Coordination for HIV and AIDS Response in 2021

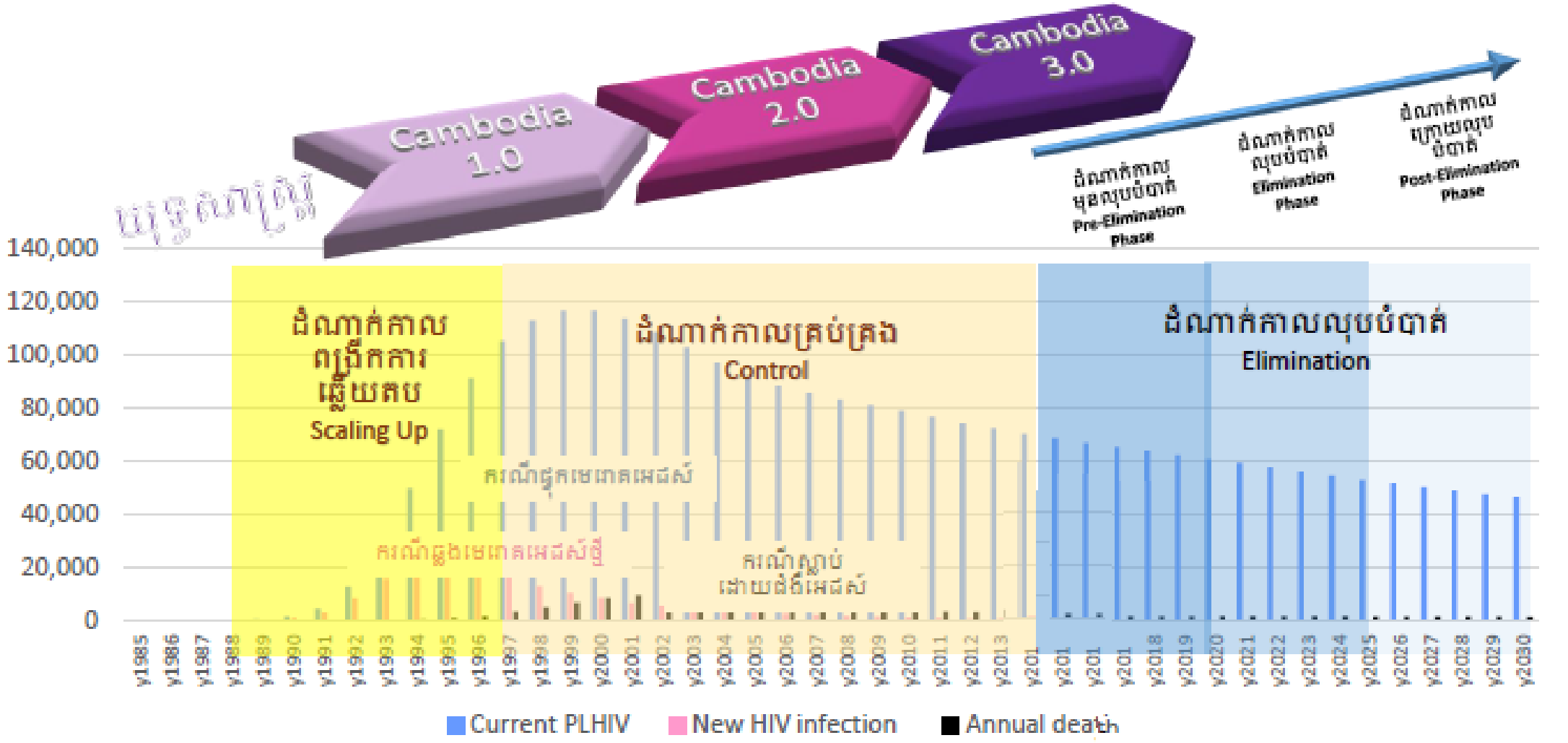
NAA Internal Meeting 30 Dec 2020

Presentation Outline

1. Knowing the epidemic
2. NSPV
3. Paradigm shift
4. Critical questions :
    1. Are we doing the right thing?
    2. Are we doing the things right?
5. SCN 213 and 3 F (Funding, Functions , Functionaries)
6. Planning for 2021

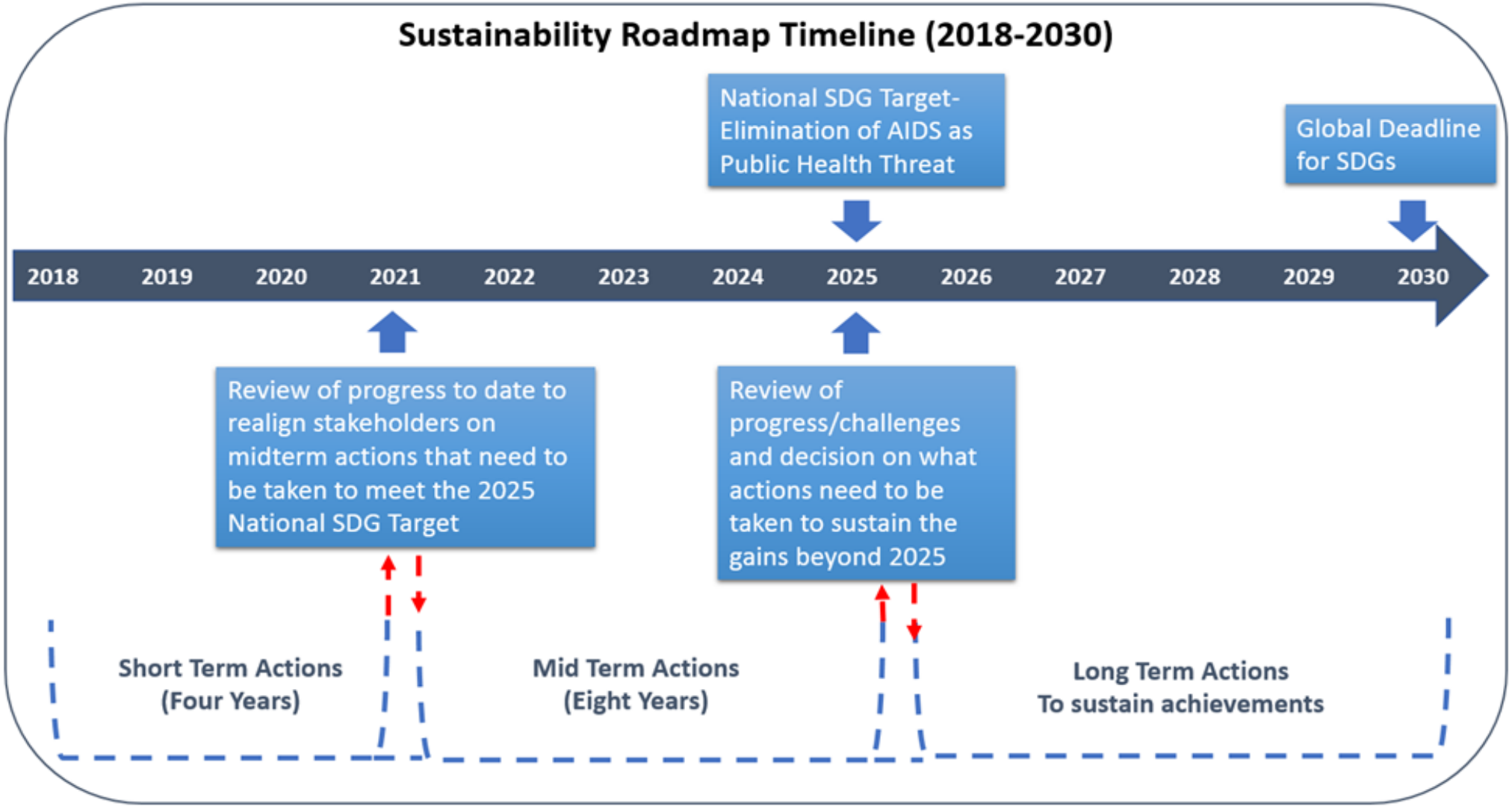
Leadership , Governance, and Accountability

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

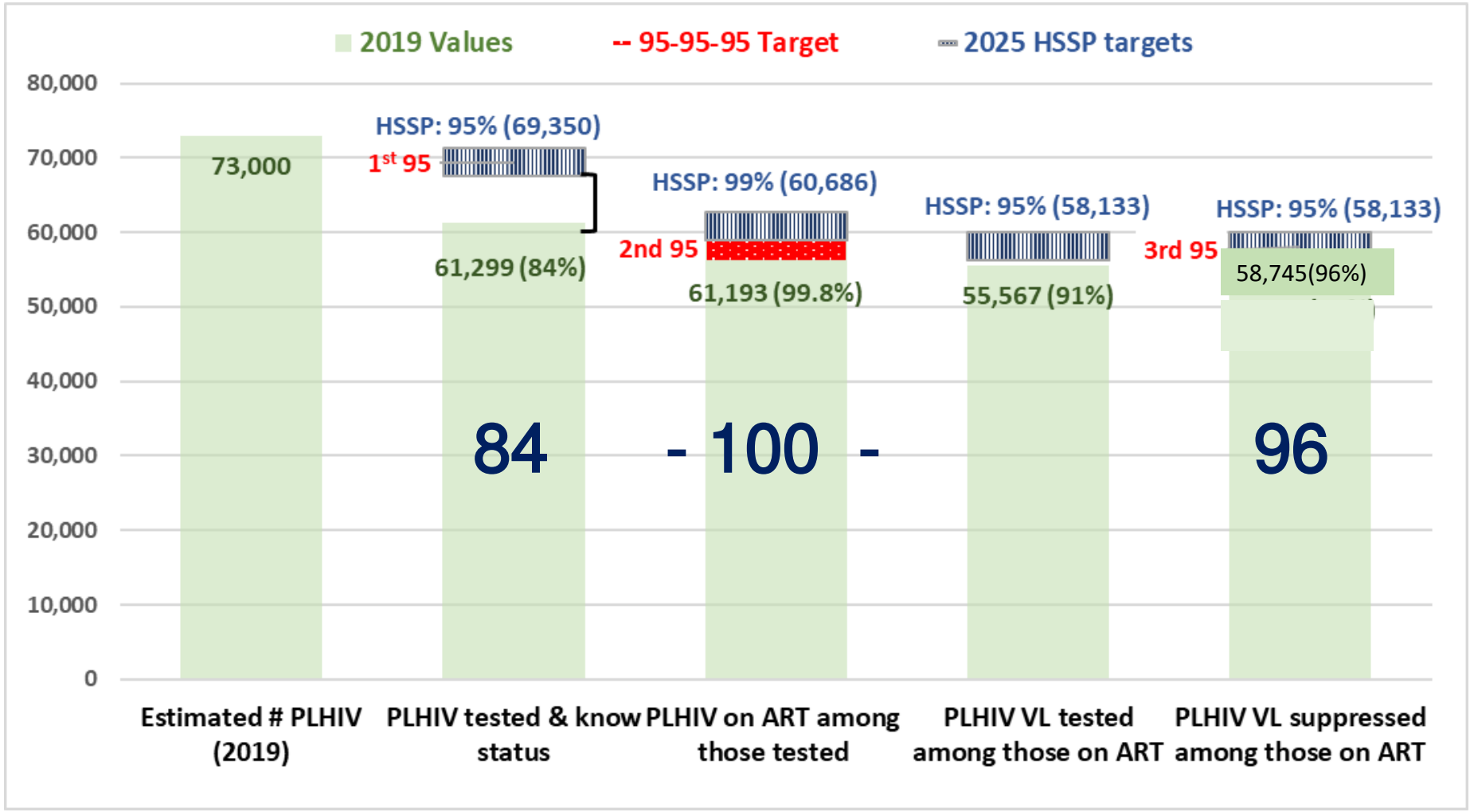


Source : AEM and spectrum 2016 and NCHADS

The Roadmap


Sustainability Roadmap Timeline (2018-2030)
National SDG Target- Elimination of AIDS as Public Health Threat
Global Deadline for SDGs
2018
2019
2020
2021
2022
2023
2024
2025
2026
2027
2028
2029
2030
Review of progress to date to realign stakeholders on midterm actions that need to be taken to meet the 2025 National SDG Target
Review of progress/challenges and decision on what actions need to be taken to sustain the gains beyond 2025
Short Term Actions (Four Years)
Mid Term Actions (Eight Years)
Long Term Actions To sustain achievements

ប្រទេសកម្ពុជាអាចសម្រេចគោលដៅ ៩៥-៩៥-៩៥នៅឆ្នាំ២០២៥បានដែរឬទេ?



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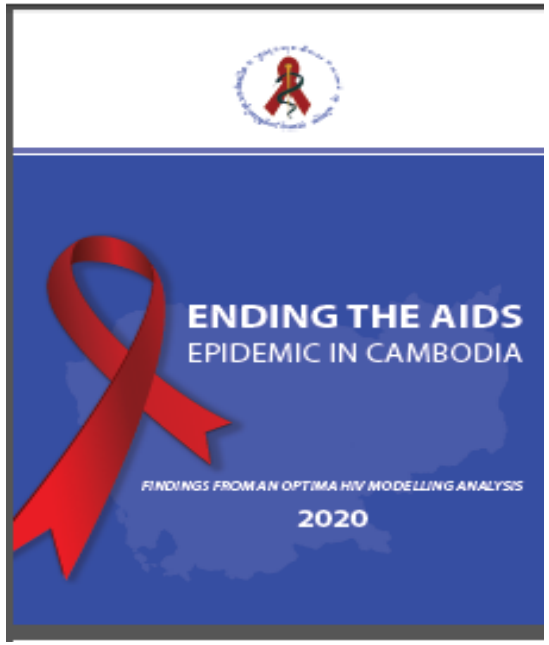
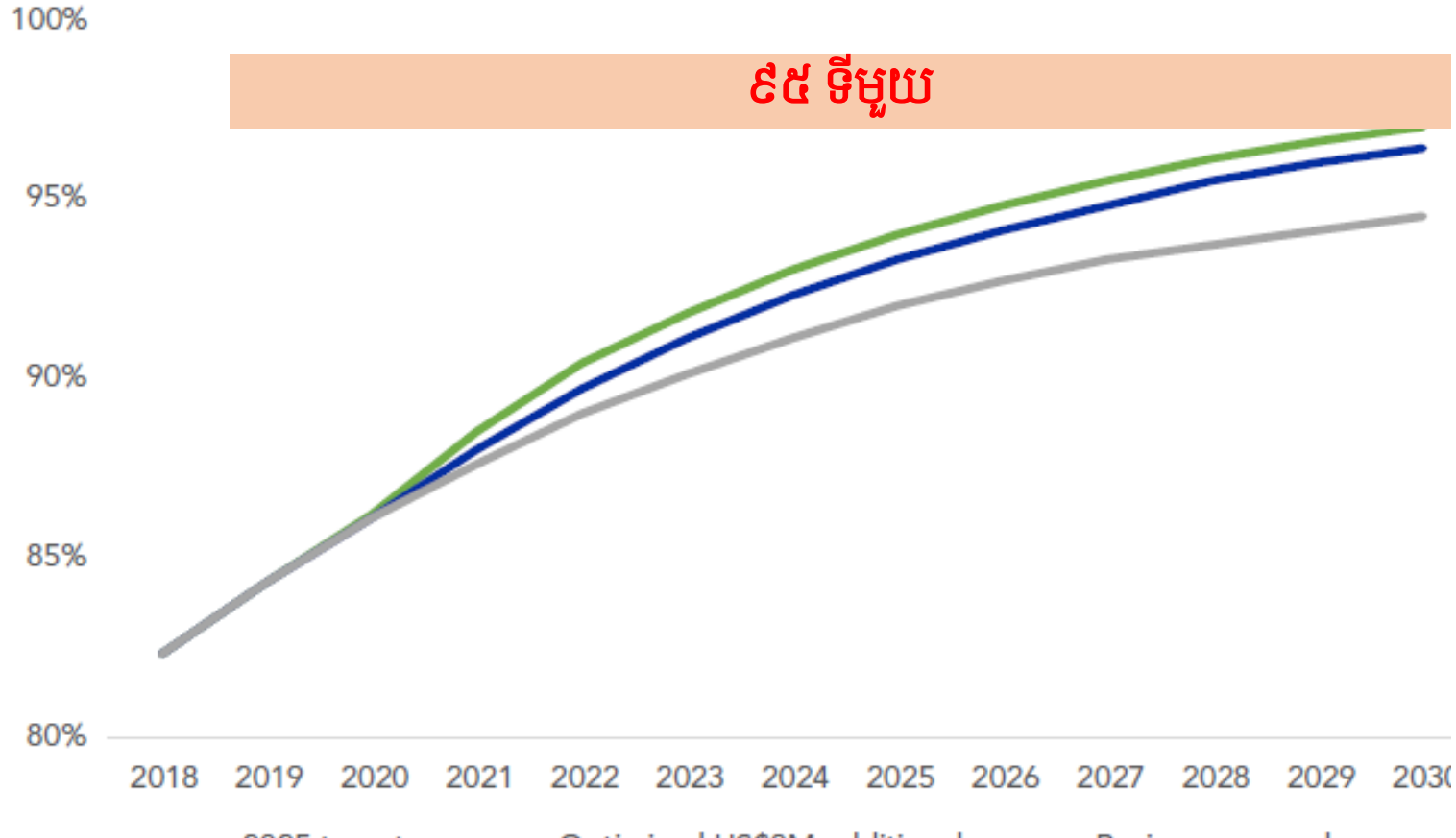




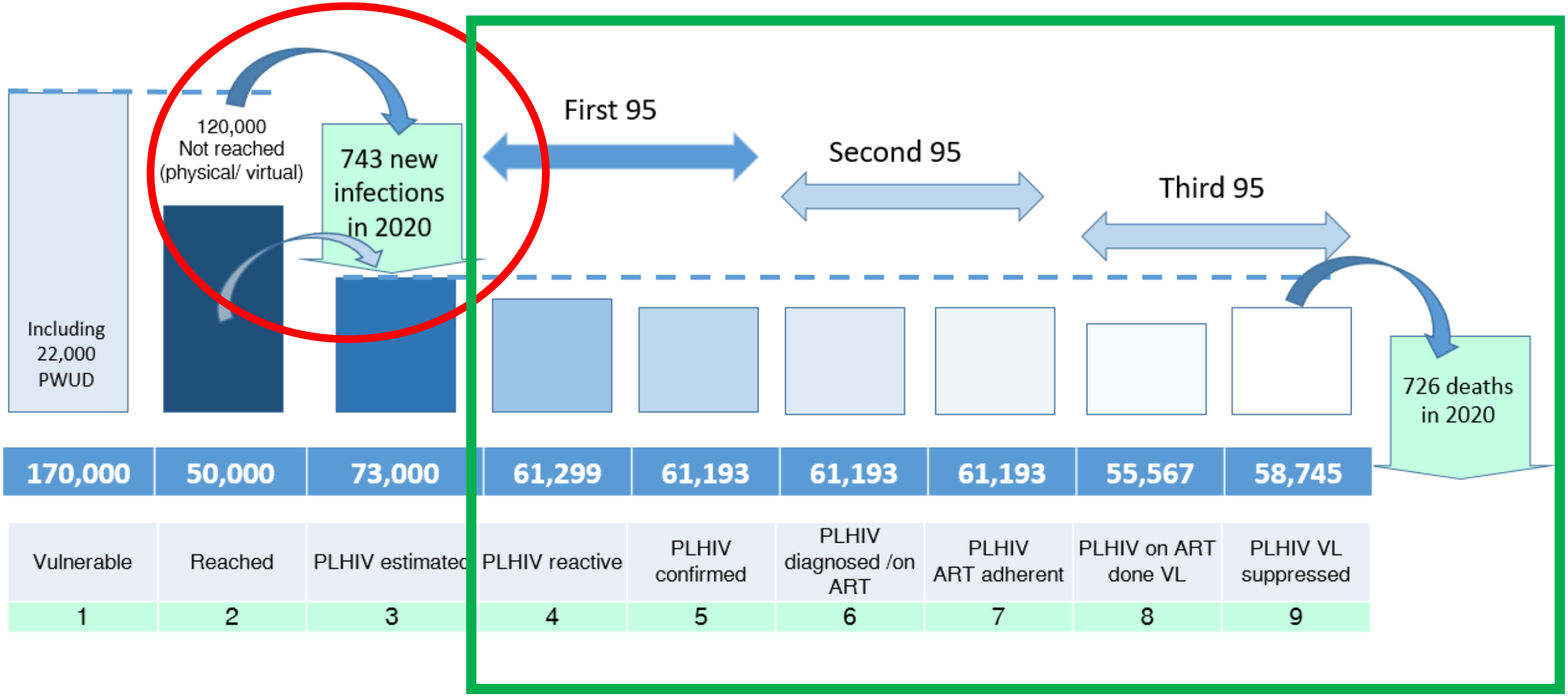
ប្រទេសកម្ពុជាអាចសម្រេចគោលដៅ ៩៥-៩៥-៩៥ នៅឆ្នាំ២០២៥ បាន

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

...ប៉ុន្តែ ករណីឆ្លងថ្មី ...ថយចុះបានតែ៧៥%បើធៀបនឹងឆ្នាំ២០១០

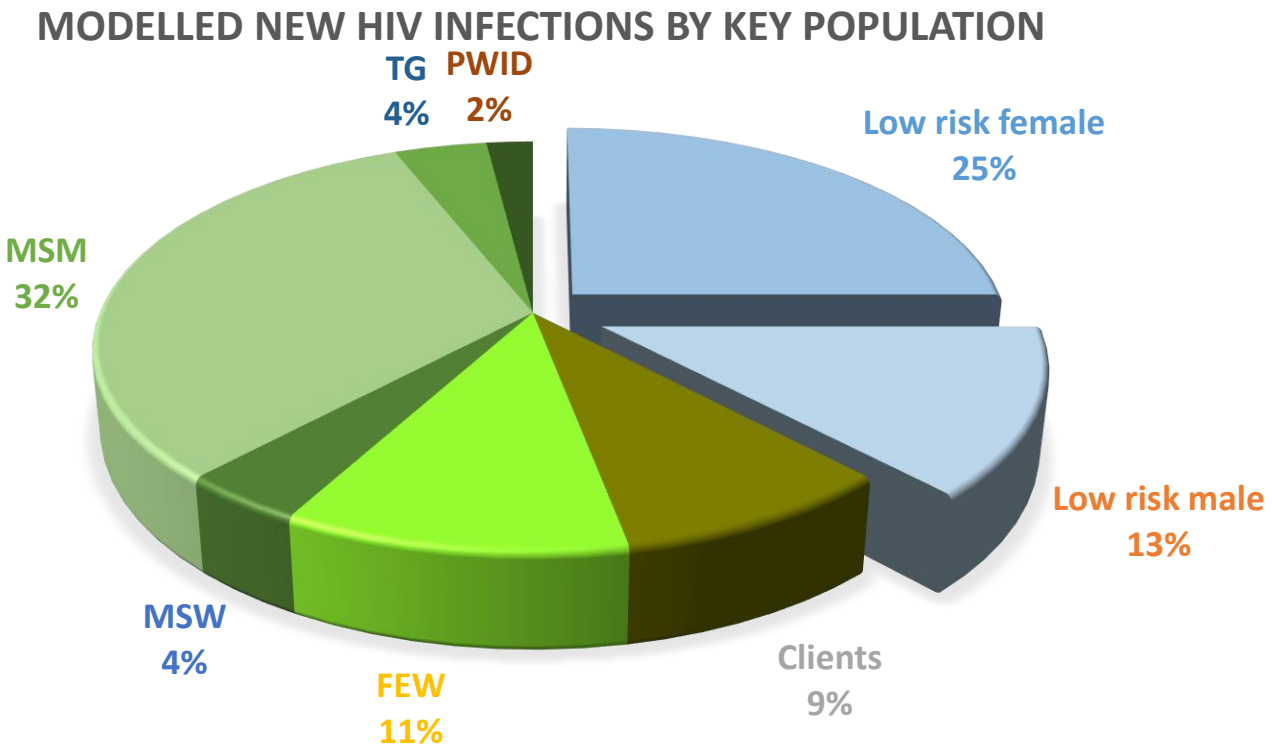
<250 new HIV infections, 90% reduction from 2010	Not on target: 75% reduction projected

ល្បាក់នៃការឆ្លងមេរោគអេដស៍និងការទទួលសេវាបង្ការនិងថែទាំ



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

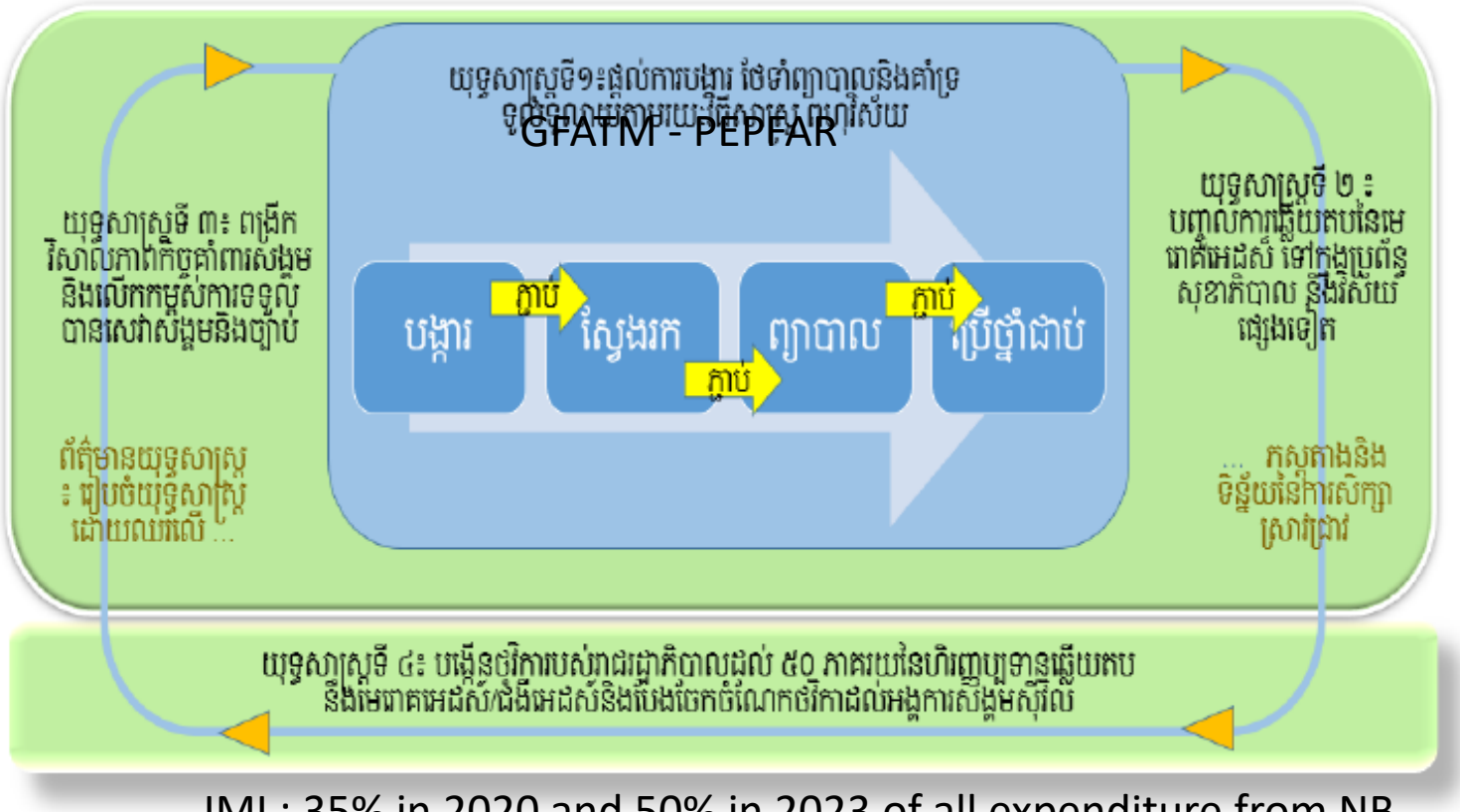
នរណាខ្លះដែលឆ្លងមេរោគអេដស៍ថ្មី?
Who are infected and to what extend?



	ប្រជាជនគន្លឹះ	ប្រជាជនទូទៅ	សរុប
ភាគរយ	៦២%	៣៨%	១00%
ចំនួនករណីឆ្លងឆ្នាំ២0២0	៤៦0	២៨២	៧៤៣
ចំនួនករណីឆ្លងពីឆ្នាំ២0២0 ដល់២0៣0	៤១៥៤	២៥៤៦	៦៧00

SCN 213

ផែនការយុទ្ធសាស្ត្រជាតិទូលំទូលាយនិងពហុវិស័យ
ឆ្លើយតបទៅនឹងមេរោគអេដស៍និងអេដស៍(២០១៩-២០២៣)



Concerned Ministries

Fast Track Cities PNP, BBG, BMC, SRP

LHSS (Local Health System Sustainable)

- *Social Contracting*
- *Integration of HIV/AIDS Services in Public Health Systems*

JMI : 35% in 2020 and 50% in 2023 of all expenditure from NB

SCN 213

ការរៀបចំអនុវត្ត
ផែនការយុទ្ធសាស្ត្រជាតិលើកទី៥នៅថ្នាក់ជាតិ

Full members of NAA meeting (Semester PAB)

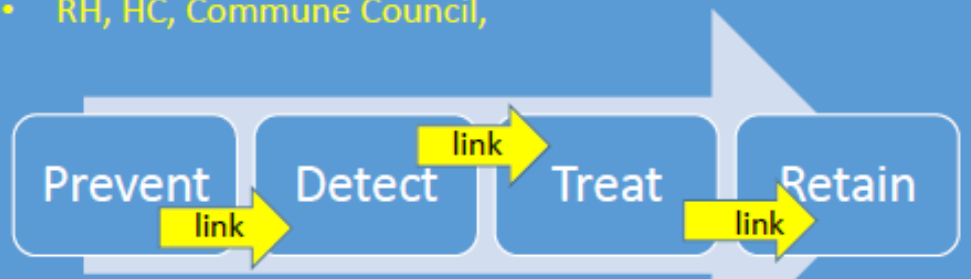
Monthly TAB meeting

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

Strategy 1: Comprehensive Prevention, Treatment, Care and Support

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



Strategy 2: Integration, Incorporation of HIV and Synergy

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

Strategy 4: Domestic Financing

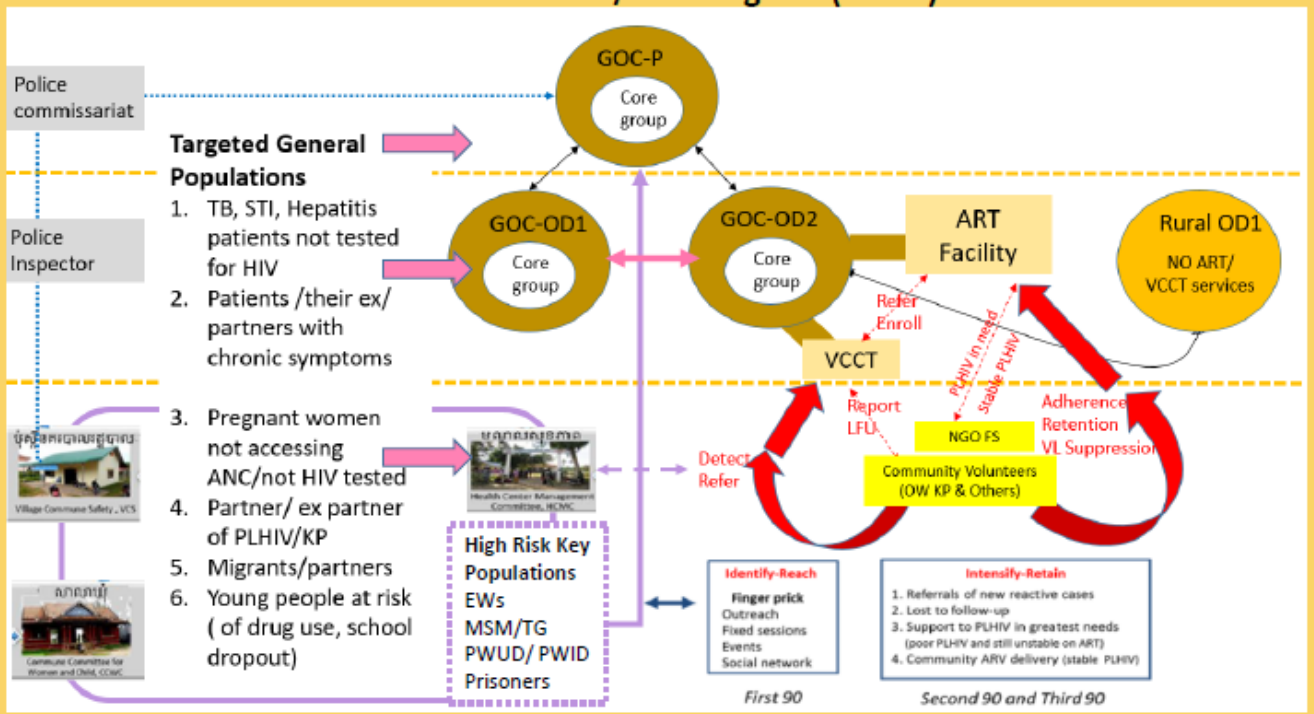
NAA, NCHADS, MOEF, MOH, CSOs

SCN 213
PM 1,2,3,4,6

ការរៀបចំអនុវត្តនៅថ្នាក់ក្រោមជាតិ

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

Provincial AIDS / STI Program (PASP)



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

Paradigm Shift

គ្មានផនធានមនុស្សគ្រប់គ្រាន់
គ្មានលុយគ្រប់គ្រាន់
គ្មានពេលគ្រប់គ្រាន់

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

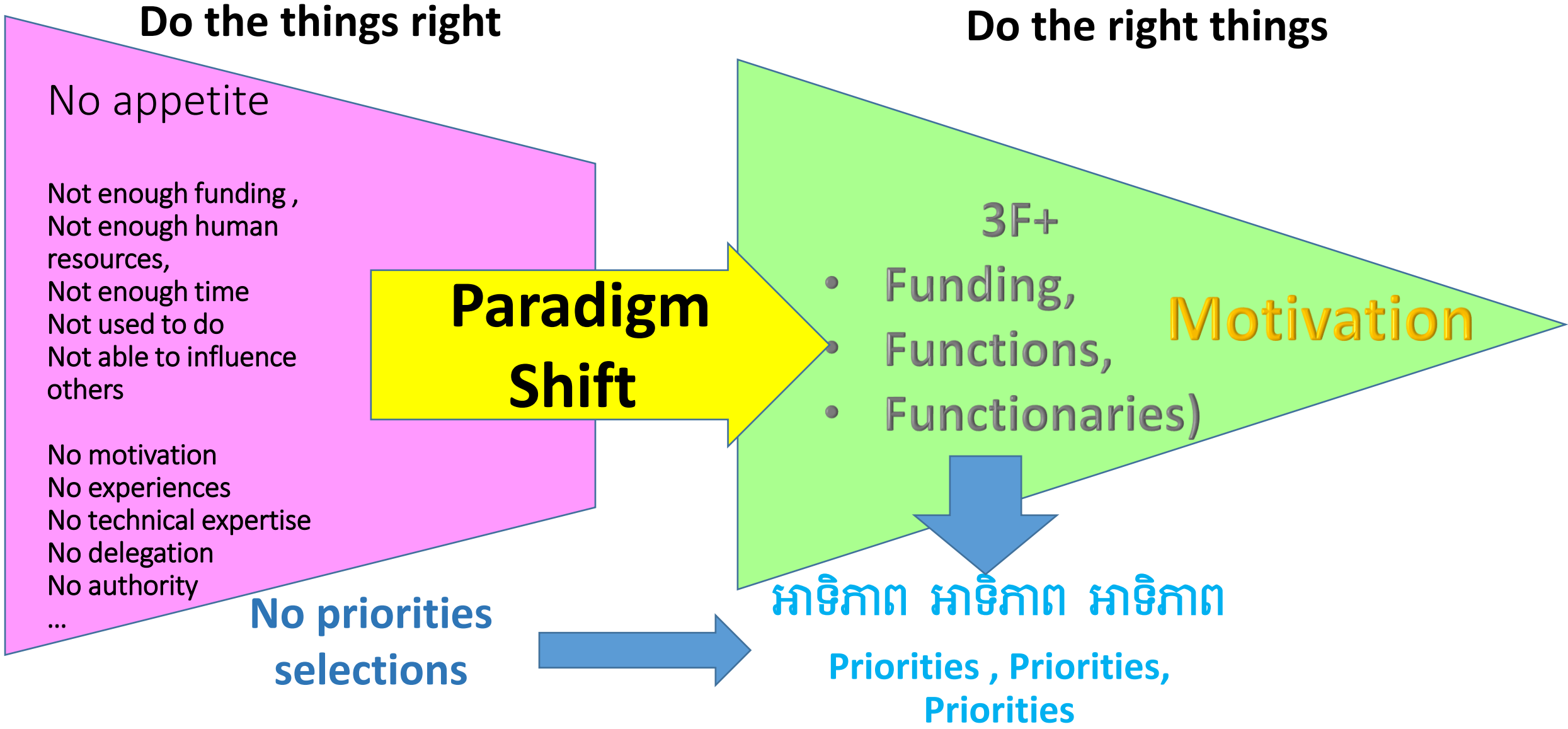
Start-up → Support → Strengthening → Sustainability

No appetite

Not enough funding ,
Not enough human resources,
Not enough time
Not used to do
Not able to influence others

No motivation
No experiences
No technical expertise
No delegation
No authority
…

PARADIGM SHIFT



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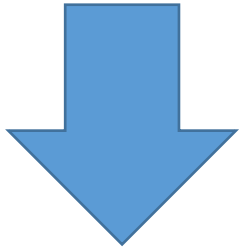
Priorities , Priorities, Priorities



មានធនធានមនុស្ស មានលុយ មានពេល

Prioritization of Geographic Areas for Interventions

First Priority

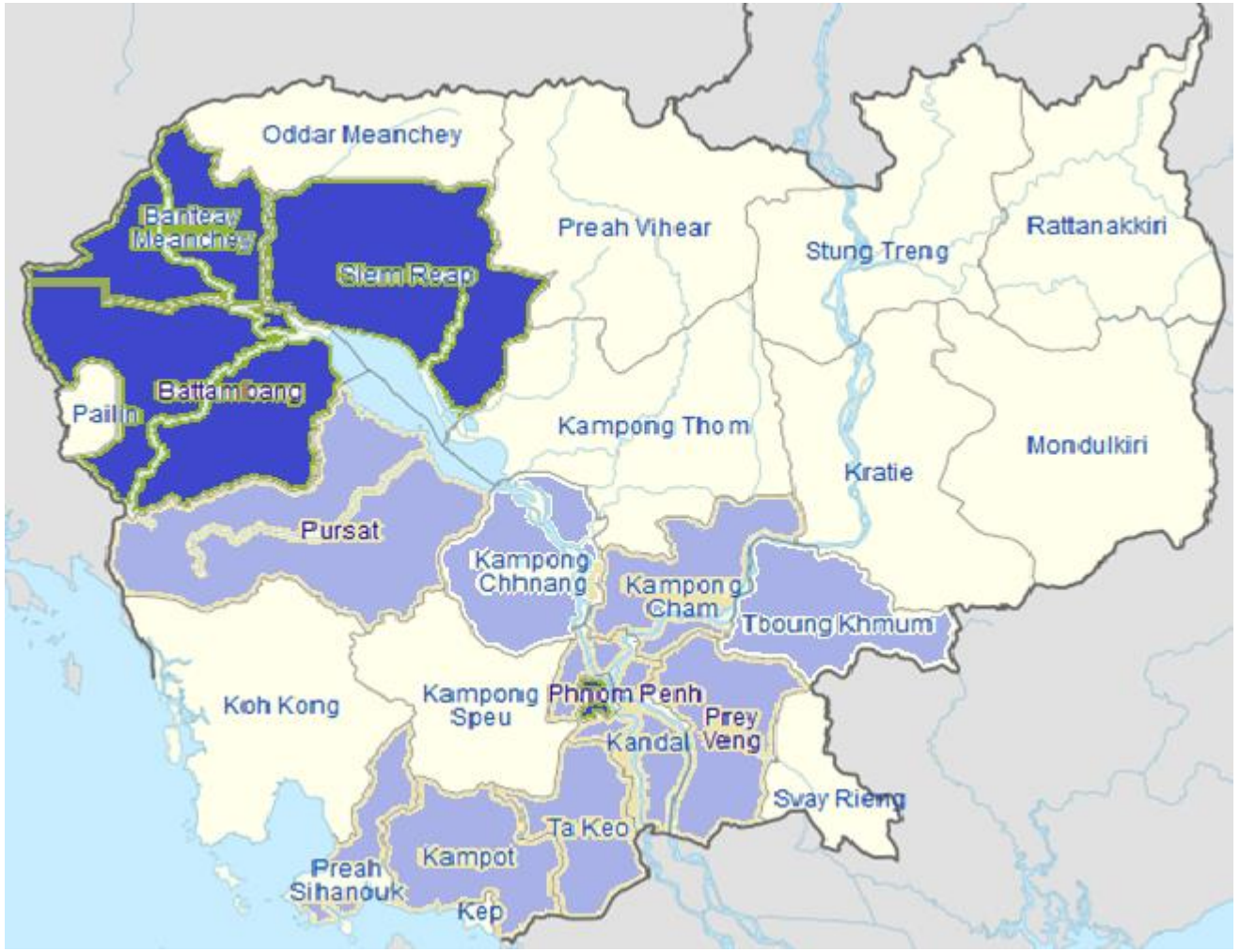
68% of Key Populations
48% of PLHIV

Second Priority

23% of Key Populations
39% of PLHIV

Third Priority

10% of Key Populations
12% of PLHIV

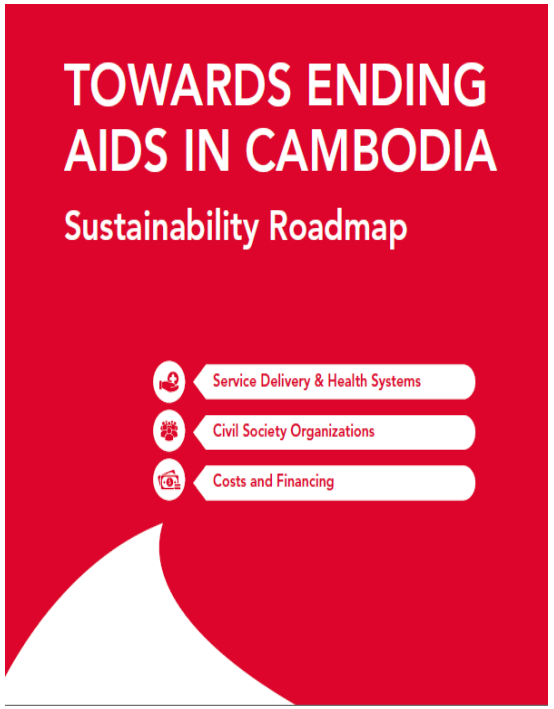


Critical questions :

1. Are we doing the right thing?
2. Are we doing the things right?

ROLES OF NAA IN THE 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

SERVICE DELIVERY

	RISK	Severity	Probab. (2018-2020)	Probab. (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
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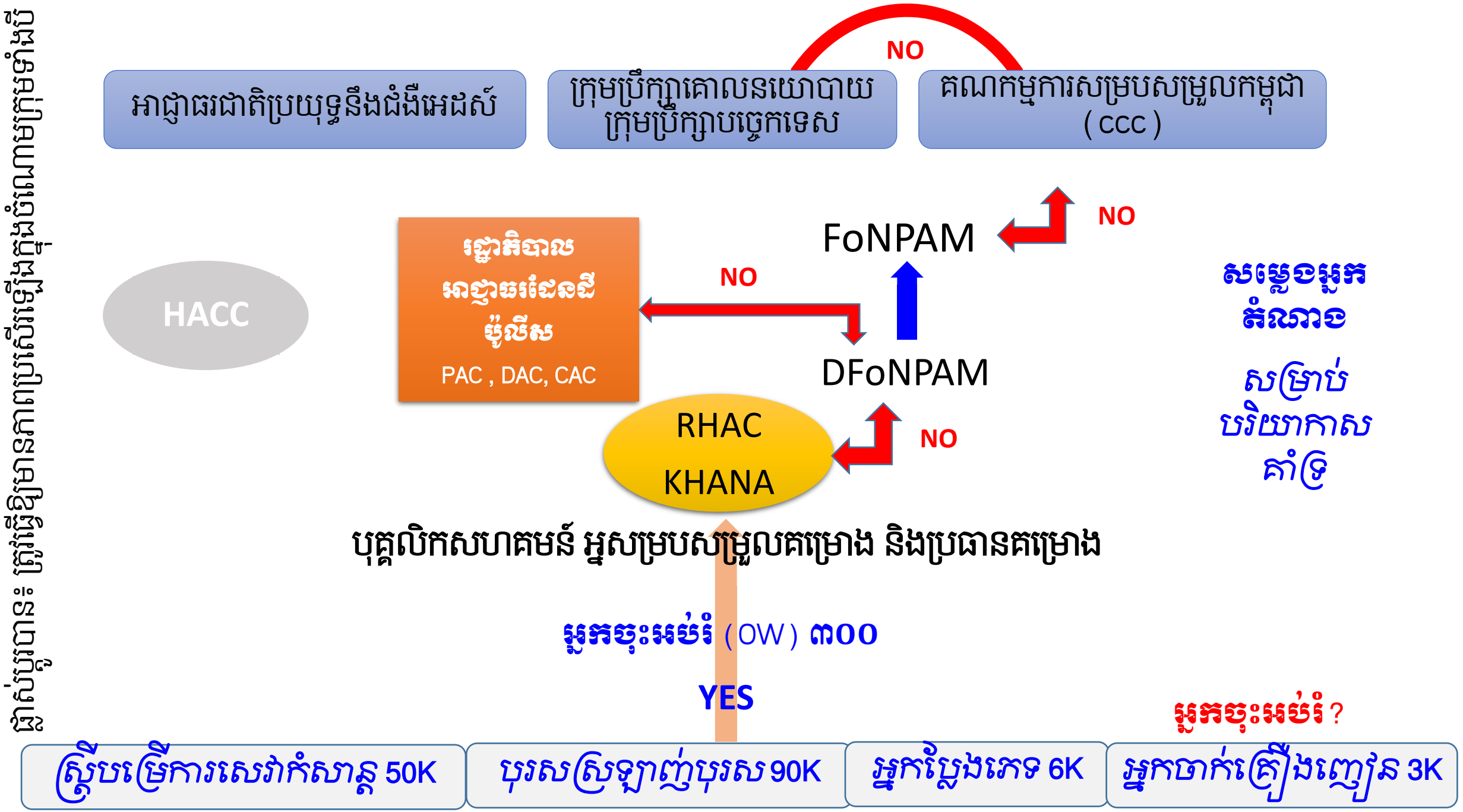

ផ្នែកបន្ថែមនេះ ត្រូវផ្តល់ឱ្យមានភាពប្រសើរឡើងក្នុងចំណោមក្រុមទាំងបី

SERVICE DELIVERY

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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

CIVIL SOCIETY ORGANISATIONS (CSO)

	RISK	Severity	Probab. (2018-2020)	Probab. (2021-2025)
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COST AND FINANCING

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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

ROLES OF NAA

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

1. Prevention WG (Strategy on Behavior Change Communication, Design of Interactive Voice Response and Other Social Media …)
2. Strategic Information WG (Mobile Link Study of KHANA under 5% initiative)

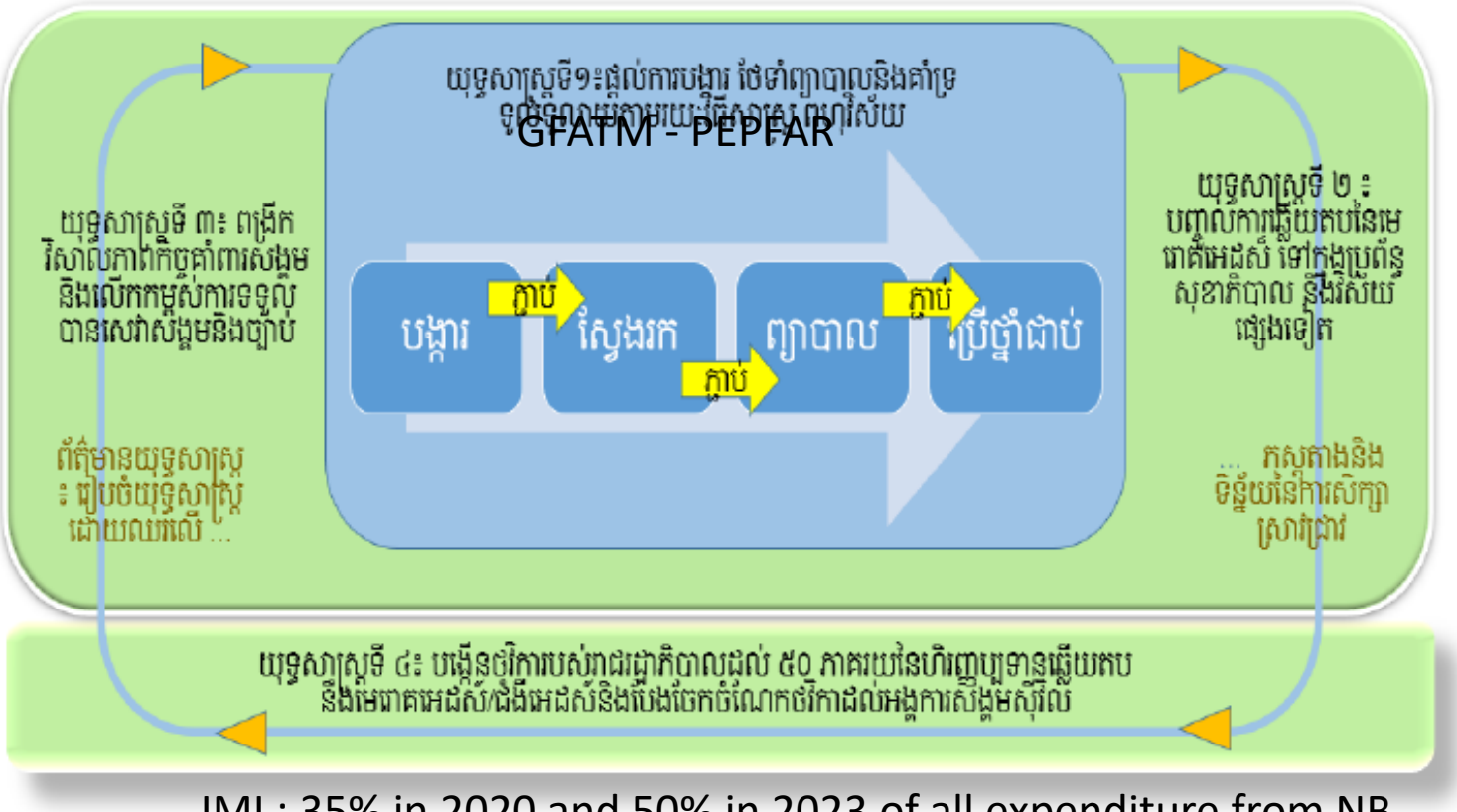
1. Barriers to the Accessibility of Young Key Populations to HIV services(UNAIDS)
2. Social Contracting (NAA/HP+)
3. Integration of HIV and AIDS in Health Sector (NAA/ HP+)
4. Follow up on Virtual consultation on HIV prevention gaps (4 Dec 2020)
5. Follow up on FTCI in PNP, BBG, BMC and SRP
6. LHSS …

PAB
TAB

OSG
CRM Dpt
PCS Dpt
PMER Dpt

SCN 213 and 3F

ផែនការយុទ្ធសាស្ត្រជាតិទូលំទូលាយនិងពហុវិស័យ
ឆ្លើយតបទៅនឹងមេរោគអេដស៍និងអេដស៍(២០១៩-២០២៣)



JMI : 35% in 2020 and 50% in 2023 of all expenditure from NB

Concerned Ministries

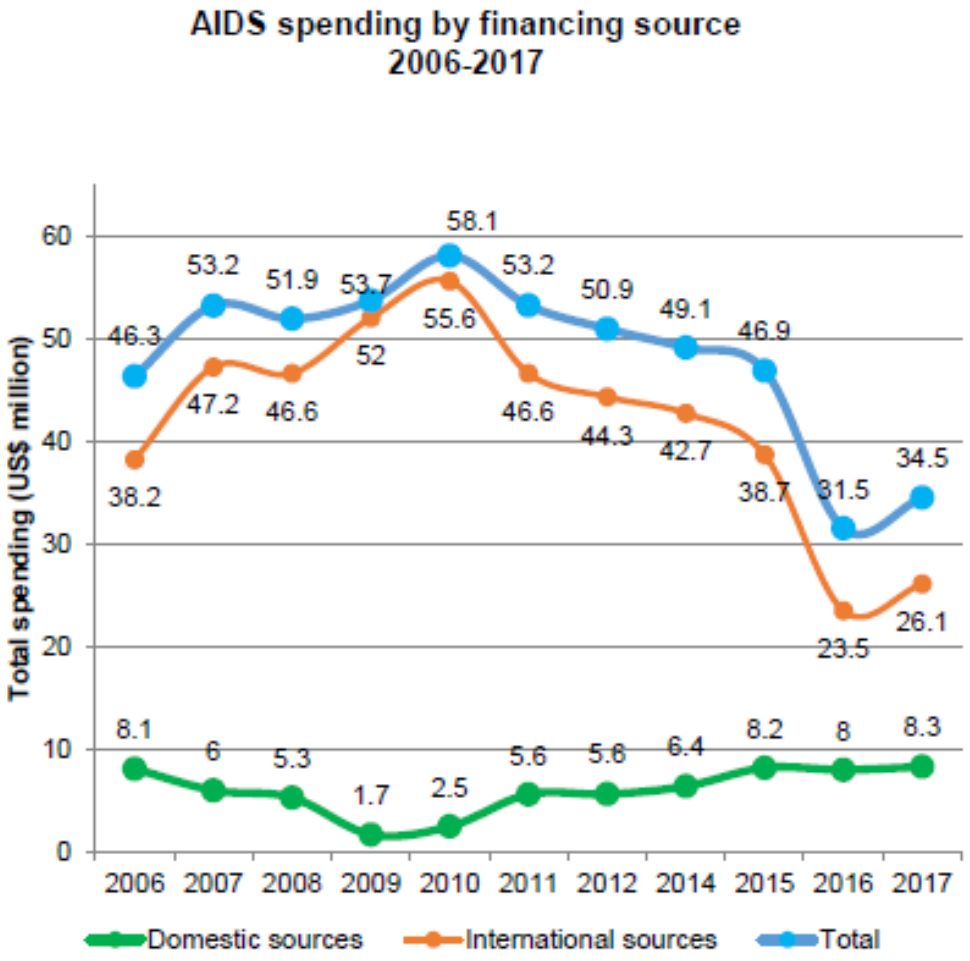
Fast Track Cities PNP, BBG, BMC, SRP

LHSS (Local Health System Sustainable)

- *Social Contracting*
- *Integration of HIV/AIDS Services in Public Health Systems*

SCN 213

Funding



Top largest Financing Sources	2016	2017
The Global Fund	15,758,925	18,732,595
Royal Government of Cambodia	7,913,080	8,257,614
US Government	5,144,851	4,407,615
AIDS Healthcare Foundation	1,031,634	1,175,482
UNAIDS Secretariat	813,001	770,406
Cambodian Red Cross	233,584	233,353
Government of France	26,321	137,451
Government of Sweden	83,488	96,088
European Commission	38,971	60,995
Caritas / Catholic Relief Services	33,577	43,145
UNFPA	88,442	25,498

Source: National AIDS Spending Assessment (NASA) 2016-2017

Projected resources needs for HIV and AIDS Response in Cambodia

	Y2020	Y2021	Y2022	Y2023	Y2024	Y2025	Sub total	Y2026	Y2027	Y2028	Y2029	Y2030	Subtotal
Total	34.5	35.8	36.6	37.4	38.1	38.3	**220.7**	39	39.2	39.3	39.5	40	**197**
NB	12.075	14	16	18.7	20.907	23.115	104.8	25.323	27.531	29.739	31.947	34.153	148.7
	35%			**50%**									

Based on HSSP Costing

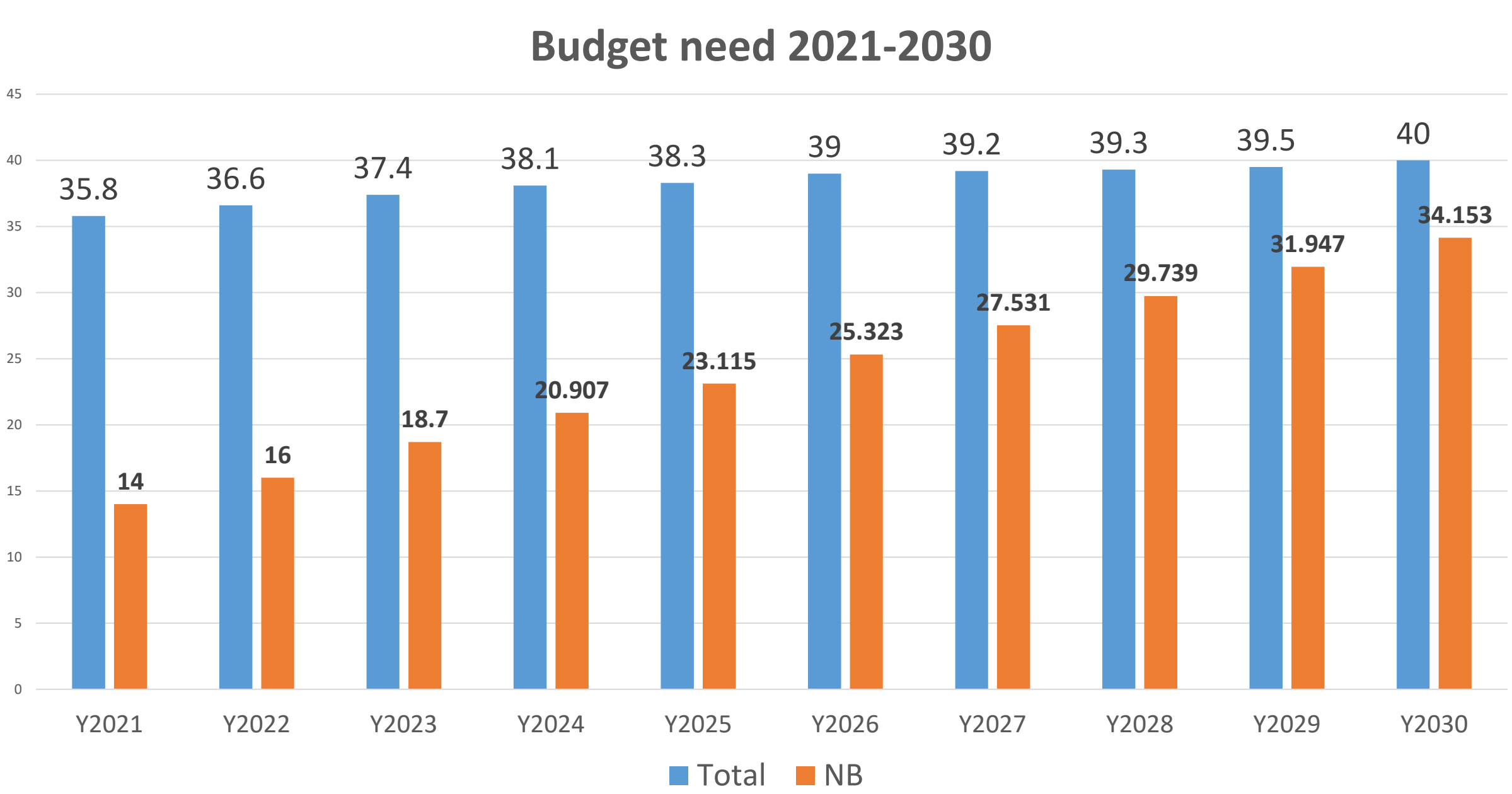
Based on JMI 2019-2023 Indicators

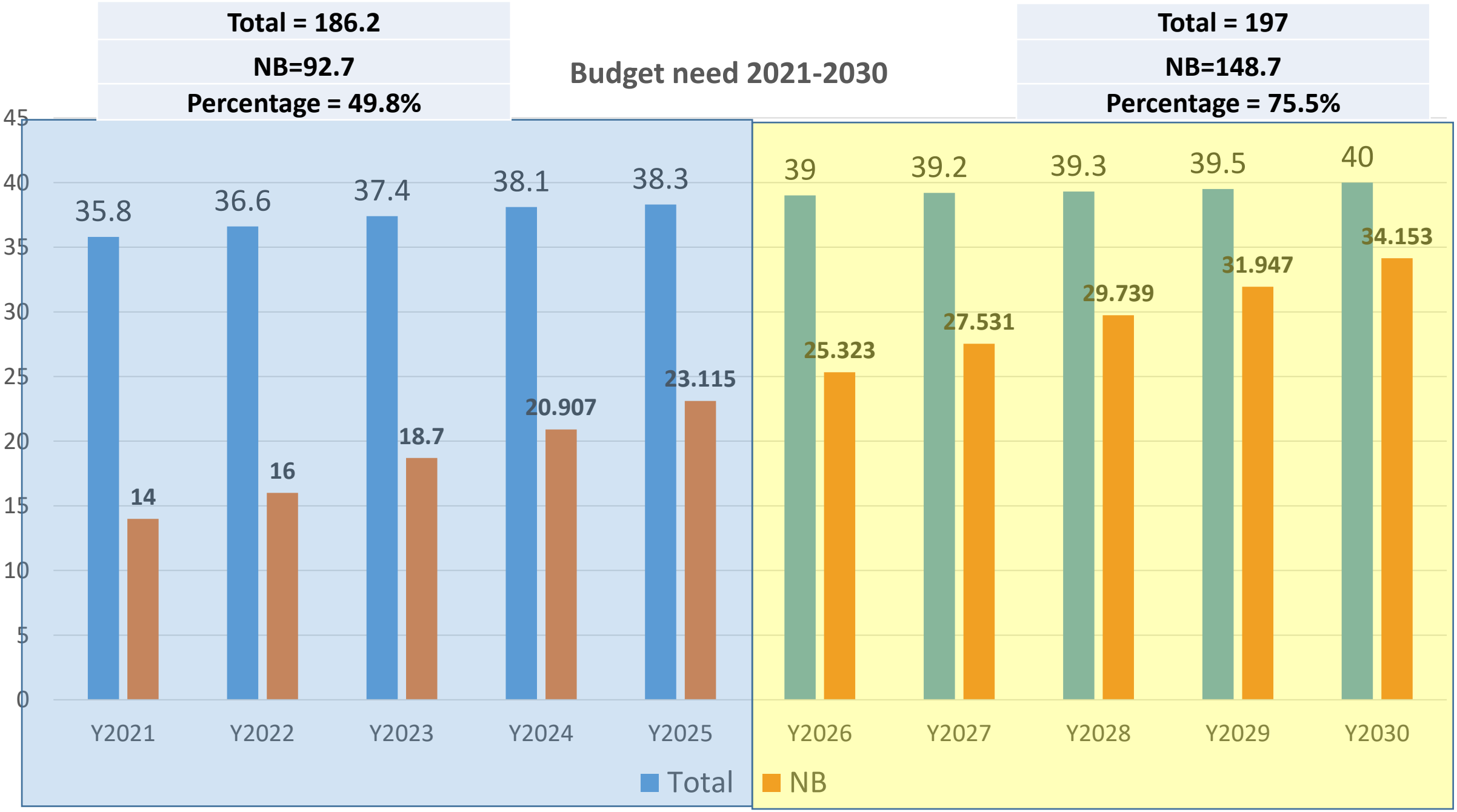
Based on NSPV (Strategy 4)

សូចនាករតាមដានរួមគ្នា២០១៩-២០២៣

Joint Monitoring Indicators(JMI) 2019-2023

លទ្ធផលចុងក្រោយ (២០១៩-២០២៣)	លទ្ធផលក្នុងឆ្នាំ (២០១៩-២០២០)	សូចនាករលទ្ធផលក្នុងឆ្នាំ (២០១៩-២០២០)
ជម្ងឺអេដស៍ គោលដៅលុបបំបាត់ការរាលដាលនៃមេរោគអេដស៍ មិនឱ្យក្លាយជាការគម្រាមកំហែងសុខភាពសាធារណៈ ត្រឹមឆ្នាំ ២០២៥ ដោយសម្រេចបានគោលដៅ ៩៥-៩៥-៩៥	១. សម្រេចឱ្យបានគោលដៅ ៩២-៩២-៩២	១.១. ៩២% នៃអ្នកផ្ទុកមេរោគអេដស៍ទាំងអស់ដឹងពីស្ថានភាពរបស់ខ្លួន (បន្ទាត់មូលដ្ឋាន ២០១៨: ៨២%) ១.២. ១០០% នៃអ្នកផ្ទុកមេរោគអេដស៍ទាំងអស់ដែលដឹងពីស្ថានភាពរបស់ខ្លួន ទទួលបានការព្យាបាល (បន្ទាត់មូលដ្ឋាន២០១៨: ៩៩%) ១.៣. ១០០% នៃអ្នកផ្ទុកមេរោគអេដស៍ទាំងអស់ដែលដឹងពីស្ថានភាពរបស់ខ្លួន ហើយទទួលបានការព្យាបាល មានបរិមាណមេរោគក្នុងឈាមទាប មិនអាចបង្កគ្រោះថ្នាក់ដល់អ្នកជិតិ (បន្ទាត់មូលដ្ឋាន២០១៨: ៩៥%)
	២. អត្រាគ្របដណ្តប់ដោយកម្មវិធីកាំពារសង្គមលើអ្នករស់នៅជាមួយមេរោគអេដស៍ និងក្រុមប្រឈម	២.១. ៨០% នៃអ្នកផ្ទុកមេរោគអេដស៍ដែលទទួលបានការព្យាបាល បានចុះឈ្មោះក្នុងកម្មវិធីកាំពារសង្គម (បន្ទាត់មូលដ្ឋាន២០១៨: ១៨%)
	៣. កំណើនថវិកាក្នុងស្រុកសម្រាប់ការឆ្លើយតបមេរោគអេដស៍ និងជំងឺអេដស៍	៣.១. ៣៥% នៃការចំណាយលើការងារអេដស៍ បានមកពីថវិកាក្នុងស្រុក ត្រឹមឆ្នាំ២០២០ (បន្ទាត់មូលដ្ឋាន២០១៥: ១៣%)


Budget need 2021-2030
45
40
35
30
25
20
15
10
5
0
35.8
14
36.6
16
37.4
18.7
38.1
20.907
38.3
23.115
39
25.323
39.2
27.531
39.3
29.739
39.5
31.947
40
34.153
Y2021
Y2022
Y2023
Y2024
Y2025
Y2026
Y2027
Y2028
Y2029
Y2030
Total
NB


Total = 186.2
NB=92.7
Percentage = 49.8%
Budget need 2021-2030
Total = 197
NB=148.7
Percentage = 75.5%
45
40
35
30
25
20
15
10
5
0
35.8
14
36.6
16
37.4
18.7
38.1
20.907
38.3
23.115
39
25.323
39.2
27.531
39.3
29.739
39.5
31.947
40
34.153
Y2021
Y2022
Y2023
Y2024
Y2025
Y2026
Y2027
Y2028
Y2029
Y2030
Total
NB

Functions and Functionaries

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

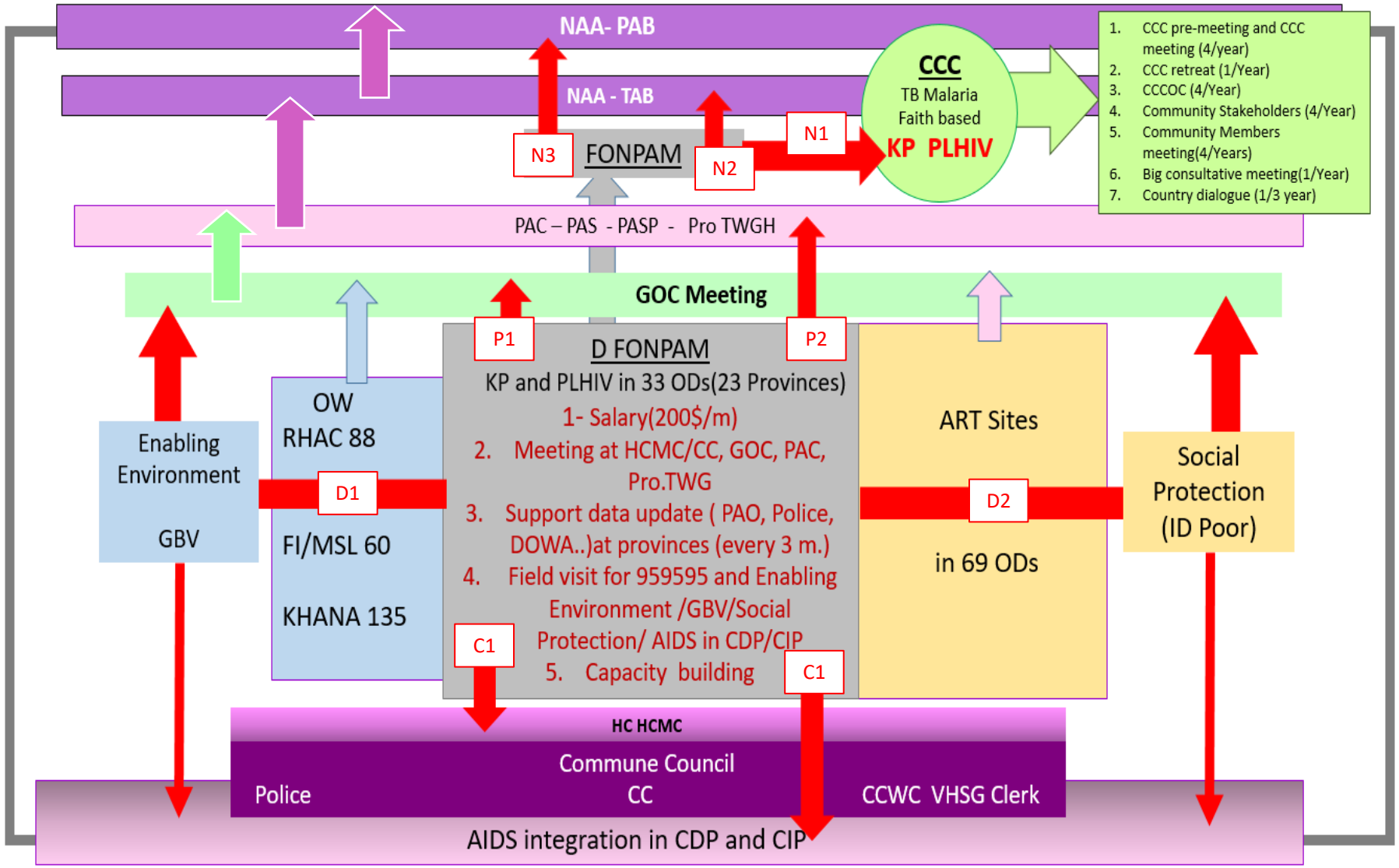
D1) DFONPAM representatives work with NGOs / OW on EE and GBV

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



Coordination in Community System Strengthening (NAA- SSI 2021-23)

Planning for 2021

The Why	***Why do we want to achieve these results? What will be the benefits for the various stakeholders?***
The What	***What are the real results we want to achieve?***
The How	***How can we do our best to achieve the results? What are the key strategies we can follow to give ourselves the greatest chance of success?***
The Who	***What will be the responsibilities of the various people - and the spirit we want them to demonstrate - on the road to achieving the results?***
The When	***What will be the specific things that will be happening - and when - on the road to achieving the results?***

Planning for 2021

Coordination Resource Mobilization Department

DSG	HR	GFATM		NB	Specific Tasks	Coordination with Others	Strength	Weakness	Opportunity	Threat
HE Dr Khan Chan Mony	Dr: Ph: Nurse: Others:	Banteay Meanchey Prov	Khan Mean Chey/ Phnom Penh	…… …… ……	ID Poor GDJ TWG ….	MOP….				
		Indicators/ Targets	Indicators/ Targets	Indicators/ Targets	Indicators/ Targets	Actions	Actions	Actions	Actions	Actions

NSPV indicators and Targets

ALWAYS ASKING OURSELF : 1) ARE WE DOING THE RIGHT THINGS ? 1) ARE WE DOING THE THINGS RIGHT?

WHY? WHAT? HOW? WHO ? WHERE? WHEN?

Planning for 2021

Prevention Care and Support Department

DSG	HR	GFATM		NB	Specific Tasks	Coordination with Others	Strength	Weakness	Opportunity	Threat
HE Dr. Tuy Amreth	Dr: Ph: Nurse: Others:	SRP	Daun Penh District / Phnom Penh	…… …… ……	Prevention WG BCC WG….	…….				
		Indicators/ Targets	Indicators/ Targets	Indicators/ Targets	Indicators/ Targets	Actions	Actions	Actions	Actions	Actions

NSPV indicators and Targets

ALWAYS ASKING OURSELF : 1) ARE WE DOING THE RIGHT THINGS ? 1) ARE WE DOING THE THINGS RIGHT?

WHY? WHAT? WHO? HOW? WHERE ? WHEN?

Planning for 2021

Planning Monitoring Evaluation and Research Department

DSG	HR	GFATM		NB	Specific Tasks	Coordination with Others	Strength	Weakness	Opportunity	Threat
HE Dr. Heng Hay	Dr: Ph: Nurse: Others:	Battambang Province	Khan Mean Chey/ Phnom Penh	…… …… ……	GAM Report SI WG ….	PIP Pop. Council..				
		Indicators/ Targets	Indicators/ Targets	Indicators/ Targets	Indicators/ Targets	Actions	Actions	Actions	Actions	Actions

NSPV indicators and Targets

ALWAYS ASKING OURSELF : 1) ARE WE DOING THE RIGHT THINGS ? 1) ARE WE DOING THE THINGS RIGHT?

WHY? WHAT? HOW? WHO ? WHERE ? WHEN?