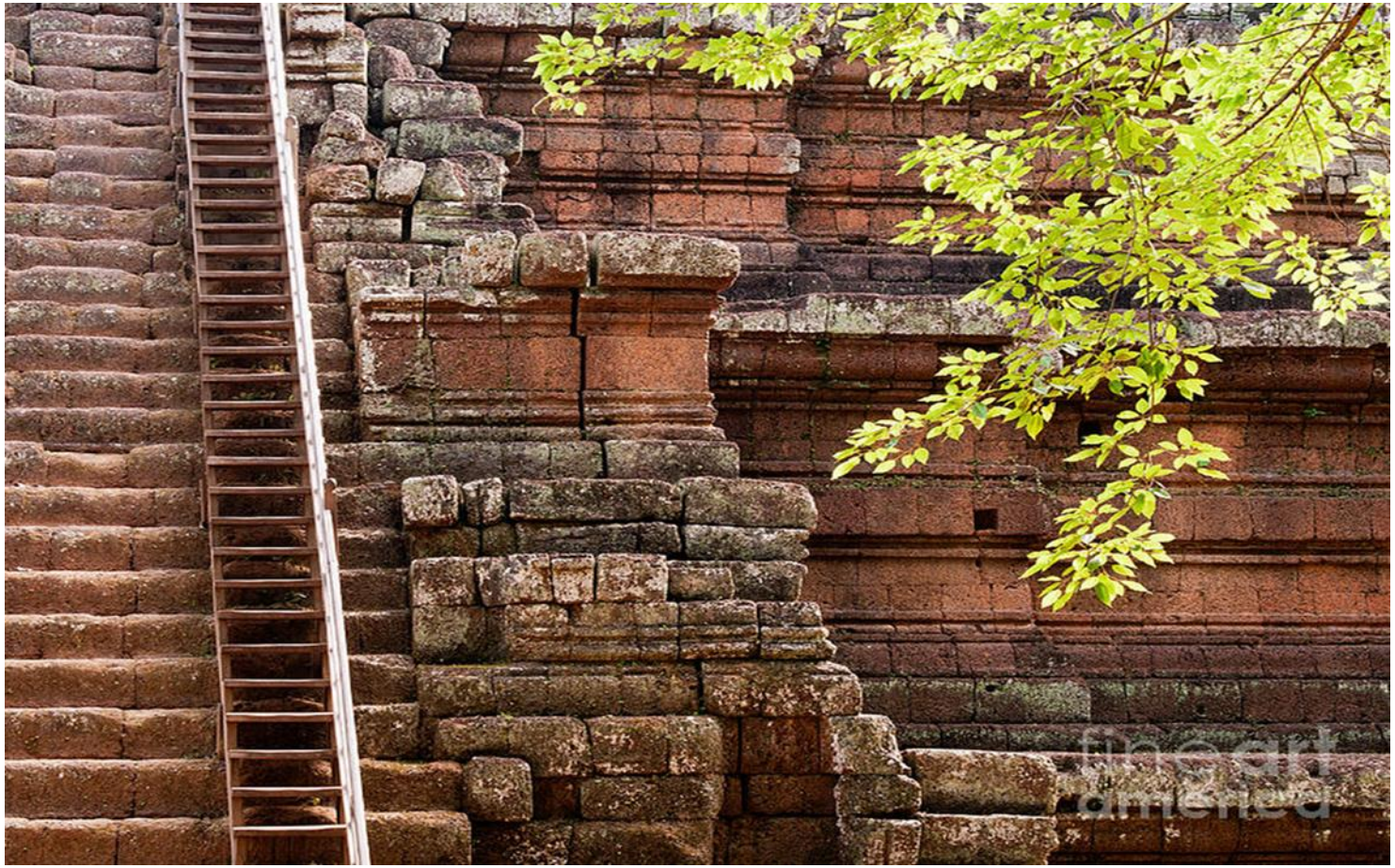
Priorities for HIV and AIDS response in Cambodia



PEPFAR 1st Feb 2021

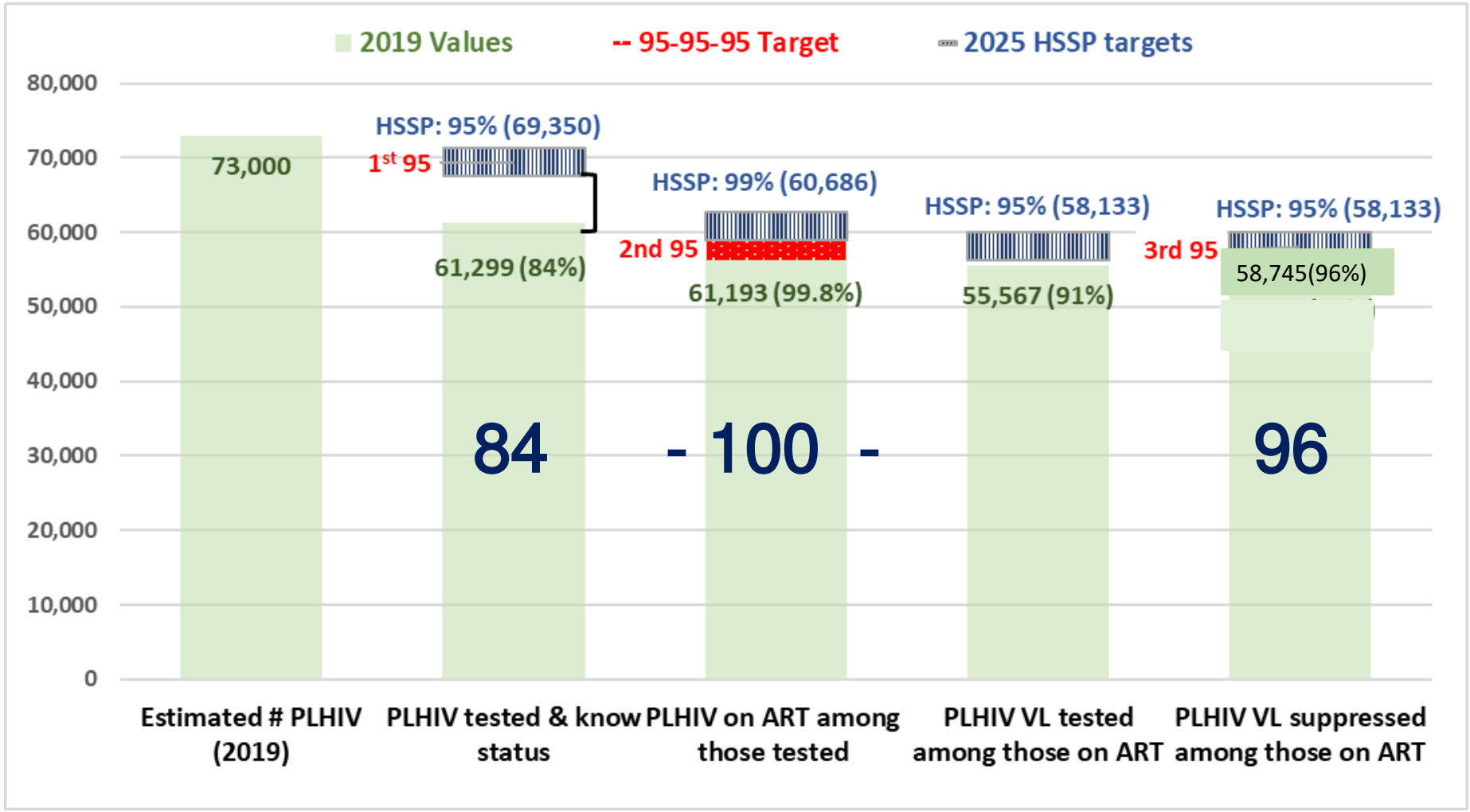
Dr Phalla Tia

Vice Chair of NAA

Presentation outline

1. AIDS epidemic update
2. Country context
3. Areas for technical assistance
4. Conclusions

Can Cambodia achieve
95-95-95 targets by 2025?



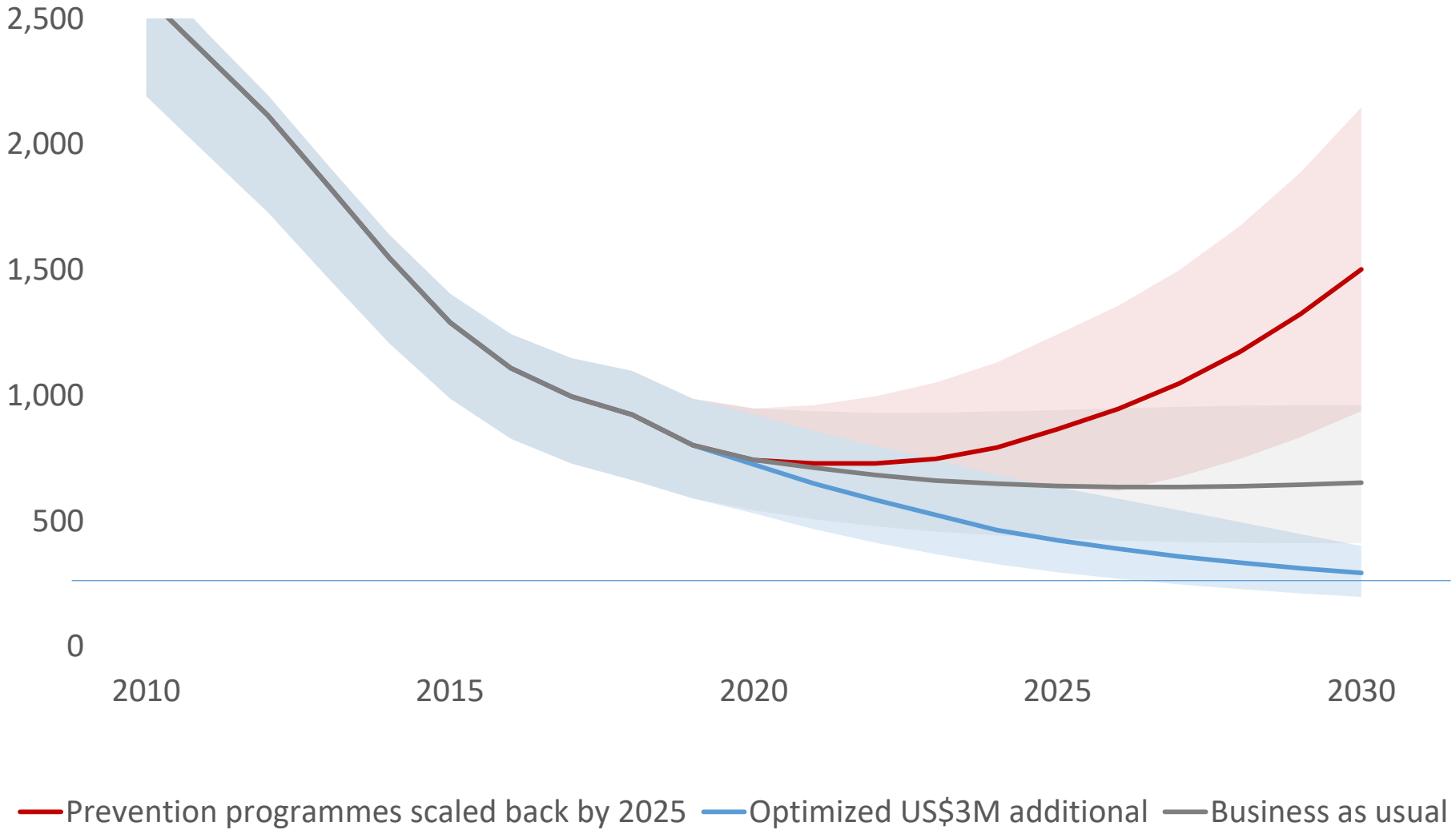
Can Cambodia achieve
95-95-95 targets by 2025?

HIV targets by 2025	Projected business as usual status by 2025
95% HIV diagnosis	Within reach: 93% projected
95% treatment among those diagnosed	Exceeded: 99% achieved
95% viral suppression among those on treatment	On target: 96% achieved

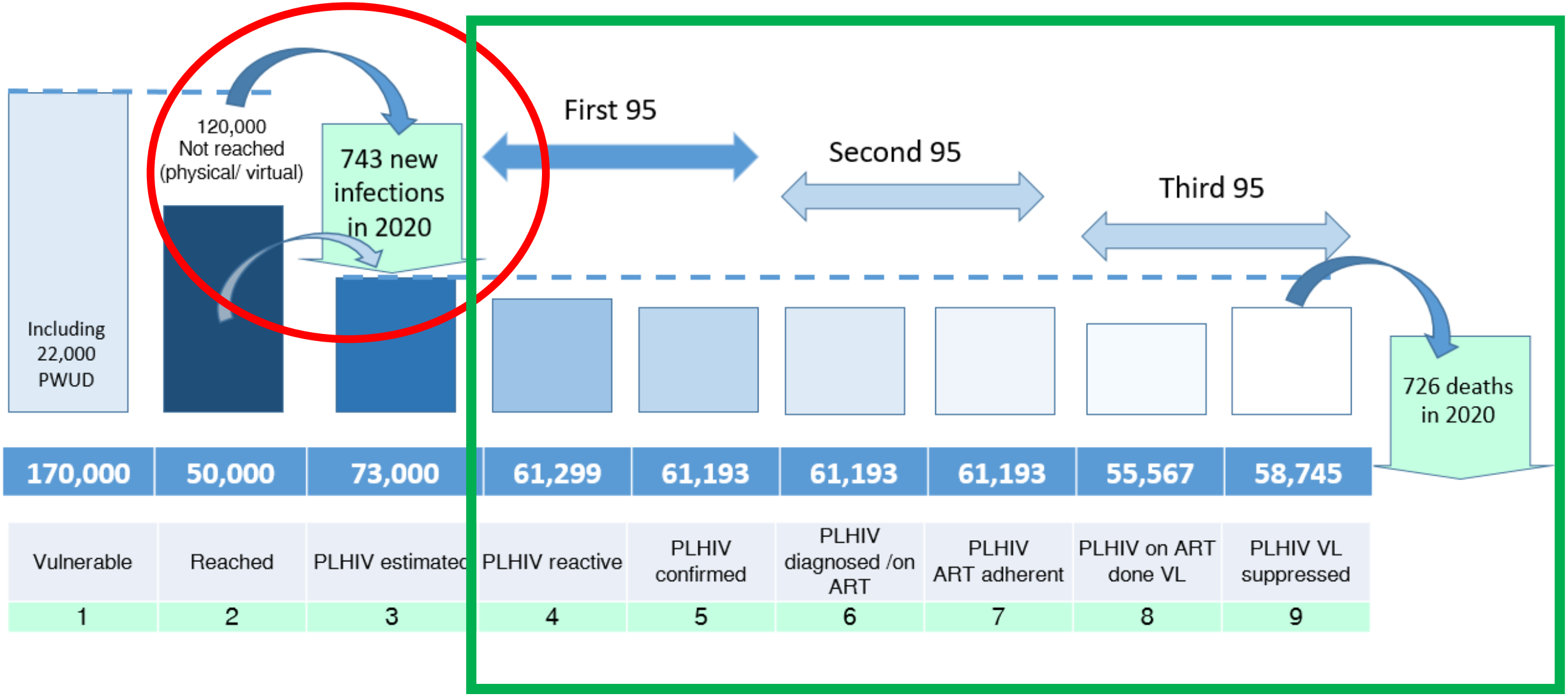
…But new infections cases …are 75% reduced as compared to 2010

<250 new HIV infections, 90% reduction from 2010	Not on target: 75% reduction projected

Reaching 90% reduction in new infections by 2025 will be challenging

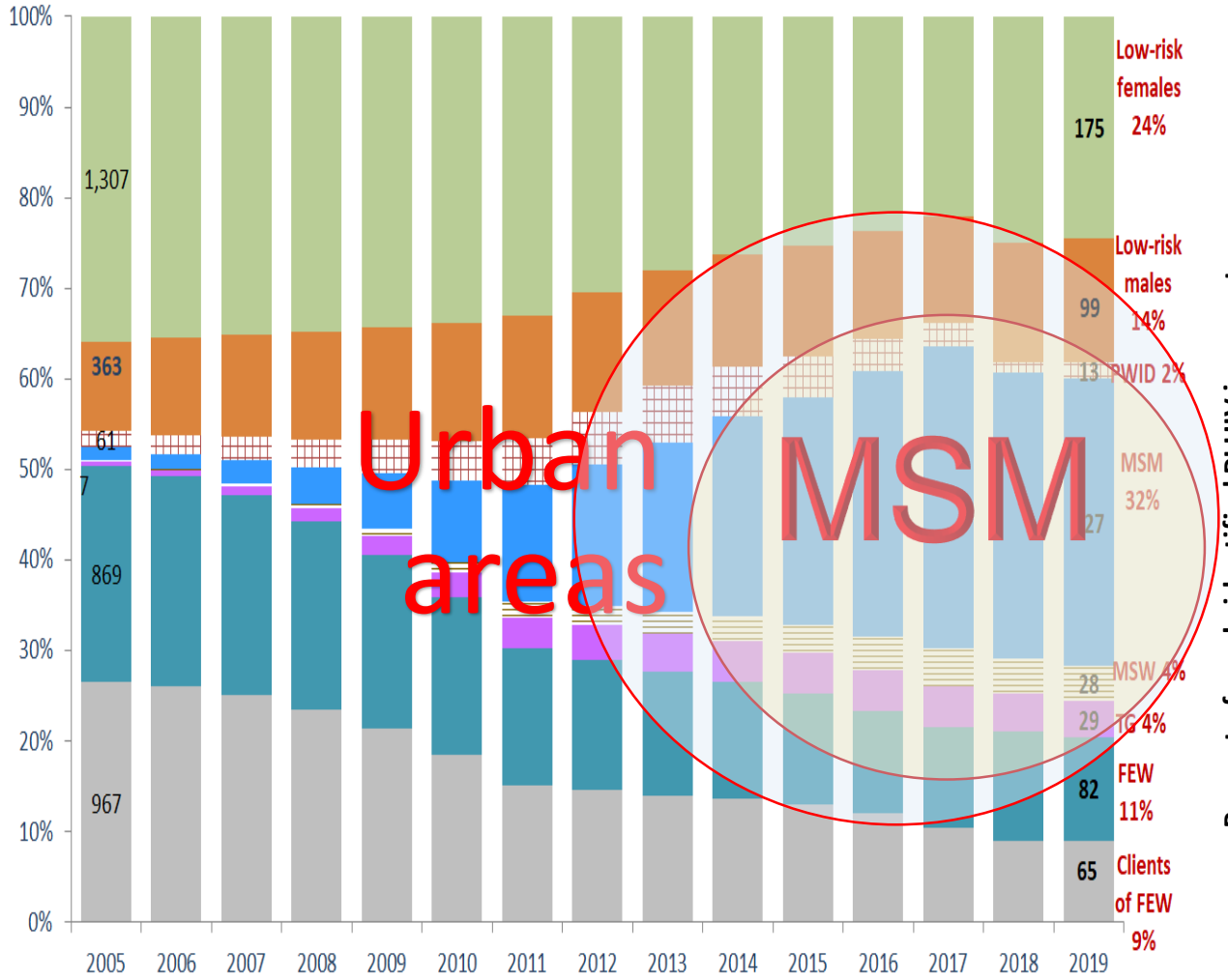


Cascade of continuum prevention and care services

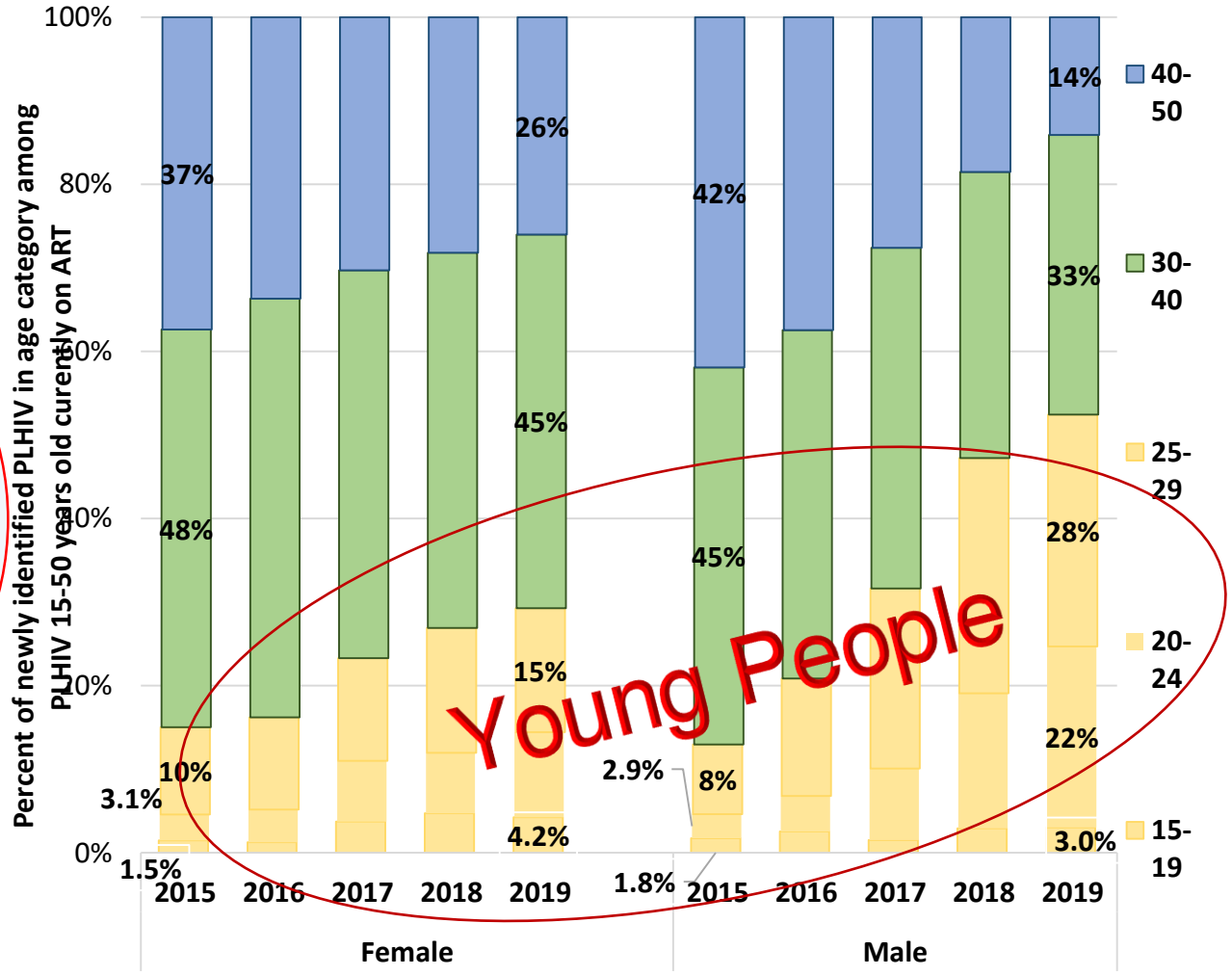


170,000	50,000	73,000	61,299	61,193	61,193	61,193	55,567	58,745
Vulnerable	Reached	PLHIV estimated	PLHIV reactive	PLHIV confirmed	PLHIV diagnosed /on ART	PLHIV ART adherent	PLHIV on ART done VL	PLHIV VL suppressed
1	2	3	4	5	6	7	8	9

Trends of new infections among Key populations



Number/percent of new HIV infections by risk population trends for 2005-2019; AEM 2019 estimates 2020



Percentage of newly identified PLHIV on ART by age and sex at 60 ART sites,

Cambodia context

- Environment of declining external funding and technical support
- Hard to find the last 10,000 who do not know their HIV status and reaching new infections targets
- Multiple health transitions (malaria, TB, immunization, etc.) over medium term exerting pressure on available resources
- New health threats-NCDs
- Linkages between health financing reforms, social protection floor (UHC, social security) and direct funding for HIV
- Fragmented funding of health system
- No domestic funding for CSO

BUT

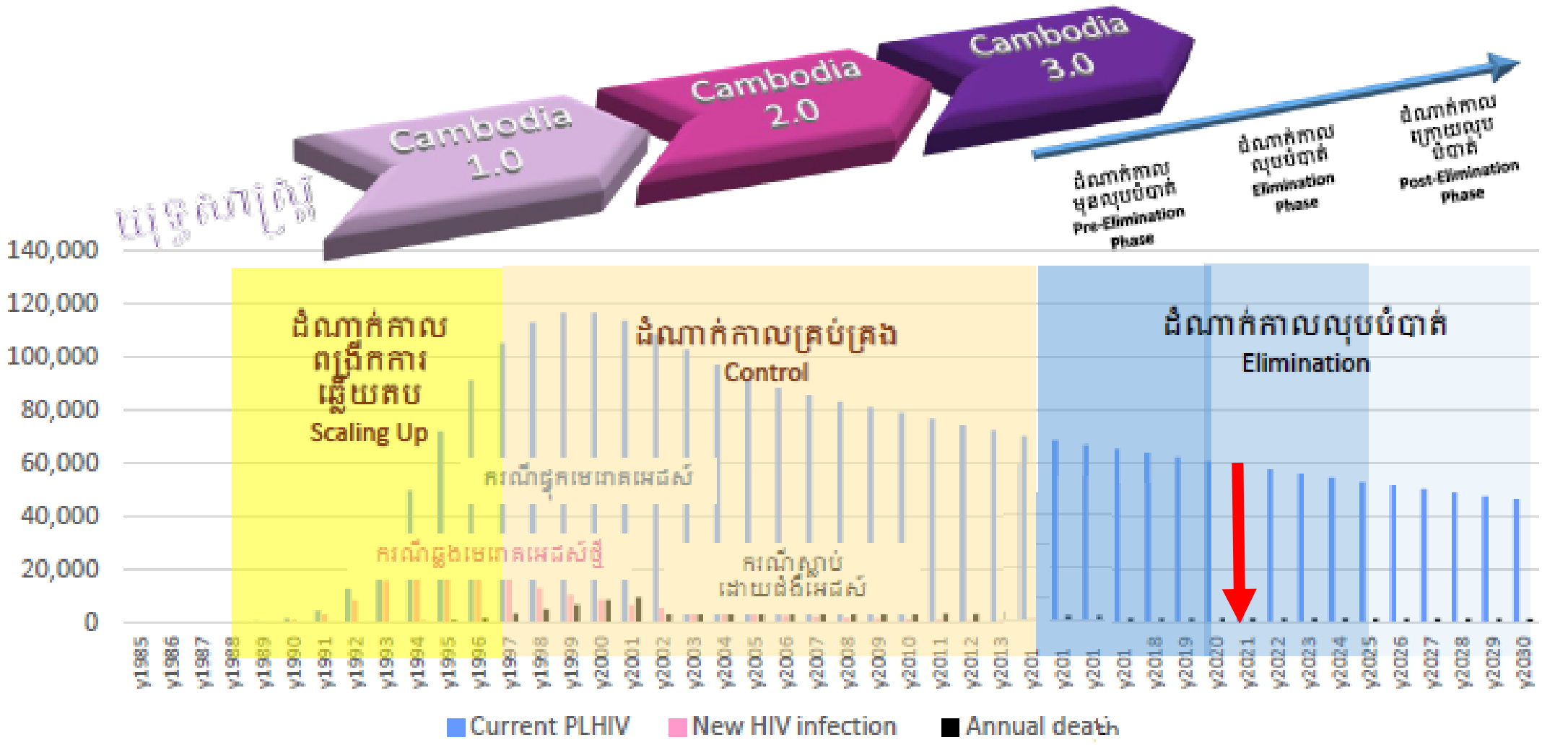
- Domestic economy continues to grow but affected by COVID 19
- Strong political will and technical capacity in place to maintain 95/95/95 and reach HIV elimination

TRANSITION

1. **Leadership**
2. **Investment**
3. **Partnership**

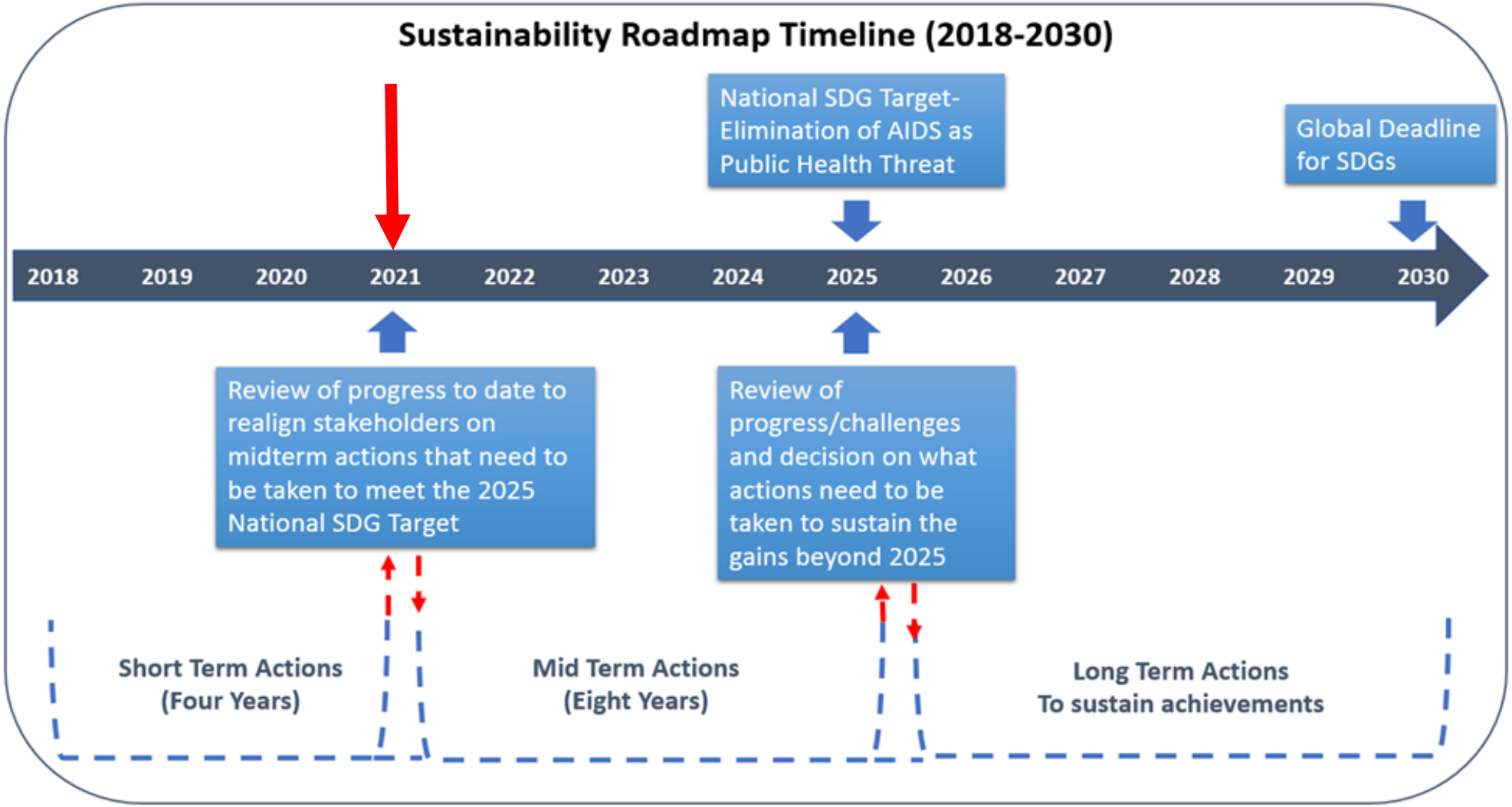
Strengthening Country System

The RGC is committed to “end AIDS as public health threat “to the country by 2025…



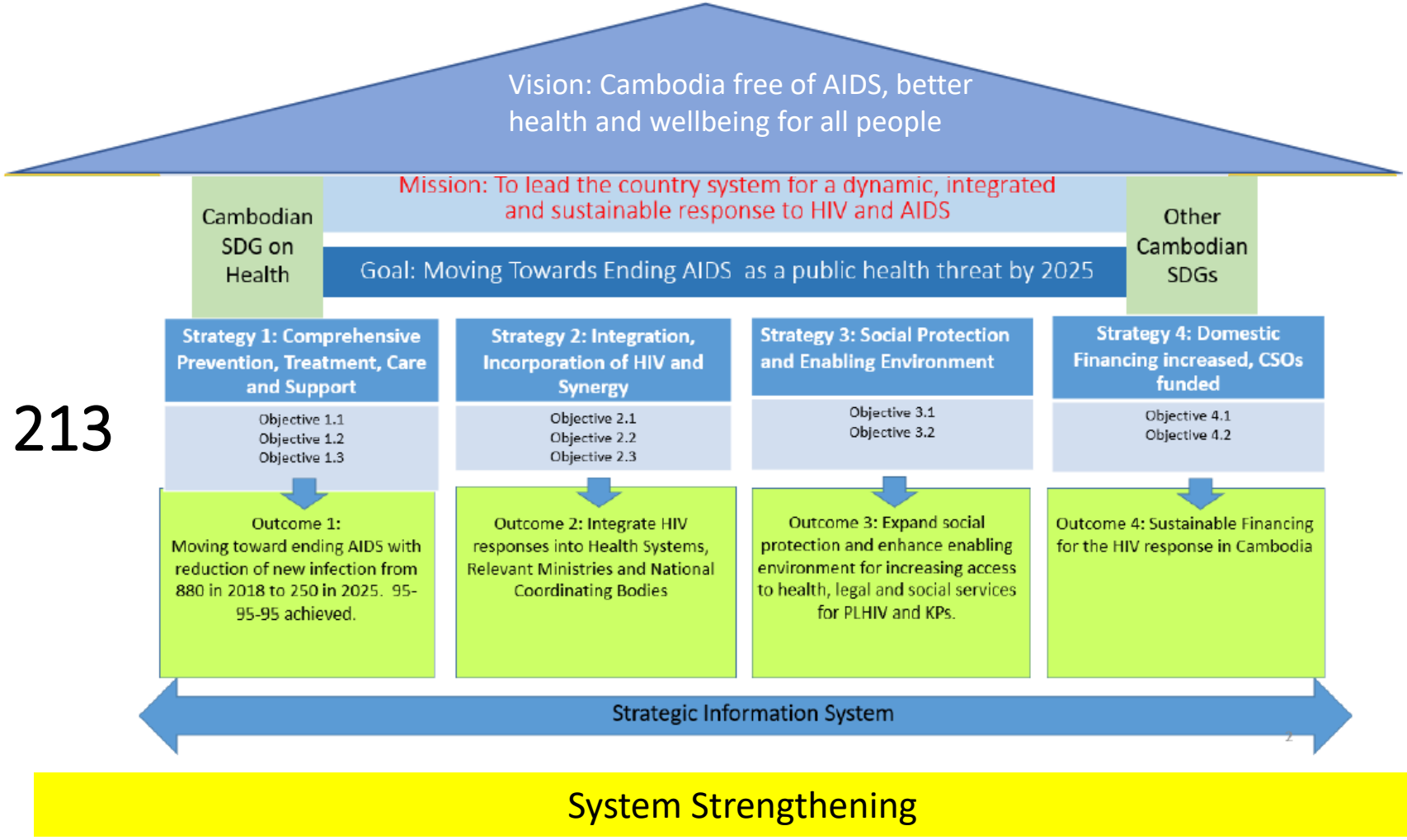
Source : AEM and spectrum 2016 and NCHADS

The Sustainability Roadmap



Collective efforts that prioritize people can strengthen local ownership and accelerate the HIV response and efforts to achieve universal health coverage (UHC)and the Sustainable Development Goals (SDGs)

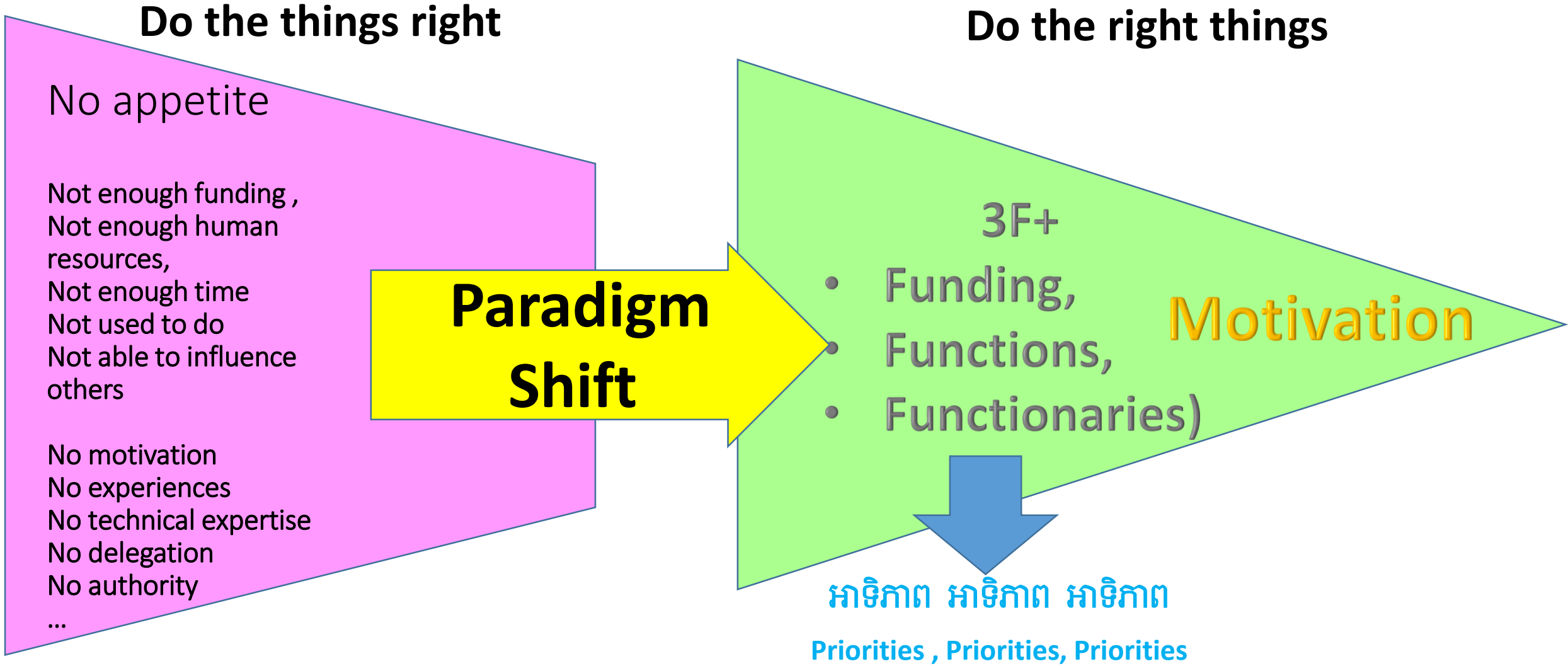
SCN 213



System Strengthening

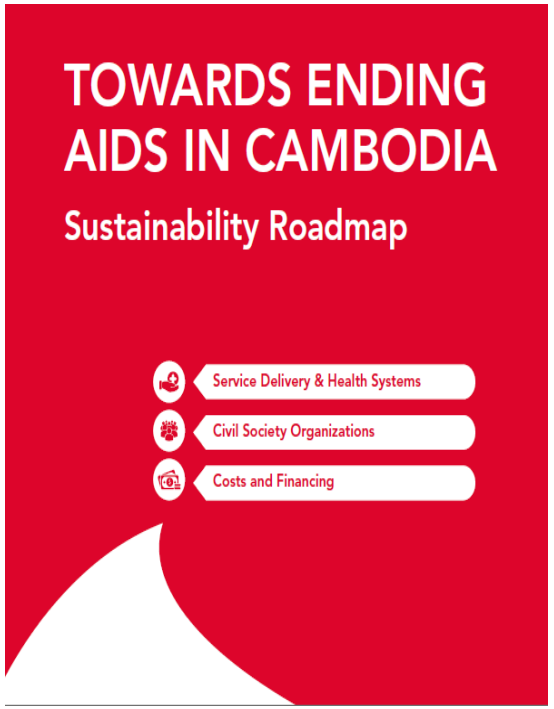
The 5th National Strategic Plan (NSP V)

PARADIGM SHIFT



SUPPORT NAA IN THE IMPLEMENTING SUSTAINABILITY ROAD MAP

1. To lead
2. To coordinate
3. To mobilize the resource
4. To monitor



AREA		RISK	Severity	Probability (2018-2020)	Probability (2021-2025)
Service Delivery & Health Systems	1.	In the context of declining external support, failure to develop a common long-term implementation mechanism after 2020, defining the respective roles of the health sector, CSOs in the HIV response, results in confusion and reduced efficiency.	2	N/A	2
	2.	Government health staff are unable to absorb the workload when AHF externally-funded posts supporting treatment (currently receiving one year of Global Fund support in 2018) are phased out in facilities at the end of 2018	2	2	1.5
	3.	NCHADS is not able to retain key contract staff as the RGC takes over the funding of their posts from the Global Fund, especially after 2020, thus reducing the effectiveness of this key agency in planning, managing, and monitoring the health sector response to HIV	2.5	1	2
	4.	Development partner budget cuts and refocusing leads to the elimination of high-level technical posts providing support in areas such as forecasting, quantification, and strategic information, thereby diminishing the speed, coverage, and quality of key supporting services.	3	2	2
	5.	Quality control and monitoring systems for service delivery currently supported by the Global Fund are not diligently maintained by NCHADS/MOH as external support (TA and funds) is decreased and as donors withdraw from Cambodia	2	1	2
	6.	Current PEPFAR funded projects to integrate (increase interoperability) and strengthen HIV and health information systems are discontinued as PEPFAR winds down its funding in Cambodia	2	2	2
	7.	MOH takes over ARV and other HIV commodity procurement, without first establishing the necessary capacity of the national procurement mechanism, resulting in a shift to less efficient processes and higher costs	2.5	N/A	3

AREA		RISK	Severity	Probability (2018-2020)	Probability (2021-2025)
CSOs	8.	The new Global Fund grant (started in January 2018) which provides funding for prevention services fails to achieve the required prevention coverage, negatively impacting new case finding and treatment adherence and causing Cambodia not to continue achieving its 90-90-90 targets.	2	1	2
	9.	Prevention, care and support services for key populations and PLHIV are implemented by the MOH rather than contracting CSOs (with proven track record in implementation) to provide these services; but in practice, MOH prevention, care and support services fail to reach key populations and PLHIV, leading to declines in coverage and quality.	3	1	2.5
	10.	In an environment of declining donor financial support, CSOs are unable to secure adequate funding to operate effectively, which erodes established capacity for advocacy.	2	1	2
Costs and Financing	11.	The Government is unable to mobilize sufficient domestic funding for the HIV response, because of fiscal constraints and (mis)perceptions that the HIV program is "over-funded".	3	1.5	2
	12.	In the event that Global Fund puts Cambodia on a path to full transition by the late-2020s the Government may not be in a position to react fast enough to expand its budget to cover the resulting funding gaps, which could amount to as much as $5 million a year.	3	1	2
	13.	A larger than expected funding gap emerges because future financing needs are higher than envisaged (e.g., more patients must be treated, patient monitoring and adherence is more labour-intensive, program management cannot be fully rationalized, etc.).	3	1	2

យុទ្ធសាស្ត្រឆ្លើយតប (ផែនការយុទ្ធសាស្ត្រ និងស.ជ.ណ) ថ្នាក់ជាតិ និងក្រោមជាតិ

លិខិតលេខ ២១៣ សជណ.សស ចុះថ្ងៃទី២១ ខែកុម្ភៈ ឆ្នាំ២០១៩ អំពីការដាក់វិធានការទាក់ទងនឹងការឆ្លើយតបទៅនឹងមេរោគអេដស៍ និងជំងឺអេដស៍របស់ទីស្តីការគណៈរដ្ឋមន្ត្រី

ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

ទីស្តីការគណៈរដ្ឋមន្ត្រី
លេខ :២១៣.សជណ.សស

ថ្ងៃព្រហស្បតិ៍ ២កើត ខែ មាឃ ឆ្នាំច សំរឹទ្ធិស័ក ព.ស.២៥៦២
រាជធានីភ្នំពេញ ថ្ងៃទី២១ ខែ កុម្ភៈ ឆ្នាំ២០១៩

ឧបនាយករដ្ឋមន្ត្រីប្រចាំការ រដ្ឋមន្ត្រីទទួលបន្ទុកទីស្តីការគណៈរដ្ឋមន្ត្រី
សូមគោរពជូន

- **សម្តេចក្រឡាហោម ឧបនាយករដ្ឋមន្ត្រី រដ្ឋមន្ត្រីក្រសួងមហាផ្ទៃ**
- **ឯកឧត្តមអគ្គបណ្ឌិតសភាចារ្យ ឧបនាយករដ្ឋមន្ត្រី រដ្ឋមន្ត្រីក្រសួងសេដ្ឋកិច្ចនិងហិរញ្ញវត្ថុ និងជាប្រធានឧត្តមក្រុមប្រឹក្សាសេដ្ឋកិច្ចជាតិ**
- **ឯកឧត្តមទេសរដ្ឋមន្ត្រី រដ្ឋមន្ត្រីក្រសួងផែនការ**
- **ឯកឧត្តមទេសរដ្ឋមន្ត្រីប្រធានអាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍**
- **ឯកឧត្តមរដ្ឋមន្ត្រី ក្រសួងសុខាភិបាល**

កម្មវត្ថុ ៖ ករណីរបាយការណ៍ស្តីពីលទ្ធផលនៃកិច្ចប្រជុំពេញអង្គអាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍លើកទី២ ឆ្នាំ២០១៨ និងសំណើសុំការអនុញ្ញាតពីរាជរដ្ឋាភិបាលដើម្បីដាក់ចេញវិធានការទាក់ទងនឹងការឆ្លើយតបទៅនឹងមេរោគអេដស៍និងជំងឺអេដស៍។

យោង ៖- លិខិតលេខ ៣២៨ អ.ជ.ប.ជ.អ ចុះថ្ងៃទី១៤ ខែធ្នូ ឆ្នាំ២០១៨ របស់អាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍
- ចំណារដ៏ខ្ពង់ខ្ពស់បំផុតរបស់សម្តេចអគ្គមហាសេនាបតីតេជោ **ហ៊ុន សែន** នាយករដ្ឋមន្ត្រីនៃព្រះរាជាណាចក្រកម្ពុជា ចុះថ្ងៃទី១៣ ខែកុម្ភៈ ឆ្នាំ២០១៩។

សេចក្តីដូចមានចែងក្នុងកម្មវត្ថុនិងយោងខាងលើ ទីស្តីការគណៈរដ្ឋមន្ត្រីសូមជម្រាបជូនសម្តេច ឯកឧត្តមមេត្តាជ្រាបថា រាជរដ្ឋាភិបាលឯកភាពជូនអាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ ដាក់ចេញវិធានការទាក់ទងនឹងការឆ្លើយតបទៅនឹងមេរោគអេដស៍និងជំងឺអេដស៍ ដូចខាងក្រោម៖

១- អាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ សហការជាមួយក្រសួងមហាផ្ទៃ និងក្រសួងសេដ្ឋកិច្ចនិងហិរញ្ញវត្ថុ ដើម្បីផ្តល់កញ្ចប់ថវិកាដោយឡែកសម្រាប់អនុវត្តការបញ្ជ្រាបការងារប្រយុទ្ធនឹងមេរោគអេដស៍និងជំងឺអេដស៍ ទៅក្នុងផែនការអភិវឌ្ឍរយៈពេលប្រាំឆ្នាំនិងកម្មវិធីនិយោគបីឆ្នាំរំកិលរបស់ឃុំ សង្កាត់។

២- ក្រសួងសុខាភិបាល និងក្រសួងផែនការ រៀបចំកំណត់និងចាត់ទុកថា អ្នកផ្ទុកមេរោគអេដស៍ ជាក្រុមប្រជាជនងាយរងគ្រោះដែលត្រូវទទួលបានប័ណ្ណសមធម៌ ដើម្បីធានាដល់ការទទួលបានសេវាថែទាំសុខភាពនិងការគាំពារសង្គម។

៣- ក្រសួងសុខាភិបាល និងក្រសួងសេដ្ឋកិច្ចនិងហិរញ្ញវត្ថុ សហការកែសម្រួល រៀបចំវិធាននិងនីតិវិធីក្នុងការផ្តល់កញ្ចប់ថវិកាដើម្បីឱ្យស្រុកប្រតិបត្តិ មន្ទីរពេទ្យបង្អែក និងមណ្ឌលសុខភាពមានថវិកាផ្ទាល់សម្រាប់ការងារឆ្លើយតបមេរោគអេដស៍និងជំងឺអេដស៍។

៤- ទីស្តីការគណៈរដ្ឋមន្ត្រី ក្រសួងមហាផ្ទៃ ក្រសួងសេដ្ឋកិច្ចនិងហិរញ្ញវត្ថុ ក្រសួងសុខាភិបាល និងអាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ ទទួលស្គាល់តួនាទីសំខាន់របស់អង្គការសង្គមស៊ីវិលក្នុងការឆ្លើយតបនឹងមេរោគអេដស៍និងជំងឺអេដស៍ និងបន្តគាំទ្រឱ្យមានការចូលរួមបន្តទៀតតាមរយៈការផ្តល់មូលនិធិពីរាជរដ្ឋាភិបាលតាមលទ្ធភាពថវិកាជាតិ។

៥- ឧត្តមក្រុមប្រឹក្សាសេដ្ឋកិច្ចជាតិសិក្សាលំហថវិកា ដើម្បីធានាការអនុវត្តការប្តេជ្ញាចិត្តរបស់រាជរដ្ឋាភិបាលក្នុងការបញ្ចប់បញ្ហាអេដស៍ នៅក្នុងឆ្នាំ២០២៥។

៦- ក្រសួងសុខាភិបាលបន្តពង្រឹងធនធានមនុស្ស ការធ្វើលទ្ធកម្ម ការផ្គត់ផ្គង់ឱសថបរិក្ខារ និងប្រព័ន្ធព័ត៌មានដើម្បីបញ្ជ្រាបការឆ្លើយតបការពាលដាលមេរោគអេដស៍និងជំងឺអេដស៍ឱ្យកាន់តែមានប្រសិទ្ធភាពនិងធានាចីរភាព។

ក្រោយពីបានទទួលលិខិតសេចក្តីជូនដំណឹងនេះ អាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ ត្រូវដឹកនាំកិច្ចប្រជុំជាមួយក្រសួង ស្ថាប័នពាក់ព័ន្ធ ដើម្បីពិនិត្យស្វែងរកចំណុចលម្អិតក្នុងការអនុវត្តជាក់ស្តែង។

សេចក្តីដូចបានគោរពជម្រាបជូនខាងលើសូមសម្តេច ឯកឧត្តមមេត្តាជ្រាបនិងចាត់ចែងអនុវត្ត។

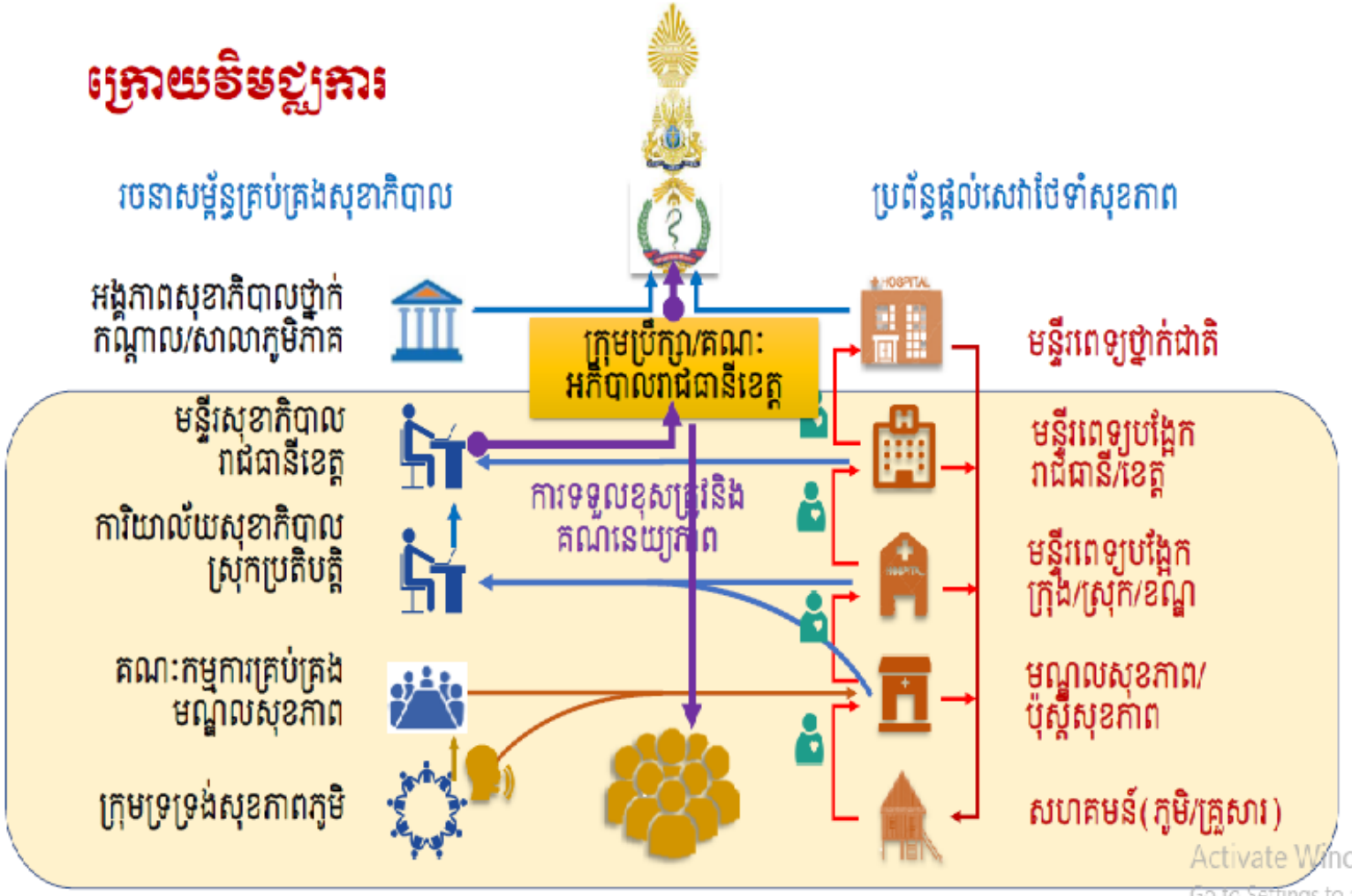
ទ.រដ្ឋមន្ត្រីទទួលបន្ទុកទីស្តីការគណៈរដ្ឋមន្ត្រី
រដ្ឋលេខាធិការ

សយ សុខា

ចម្លងជូន៖
- ឧកញ៉ាលំយសម្តេចអគ្គមហាសេនាបតីតេជោ នាយករដ្ឋមន្ត្រី
- ឧកញ៉ាលំយឯកឧត្តមកិត្តិនីតិកោសលបណ្ឌិត ឧបនាយករដ្ឋមន្ត្រីប្រចាំការ
- ឯកសារ កាលប្បវត្តិ

អនុក្រឹត្យលេខ ១៩៣ អនក្រ.បក ស្តីពីការប្រគល់មុខងារគ្រប់គ្រង និងផ្តល់សេវាសុខាភិបាលទៅឱ្យរដ្ឋបាលរាជធានី ខេត្ត

ថ្ងៃទី៤ ខែធ្នូ ឆ្នាំ២០១៩ របស់រាជរដ្ឋាភិបាល



- តើសាលាខេត្តចាប់អារម្មណ៍នឹងការងារសង្គមបានក្នុងកំរិតណា?
- តើសាលាខេត្តអាចជំរាបជូនគ្រប់ឃុំសង្កាត់វិភាជថវិកាជួយអោយមានកិច្ចគណៈកម្មាការទ្រទ្រង់មណ្ឌលសុខភាពប្រជុំទៀងទាត់ដើម្បីជួយរួមចំណែកដោះស្រាយបញ្ហាសុខភាពបានដែរឬទេ?
- តើសាលាខេត្តមានចំណាត់ការបែបណាក្នុងការអនុវត្តសជណ២១៣របស់គណៈរដ្ឋមន្ត្រី?

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Royal Government of Cambodia
National Committee
for Sub-National Democratic Development
(NCDD)

Technical Document

on

the Selection, Management, Arrangement

and Execution of Permissive Functions

for Sub-National Councils

4.2 Conduct Procurement for the Permissive Functions

The Council Procurement Committee makes recommendations to the Council regarding how to procure goods and services related to the implementation of the permissive function. The Council makes the final decision about procurement during a Council meeting.

The Councils shall consider the following for the implementation of permissive functions:

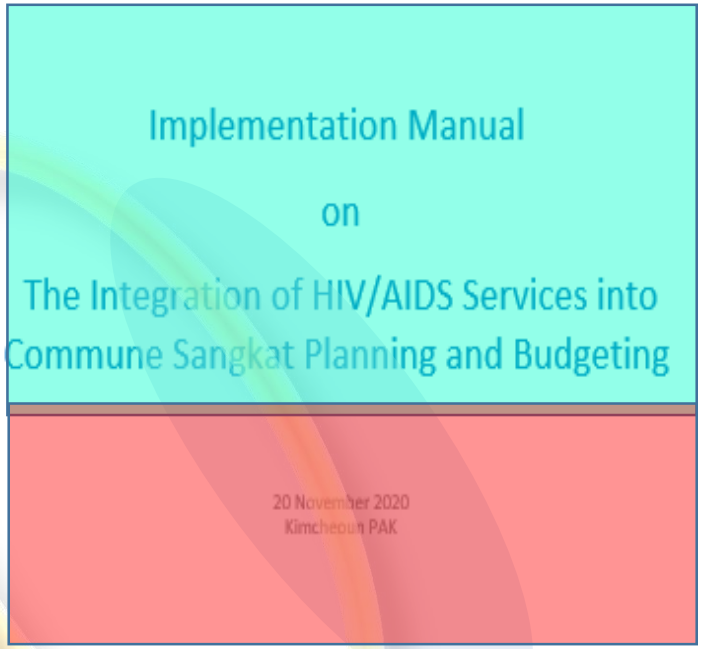
- **Works Contracts.** These are contracts between the Council and a private contractor to do construction or maintenance work. **Example:** repair of a school roof.
- **Service Contracts.** These are contracts between the Council and a service provider who will perform a particular service. **Examples:** adult literacy classes, training for farmers.
- **Purchase Orders.** The Council uses a Purchase Order to buy equipment, furniture, or other goods. **Examples:** a water pump, food for children or the sick.
- **Consultancy Service Contracts.** These are contracts between the Council and a consultancy firm or individual consultant in relation to any project or for institutional capacity development.

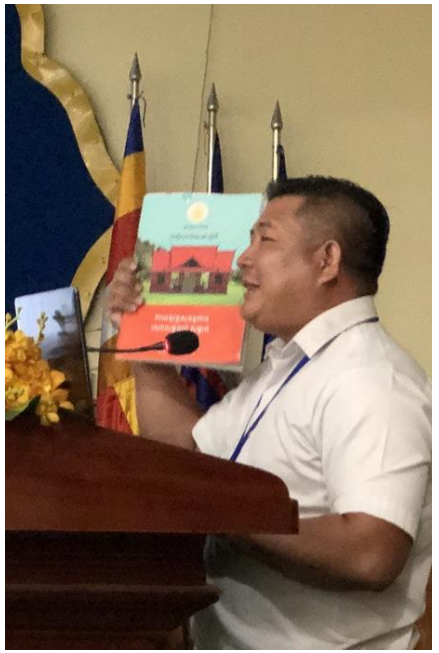
Remark: All procurements must follow the existing procurement processes and procedures of SNA.

PM4 of the SCN 213

Ministry of Interior and Ministry of Economic and Finances launched the Guidelines on Social Services Implementation (Red Book) allowing Commune/ Sangkat to make use of their local budget to address health and other social issues.

AIDS Response





With support of UNAIDS

Convince stakeholders to support Transition

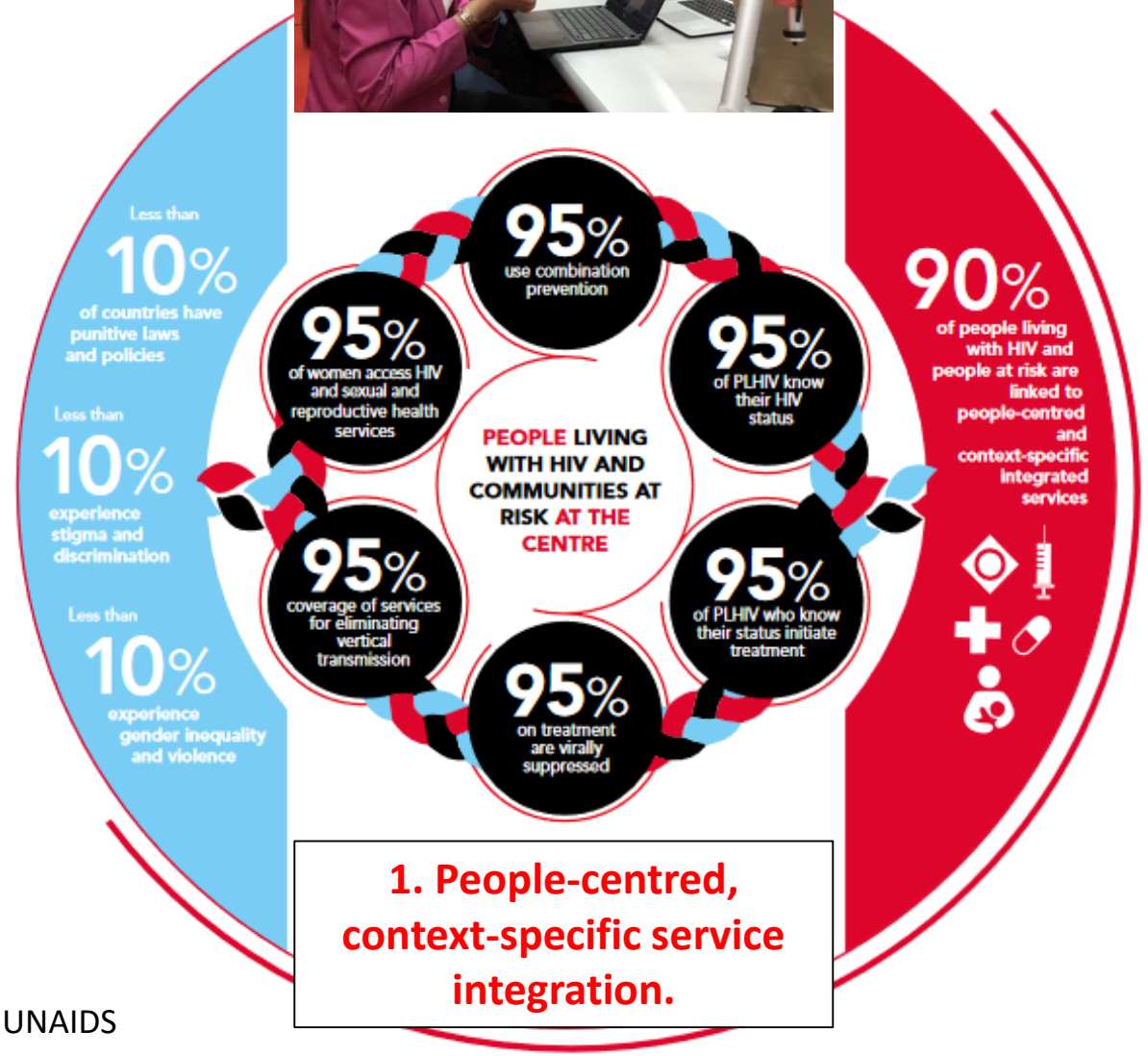
Parameter	System start-up(establishment)	System Support	System Strengthening	System Sustainability
Scope	Emergency; early development of systems	May be focused on a single disease or intervention	Activities have impact across health services and outcomes	Systems are integrated, resourced and fully incorporated 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**

People-centred

2025 targets

3.Removal of societal and legal impediments to an enabling environment for HIV services



2. Comprehensive HIV services

Revise policies and institutional relationships to change behaviors and

resource use to address identified constraints in a more sustainable manner

1. People-centred, context-specific service integration.

Source : Prevailing against AIDS epidemic, UNAIDS

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

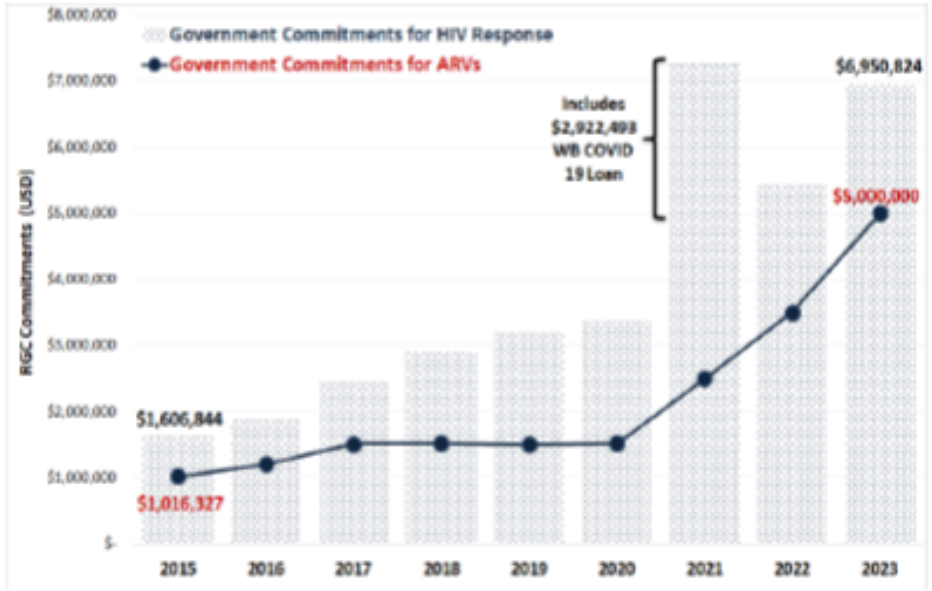
Hospital Pharmacy/ Stores

PASP Data Management Units

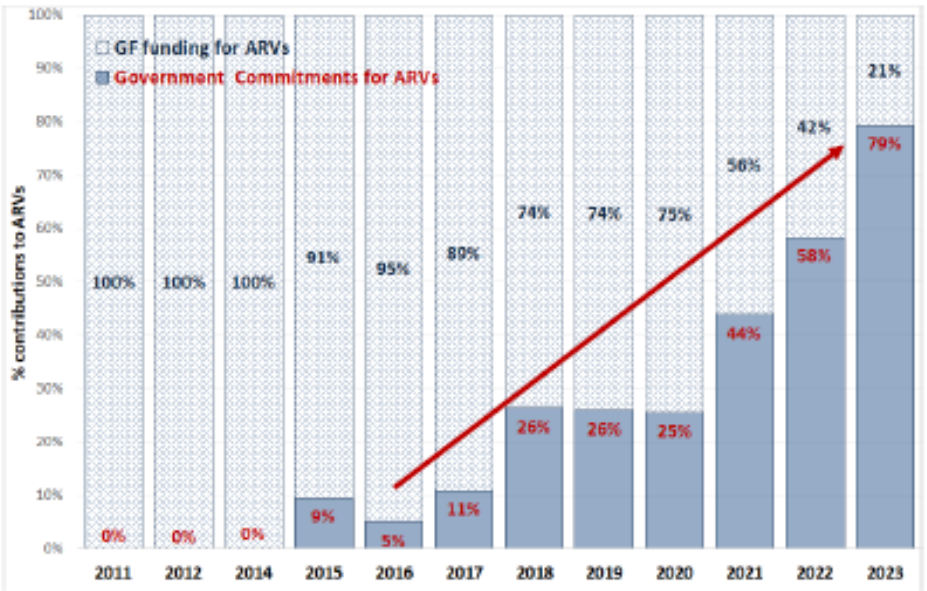
Community Action
NGO Partners / CSO

ចំណែកបដិភាគរបស់រាជរដ្ឋាភិបាលក្នុងគម្រោងមូលនិធិសកល

RGC commitments (USD)	Current Allocation Period				FRA Allocation Period			
	2018	2019	2020	Total	2021	2022	2023	Total
ARVs	1.5 M	1.5 M	1.5 M	4.5 M	2.5 M	3.5 M	5 M	11 M
Other (staff, goods, services)	1.38 M	1.7M	1.8 M	4.9 M	4.8 M	1.9 M	1.95 M	8.7 M
Total	2.9 M	3.2 M	3.4 M	9.45 M	7.3 M	5.4 M	6.95 M	19.7 M

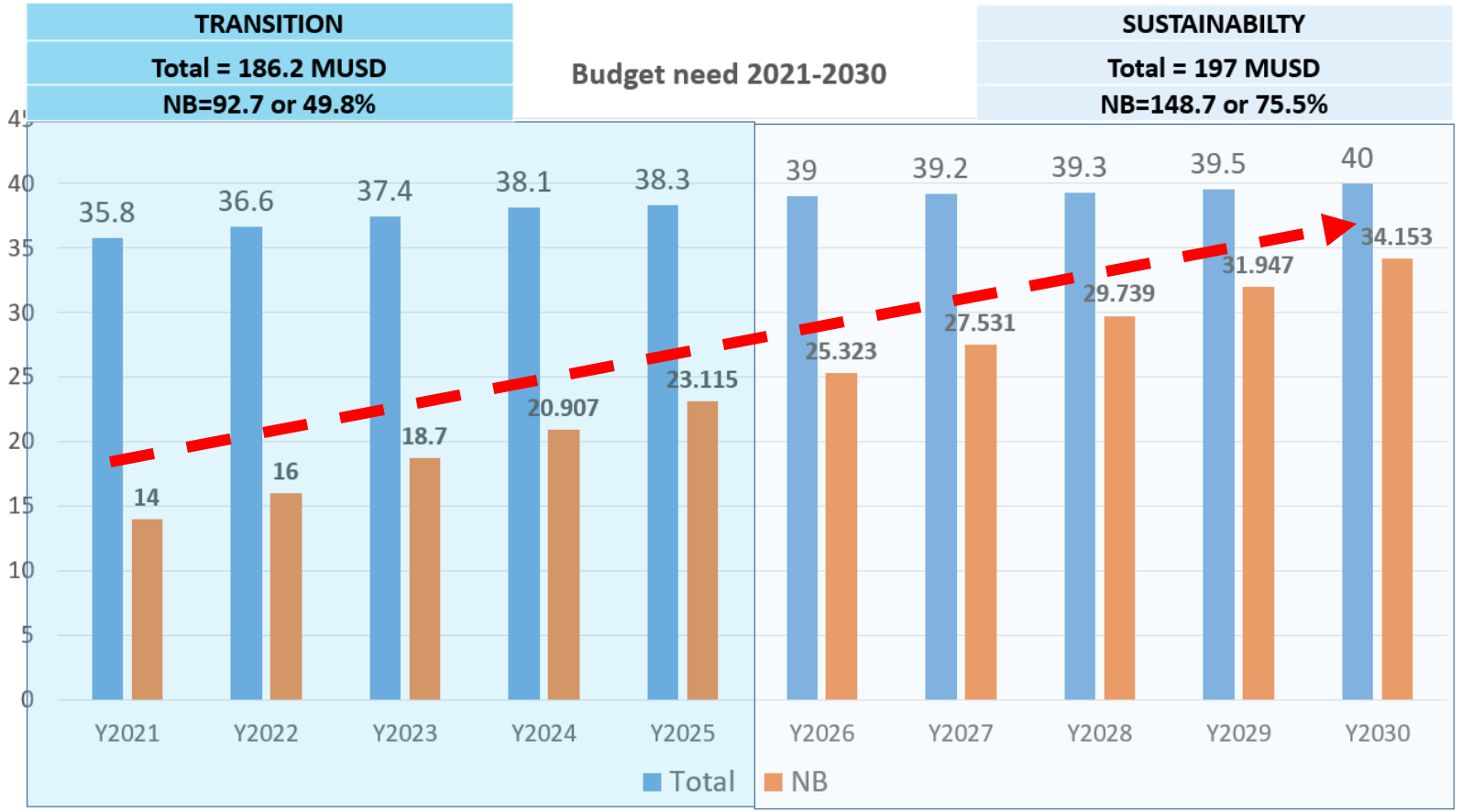


Total HIV and ARV RGC co-financing commitments (MoEF, MoH) 2023



Percent funding for ARVs by RGC and GF, Cambodia 2011-2023

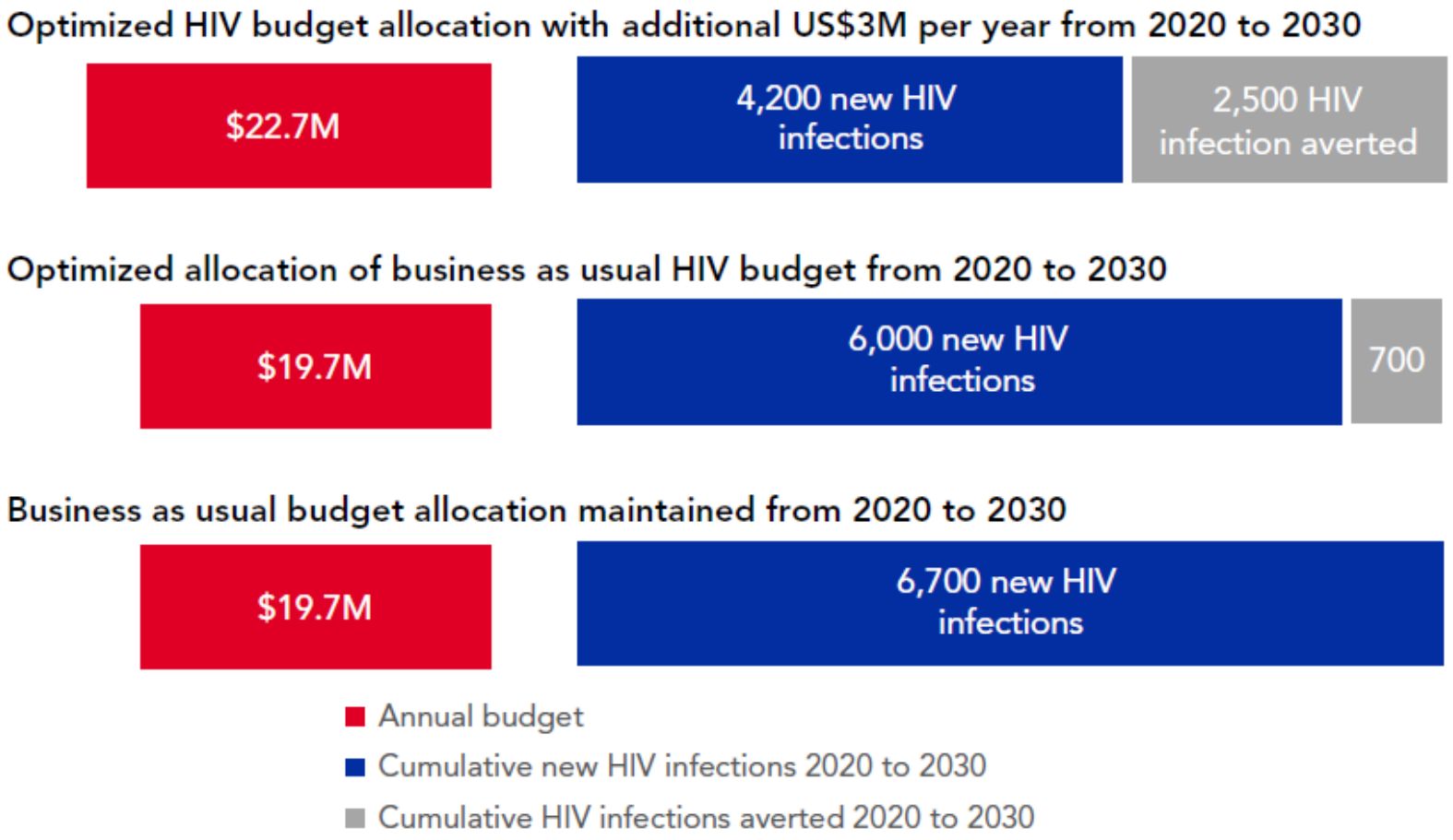
Convince MOH/MEF to secure funding for HIV and AIDS response



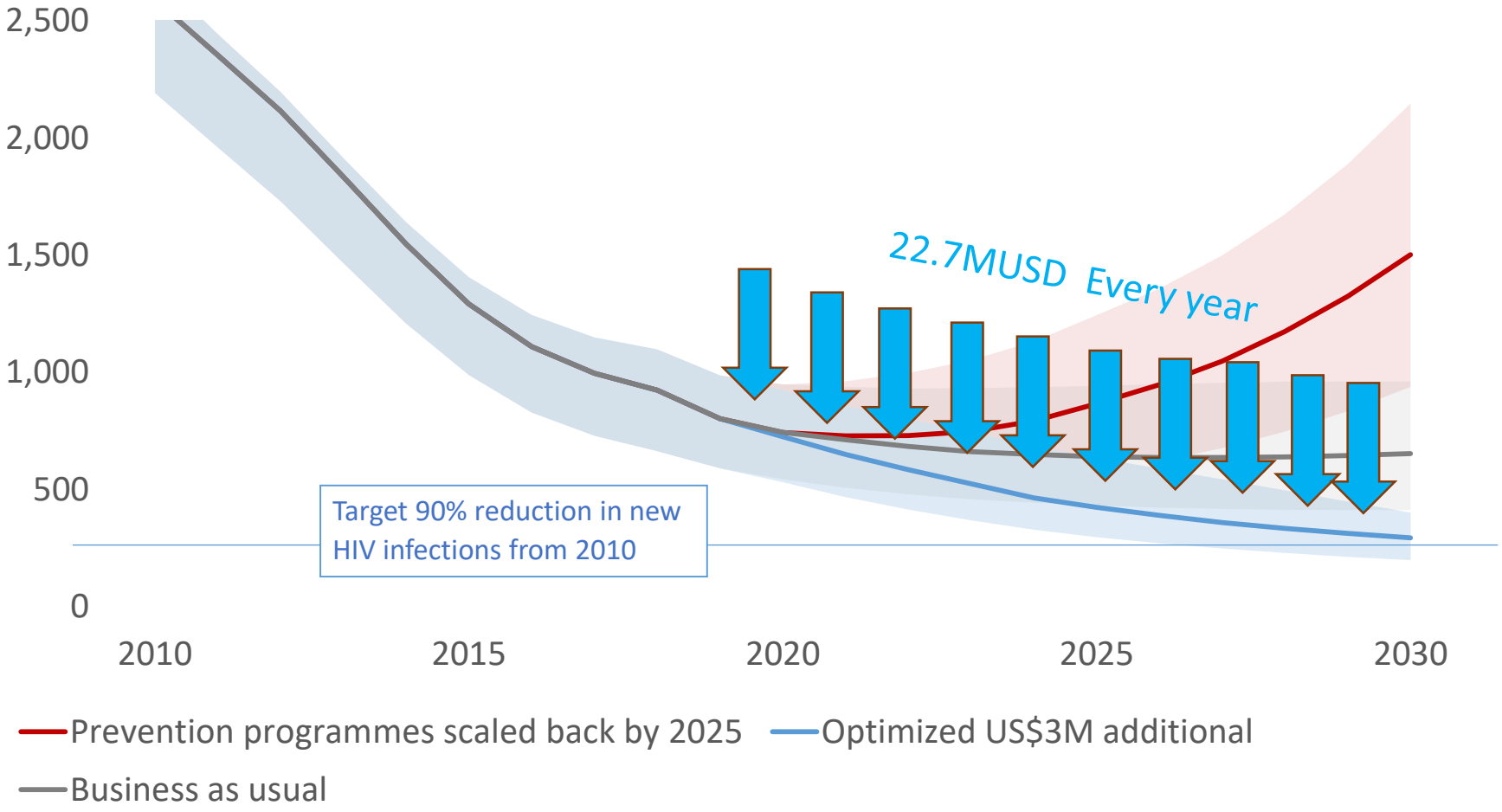
35% in 2020
(JMI Indicators)

50% in 2025
(NSPV)

Potential impact of optimization and additional budget



Reaching 90% reduction in new infections by 2025 will be challenging



US$3M expansion of current programmes with last reported efficacies would prioritise:

1. $500,000 for enhanced HIV outreach programmes for *key populations*
2. $500,000 - $1M HIV prevention programmes for *MSM and TG*
3. $1M - $1.5M *PrEP* including *demand creation*
4. $200,000 HIV prevention programs for *FEW*
5. $200,000 *enhanced VL monitoring*

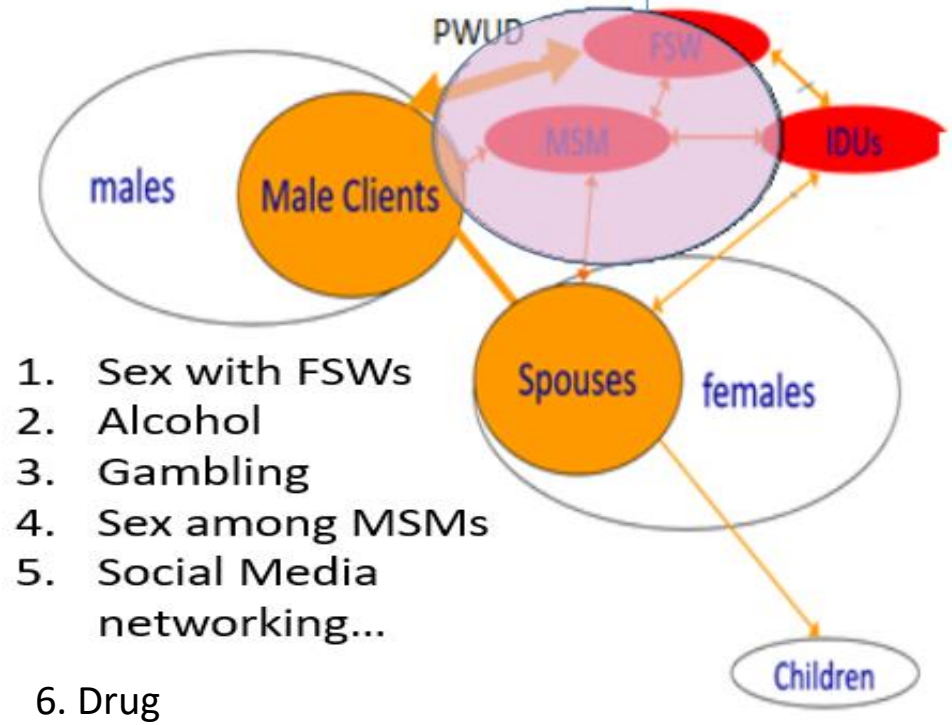
Source: Optima HIV model 2020

Domestic funding for CSO/CBOs

How to convince MOH/ MOEF to support CSOs with domestic funding ?
SCN 213 : PMNo4

Can HCWs can perform the tasks of CSOs/ CBOs?

- Text messaging
- GPS-based mobile applications ("apps")
  - A4A/Radar, badoo, Grindr, Jack'd, & SCRUFF
- Facebook



1. Sex with FSWs
2. Alcohol
3. Gambling
4. Sex among MSMs
5. Social Media networking…

6. Drug

Identify

Reach
Intensify
Retain

យុទ្ធនាការ

- Physical Out reach
- Social media
- Night time interventions
- PDI+
- Week end duty times…

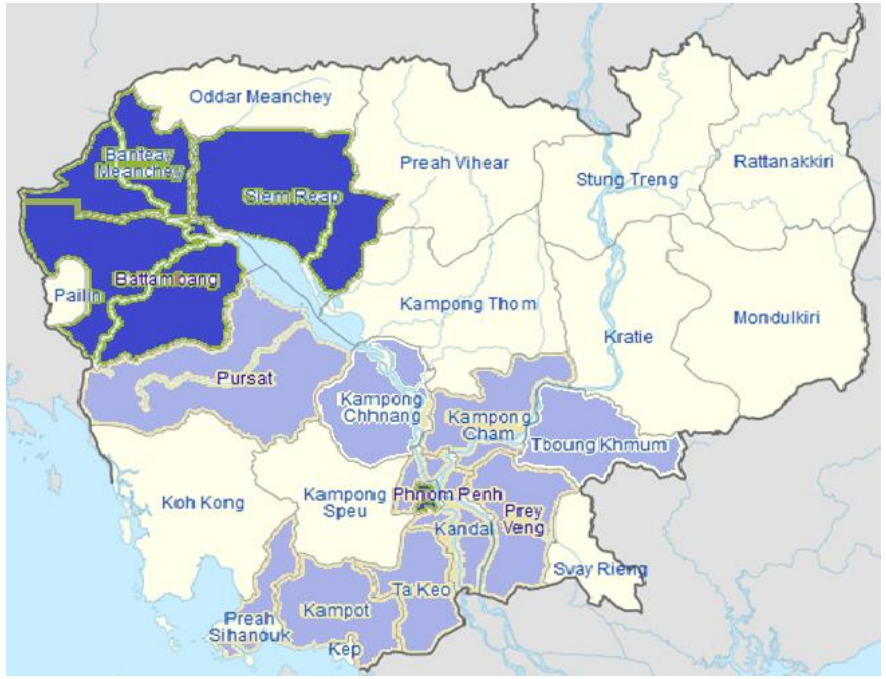
If not what would be the alternatives to install a KP/Youth Friendly health services?

Continuum of prevention and care (self-testing, PrEP, Index testing ...)

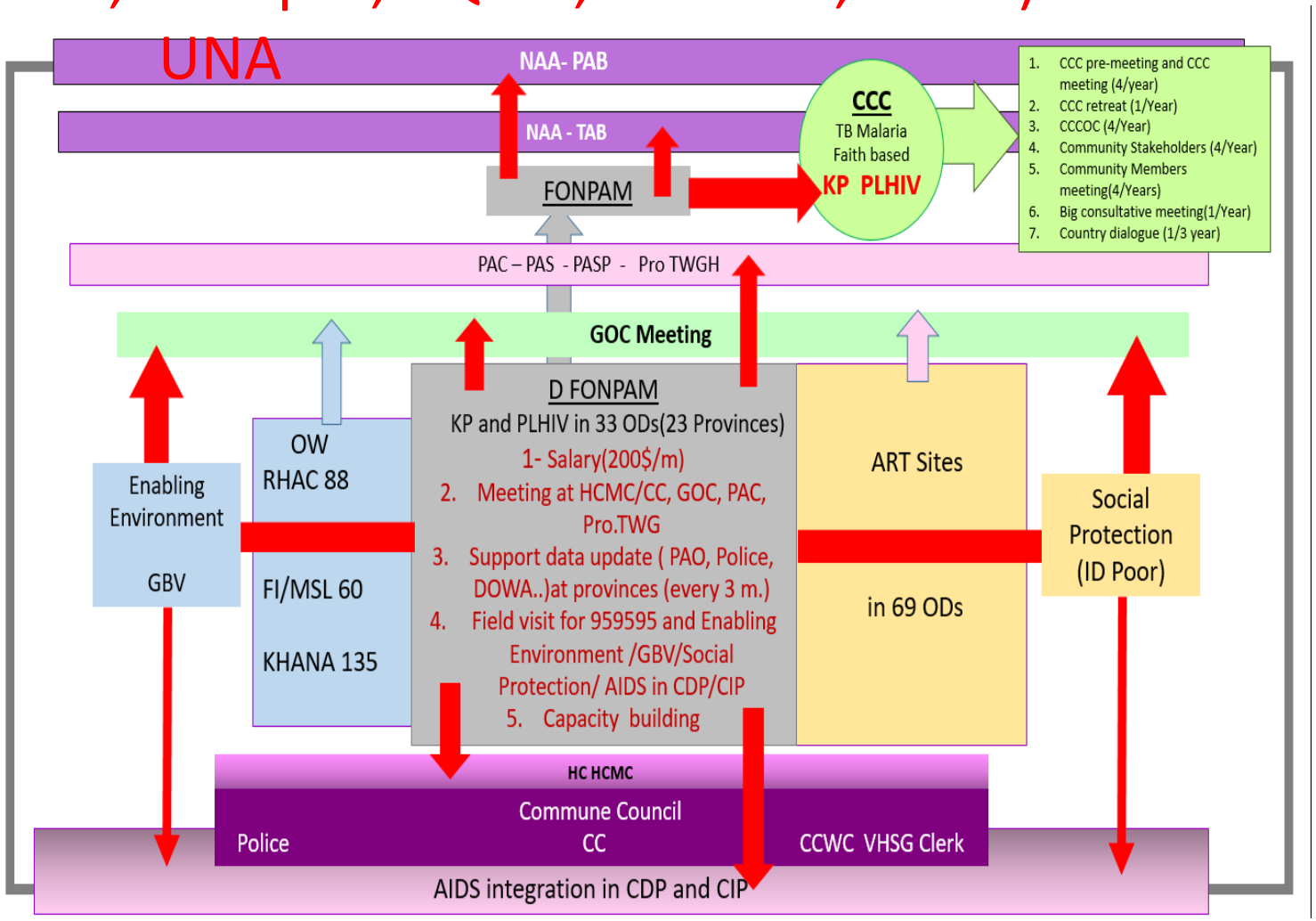
The future of Chhourk Sar Clinic and Hope Center ?

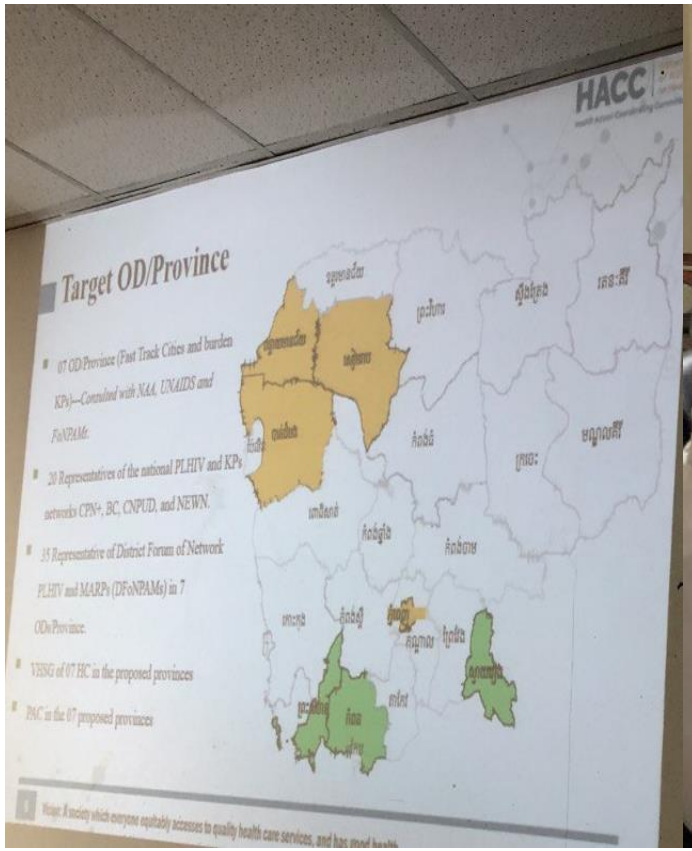
- **Scenario 1: Continue to support Chhourk Sar Clinic and Hope Center**
- **Scenario 2: How Family Health Clinics and RH in Phnom Penh can get prepared to absorb KPs and PLHIV?(SOP / Guideline, Training / coaching …)**
- **Scenario 3 : …**

Strengthening partnership and local response
(in cooperation with LSSH, FHI Epic , EQHA , NCHADS, HACC)



Strengthening FTCI Provinces in 2021: Starting from Urban areas (PAC, DAC, CAC(CCWC+)





- Filling the gap requires fully engaging these communities as leaders and essential partners in the HIV response, and sufficient financial investment in community-led responses and full integration within national programmes.

SCN 213 Implementation with Local leadership, Investment and Partnership

PMNo3: PHD, OD, RH, HC have the NB for AIDS
PMNo6: Integration of AIDS in health sector

PMNo1: AIDS in CDP/CIP
PMNo2: All PLHIV get Health Equity card

PMNo4: NB to CSO
PMNo5: Secure Fiscal space

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PMNo4: NB to CSO
PMNo5: Secure Fiscal space

Monitoring (Software)

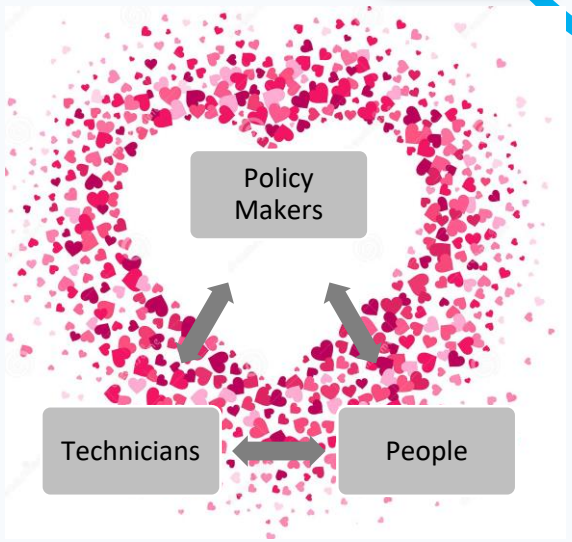
No one left behind: From 95-95-95 by 2025

NAA
(PAB, TAB)

Drug
VCSP/EE
GBV
PAC
Soc. Pro
FTCI
100%CUP

Institutional Strengthening through 3F reforms

1) Finance(PFMR): Financial Resources
2) Function(PAR): Manpower and Technical expertise
3) Functionaries(D&D): Sub national level have power to take actions



Drug
VCSP?EE
GBV
DAC
Soc. Pro
FTCI
100%CUP

Drug
VCSP/EE
GBV
CAC
Soc. Pro
FTCI
100%CUP

Conclusions: Technical assistance for AIDS response in Cambodia

- Leadership / Ownership:
  - A paradigm shift from dependency to resilient
  - People centererd approach:
    - Differentiated prevention and care services
    - KP/Youth Friendly Services
- Investment
  - Domestic funding to meet the RGC commitment
  - D&D : Health sector + Commune Sangkat funding
  - Domestic funding to support AIDS response
    - Contract staff
    - NB to CSO/CBO to perform tasks that cannot be done by government officials
  - Monitoring the implementation of SCN 213
- Partnership
  - Partnership at all levels with meaningful involvement of KP/PLHIV