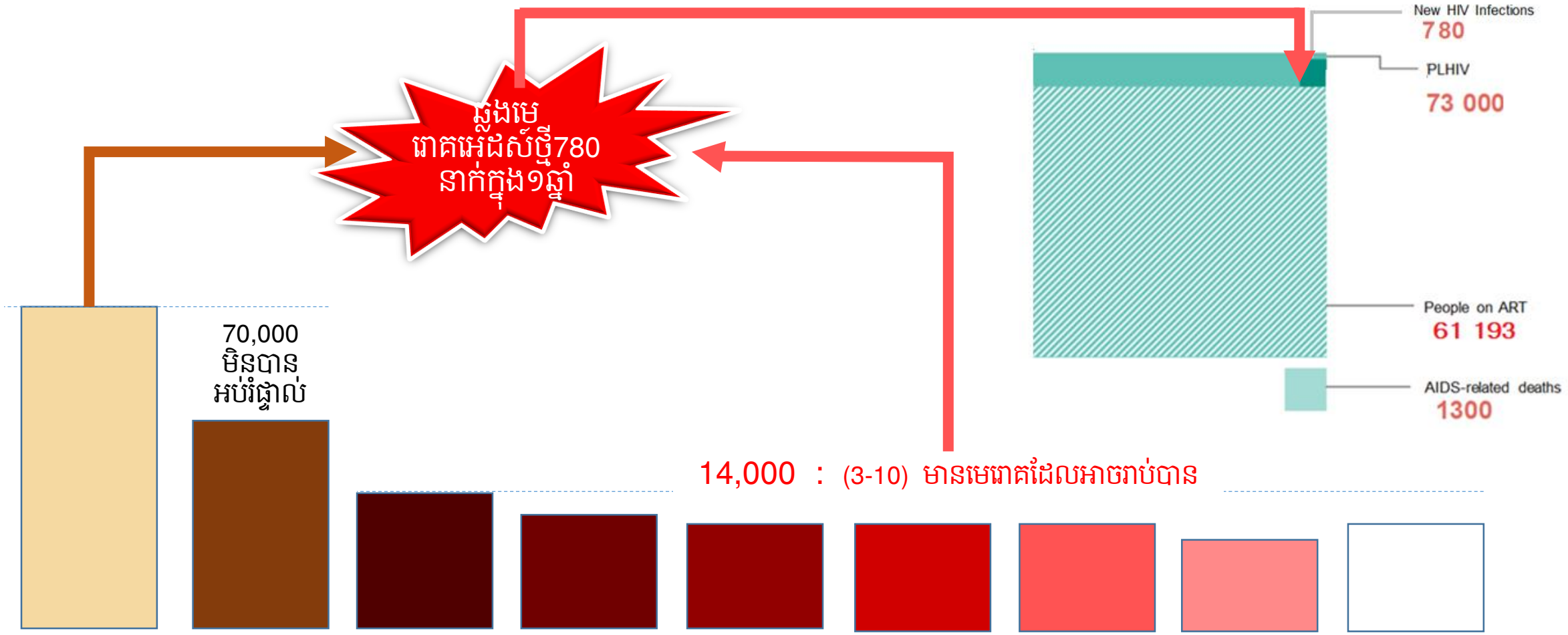
NAA Internal Meeting
4 Aug 2020

Dr. Phalla Tia
NAA Vice Chair

Presentation Outlines

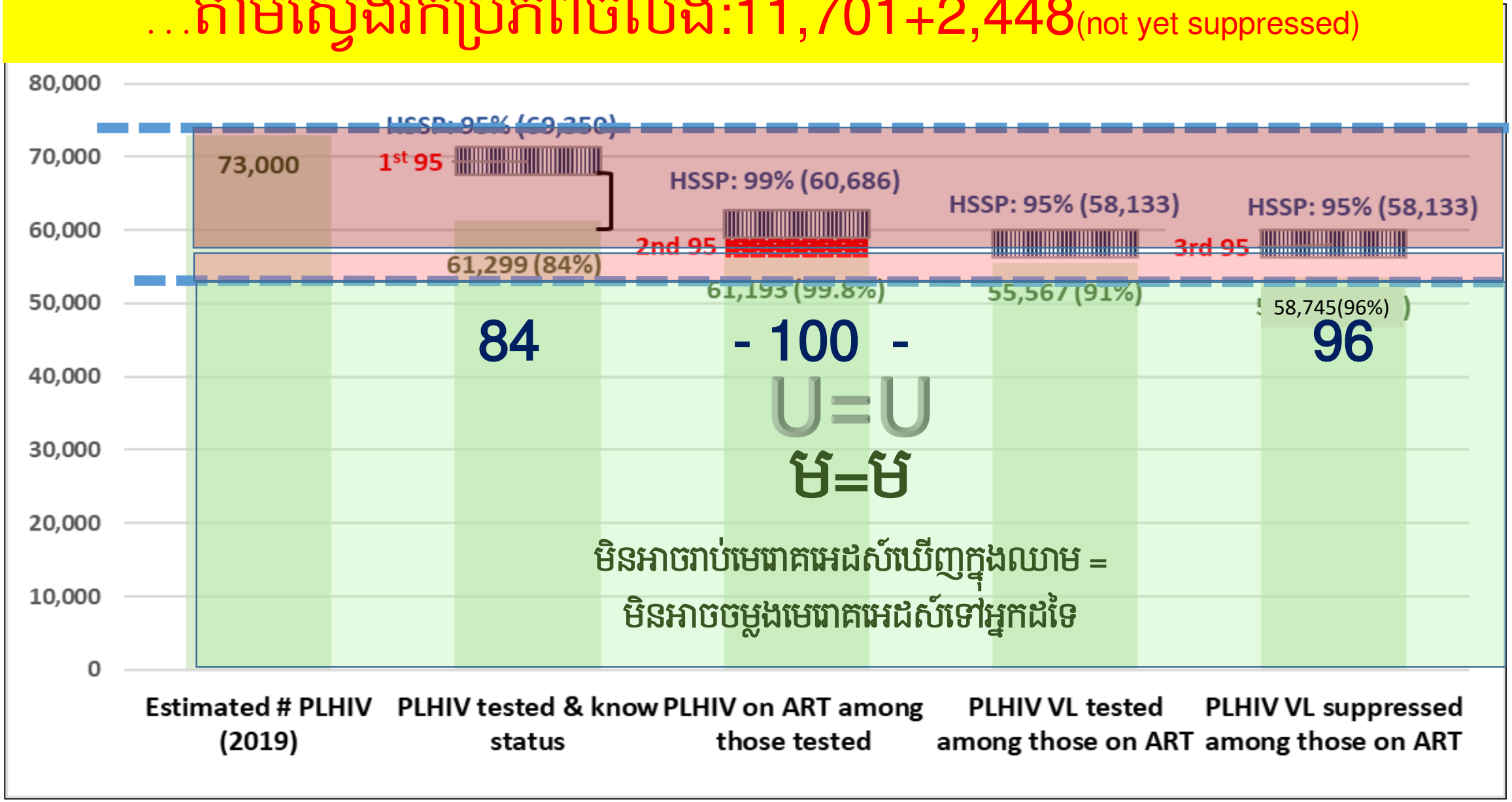
1. Update information
2. AIDS 2020 Conference
3. AIDS integration in HIV sector
4. Conclusion



170,000	100,000	73,000	61,299	61,193	61,193	61,193	55,567	58,745

ប្រឈម	បានអប់រំផ្ទាល់	ចំនួនផ្ទុកប៉ាន់ស្មាន	បានធ្វើតេស្តដំបូង	បានធ្វើតេស្តបញ្ជាក់	បានធ្វើរោគវិនិច្ឆ័យ	កំពុងប្រើART	កំពុងប្រើARTជាប់	ចំនួនអ្នកផ្ទុកបានរាប់VL	រាប់មេរោគមិនបាន(ប៉ាន់ស្មាន)
1	2	3	4	5	6	7	8	9	10

...តាមស្វែងរកប្រភពចំលង:11,701+2,448(not yet suppressed)



Cambodia's HIV Cascade of Care with 95-95-95 and HSSP targets; UNAIDS Data Hub, 2019

1	2	3	4	5	6	7	8	9	10
ប្រឈម	បានអប់រំផ្ទាល់	ចំនួនផ្ទុកប៉ាន់ស្មាន	បានធ្វើតេស្តដំបូង	បានធ្វើតេស្តបញ្ជាក់	បានធ្វើរោគវិនិច្ឆ័យ	កំពុងប្រើ ART	កំពុងប្រើ ARTជាប់	ចំនួនអ្នកផ្ទុកបានរាប់VL	រាប់មេរោគមិនបាន(ប៉ាន់ស្មាន)
170,000	113,000	73,000	61,299	61,193	61,193	61,193		55,567	58,745

1-2
មិនបានចុះអប់រំផ្ទាល់
70,000

3-4
មិនបានព្យាបាល
11,701

មានបន្ទុកVLអាចរាប់បាន (ទាំងព្យាបាល&មិនព្យាបាល)
14,149

7-10
មានបន្ទុកVL អាចរាប់បាន
2,448

PrEP , **Cabotegravir injectable ?** , PDI+, Differentiated Prevention /Harm Reduction/ Testing, Recency Testing, HIV Self Testing, incentivized PNTT, KP Friendly Clinic, Micro-targeting high risk groups,…

Integration of VCCT&ART sites help reduce LTFU; Increased differentiated care approaches including tailored MMD, CAD etc.; Strengthen CAAF & Community (VHSG) to minimize LTFU; Strengthen EAC; Blitz chart review for viral load

ក្រុមOut Reach បង្ហាវ (OW: 283)
RHAC(88) KHANA(135) FI/MSL(60)
Resource : 5MUSD
EMTCT: HIVtest:0.8MUSD STI:0.2MUSD

ក្រុមព្យាបាលART Site (220 Workers)
CRS: 220 Workers in 69 Sites
Resource : 7MUSD
LMS: 12MUSD Lab:0.7MSD

ផែនការយុទ្ធសាស្ត្រជាតិទូលំទូលាយនិងពហុវិស័យ ឆ្លើយតបទៅនឹងមេរោគអេដស៍និងអេដស៍(២០១៩-២០២៣)

យុទ្ធសាស្ត្រទី ១៖ ផ្តល់ការបង្ការ ថែទាំព្យាបាលនិងគាំទ្រទូលំទូលាយតាមរយៈវិធីសាស្ត្រ ពហុវិស័យ

1	2	3	4	5	6	7	8	9	10
ប្រឈម	បានអប់រំផ្ទាល់	ចំនួនផ្ទុកប៉ាន់ស្មាន	បានធ្វើតេស្តដំបូង	បានធ្វើតេស្តបញ្ជាក់	បានធ្វើរោគវិនិច្ឆ័យ	កំពុងប្រើ ART	កំពុងប្រើ ARTជាប់	ចំនួនអ្នកផ្ទុកបានរាប់VL	រាប់មេរោគមិនបាន(ប៉ាន់ស្មាន)
170,000	113,000	73,000	61,299	61,193	61,193	61,193		55,567	58,745

1-2	3-4		7-10
មិនបានចុះអប់រំផ្ទាល់	មិនបានព្យាបាល	មានបន្ទុកVLអាចរាប់បាន (ទាំងព្យាបាល&មិនព្យាបាល)	មានបន្ទុកVL អាចរាប់បាន
70,000	11,701	14,149	2,448

PrEP , **Cabotegravir injectable ?** , PDI+, Differentiated Prevention /Harm Reduction/ Testing, Recency Testing, HIV Self Testing, incentivized PNTT, KP Friendly Clinic, Micro-targeting high risk groups,...

ក្រុមOut Reach បង្ការ (OW: 283)

)RHAC(88) KHANA(135) FI/MSL(60)

Resource : 5MUSD

EMTCT: HIVtest:0.8MUSD STI:0.2MUSD

Integration of VCCT&ART sites help reduce LTFU; Increased differentiated care approaches including tailored MMD, CAD etc.; Strengthen CAAF & Community (VHSG) to minimize LTFU; Strengthen EAC; Blitz chart review for viral load

ក្រុមព្យាបាលART Site (220 Workers)

CRS: 220 Workers in 69 Sites

Resource : 7MUSD

LMS: 12MUSD Lab:0.7MSD

យុទ្ធសាស្ត្រទី ២ ៖ បញ្ចូលការឆ្លើយតបនៃមេរោគអេដស៍ ទៅក្នុងប្រព័ន្ធសុខាភិបាល និងវិស័យផ្សេងទៀត

យុទ្ធសាស្ត្រទី ៣៖ ពង្រឹងវិសាលភាពកិច្ចគាំពារសង្គមនិងលើកកម្ពស់ការទទួលបានសេវាសង្គមនិងច្បាប់

ព័ត៌មានយុទ្ធសាស្ត្រ ៖ ផ្សេងៗយុទ្ធសាស្ត្រដោយឈរលើ ...

... ភស្តុតាងនិងទិន្នន័យនៃការសិក្សាស្រាវជ្រាវ

យុទ្ធសាស្ត្រទី ៤៖ បង្កើនថវិការបស់រាជរដ្ឋាភិបាលដល់ ៥០ ភាគរយនៃហិរញ្ញប្បទានឆ្លើយតបនឹងមេរោគអេដស៍/ជំងឺអេដស៍និងបែងចែកចំណែកថវិកាដល់អង្គការសង្គមស៊ីវិល

AIDS 2020 Virtual

AIDS 2020: Fighting HIV in the Shadow of COVID-19

Peter Sands , Executive Director of GFATM at AIDS 2020, 10 Jul 2020

Impact of COVID-19 on the fight against HIV

Disruption to treatment services

Reduced access and availability of lifesaving antiretroviral treatments

Increased vulnerability

People living with HIV and who are immunocompromised likely to be more vulnerable to COVID-19

Disruption to prevention and testing programs

Reduced outreach and access to testing and ARV enrollment

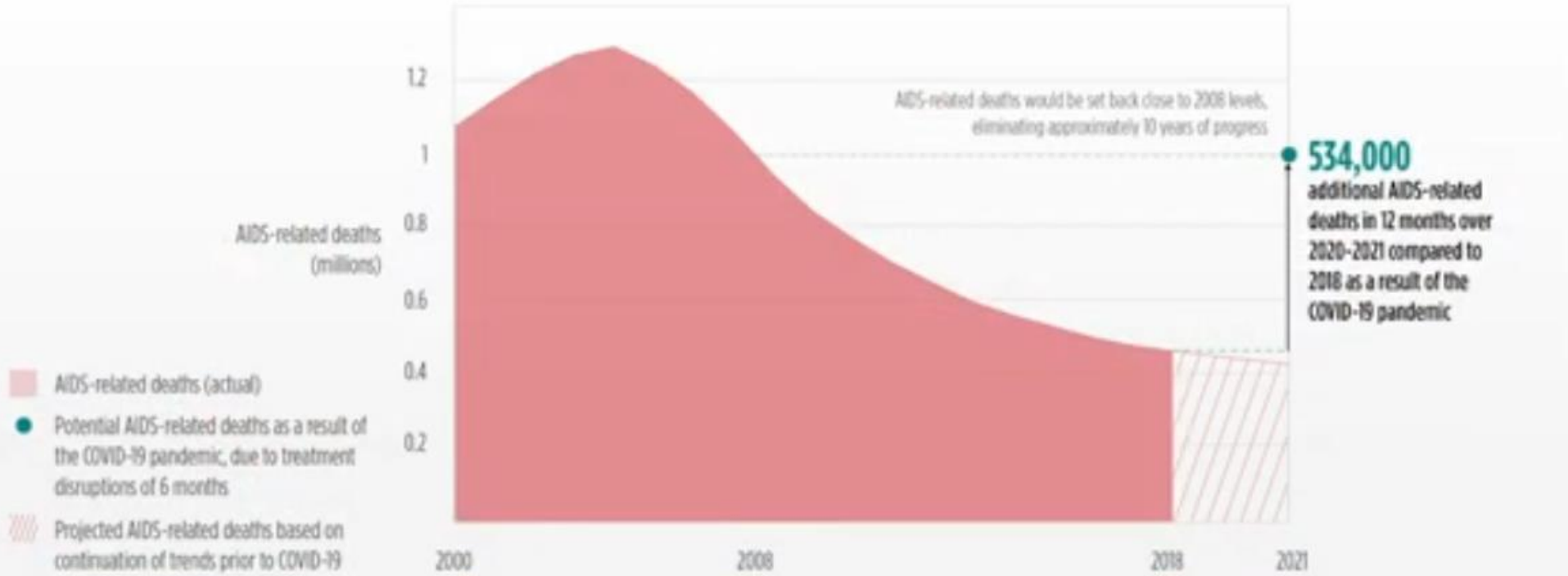
Increased poverty and exclusion

COVID-19 and lockdowns threatening livelihoods, exacerbating stigma and discrimination, increasing gender-based violence

Activate Windows
Go to Settings to activate Windows.

AIDS 2020 VIRTUAL

Potential increase in AIDS-related deaths due to HIV treatment disruption resulting from COVID-19 in sub-Saharan Africa



Estimates of AIDS-related deaths over 2000–2018 from UNAIDS, 2019 release. Estimation of projected AIDS-related deaths over 2018–2021, based on continuation of trends prior to COVID-19. Estimation of potential AIDS-related deaths as a result of the COVID-19 pandemic from modelling work convened by WHO and UNAIDS, 2020.

Activate Windows
Go to Settings to activate Windows.

AIDS 2020: Fighting HIV in the Shadow of COVID-19

MITIGATING THE IMPACT OF COVID-19 ON COUNTRIES AFFECTED BY HIV, TUBERCULOSIS AND MALARIA

Mitigating the impact of COVID-19

As a result of the COVID-19 pandemic:

- AIDS-related deaths in the next 12 months could increase by **534,000** – taking us back to 2008 levels and eliminating approximately 10 years of progress
- TB deaths in 2020 could increase by **525,000** – taking us back to 2009 levels and eliminating approximately 10 years of progress
- Malaria deaths in 2020 could increase by **382,000** – taking us back to 2000 levels and eliminating approximately 20 years of progress

Activate Windows
Go to Settings to activate Windows.

Potential increase in new child infections

Mozambique	+37%
Malawi	+78%
Uganda	+104%

The Global Fund's response to mitigate the impact of COVID-19 on countries affected by HIV, tuberculosis and malaria[1]

ALL FIGURES IN US$

	Resource Need for Global Fund Implementing Countries	Global Fund Share
Adapt HIV, TB and Malaria Programs	$2.7bn	**$1bn**
Protect Front-line Health Workers	$10.8bn	**$1.8bn**
Reinforce Systems for Health	$2.3bn	**$0.9bn**
Fight COVID-19	$12.7bn	**$2.3bn**
Diagnostics	$4.9bn	$1.9bn
Therapeutics	$7.8bn	$0.4bn
SUBTOTAL	**$28.5bn**	**$6bn**
Global Fund resources already made available through grant flexibilities and the COVID-19 Response Mechanism		**$1bn**
TOTAL ADDITIONAL RESOURCES REQUIRED		**$5bn**

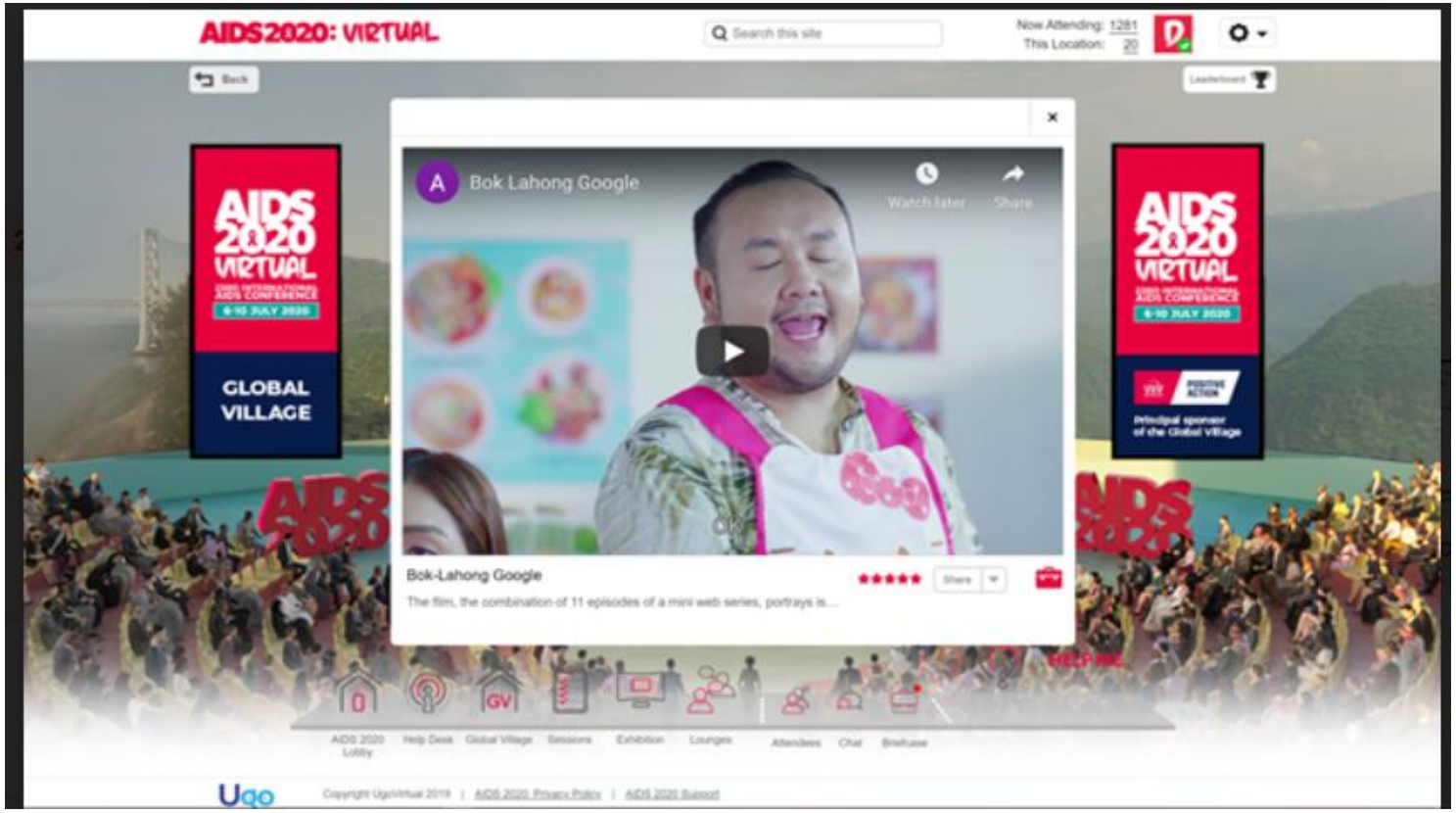
[1] The breakdown of funding across the categories is indicative and does not necessarily reflect how the US$6 billion will be distributed.

Activate Windows
Go to Settings to activate Windows.

The Global Fund is a proven model to fight infectious disease and save lives

- Building resilient and sustainable systems for health
- Community engagement
- Fighting human rights and gender barriers to health
- Private sector engagement
- Effective procurement systems and economies of scale
- Supply chain and logistics
- Rigorous monitoring and well-established systems
- Dedicated COVID-19 rapid response mechanism

The Global Fund | UNITE · FIGHT



- Activity title:
  "Addressing sexual health needs and challenging cultural norms towards HIV and marginalized communities in the age of social media“
- Activity type: Film screening
- Activity reference no.: G-AIDS2020-06136

Rationale

- Cambodia has seen incredible success in its national HIV response, with prevalence of the population aged 15-49 at an estimated 0.49% (AEM 2019). However, the epidemic remains a major concern among key population groups, especially men who have sex with men (MSM) and transgender women (TG).

- Recent from the integrated behavioral and biological studies, indicate a two-fold increase in HIV prevalence among these communities, at 4% for the former (from 2.3% in 2016) and 9.6% for the latter (from 5.9% in 2016). Further complicating matters is the fact that stigma and discrimination against them remain a dreadful reality, affecting their access to much needed HIV
- services.

- Therefore, as part of the national HIV program's efforts, a short-form dramedy series has been developed and broadcast to re-start the conversation. Not only does it aim to challenge conventional perceptions around HIV and sex, it also hopes to bring to attention the changing behaviors and sexual health needs of the LGBT community in Cambodia.

Format

- The session will screen all the 11 episodes of the web-series. Each episode, lasting a few minutes and fit for social media consumption, addresses a key HIV/sexual health topic (including testing, PrEP, Undetectable=Un-transmittable, and sexual health taboos) in a fun and informative way and contains a take-home message at the end. The subtitled series features LGBT and HIV-positive characters, among others.

Expected outcomes:

The series will introduce the audience to the nuances of issues related to HIV, sexual health and cultural taboos among the LGBT community in Cambodia. Such exposure will hopefully spark dialogues on intervention strategies, including what could be done to better understand their needs and address their concerns in a more inclusive manner.

Additional information: *

There will be a 5-minute introduction to the activity to give the audience some reference/context prior to their viewing. After the screening, there will be a short 15-minute Q&A session where viewers could ask the series' production representative questions related to the episodes or the larger national campaign of which the series is part.

Key and vulnerable populations: *

Men who have sex with men, People living with HIV, Young women and girls (15-24)

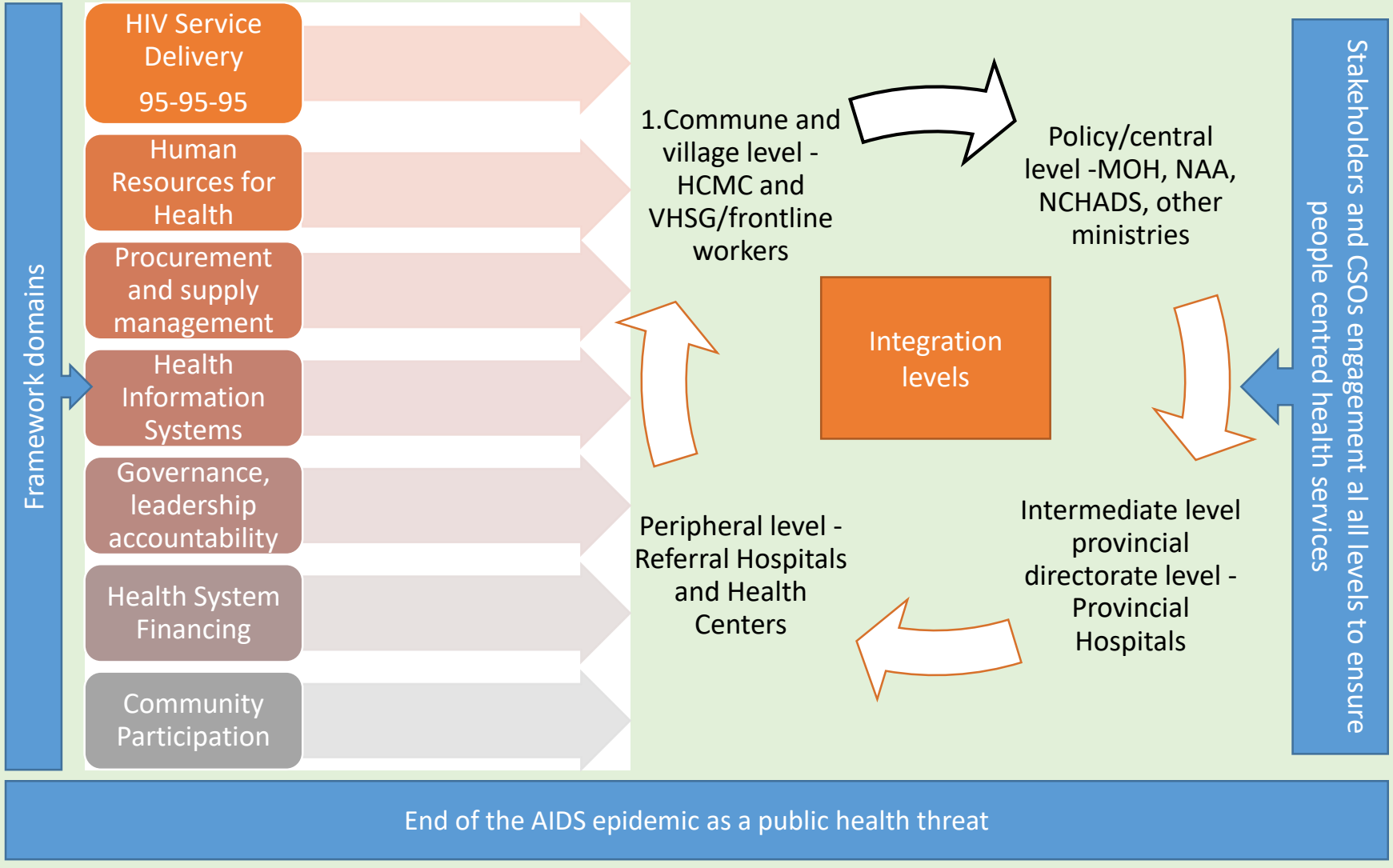
ការអភិវឌ្ឍន៍វិស័យសុខាភិបាលតាមគម្រូ4S

Parameter	System start-up(establishment)	System Support	System Strengthening	System Sustainability
Scope	Emergency; early development of systems	May be focused on a single disease or intervention	Activities have impact across health services and outcomes	Systems are integrated, resourced and fully incorporated into the overall health sector
Longevity	Short term; depending on country situation	Effects limited to period of funding	Effects will continue after activities end	Effects are continuing without external/ extra support
Approach	Input heavy for all systems	Provide inputs to address identified system gaps impacting service delivery	Revise policies and institutional relationships to change behaviors and resource use to address identified constraints in a more sustainable manner	Systems are adjusted to adapt to changes and resources are continuous, relevant and available domestically

Start-up → Support → Strengthening → Sustainability

ក្របខណ្ឌធ្វើសមាហរណកម្មនៃសេវាថែទាំមេរោគអេដស៍ និងជំងឺអេដស៍ ទៅក្នុងប្រព័ន្ធសុខាភិបាល

បរិបទប្រទេសកម្ពុជា



RSSH: Resilient Sustainable System for Health

1. **HMIS**: Health Management Information Systems
2. **PSM** : Procurement and Supply chain Management
3. **HRH**: Human Resources for Health
4. **ISD**: Integrated Service Delivery
5. **CSR**: Community Systems and Responses
6. **PPM**: Private sector engagement and Public-private Mix
7. **GOV**: Governance, leadership, and accountability
8. **PFM**: Public health sector Financing and financial Management
9. **PIM**: Program Implementation and Management

ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

ទីស្តីការគណៈរដ្ឋមន្ត្រី

លេខ ...

ថ្ងៃព្រហស្បតិ៍ ... ឆ្នាំច សំរឹទ្ធិស័ក ព.ស.២៥៦២
រាជធានីភ្នំពេញ ថ្ងៃទី... ខែ ... ឆ្នាំ២០១៨

ឧបនាយករដ្ឋមន្ត្រីប្រចាំការ រដ្ឋមន្ត្រីឧតុលមត្តុកទីស្តីការគណៈរដ្ឋមន្ត្រី
សូមគោរពជូន

- **សម្តេចក្រឡាហោម ឧបនាយករដ្ឋមន្ត្រី រដ្ឋមន្ត្រីក្រសួងមហាផ្ទៃ**
- **ឯកឧត្តមអគ្គបណ្ឌិតសភាចារ្យ ឧបនាយករដ្ឋមន្ត្រី រដ្ឋមន្ត្រីក្រសួងសុខាភិបាល និងជាប្រធានឧត្តមក្រុមប្រឹក្សាសុខភាពជាតិ**
- **ឯកឧត្តមឧបនាយករដ្ឋមន្ត្រី រដ្ឋមន្ត្រីក្រសួងបរិស្ថាន**
- **ឯកឧត្តមឧបនាយករដ្ឋមន្ត្រី ប្រធានគណៈកម្មាធិការជាតិប្រយុទ្ធនឹងជំងឺអេដស៍**
- **ឯកឧត្តមរដ្ឋមន្ត្រី ប្រាសុខសុខាតិបាល**

កម្មវត្ថុ : ការណែនាំបាយការណ៍ស្តីពីលទ្ធផលនៃកិច្ចប្រជុំពេញអង្គអាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍លើកទី២ ឆ្នាំ២០១៨ និងសំណើសុំការអនុញ្ញាតពីគណៈរដ្ឋាភិបាលដើម្បីដាក់ចេញវិធានការទាក់ទងនឹងការឆ្លើយតបទៅនឹងមេរោគអេដស៍និងជំងឺអេដស៍។

យោង : ...

សេចក្តីផ្តើមនៃបទបង្ហាញ ...

ក. ...

ខ. ...

ជូនពរ ...

ឧត្តមសេនីយ៍ឯក ...

ទទួលខុសត្រូវ
- ...
- ...
- ...

ឆ្នាំ២០១៣

៣- ក្រសួងសុខាភិបាល និងក្រសួងសេដ្ឋកិច្ចនិងហិរញ្ញវត្ថុ សហការកែសម្រួល រៀបចំវិធាននិងនីតិវិធីក្នុងការផ្តល់កញ្ចប់ថ្នាំដើម្បីឱ្យស្រុកប្រតិបត្តិ មន្ទីរពេទ្យបង្អែក និងមណ្ឌលសុខភាពមានចីរភាពផ្តល់សម្រាប់ការងារឆ្លើយតបមេរោគអេដស៍និងជំងឺអេដស៍។

៤- ទីស្តីការគណៈរដ្ឋមន្ត្រី ក្រសួងមហាផ្ទៃ ក្រសួងសេដ្ឋកិច្ចនិងហិរញ្ញវត្ថុ ក្រសួងសុខាភិបាល និងអាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ ទទួលស្គាល់តួនាទីសំខាន់របស់អង្គការសង្គមស៊ីវិលក្នុងការឆ្លើយតបនឹងមេរោគអេដស៍និងជំងឺអេដស៍ និងបន្តគាំទ្រឱ្យមានការចូលរួមបន្ថែមទៀតតាមរយៈការផ្តល់មូលនិធិពីរាជរដ្ឋាភិបាលតាមលទ្ធភាពចរិកាជាតិ។

៥- ឧត្តមក្រុមប្រឹក្សាសេដ្ឋកិច្ចជាតិសិក្សាលំហចរិកា ដើម្បីធានាការអនុវត្តការប្តេជ្ញាចិត្តរបស់រាជរដ្ឋាភិបាលក្នុងការបញ្ចប់បញ្ហាអេដស៍ នៅក្នុងឆ្នាំ២០២៥។

៦- ក្រសួងសុខាភិបាលបន្តពង្រឹងជនជាតមនុស្ស ការធ្វើលទ្ធកម្ម ការផ្គត់ផ្គង់ឱសថបណ្តិចារ្យ និងប្រព័ន្ធព័ត៌មានដើម្បីបញ្ជាបការឆ្លើយតបការពាលដាលមេរោគអេដស៍និងជំងឺអេដស៍ឱ្យកាន់តែមានប្រសិទ្ធភាពនិងជានាបើគោល។

ក្រោយពីបានទទួលលិខិតសេចក្តីជូនដំណឹងនេះ អាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ ត្រូវដឹកនាំកិច្ចប្រជុំជាមួយក្រសួង ស្ថាប័នពាក់ព័ន្ធ ដើម្បីពិនិត្យស្វែងរកចំណុចលម្អិតក្នុងការអនុវត្តជាក់ស្តែង។

សេចក្តីដូចបានគោរពជម្រាបជូនខាងលើសូមអម្ពរ ឯកឧត្តមមេត្តាជ្រាបនិងបាត់ចែងអនុវត្ត។

ឧត្តមសេនីយ៍ឯក ...
រដ្ឋលេខាធិការ

ទទួលខុស
- ...
- ...
- ...

ផែនការយុទ្ធសាស្ត្រជាតិទូលំទូលាយនិងពហុវិស័យប្រយុទ្ធនឹងមេរោគអេដស៍និងជំងឺអេដស៍លើកទី ៥

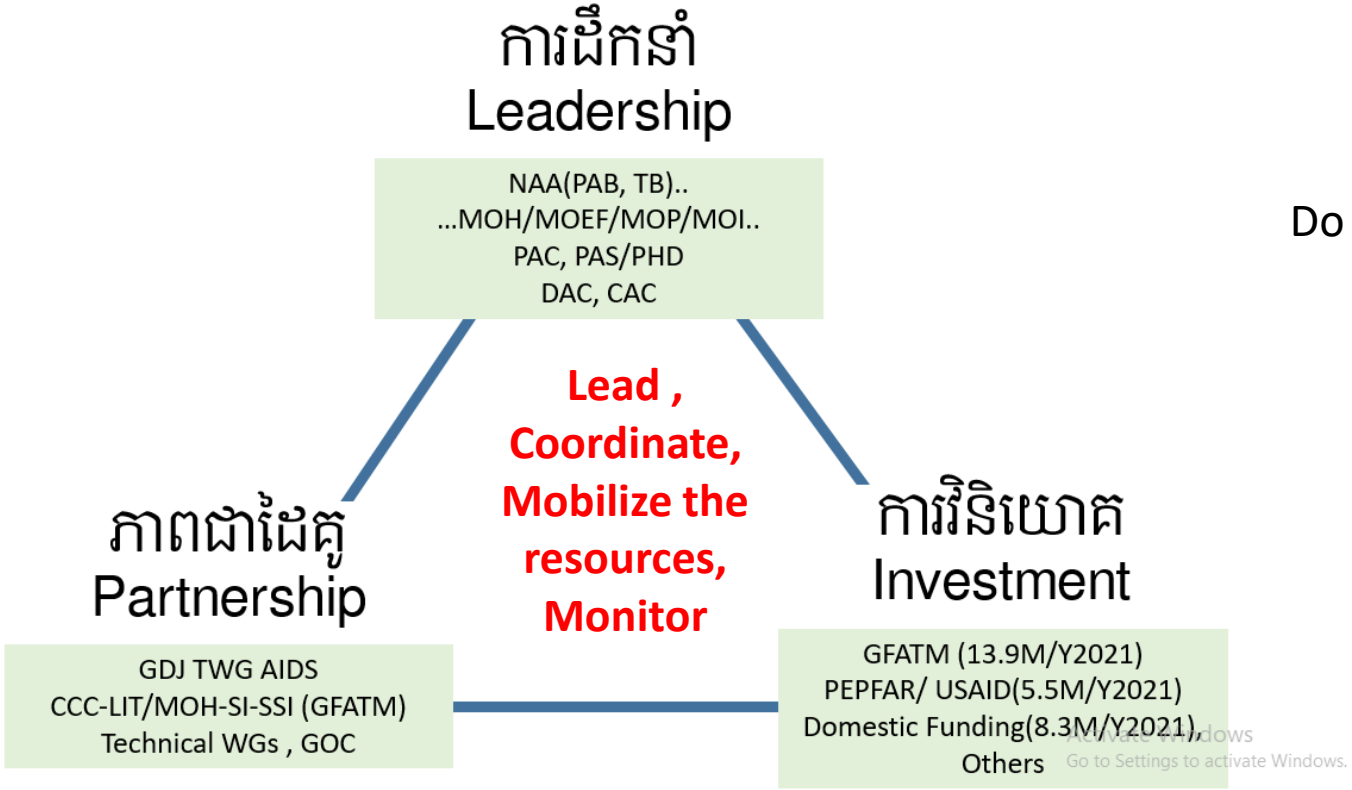
សេចក្តីសន្និដ្ឋាន

គ្រប់គ្រង

Do the things right

ដឹកនាំ

Do the right things



អន្តរកាល

ចីរភាព

ប្រទេសកម្ពុជាអាចសម្រេចគោលដៅ

៩៥-៩៥-៩៥នៅឆ្នាំ២០២៥បានដែរឬទេ?

Government-Community System Strengthening(NAA FRA to GFTAM)

Continuum of Prevention Care and support +EE+ GBV+ Social Protection+ AIDS in CDP/CIP

National level

N1)FONPAM should be selected to be members of CCC N 2) FONPAM representatives participate in NAA-TAB meeting and EE/ GBV/Social Protection/ AIDS in CDP/CIP N3) FONPAM representatives participate in PAB meeting

Provincial level

P1) DFONPAM representatives participate in PAC/ PAS and Pro TWG Health P2) DFONPAM representatives participate in GOC meeting

District level

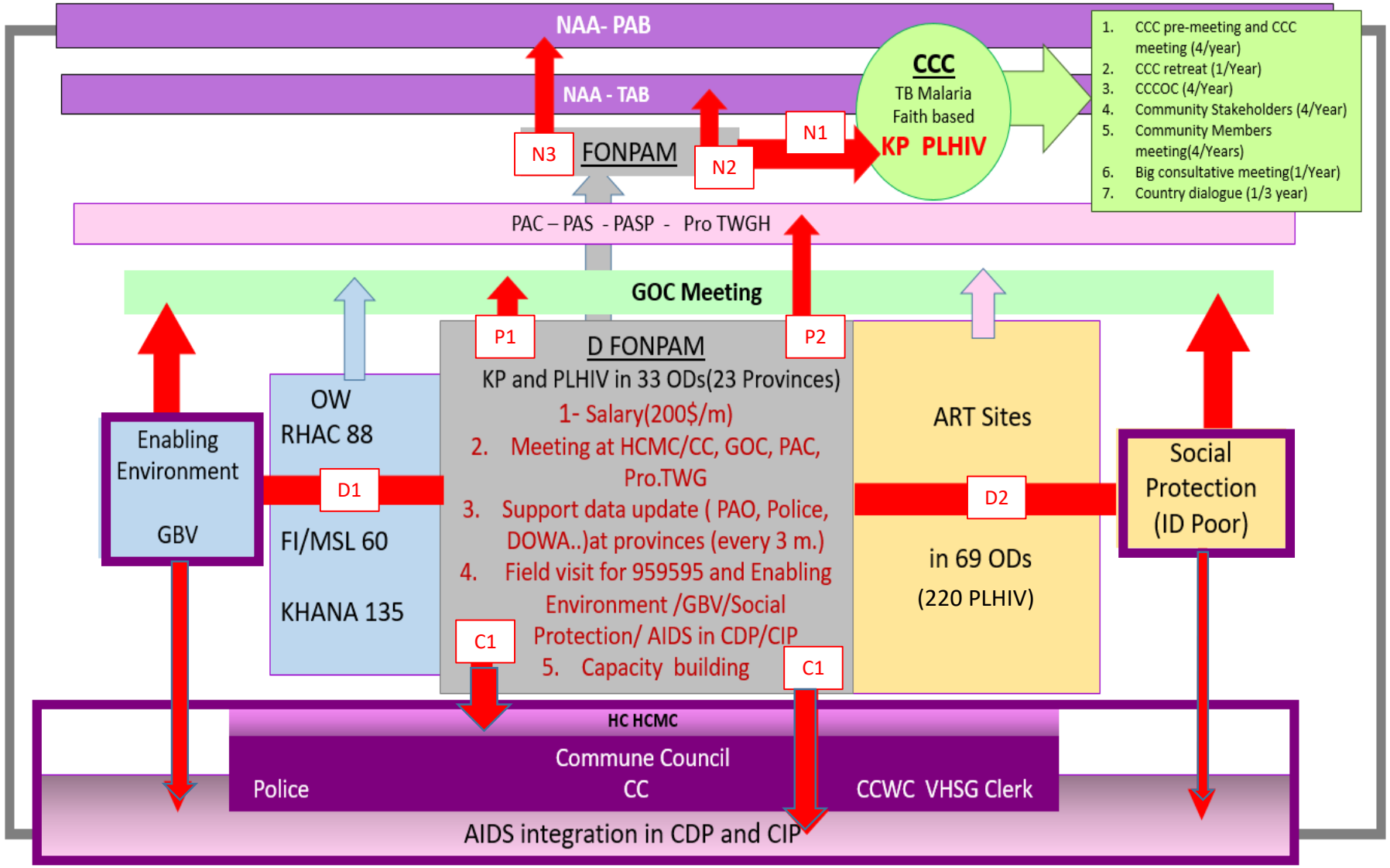
D1) DFONPAM representatives work with NGOs / OW on EE and GBV

D2) DFONPAM representatives work with ART sites on 95-95-95 progress and HEF/ Social Protection

Commune level

C1) DFONPAM representatives participate in HCMC/ Commune council Meetings to follow up on CAAF i.e Identify- Reach- Intensify –Retain (IRIR)

C2) DFONPAM representatives participate in Commune council Meetings to follow up on EE/ GBV/Social Protection/ AIDS in CDP/CIP



HIV FR: Implementation Arrangements for HIV FRA

Office of the Principal Recipient (MEF-PR)

Ministry of Health - Lead Implementer Team (MoH LIT)

Module 6 Program Management (across all modules)

Module 3 Differentiated Testing

Module 2 Prevention & STIs

Module 2d *People Who Inject Drugs & their partners (PWID)*

Module 2a Men who have Sex with Men (MSM)

Module 2b Transgender (TG)

Module 2c Female Entertainment Workers (FEW)

Module 9 (PMTCT)

Module 10 TB/HIV

Module 1 Treatment, Care & Support

Module 8 RSSH: Laboratory Systems

Module 7 RSSH: Health Products Management Systems

Module 4 Health Information Systems (HIS)

Module 5 Reduce Human Rights related barriers to HIV services

MOH & NGO Partner(s)

NCHADS/NGO Partner(s)

MOH-NCHADS

National AIDS Authority (NAA)

Department of Mental Health Services

Family Health Clinics

Local CBO/NGO implementers

NMCHC & National Pediatric Hospital

Coordination with CENAT

Gov't facilities

NGO facilities

Central Medical Stores (CMS)

NCHADS Technical Units

PAC
DAC
CAC

NGOs

FonPAM
DFonPAM

25 PHD & Hospitals
Provincial AIDS & STI Program (PASP)

VCCT & ART sites
Referral Hospitals
Health Centers

Hospital Pharmacy/ Stores

PASP Data Management Units

Community Action
NGO Partners / CSO

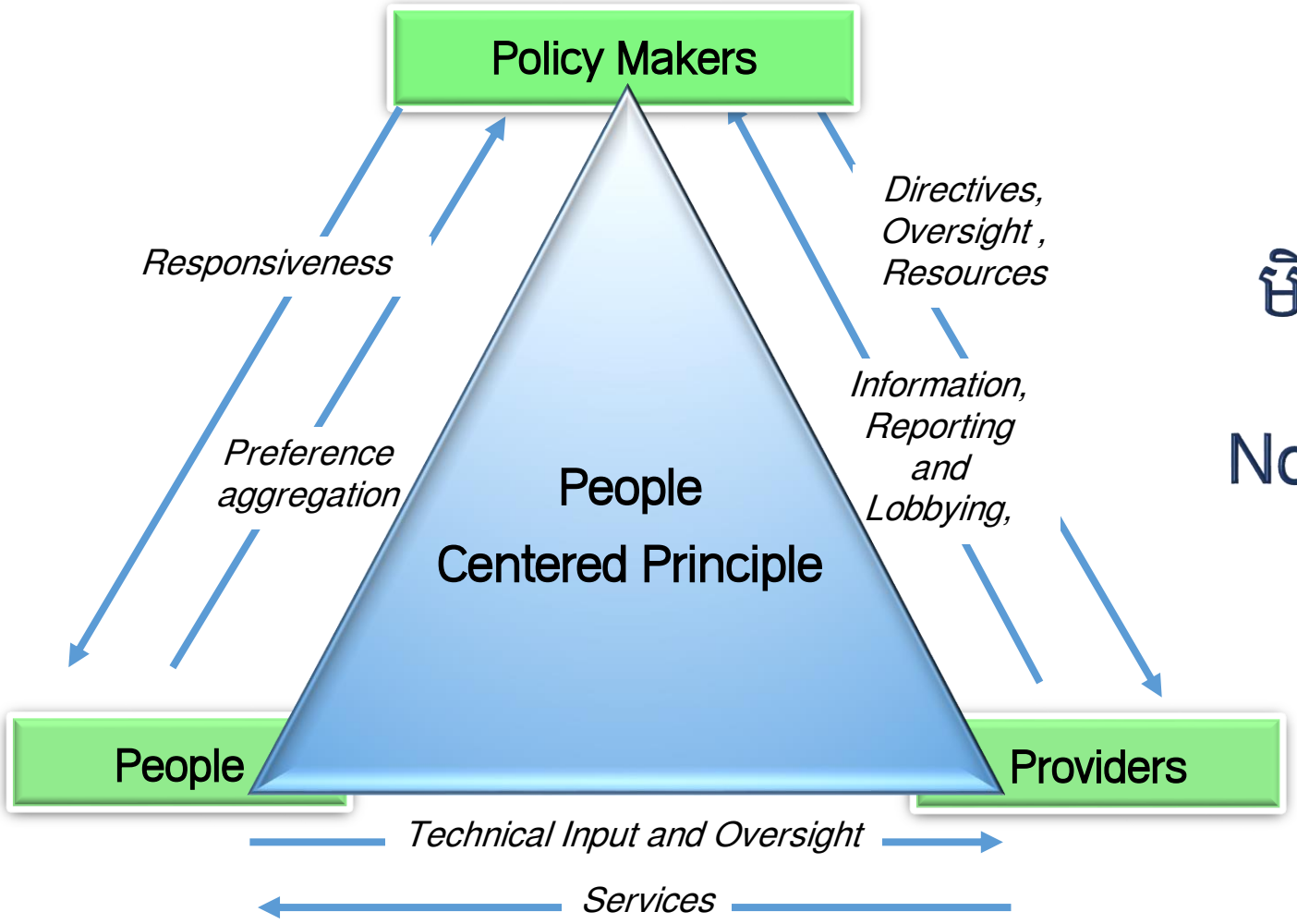
តើយើងយល់អន្តរាគមន៍ទាំងនេះបានក្នុងកំរិតណា?

PrEP , **Cabotegravir injectable** , PDI+, Differentiated Prevention /Harm Reduction/ Testing, Recency Testing, HIV Self Testing, PEP, MI (Motivational Interview), Incentivized PNTT, KP Friendly Clinic, Micro-targeting high risk groups,…

Integration of VCCT&ART sites reduce LTFU; Increased differentiated care approaches including tailored MMD, CAD etc.; Strengthen CAAF & Community (VHSG) to minimize LTFU; Strengthen EAC; Blitz chart review for viral load

Social Protection : ID Poor, HEF
Integration of AIDS in Health Sector
CRG (Community Rights Gender) : GBV, Enabling Environment
Fast Track Cities

អភិក្រម
Approach



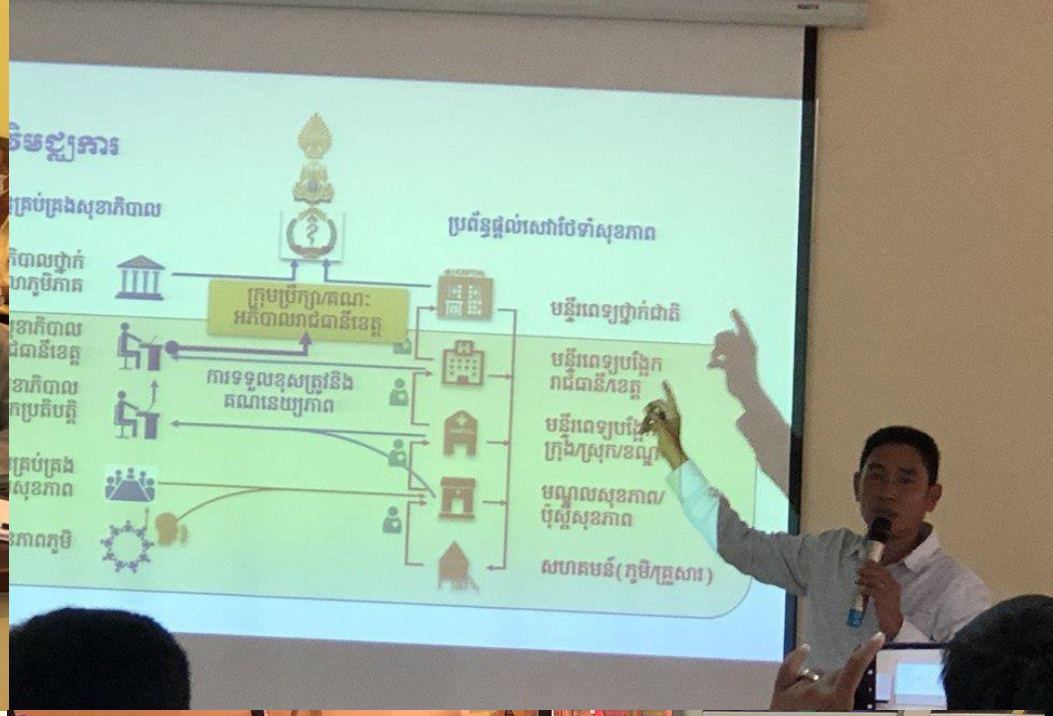
មិនទុកនរណាម្នាក់ចោលទេ
No one left behind

សាលាឃុំគោខ្ចក
ស្រុក កំពង់ត្រឡែក ខេត្ត កំព្រាវែង

មណ្ឌលសុខភាព គោខ្ចក
KOR KCHORK HEALTH CENTER
អរគុណសន្តិភាព

កម្មវិធីឧបត្ថម្ភសាច់ប្រាក់ជូនគ្រួសារក្រីក្រ និង
ងាយរងគ្រោះ ក្នុងអំឡុងពេលប្រយុទ្ធនឹងជំងឺកូវីដ-១៩
អ្នកដែលមានប័ណ្ណសមធម៌អាចមកផ្ទៀងផ្ទាត់ឈ្មោះ
នៅសាលាឃុំសង្កាត់ណាមួយក៏បានដែលនៅជិតផ្ទះ
ឬនៅជិតកន្លែងស្នាក់នៅ។
ប្រាក់ឧបត្ថម្ភក្នុងមួយខែ (ក្រីក្រ១)
ប្រាក់ឧបត្ថម្ភក្នុងមួយខែ (ក្រីក្រ២)

Talking …



Listening…

Learning …