

ការរៀបចំឯកសារទស្សនទាន

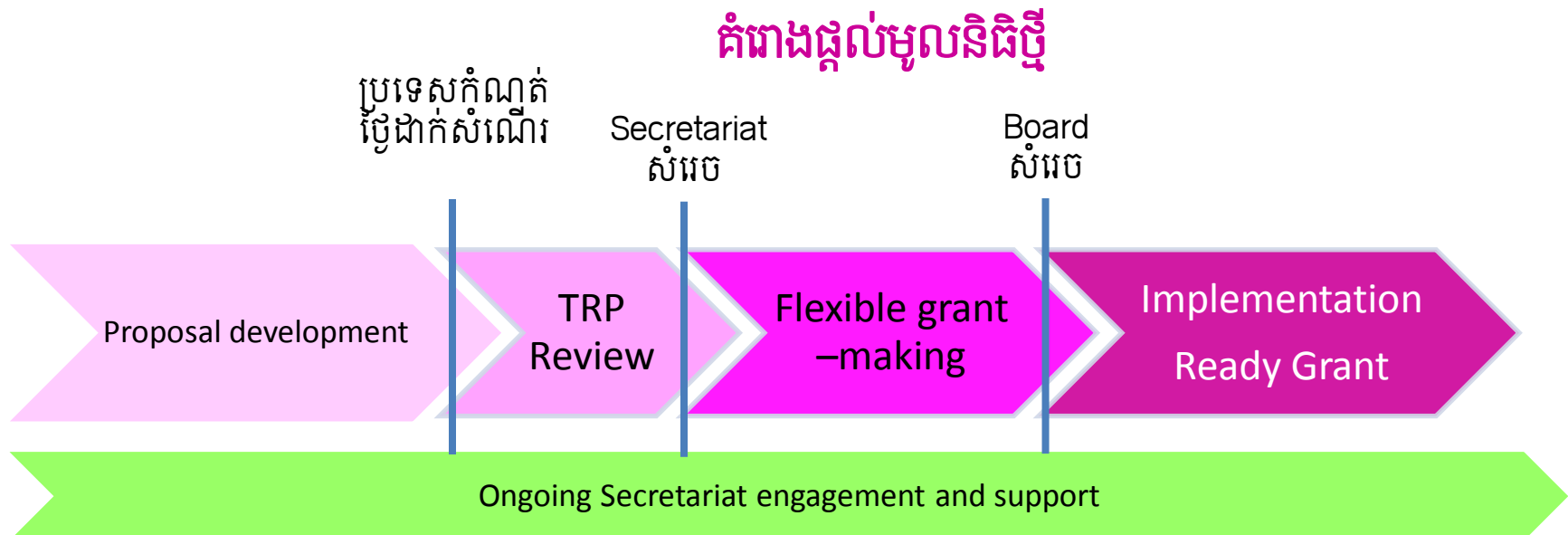
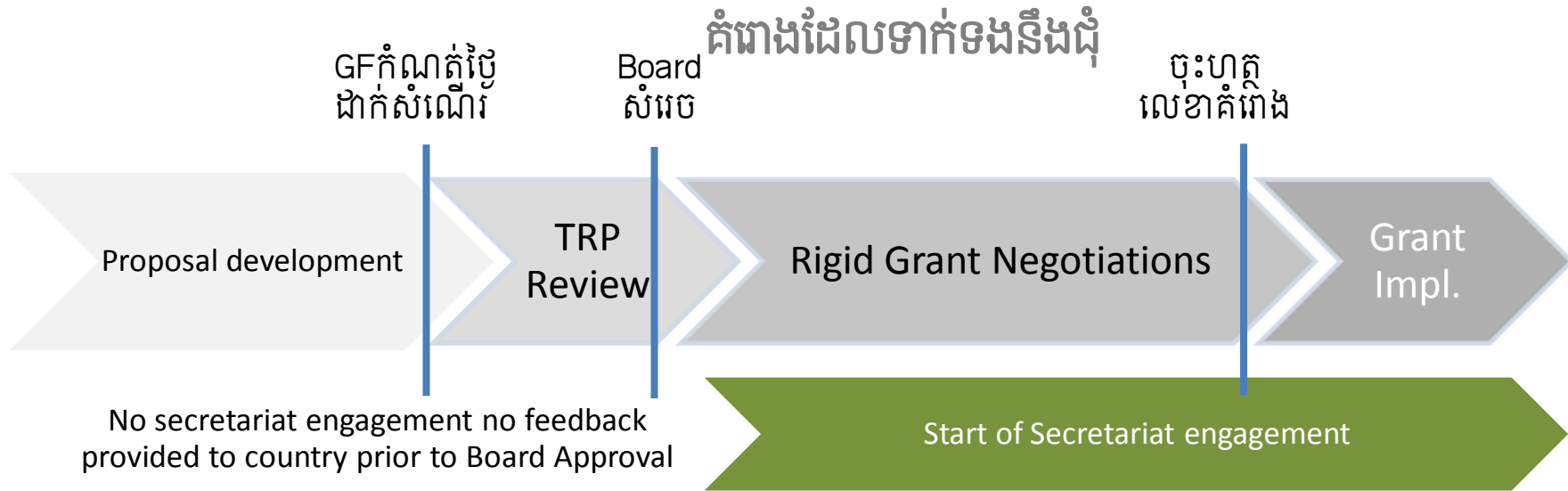
ដើម្បីលើកតំរើងចំណេះដឹងកម្មវិធីសកលសំរាប់កម្មវិធីអេដស៍

Overview of preparation process GFATM HIV Concept Note

កិច្ចប្រជុំពេញអង្គសមាជិកអង្គប្រឹក្សា
២១តុលា២០១៤

Dr Phalla Tia , Vice Chair of NAA

ការលើកគំរោងស្នើសុំមូលនិធិសកល: គំរោងដែលទាក់ទងនឹងជំនុំ និងគំរោងផ្តល់មូលនិធិថ្មី (New Funding Model)



គំរូផ្តល់មូលនិធិថ្មី

(New Funding Model)



គំរូផ្តល់មូលនិធិ

ពេលវេលានិងដំណើរការ

គំរោងដែលទាក់ទងនឹងជុំ



គំរោងផ្តល់មូលនិធិ



គំរូផ្តល់មូលនិធិថ្មី



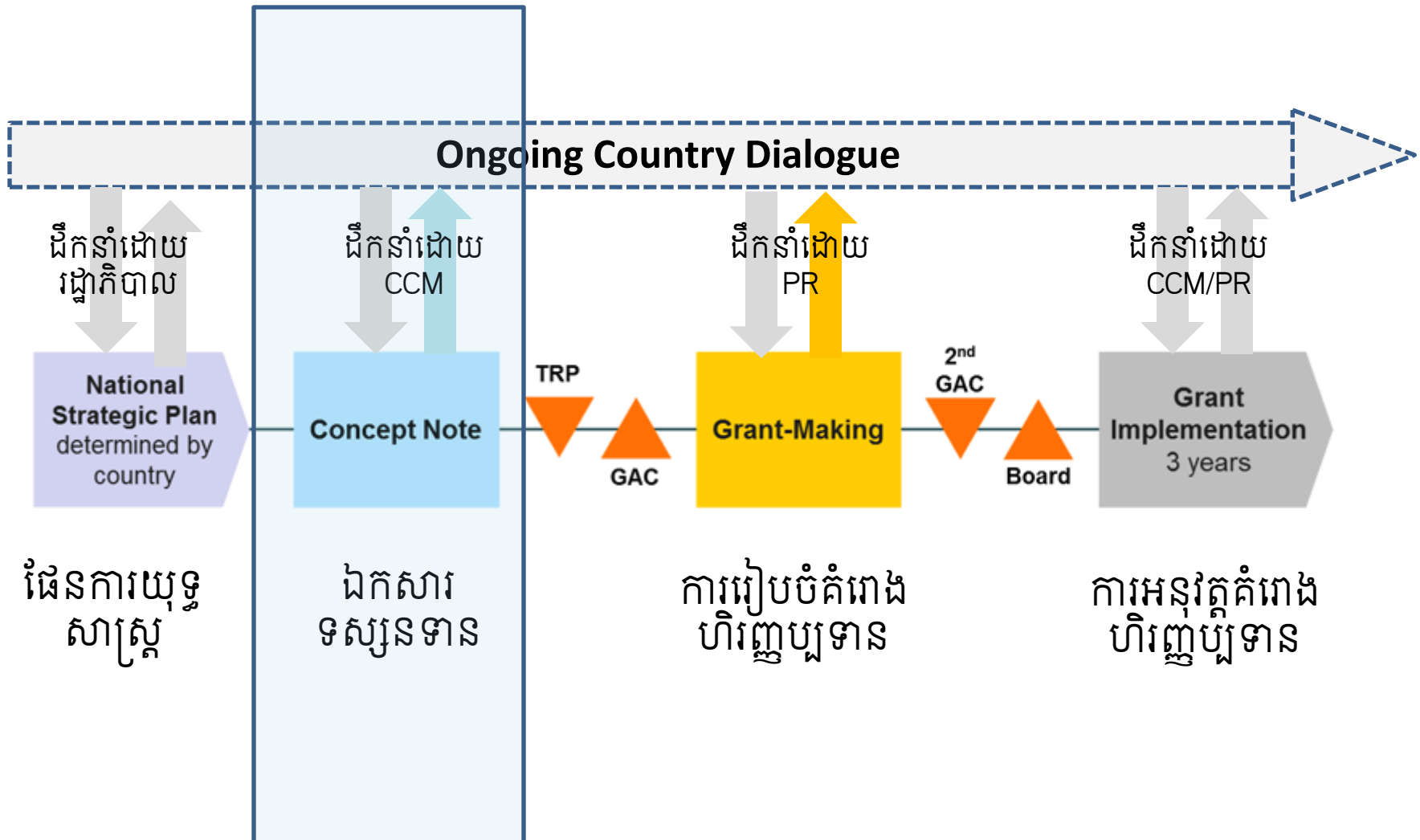
គំរោងដែលទាក់ទងនឹងជុំ

គំរោងផ្តល់មូលនិធិថ្មី

គំរូផ្តល់មូលនិធិ

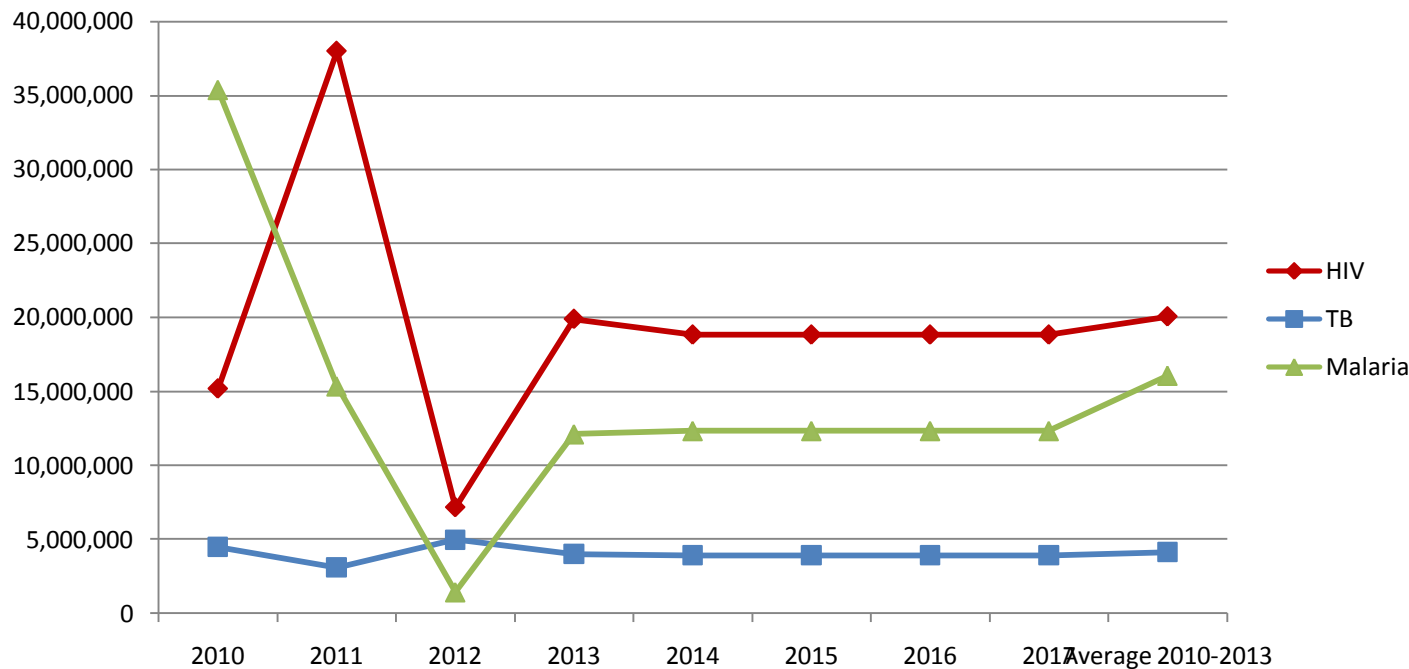


គំរូផ្តល់មូលនិធិ



ការបែងចែកថវិកាមូលនិធិសកលក្នុងគំរូមូលនិធិថ្មីសំរាប់ប្រទេសកម្ពុជា

Allocation New Funding Model



Disease	Existing	New	Total	%
HIV	75.3	0	75.3	51%
TB	3	12.6	15.6	11%
Malaria	38.6	10.7	49.3	33%
HSS	8.5	0	8.5	6%
Total	125.5	23.3	148.8	100%

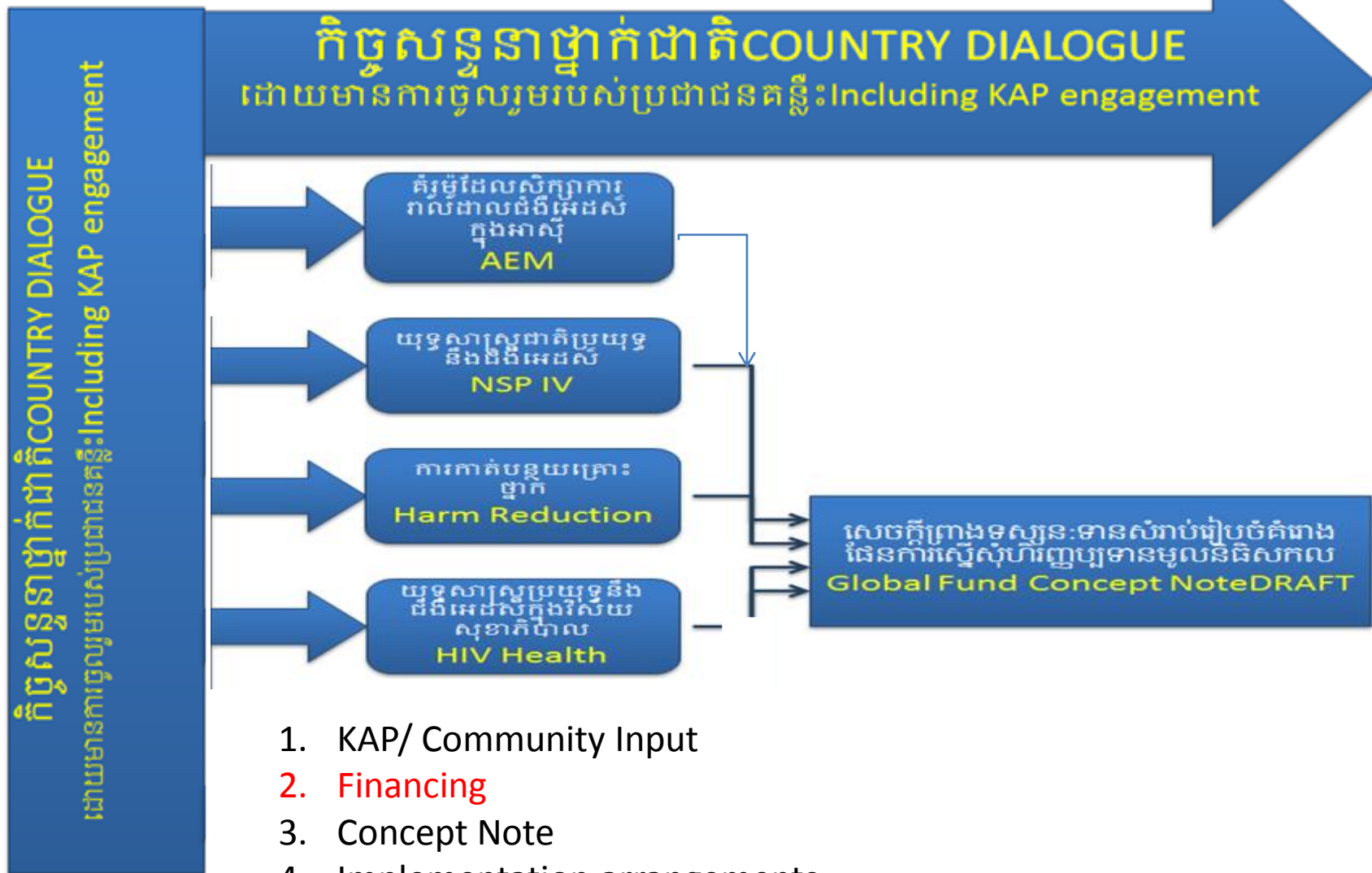
ពេលវេលានិងការប្រែប្រួលស្ថានភាពថវិកា

Timing and changes in funding support

	2014	2015	2016	2017	2018	2019	2020
គំរោងហិរញ្ញប្បទានមូលនិធិសកលដំបូង Former GFATM Grant	\$75M						
ឯកសារទស្សនទានសំរាប់មូលនិធិសកល CN/GFATM	<div data-bbox="595 696 821 982"> <p>កិច្ចសន្ទនាជាតិ COUNTRY DIALOGUE ជាមួយអង្គការមូលនិធិសកលដំបូង (Former GFATM) ដើម្បីកំណត់យុទ្ធសាស្ត្រការងារ (NSP)។</p> <p>1. KAP Community Input 2. Financing 3. Concept Note 4. Implementation arrangements 5. CCC Requirements</p> </div>						
ផែនការយុទ្ធសាស្ត្រជាតិ NSP					NSP V		

ធាតុផ្សំនិងដំណើរការរៀបចំឯកសារទស្សនទាន

Components and Process of Concept Note Development



1. KAP/ Community Input
2. **Financing**
3. Concept Note
4. Implementation arrangements
5. CCC Requirements

ធាតុផ្សំនិងដំណើរការរៀបចំឯកសារទស្សនទាន

Key steps in country dialogue process and development of concept note HIV grant									
Module 2: National TRP									
Task	Task	Lead	TR	June	July	August	September	October	November
		Lead	TR	Week 21-22	Week 23-24	Week 25-26	Week 27-28	Week 29-30	Week 31-32
National health strategy plan	Review draft strategy plan	ECBADS	WHO						
	Prioritization health sector consultation in finalization	ECBADS	WHO						
	Final national health strategy plan	ECBADS	WHO						
Update of AIDS Epidemic Model (AEM)	1st Data collection - analysis	HAIDS- final	HAIDS						
	2nd validation, analysis, model	HAIDS- final	HAIDS						
	Final discussion	HAIDS	HAIDS						
	Consent from research writing	HAIDS	HAIDS						
MSP IV	Stakeholder engagement analysis	HAIDS	GF funds						
	National consultation (Round 1)	HAIDS	GF funds						
Main evaluation	Online plan for main evaluation	HAIDS- final	HAIDS						
Main evaluation	Online plan for main evaluation	HAIDS- final	HAIDS						
KAP/Community	KAP research protocol	HAIDS- final	HAIDS						
Financing	Finalization with RSC on contribution	HAIDS- final	HAIDS						
Concept note	Main Division of labor for required work	HAIDS- final	HAIDS						
	Selection of model	HAIDS- final	HAIDS						
	National consultation concept note	HAIDS- final	HAIDS						
Implementation arrangements	PR EOI call, 5-11/12 - Draft 5/12	HAIDS- final	HAIDS						
	Selection	HAIDS- final	HAIDS						
	SRs call for EOI	HAIDS- final	HAIDS						
	SRs selection	HAIDS- final	HAIDS						
CCC requirements	Official email launching online	HAIDS- final	HAIDS						
	CCC in register for TRP work	HAIDS- final	HAIDS						
	CCC requirements	HAIDS- final	HAIDS						
Important: Need to document all steps and ensure consultative process including KAP									
Training on online platform in Geneva (15-17 Sept)									
Registration for TRP to be done through in Geneva - by 15 Dec at the latest									
To keep in mind									
country disease profile to be reviewed from GF									

គណៈកម្មាការ

ដឹកនាំ

(Steering Committee)

ធាតុផ្សំនិងដំណើរការរៀបចំឯកសារទស្សនទាន

Track	Task	lead coordinator	TA
Update of AIDS Epidemic Model (AEM)	1st Data collection + analysis workshop	NCHADS+ local WG	UNAIDS
	2nd validation, analysis scenarios workshop	NCHADS+ local WG	UNAIDS
	Final discussion	UNAIDS	UNAIDS
	Country case report writing		UNAIDS
National health sector HIV strategic plan	review draft strategic plan	NCHADS	WHO
	Prioritization health sector response	NCHADS	WHO
	consultation to finalize nat health sector HIV strategic plan	NCHADS	`
	Final nat health sector HIV plan	NCHADS	WHO

ធាតុផ្សំនិងដំណើរការរៀបចំឯកសារទស្សនទាន

Track	Task	lead coordinator	TA
NSP IV	Situation response analysis	NAA	GF funds
	National consultation (based on draft NSP IV)	NAA	GF funds
Harm reduction	Action plan for harm reduction	MOH & NACD	HAARP/W HO
Home base care	Sahacom project evaluation	USAID	USAID
	Design new model	KHANA	
KAP/Community Input	KAP engagement (FGC, KII...)	National Cons	5%
Financing	Negotiations with RGC on contribution		

ធាតុផ្សំនិងដំណើរការរៀបចំឯកសារទស្សនទាន

Track	Task	lead coordinator	TA
Concept note	Matrix Division of labour for required sections		5%
	Selection of modules		5%
	National consultation concept note		5%
	drafting of all sections		5%
	draft financial gap analysis		
	submission to CCC for review - 21 Nov		
	submission to GF for review - 21 Nov		
	Presentation to CCC meeting - 9Dec		
	Final corrections/edits		5%
	Final online submission to GF - 15 Jan		

ធាតុផ្សំនិងដំណើរការរៀបចំឯកសារទស្សនទាន

Track	Task	lead coordinator	TA
Implementation arrangements	PR EOI call, 6-11/9 - Dead 6/10	Excom	CCC Secr
	Selection	Excom	CCC OC
	SRs call for EOI	Excom	CCC/Secr
	SRs selection	Excom	CCC OC
	CCC approval	Excom	CCC Secr
CCC requirements	Official email launching national dialogue	CCC Secr	
	CCC to register for TRP review - by 15 Dec	CCC Secr	
	CCC 6 requirements	CCC Secr	past GMS
Sarah In-country			

training on online platform in Geneva (15-17 Sept)

Registration for TRP to be done 1 month in advance - by 15 Dec at the latest

ស្ថានភាពថវិកា

First Cut /CCC instructions: Savings identified during Jul 14-Jun 15

SR name	budget	Saving	%tage
CHEC	100 066	- 9 094	-9%
NPH	110 768	- 24 190	-22%
FI	345 694	- 58 525	-17%
SHCH	401 781	- 79 062	-20%
WOMEN	513 554	- 50 882	-10%
HACC	467 007	- 143 079	-31%
CPN+	575 630	- 71 583	-12%
RHAC	628 689	- 59 492	-9%
AHF	757 508	- 183 534	-24%
CRS	779 303	- 133 130	-17%
NMCHC	789 330	- 189 213	-24%
NAA	1 391 768	- 594 918	-43%
KHANA	6 203 673	- 2 386 075	-38%
NCHADS	13 245 394	- 6 163 529	-47%
TOTAL	26 310 165	- 10 146 306	-39%

Second Cut: Savings identified during Jul 14-Jun 15

Second Cut	\$3.6 Million USD
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FINANCING SOURCES		2012	2014	2015	2016	2017	2018	Source
GF	Drug	20,211,072	29	10.6	10.6	10.6	5.3	Estimate from CN
	Non Drug			4.7	4.7	4.7		Estimate from CN
Bilateral Agencies		15,872,375	8	8	8	8		Estimate
Royal Government of Cambodia	Original	5,212,931	5.2	5.2	5.2	5.2		NASA
	NAA							
	NCHADS							
	Concept Note				1	1		Estimate from CN
United Nations Agencies		4,320,352	2	2	2	2		Estimate
International NGOs		2,855,882	1	1	1	1		Estimate
Other Multilateral Organizations (excl. GF and UN)		1,396,650	1	1	1	1		Estimate
Private Domestic		956,837	0.9	0.9	0.9	0.9		Estimate
Private International		57,619	0.1	0.1	0.1	0.1		Estimate
Total		50,883,718	47	33.5	34.5	34.5		

៣ស្ថានភាពថវិកា

ទស្សនៈទានសំរាប់រៀបចំគំរោង ផែនការស្នើសុំហិរញ្ញប្បទានមូលនិធិសកល(Concept Note)

១ដោយឈរលើយុទ្ធសាស្ត្រថ្នាក់ជាតិដែលមានស្រាប់

- Based on existing country strategies

២ក្នុងបរិបទមួយដែលមានថវិកាដែលការថយចុះ → មិនអាចសម្របតាមតំរូវការ

- Reduced funding landscape → can't fund everything

៣ការជ្រើសយកអាទិភាពដោយឈរលើអន្តរាគមន៍ណាដែលមានផលសំរេចកំរិតខ្ពស់

- Prioritization based on high impact, value-for-money interventions
 - ប្រជាជនគន្លឹះដែលទទួលបានផលប៉ះពាល់
 - Key affected populations
 - ការជ្រើសរើសទីតាំងភូមិសាស្ត្រជាអាទិភាព
 - Geographic prioritization

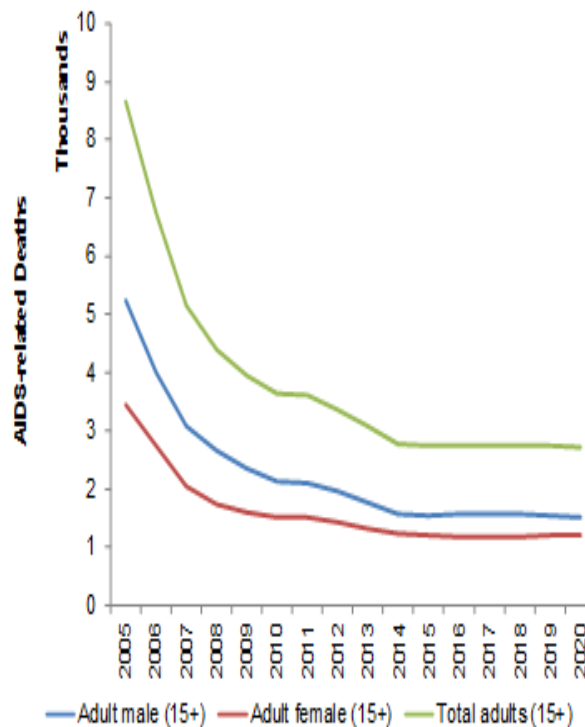
ស្ថានភាពអេពីដេមីសាស្ត្រ

Cambodia Intervention Baseline

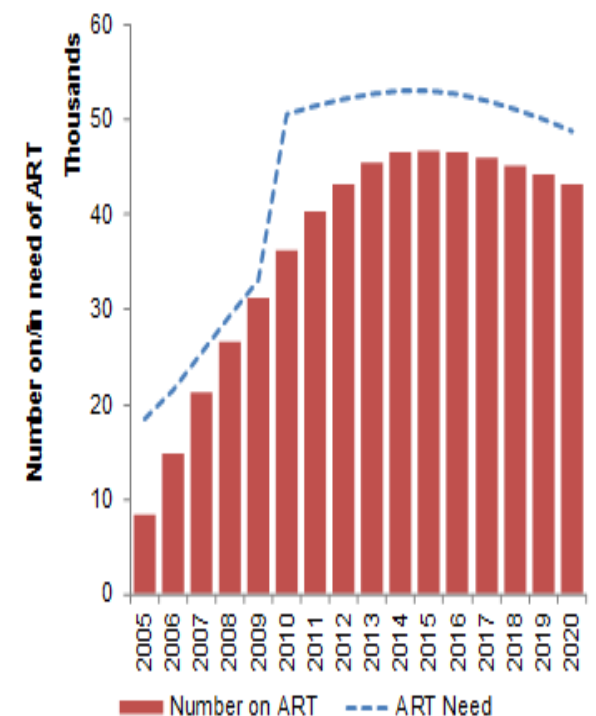
Results for the year: **2013**

New HIV infections:	789
Current PLHIVs:	72,545
Annual AIDS death:	3,074
Annual ART needs:	52,662
Number on ART:	45,463
Male-Female Inc Ratio:	0.88
Cumulative infections:	189,361
Cumulative deaths:	116,816
Cumulative M/F Ratio:	1.34

AIDS-related Deaths, 2005-2020



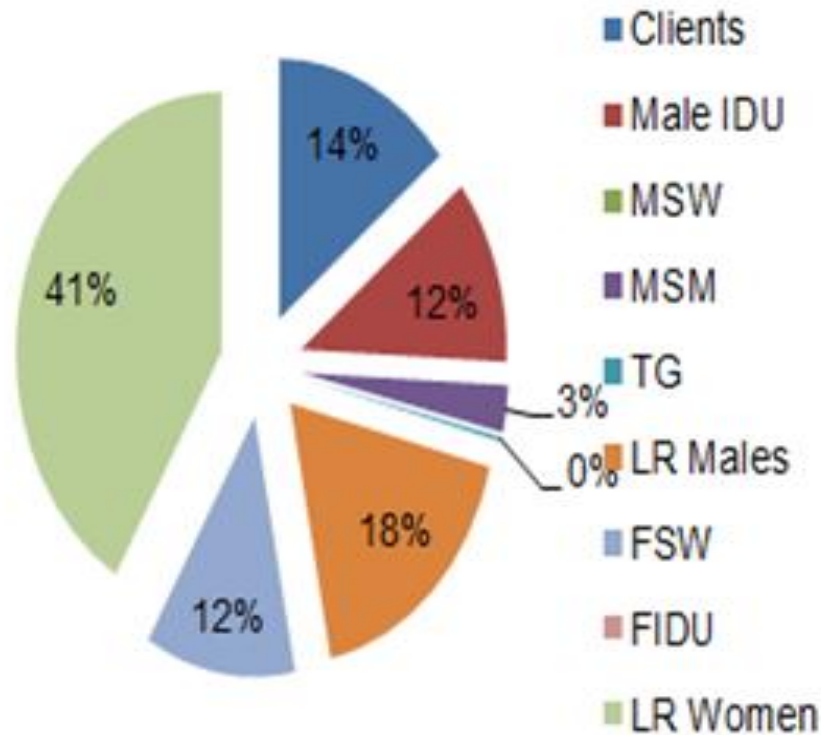
ART Coverage vs. Need among Total Adult, 2005-2020



ស្ថានភាពអេពីដេមីសាស្ត្រ

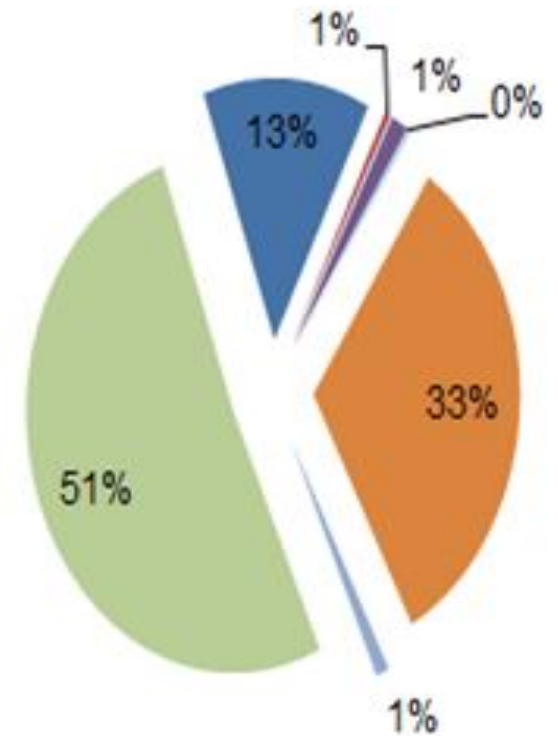
Distribution of new HIV infections in 2013

Total 789 HIV Infections



Distribution of current HIV infections in 2013

Total 72,545 HIV Infections

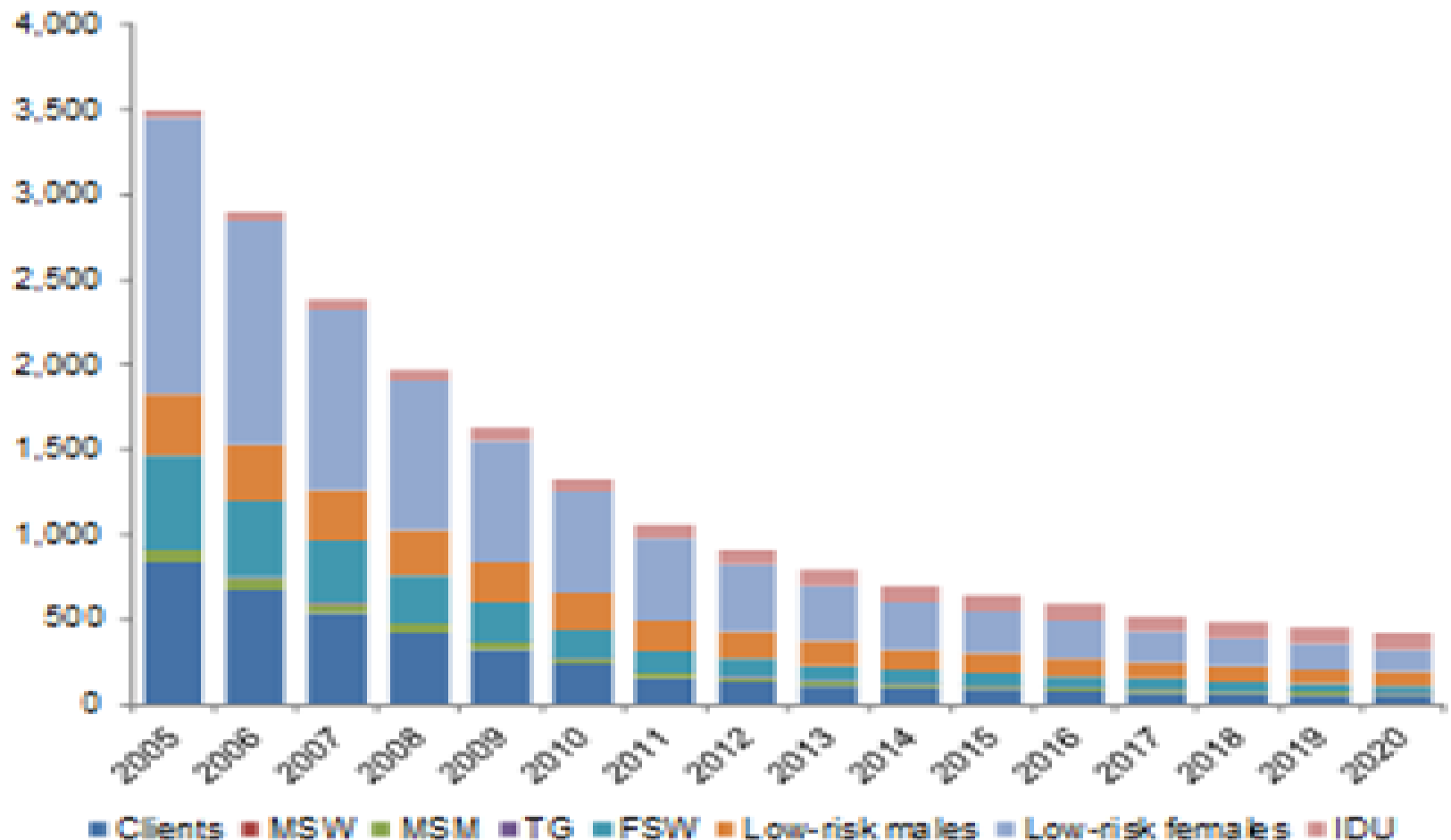


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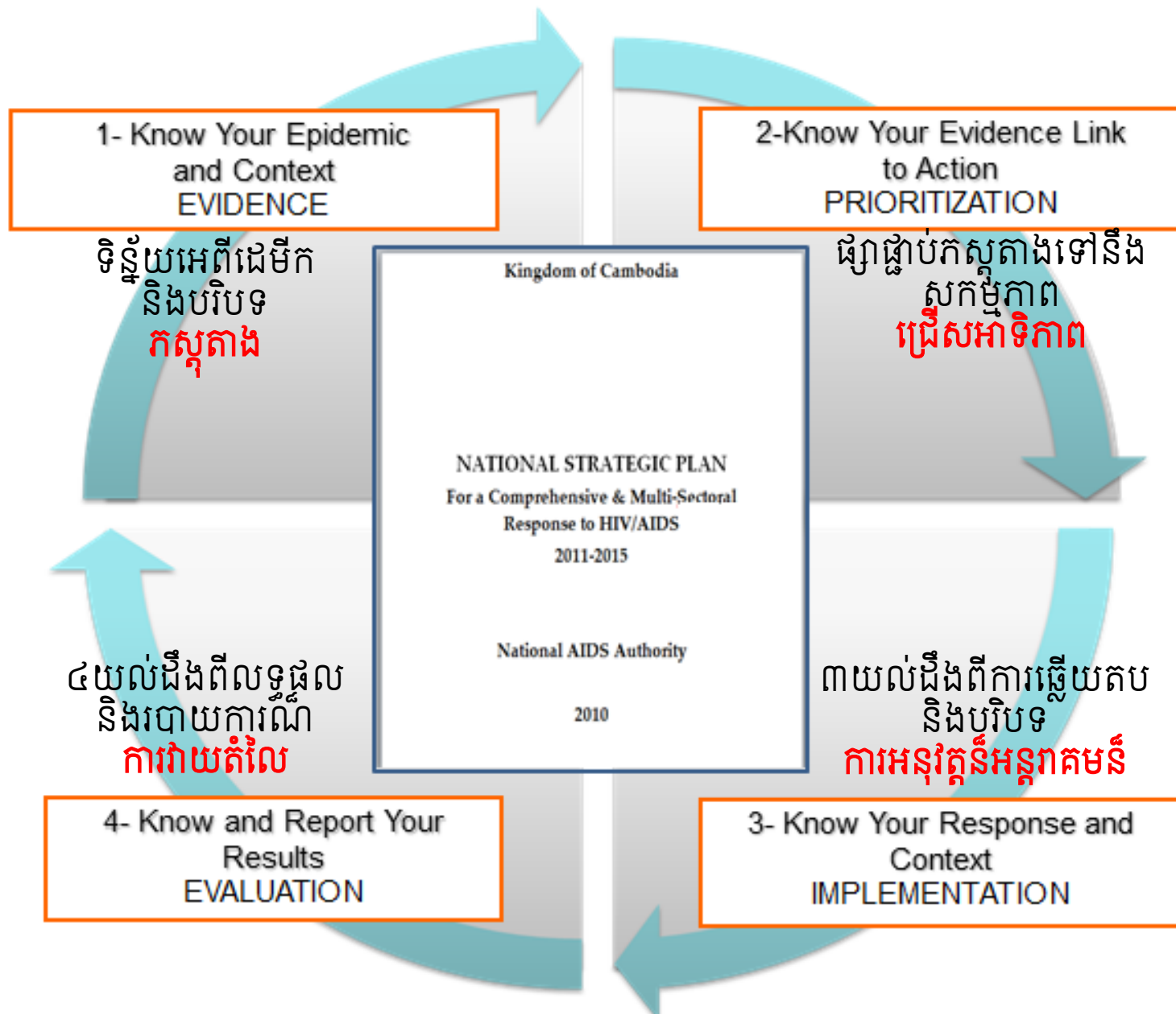
▶ 2050

ស្ថានភាពអេពីដេមីសាស្ត្រ

Annual New HIV Infections: by Risk Population, 2005-2020



៥ផែនការយុទ្ធសាស្ត្រជាតិប្រយុទ្ធនឹងជំងឺអេដស៍



៥ផែនការយុទ្ធសាស្ត្រជាតិប្រយុទ្ធនឹងជំងឺអេដស៍

អន្តរាគមន៍លើប្រជាជនគន្លឹះនៅកម្ពុជា

ក្រុមប្រជាជនគោលដៅ	បរិមាណប្រជាជន	ប្រេវ៉ាឡង់ក្នុងការអង្កេត	អត្រាផ្ទុកមេរោគអេដស៍ក្នុងការចុះអង្កេត HTC (June-Dec 2013)
ស្ត្រីក្នុងសេវាកំសាន្ត (EW/SW)	38,000 (របាយការណ៍ NGO 2012)	14% (ភ្ញៀវ >7 នាក់/១ អាទិត្យ) (HSS 2010)	0.4% (19/4324)
ក្រុមបុរសស្រឡាញ់បុរស (MSM)	16,000 (របាយការណ៍ NGO 2012)	2.1% (Bros Khmer 2010)	0.4% (9/2254)
ក្រុមប្អូនភេទ (TG)			4.3% (5/117)
ក្រុមអ្នកចាក់គ្រឿងញៀនតាមសរសៃ (PWID)	1,300 (IBBS 2012)	25% (IBBS 2012)	4.3% (13/299)
ក្រុមអ្នកប្រើគ្រឿងញៀន (PWUD)	13,000 (IBBS 2012)	4% (IBBS 2012)	0.5% (8/1734)

→ ប្រហែលជាការចុះអន្តរាគមន៍បច្ចុប្បន្នគ្របដណ្តប់តែលើអ្នកប្រជាជនគន្លឹះដែលមានការប្រឈមខ្លាប ? Current Outreach may be covering relatively low risk KPs ?

ដំណាក់កាលទាំង៣ក្នុងការផ្ដោតអន្តរាគមន៍កាត់បន្ថយការចំឡង

3-step targeting where transmission likely

11

ស្រុកប្រតិបត្តិដែល
មានការប្រឈមមុខ
ខ្ពស់ high-risk
ODs

21

ស្រុកប្រតិបត្តិដែលមានការ
ប្រឈមមុខមធ្យម
intermediate-risk
ODs

Some of B-CoPCT effort
integrated into FHC (+ basic
outreach) in intermediate-risk
ODs

50

ស្រុកប្រតិបត្តិដែលមានការប្រឈម
មុខទាប low-risk ODs

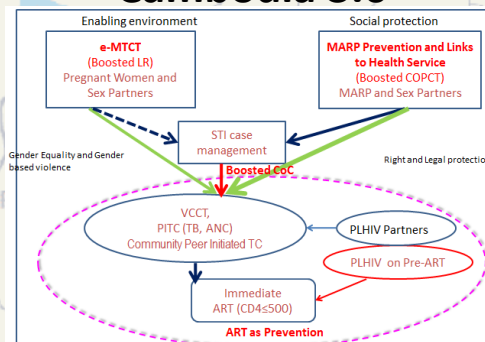
No B-CoPCT effort in
majority ODs where risk is
low

Most of B-CoPCT effort
focused on few ODs with
most high-risk
EWs, MSM, etc

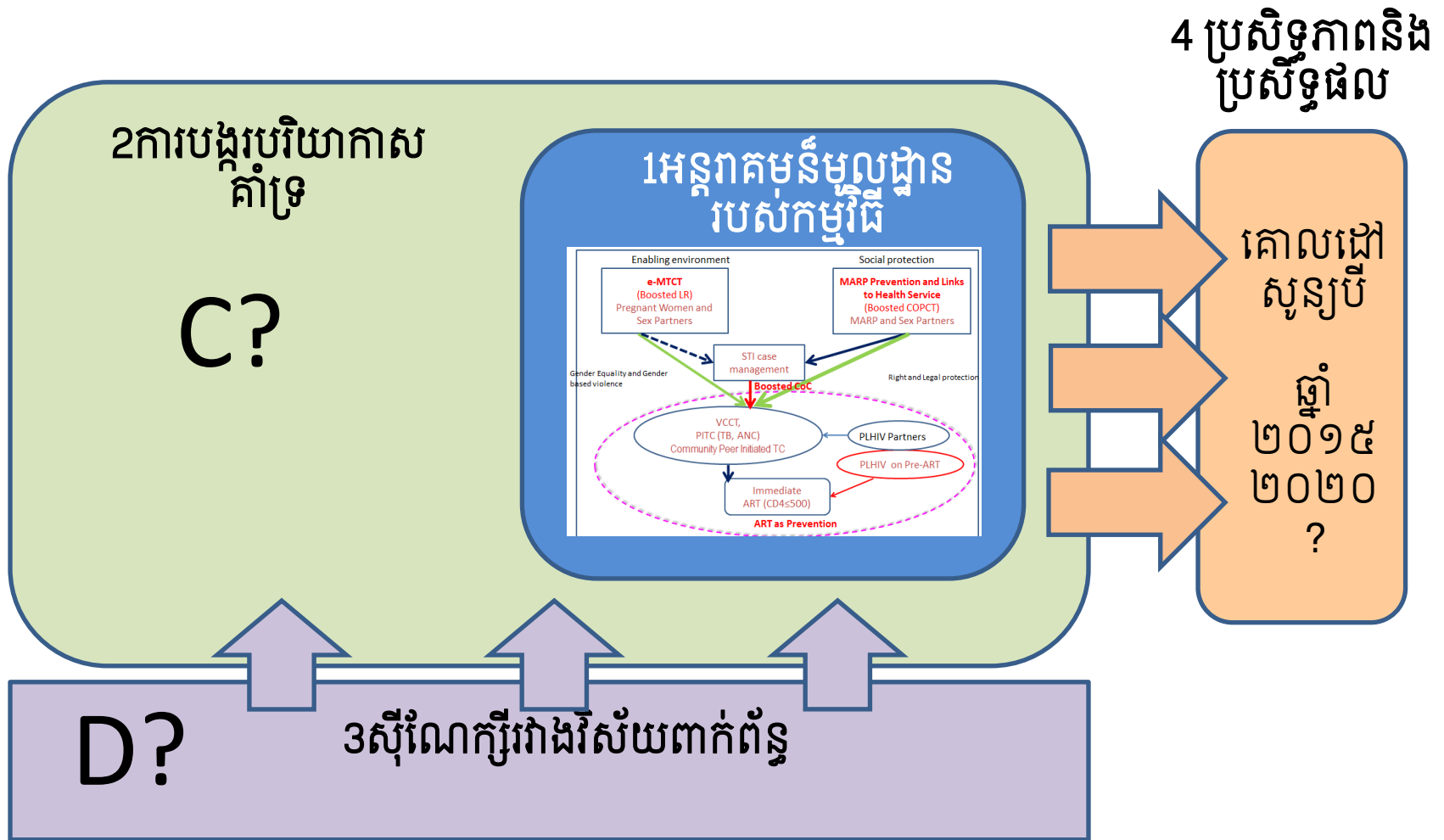
ដំណាក់កាលទី២នៃ
ការជ្រើសរើសអាទិភាព
(ក្នុងរង្វង់ OD) 2nd-
level prioritiation at
hotspots within OD

ដំណាក់កាលទី៣នៃ
ការជ្រើសរើសអាទិភាព
(លើបុគ្គល) 3rd-
level targeting at
individual level

Cambodia 3.0

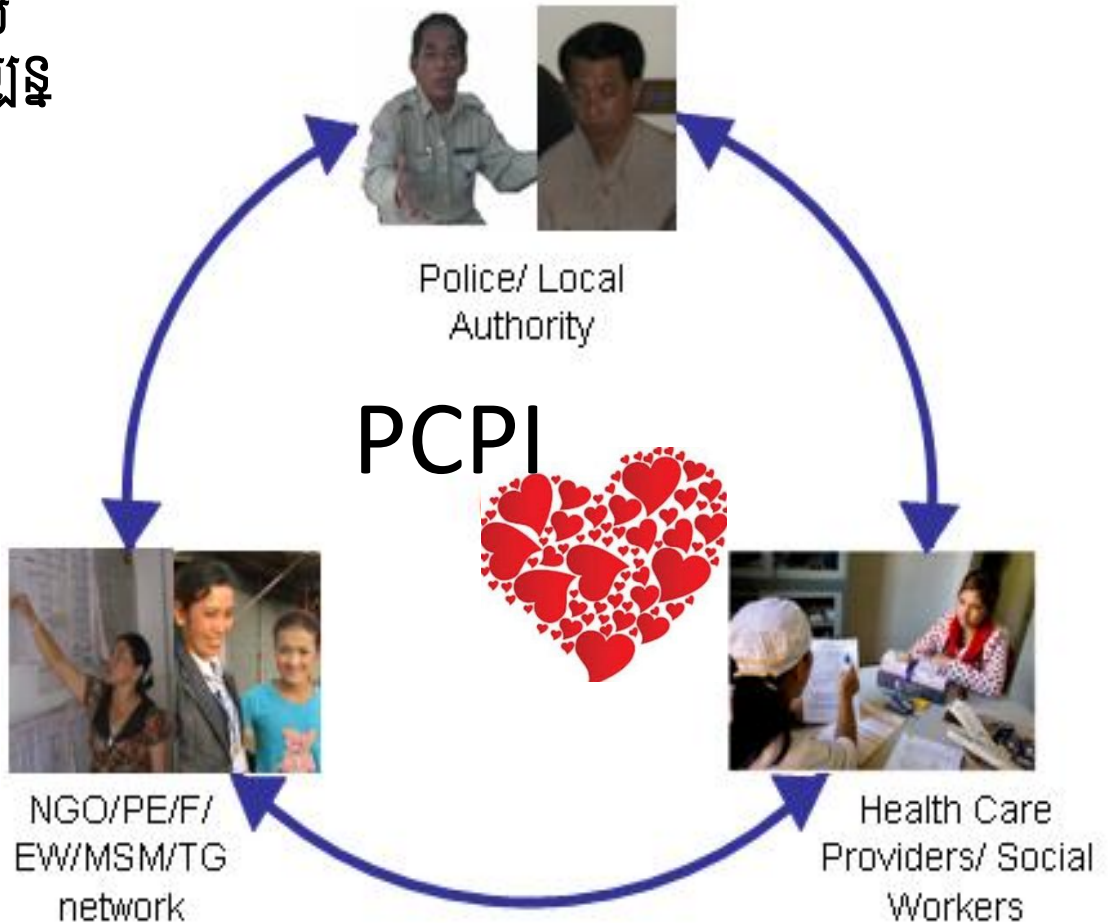
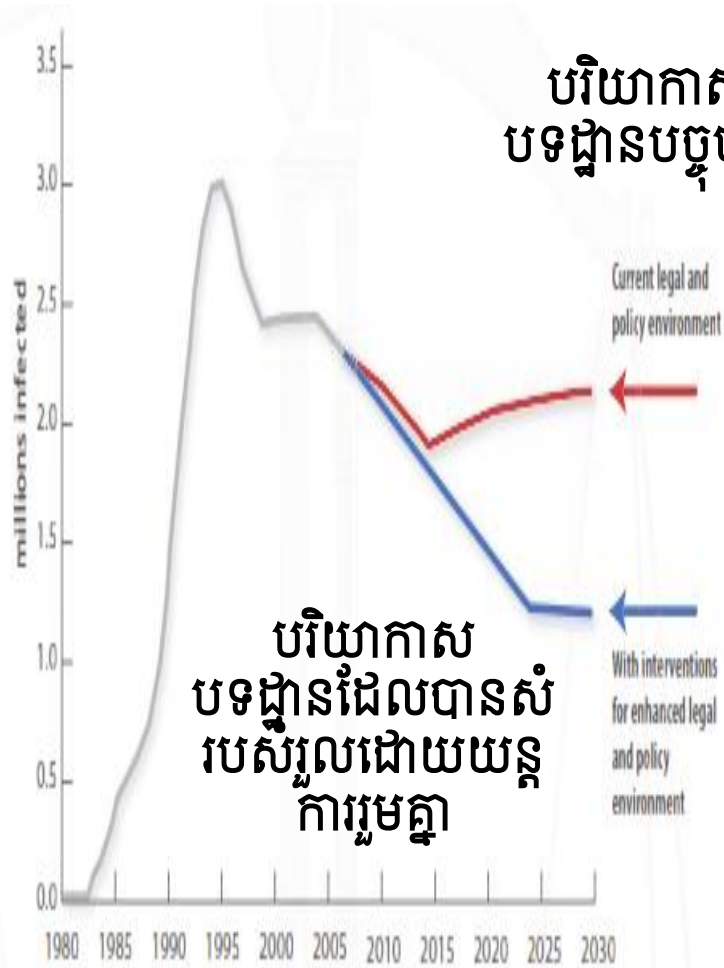


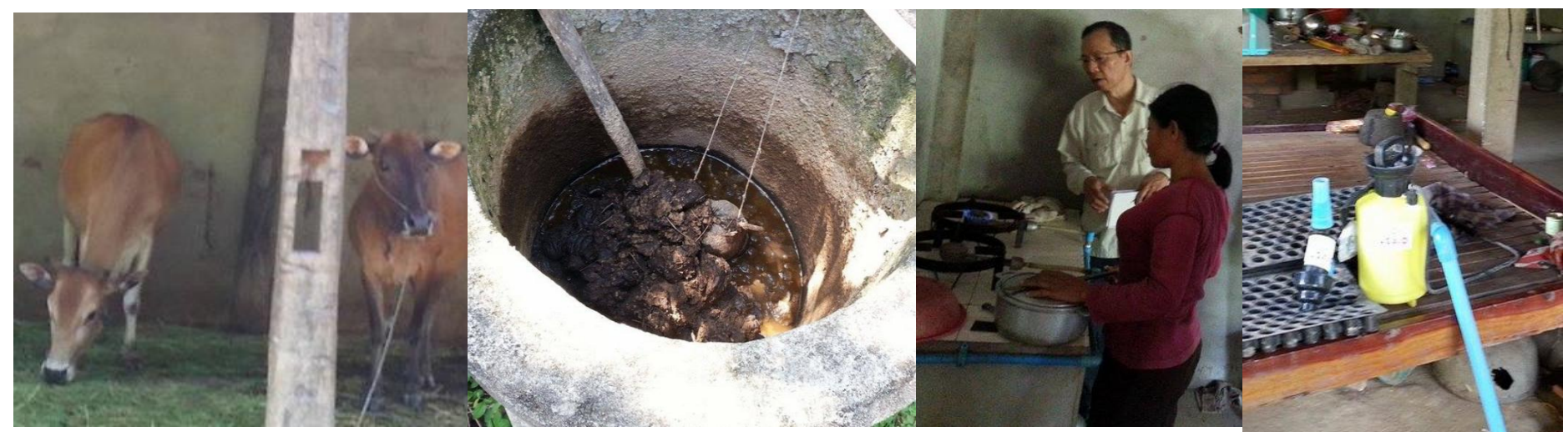
ក្របខ័ណ្ឌវិនិយោគថវិកាដើម្បីការឆ្លើយតបនឹងមេរោគអេដស៍ ?



B, C, D and EE

ការបង្ករបរិយាកាសគាំទ្រ



[illegible][illegible]

យុទ្ធសាស្ត្រជាតិ COUNTRY STRATEGIES

(NSP IV, HR Strategy HIV Health, AEM)

តម្រូវការធនធានសរុបដែលបាន
ប៉ាន់ស្មាន TOTAL
RESOURCE NEEDS
ESTIMATE

តារាងម៉ូឌុល MODULAR TABLE

សូចនាករផលប៉ះពាល់ IMPACT INDICATORS
សូចនាករលទ្ធផលសំរេច OUTCOME INDICATORS

ការជ្រើសរើសម៉ូឌុល MODULE SELECTION

ការបរិយាយអន្តរាគមន៍
INTERVENTION
DESCRIPTION
សូចនាករលទ្ធផលបឋម Output
Indicators

ថវិកា
BUDGET

ថវិកាដែលរំពឹងពី
មូលនិធិសកល
Global Fund
Allocation

តារាងគំលាតថវិកា
Financial Gap Table

តារាងគំលាតកម្មវិធី
Programmatic Gap
Table

Module selection

- Prevention programs for MSM & TG
- Prevention programs for SW & their clients
- Prevention programs for PWID and their partners
- Prevention programs for other vulnerable populations
- PMTCT
- Prevention programs for adolescents and youth
- Treatment, care & support
 - Essential to include this module
- TB/HIV
 - High Global Fund priority
 - Some activities covered by TB grant
- Procurement & supply chain management
 - Some activities may be covered under HSS grant
- Health information systems & M&E
 - Essential for sound data collection to inform future programming

Removing legal barriers to access

Legal & policy environment reform

Legal literacy & services (strong call from KAP for these services)

Advocacy for and monitoring of legal rights, plus training for health workers & police

Community systems strengthening

Strengthening of community networks and other organizations

Community-based monitoring for accountability

• Health & Community Workforce

Capacity building, scale up, distribution of health 7 community workers

• Policy & Governance

Development, implementation, monitoring of health legislation & policy

Financial management

Performance, transparency, accountability

Healthcare financing

Financial stability

Results-based financing

Service delivery

Service organization

Improving lab systems

Improving service delivery infrastructure

Program Management

Nominations from 14th Steering Committee for persons responsible for draft programming within each GF Concept note service delivery module.

Tentative list of Modules	Persons responsible (lead in bold)
Prevention programs for MSM & TG	NCHADS: Lan Van Seng + Tep Sannang KHANA: Choub Sok Chamreun WHO: Eng Dany
Prevention programs for SW and their clients	NCHADS: Lan Van Seng + Tep Sannang + Ny Socheat KHANA: Tith Khimuy WHO: Eng Dany
Prevention programs for PWID and their partners	WHO: Eng Dany MOH Mental Health Programme: Chhit Sophal FI: Florence Chatot KHANA: So Kimhai
PMTCT	NCHADS: Samrith Sovannarith NMCHC: Toung Sovanna CHAI: Emily Welle WHO: Masami Fujita US CDC: Perry Killam UNICEF Sedtha Chin
Treatment care & support	NCHADS: Samrith Sovannarith, Ngov Bora KHANA: Tit Khimuy CPN+: Sorn Sothearridh CHAI: Emily Welle US CDC: Perry Killam WHO: Masami Fujita

Tentative list of Modules	Persons responsible (lead in bold)
TB/HIV	NCHADS: Samrith Sovannarith CENAT: Khum Kimtam US CDC: Perry Killam WHO: Masami Fujita
Procurement and supply chain management (PSCM)	NCHADS: Prum Mardi (Logistics Management Unit) CHAI: Emily Welle USG Carrie Whitlock
Health information systems and M&E	NCHADS: Mam Sovatha + Chea Chamnan+ Kim Bunna WHO: Masami Fujita CDC: Perry Williams USAID: Michelle Lang-Ali DPHI:?
Removing legal barriers to access	NAA: Tia Phalla HACC: Tim Vora CPN+: Sorn Sothearridh KAP: Kong Bunthorn
Community System Strengthening	KHANA: Les Ong HACC: Tim Vora CPN+: Sorn Sothearridh KAP: Kong Bunthorn WHO: Masami Fujita
Program Management	NCHADS:
Budget - same person for each module?	TBC

បច្ចុប្បន្នភាពនៃកិច្ចសន្ទនាថ្នាក់ជាតិនិងការរៀបចំឯកសារទស្សនទានសំរាប់កម្មវិធីអដស៍

Update on ongoing HIV Country Dialogue & Concept Note (1)

A) ការបញ្ចប់ផែនការយុទ្ធសាស្ត្រ Finalizing Strategic Plans:

- ផែនការយុទ្ធសាស្ត្រ (អេដស៍ក្នុងវិស័យសុខាភិបាលផែនការយុទ្ធសាស្ត្រជាតិប្រយុទ្ធនឹងជំងឺអេដស៍លើកទី៤ផែនការកាត់បន្ថយគ្រោះថ្នាក់លើអ្នកប្រើប្រាស់គ្រឿងញៀន Strategic plan HIV health, NSPIV, harm reduction)
- ការធ្វើបច្ចុប្បន្នភាពតាមការសិក្សាគំរូដែលពិនិត្យមើលរកគំរូណាដែលវិនិយោគតិចទេអាជ្ញាធរលទ្ធផលខ្ពស់ Modeling to update projections, see where investment make most impact
- ការជ្រើសរើសអាទិភាព/តំរង់នីតិវិធីនិងការពិនិត្យ/លើកគំរោងនៃការផ្តល់សេវាជាគំរូ(ឧការបង្ការការព្យាបាលថែទាំតាមផ្ទះ) Prioritization/streamlining and review/design of delivery model (e.g., prevention, HBC)

B) ការចូលរួមរបស់ប្រជាជនគន្លឹះ : របកគំហើញនឹងយកទៅប្រើប្រាស់ដើម្បីពិគ្រោះយោបល់ KAP engagement: findings available will inform consultations

បច្ចុប្បន្នភាពនៃកិច្ចសន្ទនាថ្នាក់ជាតិនិងការរៀបចំឯកសារទស្សនទានសំរាប់កម្មវិធីអេដស៍

Update on ongoing HIV Country Dialogue & Concept Note (2)

C) ការរៀបចំការអនុវត្តន៍គំរោង : ការជ្រើសរើសស្ថាប័នទទួលហិរញ្ញប្បទានបច្ចេកទេសនិងស្ថាប័នទទួលហិរញ្ញប្បទានបន្ទាប់Implementation arrangements: PR & SRs selection

- ការជ្រើសរើសស្ថាប័នទទួលហិរញ្ញប្បទានបច្ចេកទេស – ដំណើរការប្រកបដោយតំណាងភាពគណកម្មការជ្រើសរើសនិងជូនយោបល់ដល់CCC ដើម្បីសុំការគាំទ្រPR selection – transparent process , selection panel will provide recommendations to CCC – need to decide on CCC process for endorsement
- ការជ្រើសរើសស្ថាប័នទទួលហិរញ្ញប្បទានបន្ទាប់ – នឹងមានការសម្រេចពីដំណើរការ(ប្រហែលស្រដៀងគ្នានឹងកម្មវិធីរបេងនិងគ្រុនចាញ់)ការកំណត់តំបន់គន្លឹះសំរាប់ឯកសារទស្សនទាន / ការតំរូវនីតិវិធី អោយអន្តរាគមន៍ផ្ដោតលើតំបន់អាទិភាពដោយមូលហេតុកង្វះថវិកាSR Selection - process to be decided, probably similar process as TB & malaria, after key areas for CN identified. Streamlined implementation arrangements expected given budget situation

D) ការពិគ្រោះយោបល់ថ្នាក់ជាតិសំរាប់រៀបចំឯកសារទស្សនទាន – ១៣ – ១៤វិច្ឆិកា ២០១៤ (នឹងមានការបញ្ជាក់) National Consultation on Concept Note – 13-14 Nov (tbc)

បច្ចុប្បន្នភាពនៃកិច្ចសន្ទនាថ្នាក់ជាតិនិងការរៀបចំឯកសារទស្សនទានសំរាប់កម្មវិធីអេដស៍

Update on ongoing HIV Country Dialogue & Concept Note (3)

ការពិនិត្យលើថវិកានិងលើកគំរោងថវិកា Budget Review & Financing

- ការកាត់ថវិកាលើកទី១សន្សំបាន១០លានដុល្លារ 1st set of cost saving measures estimated to generate \$10m savings
- ការកាត់ថវិកាលើកទី២សន្សំបាន៣.៦លានដុល្លារ 2nd set approved by Excom and GF, instructions to be sent to SRs and PR shortly estimated to generate \$3.6m

ស្មើនឹង៥៣%នៃថវិកាសំរាប់កម្មវិធីចាំបាច់(ស្លាប់រស់)ដែលត្រូវការក្នុងអំឡុង២០១៦-២០១៧

Equivalent of 53% budget reduction to pay for critical programme needs in 2016-2017

ប្រសិនបើមានការគោរពដោយត្រឹមត្រូវថវិកាឯកសារទស្សនទានកម្មវិធីអេដស៍សំរាប់រយៈពេលកក្កដា២០១៥-ធ្នូ២០១៧នឹងមានប្រមាណពី\$38-44m ដែលនៅក្នុងនោះ២៦លានដុល្លារសំរាប់ការព្យាបាល(ថ្នាំបរិក្ខារនិងលទ្ធកម្ម)ដូចនេះនៅសល់ថវិកាតែ) : \$12m សំរាប់២ឆ្នាំក៏ន្ទះឬ\$4.8m/ឆ្នាំតែប៉ុណ្ណោះ

If strictly applied, estimated amount for Concept note period July 2015-Dec 2017: between \$38-44m of which \$26m is estimated to be required to cover health commodities+procurement Leaving (worst scenario): \$12m for 2.5 years or \$4.8m/year

នឹងមានការបញ្ជាក់ពីរាជរដ្ឋាភិបាលលើការរួមចំណែកទិញឧសថប្រឆាំងមេរោគអេដស៍ព្រមទាំងធនធានមនុស្សផងដែរ។ Pending confirmation of RGC increased contribution to AIDS especially ART but also on human resources

FINANCING SOURCES		2012	2014	2015	2016	2017	2018		Source
GF	Drug	20,211,072	29	10.6	10.6	10.6	5.3		Estimate from CN
	Non Drug			4.7	4.7	4.7			Estimate from CN
Bilateral Agencies		15,872,375	8	8	8	8			Estimate
Royal Government of Cambodia	Original	5,212,931	5.2	5.2	5.2	5.2			NASA
	NAA			ផែនការយុទ្ធសាស្ត្រទូលំទូលាយនិងពហុវិស័យការឆ្លើយតបនឹងមេរោគអេដស៍ជំងឺអេដស៍លើកទី៤					
	NCHADS								
	Concept Note				1	1			Estimate from CN
United Nations Agencies		4,320,352	2	2	2	2			Estimate
International NGOs		2,855,882	1	1	1	1			Estimate
Other Multilateral Organizations (excl. GF and UN)		1,396,650	1	1	1	1			Estimate
Private Domestic		956,837	0.9	0.9	0.9	0.9			Estimate
Private International		57,619	0.1	0.1	0.1	0.1			Estimate
Total		50,883,718	47	33.5	34.5	34.5			