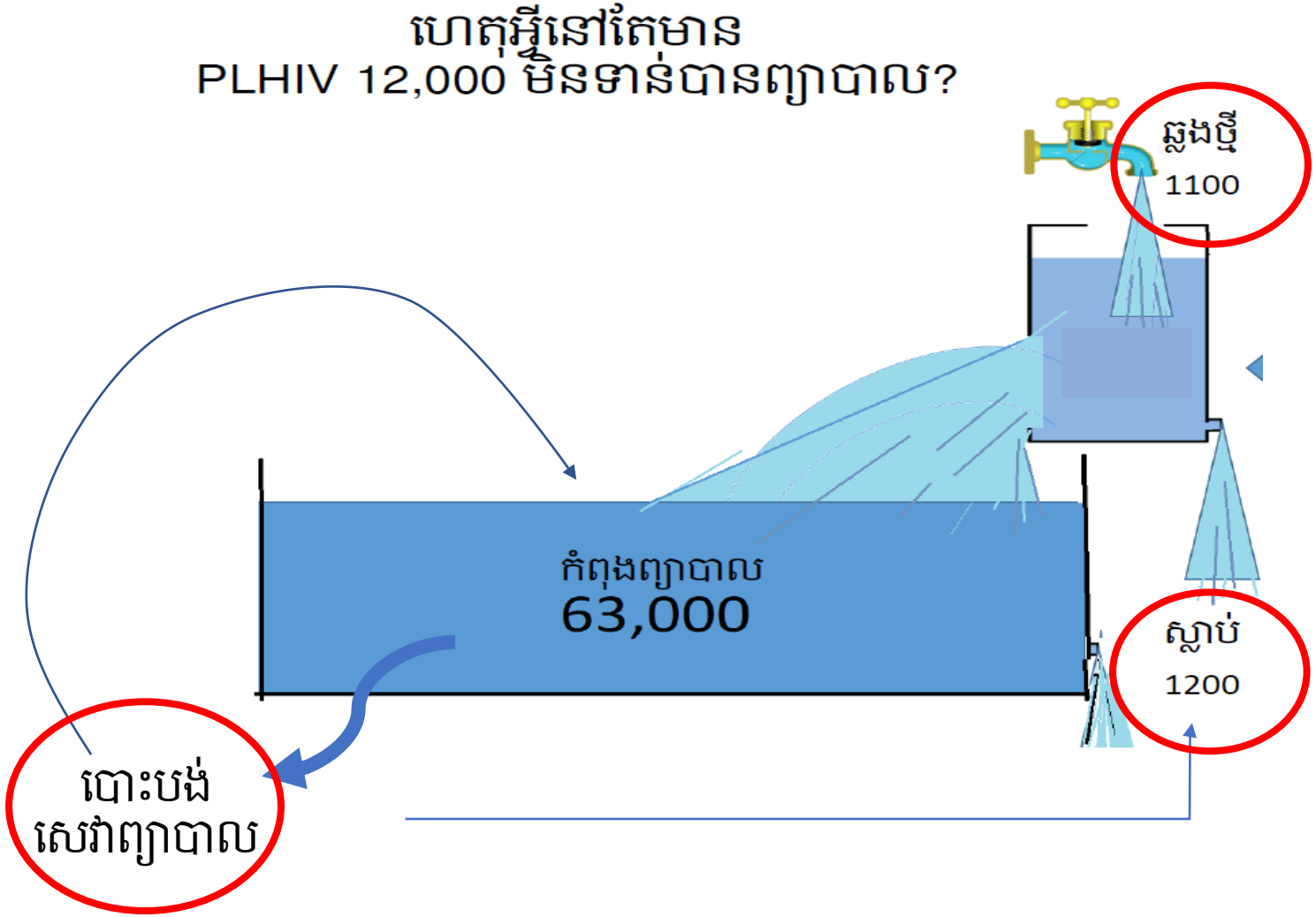
Progress of Institutional Strengthening for AIDS Response in Cambodia

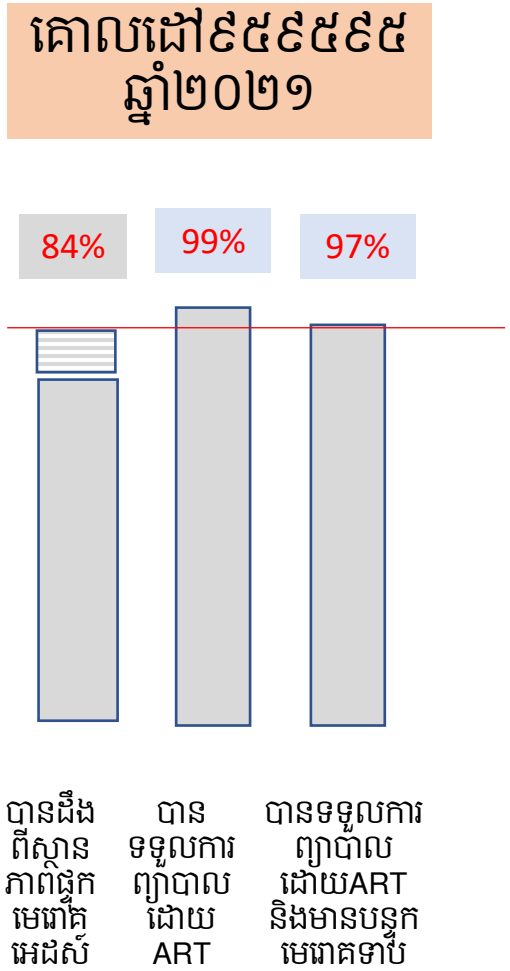
03 Mar 2022

Presentation

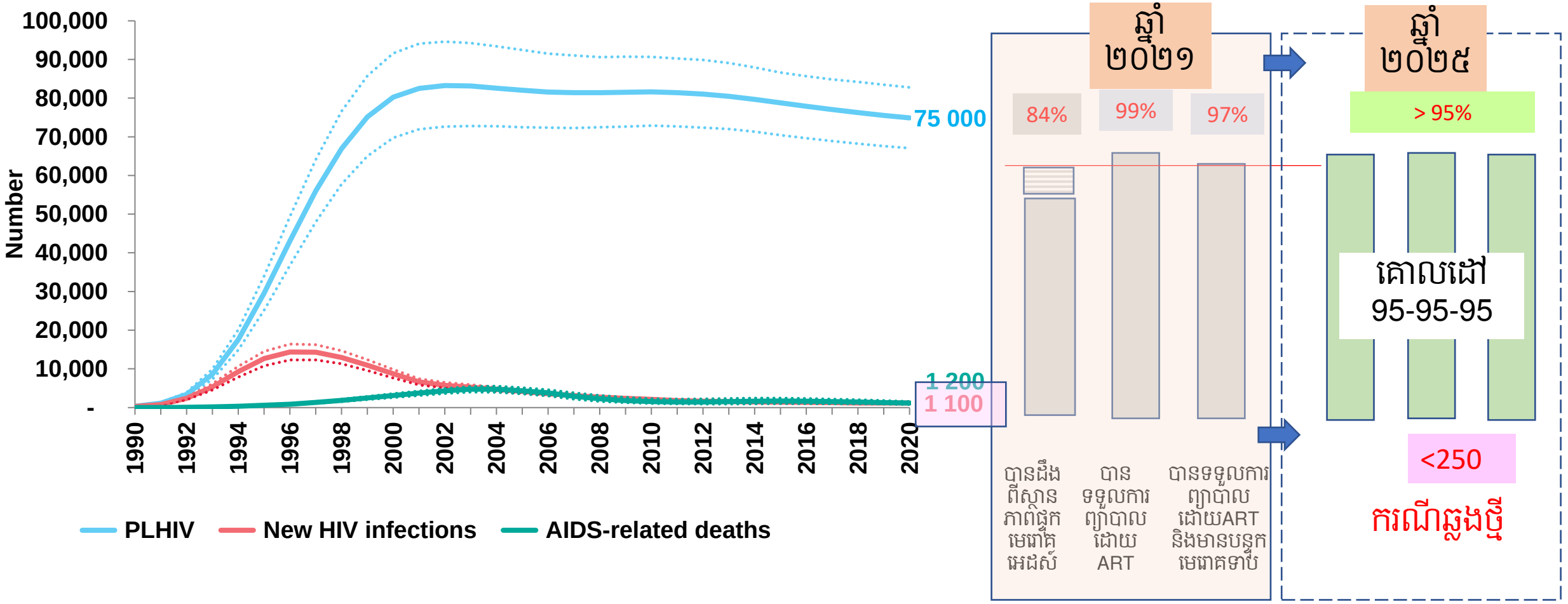
1. Challenges
2. Approach
3. Coordinating Response
4. Decentralization of AIDS Response
5. Conclusion

ចំណុចប្រឈមទី១៖គោលដៅ (មុនមិថុនា២០២១)





ចំណុចប្រឈមទី១៖គោលដៅ(មុនមិថុនា២០២១)



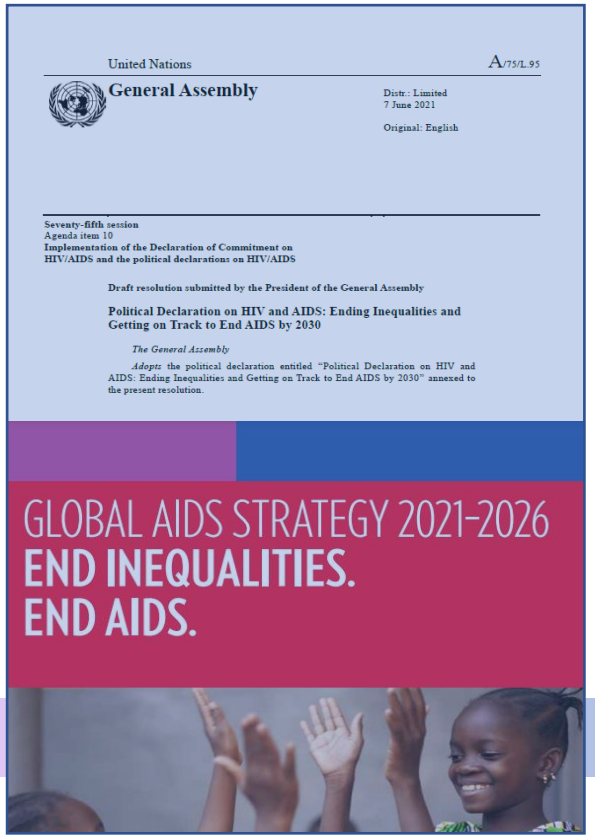
ចំណុចប្រឈមទី១៖គោលដៅ(ក្រោយមិថុនា២០២១)

10% < REDUCING INEQUALITIES > 95%

LESS THAN 10%
LESS THAN 10% OF PEOPLE LIVING WITH HIV AND KEY POPULATIONS EXPERIENCE STIGMA AND DISCRIMINATION

LESS THAN 10%
OF PEOPLE LIVING WITH HIV, WOMEN AND GIRLS AND KEY POPULATIONS EXPERIENCE GENDER BASED INEQUALITIES AND GENDER BASED VIOLENCE

LESS THAN 10%
OF COUNTRIES HAVE PUNITIVE LAWS AND POLICIES


United Nations A/75/L.95

General Assembly

Distr.: Limited
7 June 2021

Original: English

Seventy-fifth session
Agenda item 10
Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

Draft resolution submitted by the President of the General Assembly

Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030

The General Assembly

Adopts the political declaration entitled "Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030" annexed to the present resolution.

GLOBAL AIDS STRATEGY 2021-2026
END INEQUALITIES.
END AIDS.

95% OF PEOPLE AT RISK OF HIV USE COMBINATION PREVENTION

95-95-95% HIV TESTING, TREATMENT & VIRAL SUPPRESSION AMONG ADULTS AND CHILDREN

95% OF WOMEN ACCESS SEXUAL AND REPRODUCTIVE HEALTH SERVICES

95% COVERAGE OF SERVICES FOR ELIMINATING VERTICAL TRANSMISSION

90% OF PEOPLE LIVING WITH HIV RECEIVE PREVENTIVE TREATMENT FOR TB

90% OF PEOPLE LIVING WITH HIV AND PEOPLE AT RISK ARE LINKED TO OTHER INTEGRATED HEALTH SERVICES

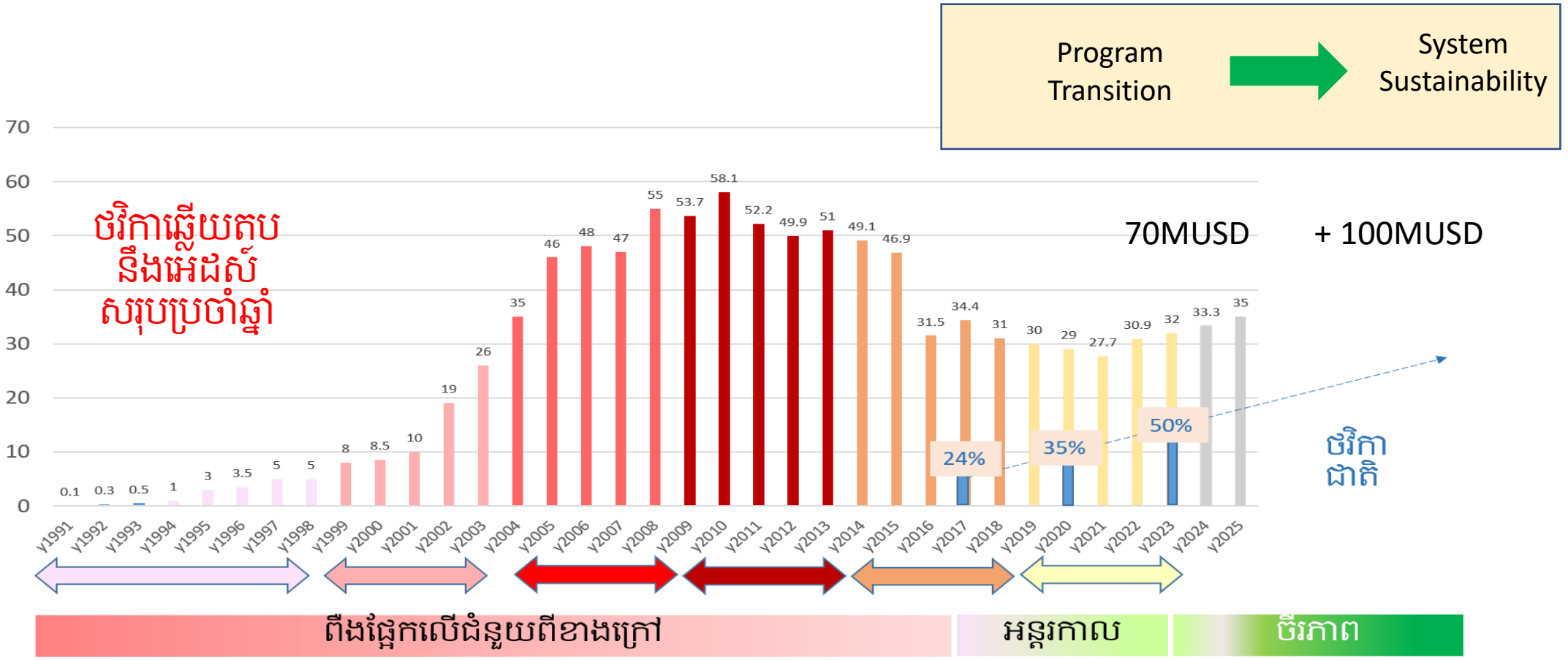
ក្រោម%១០ បីដង

លើ៩៥%ប្រាំមួយដង

លើ៩០%ពីរដង

Source : UNDASS Declaration , 8 Jun 2021

ចំណុចប្រឈមទី២៖ ធានាចីរភាព



អភិក្រម (Approach)

បញ្ហាប់ទិសមតាៈ ដើម្បី បញ្ហាប់អេដស៍

យកប្រជាជនជាធំ

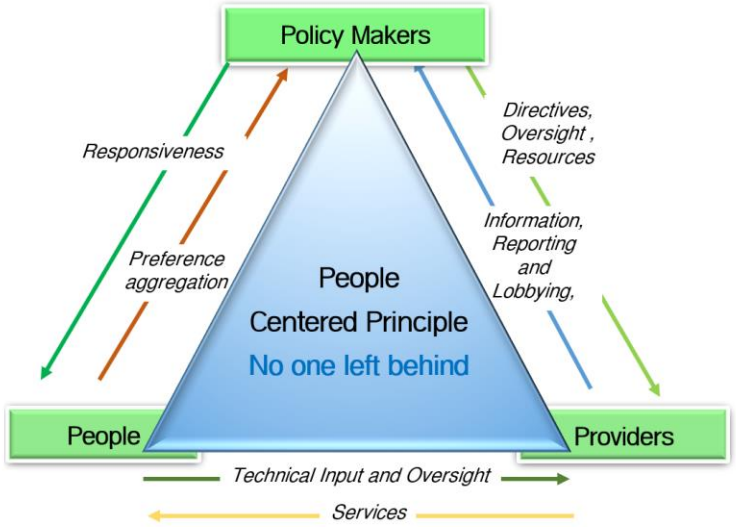
People Centered Approach

ទូលំទូលាយនិងពហុវិស័យ

Holistic

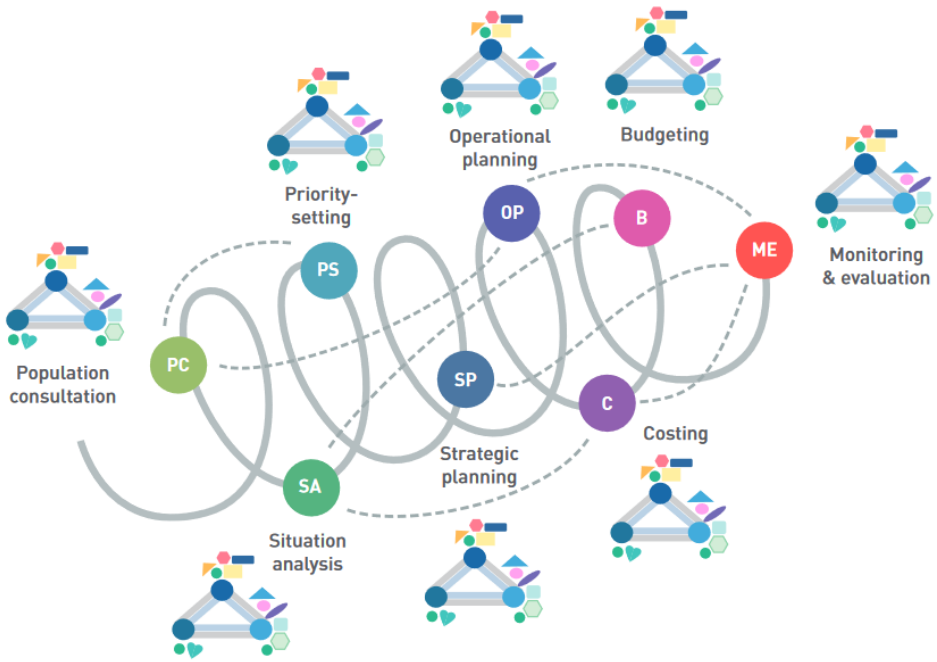
ការសម្របសម្រួលប្រព័ន្ធអ្នកពាក់ព័ន្ធដំណើរការនៅពេលដែលក្រសួង/ស្ថាប័នទាំងអស់មិនត្រឹមតែបំពេញភារកិច្ចរបស់ខ្លួនដោយមិនបន្ទោសគ្នាទៅវិញទៅមក ប៉ុណ្ណោះទេ ប៉ុន្តែ **សម្របសម្រួល និងធ្វើការយ៉ាងជិតស្និទ្ធជាមួយគ្នា** ដើម្បីសម្រេចបេសកកម្ម និងគោលបំណងគោលនយោបាយរបស់រាជរដ្ឋាភិបាល និងឆ្លើយតបយ៉ាងមានប្រសិទ្ធភាពចំពោះកង្វល់ ឬតម្រូវការរបស់ប្រជាពលរដ្ឋ។

យកប្រជាជនជាធំ
People Centered Approach



I- Bi-directional communication

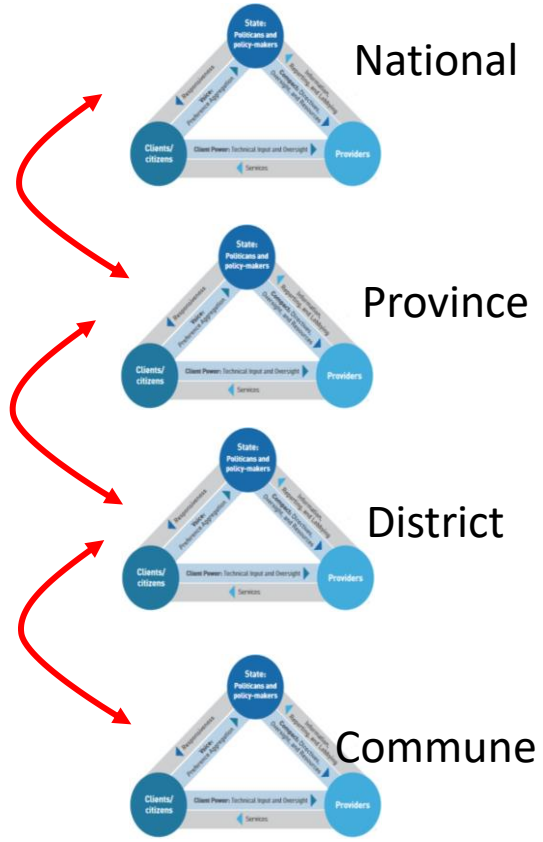
I call on all compatriots to join the Royal Government of Cambodia in a national movement to the end AIDS by 2025.



II-A dynamic policy dialogue -led process

ថាមវន្តនៃប្រព័ន្ធអ្នកចូលរួម
(Dynamics of Stakeholder System)

ទូលំទូលាយនិងពហុវិស័យ
Holistic

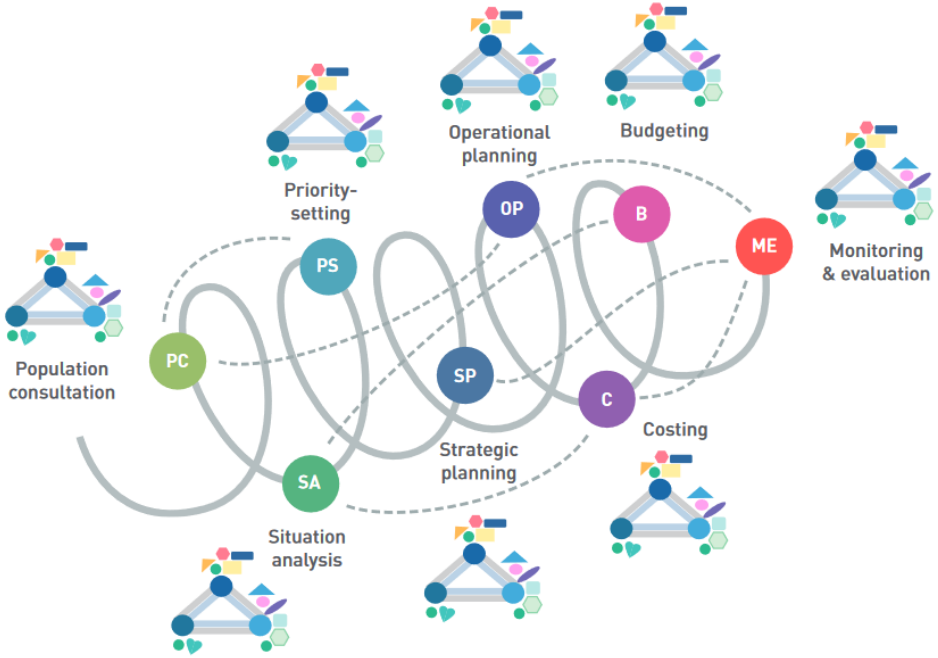


III- Linking from sub-national to national level

Participation of KP/PLHIV

- ៨0%លើការបង្ការ
- ៣0%លើការថែទាំព្យាបាល
- ៦0%លើបរិយាកាសគាំទ្រ

in developing national policies, guidelines and/or strategies , in decision-making spaces in the national HIV response



The First HIV infected persons in Roka

70 YO TB Patient

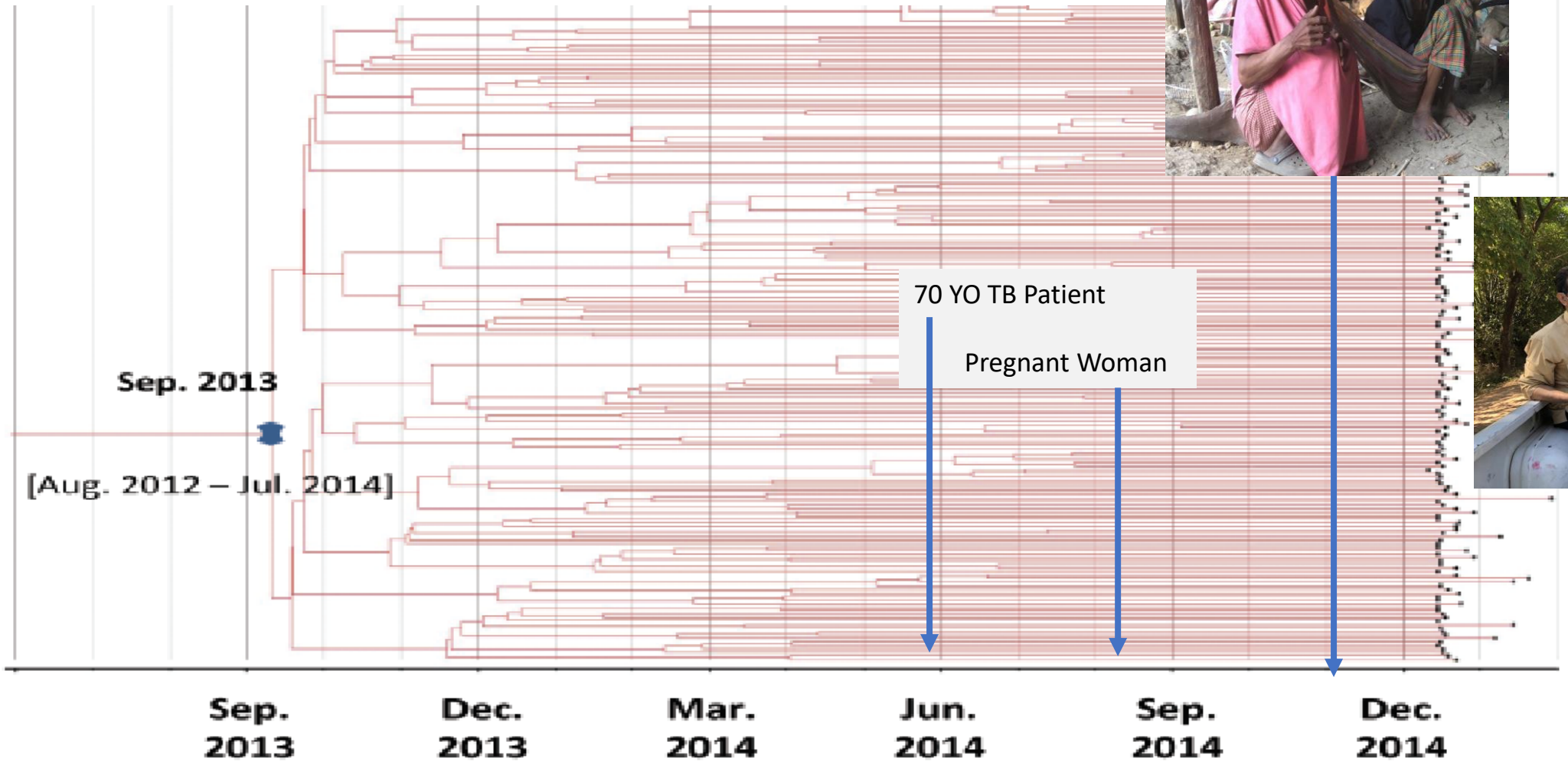
Pregnant Woman

Jun 2014

Nov 2014

2015

The First HIV infected persons in Roka were discovered by local people not HCWs



COUNTRY SYSTEM

One Coordinating body

NAA

PAB

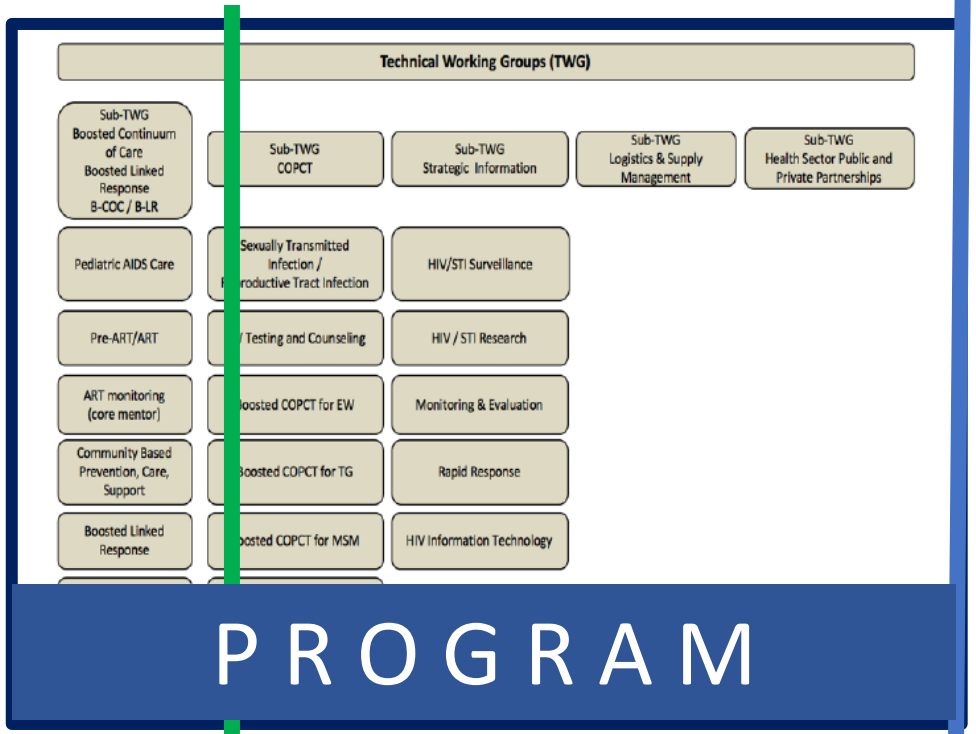
TAB

S1: Prevention, Care and Support NCHADS

One Action Framework (NSPV)

S3:Social Protection and Legal WG

S2: Integration WG



One M&E System

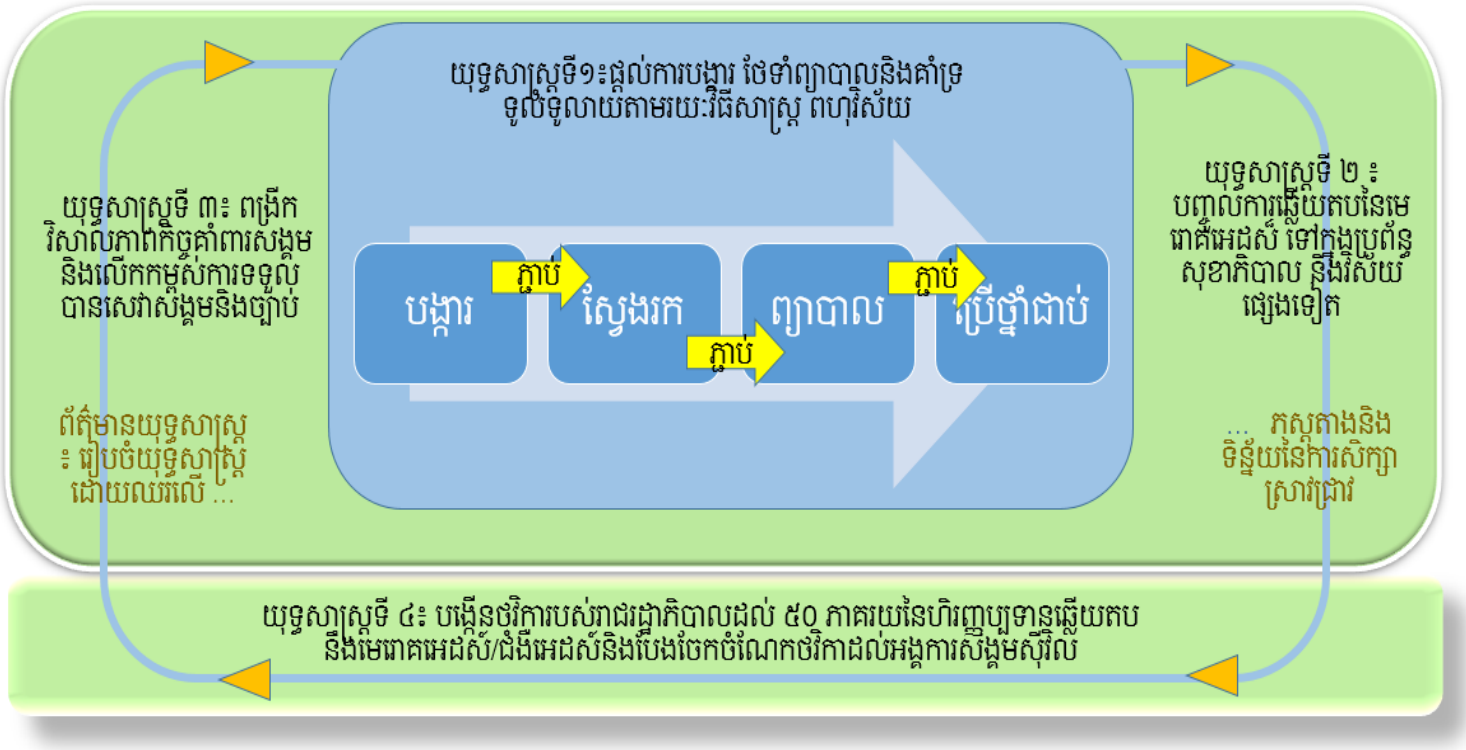
S4: Resource Mobilization WG

ការដឹកនាំ

ទូលំទូលាយ
និងពហុវិស័យ
Holistic

យក
ប្រជាជនជាធំ
People
Centered
Approach

ផែនការយុទ្ធសាស្ត្រជាតិទូលំទូលាយនិងពហុវិស័យ
ឆ្លើយតបទៅនឹងមេរោគអេដស៍និងអេដស៍(២០១៩-២០២៣)



ភាពជាដៃគូ

ការវិនិយោគ

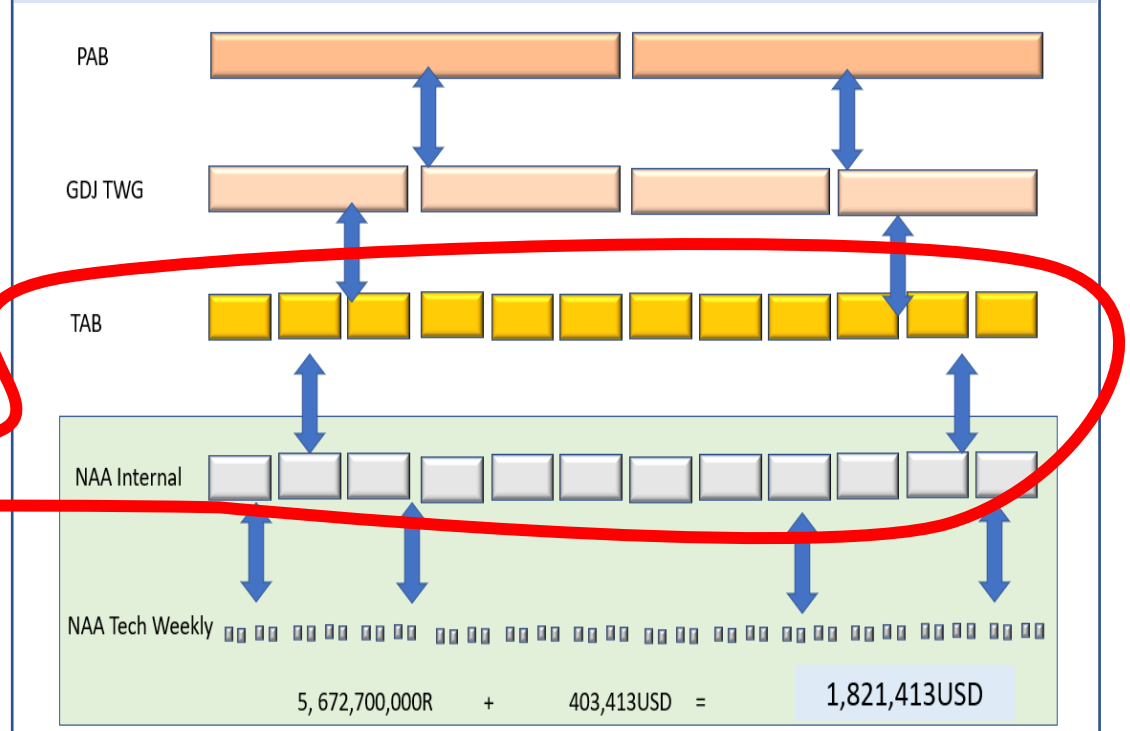
បញ្ចប់វិសមភាព បញ្ចប់អេដស៍ បញ្ចប់ជំងឺឆ្លងរាតត្បាតសកល

COORDINATION BODY

1-PEOPLE

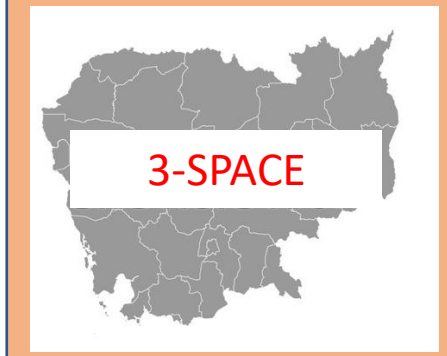
PR	10
MOH LT	10
CCC/ secret	22
KHANA/RHAC	300
DMSA	10
Family Health Clinic	125
PASP/PHD	125
NMCH/Pediatric H	70
CENAT	50
NGO Facilities (CS/Hope)	60
CRS	300
VCCT, RH,	350
Health Centers	
CMS	30
Hospital /Pharmacy/Stores	
NCHADS	100
NAA	100
HACC/ F/DFONPAM	50
PAC/DAC/CAC	250
FHI-EPIC	50
LHSS	3
CHAI	5
UN	20
Ministries	
	2040

Revise policies and institutional relationships to change behaviors and resource use to address identified constraints in a more sustainable manner **(Success depends 85% on soft skills and 15% on hard skills)**



2-MONEY

36MUSDX 4= 144MUSD



4-TIME

ប្រទេសកម្ពុជាបានសម្រេចគោលដៅ ៩៥-៩៥-៩៥

ក្រោម%១០ បីដង

លើ៩៥% ប្រាំមួយដង

លើ៩0%ពីរដង

Jun 2025

KP	MSM (2019)	TG(2019)	FEW (2016)	PWID (2017)	PWUD (2017)	PLHIV	Total
Size Estimate (2019)	87,817	6,300	51,213	3,202	22,374	75,000	**245,906**
HIV prev.	4.00%	9.60%	3.20%	15.20%	5.70%	N/A	N/A

AIDS Monitoring organizing framework

Health

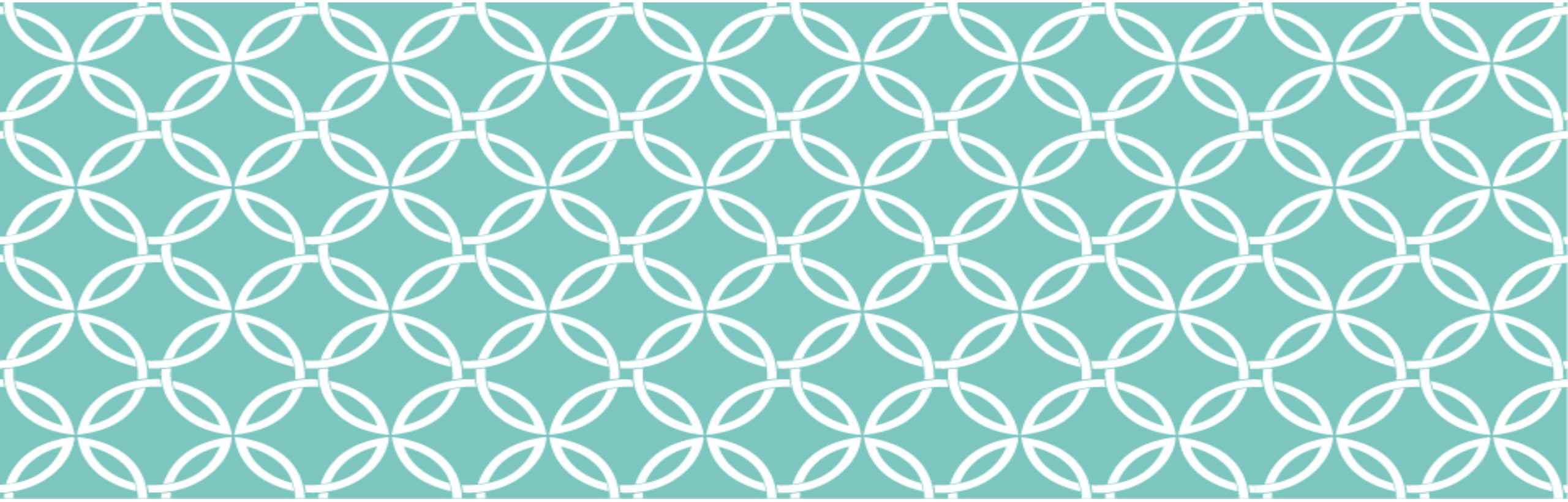
Non - Health

	Strategic focus area of the 2021 Political Declaration on AIDS used for the GAM monitoring Framework	AIDS Strategic Priorities	NSP V	SCN213
1	Combination HIV prevention for all	Maximize equitable and equal access to HIV services and solutions	S1	
2	95-95-95 HIV testing and Treatment		S1	
3	End pediatric AIDS and eliminate vertical transmission		S1	
4	Gender equality and empowerment of women and girls	Break down barriers to achieving HIV outcomes	S3	
5	Community Leadership		S2	PM1
6	Realize human rights and eliminate stigma and discrimination		S3	
7	Universal Health Coverage &Integration		S2	PM3
8	Investments and resources	Fully resource and sustain efficient and integrated HIV response	S4	PM2,PM4,PM5 ,PM6

Briefing on 2022 Global AIDS Monitoring (GAM) Indicators

Meeting with partners and stakeholders

1st March 2022



New indicators related to KP (violence and stigma) and PLHIV (stigma and seeking redress

	Physical and sexual violence (KP)	Stigma and discrimination (KP)
FEW	In the last 3 months (IBBS 2016) Physical violence – 4.7% in past 3 months Forced sex – 0.9% by husband/partners in past 3 months	Yes (in the stigma index) Need to do analysis from the data set, not available in the report
MSM	In the questionnaire but not in the report “has anyone ever physically hurt you such as hit or choke you, or threatened you with a knife or other weapon?” “has anyone tricked you, lied to you, or threaten you to make you have sex with them when you didn’t want to”(IBBS 2019)	Yes (in the stigma index) Need to do analysis from the data set, not available in the report
TG	In the questionnaire but not in the report “has anyone ever physically hurt you such as hit or choke you, or threatened you with a knife or other weapon?” has anyone tricked you, lied to you, or threaten you to make you have sex with them when you didn’t want to”(IBBS 2019)	Yes (in the stigma index) Need to do analysis from the data set, not available in the report
PWID	N/A	Yes (in the stigma index) Need to do analysis from the data set, not available in the report

	Source: Stigma Index	Male	Female
PLHIV (stigma and seeking redress	Internal stigma (feel ashamed)	68.3%	73.6%
	S &D in community settings	All 8 questions are included in questionnaire Need to be recalculated for the % of at least one “yes”	
	Seeking redress for violation of their rights	45. If any of these rights abuses (in Question 44) happened to you in the last 12 months, did you try to do anything about the matter? (For example, filed a complaint, contacted a lawyer, contacted a government official or politician, spoke out publicly, contacted a community organization/network of persons living with HIV for support, etc. □ Yes □ No	

DECENTRALIZATION OF AIDS RESPONSE

Prioritization of Geographic Areas for Interventions

First Priority

68% of Key Populations
48% of PLHIV

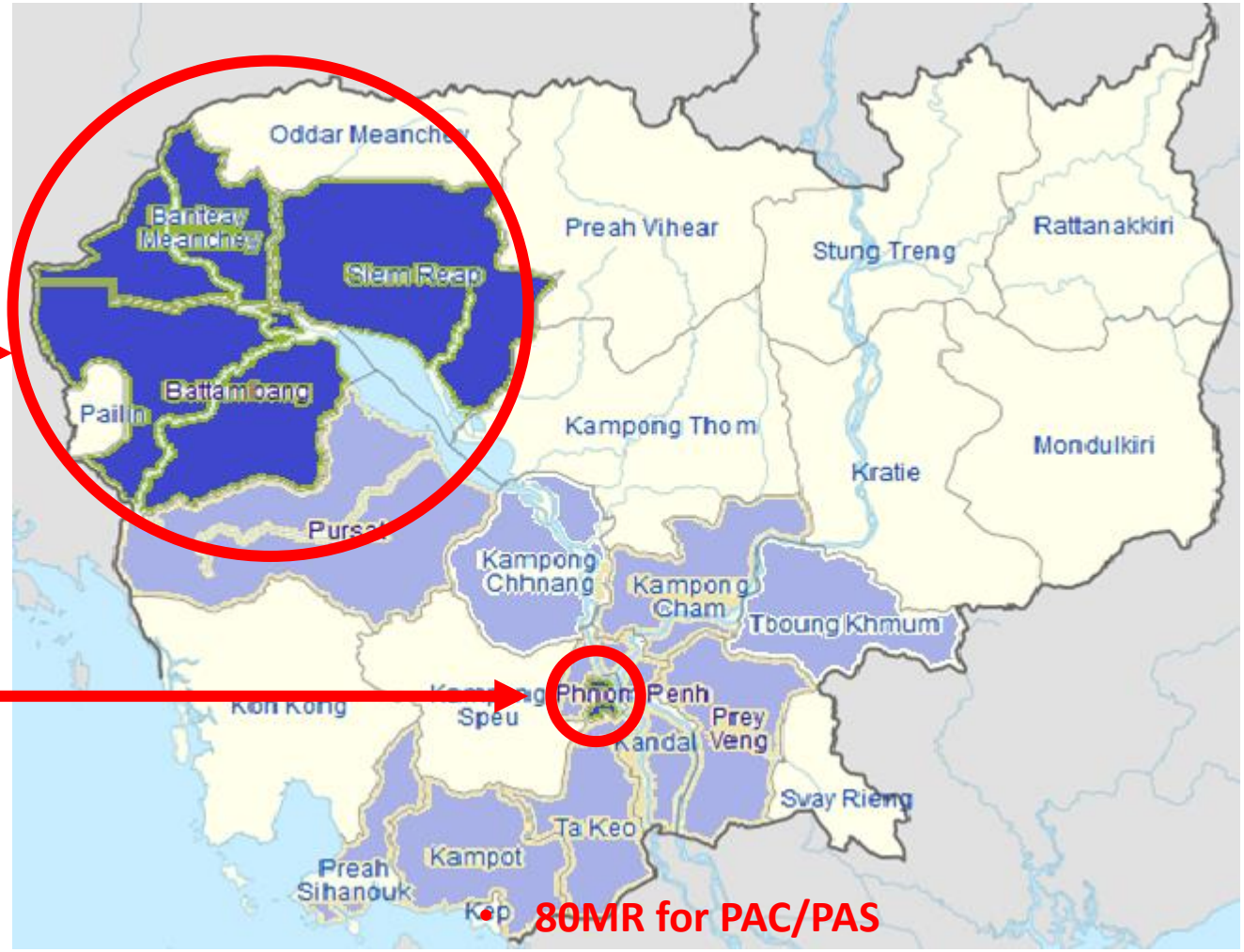
FTCI

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

80MR for PAC/PAS

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

១/ ស្ថានភាពទូទៅ ខេត្តបាត់ដំបង

អត្រាប្រទាំងឡង់នៃមេរោគអេដស៍ និងការប៉ាន់ប្រមាណក្រុមប្រឈមមុខខ្ពស់

PREVALENCE

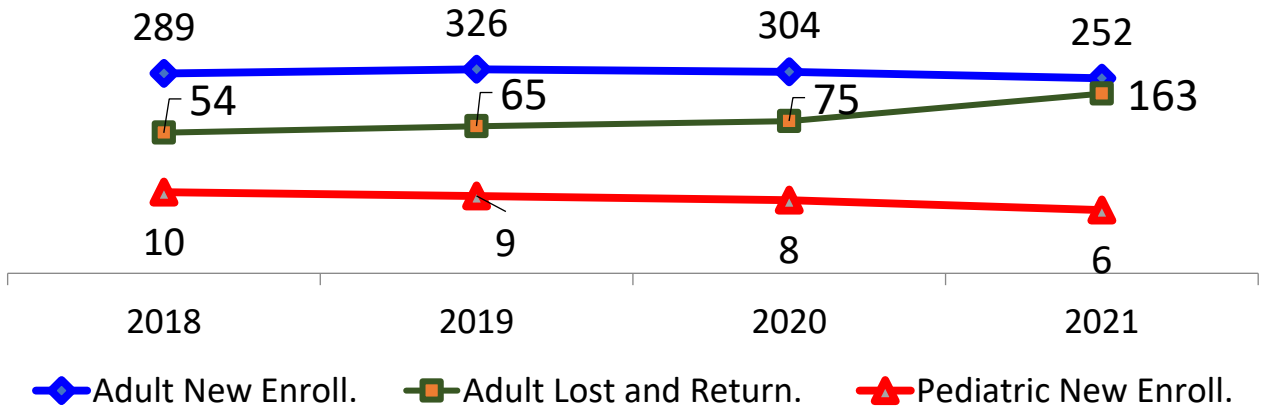
	Province	Town
11.8%	EW: 3,096	1,632
3.2% EW IBBS 2016		
4.0% MSM IBBS 2019	MSM: 4,373	1,520
9.6% TG IBBS 2019	TG: 646	270
15.2% PWID IBBS 2017	PWID: 250	
5.7% PWUD IBBS 2017	PWUD: 1,042	

	2021-2022		
	Children	*Adults 15+*	*All PLHIV*
*Total of **PLHIV***	(200)	5,834	5,834
Male		2,828	2,828
Female		3,006	3,006
HIV prevalence (%)			**0.62**
*Total **New HIV Infections***	(7)	102	102
Male		73	73
Female		29	29
HIV Incidence (%)			**0.01**
*Total **AIDS-related deaths***	(2)	38	38
Male		16	16
Female		22	22
PMTCT coverage (%)	83.3%		
Children ART coverage (%)	81%		
Adult 15+ ART coverage (%)	96%		
All PHLIV ART coverage (%)	88.5%		

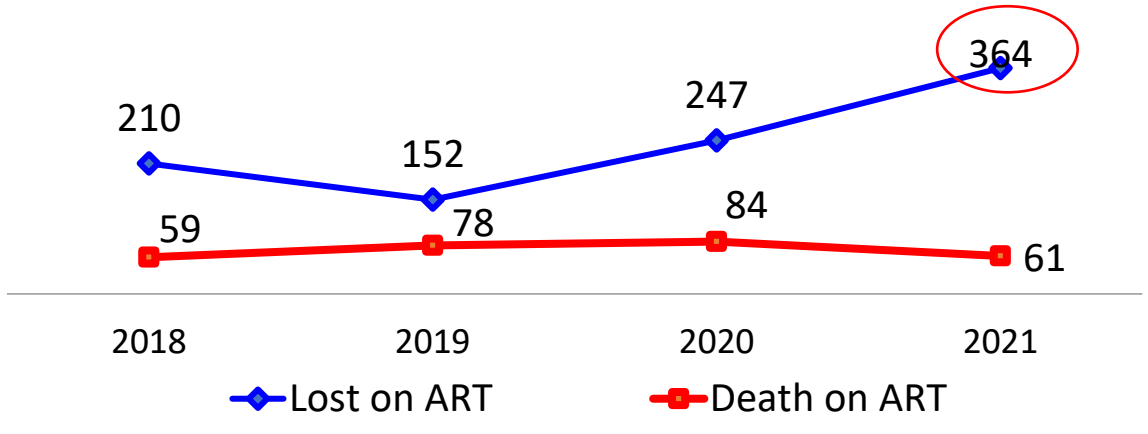
Source: Prepared by www.aidsdatahub.org based on Cambodia 2019 HIV estimates (preliminary results)

៣/ សមិទ្ធិផលការងារឆ្លើយតបនឹងមេរោគអេដស៍ ឆ្នាំ ២០២១

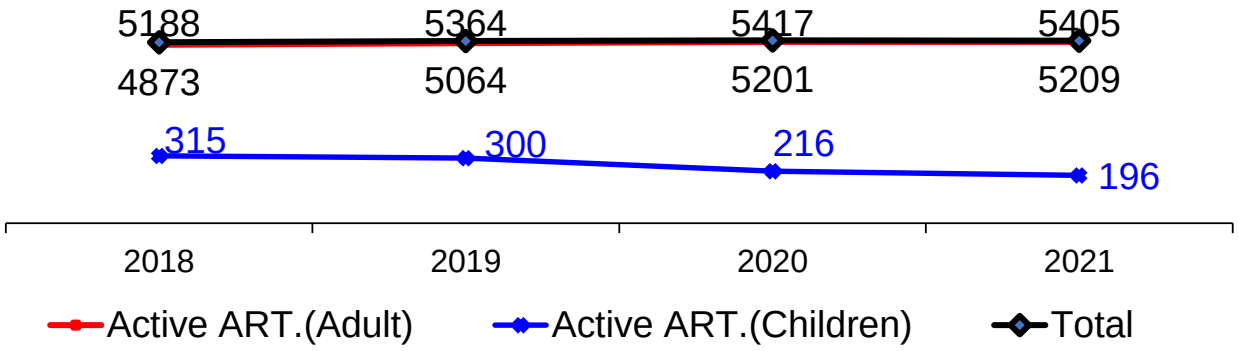
ចំនួនករណីទទួលការព្យាបាលថ្មី និង ច្រោះបង់សេវា និង ត្រឡប់មកទទួលសេវាវិញ ពីឆ្នាំ ២០១៨ - ២០២១



ចំនួនសរុបករណីស្លាប់ និងច្រោះបង់សេវាព្យាបាល ពីឆ្នាំ ២០១៨ - ២០២១



ចំនួនករណីសកម្ម ទទួលការព្យាបាលដោយ ARV ពីឆ្នាំ ២០១៨ -២០២១



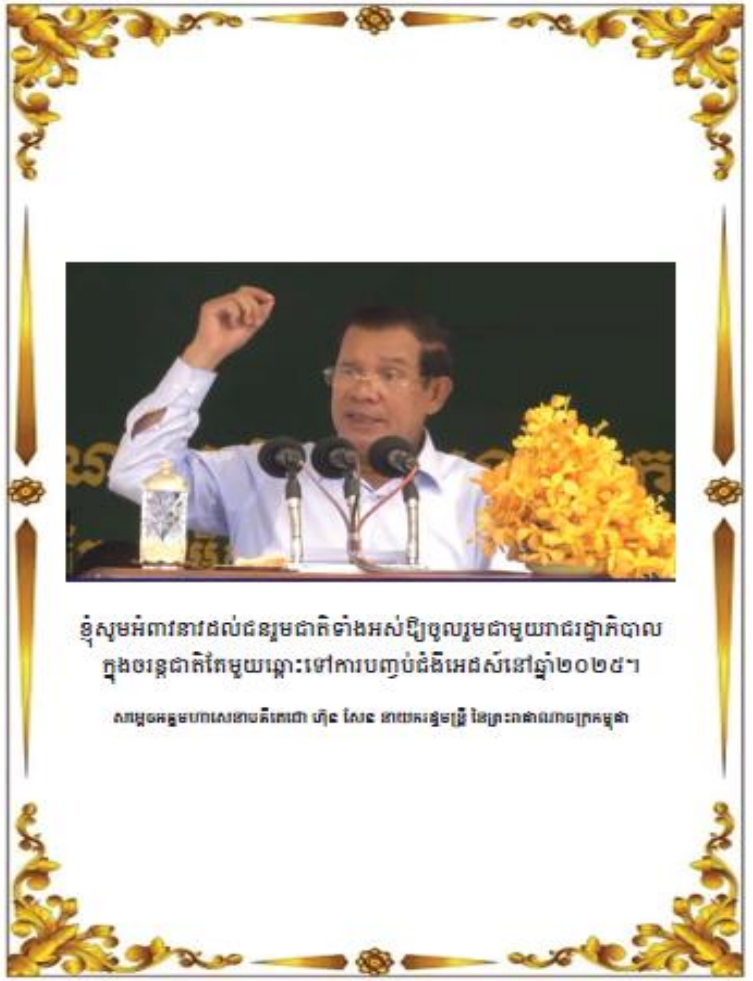
ចំនួនអ្នកផ្ទុកមេរោគអេដស៍កំពុងទទួលការព្យាបាលតាមមន្ទីរពេទ្យបង្អែក

Q4-2021	BTB	MRS	TMK	SPL	Roka
កំពុងព្យាបាល ARV	3101	677	823	544	260
មិនទាន់ព្យាបាល ARV	0	0	1	0	0

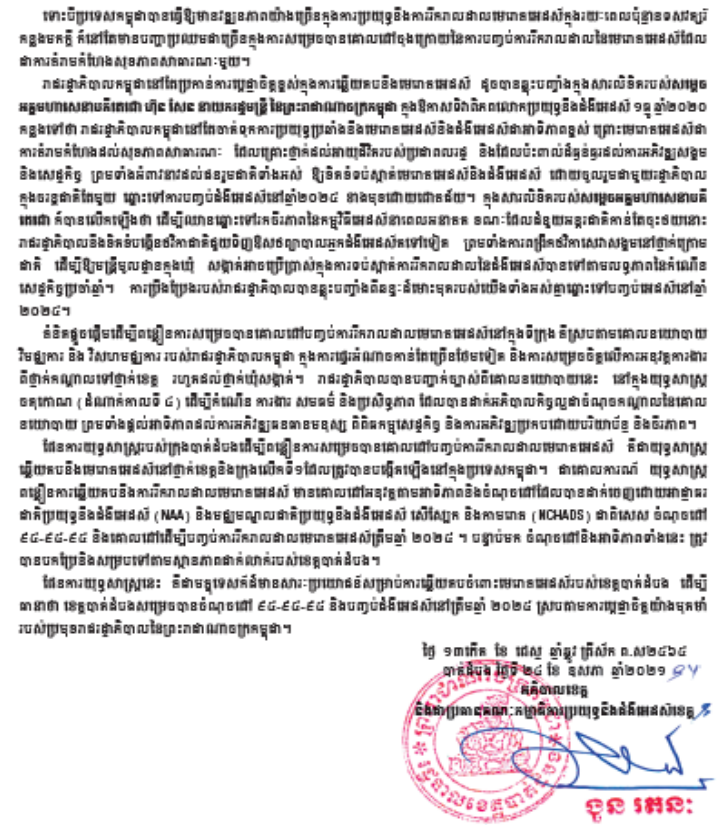
*ART Report

២/ ការអនុវត្តយុទ្ធសាស្ត្រ និងសកម្មភាពឆ្លើយតបនឹងមេរោគអេដស៍ឆ្នាំ ២០២១

ផែនការយុទ្ធសាស្ត្រដើម្បីពន្លឿនការសម្រេចបានគោលដៅបញ្ចប់ការរីករាលដាលមេរោគអេដស៍

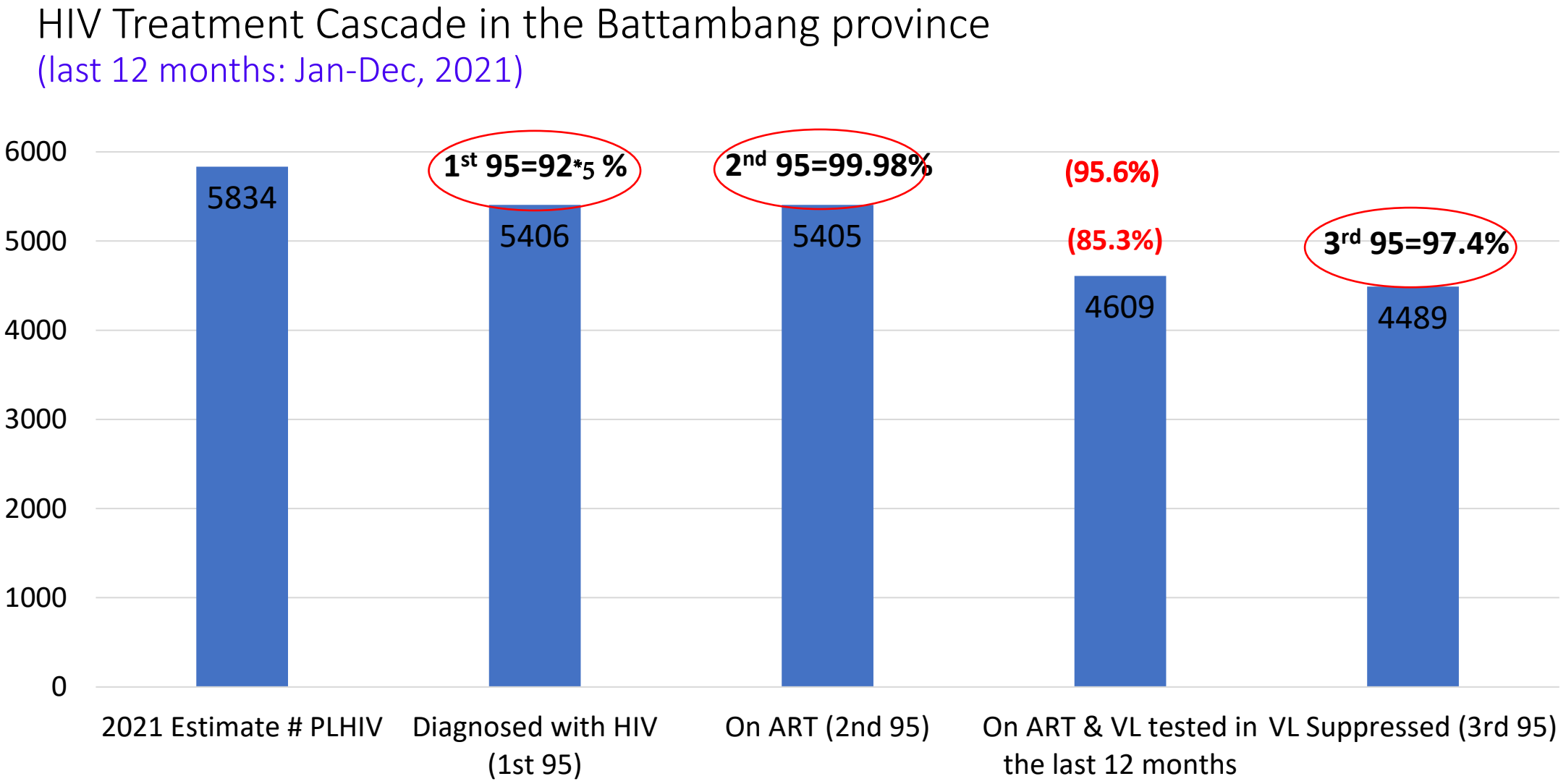


អារម្ភកថា



"Leadership, Partnership and Investment"

៣/ សមិទ្ធិផលការងារឆ្លើយតបនឹងមេរោគអេដស៍ ឆ្នាំ ២០២១



៤/ បញ្ហាប្រឈម

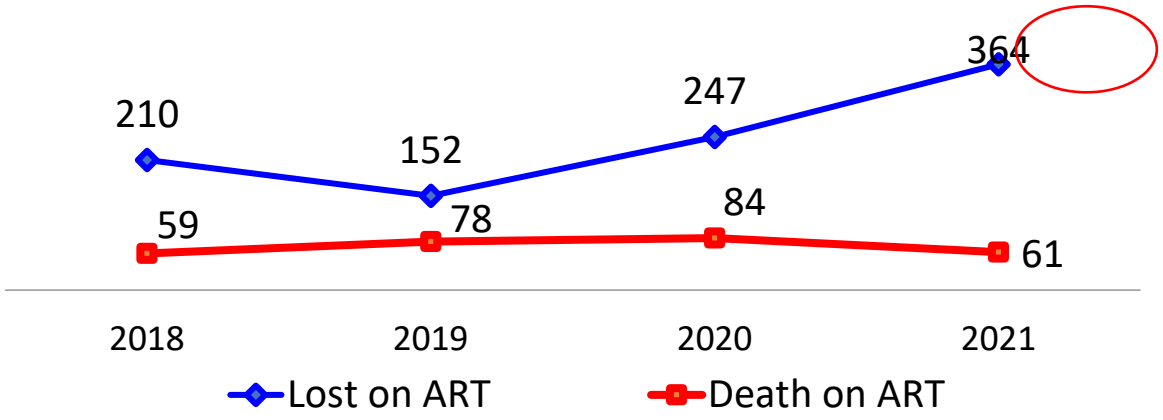
- ការរីករាលដាលនៃជំងឺកូវីដ ១៩ បានធ្វើឲ្យមានការប៉ះពាល់លើជីវភាពប្រជាពលរដ្ឋ ពិសេសអ្នកផ្ទុកមេរោគអេដស៍ ការមកទទួលសេវាព្យាបាល ការអនុវត្តការងារផ្តល់សេវារបស់មន្ត្រីសុខាភិបាល របស់អង្គការដៃគូ ក្នុងការអប់រំ ស្រាវជ្រាវ និងការធ្វើតេស្តឈាមរកមេរោគអេដស៍។

- នៅថ្នាក់សហគមន៍ផ្ទាល់ មិនទាន់មានយន្តការនៃការអប់រំ ស្រាវជ្រាវ រុករក ករណីសង្ស័យ និងបញ្ជូនមកធ្វើតេស្តឈាមរកមេរោគអេដស៍ លើក្រុមប្រជាពលរដ្ឋទូទៅ។

- តម្រូវការជីវភាពធ្វើឲ្យអ្នករស់នៅជាមួយមេរោគអេដស៍មួយចំនួនត្រូវ ចល័ត និងចំណាកស្រុក នាំឲ្យមានការខកខានក្នុងការទទួលការព្យាបាលឲ្យបានត្រឹមត្រូវ (មកយឺត ខកខានពិនិត្យឈាម បោះបង់សេវាព្យាបាល)។

- ការផ្គត់ផ្គង់ឱសថ បរិក្ខារ សំភារៈបង្ការ មិនបានគ្រប់តាមតម្រូវការ។

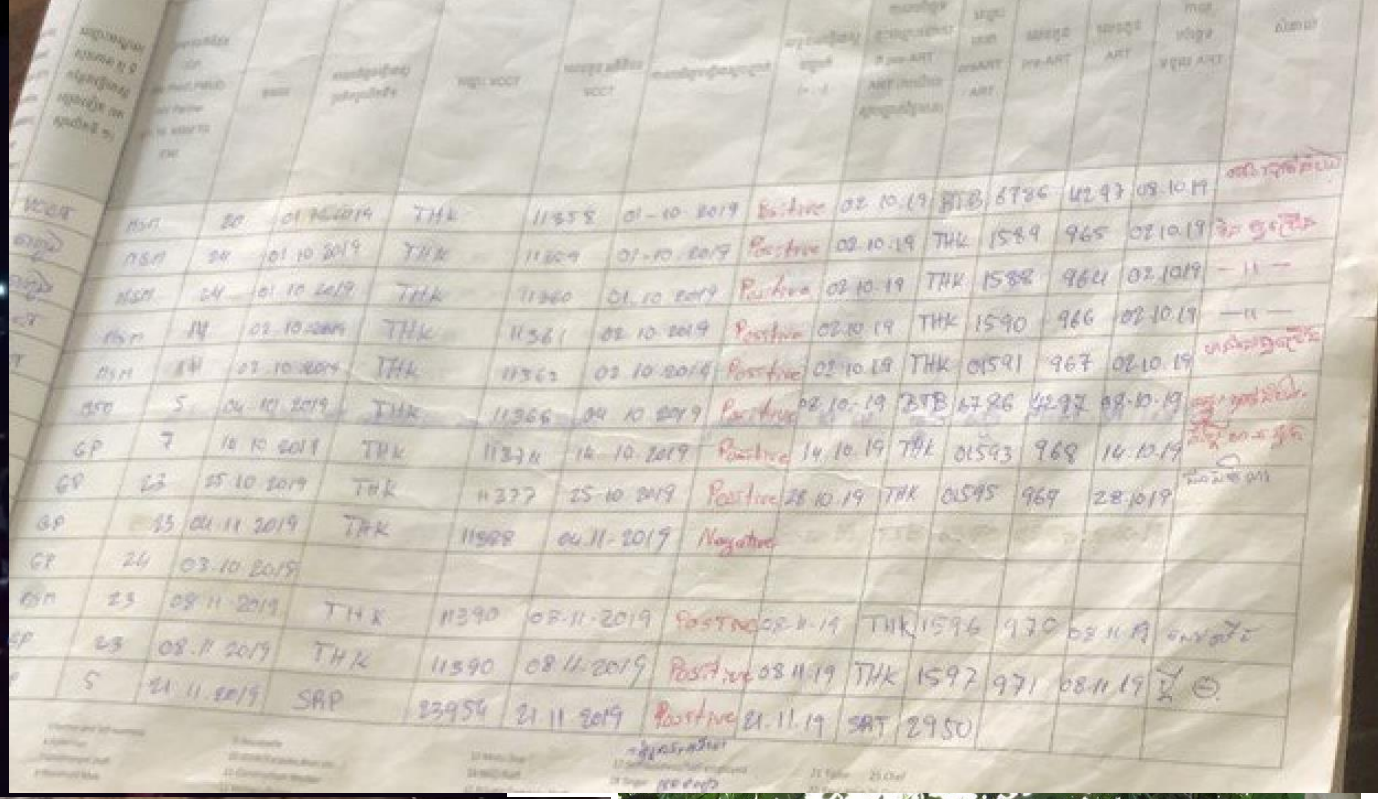
ចំនួនសរុបករណីស្លាប់ និងបោះបង់សេវាព្យាបាល ពីឆ្នាំ ២០១៨ - ២០២១



ចំនួនអ្នកផ្ទុកមេរោគអេដស៍កំពុងទទួលការព្យាបាលតាមមន្ទីរពេទ្យបង្អែក

Q4-2021	BTB	MRS	TMK	SPL	Roka
កំពុងព្យាបាល ARV	3101	677	823	544	260
មិនទាន់ព្យាបាល ARV	0	0	1	0	0

តន្ត្រីស្រុកស្រែ



២/ ការអនុវត្តយុទ្ធសាស្ត្រ និងសកម្មភាពឆ្លើយតបនឹងមេរោគអេដស៍ឆ្នាំ ២០២១

ACM

ការអប់រំបង្ការ និងស្រាវជ្រាវរកករណីផ្ទុកមេរោគអេដស៍ Identify – Reach		ការថែទាំព្យាបាលនិងតាមដានប្រសិទ្ធិភាពនៃការព្យាបាល Intensify - Retain	
ការអប់រំបង្ការ កំណត់អ្នកប្រឈម	**រកឲ្យឃើញ និងផ្តល់ការធ្វើតេស្តរកមេរោគអេដស៍**	**ពង្រឹងគុណភាពនៃការព្យាបាលដោយ ARV**	**លើកទឹកចិត្តឲ្យទទួលការព្យាបាលជាប់លាប់ និងតាមដាន Viral Load**
ក្រុមប្រឈម: EW, TG, MSM, PWUD, PWID អនុវត្តគោលការណ៍ PEP, PrEP, GBV	C-PITC, PDI+, Self-testing	**<u>ការផ្តល់ART ឲ្យបានលឿន:</u>** - ព្យាបាលARV ភ្លាម (SDA) - ប្រើឱសថថ្មី(Dolutegravir) **<u>ផ្តល់ថ្នាំបង្ការជំងឺរបេង (TPT)</u>** **<u>ឲ្យថ្នាំរយៈពេលវែង(MMD)</u>** ចំពោះអ្នកមានស្ថានភាពល្អប្រសើរ **<u>ពិនិត្យ VL</u>**ទៀងទាត់តាម Algorithm។	• លើកទឹកចិត្តឲ្យទទួលបានសេវាព្យាបាល ទៀងទាត់ និងជាប់លាប់។ • លុបបំបាត់ការរើសអើងចំពោះក្រុមប្រឈមមុខខ្ពស់ (PSF)។ • អន្តរាគមន៍ផ្តល់ EAC ចំពោះអ្នកមាន VL>40។
ប្រ/ជ្ជូទូទៅ អ្នកចំណាកស្រុក ក្រុមយុវវ័យ	ជម្រុញការធ្វើតេស្តឈាមតាមវ័យ: HTC, H-PITC, VCCT (Recency testing), Index testing (PNTT) មាននៅគ្រប់សេវាសុខាភិបាល	• លើកកំពស់ប្រសិទ្ធិភាពនៃការផ្តល់ប្រឹក្សា • ជម្រុញការជួបមុខគ្នាឲ្យបានទៀងទាត់ • ជម្រុញការប្រើប្រាស់ប័ណ្ណមូលនិធិសមធម៌ • ជម្រុញឲ្យមានការគាំទ្រពីមូលដ្ឋាន	• **យកចិត្តទុកដាក់ខ្ពស់ក្រុមដែលងាយបោះបង់សេវា (LTFU)។** • តាមរកឲ្យមកទទួលសេវាវិញ។

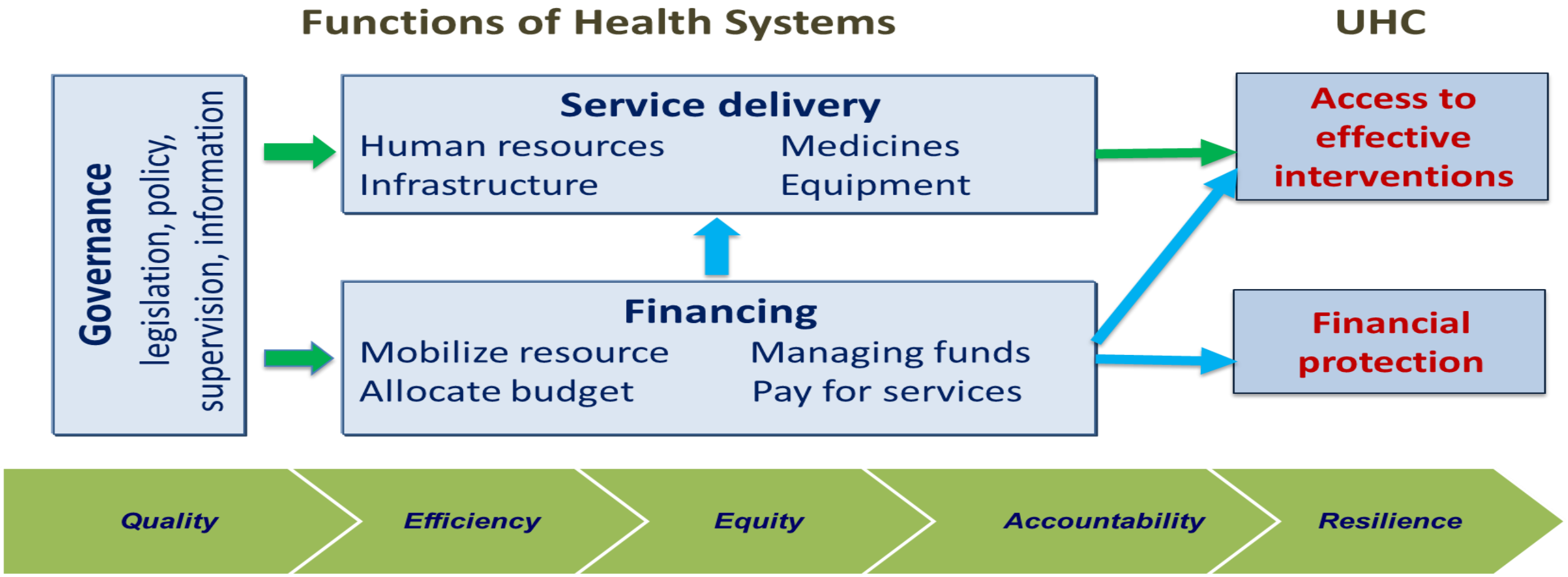
Support activities

Fast Track Cities Initiative

Support activities

CONCLUSION

Strengthening health systems for UHC



Disease-Specific Response and Health System Response

Constraint	Disease-Specific Response	Health-System Response
Workforce		
Inappropriately skilled staff	Implement continuous education and training workshops aimed at developing skills in focal diseases	Review basic medical and nursing training curricula to ensure basic training includes necessary and appropriate skills
Poorly motivated staff	Offer financial incentives to reward delivery of priority services	Institute appropriate performance review systems, create greater clarity around performance roles and expectations, review salary structures and promotion procedures
Leadership and Governance		
Weak planning and management	Provide continuous education and training workshops aimed at developing planning and management skills	Restructure ministries of health, recruit and develop a cadre of dedicated managers
Lack of intersectoral action and partnership	Create special disease-focused cross-sectoral committees and task forces at the national level	Build systems of local government that incorporate representatives from health, education, and agriculture and that promote accountability of local governance structures to the people

Disease-Specific Response and Health System Response

Constraint	Disease-Specific Response	Health-System Response
Financing		
Financial inaccessibility: inability to pay, informal fees	Permit exemptions or reduce prices for focal diseases	Develop risk pooling strategies
Service Delivery		
Physical inaccessibility: distance to facility	Provide outreach for focal diseases	Reconsider plans for long-term capital investment and planning for facilities
Poor quality of care among providers in the private sector	Provide trainings for private-sector providers	Develop systems for accreditation and regulation

CSO/ KP/ PLHIV consultations on NSPV MTR

1. Increasing the investment and support over the community-led advocacy actions, particularly for data utilization.
2. Integration of mental health components into CRG interventions performed by community networks and CSO
3. Reinforce the implementation of the MARP Community Partnership Initiative (MCPI) to increase the vital roles of affected communities
4. Improve reporting systems and mechanisms to facilitate gender-disaggregated data
5. Integrate Sexual Reproductive Health and Rights (SRHR) into HIV programming targeting key populations (KPs) and people living with HIV (PLHIV) (including young people).
6. Integrate (SOGIESC) into HIV programming
7. Strengthen community and CSOs in supporting access, registration, and implementation of social protection schemes (including benefits package
8. Continue to promote meaningful engagement of key population-led organizations in CCC, NSP, GFATM FRA
9. Enhance case collections, documentation, and reporting of violence, rights violations, and abuses faced by KPs and PLHIV.
10. Increase investments in organizational and institutional development (OID) for CSOs and community networks to enhance their roles in supporting and monitoring mechanisms to service delivery and access.

Coordinate with Development Partners

GFATM
PEPFAR

Focus area	Total
More supportive and conducive policy, regulatory and legal environment for HIV testing and prevention programs	$340,000
Greater engagement of CLOs in provision of HIV testing, prevention and onwc demand diversified evidence services	$1,020,000
Increased range and availability of evidence-informed, KP-acceptable and responsive HIV testing and prevention services	$340,000
Total	$1,700,000

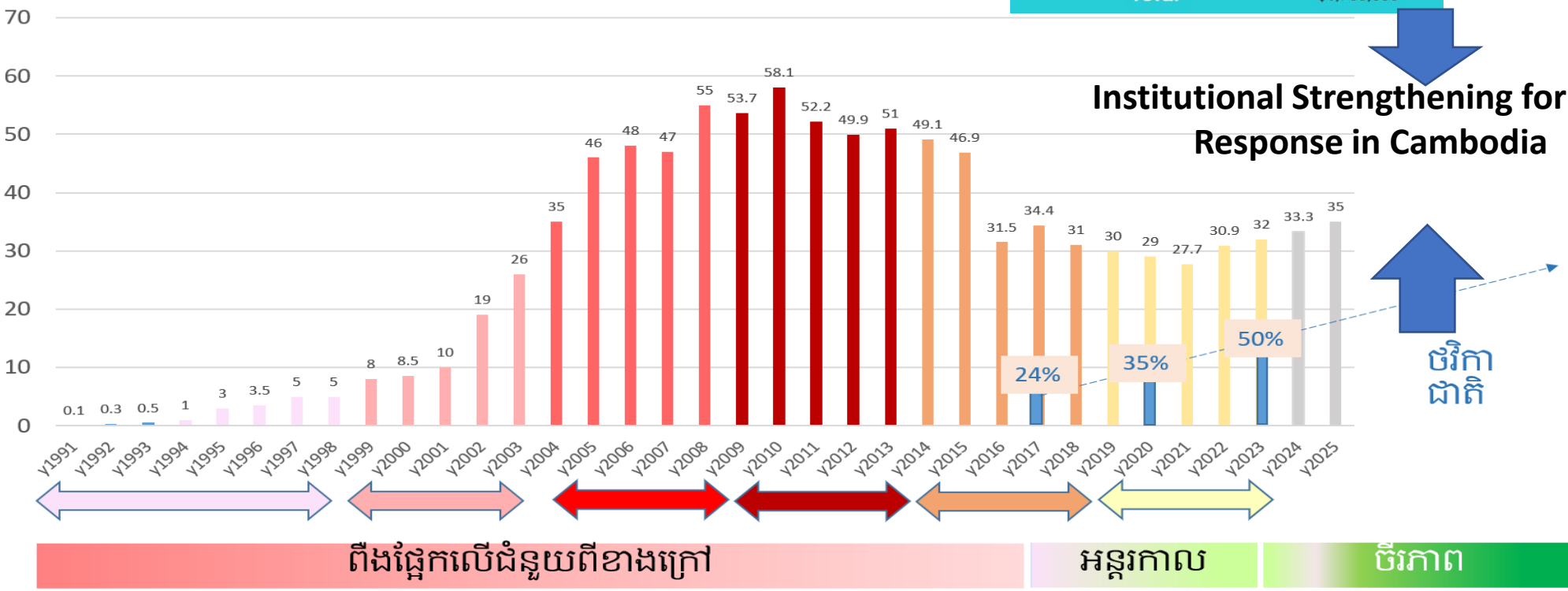
DEFAT

WORLD BANK

Options for Integrating HIV & TB in Domestic Health Financing Mechanisms in Cambodia ….

H-EQIP in Health Sector Support Program HSSP-2)

Institutional Strengthening for AIDS Response in Cambodia



AIDS Monitoring organizing framework

Health

Non - Health

	Strategic focus area of the 2021 Political Declaration on AIDS used for the GAM monitoring Framework	AIDS Strategic Priorities	NSP V	SCN213
1	Combination HIV prevention for all	Maximize equitable and equal access to HIV services and solutions	S1	
2	95-95-95 HIV testing and Treatment		S1	
3	End pediatric AIDS and eliminate vertical transmission		S1	
4	Gender equality and empowerment of women and girls	Break down barriers to achieving HIV outcomes	S3	
5	Community Leadership		S2	PM1
6	Realize human rights and eliminate stigma and discrimination		S3	
7	Universal Health Coverage &Integration		S2	PM3
8	Investments and resources	Fully resource and sustain efficient and integrated HIV response	S4	PM2,PM4,PM5 ,PM6

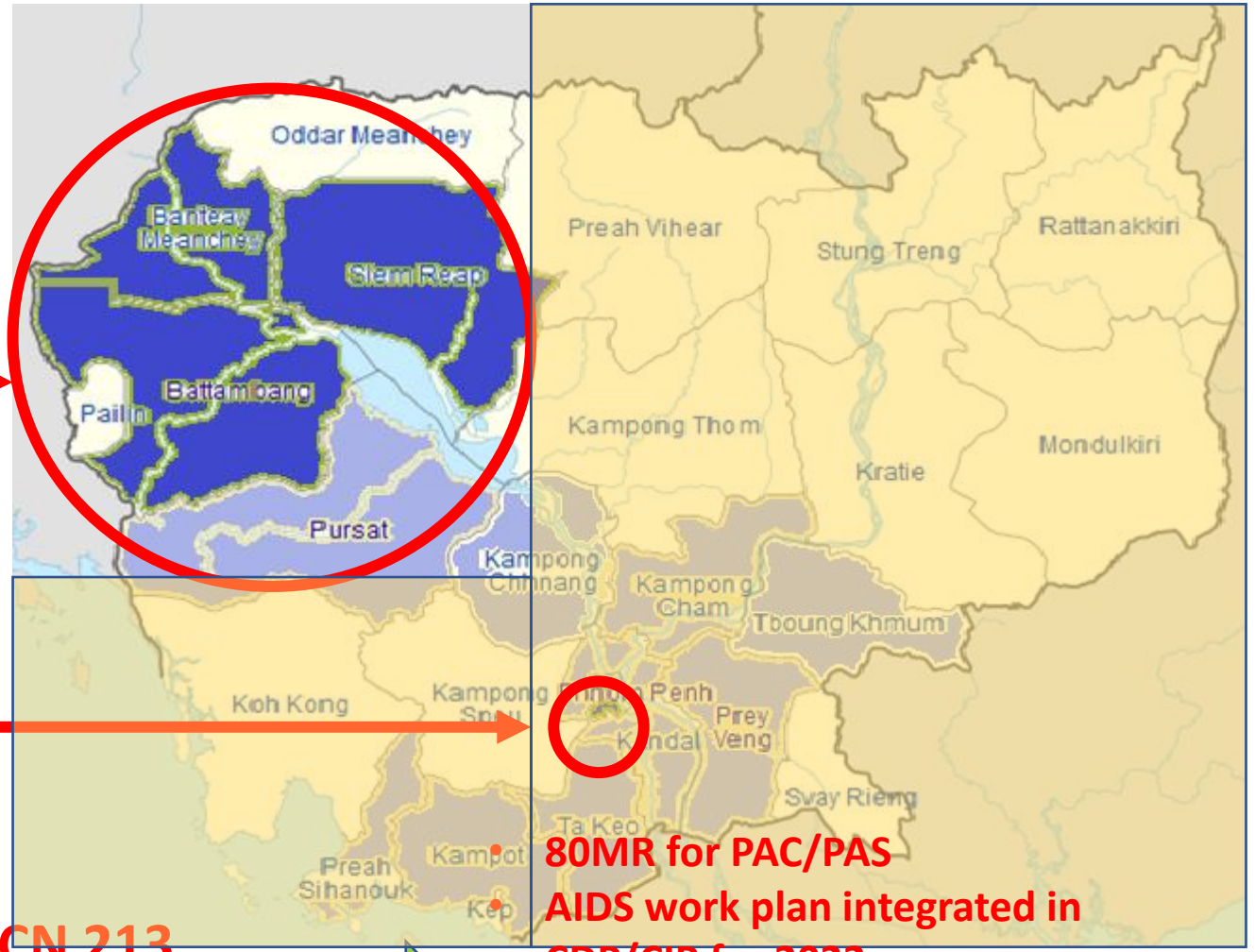
Decentralization of HIV and AIDS Response at Sub-national level

FTCI

First Priority

68% of Key Populations
48% of PLHIV

HEALTH and NON-HEALTH Data and Coordination

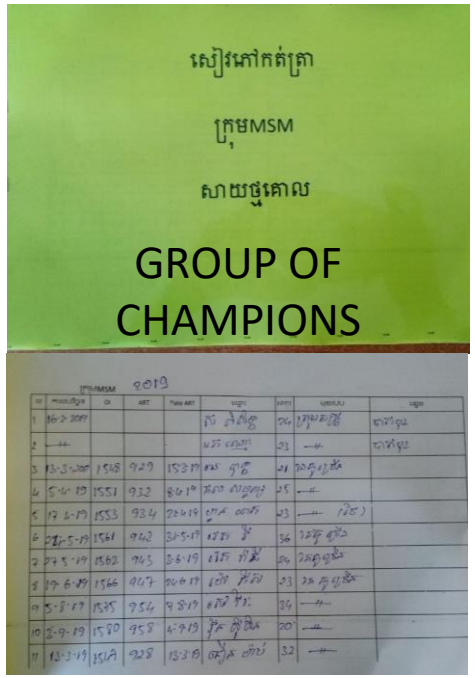


Implement and Monitor SCN 213
FTCI (PNP, BBG, BMC, SRP)+ KSP

80MR for PAC/PAS
AIDS work plan integrated in CDP/CIP for 2022

- **ID Poor software**

Thmar Korl District AIDS Committee



ជម្រុញឲ្យមានការគាំទ្រពីមូលដ្ឋាន

Local Authority

Police

CCWC

ដៃគូMSM 29នាក់

PrEP

តន្ត្រីស្រុកស្រែ

MSM ១៥នាក់ទៀតនៅឯណា?

ពង្រឹងនិងពង្រីកកម្មវិធី

S&D

Violence

Sustainability
SCN 213

ពង្រឹងប្រព័ន្ធធានាចីរភាព