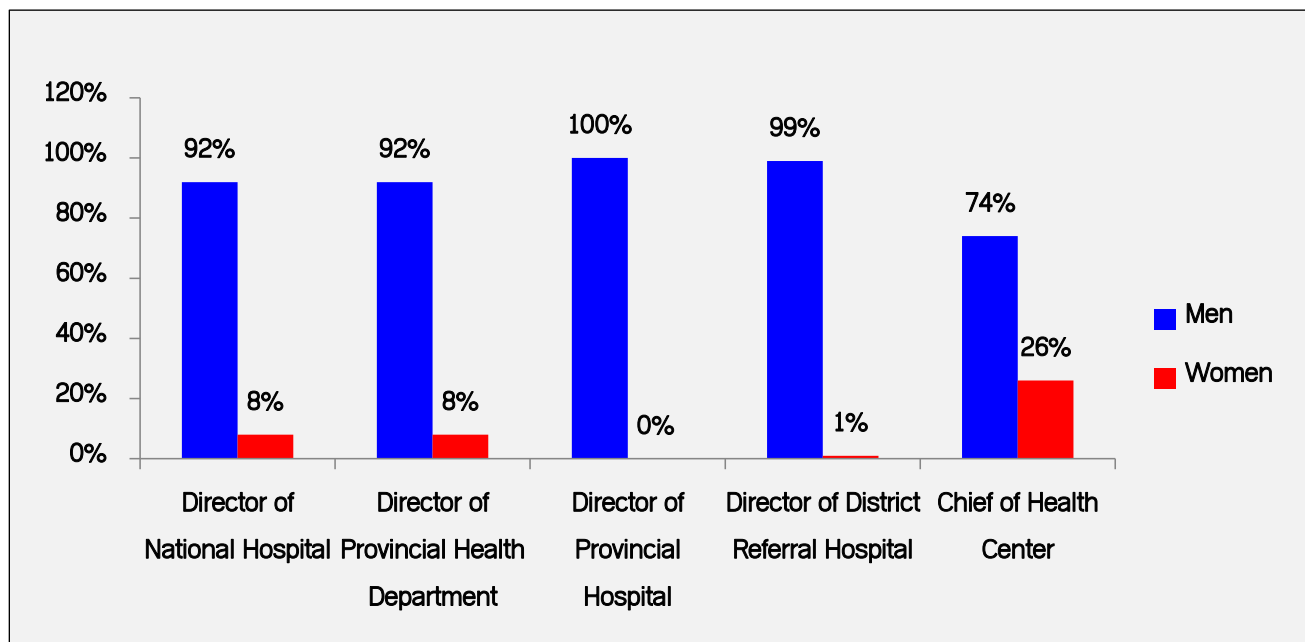
Source: Ministry of Health 2024

The following is the statistics of the women in management at health facilities, at the provincial and district referral hospitals, and at health centers. This figure confirms that among the 12 national hospitals (Calmette Hospital, Ang Duong Hospital, Preah Kosamak Hospital, Khmer-Soviet Friendship Hospital, National Pediatric Hospital, Kantha Bopha Hospital,

Jayavarman VII Hospital, National Center for Tuberculosis and Leprosy Control, Techo Santepheap Hospital National, Sihanouk Hospital Center of Hope, Luang Mae Hospital, and National Maternal and Child Health Center (NMCHC)), only NMCHC is headed by a female director (1/12 = 8%). Only 2 of the 25 capital and provincial departments of health are headed by female directors; they are Kampot and Preah Sihanouk provinces (2/25 = 8%) (13).

Based on the data as shown in the graph below, women, in Cambodia, fell well under gender inequality in terms of leadership, executive, and senior levels of the health system. The positions of Chair or Director of almost all levels are taken by men, while women are only Deputies and yet are at a very low percentage. At the provincial hospital level, no province has a female deputy director. However, at the lower health level, i.e. at the health center level, women are seen holding the position as Chief, but at a far lower level than men.

Figure 5. Leadership positions in the health sector by men and women, 2024

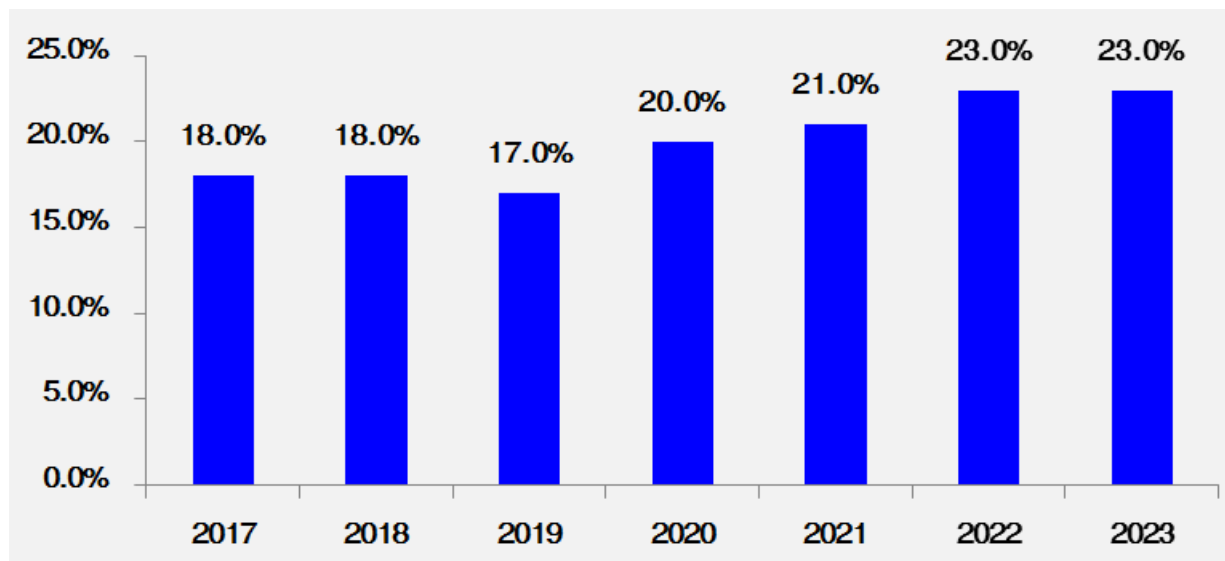


Source: Ministry of Health 2024

According to the 2023 Review Report and the 2024 Action Plan of the CNCW, the results of gender mainstreaming in health sector show that women leaders in the health sector are also constantly promoted, as in other areas; from the sub-national level, that is the provincial deputy director level, to the national level, that is the Director General level. From

2017, the percentage of women leaders was 18%, and by 2022 and 2023, it was increased to 23%, as shown in the following graph ⁽¹⁴⁾:

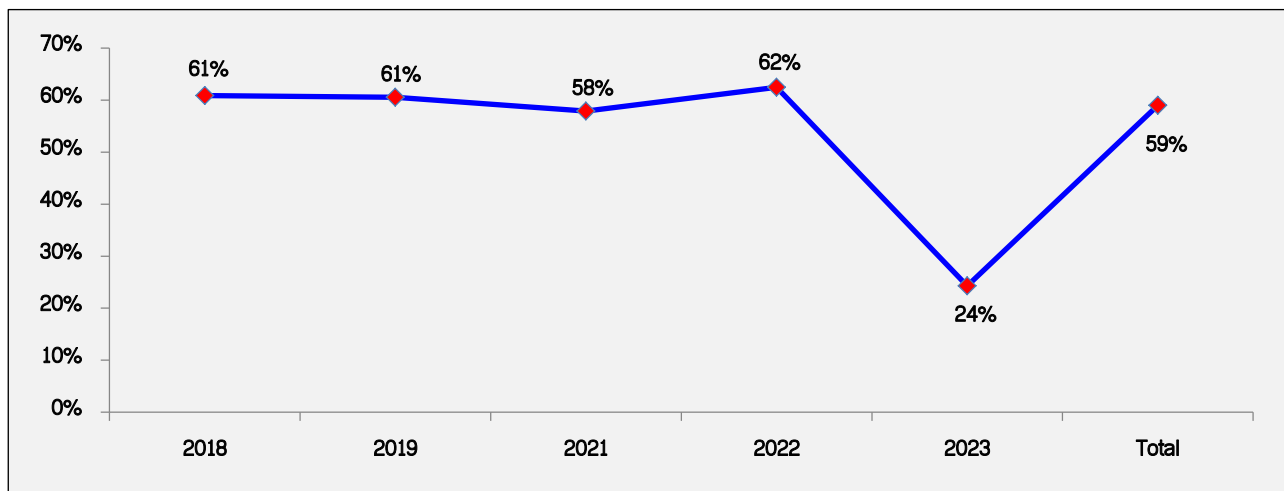
Figure 6. Percentage of women leaders in the Ministry of Health with ranges of Deputy Director of Department, to Director General, 2017 - 2023



Source: Women in leadership positions from the 2023 CNCW Review Report.

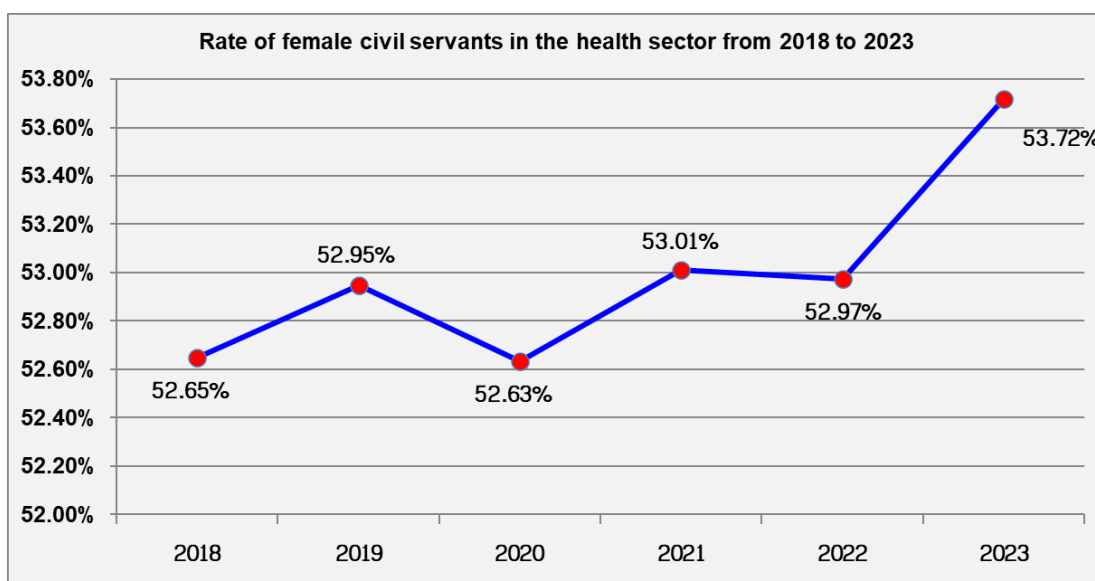
According to the same source, the recruitment statistics under the Ministry of Health framework from 2018 to 2023 show that the proportion of women as new civil servants was up to 59%. In 2020, no recruitment of new officials was carried out.

Figure 7. Recruitment rate of new female officials of the Ministry of Health, 2018-2023



Source: Cambodian National Council for Women 2024

The graph below shows the proportion of female civil servants compared to the total civil servants in health sector, which indicates a continuous increase from 52.65% in 2018 to 53.71% in 2023. This figure represents the total number of female officials at both the national and sub-national levels. This increased percentage of both new recruits and total number of staff marks an accomplishment of gender mainstreaming in the public sector. Albeit increased, the aforementioned data shows that women leaders in decision-making positions are still low (14).



Source: Cambodian National Council for Women 2024

2.2 Challenges

The Neary Rattanak VI document recognizes a number of challenges that hinder or hesitate the acceptance of women's leadership roles: the attitudes and mindset of the Cambodian society towards women, in particular, less family support for daughters or wives to bear a higher position. On the other hand, women are in charge of many household chores, including caring for family and children ⁽¹⁾.

The challenges of implementing gender equality principles are not unique to Cambodia; they are faced globally at unequal level. They take place in all sectors, not just in health sector ⁽²⁾.

Based on the findings of the Cambodian Senate, as well as in other research papers, the main challenge is associated with work-life balance, in which women have so long been regarded as family caregivers rather than men. Khmer socio-cultural factors play a key role by placing higher value for men in work than women who must focus only on household chores ⁽⁴⁾. Education at the secondary and higher levels is also another factor in determining inequality in women's leadership roles ^(4, 5).

Another challenge is to build the capacity of those who have the potential to lead, with a focus on women. Currently, the MoH has organized an e-training program on leadership and innovation in order to introduce concepts and share experiences of quality leadership. Such a training program is led by **His Excellency Professor, Minister of Health**, each time attended by more than 2,000 officials from national and sub-national levels. The composition of the officials involved in the training consists of Secretaries of State, Under-secretaries of State, Director Generals, Deputy Director Generals, Department Directors, Department Deputy Directors, Chiefs of Offices, Directors and Deputy Directors of National Centers, Directors and Deputy Directors of National Hospitals, Directors and Deputy Directors of Capital and Provincial Health Departments, Directors and Deputy Directors of ODs, and Director of Health Centers ⁽¹⁵⁾. However, the challenge in this training is the lack of data on the number of women in decision-making roles.

Institutional factors are also a major challenge due to the discrimination in the promotion of ranks for women, and despite the fact that most of the promotions have been made, they are mostly in lower positions. Political factors are likewise very challenging in the context of

Cambodian women as most of whom consider political issues to be the men's work. These challenges are complex and require collaboration from multiple stakeholders, but the immediate, potential remedies to the problems are as follows:

- The practice of appointing leaders in management and political positions is not yet responsive to gender equality;
- The percentage of women in management positions is still low, which requires high attention to the implementation of inclusive and equitable gender mainstreaming principles in the appointment of management positions and encouragement for women to be engaged in health sector;
- The capacity of relevant officials at national and sub-national levels for gender analysis and mainstreaming in health sector remains limited, which needs to be further and constantly strengthened;
- The issues of nurseries and work-life balance are part of thwarting women from embracing high-level professional skills, and entrance exams for a civil servant status in the health sector are also set with high standards;
- Intergenerational participation in issues pertinent to decision making does not yet respond to gender equality;
- The introduction of measures and means to support a friendly and safe working environment which contributes to support women's participation as leaders and full socio-economic development remains limited;
- Family and social attitudes and mindset continue to place discrimination against women in leadership roles, which hinder the development of women's potential for full participation in decision-making roles in the socio-economic, public, and political areas; and
- Being a role model and networking of women leaders as well as support systems for capacity development and leadership training are essential as women and girls must seize opportunities and develop their leadership on their own, based on their respective potential and talent.

3 Policy Brief Options

The health sector is one of the largest economic sectors in the world, with a large number of women working in it, and it requires women leaders. Once there are more women leaders in the health sector, it will be more transparent and efficient in providing health services at all levels, and the people in need of health services will even have comprehensive and equitable access to all services which are more gender-responsive. To address the above-mentioned issues, the MoH should act out the policy recommendations as follows:

3.1 Policy Recommendation Option 1

The Ministry of Health develops specific guidelines for the appointment of leaders and enhancement of the implementation of appointing women as leaders in management and political positions in response to gender equality by focusing on:

- Priorities must be given to women for the appointment of leaders in management and political positions and women successors;
- The positions of retired women must be replaced by women;
- The positions of retired men should be considered for women first; and
- A mechanism for women successors in leadership positions must be established.

The formulation of specific guidelines for the appointment of leaders and civil servants in the MoH is very important to provide opportunities for women to fully participate in the national development to help families, institutions and society to grow and contribute to mitigation of people's poverty.

3.2 Policy Recommendation Option 2

The Ministry of Health solidifies the capacity development of women officials in terms of gender analysis and mainstreaming in health sector and orientation of women for leadership positions through conducting training on leadership for women officials.

Capacity building for women in decision-making levels in the field of leadership skills is vital so that women have full capacities to function their daily tasks and to manage and lead work effectively. Capacity development is a necessity, and the MoH should pay focus on providing training on leadership skills on a periodic basis as well as support and encourage

women to participate in various activities both at home and abroad to be able to perform their job and constantly get promoted to a higher position.

The Ministry of Women's Affairs, the Cambodian National Council for Women, the Ministry of Health, and the National Institute of Public Health (NIPH) should meet and discuss the organization of management and leadership courses for women who have the potential to be promoted as future leaders because both the MoH and the NIPH, at the moment, have already been conducting training courses on management and leadership for health officials. The crucial point is how to incorporate gender-based aspects and contents into the training programme.

3.3 Policy Recommendation Option 3

The Ministry of Health increases opportunities for women to take on leadership roles by strengthening the implementation of measures and means to support a friendly and safe environment in the workplace (Neary Rattanak VI) ⁽¹⁾.

Establishing measures and means to support a friendly and safe environment in the workplace is critical to ensuring that women have work-life balance and will have a chance to participate as a leader and to make decisions like men do. In this regard, the MoH must pay attention to and set out the principles for organizing and establishing nurseries and breastfeeding facilities in the workplaces of the concerned ministries at both the national and sub-national levels, as well as supporting a friendly and safe environment in the workplace to contribute to promoting equity with high efficiency and inclusiveness.

3.4 Policy Recommendation Option 4

The Ministry of Health develops policies to identify the quotas for leaders and civil servants in the public and political spheres to make sure that women are able to participate as leaders and in the decision-making as men.

. What's inevitable is that the Royal Government develops a policy or decision to separately identify the age or quota for leaders and civil servants in health sector to provide the opportunity for women to participate as leaders at both the national and sub-national levels

in fulfilling their work based on their skills and past work experience in promoting gender equality and empowerment of women.

3.5. Analysis of Policy Recommendations

Given the analysis of problems, findings, challenges and descriptions in each Policy Brief Recommendation, it shows that the Ministry of Health's focus on gender mainstreaming in health sector has provided significant benefits to services recipients. The prioritization of each policy counts on the political decisions and feasibilities that can be effectively carried out and respond to different needs of recipients.

The 4 Policy Recommendations as mentioned above are crucial, but the Policy Recommendations 1 and 2 are priorities which the Ministry of Health must review, approve and translate into action since the formulation of specific guidelines for the appointment of leaders and civil servants at the MoH is totally vital in order to provide opportunities for women to fully engage in the national development to help families, institutions and society grow and contribute to cutting down poverty. This task can be attainable and enhance women in leadership roles.

- As for the Policy Brief Recommendation 1, which states that *the **Ministry of Health develops specific guidelines for the appointment of leaders***, it is surely possible to be successful given the ongoing Gender Mainstreaming Policy in the Health Sector, Neary Rattanak VI's Action Plan, along with the sturdy support from the legislative and the executive bodies and numerous development partners. The benefits resulted from appointing women leaders based on gender equality and gender-based responsiveness in health sector are surely huge, as women leaders are more aware of women's issues than men.
- As for the Policy Brief Recommendation 2, which states that *the **Ministry of Health solidifies the capacity development of women officials in terms of gender analysis and mainstreaming in health sector and orientation of women for leadership positions***, it is surely possible to be successful as Recommendation 1 because this Recommendation fully supports the first one, and both of which must be simultaneously performed to attain mutual benefits;

- The Policy Brief Recommendation 3, which states that *the Ministry of Health increases opportunities for women to take on leadership roles by strengthening the implementation of measures and means to support a friendly and safe environment in the workplace* as detailed in Neary Rattanak VI documents, can also be applied but will depend on the opportunity to establish them, as implementation of this recommendation requires more physical and financial resources, for example to implement or expand childcare service. There are roles for women to participate in leadership and decision making, because this recommendation is so much associated with work-life balance. The benefits resulted from this Recommendation 3 will provide women mental balance, which is a barrier to taking on a leadership position.
- The Policy Brief Recommendation 4, which states that *the Ministry of Health develops policies to identify the quotas for leaders and civil servants in the public and political spheres to make sure that women are able to participate as leaders and in the decision-making as men*, may not be feasible. It can be difficult to formulate policies to identify appropriate ages or quotas for leaders and civil servants in the public and political spheres to make sure that women are able to participate in leadership and decision-making roles as men.

Prioritization of Policy Recommendations

	Policy Possibility	Operation Possibility
Policy Option 1		
Policy Option 2		
Policy Option 3		
Policy Option 4		

Possibility

High



Somewhat possible



Impossible



4 Policy Recommendations

The Ministry of Health develops specific guidelines for the appointment of leaders and enhancement of the implementation of appointing women as leaders in management and political positions in response to gender equality by focusing on the following points:

- Priorities must be given to women for the appointment of leaders in management and political positions and women successors;
- The positions of retired women must be replaced by women;
- The positions of retired men should be considered for women first; and
- A mechanism for women successors in leadership positions must be established.

To achieve the implementation of the above-mentioned policy recommendations, the Ministry of Health must:

- Update the Strategic Plan for Gender Mainstreaming in Health Sector;
- Set up leadership training for intergenerational female officers;
- Strengthen the implementation of measures and means to support a friendly and safe environment in the workplace for women; and
- Establish a mechanism for women successors for leadership positions by promoting women to be healthy and energetic, encouraging women to overcome traditional culture and empower them to overcome social barriers, and providing opportunities for and challenging women to take up multinational work at regional or global level.

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