

Kantha Bopha Children's Hospitals: Dr. Beat Richner's Lifework

On a sultry Saturday evening in mid-August 2009, a weekly concert to collect donations was taking place in a freezing air-conditioned lecture room at a children's hospital in Siem Reap, a town in northern Cambodia, not far from world-famous Angkor ruins. Dr. Beat Richner (aka Beatocello), a Swiss pediatrician running the hospital, played Pau Casal's *El Cant dels Ocells*. The 100-strong audience was mostly composed of European tourists. After the applause, 62-year-old Dr. Richner greeted the audience and started to describe with bitterness the situation of public health in the country: "Without our hospitals, 90,000 children a year would die in a passive genocide. The creed of the World Health Organization and UNICEF is that medical treatment must correspond to the economic reality of each country - but the economic reality of most Cambodians is zero."¹

His concerts bring in nearly \$6 million every year. In total \$22 million are raised annually, of which only 8% and 7% are paid by the Swiss and Cambodian governments, respectively, with the balance coming from private donations obtained thanks to Dr. Richner's personal effort.²

That evening Dr. Richner seemed especially irate and very malcontent with the health system in Cambodia, and concerned about the future of this and other hospitals financed mainly by private donations and managed by him.

¹ Bland (2009).

² Berliner Zeitung (<http://www.berlinonline.de/berlinerzeitung/print/magazin/709927>).

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Beat Richner: a Short Biography

Beat Richner was born in Zurich on March 13, 1947. He graduated in medicine in 1973 and specialized at the Zurich Children's Hospital. In 1974 he joined the Swiss Red Cross and was sent to work at the Kantha Bopha Children's Hospital³, in Cambodia. Dr. Richner was forced to go back to Switzerland when the Khmer Rouge gained sway over the country. Initially, he returned to his former work at the Zurich Children's Hospital. In 1980, he opened his own practice. During these years in Europe, Beat Richner developed the character of Beatocello, an entertainer, giving numerous performances both in Switzerland and abroad.

In December 1991, Cambodia's King Norodom Sihanouk asked him to rebuild and manage the Kantha Bopha Hospital. Richner moved to Cambodia, and has ever since managed, amplified and built Kantha Bopha children's hospitals in different locations in Cambodia.

The Kingdom of Cambodia: Politics, Society and Economics

Basic Data

With an area of 181,035 sq km, and a population of 14.8 million (2005 estimation), Cambodia has three border countries – Laos, Thailand and Vietnam – and a coastline of 443 km on the Gulf of Thailand, connecting with the South China Sea (see the map in Exhibit 1). The main religion is Theravada Buddhism and the language, Khmer, a member of the Mon-Khmer subfamily of the Austro-Asiatic language group. However, English is widely spoken and taught in the major cities, and even in rural areas most young people speak some, due to the number of tourists from English-speaking countries.

The capital is Phnom Penh with an estimated population of 1.3 million (data from the 2008 census); the major cities are: Phnom Penh, Siem Reap and Sihanoukville.

Recent History^{4,5}

In 1863, King Norodom, enthroned with the support of Thailand, sought the protection of France from Thailand and Vietnam, after tensions between them grew. In 1867, the Thai king signed a treaty with France, renouncing suzerainty over Cambodia.

Cambodia was a protectorate of France from 1863 to 1953, administered as part of French Indochina, though occupied by the Japanese empire from 1941 to 1945. After King Norodom's death, in 1941, 18-year-old Norodom Sihanouk was enthroned. Under his reign,

³ "The activity of Kantha Bopha I Hospital was initiated in 1992 by 16 European expatriates and 68 Cambodians. In 2008, the personnel working in all Kantha Bopha hospitals consists of 2100 Cambodians (including 180 doctors) with only two permanent European expatriates. Since 1992/93, the mortality rate has been reduced from 5.4% to 0.75% in 2008." (http://www.beat-richner.ch/Assets/richner_KBAP_Academy.html, accessed on October 29th 2009.)

⁴ Based on Chandler (2000) and <http://en.wikipedia.org/wiki/Cambodia>, accessed on October 31, 2009.

⁵ As to the splendors of Cambodia's past, refer to such authors of travel and chronicles as Mouhot (2000), Zhou (2007), Quiroga de San Antonio (1998), Loti (1996), etc.

Cambodia became independent of France on November 9, 1953 and Cambodia became a constitutional monarchy.

Sihanouk adopted neutrality in the Cold War (1945-1991). However, Cambodia began to take sides, and the king was ousted in 1970 by a military coup with the support of the United States, while travelling abroad. Settling in Beijing, China, Sihanouk had to realign himself with the Chinese communists. The pro-China Khmer Rouge rebels used him to gain territory in the regions. The king urged his followers to overthrow the pro-United States government of Lon Nol, which led to the civil war.

Between 1969 and 1973, after bombardments, South Vietnam and US forces briefly invaded Cambodia to disrupt the Viet Cong and Khmer Rouge. Some two million Cambodians fled to Phnom Penh. Estimates as to how many Cambodians were killed during the bombing campaigns vary widely, as do opinions about the effects of the bombing. Some authors⁶ argued that the bombing drove peasants to join the Khmer Rouge.

As the war ended, the country faced famine in 1975, with 75% of its draft animals destroyed, meaning that rice planting for the next harvest would have to be done by the hard labor of seriously malnourished people.”

The Khmer Rouge reached Phnom Penh and took power in 1975. The regime, led by the notorious Pol Pot, changed the official name of the country to Democratic Kampuchea (DK), and was heavily influenced and backed by China. They immediately evacuated the cities and sent the entire population on forced marches to rural work projects. The constitution promulgated in January 1976 abolished private property and organized family-oriented agricultural production on the model of the 11th century, discarded Western medicine, and destroyed anything considered Western. Over one million Cambodians, out of a total population of eight million, died from executions, overwork, starvation and disease.

The number of people killed by the Khmer Rouge regime is estimated to lie between one and three million. Hundreds of thousands fled across the border into Thailand. Minority ethnic groups were targeted by the regime. The Cham Muslims suffered serious purges with as much as half of their population exterminated. In the late 1960s, an estimated 425,000 ethnic Chinese lived in Cambodia, but by 1984, as a result of Khmer Rouge genocide and emigration, only about 61,400 Chinese remained in the country. The professions, such as doctors, lawyers and teachers, were also targeted.

On Christmas Day 1978, over 100,000 Vietnamese mounted a major offensive to stop Khmer Rouge incursions across the border and the genocide in Cambodia. Violent occupation and warfare between the Vietnamese and Khmer Rouge holdouts continued throughout the 1980s. Peace efforts began in Paris in 1989, culminating two years later in October 1991 in a comprehensive peace settlement. The United Nations was given a mandate to enforce a ceasefire, and deal with refugees and disarmament.

In recent years, reconstruction efforts have progressed and led to some political stability in the form of a constitutional monarchy, multiparty and democratic.

⁶ For example Chandler (2000).



*Government and Politics*⁷

The political system is based on the nation's constitution of 1993. Today, the system consists of a constitutional monarchy operated as a parliamentary representative democracy. The prime minister is head of government based on a multi-party system, and the king is head of state. The prime minister is appointed with the approval of the National Assembly; the prime minister and his ministers exercise executive power. Legislative power is the responsibility of the executive, the Senate and the National Assembly of Cambodia.

On October 14, 2004, King Samdech Preah Baromneath Norodom Sihamoni was selected by the throne council, following the selection process that had been quickly put in place after the surprise abdication of King Norodom Sihanouk a week earlier. He was enthroned in Phnom Penh on October 29, 2004.

While the violent political turbulences of the 1970s and 80s have passed, several border disputes between Cambodia and its neighbors persist. There are disagreements over some offshore islands and sections of the boundary with Vietnam, and undefined maritime boundaries and border areas with Thailand.

*Basic Macroeconomic Data*⁸

From 2004 to 2008, the economy grew about 10% per year, driven largely by an expansion in the garment sector, construction, agriculture and tourism. With the January 2005 expiration of the WTO Agreement on Textiles and Clothing, Cambodian textile producers were forced to compete directly with lower-priced countries such as China, India, Vietnam and Bangladesh.

Table 1. Macroeconomic Data Summarizing Cambodia's Economic Situation

Table 1
Macroeconomic Data

Subject Description	Units	2006	2007	2008	2009
GDP, current price	\$US billions	7.26	8.69	11.25	10.90
GDP per capita, current price	\$US	513	649	823	782
GDP, purchasing power parity	\$US billions	23.04	26.11	28.46	28.137
GDP per capita, purchasing power parity	\$US	1,627	1,949	2,082	2,018
Population	Millions of people	14.16	13.4	13.66	13.94

(*) 2008 and 2009 are estimated by the IMF.

Source: The International Monetary Fund, World Economic Outlook Database, October 2009.

⁷ Source: World Institute for Asian Studies.

⁸ Based on 2009 CIA World Factbook.

The garment industry currently employs more than 320,000 people and contributes more than 85% of Cambodia's exports. In 2005, exploitable oil and natural gas deposits were found beneath Cambodia's territorial waters, representing a new revenue stream for the government if commercial extraction begins. Mining is also attracting significant investor interest, particularly in the northern parts of the country, and the government has said opportunities exist for mining bauxite, gold, iron and gems. In 2006, a US-Cambodia bilateral Trade and Investment Framework Agreement (TIFA) was signed and several rounds of discussions have been held since 2007.

The tourism industry has continued to grow rapidly, with foreign arrivals exceeding two million per year in 2007-08; however, economic troubles abroad will dampen growth in 2009. Rubber exports declined more than 15% in 2008 due to falling world market prices. The global financial crisis is weakening demand for Cambodian exports, and construction is declining due to a shortage of credit.

The major economic challenge for Cambodia over the next decade will be fashioning an economic environment in which the private sector can create enough jobs to handle Cambodia's demographic imbalance. More than 50% of the population is less than 21 years old.

In order to qualify the GDP per capita data with the distribution of wealth and poverty, we should say that one in three Cambodians earns less than one dollar a day.

The population lacks education and productive skills, particularly in the poverty-ridden countryside, which suffers from an almost total lack of basic infrastructure. Fear of renewed political instability and corruption within the government discourage foreign investment and delay foreign aid, although there has been significant assistance from bilateral and multilateral donors. Donors pledged \$504 million to the country in 2004, while the Asian Development Bank alone has provided \$857 million in loans, grants and technical assistance.

Kantha Bopha Hospitals⁹

Dr. Richner, a Swiss Red Cross envoy, worked as a pediatrician at the Kantha Bopha Children's hospital in Phnom Penh in 1974-75 until he was forced to abandon the country by the Khmer Rouge regime.

When he returned to Cambodia in 1991 he found the hospital had been destroyed and was asked by the king to reopen it to attend to the needs of children.

In March 1992, Dr. Richner created in Zurich a foundation (Kantha Bopha) to run future hospitals and fundraise¹⁰, himself moving to Phnom Penh and beginning the actual reconstruction work.

By 1995, Kantha Bopha I had more than 1,000 outpatients and over 350 hospitalizations per day. During that year, King Norodom Sihanouk offered some land to build a new hospital. One year later, Kantha Bopha II, the second children's hospital, was inaugurated in the

⁹ Based, inter alia, on http://www.beatocello.com/Assets/richner_history.html.

¹⁰ The three main objectives of the foundation are to help sick children, support medical training in Cambodia and fight against corruption, according to the foundation's 2006 Annual Report.



presence of the king and Jean-Pascal Delamuraz, president of the Federal Council of Switzerland. (See Annex 3 as to the sanitary situation in Cambodia.)

In March 1999, Dr. Richner's third children's hospital was opened, as well as an annexe to existing Kantha Bopha hospitals. One year earlier the Prime Minister, Hun Sen, had granted a plot of land in Siem Reap for the new hospital. In the new hospital, the facilities included a prevention and health education center, an outpatient station and additional facilities for hospitalizations and adequate medical treatments of children who needed to be attended to.

By 2004, Kantha Bopha I had again become too small and two of its three buildings were in a bad and even dangerous condition. A new construction was required to avoid closing the hospital. This time, a plot giving on the Wat Phnom was bought. The works started in August 2004, and the new children's hospital Kantha Bopha IV was inaugurated in December 2005. Then two of the three buildings of Kantha Bopha I were evacuated and restored. Kantha Bopha IV is now connected with Kantha Bopha I.

Kantha Bopha IV had 555 beds. The facilities included four surgical operating rooms, two intensive care units, a complete laboratory with a blood bank, an imaging department with X-ray, four ultrasounds and a CT scanner, a huge pharmacy, an outpatient station and a prevention center. The total cost of this hospital was \$15 million.

Just to give an example of the growth in demand for hospitalization: by 2006, the number of hospitalized patients in Phnom Penh had increased by 50%. Even at the moment of the inauguration, Kantha Bopha IV was overcrowded.

Kantha Bopha V was inaugurated in December 2007, presided over by the highest political authorities of Cambodia. The new hospital had 300 beds, a prevention station, X-ray, fluoroscopy, ultrasound laboratories and nine units with 34 beds. In addition to this, they had a conference room and a medical library.

Furthermore, in December 2008, an extension at the hospital Jayavarman VII was inaugurated by Dr. Beat Richner with the participation of King Norodom Sihamoni and Prime Minister Samdech Hun Sen. It had 200 beds, laboratory, pharmacy and radiology.

Kantha Bopha hospitals had become a highly respected model in terms of efficiency and transparency all over Southeast Asia, both in curative and preventive medicine and in research¹¹. In Kantha Bopha hospitals, medical attention is free of charge for all children and their mothers.

According to Dr. Beat Richner, from 1993 until 2008 the Kantha Bopha hospitals treated 8.2 million outpatients and 650,000 inpatients, and performed 90,000 chirurgical operations. 550,000 children would not otherwise have survived.

Dr. Richner has also created the Kantha Bopha Academy of Paediatrics (KBAP), a teaching hospital system.

¹¹ http://www.beatocello.com/Assets/richner_history.html, accessed on November 1, 2009.

“The KBAP offers a six-month intensive postgraduate course for young physicians of the ASEAN countries and Africa as well as from other parts of the world. The course will include the following components:

- a) Review of the spectrum of regular pediatrics specialties given in weekly modules of five morning and five afternoon sessions by eminent visiting professors mainly from Swiss university children's hospitals.
- b) Instruction of pediatric diseases characteristic of the poor Cambodian population. These pathological features are similar for all children living under poor and tropical conditions. The instructions will be scheduled daily and given by Cambodian professors attending the Kantha Bopha hospitals.
- c) Introduction to the philosophy of the Kantha Bopha project, with its material and economical aspects and requirements, will be part of the program. Special sessions will be arranged to demonstrate how to conceive the infrastructure, logistics and management of a pediatric facility in an underprivileged country, including aspects of personnel and equipment. This will include discussion of hygiene, safety and salary. The teaching sessions will be given by medics and technicians from the Kantha Bopha hospitals.
- d) Daily medical inpatient and outpatient practice will be tutored by Cambodian doctors affiliated to the Kantha Bopha hospitals. Course participants in small groups will be able to take turns in the various divisions and get a personal experience of the medical activity.
- e) In addition, practical introduction to Ultrasonography, CT and MRI may be arranged¹².”

*Management and Operations*¹³

“In Jayavarman VII Hospital a 12-year-old girl sat on a bed, did not smile and looked gravely at the man in white. After studying her lungs Dr. Richner explained: ‘without proper treatment she was to die in three to four months. The mother told us that she had paid \$12 to a private doctor but he had not been of much help. When her neighbor spoke about our hospital they drove 90 kilometers. Without money. But they knew they would be helped. At night the parents are allowed to stay in the hospital because it enhances the chance of children's recovery. If they have no money they would get it from us¹⁴.”

“In the five hospitals, Kantha Bopha I, II, IV and V in Phnom Penh and Jayavarman VII in Siem Reap Angkor, 82,354 children have been hospitalized in 2008 (the average period of hospitalization is five days), 671,682 ill children receive treatment in the outpatients department, 400,000 healthy children get vaccinated, 14,778 surgical operations are

¹² http://www.beat-richner.ch/Assets/richner_KBAP_Academy.html, accessed on October 29, 2009.

¹³ Data updated to 2009, as provided by the institution.

¹⁴ Berliner Zeitung (<http://www.berlineronline.de/berlinerzeitung/print/magazin/709927>).



performed, 15,138 births take place in the maternity (designed to prevent mother-to-child AIDS and TB transmission) and daily, 3,000 families receive health care education¹⁵.”

Between two and three thousand children came daily to the hospital in Siem Reap alone, brought by their parents from the surrounding villages in the early morning to take a place on the list.

The structure in 2009, as described by the institution, was: total personnel of 2,100, with 180 doctors running the hospitals, together with Dr. Richner, on a salary of \$1,000 per month (\$40 in state hospitals), low administration expenses (5% of the budget). Dr. Richner raises the funds required, governs the management of the hospitals, manages relations with public institutions and expansion activity in terms of new hospital developments and new treatments for the children, such as successfully cutting the rate of transmission between HIV-infected mothers and their newborn children (from 40% to 5%).

The Swiss doctor emphasizes:

“All treatment in the Kantha Bopha hospitals is free. There is justice for all. There is no corruption. We give correct salaries... There are facilities and medicines and drugs of the same standard being used in Europe or the US. That's why the hospitals are a huge success. They are recognized by the international evaluations as centers of excellence¹⁶.”

Dr. Richner imports all his drugs and medical supplies directly from Thailand to avoid the counterfeit pharmaceutical products flooding Cambodia. The head nurses personally distribute the medicines every day, to avoid theft. This vigilance goes for patients as well as staff. The example was pointed out of a young girl being treated for TB with a nine-month course of drugs¹⁷. Like every other patient, she returned to the hospital for her check-up carrying the empty blister packets to prove that she had taken her medication rather than sold it to a back-street pharmacist.

Dr. Richner says: Hospitals are provided with the highest quality equipment available, even in the first world and, as seen, salaries are higher than the average in the sector in the country.

Up to 2008, 8.8 million sick children were treated, of which more than 850,000 had serious diseases.

The Dengue fever severely affected Cambodia and its neighboring countries in 2007. From January to August 15, 19,950 severe cases were reported. 181 Dengue cases died in the Kantha Bopha Hospital that year up to August 15. 95% of the patients died because of liver failure and kidney failure – namely, by drug intoxication. They were treated outside Dr. Richner's hospitals with wrong and too many drugs. Dr. Richner believed that, following the WHO's recommendation that the patient should pay, 80% of his hospitalized severe Dengue

¹⁵ http://www.beat-richner.ch/Assets/richner_present.html accessed on December 15th 2009.

¹⁶ Dr. Beat Richner's inauguration speech of Kantha Bopha V on December 28, 2007.

¹⁷ http://www.beat-richner.ch/pdf/Reviews/BeatRichner_FTAMAG_140309.pdf.

cases would have stayed at home and would have died¹⁸. (See Annex 4 regarding the WHO's country policy.)

“In 2008, 85% of the children hospitalized in Cambodia were received at Kantha Bopha hospitals.”

*Finances*¹⁹

The annual budget of the operational costs currently runs at \$24 million. Kantha Bopha's costs/healing ratio is the best worldwide, as proved by international evaluations²⁰

Between 1991 and 2009, the Kantha Bopha Foundation has raised and spent more than \$370 million, with the vast majority of funding coming from private donors, many of whom live in Switzerland²¹.

The sources of funding for the project have been (interannual average):

Government of Cambodia	7%
Swiss government	8%
Donations from individuals*	85%
Total income	\$ US 22 million

*Most of them Swiss, but also includes tourists in Cambodia; 25% of total funds are from individuals, due to Beatocello's performances in Switzerland and Cambodia.

The annual report 2008 approved by the Foundation Board on May 12, 2009 gave an account of a resulting surplus of CHF²² 2,525,175.96 (down from CHF 3,989,796.28 in the previous year).

Due to new regulations, from January 1, 2008, PricewaterhouseCoopers AG carried out an orderly audit according to Art. 728 ff. OR. Apart from the usual attestation of conformity for the annual financial statement, the auditing company also confirmed the existence of an internal control system. In addition, the Foundation Board was presented with a detailed report according to Art. 728 b OR.

Cambodian laws excluded the acquisition of land by a Swiss foundation. Accordingly, the two parcels of land were held in trust for the foundation by Dr. Denis Lawrence, a member of

¹⁸ Dr. Beat Richner's article in the Cambodia Daily dated August 17, 2007 (page 7).

¹⁹ Based on the extract from the Kantha Bopha Foundation's 2006 and 2008 Annual Reports.

²⁰ Une bonne action? Pensez au Dr. med Beat "Beatocello" Richner KANTHA BOPHA Children's Hospital, <http://www.lausannekendo.ch/modules/wordpress/category/friends/>, accessed on November 1, 2009.

²¹ Donations can be made after each concert or through various bank accounts in Europe: Postal account in Switzerland, ZKB - Zürcher Kantonalbank, and UBS AG.

²² 1 CHF = €0.659 = \$0.6222, as of November 1, 2009.



the management of the hospital with dual Cambodian and French citizenship. Written agreements have been concluded on the relevant fiduciary relationship.

In 2006, the contribution of the Swiss Confederation of CHF 2.75 million, together with that of the Cambodian government of approximately CHF 2 million, corresponded to only 15% of total revenue. 85% of overall revenues were from individuals and non-state institutions. Legacies brought in around CHF 3 million (8%).

In 2008, total donations reached CHF 34.5 million, the highest in the history of the foundation. This sum was influenced by a particularly high private individual donation, specifically intended for the new building and extension of Kantha Bopha III.

In the 16 years up to 2008, approximately CHF 330 million in donations have been made.

The cash donations were saved and invested in securities, real estate or other investments.

The construction cost of Kantha Bopha IV amounted to \$15 million. In order to finance Kantha Bopha IV, Beat Richner asked the Swiss people to each contribute a bill of 20 CHF. This action raised enough money to finalize the undertaking. Even school children helped, and Swiss citizens all over Switzerland contributed a bill of 20 CHF²³. The total costs of the Kantha Bopha V hospital were \$9 million. Between 2006 and 2008, expenditure on new construction projects was \$34 million²⁴.

In 2008, management costs were around \$17 million and annual average total costs (investment costs included) were around \$25 million.

Only 5% of the total funds are earmarked to run the infrastructure of the foundation in Switzerland.

According to the data provided by Dr. Richner, he has just five months for fundraising but, unlike many charitable foundations, the only endowment he has is the commitment from the Swiss and Cambodian governments to cover 15% of his annual budget. "The hospitals are working well and everything can continue without me, but the ongoing nightmare is the money," he discloses as he puffs on a Davidoff mini cigarillo, well away from the main hospital buildings. "I can only start to think of my [succession] plan when I get the money - this \$200m I need to save Kantha Bopha for 20 years. Then I will be a free man²⁵."

The Foundation's Governance Structure²⁶

The Foundation Board (i.e., Board of Trustees) regularly meets twice a year in January and May. The Board of Trustees is kept continually informed by e-mail, and Dr. med. Peter Studer

²³ Aktion Zwaenzger Noetli 2004.

²⁴ Source: www.beat-richner.ch.

²⁵ <http://lg-media.blogspot.com/2009/08/cambodian-clinic-twice-declares.html>, accessed on November 1, 2009.

²⁶ Based on the foundation's 2006 and 2008 Annual Reports.

presents the Board of Trustees with precise information on the continuing work in Cambodia. (See Table 2.)

Table 2
Governance Structure of the Foundation

<p>President Dr. med. Alfred Löhner, Zürich</p> <p>Vice-President Dr. med. Peter Studer, Reinach</p> <p>Finances Arthur Müller, Winterthur</p> <p>Office Switzerland Stiftung Kinderspital Dr. Beat Richner Susanna Cohen Straka</p> <p>Members of the Board Susi Eppenberger, Wildhaus Prof. Dr. med. Andreas Fanconi, Zürich Peter Rothenbühler, Lausanne Dr. iur. Christian Steinmann, Zollikon Dr. iur. Florian von Meiss, Zumikon Seraina Prader, Ärztin, Zürich</p> <p>Board of the Hospitals Dr. med. Beat Richner, Head of Hospitals Dr. med. Peter Studer, Deputy Dr. Biologiste Denis Laurent, Deputy in Cambodia</p>

Source: http://www.beat-richner.ch/Assets/richner_foundation.html, accessed November 1, 2009.

Statutory business could be dealt with in collaboration with all members of the Foundation Board.

The unanimous approval of the annual report and annual accounts and budget approval takes place in the presence of the auditor PricewaterhouseCoopers SA.

In the case of 2006, the claims commission and revision (president: Dr. F. von Meiss, other members: Dr. C. Steinmann, Dr. A. Lohrer) met in March. It studied indemnities, expenses for accounting and revision and costs for advertising. The work of the law firms of Dr. F. von Meiss (BLUM Rechtsanwälte) and Dr. C. Steinmann (Bar & Karrer) was provided free of charge.

The equity capital of the foundation was CHF 19.5 million in 2006. The funds were immediately available in cash. They covered current expenses for eight to nine months. The equity capital was reduced in 2008 because of operating losses of CHF 2.5 million. The



capital resources were in liquid form and can secure running costs for only five to six months without additional donations.

Corruption prevention is a major concern of Dr Richner's. In principle, money is handled in Switzerland by the Foundation. No medical doctor in Cambodia is involved with money. The donation from the Cambodian Government goes straight to the Foundation's account in Switzerland. The hospital staff's payroll is also handled in Switzerland and paid directly to the Foundation's Swiss account at the Thai Commercial Bank. The staff's payroll is drawn from this same account through their passbooks. No personnel in Cambodia touch the money.

Medicines are inventoried, with a daily check by a person in charge and approved by a doctor and a head nurse. These medicines are procured from Diethelm Keller's Thai office, because Dr. Richner believes that the price of medicines is lowest in Thailand and Philippines. Parents of infant patients, rather than receiving a whole pack of medicine, receive unpacked medication in small packages with medical instructions.

Dr. Richner is present in each and every interview with all doctors and staff. The turnover rate is low for staff that stays on after their trial period. He is informed of the situation at each hospital by 6:00 a.m., no matter where he may be.

Dr. Richner's Public Statements

On Justice and Poverty

"Initially an excellent student, I felt, during the third school year, that I was undergoing a crisis. I was afraid that my soul would turn crippled due to the excessive...studying natural science...I was afraid of spiritual emptiness.

I was ready to leave school and take up musical studies instead...More and more I came to think that music and art were just luxury and of little real use...Toward the end of gymnasium the idea of studying medicine grew within me. I thought this might be more useful, more humane...

This stage of development of my psyche and the described ambivalence both reached at the time of graduation remained unchanged...

Tolstoy's world and thinking, his political and consistent activities fascinated...Tolstoy was inspired by Heinrich Pestalozzi, especially with regard to Pestalozzi's social and political writings...Gandhi and Tolstoy...exchanged numerous letters...Gandhi's thoughts were crucial to Martin Luther King, Jr., and Mandela and many others...Pestalozzi's thinking does not persist as ideas and words, but becomes relevant in its realization. The most difficult, as Gandhi told, is the way that leads from the idea to the doing (realization).

There is no peace without justice!...

Thirty years of war with three and half years of genocide under the terror of the Khmer Rouge devastated Cambodia. Today there is no war in Cambodia. However, there is no justice, either...

Over the years, millions of children have been treated free of charge and 850,000 have been hospitalized free of charge within our five Kantha Bopha hospitals. These are places of justice. There is no corruption. The poor, that is to say 80% of the people, and the rich are both entitled to be cured... Without these infrastructures of justice, there would be 90,000 deaths per year²⁷...

In health matters it is my daily experience that the wealthy world, indeed, does not use measures of justice in dealing with politics of health and the question of survival of the poor in poor countries. The international community, including official Switzerland, promote the creed that medical facilities, medical procedures and therapeutic means must conform to the economical reality of a given country. To 80% of Cambodia's population the economical "reality" is zero. If we were to follow that creed, we would be unable to cure any child with the Dengue fever and any child with tuberculosis...

The other creed of the international community is that the patient or the patient's parent should pay for treatment. 80% of Cambodians, however, have no money.

Over the past years the attitude of the health sector of the Swiss Department for Development and Cooperation in Bern, of the WHO in Geneva and of various NGOs has been disappointing. They all monopolize the pity felt for the poor of this world. However, the mandate is not pity, but to fight for and implement justice...

Our activity is not aid, but reinstallation of justice...²⁸

Kantha Bopha's Strategy Versus International Aid Agencies

Dr. Richner was very critical of international aid agencies such as the WHO and other international health organizations in Cambodia. These organizations believed that they had seen countless unorthodox humanitarian agencies fall by the wayside, when the funding for their donor-heavy projects ran out. "I can think of at least three or four other great individual initiatives in Cambodia that have atrophied when donor funding has dropped off," says one long-standing NGO worker in Phnom Penh. "It would be nice to think that someone else would come in to fill the gap if funding drops off, but you can't just assume that."

Ben Bland, a Financial Times journalist, pointed out that NGO workers in Cambodia were reluctant to speak against Dr. Richner, so as not to escalate the tension, as well as to avoid adverse publicity at a time when the Cambodian government was planning to legislate a law on NGOs that might restrict their ability to operate in the country²⁹.

The tension even led to death threats and a situation as extreme as that in 1995 when the health ministry tried to close Dr. Richner's hospital on the grounds that it was undermining

²⁷ Dr. Richner is quoted as saying, "In a government hospital you have to pay under the table to see the doctor; you have to pay for an X-ray, you have to pay for the surgeon and the anesthetist and then you have to find a doctor to look after the follow-up. Altogether, it would probably cost \$400 and there's no way her family could afford it." (Bland, 2009).

²⁸ Extract from "Doctor Beat Richner: Celebration address on the 175th anniversary of the Real-Gymnasium Zürichberg, given on stage at the Schauspielhaus Zürich, September 4, 2008."

²⁹ Bland (2009).



the attempts to build a national health system, and the king had to intervene personally to prevent this happening³⁰.

Dr. Richner let off “steam” by expressing his frank opinion on the aid agencies:

“In (UNICEF’s) Child Survival Report Card...Cambodia is reported to be a country where the under-5 mortality rate has increased since 1990.

...let me explain why this information on increasing child mortality by UNICEF is wrong, why UNICEF’s strategy in the health sector in Cambodia is not only inefficient but dangerous...

...who can tell you the figures for child mortality in Cambodia in 1990 or 1980 or 1975? At this time, access to many regions was not possible for different reasons...nobody can compare any actual figures with figures from 1990.

...these very figures were reported to the media in Phnom Penh on June 2, 2004. But this so-called report is based on mere estimates for the years 1998/1999.

In 1999 we opened our third hospital in Angkor, in the north of Cambodia, the Jayavarman VII Hospital. In the last 12 months 25,000 severely sick children were hospitalized there. 80% of these children would have died without this hospital...

Since 1998 the rate of hospitalization in Phnom Penh (Kantha Bopha I and II) has increased by 35% every year. During the past 12 months we hospitalized in Phnom Penh 45,000 severely sick children. 80% of these children could not have survived without hospitalization.

So the child mortality rate in Cambodia has not increased.

Excellency, in 1998 the representative of UNICEF in Siem Reap province told people on Swiss Television (the Swiss are the main donators for the Kantha Bopha hospitals) that the Jayavarman VII Hospital, then under construction, was not necessary. The needs were covered by 10 health centers managed by UNICEF, so the Swiss people were told...In the last 12 months, 22,000 children more would have died in Cambodia without this hospital that opened in 1999 in Siem Reap, and UNICEF thought this hospital was not necessary. This error was never corrected or excused by UNICEF...UNICEF thinks that the way we are doing our job together with 1,500 well-trained Cambodian employees is wrong – not adequate for the economical reality of the country. Most childhood deaths occur for simple reasons, they are telling you. That is why you have to perform simple medicine, which is not expensive. This philosophy of UNICEF and the WHO is wrong, and that is the reason why the health situation in Cambodia is still so bad...

Frequent and fatal stories about pregnant mothers not being operated on because of no electricity, because the money for diesel for the generator had been stolen, about mothers or sick children not being transferred to our center until there was money for diesel for the ambulance that the families had to borrow...

³⁰ Bland (2009).

On June 2 UNICEF told the media in Phnom Penh that you must “refocus on simple, low tech and doable interventions.” This is exactly what UNICEF has been doing for 13 years without any effectiveness...

And this strategy is dangerous. They use cheap and dangerous drugs and medicines forbidden for children in the so-called civilized world, where they are still produced for the poor world countries and stocked in the central pharmacy of UNICEF in Copenhagen...They implement simplified medical protocols ignoring the main killer of Cambodia's children: tuberculosis, etc.

The success of Kantha Bopha hospitals with their low mortality rate of 1.0% is firstly explained by the transfer of technology and by the transfer of correct drugs and medicines allowing a correct diagnosis and treatment, and secondly by excluding deadly corruption... All is free of charge. We give money to the families for their travel costs, too...

...Wrong figures are not distributed and blindly accepted... (80% of the international organizations' money is for the salaries of their functionaries). This spirit of intellectual corruption with its severe consequences... must be changed...³¹

Appeal to the President of the International Court of Justice and Human Rights

“...the passive genocide of Cambodia's children called for change in the WHO's and other organizations' policy and strategy – poor medicine for poor people in poor countries.

Up to now nothing has changed.

Even worse: representatives of the UN and other organizations try to...undermine activities for carrying out correct diagnosis and correct treatment of suffering children. The WHO told... the media that Kantha Bopha was wrong; its conception was wrong, too expensive in relation to the health budget in Cambodia.

In 2008, Kantha Bopha I and II have hospitalized 28,000 very sick children. In 2007 there was an epidemic of Dengue fever. In Cambodia, 12,400 cases were registered. Among these, 10,000 cases were hospitalized in Kantha Bopha. 60% arrived in shock. So, 60% would have died without Kantha Bopha; only 1.5% actually died... ...what would have happened without the facilities of Kantha Bopha hospitals? You cannot manage it in a cheaper way...a hemorrhagic shock has to be treated by blood transfusion. If you do not spend money for the tests (\$500,000 per year, \$50 per blood bottle...) you contaminate the children with HIV and hepatitis...

On March 31, 1999 we opened a third children's hospital in Siem Reap. Representatives of UNICEF and the Swiss Red Cross told the media several times not to build this hospital...Representatives of the DEZA (Direktion für Entwicklung und Zusammenarbeit, a section of the Swiss Foreign Ministry) were opposed to this hospital. They call it subversion of the current health system (created and managed by the WHO).

³¹ Extract from the speech of Dr. Beat Richner addressed to Mrs. Carol Bellamy, executive director of UNICEF at Siem Reap on October 27, 2004.



Since March 31, 1999 we have hospitalized 3,800 very sick children there. 80% would have died without the hospital. 80% would have died if the policy and statements of these representatives had been followed...Children as thin as those seen in concentration camps. Malnourished not because of lack of food but because of chronic tuberculosis, some suffering from the severest forms of tuberculosis: meningitis, pott, miliaris, etc...

At times the representatives of the WHO and UNICEF defend themselves by denying their own responsibility: 'the responsibility lies in the hands of the Ministry of Health. We are consultants.' But by these public statements...it becomes obvious: they are culprits.

It is a crime to continue this system. A crime against humanity.

...according to Article 34, paragraph 1, of the Statute of the Court of Justice and Human Rights, only States may be the parties in cases before the Court.

In a letter from the Ministry of Health (April 1995) addressed to Cambodia's two Prime Ministers, the Ministers of Domestic and Foreign Affairs, in a letter engineered by the WHO, Kantha Bopha was declared a State in the State not following the protocols...So the UN Organization of Health considers Kantha Bopha a State.

...So please accept the following statement of claim.³²

Kantha Bopha in the Battle Against Poverty

"Farmers need to borrow money to pay for the healer, private doctors or those in pitiful official hospitals and for medicines. Eventually they are forced to sell their herds and the land...for growing rice crops. Their livelihoods are in tatters, the land is no longer tilled and becomes desolate...and all without having helped the sick relative: 80% of the medicines available in Cambodia are imitations and therefore ineffective, 20% are even toxic...

Kantha Bopha treats all children free of charge. All medicines used meet correct, Western standards...Kantha Bopha also saves these people's children – the next generations in a country that suffered atrocious genocide under the Khmer Rouge...³³

Not for Help but for Reparation

"While in 1969 Cambodia's health system was superior to that of Singapore and Kualumpur, its subsequent annihilation, along with its elite, mentality and infrastructure, has been orchestrated by the ignominious intervention of 1970. This so-called secret war led by Mr. Kissinger and Mr. Nixon provoked the civil war with the terrifying dominance of the Khmer Rouge. The Khmer Rouge was supported by numerous foreign governments. And, from 1979 until 1992, immediately after the Vietnamese occupation of the major

³² Extract from the appeal to the president of the International Court of Justice and Human Rights dated December 10, 1999 in Siem Reap by Dr. Beat Richner and Kantha Bopha Children's Hospitals.

³³ Dr. Beat Richner's online newsletter dated May 30, 2008 (<http://www.beat-richner.ch>).

part of Cambodia to liberate them from the Khmer Rouge terror, the Reagan Administration conceded an annual support of \$100 million.

The humanitarian and moral request, therefore, is not for help but for reparation.

Until the international support is realized, it will be exclusively your contribution to the Kantha Bopha Foundation that allows for annually preventing 80,000 children from avoidable suffering and death or from lifelong disability.³⁴

Personal Life

A German paper³⁵ judged that Dr. Richner had never been integrated into the local way of life and did not speak the local language. According to them, Dr. Richner often spent his evenings alone practicing the cello. "In such a chaotic country you become either an alcoholic or reader and I became a reader," Dr. Richner told the paper. He also emphasized that "he was not a good person but was just a prisoner of his conscience." He also had bodyguards.

Succession Plan

Dr. Richner jokingly told a British journalist that he would only start to think of his succession plan when he had managed to raise funds estimated by him at around \$200 million to support Kantha Bopha's activities for 20 years³⁶.

A German newspaper³⁷ opined that the hospitals would stand or fall with Dr. Richner himself, and cited Burkhard Wilke of the German Central Institute for Social Issues: "The charity can quickly end up in a dead end when the main actor disappears." The paper also revealed the WHO's scepticism for the same reason.

Wrapping up

On the night of the concert Richner looked tired. He had been burdened with an obviously never-ending struggle to find money, and this weighed heavily on him. After a few cursory bows before appreciative applause, Dr. Richner quickly disappeared backstage.

Half an hour later he appeared in the corridor leading to the exit to greet lingering supporters, donors and medical students. But he appeared uncomfortable. His timidity made him feel very awkward when talking to his audience. Despite it Dr. Richner had to go to

³⁴ Dr. Beat Richner's online newsletter dated June 19, 2009 (www.Beatocello.com).

³⁵ Berliner Zeitung (<http://www.berlinonline.de/berlinerzeitung/print/magazin/709927>).

³⁶ Bland (2009).

³⁷ Berliner Zeitung (<http://www.berlinonline.de/berlinerzeitung/print/magazin/709927>).



Switzerland two or three times a year for concerts. He had not had a holiday in 17 years and never really had a day off³⁸.

Dr. Richner felt an acute pain in his heart wondering how, in the event of his disappearance by any natural cause, the hospitals would be maintained, and who would take charge of collecting donations and managing the hospitals so that sick and poor Cambodian children were not left unprotected.

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³⁸ Bland (2009).

³⁹ Due appreciation is to be expressed for the permission given by the authors cited in the text, especially to Ben Bland.

Exhibit 1

Cambodia and her Neighboring Countries





Exhibit 2

Main Macroeconomic Data (as Known at the Third Quarter, 2009)

\$27.95 billion (2008 est.)

\$26.62 billion (2007)

\$24.15 billion (2006)

Note: Data are in 2008 US dollars.

GDP (official exchange rate):

\$10.3 billion (2008 est.)

GDP - real growth rate:

6.8% (2008 est.)

10.2% (2007 est.)

10.8% (2006 est.)

GDP - per capita:

\$2,000 (2008 est.)

\$1,900 (2007 est.)

\$1,800 (2006 est.)

Note: Data are in 2008 US dollars.

GDP - composition by sector:

Agriculture: 29%

Industry: 30%

Services: 41% (2007 est.)

Labor force:

8.6 million (2008 est.)

Labor force - by occupation:

Agriculture: 75%

Industry: NA%

Services: NA% (2004 est.)

Unemployment rate:

3.5% (2007 est.)

Household income or consumption by percentage share:

Lowest 10%: 2.9%

Highest 10%: 34.8% (2004)



Exhibit 2 (continued)

Inflation rate (consumer prices):

20.2% (2008 est.)

Agriculture - products:

Rice, rubber, corn, vegetables, cashews, tapioca, silk

Industries:

Tourism, garments, construction, rice milling, fishing, wood and wood products, rubber, cement, gem mining, textiles

Industrial production growth rate:

8.4% (2008 est.)

Current account balance:

-\$1.27 billion (2008 est.)

Exports:

\$4.616 billion f.o.b. (2008 est.)

Exports - commodities:

Clothing, timber, rubber, rice, fish, tobacco, footwear

Exports - partners:

US 58.1%, Germany 7.3%, UK 5.2%, Canada 4.6%, Vietnam 4.5% (2007)

Imports:

\$6.424 billion f.o.b. (2008 est.)

Imports - commodities:

Petroleum products, cigarettes, gold, construction materials, machinery, motor vehicles, pharmaceutical products

Imports - partners:

Thailand 23.1%, Vietnam 16.9%, China 15%, Hong Kong 10.4%, Singapore 7.5%, Taiwan 7.2%, South Korea 4.8% (2007)

Reserves of foreign exchange and gold:

\$2.375 billion (31 December 2008 est.)

Debt - external:

\$4.317 billion (31 December 2008 est.)



Exhibit 2 (continued)

Exchange rates:

Riels (KHR) per US dollar - 4,070.94 (2008 est.), 4,006 (2007), 4,103 (2006), 4,092.5 (2005), 4,016.25 (2004)

NOTE: The information regarding Cambodia on this page is re-published from the 2009 World Fact Book of the United States Central Intelligence Agency. No claims are made regarding the accuracy of Cambodia Economy 2009 information contained here. All suggestions for corrections of any errors about Cambodia Economy 2009 should be addressed to the CIA.

Do not Copy

Exhibit 3

Cambodia's Sanitary Situation

More than one third of Cambodians live below the poverty line, struggling to survive on less than \$1 a day. Poverty is especially pervasive in rural areas and among children, who constitute more than half of the country's population.

Issues Facing Children in Cambodia

- Cambodia has the highest infant and under-five mortality rates in the region, at 97 and 141 per 1,000 live births, respectively. Vaccine-preventable diseases, diarrhea, and respiratory infections are among the leading causes of childhood death. Maternal mortality is also high.
- Malnutrition affects most Cambodian children: 45% show moderate or severe stunting.
- Primary school enrolment rates are high, with a declining gender gap. But so many children repeat grades that it takes on average more than 10 years to complete primary school. Less than half of all students make it that far.
- Accidental death, for example as a result of traffic accidents or drowning, is a serious threat to children in Cambodia.
- Landmines pose a grave hazard for internally migrating children and youths who attempt to salvage unexploded ordnance and sell it as valuable scrap metal.

Activities and Results for Children

- Even though immunisation rates declined slightly in 2005, vaccination campaigns have significantly reduced incidence of tetanus and measles. Coverage against hepatitis B was expanded nationally. Cambodia has been polio-free since 2000.
- The spread of HIV/AIDS may be coming under control, thanks to a dramatic increase in HIV counseling, testing and education programs focusing on prevention. Life-saving antiretroviral therapy is being provided to 10,000 people (including 1,000 children) who have AIDS.
- UNICEF provided de-worming tablets to 95% of children in primary school.
- Production of iodized salt has ramped up in the past two years. Nearly three quarters of households now use iodized salt.
- Many UNICEF pilot projects are scaling up to serve additional communities. A child rights training program serving 130 locales has been adopted by the Ministry of the Interior. UNICEF's Child-Friendly Schools initiative, which improves learning outcomes, has been extended to more than 500 schools. And the national education agenda has incorporated UNICEF's 'school readiness' model.



Exhibit 3 (continued)

- Community preschool classes benefited 12,000 children under age five in nearly 100 communities.
- UNICEF and its partners built latrines, dug wells and tested drinking water for arsenic, improving access to safe water and sanitation for thousands of families.
- Cambodia's legislature passed the Prevention of Domestic Violence and Protection of Victims Law in 2005.
- After four people died from H5N1 avian influenza (bird flu), UNICEF helped to coordinate strategies for vaccinations and public education to prevent an epidemic.
- UNICEF and its partners destroyed 6,000 mines and 17,000 pieces of unexploded ordnance, and educated 400,000 children (both in and out of school) about avoiding landmines.

Basic Indicators

Basic Indicators	
Under-5 mortality rank	40
Under-5 mortality rate, 1990	119
Under-5 mortality rate, 2007	91
Infant mortality rate (under 1), 1990	87
Infant mortality rate (under 1), 2007	70
Neonatal mortality rate, 2004	48
Total population (thousands), 2007	14444
Annual no. of births (thousands), 2007	382
Annual no. of under-5 deaths (thousands), 2007	35
GNI per capita (US\$), 2007	540
Life expectancy at birth (years), 2007	59
Total adult literacy rate (%), 2000–2007*	76
Primary school net enrolment/ attendance (%), 2000–2007*	90
% share of household income 1995–2005*, lowest 40%	17
% share of household income 1995–2005*, highest 20%	50

Source: Unicef (http://www.unicef.org/infobycountry/cambodia_2190.html, accessed on October 29th 2009).

Exhibit 4

The WHO in Cambodia

Cooperation between the World Health Organization and Cambodia began in 1953, focusing on such projects as malaria control and maternal and child health. The program expanded but was suspended from 1975 until 1980, when periodic technical consultation and other forms of support for some programs (e.g., rehabilitation of the water and sanitation works in Phnom Penh; prevention and control of diseases such as malaria, diarrhea, tuberculosis; development of human resources with specific focus on medical education and nursing) were extended by the WHO to the country under the auspices of UNICEF or the International Committee for the Red Cross (ICRC). In March 1991 a WHO office was re-established in Phnom Penh and a new program of support was initiated. In May 2000 the WHO team consisted of 70 people, including 20 internationally recruited professional staff members and 10 volunteers. In 2000/01 the country budget is \$6.7 million, including an estimated \$3.7 million in extra-budgetary funds. About 60% of the budget is for technical assistance and other personnel.

Key Program Areas

Key areas where the WHO provides support include:

- *Health Sector Reform*: a team, funded jointly by DFID, NORAD, UNDP and the WHO, works to strengthen the capacity of the national health administration to manage existing health services, improve the national health system and plan for future health system development; to support prioritization of health care needs; and to establish effective coordination mechanisms at national and provincial level, (including a sector-wide approach), in order to make better use of external resources to the health sector. One aim is to achieve a strengthened rural health infrastructure, capable of providing quality basic health services to the majority of the population.
- *Human Resources for Health*: to increase Ministry of Health (MoH) capacity in health workforce planning, production and utilization; to improve coordination, relevance, effectiveness and efficiency of basic training programs for all professionals, especially physicians and nurses/midwives; and to strengthen the coordinated system for continuing education of all health professionals.
- *Malaria and Dengue Hemorrhagic Fever Control*: support is given to the National Malaria Program, through the Roll Back Malaria initiative, to reduce mortality and morbidity associated with malaria in Cambodia, and to increase institutional capacity to control mosquito-borne diseases.
- *Essential Drugs*: to assist the MoH in developing a long-term drug policy, and ensuring the availability of vaccines and the rational use of essential drugs, at all levels of the health care system. The intended outcome is to assure the quality, safety and efficacy of locally produced and imported drugs and vaccines.



Exhibit 4 (continued)

- The planning and implementation of a *National Integrated Management of Childhood* from the main causes of disease in children below five years of age, including acute respiratory infections particularly pneumonia, diarrheal diseases, measles, dengue hemorrhagic fever, malaria and malnutrition in young children.
- *The National Immunization Program*, in close partnership with UNICEF: to reduce morbidity and mortality from diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis by providing immunization against these diseases for every child in Cambodia, with the introduction of Hepatitis B immunization and injection safety. The eradication of poliomyelitis was certified in 2000.
- Capacity strengthening of the Ministry of Health and a national *AIDS program*: to reduce HIV transmission and the morbidity and mortality associated with HIV infection, and to introduce a syndromic approach to the management of sexually transmitted diseases.
- *Environmental Health*: the WHO is promoting healthy settings, helping the Government to monitor water quality and strengthening capacity for training and management in water and sanitation.
- *Nutrition, Maternal and Child Health, Prevention of Blindness, Mental Health, Leprosy, and Blood Transfusion Service*: the WHO provides substantial support to the Government through consultants and staff.
- *A variety of coordinating mechanisms*, sub committees and working groups.
- Members of the WHO team have actively contributed to Common Country Assessment and UNDAF activities, to the Program of Administrative Reform, and to working groups set up to monitor activities following the Consultative Group meetings. They are active in UN system theme groups, especially that on HIV/AIDS. They also participate in joint reviews and planning missions of other external partners. They are supporting the Government's response to the need to develop a Poverty Reduction Strategy paper. All members of the team have a responsibility to share information, particularly technical information available through the WHO, and all play a role in advocacy.

Source: WHO Country Policy: Cambodia, April 2001.