NSPV Priorities and Coordination

Internal Meeting 3rd Mar 2021

Dr. Phalla Tia, Vice Chair NAA

Sustainability Road map and Coordination

The Sustainability Roadmap

GDJ TWG meeting

23rd Mar 2021

1. Review and discussed on 2020 progress report of Joint Monitoring Indicator (JMI)
2. Overview of HIV Estimate
3. Updates on partner's priority plan 2021
4. Discuss on Strengthening Coordination
5. AOB

Mid-term actions and Coordination

NSPV	2021	2022	2023	2024	2025
S1	….	….	….	….	….
S2	….	….	….	….	….
S3	….	….	….	….	….
S4	….	….	….	….	….
M&E	….	….	….	….	….

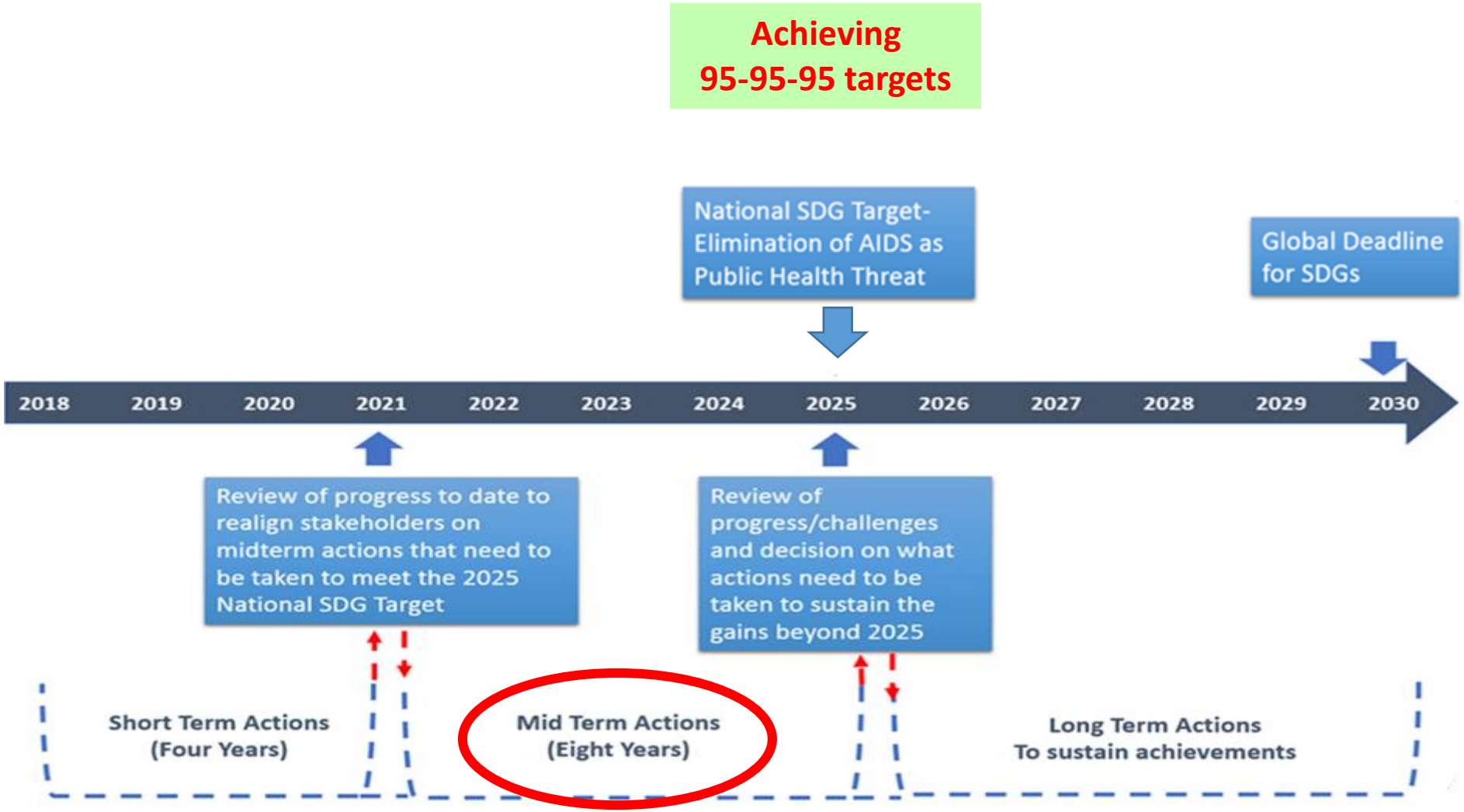
DP/ CSO/KP	2021	2022	2023	2024	2025
UNs	….	….	….	….	….
USAID	….	….	….	….	….
CSOs	….	….	….	….	….
KP/PL	….	….	….	….	….
Private sector	….	….	….	….	….

NAA Critical Roles

Dynamic of Stakeholders Participation

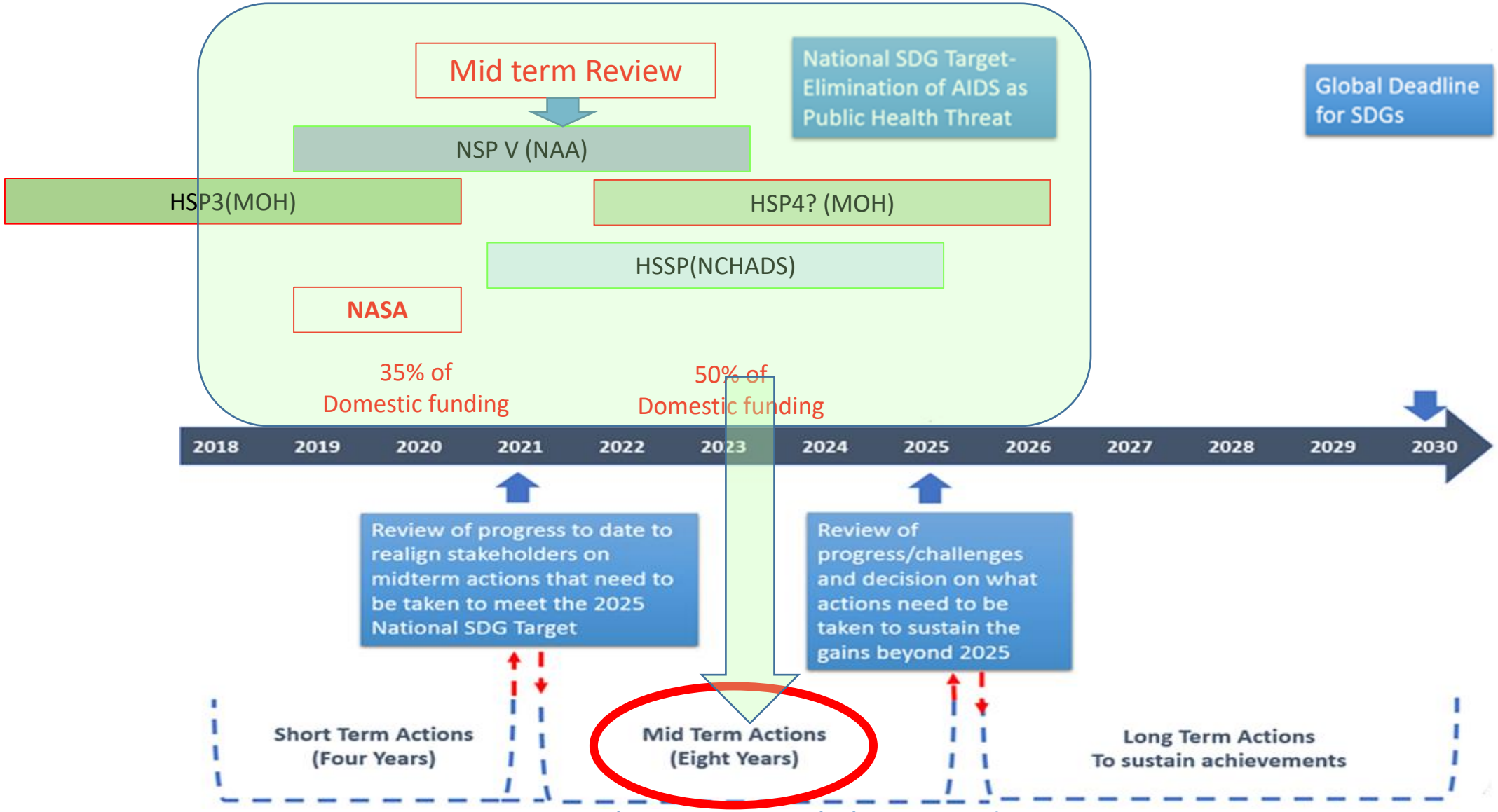
People-Centered Approach

Performance Accountability (PFMR/S4):Management and Result evaluation and Achievement



The Sustainability Roadmap

Strengthening Coordination



The Sustainability Roadmap

Mid-term Priority Actions 2021-2023

NSDP 2019-23, RS4, NSPV, SCN213,PIP 3YRP, Optima, Sustainability Roadmap, GF2021-23 Submission, NCHADS HSSP, HSP3/4, NCHADS SOPs, JMIs, AEM update, COP20 and 21, GFATM Prog. Data, Relevant Sub-decrees, GAM/UNAIDS …

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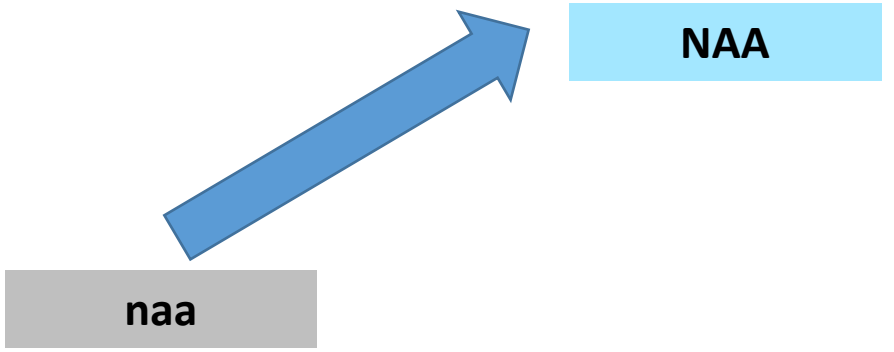


Reference Documents

- Annex 14.1_Conceptual Framework on Cambodia 3.0.pdf
- Annex 14.2_Cambodia Sub-national Estimations 2019.pdf
- Annex 14.3_IBBS MSM TG 2019.pdf
- Annex 14.4_IBBS FEW 2016.pdf
- Annex 14.5_IBBS PWID PWUD 2017.pdf
- Annex 14.6_SOP B-IACM 2017.pdf
- Annex 14.7_ NASA Cambodia 2016-2017.pdf
- Annex 14.8_SCN213 Council of Ministers Official Declaration 2019.pdf
- Annex 14.9_Rapid Assessment HIV Private Sector 2018.pdf
- Annex 14.10_Community Action Approach SOP 2017.pdf
- Annex 14.11_Stigma Index.pdf
- Annex 14.12_LGBTIQ Policy Review Health Access 2019.pdf
- Annex 14.13_JPR HIV 2019 Report Annexes.pdf
- Annex 14.14_National Guidelines HIV Testing 2017.pdf
- Annex 14.15_PDI+ Concept Note 2018.pdf
- Annex 14.16_PNTT SoP 2018.pdf
- Annex 14.17_MMS SOP 2019.docx
- Annex 14.18_ART adherence VL 2017.pdf
- Annex 14.19_B-CoPCT updated 2018.pdf
- Annex 14.20_ICT Study Fndings.pdf
- Annex 14.21_HIV-HCV Guidelines 2017.pdf
- Annex 14.22_Optima Policy Brief 2019.pdf
- Annex 14.23_HSSP 2021-2025 Costed.pdf
- Annex 14.24_Sustainability Roadmap.pdf

- 2021-01-27_Guided questions for Feb. 1 S...
- 2021-01-27_Stakeholders Meeting - Achi...
- Draft Agenda_ROP21 Stakeholders Consu...
- Group 1-Results.pptx
- National HIV Program Priorities and Nee...
- Participant list for PEPFAR ROP 21 Stakeh...
- ROP - 2021 - Group 2.pptx
- ROP 21 Overview_USAID_Final.pptx

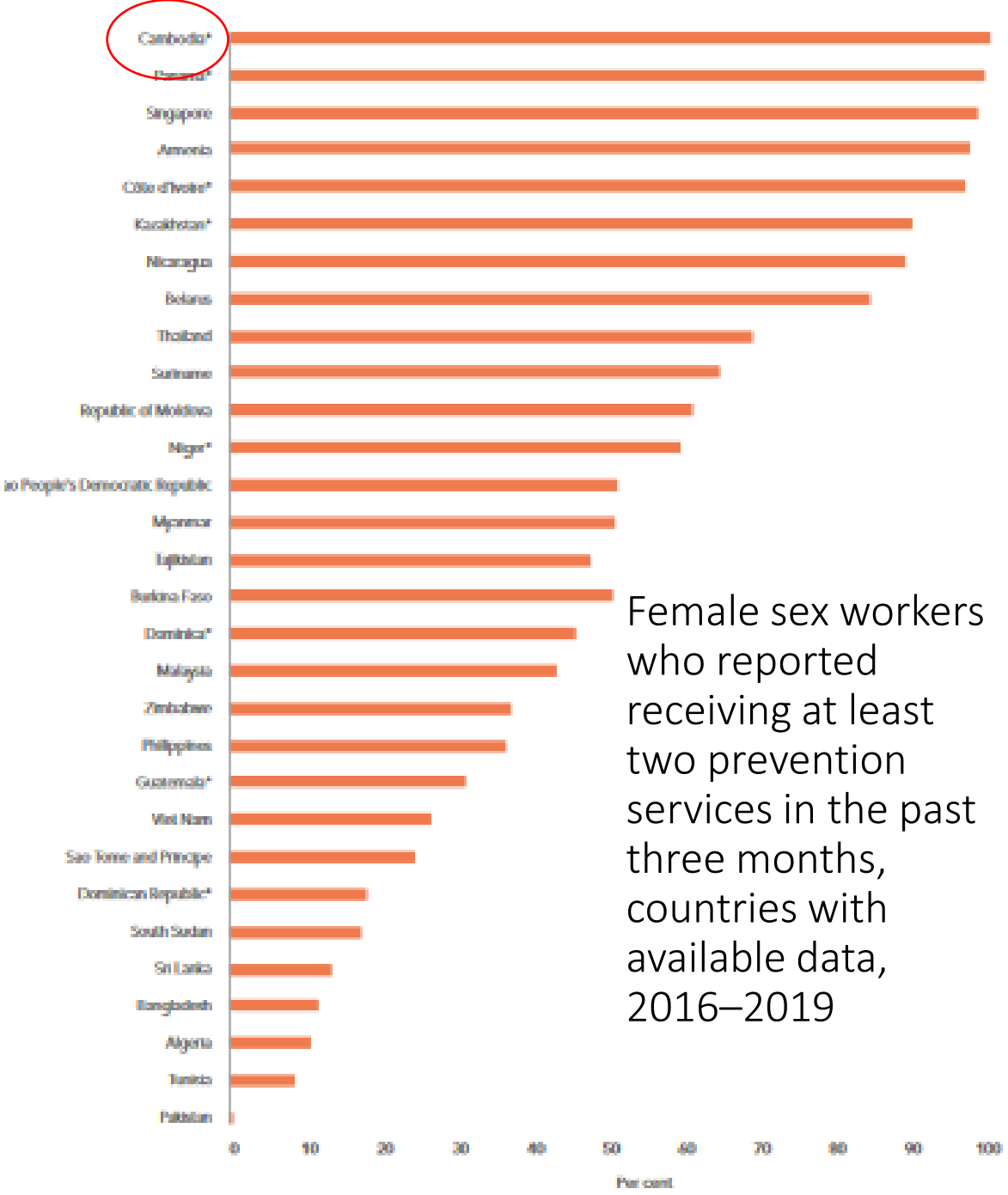
- BL#219 Drafted curruculunm CiP CDP revised 5 Feb .docx
- BL#219 Drafted curruculunm CiP CDP revised 6 Feb .docx
- BL#219 Drafted curruculunm CiP CDP (2).docx
- Course syllabus example.doc
- Facilitation BASIC SKILLS.pdf
- Facilitation BASIC SKILLS.rtf
- facilitation skills grouping.doc
- Facilitation vs Training revised doc.doc
- Facilitation vs Training.doc
- LS+Principles+in+Practice+v+2.pptx
- Principles for facilitating apply to meeting.OKdocx.docx
- Principles long for facilitating apply to meeting.OKdocx.docx
- The Surprising Power of Liberat - Henri Lipmanowicz.pdf

Hard Skills

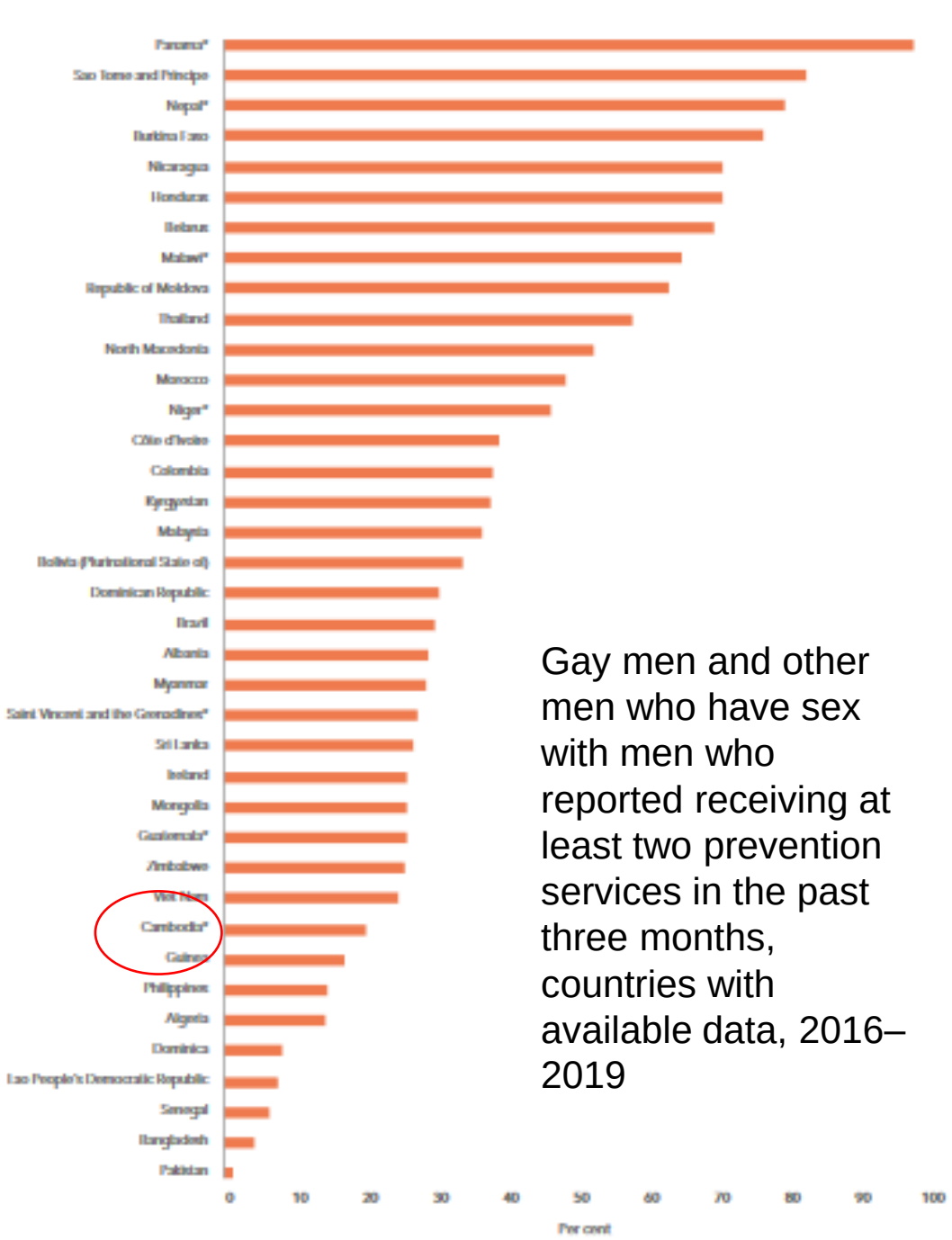
+ Other documents

Progress towards 90–90–90 targets, by country, 2019

	People living with HIV who know their status	People living with HIV who know their status and are on treatment	People on treatment who are virally suppressed		Viral load suppression among people living with HIV
ACHIEVED 2030 TARGET (95%)	***Eswatini*** **Namibia**	Burundi Cambodia Denmark ***Eswatini*** Haiti Rwanda Senegal **Switzerland** **Zambia**	**Australia** Botswana Cambodia ***Eswatini*** Germany Ireland Japan Myanmar **Netherlands** **Switzerland** Thailand Viet Nam	**ACHIEVED 2030 TARGET (86%)**	***Eswatini*** **Switzerland**
ACHIEVED 2020 TARGET (90%)	**Australia** Botswana Chile Guyana Ireland Kenya Malawi **Netherlands** South Africa **Switzerland** **Zambia** Zimbabwe	**Australia** Burkina Faso Ethiopia Germany Morocco **Namibia** **Netherlands** Singapore Spain Uganda United Republic of Tanzania Zimbabwe	Brazil Chile Kenya Malawi Morocco **Namibia** Rwanda Singapore South Africa Spain Trinidad and Tobago Uganda United Republic of Tanzania **Zambia**	**ACHIEVED 2020 TARGET (73%)**	**Australia** Botswana Cambodia Ireland **Namibia** **Netherlands** Rwanda Spain Thailand Uganda **Zambia** Zimbabwe



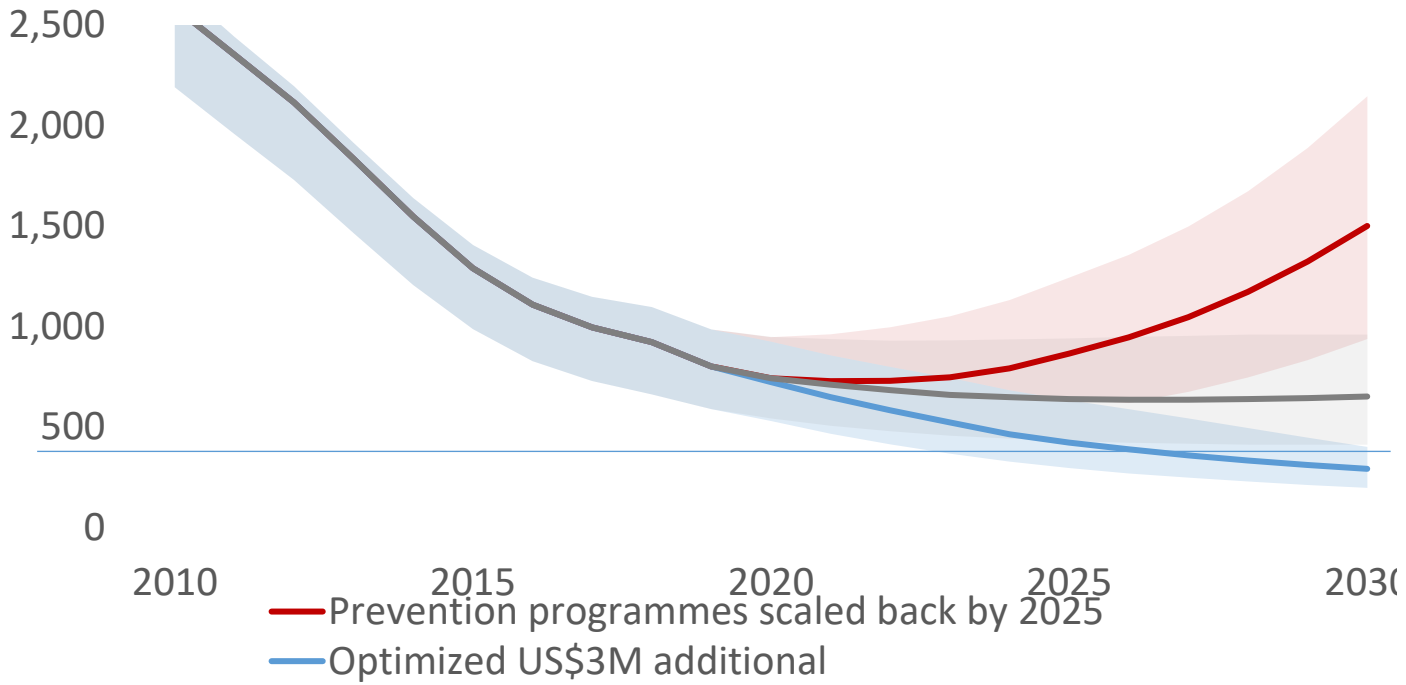
Female sex workers who reported receiving at least two prevention services in the past three months, countries with available data, 2016–2019

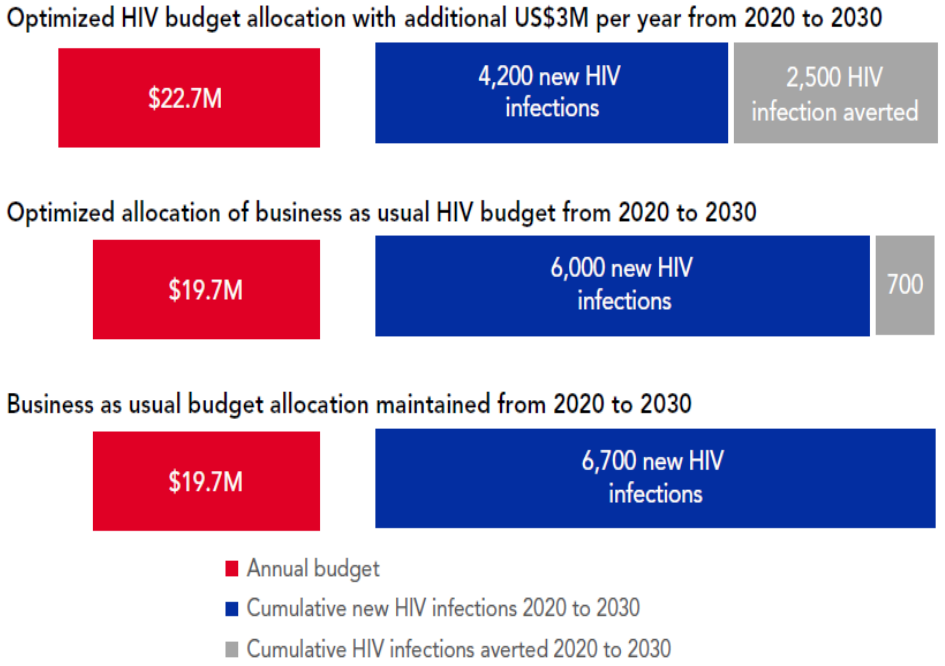


Gay men and other men who have sex with men who reported receiving at least two prevention services in the past three months, countries with available data, 2016–2019

Prevention intervention coverage among key populations, select countries, Asia and the Pacific

Potential impact of optimization and additional budget

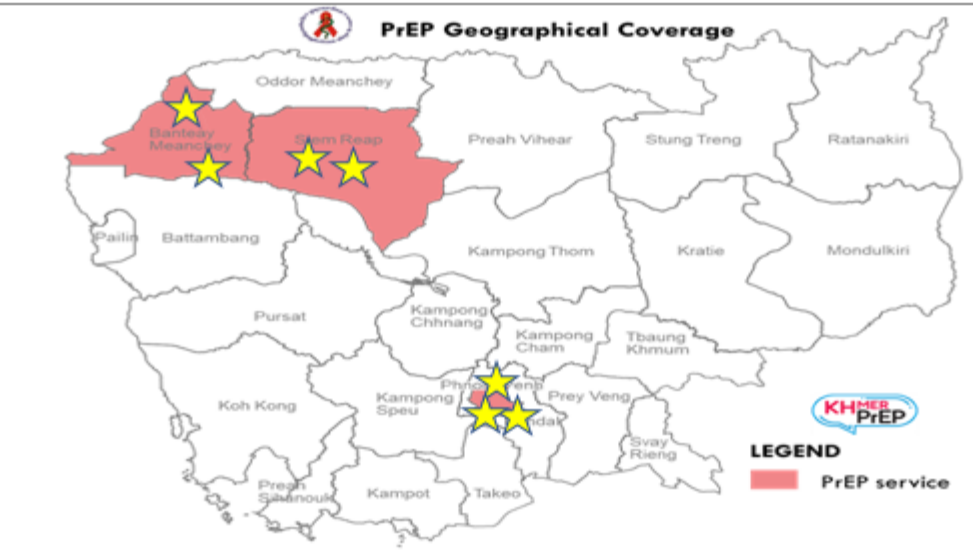




US$3M expansion of current programmes on:

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

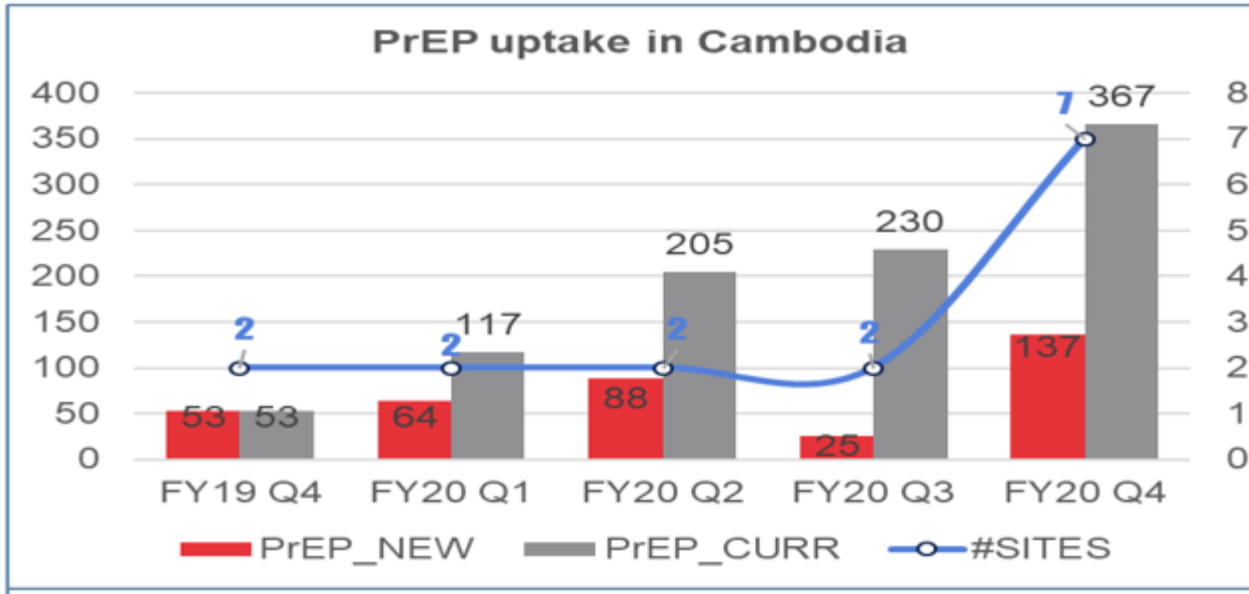
Status of Microtargeted PrEP

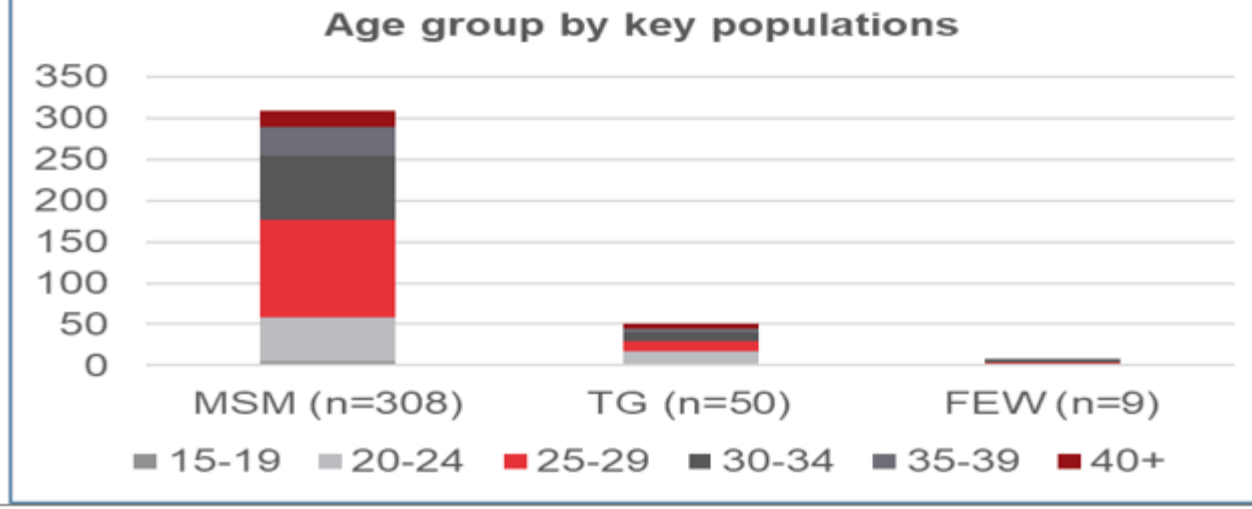


July 2019 (x1)	September 2019 (x1)
Chhouk Sar Clinic (289)	RHAC clinic, Siem Reap (56)

August 2020 (x5)

- Siem Reap Referral Hospital at FHC (5)
- Poipet Referral Hospital at FHC (4)
- Serey Sophorn Referral Hospital at FHC (2)
- Samdach Ov Referral Hospital at FHC (8)
- Pochentong Referral Hospital at FHC (2)





PMTCT summary

DRAFT not for ci

	2015	2016	2017	2018	2019	2020
Mothers needing PMTCT	1,057	965	879	799	726	660
Mothers receiving PMTCT	797	720	755	661	586	539
Option B+: ART started before current pregnancy	720	588	607	507	483	451
Option B+: ART started > 4 weeks before delivery	0	84	81	103	62	82
Option B+: ART started < 4 weeks before delivery	48	48	67	51	41	6
PMTCT coverage	**75**	**75**	**86**	**83**	**81**	**82**
Final transmission rate including breastfeeding period	**17.5**	**17.8**	**15.0**	**16.1**	**13.1**	**12.6**

Pre-validation phase

Indicators and Targets for Pre-elimination 2017-2020	2017 (BL)[32]	2018	2019	2020
Impact Indicators				
New pediatric infections due to mother-to-child transmission (MTCT) of HIV per 100,000 live births				≤50 cases
MTCT rate of HIV in breastfeeding population				<5%
Congenital syphilis per 100,000 live births				≤50 cases

	13 Sustainability Risks	Severity	2018-2020	2021-2025
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 post 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
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 Cambodian 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
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

Prioritization of Geographic Areas for Interventions

First Priority

68% of Key Populations
48% of PLHIV

Second Priority

23% of Key Populations
39% of PLHIV

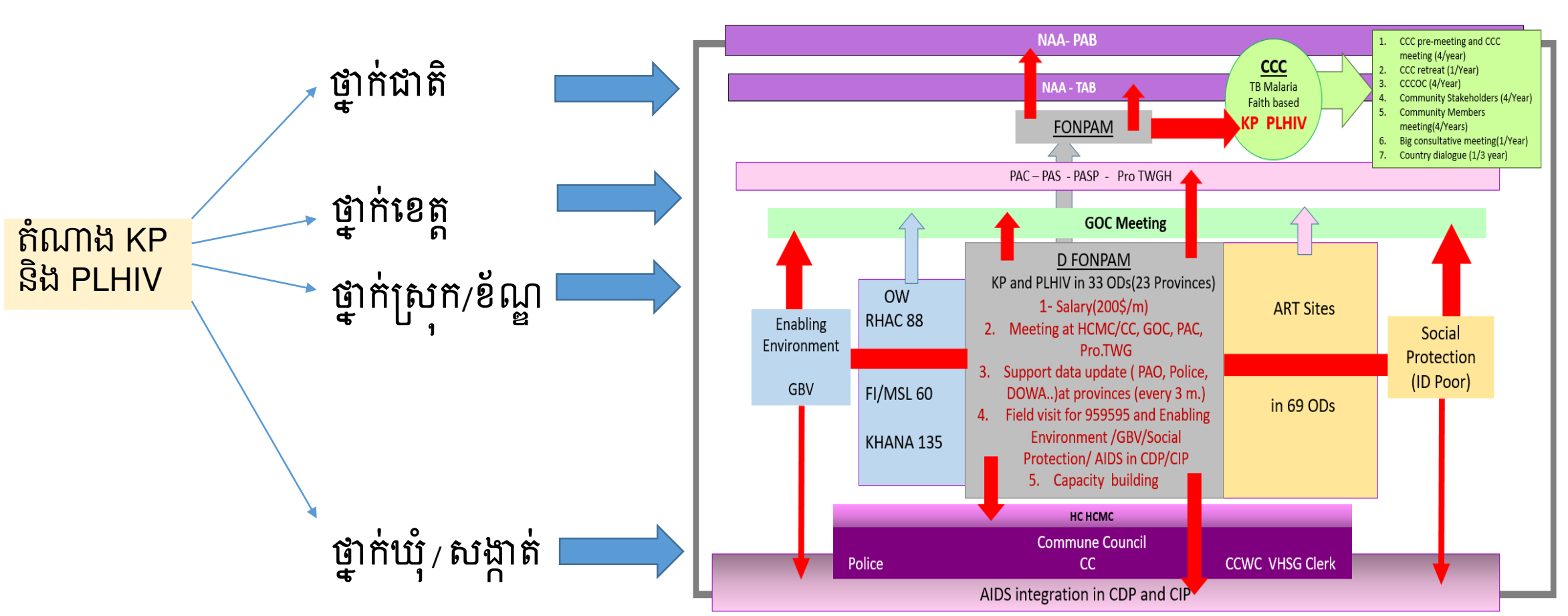
Third Priority

10% of Key Populations
12% of PLHIV

Implement and Monitor SCN 213
FTCI (PNP, BBG, BMC, SRP)+ KSP

- **AIDS work plan integrated in CDP/CIP for 2022**
- **ID Poor software**

People –Centered (Meaningful involvement of KP and PLHIV)



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

NAA
(PAB, TAB)

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

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

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

CAC
- Drug
- GBV
- FTCI
- 100%CUP
- Soc. Pro
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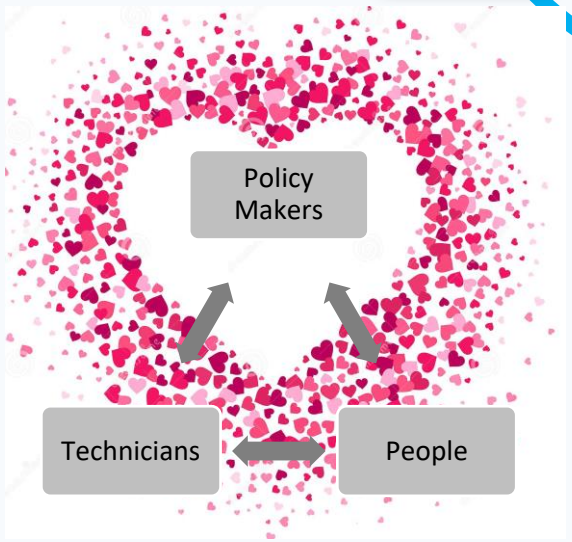


Convince stakeholders to support Transition

DEPENDENCY

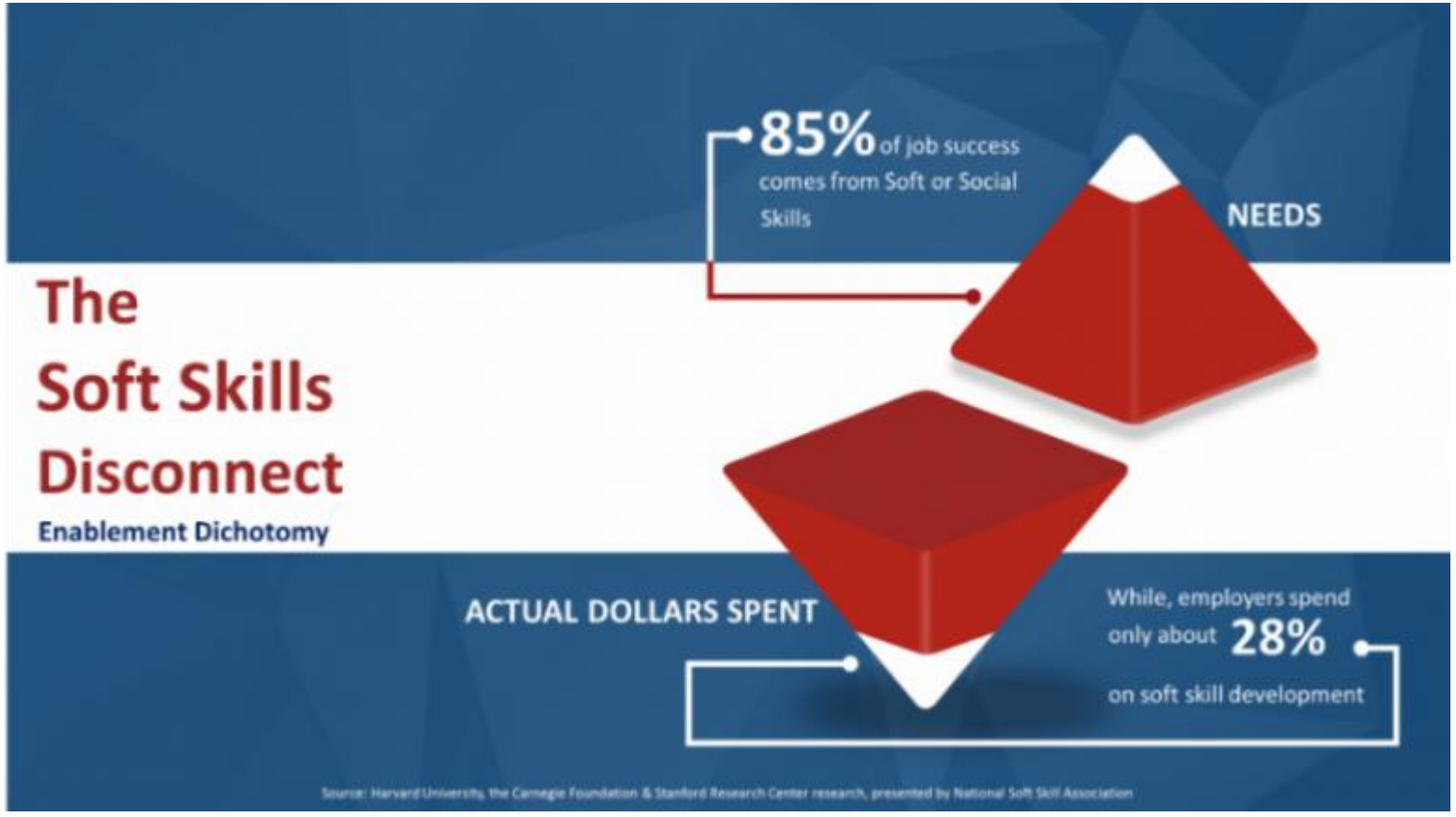
Parameter	System start-up(establishment)	System Support	System Strengthening	System Sustainability
Scope	Emergency; early development of systems	May be focused on a single disease or intervention	Activities have impact across health services and outcomes	Systems are integrated, resourced and fully incorporated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

RESILIENCE

Start-up → Support → Strengthening → Sustainability

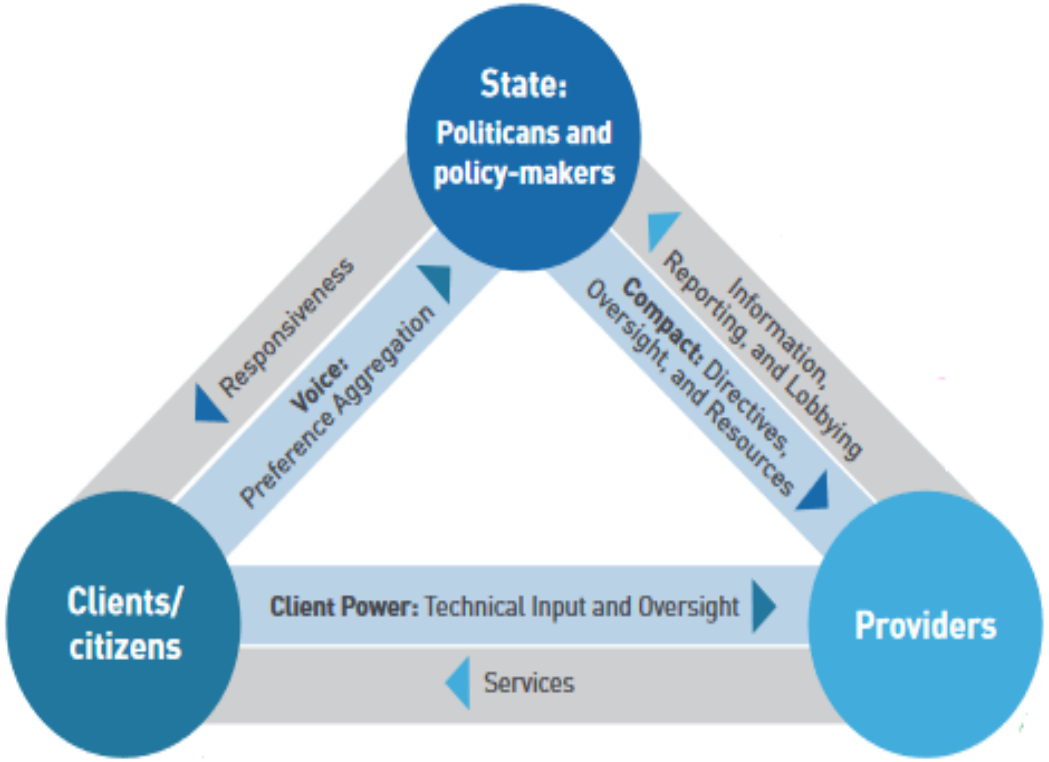
The most highly rated leadership competency was having high ethical and moral standards.

85% of job success comes from having well-developed soft skills and people skills, and only 15% from technical skills and knowledge.



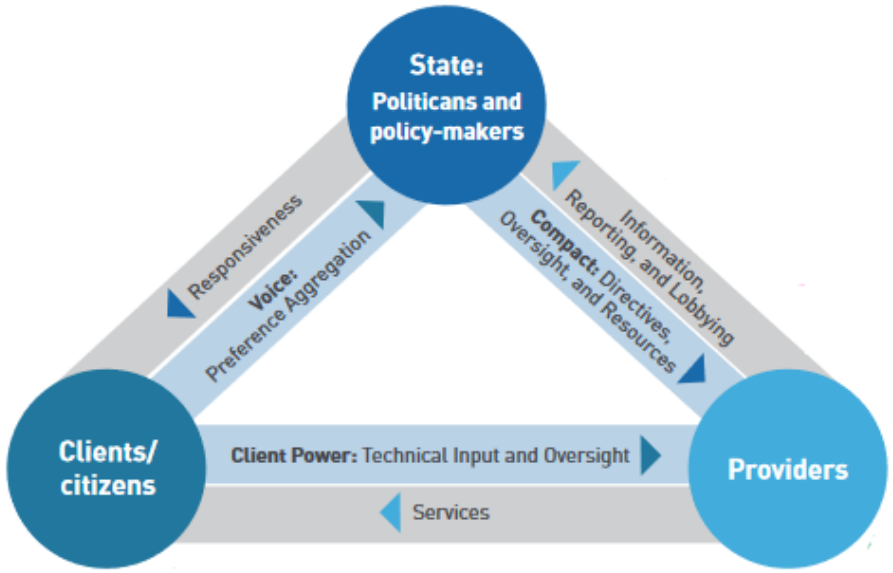
Based on a survey of 121,595 leaders

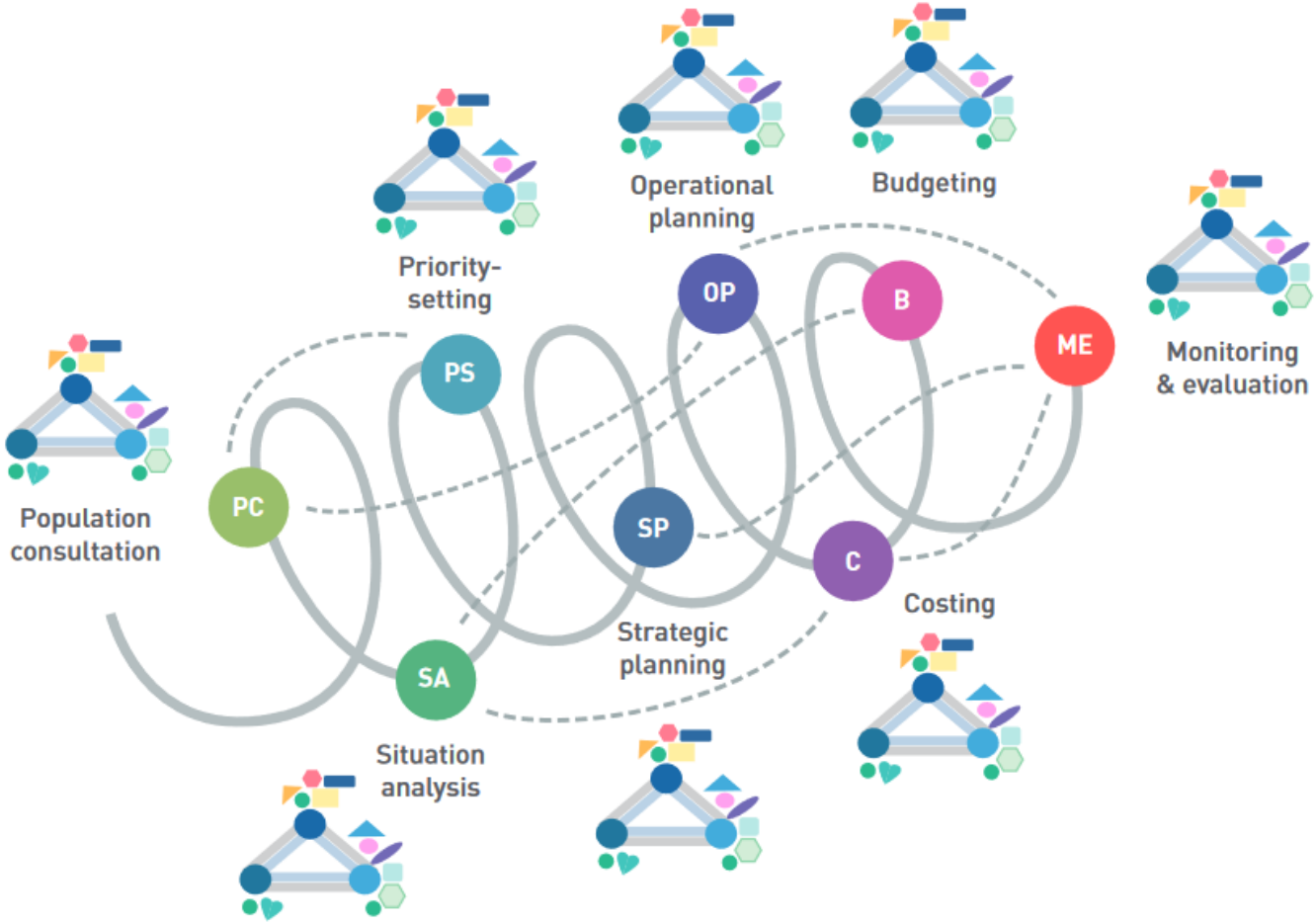
Dynamic of Stakeholders Participation(RS4) and People-centered Approach(NSPV)



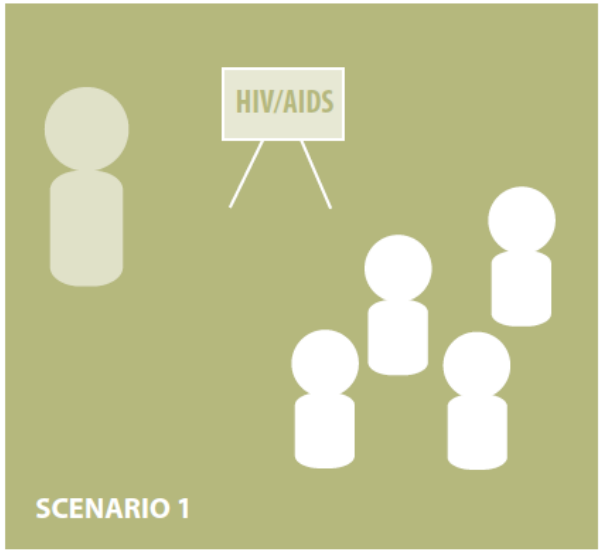
To leave
no one behind,
local authority, police,
healthcare workers, and
social workers should apply
"people-centered" approaches to
emphasize the necessity of listening
and learning among stakeholders and
collectively remove human barriers, enabling
key populations and people living with HIV to have
access to quality services in an equitable manner.

People –Centered (Meaningful involvement of KP and PLHIV)





Trainer



Facilitator

Use time to a achieve the task –oriented outcome (transfer skills/Knowledge)	Objective	Spend time in building relationship Engaging/ Empowering
Teacher centered…short term solution	Approach	People –centered … Local Ownership
Talk and behave as a scientist and authority	How to behave	Behave as a coach
Dictate for a decision making	Decision making	Negotiate for decision making
No humor. It is a serious topic	Climate	Brings humor in when the climate gets tense
Interrupt while participants talk	When participant speak	Listen to participants without interruption

Mid-term Priority Actions 2021-2023

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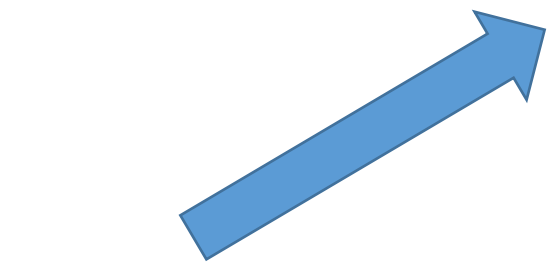

naa

Object of Change

NAA

Subject of Change

Coordination with Key Stakeholders

HE Senior Minister, Chair of NAA

OSG + Vice Chairs

OSG

STAKEHOLDERS	Critical Roles of NAA	Coordination Platform	References /Key documents	Actions for coordination
UNs				
PEPFAR/ USAID				
CSOs(CRS, KHANA, RHAC, FI, Chhourk sar, Hope Center)				
KP/ PLHIV (HACC)				

Mid-term Priority Actions 2021-2023

GDJ TWG meeting 9 Apr 2021

From Mid-term Priorities Action to coordination with key stakeholders

Mid-term Priority Actions 2021-2023

NSDP 2019-23, RS4, NSPV, SCN213,PIP 3YRP, Optima, Sustainability Roadmap, GF2021-23 Submission, NCHADS HSSP, HSP3/4, NCHADS SOPs, JMIs, AEM update, COP20 and 21, GFATM Prog. Data, Relevant Sub-decrees, GAM/UNAIDS …

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PCS	SRP, PNP	
PMER	BBG, PNP	
AF	All	All

naa

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OSG + Vice Chairs

OSG

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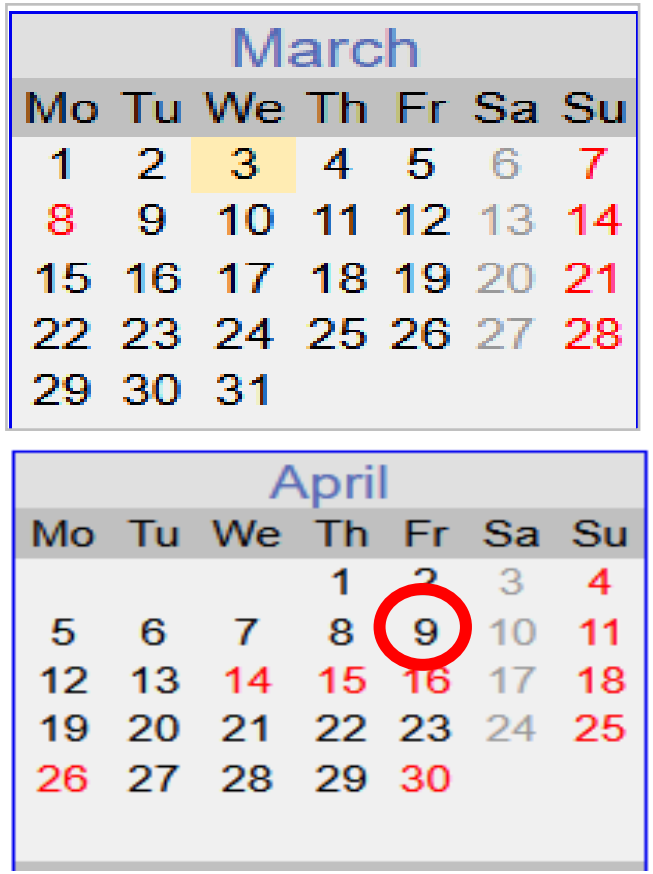
PEPFAR/ USAID				
CSOs(CRS, KHANA, RHAC, FI, Chhourk sar, Hope Center)				
KP/ PLHIV (HACC)				

GDJ TWG meeting 9 Apr 2021

NEXT STEPS

- OSG to develop a process and put it in time table :
  1. Collection of reference documents
  2. Internal discussions (within department, among departments, with OSG Team)
  3. Discussion with concerned stakeholders
- …Eventually mentioning the coaching /assistance for specific areas (hard skills/ soft skills) from Vices Chair in Charge of Technical Issues (Dr. Phalla/ Dr. Vath)
- …mentioning consultation with Vices Chair



March

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April

Mo	Tu	We	Th	Fr	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		