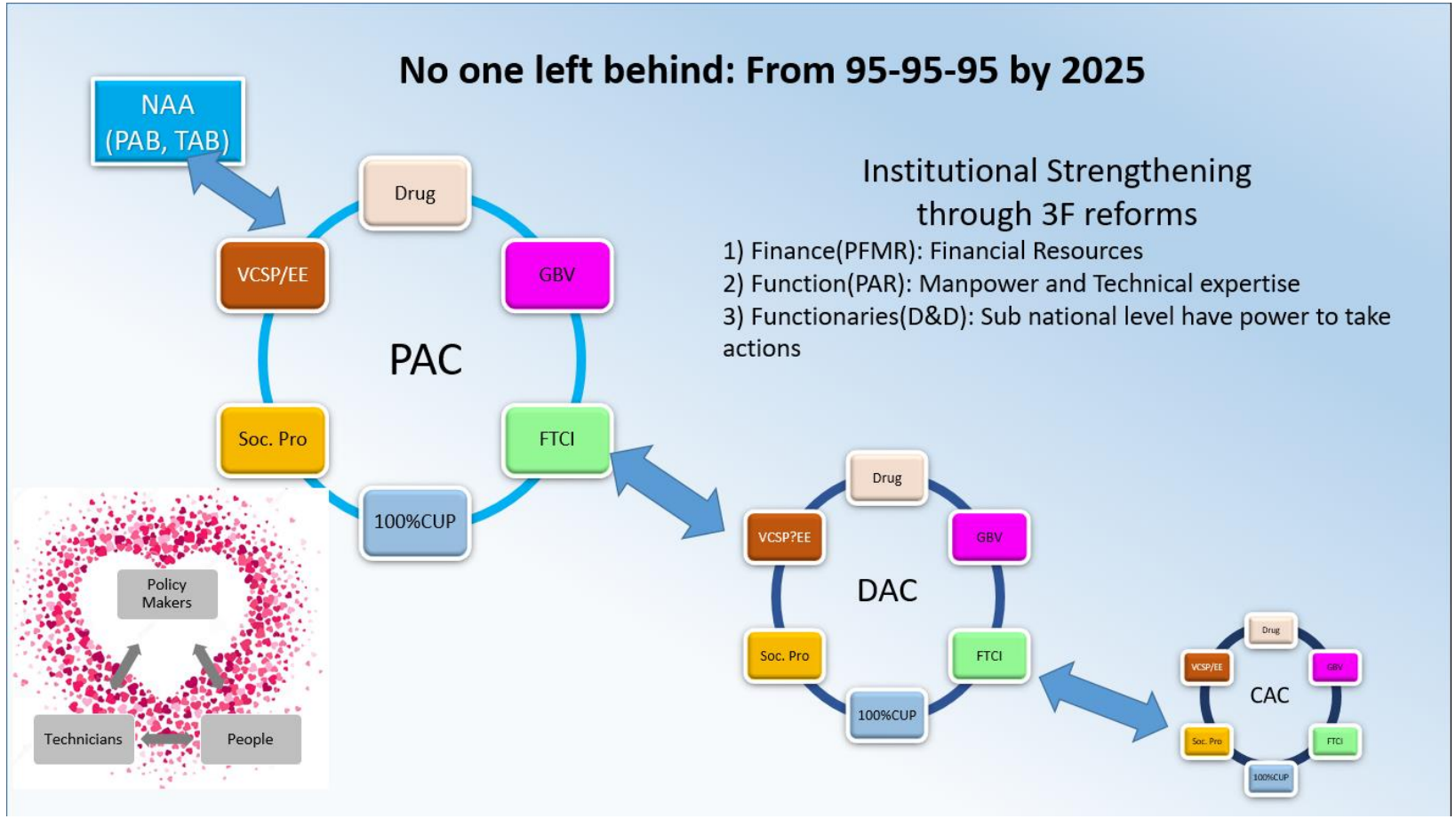
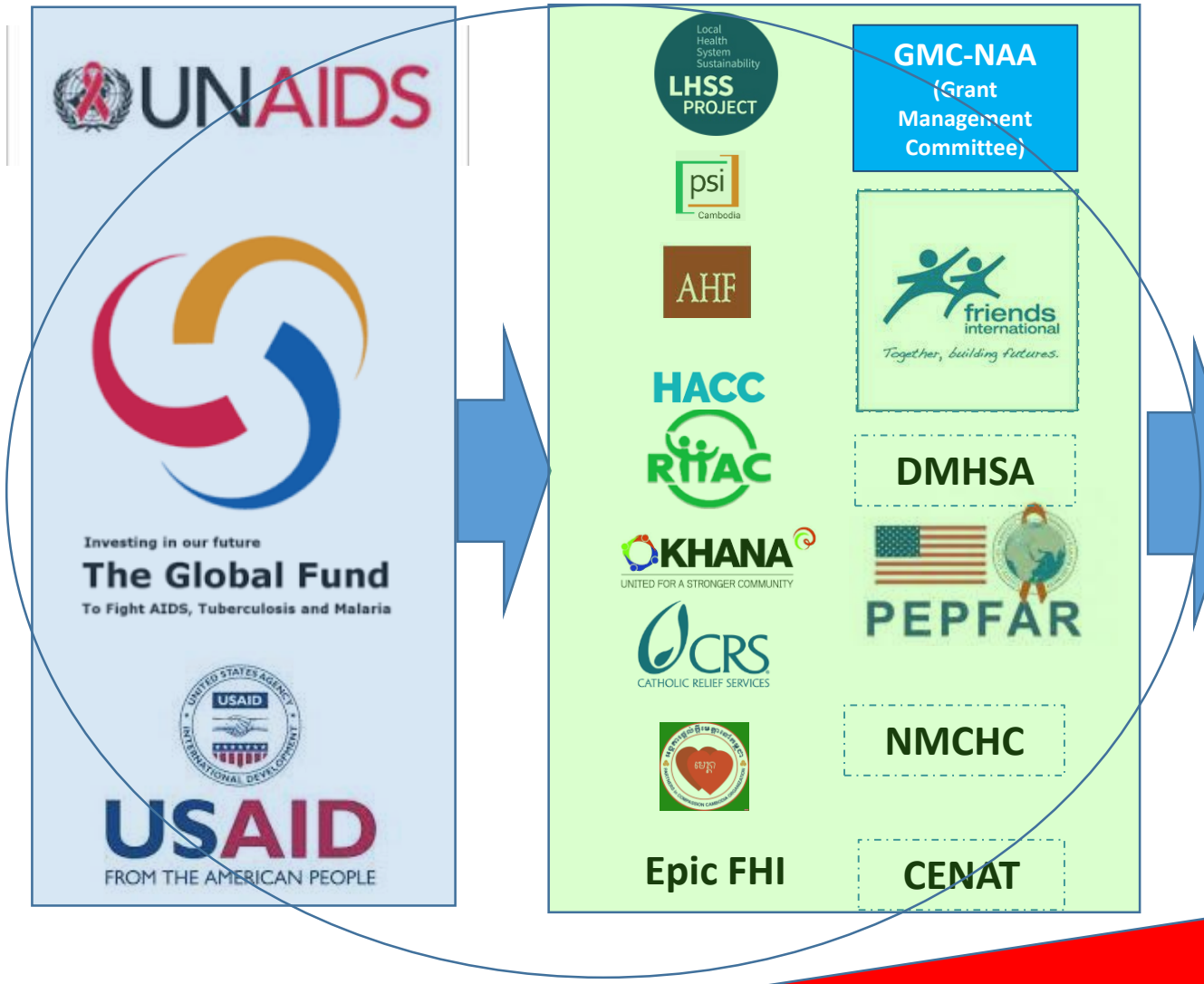
Support for National and Sub-national response to HIV and AIDS in Cambodia

01 Nov 2021

How to strengthen Sub-national level to own the response to HIV and AIDS?





2023

2025

S2: an initial assessment and suggested framework for integration of HIV into the health system

S3: 100% of PLHIV will be covered by a social protection mechanism and will have increased access to health, social, and legal support services

S4
- 50% of the HIV response will be domestically financed
- CSO will be co-financed by public funding

S1
- New infections will <250 /y
- 95-95-95 targets achieved

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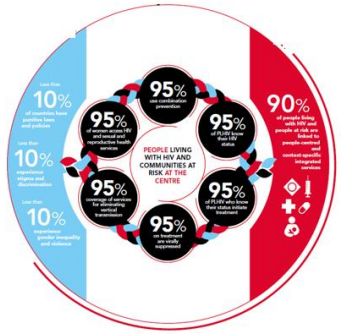

Global AIDS Strategy

NSP V

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ការដឹកនាំ Leadership

NAA(PAB, TB)..
...MOH/MOEF/MOP/MOI..
PAC, PAS/PHD
DAC, CAC

- To lead
- To coordinate
- To advocate
- To mobilize resources
- To monitor

ភាពជាដៃគូ Partnership

GDJ TWG AIDS
CCC-LIT/MOH-SI-SSI (GFATM)
Technical WGs , GOC

ការវិនិយោគ Investment

GFATM (13.9M/Y2021)
PEPFAR/ USAID(7M/Y2021)
Domestic Funding(8.3M/Y2021),
Others

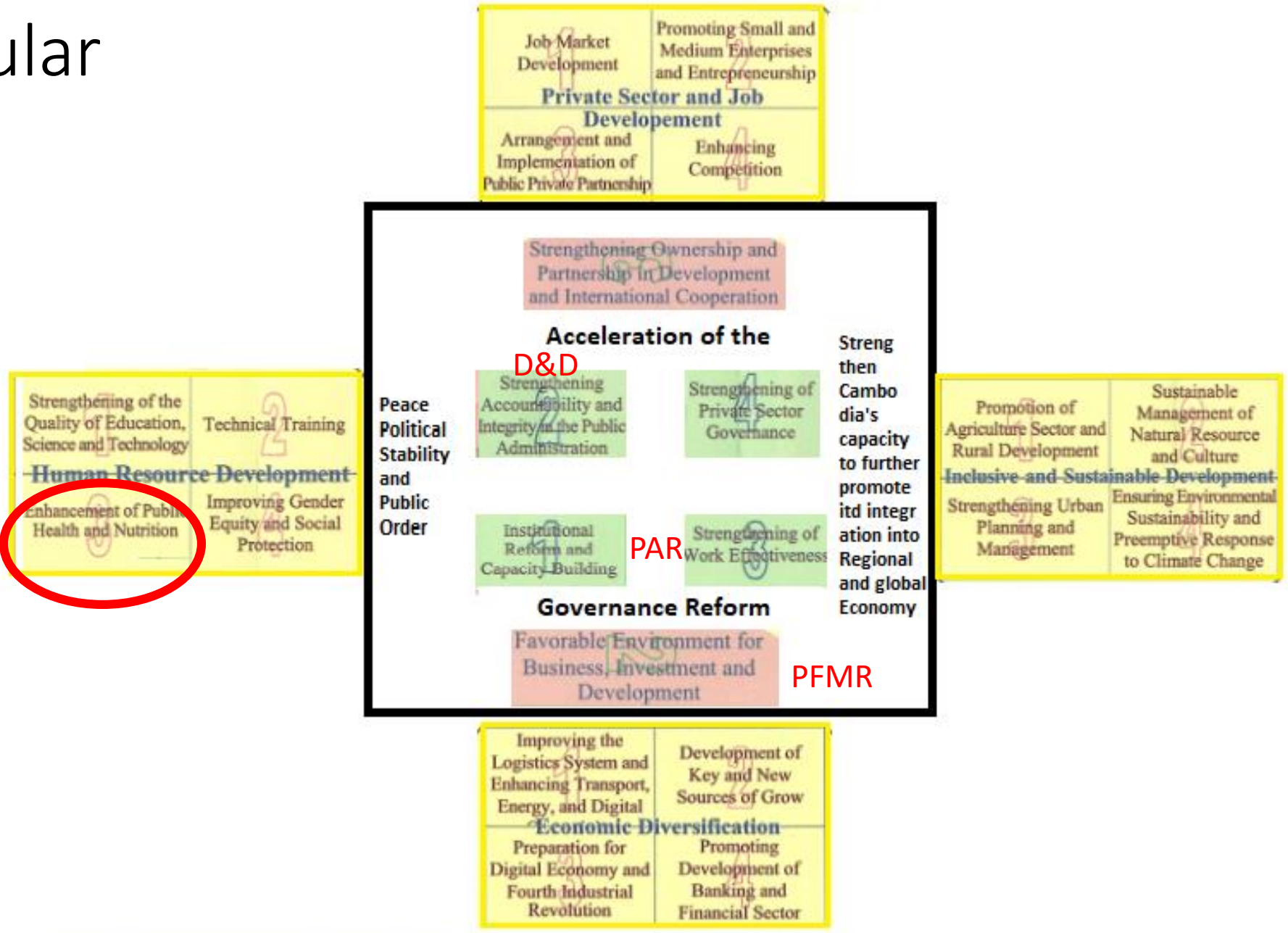
NAA

Soft skills
Technical skills

ORGANIZATION

2022 2023 2024 **2025** 2026 2027 2028 2029 2030

Rectangular Strategy Phase IV



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

25 PHD & Hospitals Provincial AIDS & STI Program (PA P

oordination with CENAT

Gov't facilities

NGO facilities

VCCT & ART sites Referral Hospitals Health Centers

Central Medical Stores (CMS)

Hospital Pharmacy/ Stores

NCHADS Technical Units

PASP Data Management Units

PAC DAC CAC

NGOs

FonPAM DFonPAM

Community Action NGO Partners / CSO

Stakeholders implementing of NSP V

Full members of NAA meeting (Semester PAB)

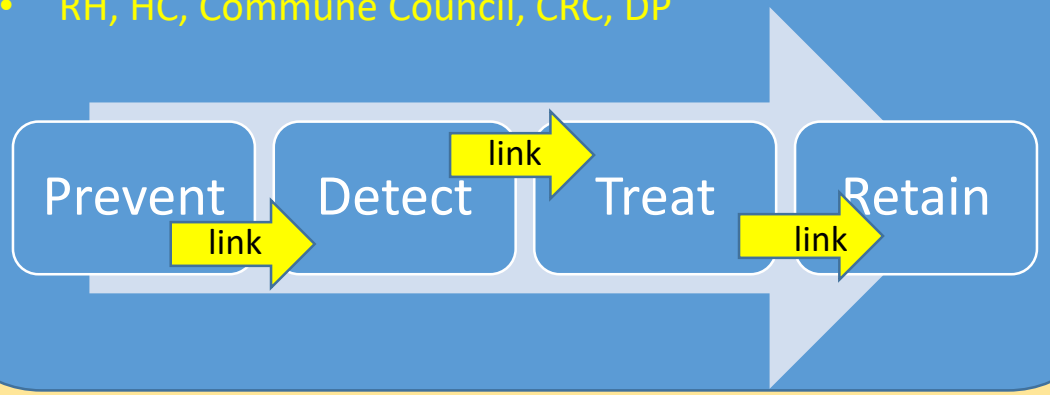
Monthly TAB meeting

Strategy 3: Social Protection and Enabling Environment

- NAA, MOH, MOEYS MOSVY, MOWA, MOI, MOEF, MOLVT, MOInf,
- NCHADS, NMCHC, NCHP, NACD, DMHSA, MOSVY CRC, etc.
- Municipalities , Com. Council , RH/HC
- Rehab.& detention centers
- CSOs, Private Sectors, DPs

Strategy 1: Comprehensive Prevention, Treatment, Care and Support

- NAA, NCHADS, MOH, MOEF, Coordinating Bodies
- NGOs/CBOs, Private Sectors
- RH, HC, Commune Council, CRC, DP



Strategy 2: Integration, Incorporation of HIV and Synergy

- NAA,MOP, SNEC, MOH, MOJ,
- Dev. Partners,
- NGOs/CBOs, Commune Councils, CRC

Strategy 4: Domestic Financing

NAA, NCHADS, MOEF, MOH, CSOs, DPs

Full members of NAA meeting (Semester PAB)

Monthly TAB meeting

NAA

Strategy 3: Social Protection and Enabling Environment
- NAA, MOH, MOEYS MOSVY, MOWA, MOI, MOEF, MOLVT, MOInf,
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Strategy 1: Comprehensive Preventic Treatment, Care and Support
- NAA, NCHADS, MOH, MOEF, Coordinating Bo
- NGOs/CBOs, Private Sectors
- RH, HC, Commune Council, CRC, DP

Prevent → Detect → Treat → Retain (link)

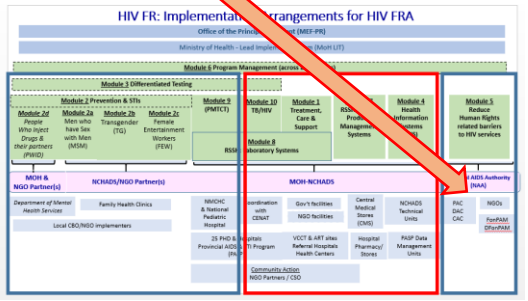
- Dev. Partners,
- NGOs/CBOs,

Strategy 4: Domestic Financing
NAA, NCHADS, MOEF, MOH, CSOs, DPs

Program

Soft skills
Technical skills

naa



PAB

TAB

Technical Workin Groups (TWG)

Sub-TWG Boosted Continuum of Care Boosted Linked Response B-COC / B-LR	Sub-TWG COPCT	Sub-TWG Strategic Information	Sub-TWG Logistics & Supply Management	Sub-TWG Health Sector Public and Private Partnerships
Pediatric AIDS Care	Sexually Transmitted Infection / Reproductive Tract Infection	HIV/STI Surveillance		
Pre-ART/ART	HIV Testing and Counseling	HIV / STI Research		
ART monitoring (core mentor)	Boosted COPCT for EW	Monitoring & Evaluation		
Community Based Prevention, Care, Support	Boosted COPCT for TG	Rapid Response		
Boosted Linked Response	Boosted COPCT for MSM	HIV Information Technology		
QA (EWI / CQI) for COC	Condom Sustainability			
HIV / STI Laboratory				

PROGRAM

NCHADS

Social Protection and Legal WG

Integrati on WG

Resource Mobilization WG

GDJ TWG

COUNTRY SYSTEM

COUNTRY SYSTEM

One Coordinating body

NAA

PAB

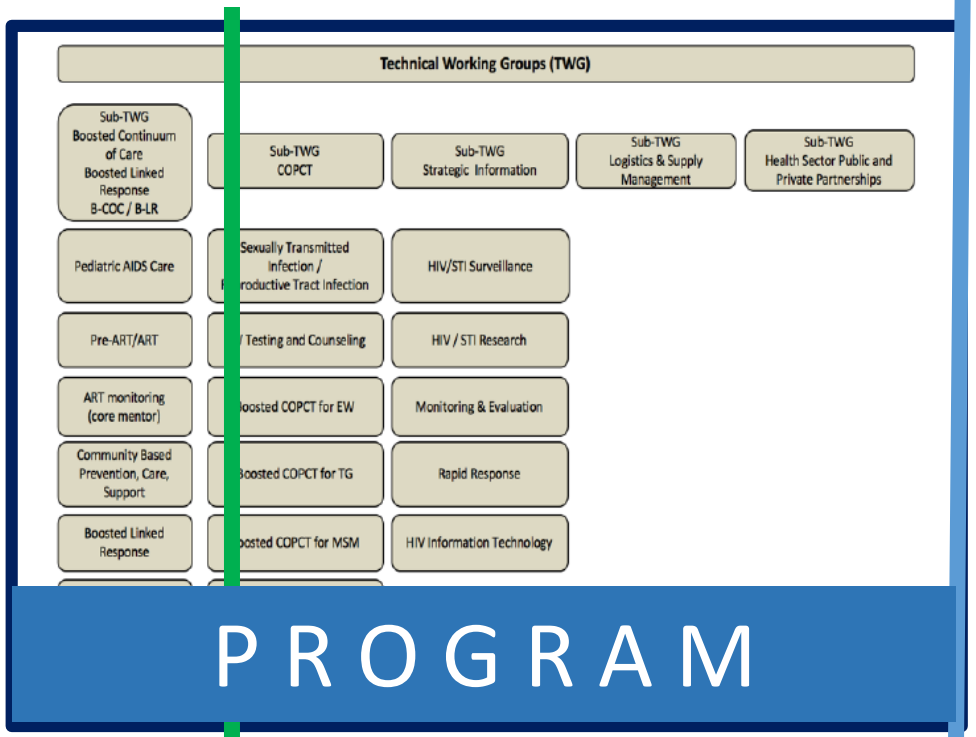
TAB

S1: Prevention, Care and Support NCHADS

One Action Framework (NSPV)

S3:Social Protection and Legal WG

S2: Integration WG



One M&E System

S4: Resource Mobilization WG

GDJ TWG

Y= COUNTRY SYSTEM

1-Data

2-Coordination

3-Sustainability

M&E System (Health and Non Health)

PrEP

eMTCT

X= PROGRAM

Data

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**

Purpose: Ending AIDS as Public Health threat by 2025

Transition and Sustainability (SCN 213)

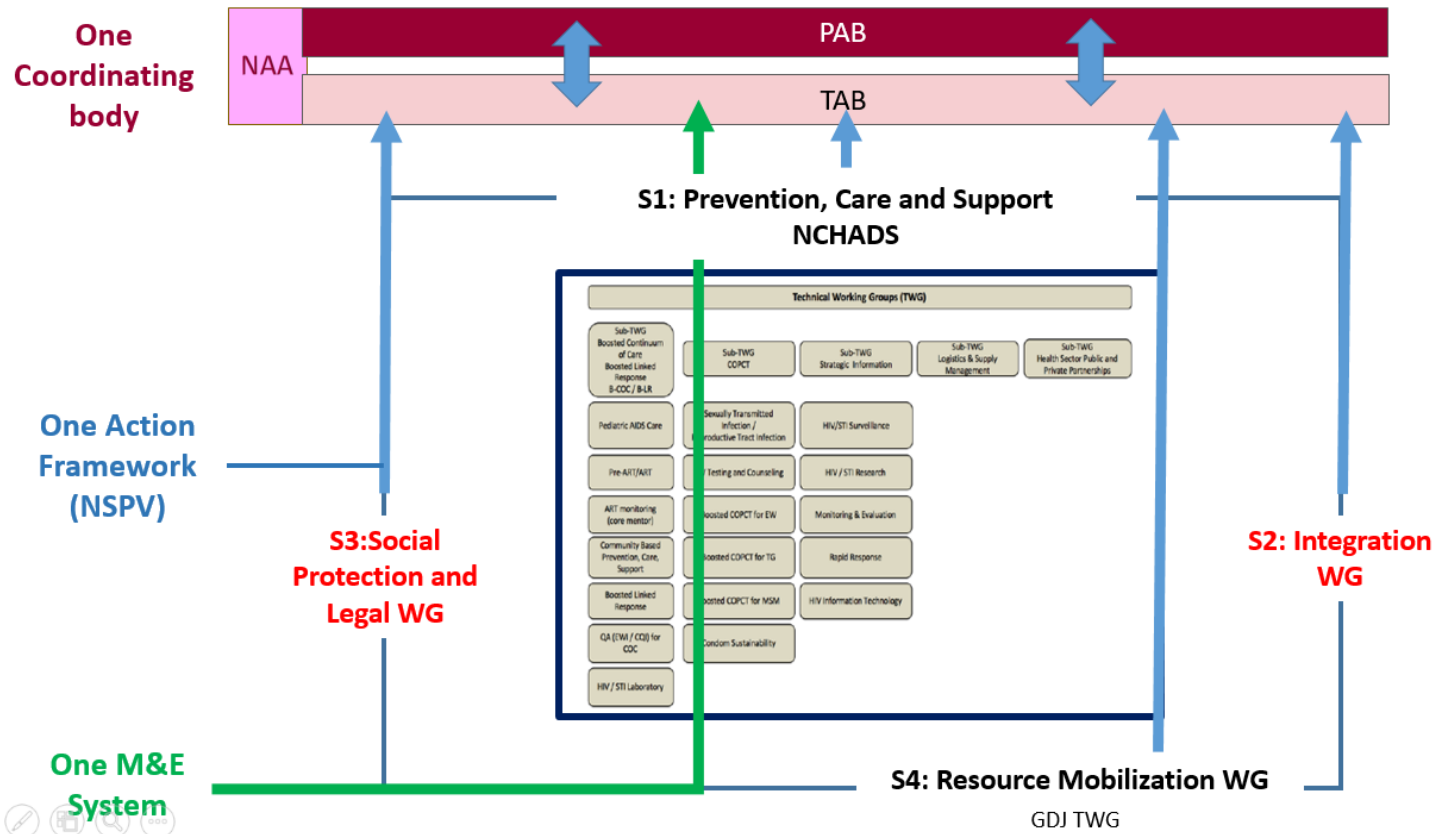
Principles

- National ownership
- Alignment with the SDGs and gov. policies
- Sustainable financing
- Equity
- Efficient use of resources
- Evidence-based interventions

Participation

- Dynamic of stakeholders participation
- Multi-sectoral collaboration
- People-centered approaches
- Gender equality
- Civil society participation

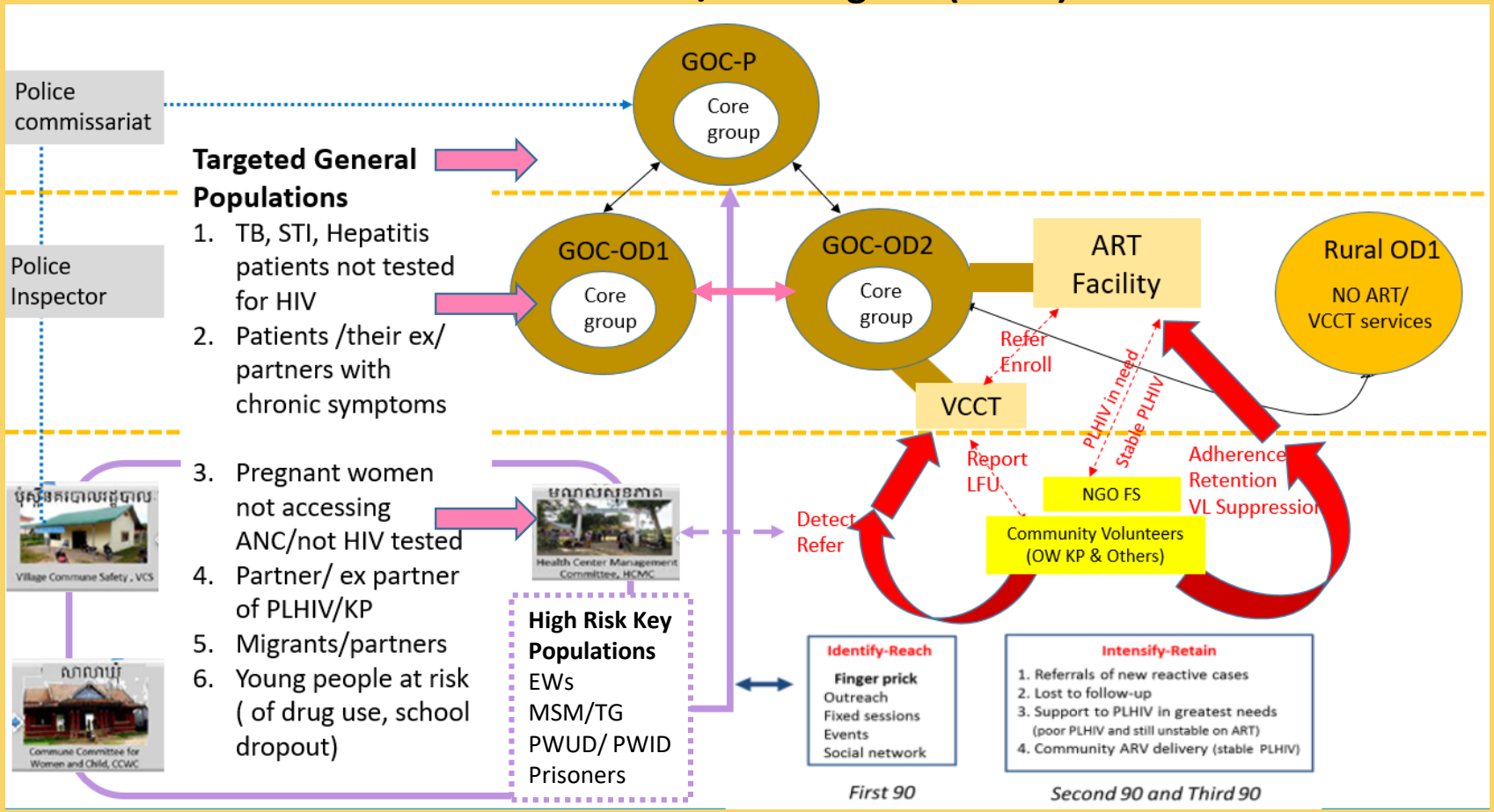
Organization



Provincial AIDS Committee (PAC)

Provincial AIDS Secretariat (PAS) and Provincial Health Department (PHD)

Provincial AIDS / STI Program (PASP)



How to coordinate with stakeholders to support Community System Strengthening?

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

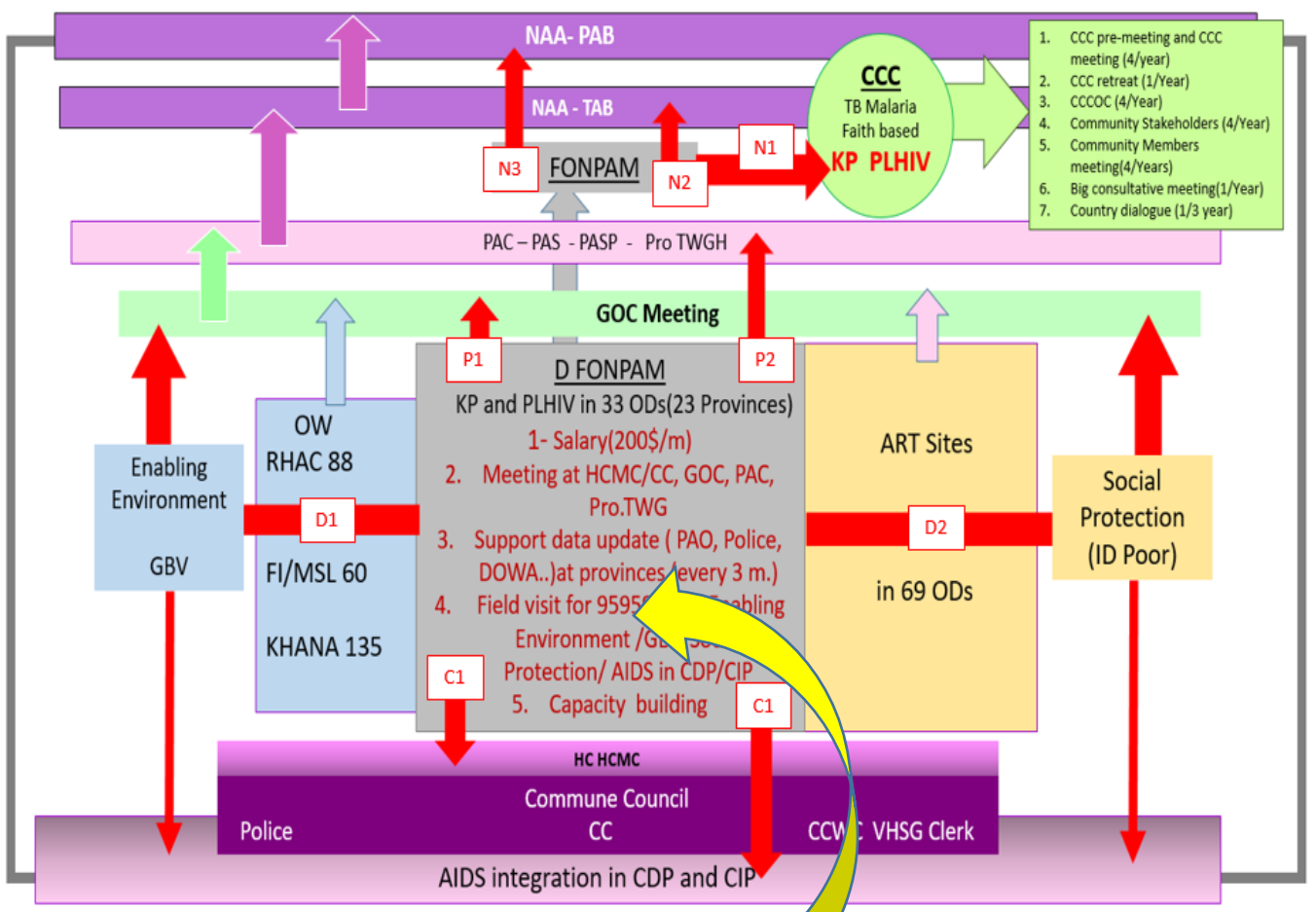
D1) DFONPAM representatives work with NGOs / OW on EE and GBV

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



Social contracting to compliment public services (Sustainability Risk number 9)

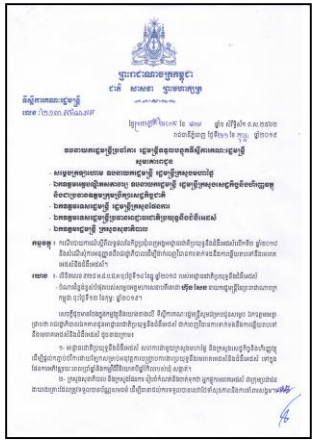
3-Sustainability

	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

How to coordinate with stakeholders to implement SCN 213 ?

Prime Minister Hun Sen signs circular on domestic financing for HIV/AIDS services on February 19, 2019

1. **Domestic resources** for HIV/AIDS and **integration** of HIV/AIDS into the commune plans
2. **All PLHIV are vulnerable** and will be **eligible** for ID poor and **HEF** card
3. Allow **health centers and referral hospitals** to have their **own funds** for responding to HIV/AIDS
4. **CSOs** are recognized as important to the HIV/AIDS response and continue their participation through **funding from the government**
5. **The Supreme National Economic Council should study the fiscal space to ensure the implementation of the commitments of the Royal Government to eliminate HIV and AIDS by 2025**
6. **MoH** shall continue to strengthen human resources, procurement system, supply chain management, and health information system that allow a **mainstreaming of** HIV/AIDS response to be more **effective** and **sustainable**



Y= COUNTRY SYSTEM

1-Data

2-Coordination

3-Sustainability

Some Examples

PrEP

eMTCT

X= PROGRAM

កិច្ចប្រជុំពិគ្រោះយោបល់
ជាមួយ ឯកឧត្តម កៅ ខុនដារ៉ា ប្រធានគណៈកម្មាធិការអេដស៍ក្រសួងមហាផ្ទៃ
ស្តីអំពី "ការរួម ចំណែករបស់ក្រសួងមហាផ្ទៃ(ការឆ្លើយតបនឹងមេរោគអេដស៍និងជំងឺអេដស៍"

សំណូមពរ

កិច្ចប្រជុំពិគ្រោះយោបល់
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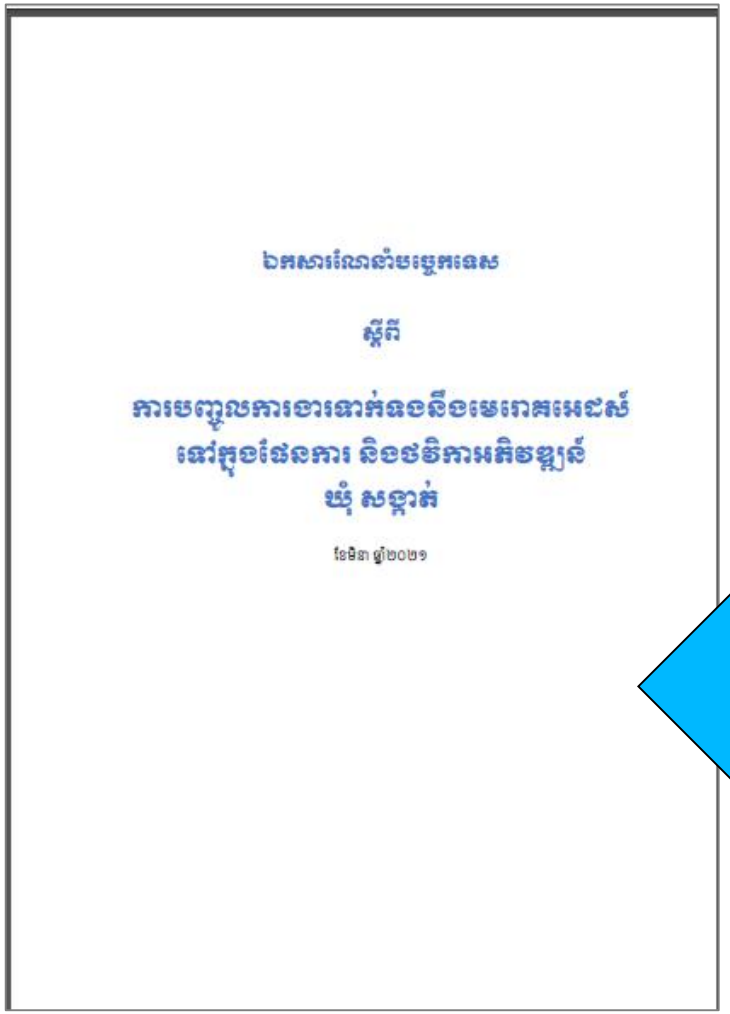
I- ភាពជាអ្នកដឹកនាំ៖ ប្រព័ន្ធពង្រឹងនៅថ្នាក់ជាតិ និងថ្នាក់ក្រោមជាតិ (គណៈកម្មាធិការអេដស៍ខេត្ត/ស្រុក/ឃុំ) ពិនិត្យឡើងវិញនូវយន្តការថ្នាក់ក្រោមជាតិ ដើម្បីរួមបញ្ចូលតំណាងប្រជាជនគន្លឹះសំខាន់ៗ និងអ្នកផ្តុំកមេរោគអេដស៍។

II-ភាពជាដៃគូ៖ កិច្ចប្រជុំទៀងទាត់/របាយការណ៍របស់ថ្នាក់ជាតិ និងថ្នាក់ក្រោមជាតិ (គណៈកម្មាធិការខេត្ត/ស្រុក/ឃុំ) ជំងឺអេដស៍ ដោយមានការចូលរួមពីប្រជាពលរដ្ឋគន្លឹះសំខាន់ៗ និងអ្នកផ្តុំកមេរោគអេដស៍ ។

III- ការវិនិយោគ៖ ការផ្តល់មូលនិធិក្នុងស្រុកសម្រាប់ថ្នាក់ក្រោមជាតិ (គណៈកម្មាធិការអេដស៍ខេត្ត/ស្រុក/ឃុំ) ។

ជំហានបន្ទាប់



សេចក្តីសម្រេចរបស់ក្រសួងមហាផ្ទៃដាក់អោយប្រើប្រាស់ឯកសារណែនាំបច្ចេកទេសស្តីអំពីការបញ្ចូលកម្មវិធីអេដស៍នៅក្នុងផែនការនិងការអភិវឌ្ឍន៍ឃុំសង្កាត់

ផ្តោតការគាំទ្រជាបឋមដល់ខេត្តទាំង៣និងរាជធានីភ្នំពេញដែលអនុវត្តម្ហូវិធីទីក្រុងពន្លឿនការឆ្លើយតបមេរោគអេដស៏

I- ភាពជាអ្នកដឹកនាំ៖ ប្រព័ន្ធពង្រឹងនៅថ្នាក់ជាតិ និងថ្នាក់ក្រោមជាតិ (គណៈកម្មាធិការអេដស៏ខេត្ត/ស្រុក/ឃុំ) ពិនិត្យឡើងវិញនូវយន្តការថ្នាក់ក្រោមជាតិ ដើម្បីរួមបញ្ចូលតំណាងប្រជាជនគន្លឹះសំខាន់ៗ និងអ្នកផ្តល់មេរោគអេដស៏។

II-ភាពជាដៃគូ៖ កិច្ចប្រជុំទៀងទាត់/របាយការណ៍របស់ថ្នាក់ជាតិ និងថ្នាក់ក្រោមជាតិ (គណៈកម្មាធិការខេត្ត/ស្រុក/ឃុំ) ជំងឺអេដស៏ ដោយមានការចូលរួមពីប្រជាពលរដ្ឋគន្លឹះសំខាន់ៗ និងអ្នកផ្តល់មេរោគអេដស៏ ។

III- ការវិនិយោគ៖ ការផ្តល់មូលនិធិក្នុងស្រុកសម្រាប់ថ្នាក់ក្រោមជាតិ (គណៈកម្មាធិការអេដស៏ខេត្ត/ស្រុក/ឃុំ) ។

ករណីផ្សព្វផ្សាយអំពីជោគជ័យនិងបទពិសោធន៍របស់ប្រទេសកម្ពុជាចំពោះការឆ្លើយតបនឹងមេរោគអេដស៍និងជំងឺអេដស៍ទៅក្នុងគេហទំព័ររបស់អង្គការ UNAIDS

People Centered Approach

Community Led Services
Community Led Monitoring
Patient Satisfaction Feedback

(បានប្រមូលព័ត៌មានពីកាកបាទក្រហមកម្ពុជានិងរៀបរៀងជាអត្ថបទទាក់ទងនឹងការចូលរួមរបស់កាកបាទក្រហមកម្ពុជាក្នុងការលុបបំបាត់ការចម្លងមេរោគអេដស៍ពីម្តាយទៅកូននិងផ្ញើជូនអង្គការយូអិនអេដស៍)

a. ការកែលម្អប្រព័ន្ធតាមដានអ្នកជំងឺជាប្រចាំ និងប្រព័ន្ធព័ត៌មានតាមដាន សុខភាពបានធ្វើឱ្យលទ្ធផលសុខភាពប្រសើរឡើងសម្រាប់អ្នកផ្ទុកមេរោគអេដស៍ និង ការគ្រប់គ្រងការឆ្លើយតបនឹងជំងឺអេដស៍ថ្នាក់ជាតិ ឬថ្នាក់ក្រោមជាតិ។
b. របៀបដែលការកែលម្អក្នុងការប្រមូល ការវិភាគ និងការប្រើប្រាស់ទិន្នន័យ រួមទាំងការ ប៉ាន់ស្មានទំហំប្រជាជននិងការស្រាវជ្រាវអង្កេតឥរិយាបទនិងធ្វើតេស្តឈាម បានជំរុញឱ្យកម្មវិធីបង្ការ មេរោគអេដស៍មានប្រសិទ្ធភាពសម្រាប់ប្រជាជនគន្លឹះ(Key Populations)សំខាន់ៗ។
c. របៀបដែលទិន្នន័យត្រូវបានប្រើប្រាស់ដើម្បីដោះស្រាយគម្លាតនៅក្នុងសេវាមាតា ទារក និងកុមារ បង្កើនប្រសិទ្ធភាពកិច្ចខិតខំប្រឹងប្រែងដើម្បីលុបបំបាត់ការចម្លងមេរោគអេដស៍ពីម្តាយទៅកូននិងផ្តល់ការព្យាបាលដល់កុមារដែលផ្ទុកមេរោគអេដស៍។

ការពិភាក្សាជាមួយក្រុមប្រឹក្សាឃុំរកាស្រុកសង្កែខេត្តបាត់ដំបង
ប្រធាននិងមន្ត្រីបច្ចេកទេសនៃមន្ទីរពេទ្យបង្អែកឃុំរកា

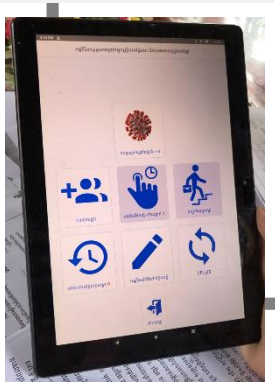
ជួបពិភាក្សាជាមួយក្រុមប្រឹក្សាមណ្ឌលសុខភាពរុនតាឯកស្រុកប្រាសាទ
បន្ទាយស្រីខេត្តក្រុងសៀមរាបអំពីការចូលរួមរបស់មណ្ឌលសុខភាព

គកនកនិងការងារសង្គម

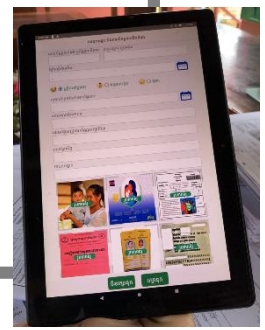
ប្រើប្រាស់ប្រព័ន្ធឌីជីថលចាត់ចែងការងារនិងរាយការណ៍សកម្មភាព

ការងារអប់រំកុមារតូច

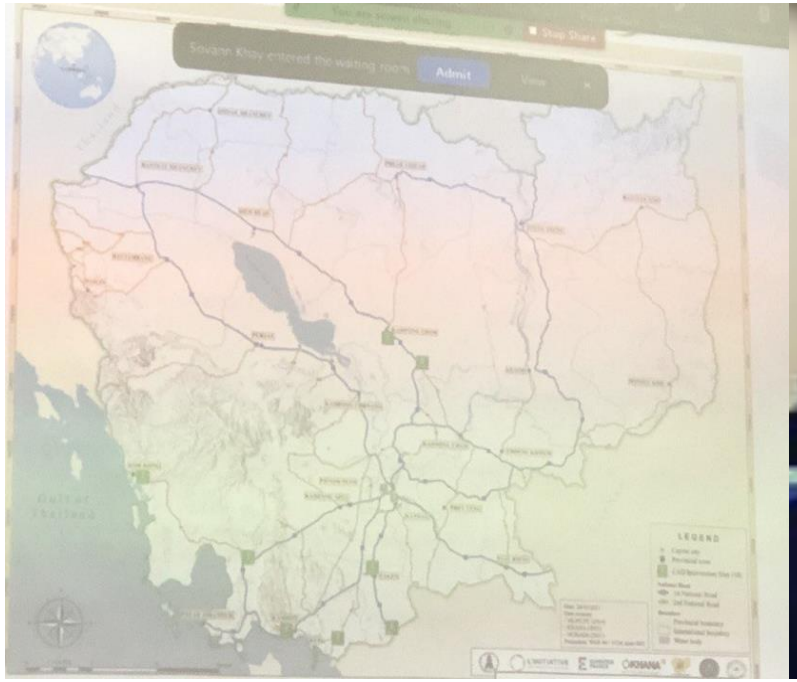
ការងារអាហាររូបត្តម្ភកុមារ



ការងារសុខភាពមាតា

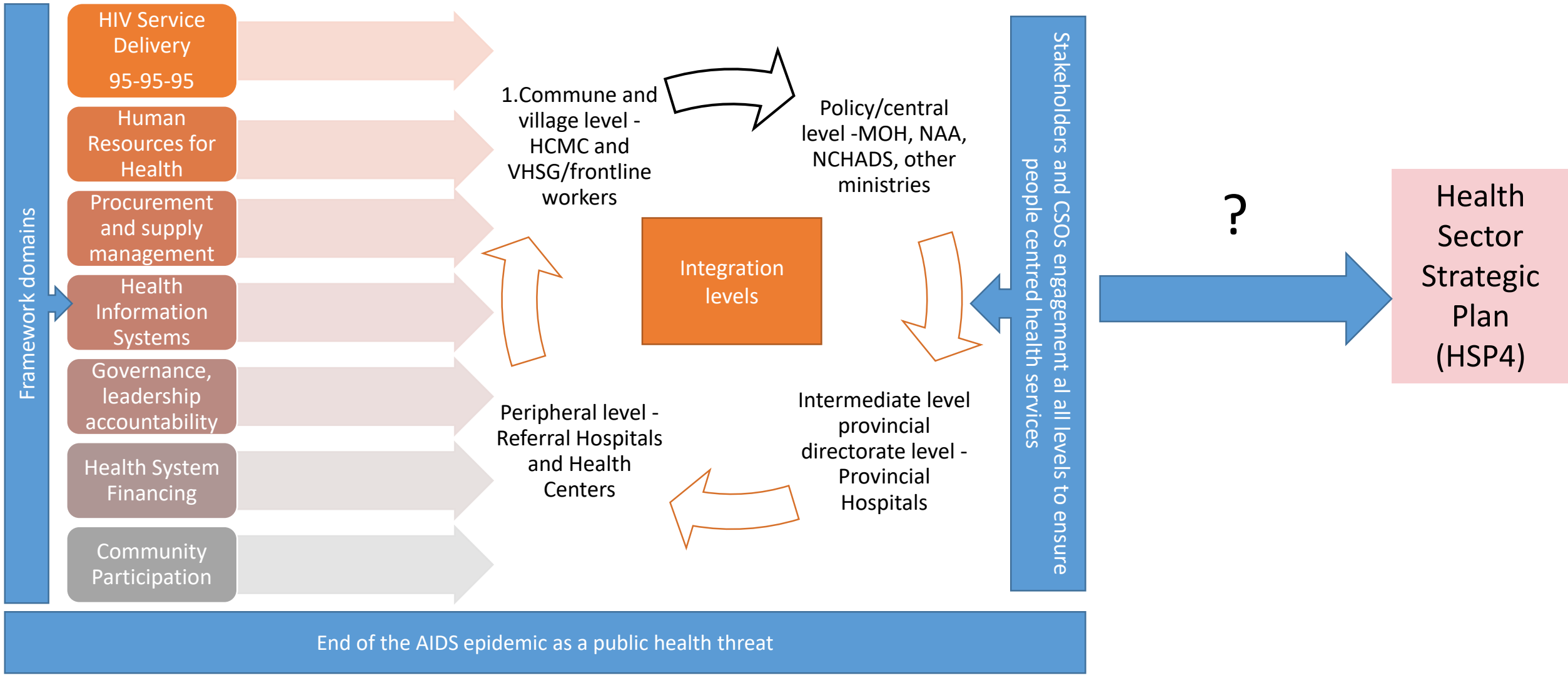


គម្រោងគម្រូនៃ**ការផ្តល់ការព្យាបាលដោយឧសថប្រឆាំងមេរោគអេដស៍នៅសហគមន៍** (Community ART Delivery, CAD) **ក្នុងប្រទេសកម្ពុជា**



(NCHADS, KHANA, PC, AUA, CPN+ រួមជាមួយzoom (French Embassy (French Initiative), UNAIDS, USAID, FHI EPic , CRS, …others , ៩0នាក់)(ថ្ងៃទី២៨តុលា២0២១)។

Recommendations on Integration of HIV and AIDS response into health system



ទៅថ្ងៃអនាគត

- **តួនាទីរបស់អាជ្ញាធរ៖** ដឹកនាំ ស្វែងរកការគាំទ្រ សម្របសម្រួលចលនាធនធាននិងតាមដានការឆ្លើយតបមេរោគអេដស៍និងអេដស៍នៅកម្ពុជា។
- **តំបន់ផ្តោតសំខាន់លើការអនុវត្តNSPV៖** អន្តរកម្ម /សមាហរណកម្មចលនាធនធានក្នុងស្រុកនិងភាពជាម្ចាស់ប្រទេស។
- **សជណា២១៣:**
  - NAA, MOH និង NCHADS:សិក្សានិងធានាសមាហរណកម្ម ការឆ្លើយតបមេរោគអេដស៍និងអេដស៍ ទៅក្នុងប្រព័ន្ធសុខាភិបាល។
  - NAA , MOH, MOEF, National Social Protection Council, MOI (Police and Local Administration), MOP: សិក្សានិងធានាសមាហរណកម្ម ការឆ្លើយតបមេរោគអេដស៍និងអេដស៍ ទៅក្នុងប្រព័ន្ធមិនមែនសុខាភិបាល។
- ក្រសួងពាក់ព័ន្ធគួរតែកែសម្រួលផែនការរបស់ពួកគេ (ឧទាហរណ៍ ផែនការវិនិយោគ ៣ ឆ្នាំរំកិលផែនការថវិកាប្រចាំឆ្នាំ។ ល។) ដើម្បីធានាបាននូវការចូលរួមចំណែកប្រកបដោយប្រសិទ្ធភាពដល់ការឆ្លើយតបនឹងមេរោគអេដស៍និងអេដស៍។
- ដៃគូអភិវឌ្ឍន៍អង្គការសង្គមស៊ីវិលនិងវិស័យឯកជនក៏អាចចូលរួមក្នុងវេទិកាសម្របសម្រួលផ្សេងៗគ្នាដែរ។
- ការប្រជុំប្រចាំខែរបស់ក្រុមការងារបច្ចេកទេស (TAB)គួរតែផ្តល់អាទិភាពដល់បញ្ហាសំខាន់ៗដែលជំរុញឱ្យអ្នកពាក់ព័ន្ធឆ្ពោះទៅរកលទ្ធផលនៃ NSP V តាមរយៈការសហការជាមួយក្រុមការងារបច្ចេកទេសសំខាន់ៗនៃក្រសួងសុខាភិបាល (TWG on Health) NCHADS (BIACM, SI ការគ្រប់គ្រងសម្ភារៈបរិក្ខាផ្សេងៗ។ ល។) ក្រុមការងារនៃក្រសួងនិងដៃគូពាក់ព័ន្ធនានា។

Actor	Population Reached	Strategies for HIV Prevention
MOH, including NCHADS; National Maternal and Child Health Center; Department of Mental Health and Substance Abuse; operational districts and referral hospitals; and health centers	All populations, KPs, PLHIV	Expand access to HIV testing and counseling, voluntary confidential counseling and testing, and early start to treatment in health facilities, hospitals, antenatal care services, prisons, and rehabilitation centers Enhance implementation of health provider-initiated testing and counseling
Ministry of Education, Youth, and Sports, and youth groups	Youth and students in and out of school	Comprehensive sexuality and health education in schools, strengthening of youth networks, inclusion of HIV into curriculums, HIV training, and improving teachers' skills on sexual orientation, gender identity, and expression Reaching out-of-school youth to ensure their exposure to behavior change communication messages and health services
Ministry of Labor and Vocational Training	All workers and workplaces, mobile populations, entertainment places	Raise awareness about HIV and sexual health and reproductive rights in workplaces and the informal sector, with some KPs (i.e., karaoke and entertainment places) and migrant workers (pre-departure training package)
Ministry of Interior, Department of Local Administration	Commune and province officials	Provide guidelines for HIV integration in commune councils and use of commune budgets to support HIV activities as part of social services implementation
Ministry of Interior, General Department of Prisons	Prisoners	Collaborate with MOH/NCHADS to expand HIV services to prisons Allow continued access to care and treatment for HIV-positive inmates and to detect new cases of HIV
Ministry of Tourism	Tourist establishments	Promote access to and availability of condoms and HIV prevention messages at entertainment establishments, hotels, and guesthouses Include HIV/AIDS in regulation and licensing of entertainment parlors; support NCHADS and partners' efforts on HIV testing and counseling
Ministry of Social Affairs, Veterans, and Youth Rehabilitation	Rehabilitation and detention centers	Work with the Phnom Penh Municipality responsible for rehabilitation and detention centers (i.e., Prey Speu, "My Chance Center," and Kraing Thnoung) to facilitate better access for NCHADS and NGOs[7] to deliver HIV testing services and more streamlined care and treatment for HIV-positive detainees in rehabilitation centers
Ministry of Women's Affairs	Women and girls	Develop a national gender strategy that includes HIV prevention and treatment and addresses violence against women
Ministry of Information	General public	Raise HIV awareness through public advertising and public service announcements via government information and media channels
Ministry of Defense	Armed services	Raise HIV awareness among the uniformed services
MEF	All population groups	Allocate a greater share of resources to the HIV response—including resources for prevention—and ensure delivery of budgets
Ministry of Post and Telecommunication	General public	Disseminate messages through telecommunications (e.g., phones) and innovative communication channels

ដៀងជ្រាកក្រោមជាតិ

លេខាធិការដ្ឋាននៃគណកម្មាធិការខេត្តប្រយុទ្ធនឹងជំងឺអេដស៍(PASP) ដើរតួនាទីយ៉ាងសំខាន់ក្នុងការឆ្លើយតបមេរោគអេដស៍នៅថ្នាក់ខេត្ត

- PASP គួរតែធ្វើវិមជ្ឈការទំនួលខុសត្រូវដល់ស្រុក និងឃុំដើម្បីដោះស្រាយដល់ប្រជាជនគោលដៅ ប្រជាជននឹងអ្នកផ្ទុកមេរោគអេដស៍ឱ្យមានប្រសិទ្ធិភាពហើយត្រូវប្រាកដថា" គ្មាននរណាម្នាក់ត្រូវបានបោះបង់ចោលទេ្បីយ" ដោយប្រើគំរូនៃកម្មវិធី BIACM PNTT និង CAA។
- មន្ត្រី PASP ដើរតួនាទីនាំមុខគេនៅក្នុងក្រុមស្នូល និង GOC ខេត្តដែលនឹងសម្របសម្រួលជាមួយ GOC / OD ផ្សេងទៀត ដែលមានមានឬគ្មានសេវាART ។
- ប៉ូលីសនិងអាជ្ញាធរមូលដ្ឋាននៃស្រុកសំខាន់ៗដែលមាន KPs គួរតែចូលរួមក្នុងកិច្ចប្រជុំ GOC ថ្នាក់ខេត្ត ។
- PASP / PHD ត្រូវការសម្របសម្រួលជាមួយនាយកដ្ឋានពាក់ព័ន្ធដើម្បីកសាងសមត្ថភាពរៀបចំផែនការថវិកានិងអនុវត្តការឆ្លើយតបមេរោគអេដស៍និងអេដស៍។
- PASP ត្រូវរាយការណ៍ជូនមន្ទីរសុខាភិបាលខេត្ត(PHD) និងអភិបាល/រងខេត្តដែលជាប្រធាន គណកម្មាធិការខេត្តប្រយុទ្ធនឹងជំងឺអេដស៍។

<u>ដៅថ្នាក់ប្រទេសជាតិ</u>

នៅថ្នាក់ស្រុក

- ក្រុមស្នូលនៃ GOC / OD ដែលមានសេវាART
  - ធ្វើការជាមួយឃុំរបស់ខ្លួនដើម្បីអនុវត្ត ការងារIdentify Reach Intensify Retain(IRIR) ។
  - ធ្វើការជាមួយ OD ជនបទដែលមិនមាន សេវាART / VCTក្នុងការសម្របសម្រួល ការងារIdentify Reach Intensify Retain(IRIR) ។
  - រាយការណ៍សកម្មភាពរបស់ពួកគេទៅ GOC ថ្នាក់ខេត្ត ។
- ស្រុកប្រតិបត្តិនៅជនបទដែលមិនមានសេវា ART / VCT ចាំបាច់ត្រូវសម្របសម្រួលជាមួយGOC / OD ដែលមានសេវា ART ដើម្បីអនុវត្ត ការងារIdentify Reach Intensify Retain(IRIR) ។
- កន្លែងផ្តល់សេវាART ត្រូវការសម្របសម្រួលជាមួយ ១) មណ្ឌលសុខភាពនិង ក្រុមប្រឹក្សាឃុំ២) អង្គការសង្គមស៊ីវិល ៣) អ្នកស្ម័គ្រចិត្ត (CAD ក្រុមការងារចែកចាយថ្នាំ ART តាមសហគមន៍) ដើម្បីរកមើលព្យាបាលអ្នកផ្ទុកមេរោគអេដស៍អោយបានជាប់លាប់។
- អាជ្ញាធរមូលដ្ឋានគួរតែកសាងសមត្ថភាពនិងសម្របសម្រួលឃុំសង្កាត់ដើម្បីរៀបចំផែនការថវិកានិងតាមដានការធ្វើសមាហរណកម្មការងារប្រយុទ្ធនិងអេដស៍នៅថ្នាក់ឃុំ។

៧ដៅថ្នាក់ក្រោមជាតិ

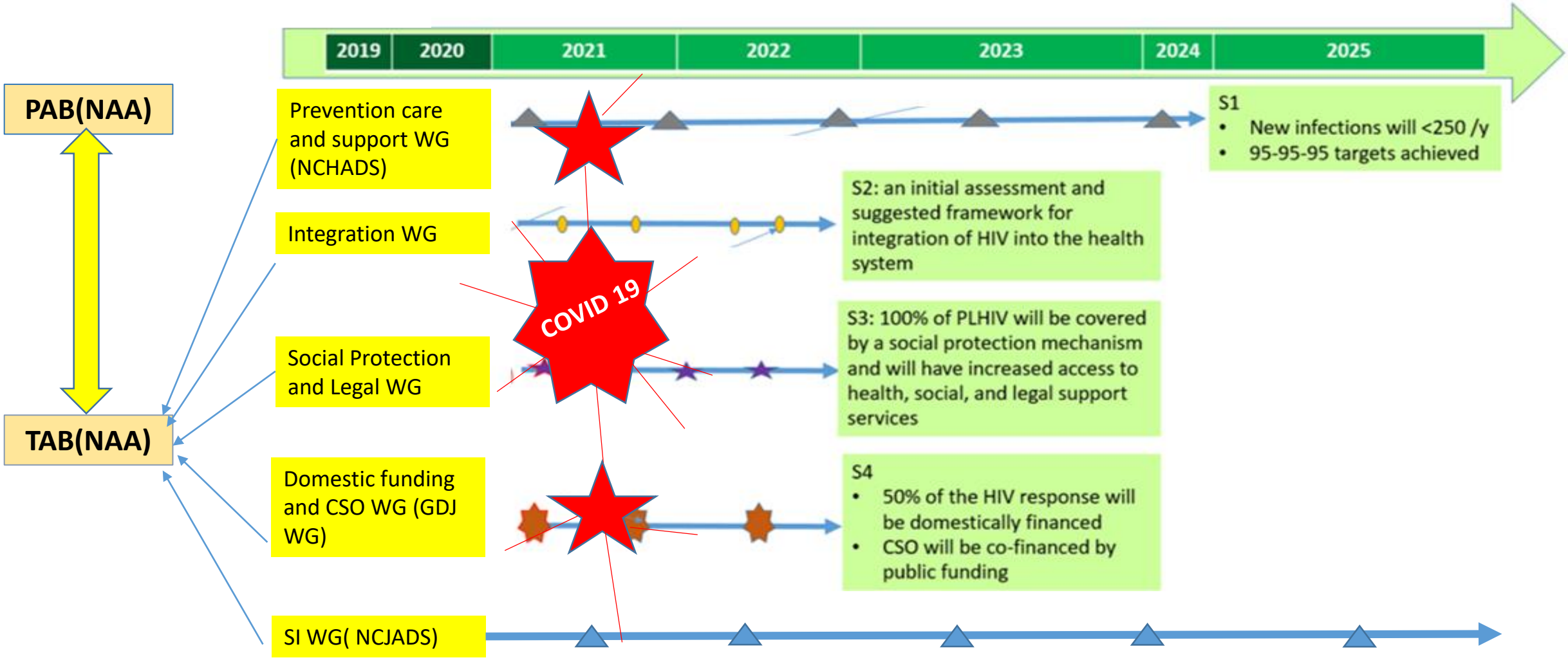
នៅថ្នាក់ឃុំសង្កាត់

- មណ្ឌលសុខភាពគួរតែបញ្ចូលការឆ្លើយតបមេរោគអេដស៍និងជំងឺអេដស៍នៅក្នុងCDP / CIP(សជណ ២១៣) ។
- មណ្ឌលសុខភាពត្រូវការដើរតួនាទីសម្របសម្រួលនិងធ្វើការជាមួយក្រុមប្រឹក្សាឃុំសង្កាត់ នគរបាលនិងអង្គការសង្គមស៊ីវិលដើម្បីដោះស្រាយសេចក្តីត្រូវការរបស់ប្រជាជនគន្លឹះនិងអ្នកផ្ទុកមេរោគអេដស៍និងបង្ការការឆ្លងថ្មីដែលមានចែងនៅក្នុងផែនការយុទ្ធសាស្ត្រជាតិNCHADSនិងផ្តល់សេវា បង្ការនិងថែទាំនិងព្យាលចម្រុះតាមតម្រូវការ(differentiated Services Delivery on prevention and care) ។
- ក្រុមប្រឹក្សាឃុំនិងមណ្ឌលសុខភាពគួរតែសហការជាមួយអង្គការសង្គមស៊ីវិលដើម្បីធ្វើឱ្យប្រជាជនគន្លឹះនិងអ្នកផ្ទុកមេរោគអេដស៍ទទួលបានការគាំពារសង្គមត្រឹមត្រូវ។

  សំគាល់:សកម្មភាពនិងលទ្ធផលលំអិតរបស់អជបជអនិងដៃគូនឹងត្រូវរៀបចំឡើងនៅក្នុងផែនការប្រតិបត្តិការ។

Milestones?

CSDGs, Health and Development planning processes and mechanisms



- Global AIDS Strategy,
- Global Fund's post-2022 Strategy,
- PEPFAR's Country Operational Plans and its new Strategy,
- Strategies of UNAIDS Cosponsors (including campaigns to unlock societal enablers, such as Generation Equality),
- UN Sustainable Development Cooperation Frameworks