Coordination to End AIDS by 2025

NAA internal Meeting

29 Mar 2022

Dr Phalla Tia , Vice Chair of NAA

Presentation Outline

1. Background
2. Understanding Health System Dynamics Framework
3. Commitment to end AIDS
4. Targets and Challenges
5. NSPV MTR
6. Coordination to end AIDS
7. Conclusion

1. Background

Updated Activities for Decentralizing AIDS Response

		BBG	BMC	SRP	PNP	KCM	TKO	STG	PST
Training SCN 213 With Support of LHSS			9-11 Mar	15-17 Feb	25-27Apr				
Supervision of NAA GFATM		22-26 Mar	29-31 Mar	23-25 Mar					22-26 Mar
Visit of USAID/LHSS and NAA		23-25 Feb							
AIDS in CDP/ CIP	KCM 11 Mar	4 C/S		4C/S	2C/S				
	KCM 17- 18 Mar	5 C/S		5C/S					
	SRP 30 Mar	2C/S	2C/S	2C/S	2C/S	2C/S	2C/S	2C/S	
	KCM 24-25 Mar		5C/S		7C/S				
	KCM 7-8 Apr		6C/S		7C/S				
	KCM 21-22 Apr	5 C/S		5 C/S					
80MR Activities									

1. Background

We are …

ទម្រង់ប្រមូលទិន្នន័យឆ្លើយតបចូលំចូលាយ និងពហុវិស័យទៅនឹងការរាលដាលមេរោគអេដស៍ និងជំងឺអេដស៍

រាជធានី/ខេត្ត..មន្ទីរសុខាភិបាលរាជធានីភ្នំពេញ ខែមករា ដល់ខែកុម្ភៈ ឆ្នាំ២០២២

- មន្ត្រីតាមដាន និងវាយតម្លៃ - ទូរស័ព្ទ - អ៊ីម៉ែល	ភេជ្ជ ឡុច ឡាវី , លោកស្រី សៀង សុវត្ថិទេវី Tel 012 93 83 74 , 012 21 96 53 Long-lavy@yahoo.com , ssowathtevy@yahoo.com

ល.រ	សូចនាករ	ទិន្នន័យ
១. ការដឹកនាំ គ្រប់គ្រង និងសម្របសម្រួល		
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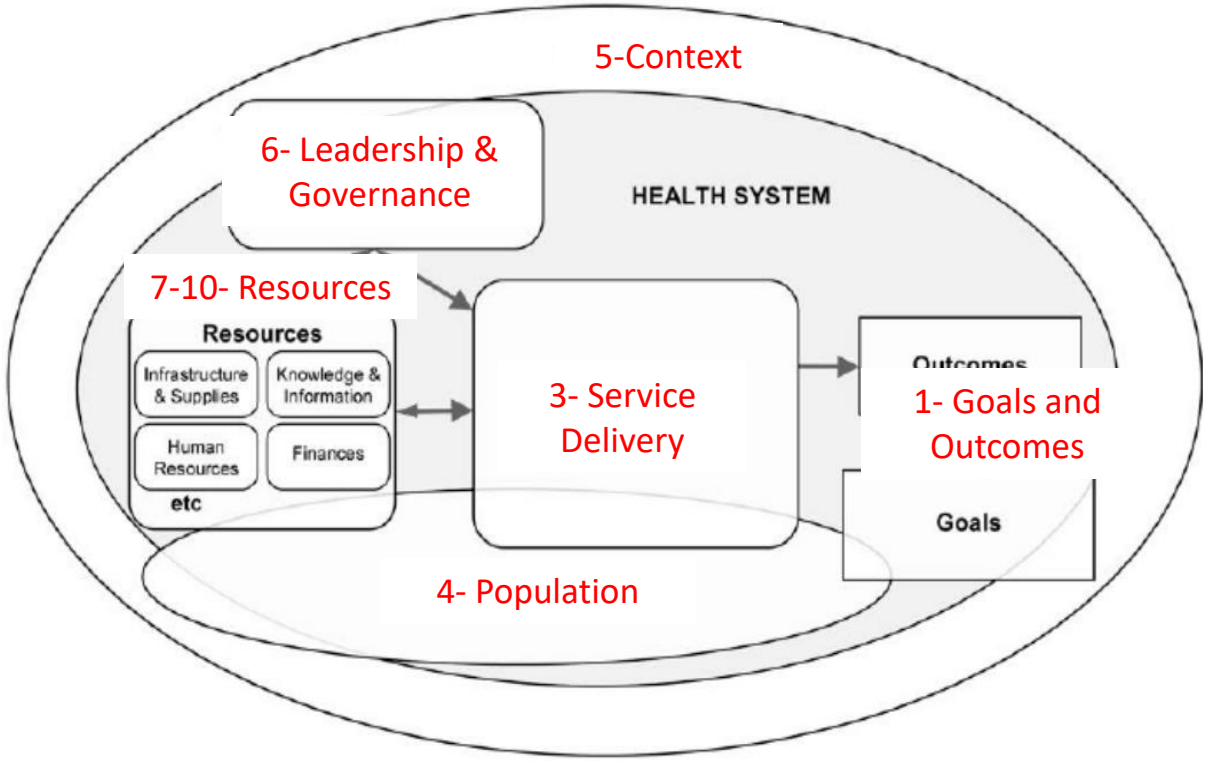
០២	- ចំនួន (#)កិច្ចប្រជុំលេខាធិការដ្ឋានប្រយុទ្ធនឹងជំងឺអេដស៍	- .....0.....ដង
០៣	- ចំនួន (#)អង្គការមិនមែនរដ្ឋាភិបាលសហការណ៍ធ្វើការងារប្រយុទ្ធនឹងជំងឺអេដស៍	- .....១៧.....អង្គការ
២. ការបង្ការការចម្លងមេរោគអេដស៍		
០៤	- ចំនួន (#)យុទ្ធនាការក្នុងអំលុងពេលបុណ្យចូលឆ្នាំ - ចំនួន (#)ប្រជាជនដែលបានចូលរួម	- .....ដង - .....នាក់
០៥	- ចំនួន (#)យុទ្ធនាការក្នុងអំលុងពេលបុណ្យអុំទូក - ចំនួន (#)ប្រជាជនដែលបានចូលរួមទទួលសារអប់រំ	- .....ដង - .....នាក់
០៦	- ចំនួន (#)យុទ្ធនាការពិភពលោកប្រយុទ្ធនឹងជំងឺអេដស៍	- .....ដង

…evaluating National and Sub-national institutions

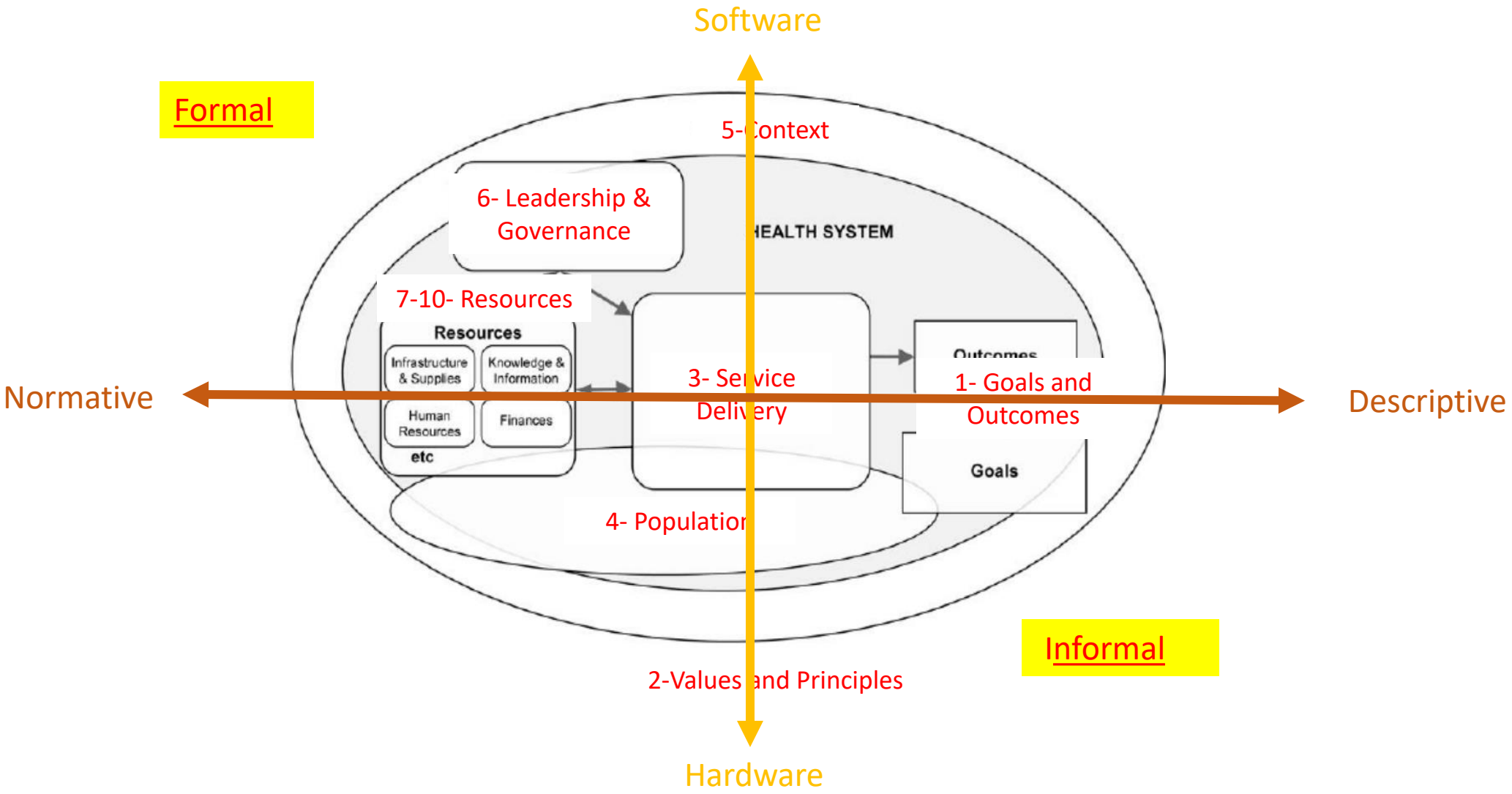
What would be the best way for us to coordinate stakeholders to end AIDS?

Health System Dynamics Framework , 2010

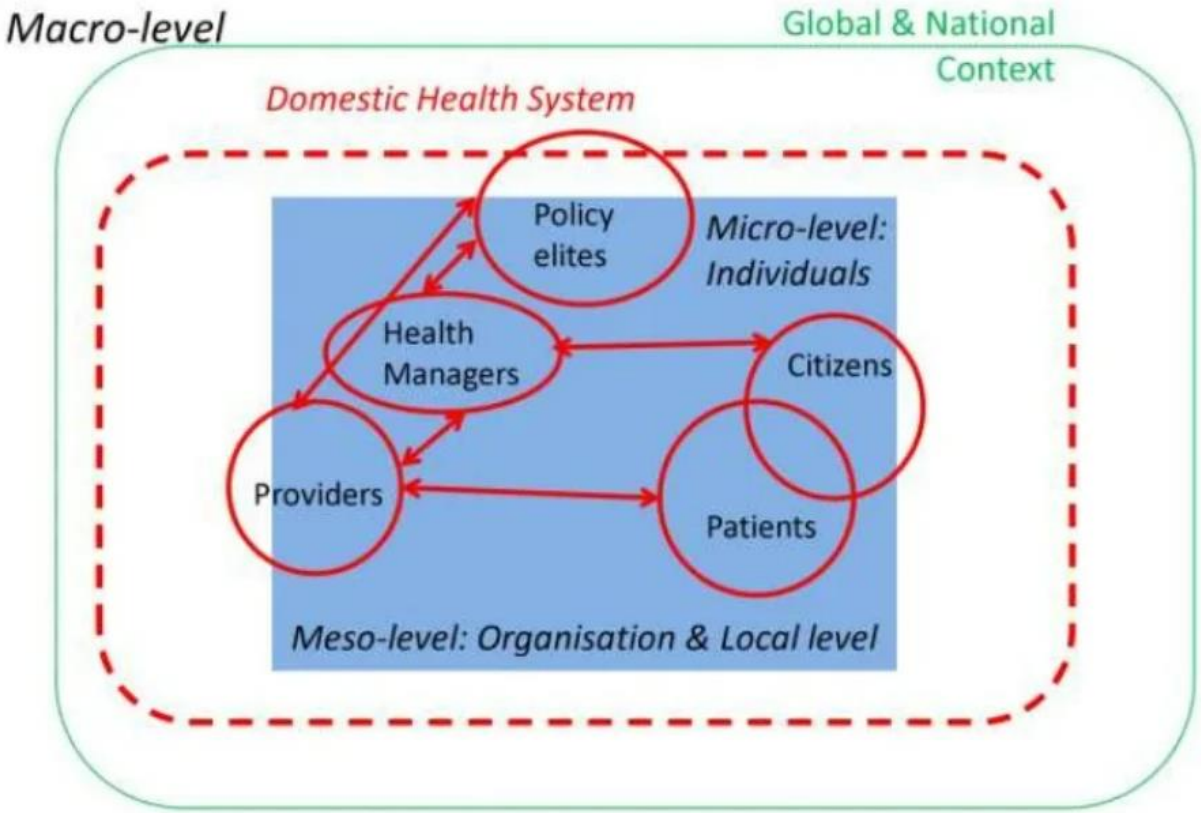


ANALYZING HEALTH SYSTEM DYNAMICS FRAMEWORK

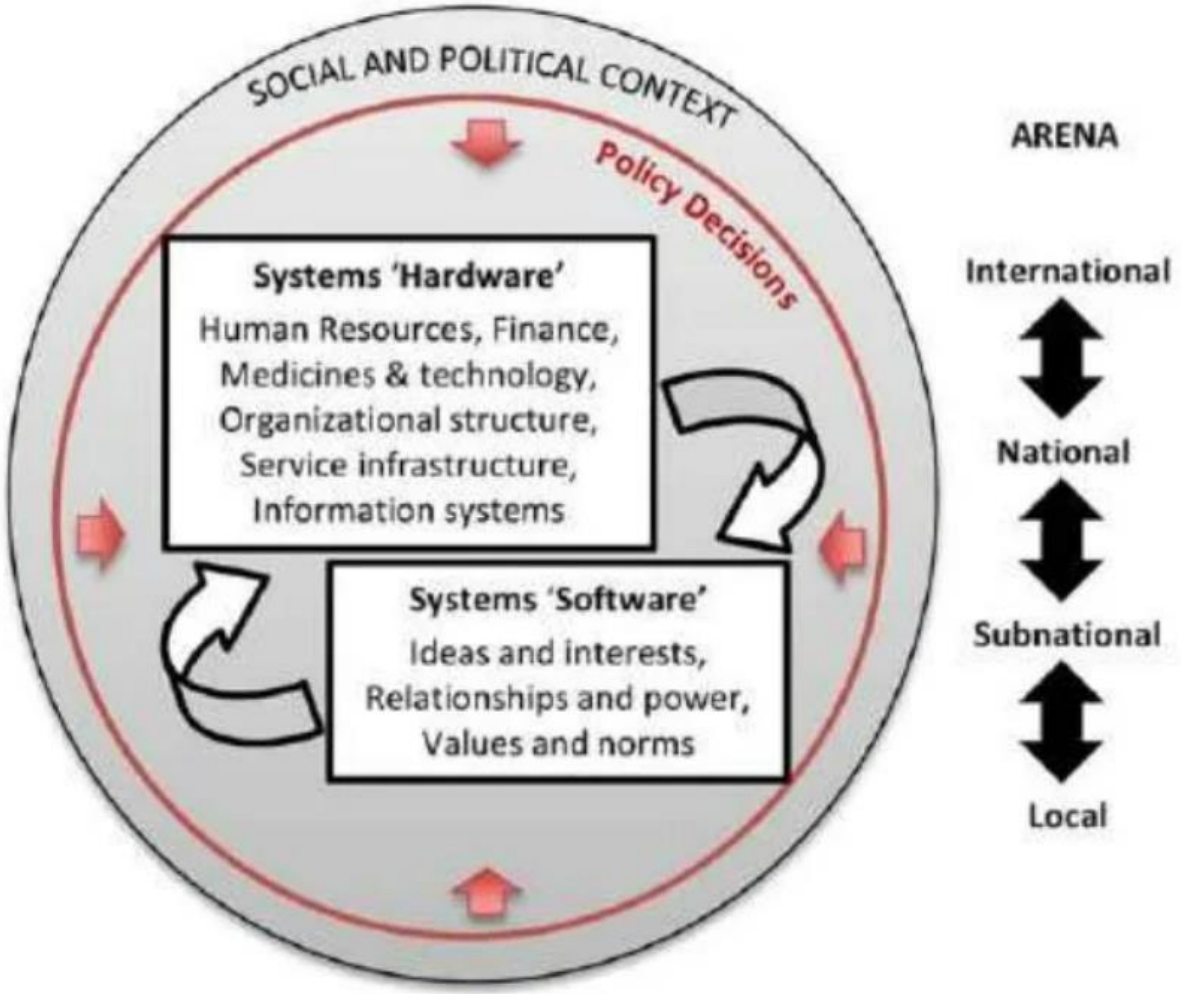
Actors and their roles in health system and polices and stakeholders analysis



Macro , Meso and Micro-level



Hardware and Software

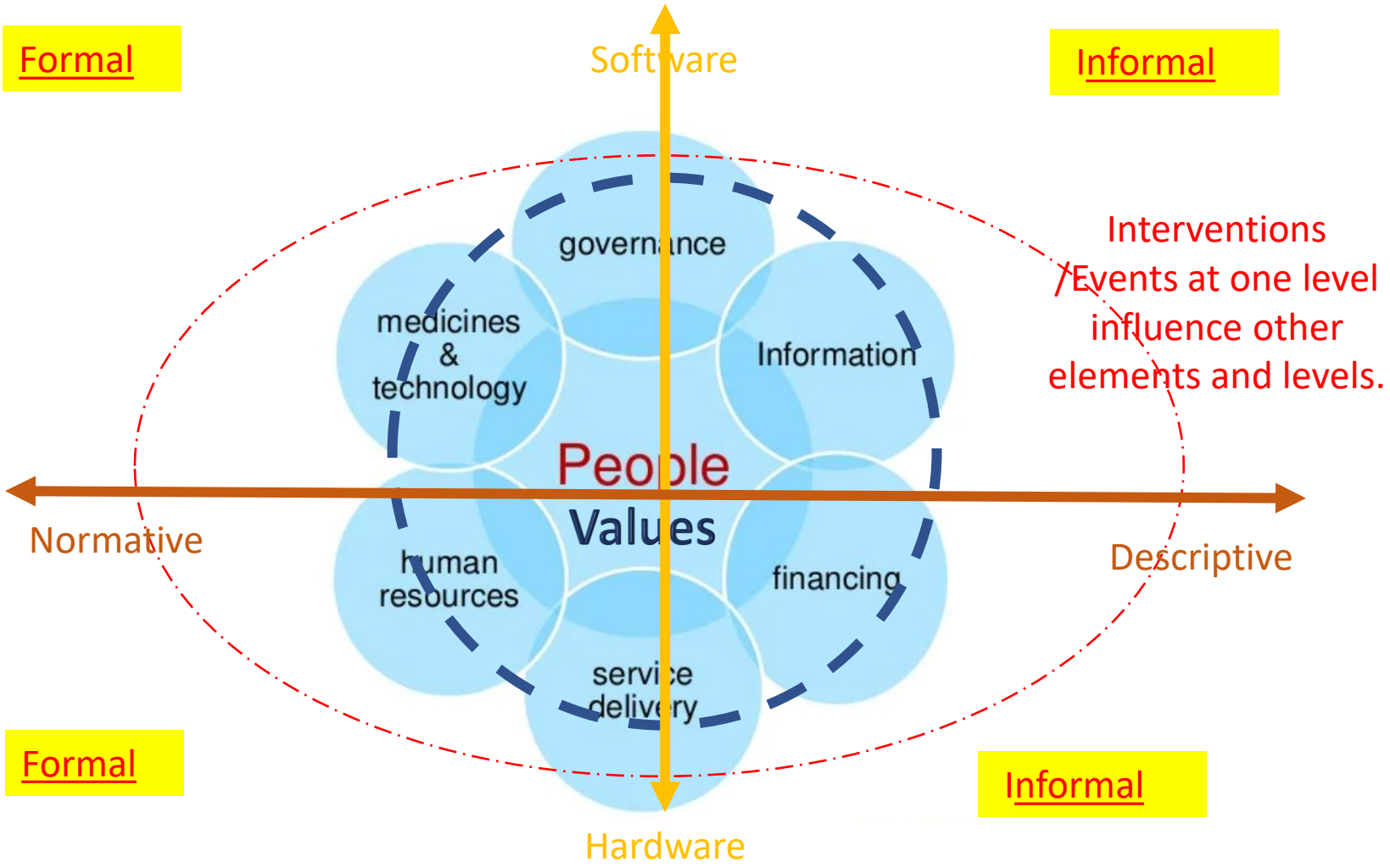


Health system strengthening goes beyond dedicated disease/condition-specific programmes

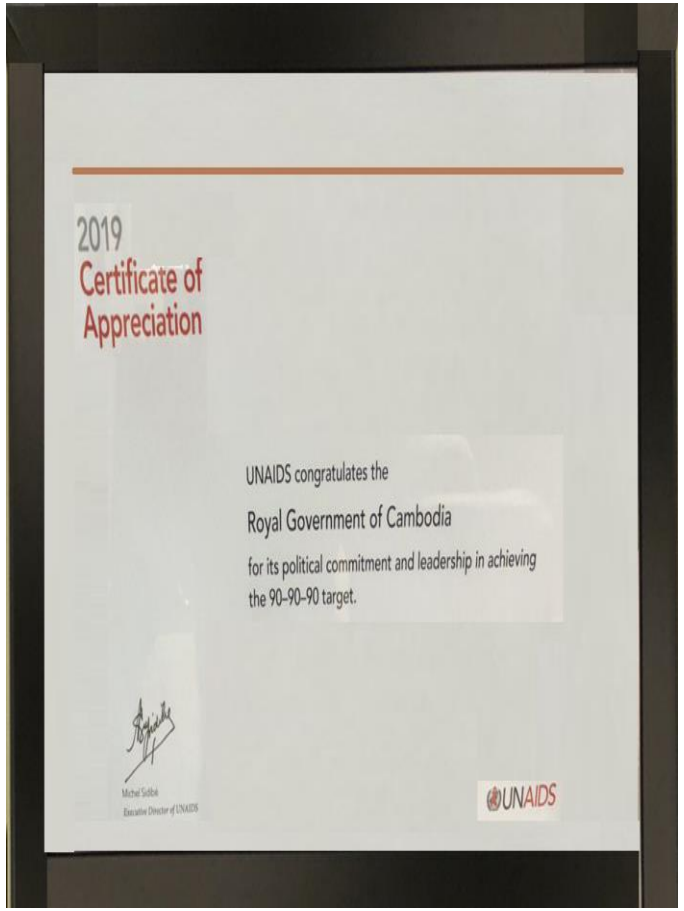
Constraint	Disease-programme response	Health system response
Poorly motivated staff	Financial incentives to reward delivery of particular priority services	Institution of proper performance review systems Creating greater clarity of roles and expectations regarding performance of roles Review of salary structures and promotion procedures

Travis et al., 2004

Why and how sustained action over time?



'Real' governance, encompassing both the formal and informal rules governing the demand and supply of health care, and both the formal and informal ways in which the rules are made, changed, monitored and enforced whether in the government-centred, building-block or institutional approach to health system governance



កម្ពុជាបានសម្រេចគោលដៅ ៩៥-៩៥-៩៥?

UNGASS Jun 2011

UNGASS 2019

UNGASS Jun 2021

UNGASS Jun 2025

សេចក្តីប្តេជ្ញាចិត្ត

1. នាយករដ្ឋមន្ត្រី៖ សាមគ្គីភាពជាតិឆ្ពោះទៅរកការឆ្លើយតបនឹងមេរោគអេដស៍ដូចជាអង្រួនរាងកាយរបស់អ្នកពីក្បាលដល់ចុងជើង (អ្នកពាក់ព័ន្ធគ្រប់ជាន់ថ្នាក់ចូលរួមទទួលខុសត្រូវក្នុងការឆ្លើយតប)។
2. ឆ្ពោះទៅសម្រេចបានគោលដៅ ៩៥-៩៥-៩៥ លុបបំបាត់មេរោគអេដស៍ជាការគំរាមកំហែងដល់សុខភាពសាធារណៈ។
3. ធានានិរន្តរភាពដោយផ្លាស់ប្តូរឆ្ងាយពីការពឹងផ្អែកលើជំនួយពីខាងក្រៅទៅជាការបង្កើនធនធានក្នុងស្រុក។
4. ទ្រទ្រង់ចក្ខុវិស័យឆ្លើយតបនឹងមេរោគអេដស៍ រយៈពេលវែងនិងភាពជាម្ចាស់។
5. សជណ#២១៣ គឺជាឧបករណ៍គោលនយោបាយកម្រិតខ្ពស់មួយហើយប្រព័ន្ធត្រួតពិនិត្យដែលត្រូវបានបង្កើតឡើងដើម្បីឱ្យភាគីពាក់ព័ន្ធចូលរួមចំណែកឧទាហរណ៍ ការផ្តត់ផ្តង់ទិន្នន័យទៅ CAC, DAC, PACនិង អជបជអ។

ខ្ញុំសូមអំពាវនាវដល់ជនរួមជាតិទាំងអស់ឱ្យចូលរួមជាមួយរាជរដ្ឋាភិបាលក្នុងចរន្តជាតិតែមួយឆ្ពោះទៅការបញ្ចប់ជំងឺអេដស៍នៅឆ្នាំ២០២៥។

សម្តេចអគ្គមហាសេនាបតីតេជោ ហ៊ុន សែន នាយករដ្ឋមន្ត្រី នៃព្រះរាជាណាចក្រកម្ពុជា

រាជធានីភ្នំពេញ ខេត្តបាត់ដំបង ខេត្តបន្ទាយមានជ័យ ខេត្តសៀមរាប បានប្តេជ្ញាអនុវត្តកម្មវិធីទីក្រុងពន្លឿនការឆ្លើយតបមេរោគអេដស៍ តាំងពីខែធ្នូឆ្នាំ២០១៩

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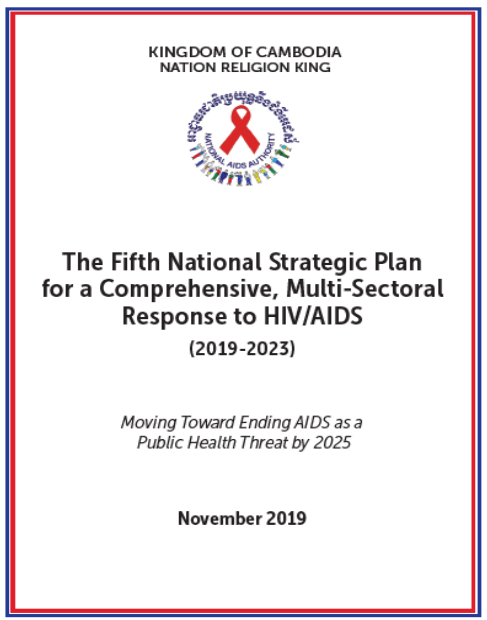


គោលដៅ
95-95-95 +
Prev, eMTCT
TB, intg.H.
Services
+ three <10%

ករណីឆ្លងថ្មី
<250

NSPV MTR

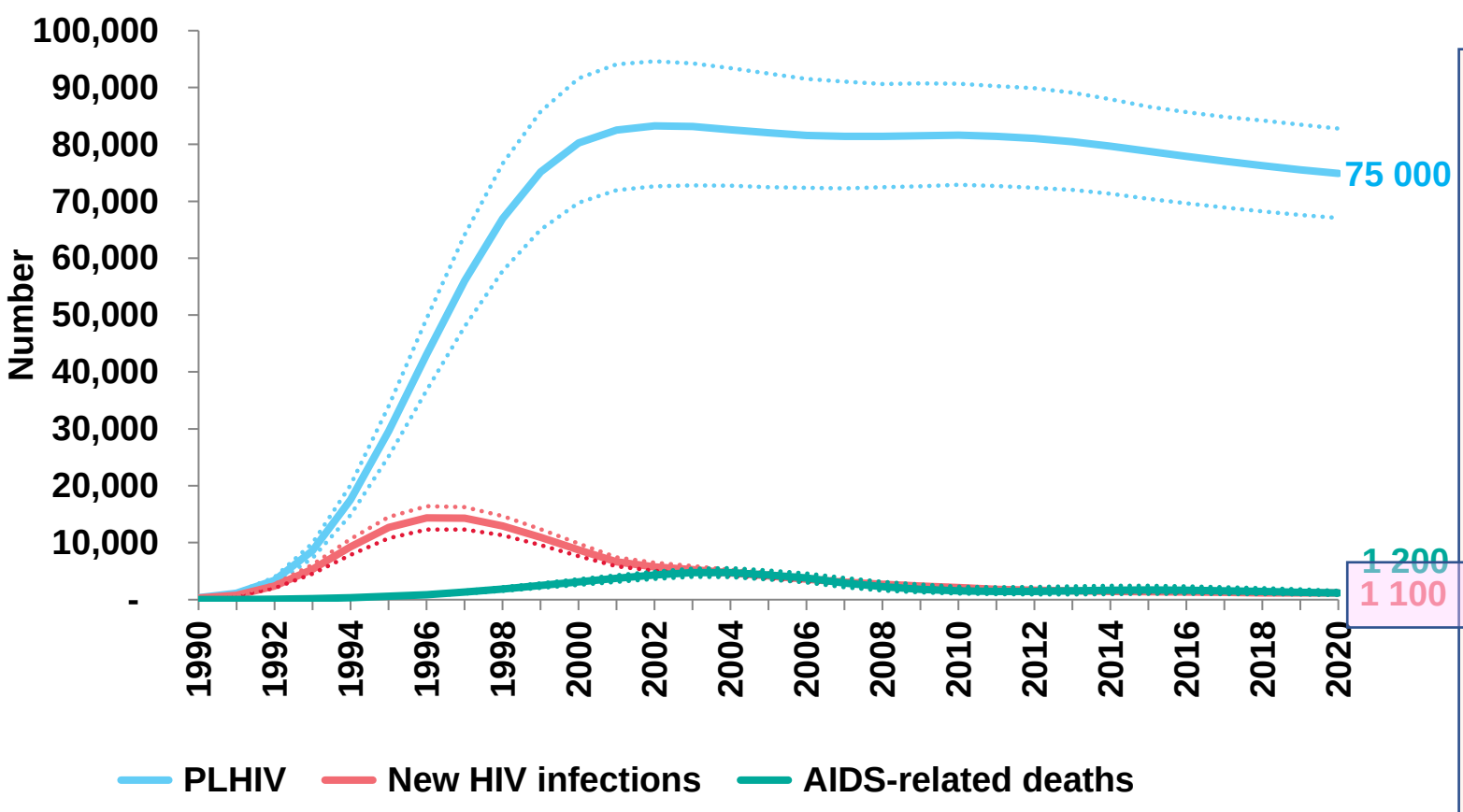
Recommendations of

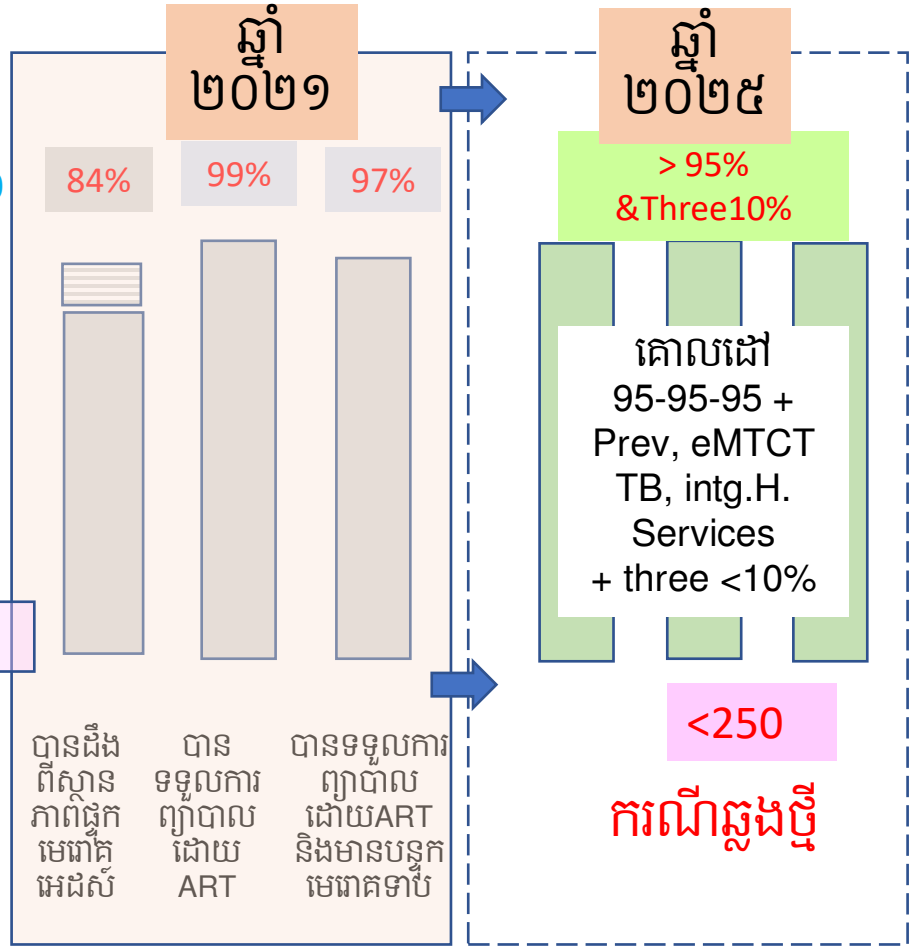
Mid-term Review

of the 5th National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023) in Cambodia

Strategy 1 : 9
Strategy 2: 5
Strategy 3: 7
Strategy 4: 9

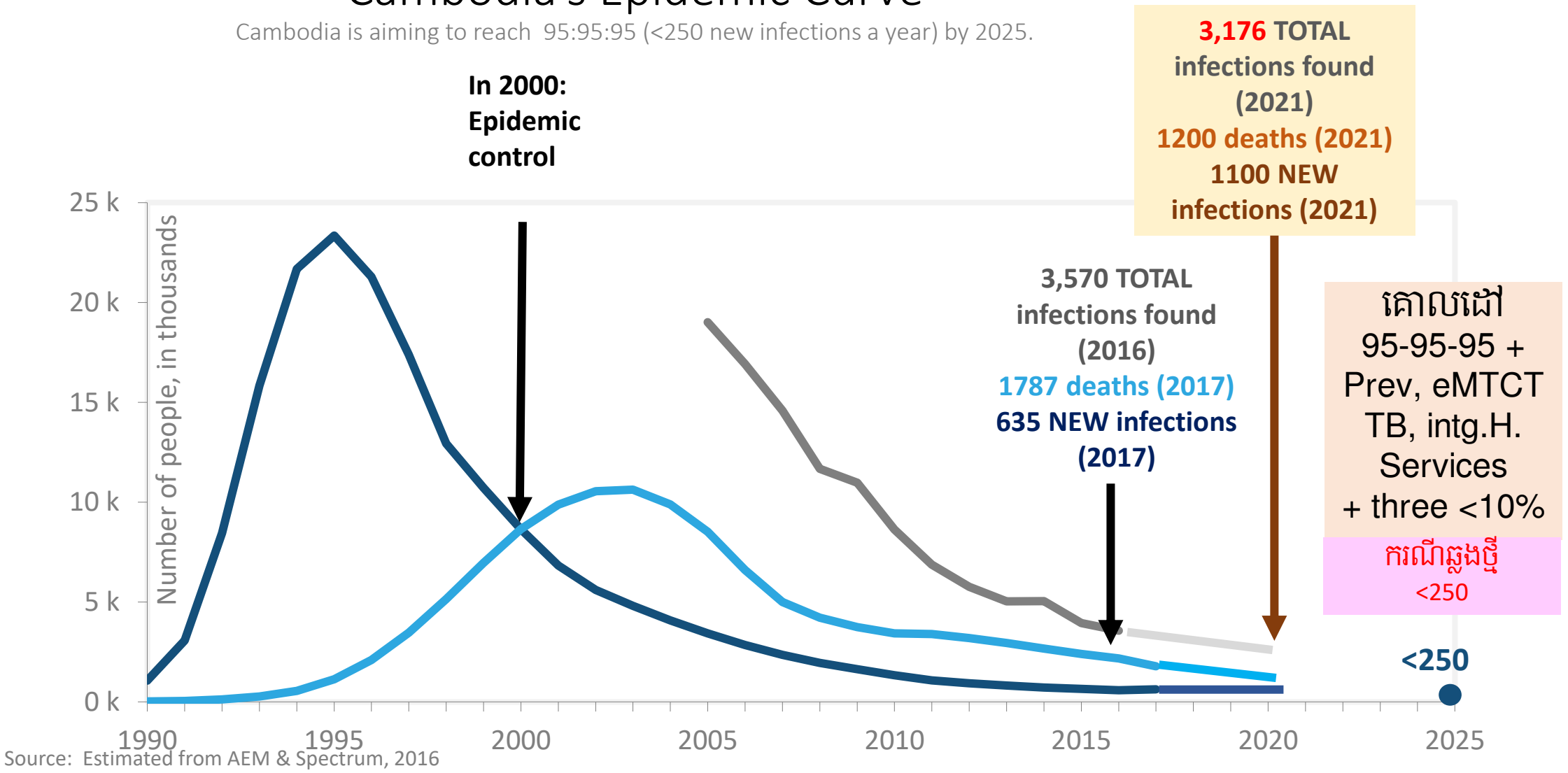
គោលដៅ(មុនមិថុនា២០២១)





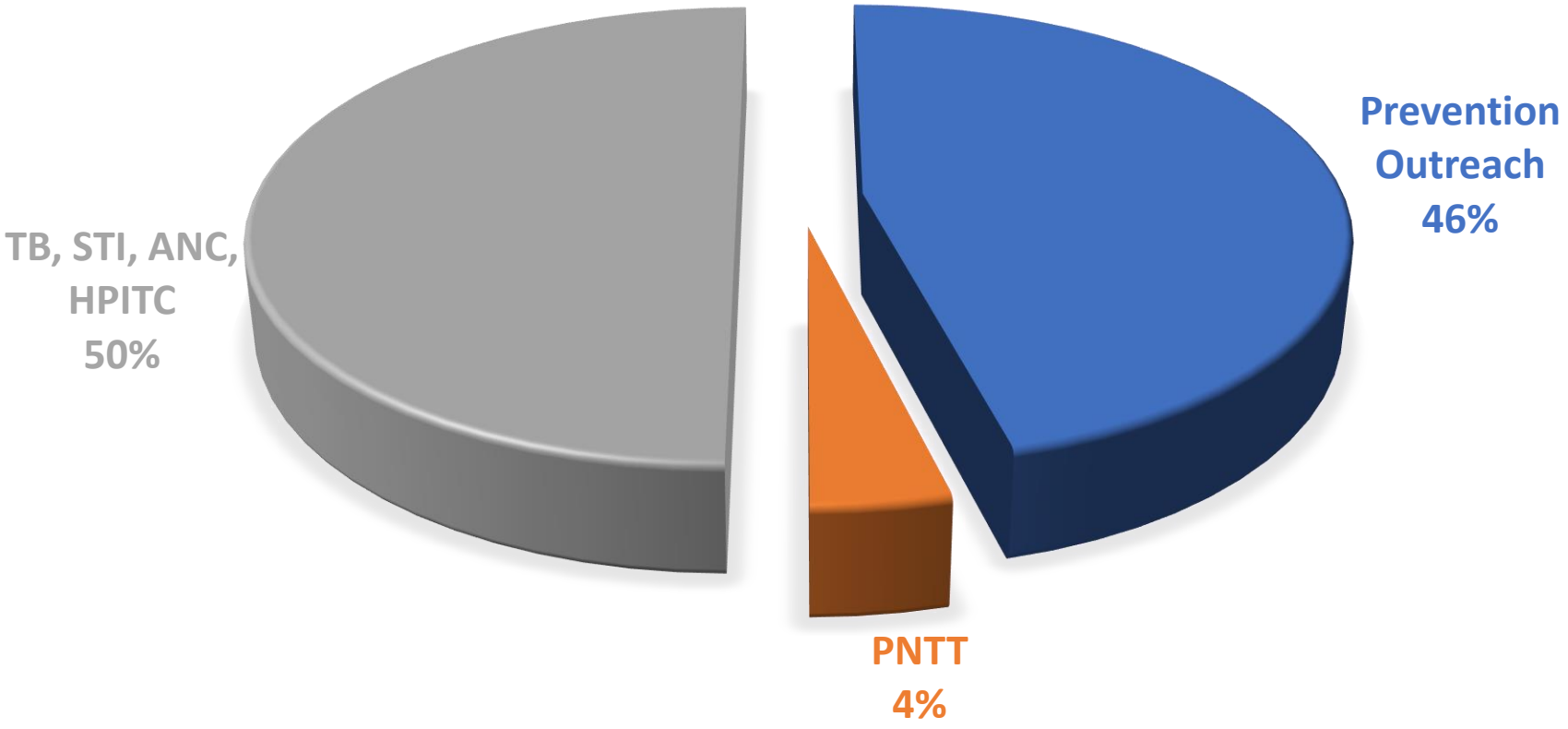
Cambodia's Epidemic Curve

Cambodia is aiming to reach 95:95:95 (<250 new infections a year) by 2025.

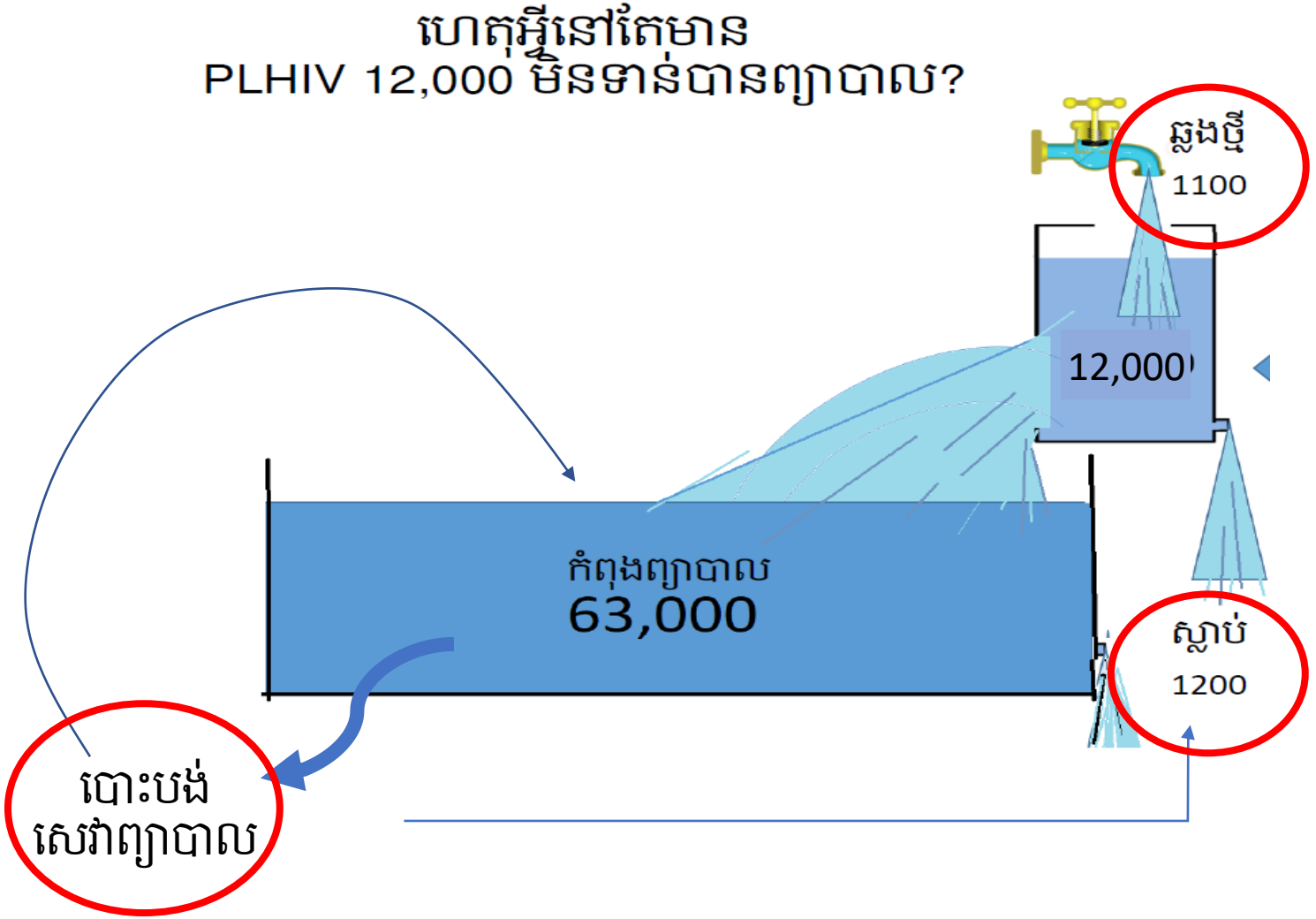


Source: Estimated from AEM & Spectrum, 2016

Area of interventions where 3167 HIV + where newly diagnosed



ចំណុចប្រឈមទី១ (ឆ្លងថ្មី បោះបង់និងស្លាប់)



Cambodia still registers a high rate of Loss to Follow Up (LTFU) rate and adherence issues for PLHIV, with close to 8,000 patients (12% of PLHIV on ART) expected who are not virally suppressed

New Infections

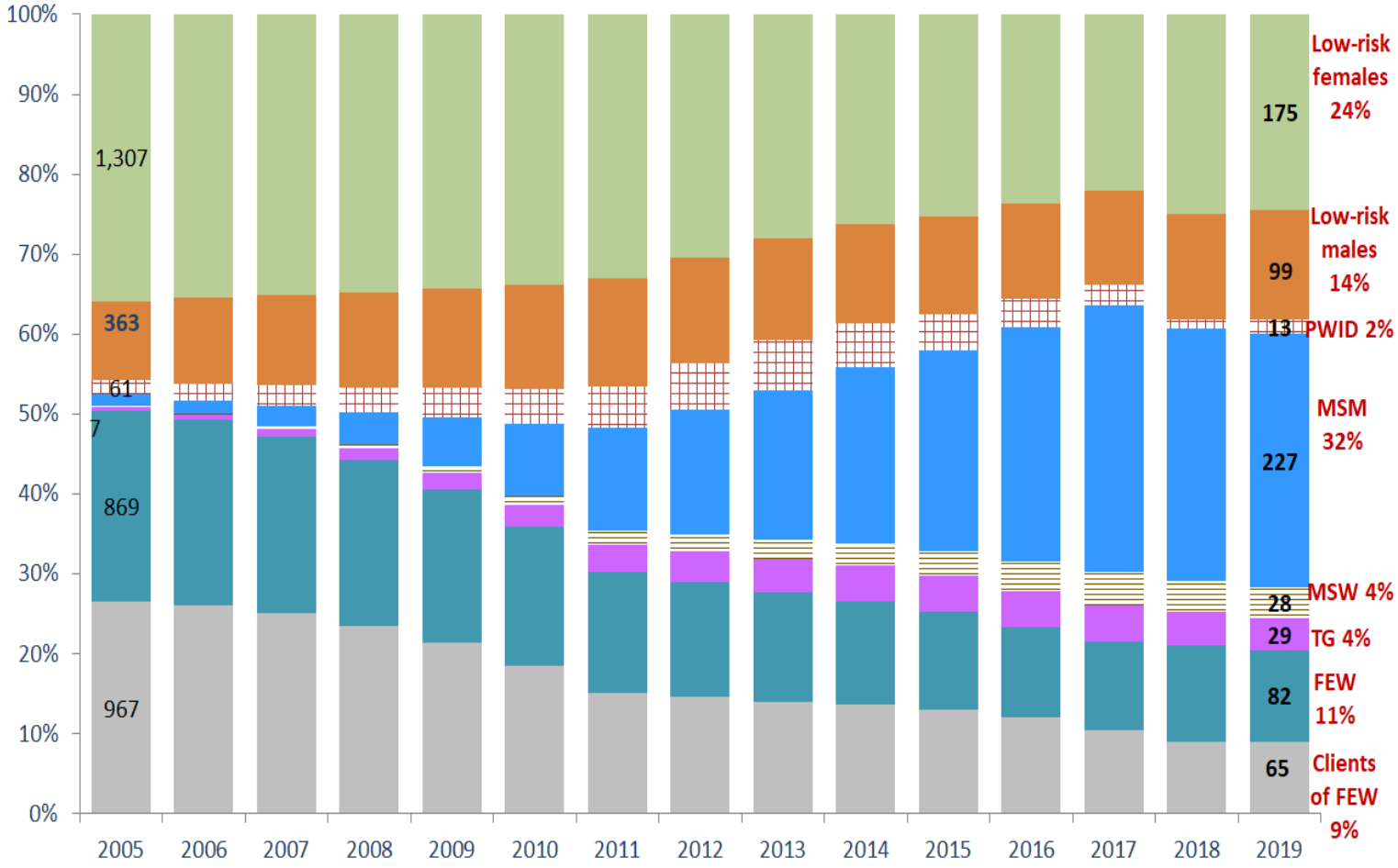
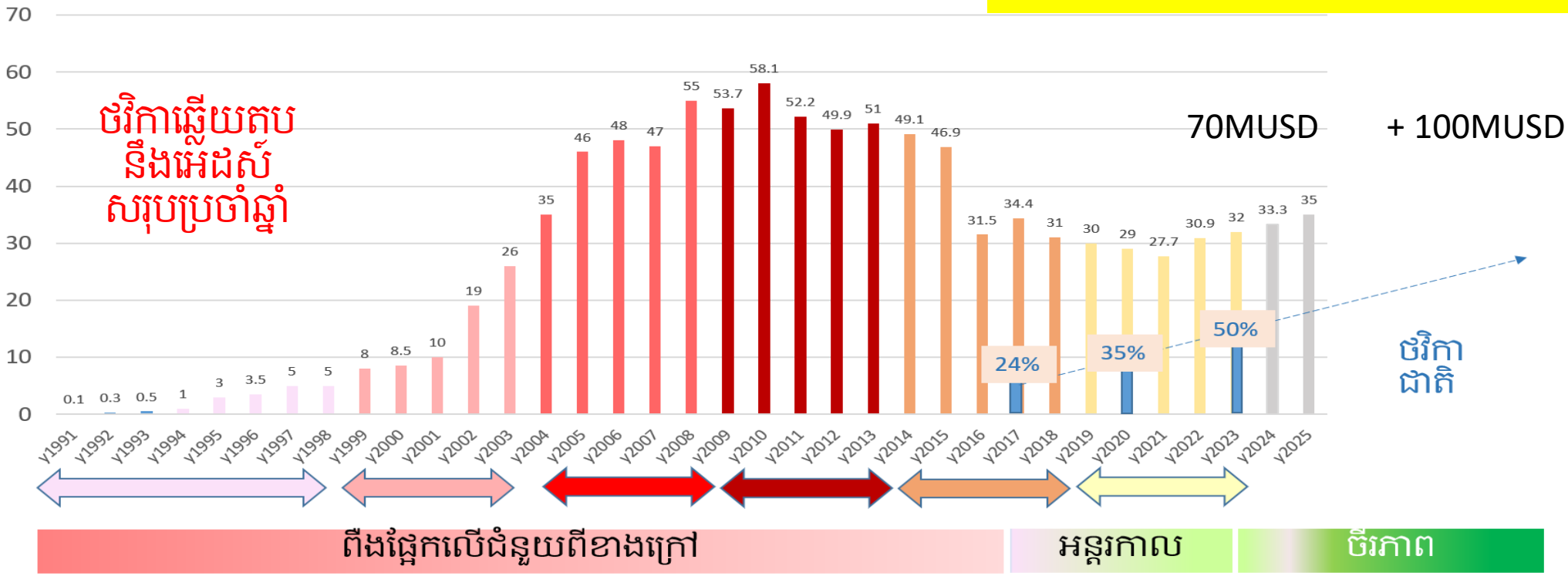


Figure 1 Number/percent of new HIV infections by risk population trends for 2005-2019; AEM 2019 estimates 2020

ចំណុចប្រឈមទី២៖ ធានាចីរភាព

Program Transition → System Sustainability

SYSTEM STRENGTHENING



Context

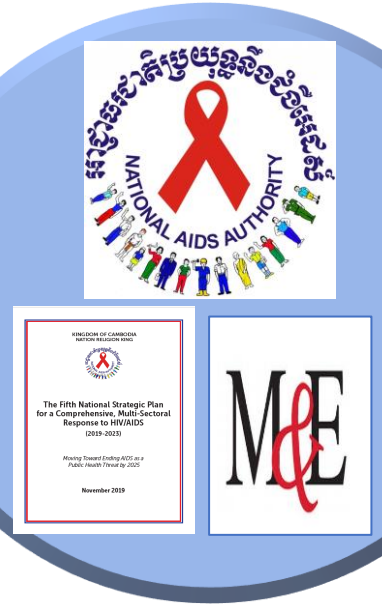
1) The move from dependency to transition / sustainability

2) The move from Programmatic to Programmatic and Institutional Support

3) The move from Provider approach to People Centered -Approach.

ឆ្នាំ ២០២៥

2019 | 2020 | 22 | 2023



គោលដៅ 95-95-95 + Prev, eMTCT TB, intg.H. Services + three <10%

ករណីឆ្លងថ្មី <250

NSPV MTR
30 Recommendations

NSPV MTR

Strategy 1: Delivery of comprehensive prevention, care, treatment and support through a multi-sectoral approach

		Responsibility	Timing	NAA coordination
1	The strategy to differentiate HIV services (prevention, testing, treatment and care) for key populations + more KP friendly services with evening and weekend hours and CBO-based PrEP access.	NCHADS Prevention WG	Q2 2022	SOP Friendly service developed
2	Access to and use of HIV self-testing (HIVST) for MSM should be expanded.		On going	
3	Improve the outreach strategy by differentiating it better per KP/ per age group (learning from the online shift during COVID and applying it in the day to day outreach activities)		On going	
4	Improve standards for ORW, training, reduced case load, skills building including motivational counselling, online outreach			KHANA RHAC FHI Epic

Strategy 1

Delivery of comprehensive prevention, care, treatment and support through a multi-sectoral approach

		Responsibility	Timing	NAA coordination
5	Community-led monitoring (CLM) should be expanded to monitor the success of the differentiated HIV service modalities across different KP (including per age-group).	NCHADS HACC FHI Epic		FONPAM/ DFONPAM
6	Conduct a study on PrEP (retention, increase demand for PrEP, make services friendlier, less bureaucratic and easier to enrol/use)	NCHADS PrEP Sites		Study
7	Continue to expand access to PrEP from the current 10 PrEP sites to all other high HIV burden provinces	NCHADS MHC FHI Epic		
8	Conduct a qualitative, ethnographic study on sexual cultures and vulnerabilities of young MSM and TGW, (i.e who use party drugs)			Study
9	Focus on provision of harm reduction services in prisons and closed settings	NCHADS MOJ		

Strategy 2: Integration of HIV response activities in the health system, relevant ministries and national coordinating bodies

		Responsibility	Timing	NAA coordination
1	Rather than trying to do too much and achieve little, in terms of the 'multisectoral response' there is a need to focus on a smaller number of ministries.			
2	There is an urgent need for guidance from MEF and MOP to enable provincial health departments / Provincial AIDS Committees to play their role in allocating funds to support commune- and district-level HIV work.			
3	NAA needs support in advocacy at highest level with senior policy makers in MEF, MOP, MOI and MOH in order to implement SCN213 effectively.			
4	Develop SOP for private sector-public sector collaboration in delivering HIV services			
5	Support MOEYS in implementing high quality nationwide HIV, drugs and sexuality education that is			

Strategy 3: *Expansion of social protection coverage and improved access to health, social and legal services for PLHIV and KP*

		Responsibility	Timing	NAA coordination
1	Continue work to increase access using individual, not family-based enrolment into the health equity fund (HEF)/ID Poor			
2	Further develop the HEF registration/data system to enable individual registration for PLHIV into ID Poor at ART sites			
3	Increase demand for social protection benefits, mobilizing commune- and district-based CSOs and local authorities while ensuring confidentiality of HIV/KP status			
4	Reinforce compliance of entertainment establishment owners for NSSF registration			
5	Decriminalize sex work via a review of the anti-human trafficking law			
6	Strengthen and strategically target efforts to improve the enabling environment currently implemented by NAA			
7	Improve ‘legal literacy’ (under the motto ‘Know Our Rights’) for PLHIV and KP			

Strategy 4: **Increase of government financing & social contracting to CSOs**

		Responsibility	Timing	NAA coordination
1	Look at potential frameworks and modalities for social contracting			
2	Develop SOP for social contracting that includes clear criteria on which CSOs can apply for government contracts and what steps to follow			
3	Evaluate community-based ART and PrEP delivery efforts			
4	Include the new UNAIDS 80-60-30 targets for KP leadership and sustainability in the NSP-VI as well as newly proposed UNAIDS targets (6*95, 90, 3 * 10) for a comprehensive, integrated HIV response in an enabled environment for NSP-VI			

Strategy 4: **Increase of government financing & social contracting to CSOs**

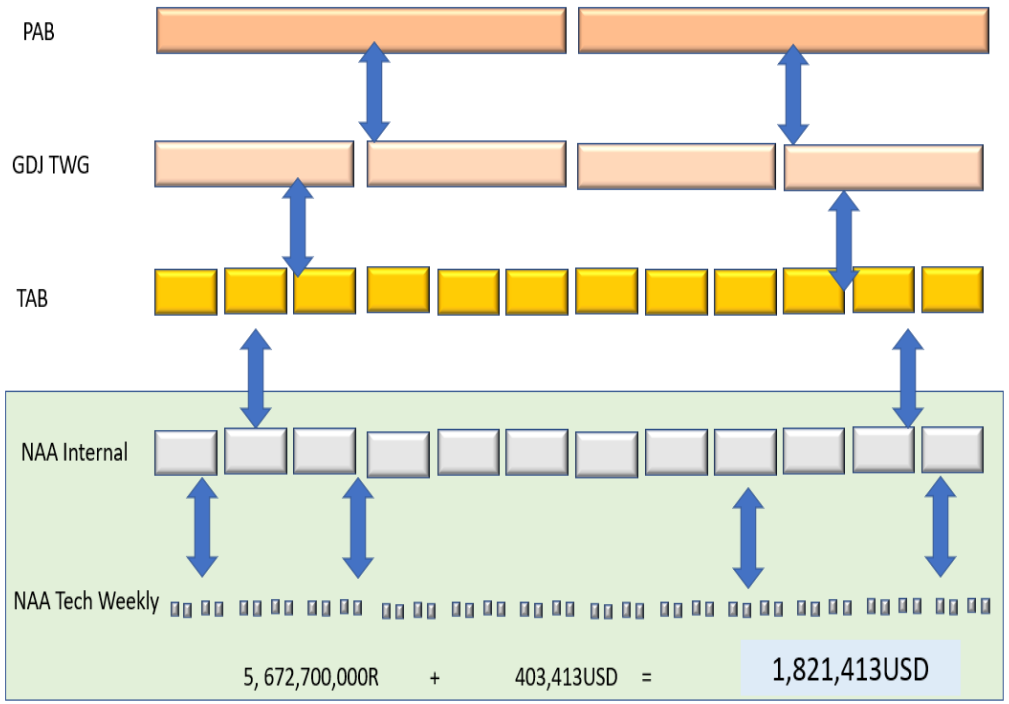
		Responsibility	Timing	NAA coordination
5	Include the 80-60-30 targets are included and integrated in the new GF grant			
6	Ownership and governance of the HIV response at the provincial level should be improved, in line with efforts to generate funding at the provincial level.			
7	Improve and expand community-led monitoring of HIV interventions			
8	Establish a functional National Team on Monitoring and Evaluation for the multisectoral response			
9	Create an Information database on HIV and AIDS for health and non-health at NAA.			

1-PEOPLE

COORDINATION BODY

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

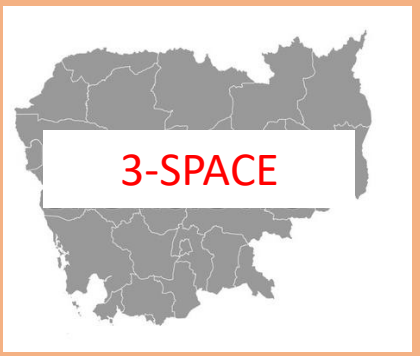
Revise policies and institutional relationships to change behaviors and resource use to address identified constraints in a more sustainable manner **(Success depends 85% on soft skills and 15% on hard skills)**



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

2-MONEY

36MUSDX 4= 144MUSD



4-TIME

ប្រទេសកម្ពុជាបានសម្រេចគោលដៅ ៩៥-៩៥-៩៥

ក្រោម%១០ បីដង

លើ៩៥% ប្រាំមួយដង

លើ៩0%ពីរដង

Jun 2025

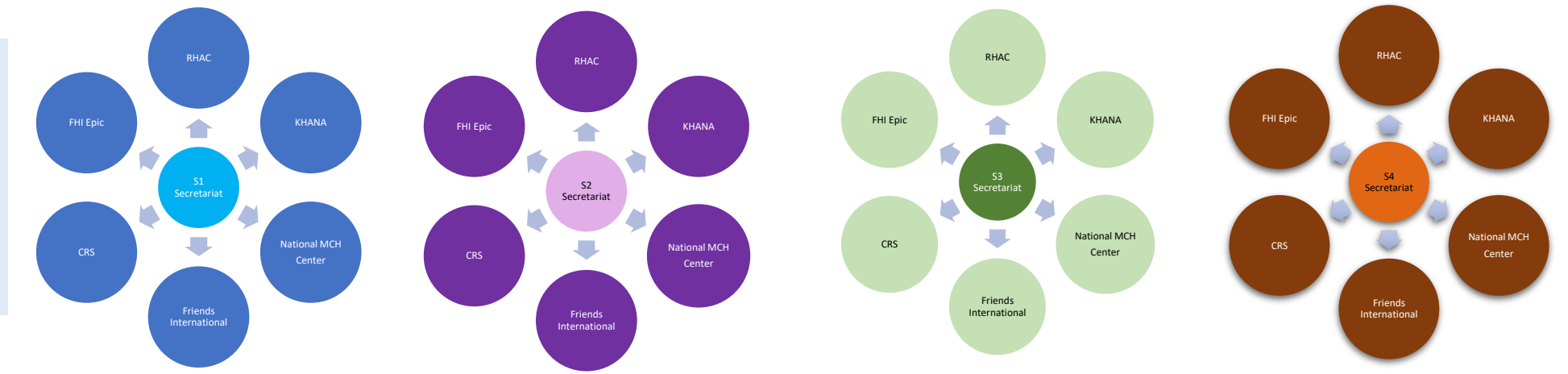
ORGANIZATIONAL ARRANGEMENT

Policy Advisory Board

Technical Advisory Board

Steering Committee (GDJ TWG)

NAA Internal



Functions

1. Line of Accountability
2. Timeframe
3. Indicators

M&E

I- Memberships/ Role and responsibilities / Secretariat

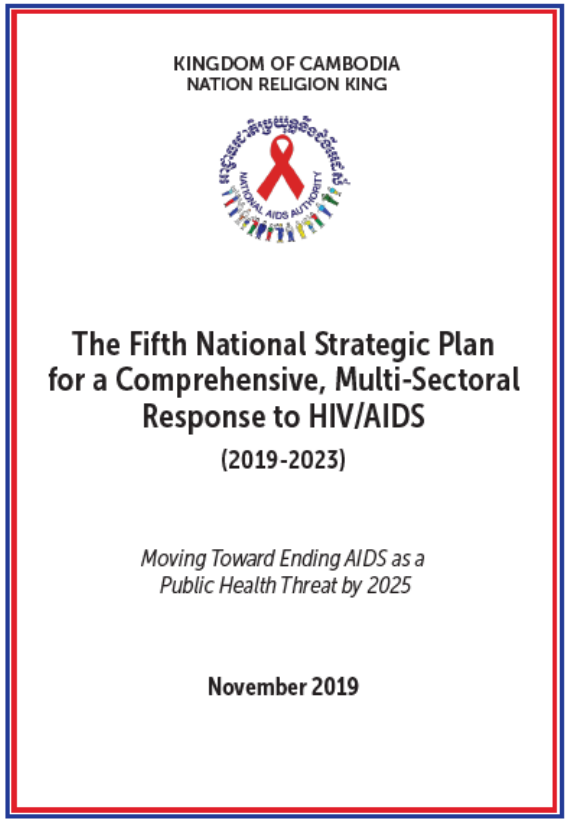
1. Gov : NAA/ NCHADS,…
2. UN: UNAIDS, WHO,…
3. CSO:
4. KP/ PLHIV

II- Principle / Guidance of interactions / List of participants/ Meeting Report

People Centered Approach
Holistic Approach(ចរន្តជាតិ)

III- Tasks / Outcomes

1. Situation and Response Analysis
2. Priorities
3. Plan of Actions
4. Outcomes 2022-2023



9 Recommendations

5 Recommendations

7 Recommendations

9 Recommendations

គោលដៅ
95-95-95 +
Prev, eMTCT
TB, intg.H.
Services
+ three <10%

ករណីឆ្លងថ្មី
<250

2025

20 | 2021 | 2022 | 2023

MTR

Coordinate stakeholders to implement MTR Recommendations

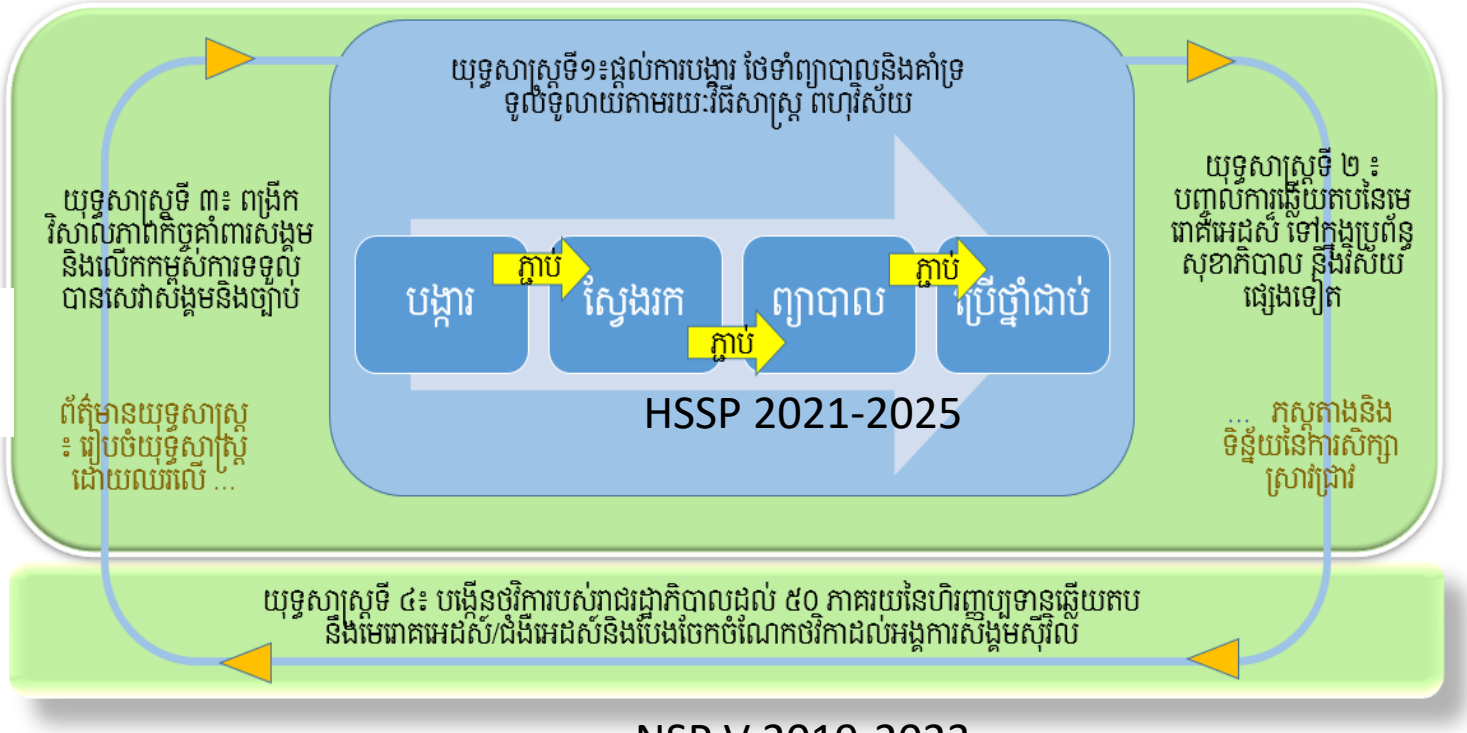
អភិក្រម(Approach)

ចរន្តជាតិ (ទូលំទូលាយ និងពហុវិស័យ) Holistic

ការដឹកនាំ
Leadership

ផែនការយុទ្ធសាស្ត្រជាតិទូលំទូលាយនិងពហុវិស័យ
ឆ្លើយតបទៅនឹងមេរោគអេដស៍និងអេដស៍(២០១៩-២០២៣)

យក ប្រជាជនជាធំ People Centered Approach



NSP V 2019-2023

ភាពជាដៃគូ
Partnership

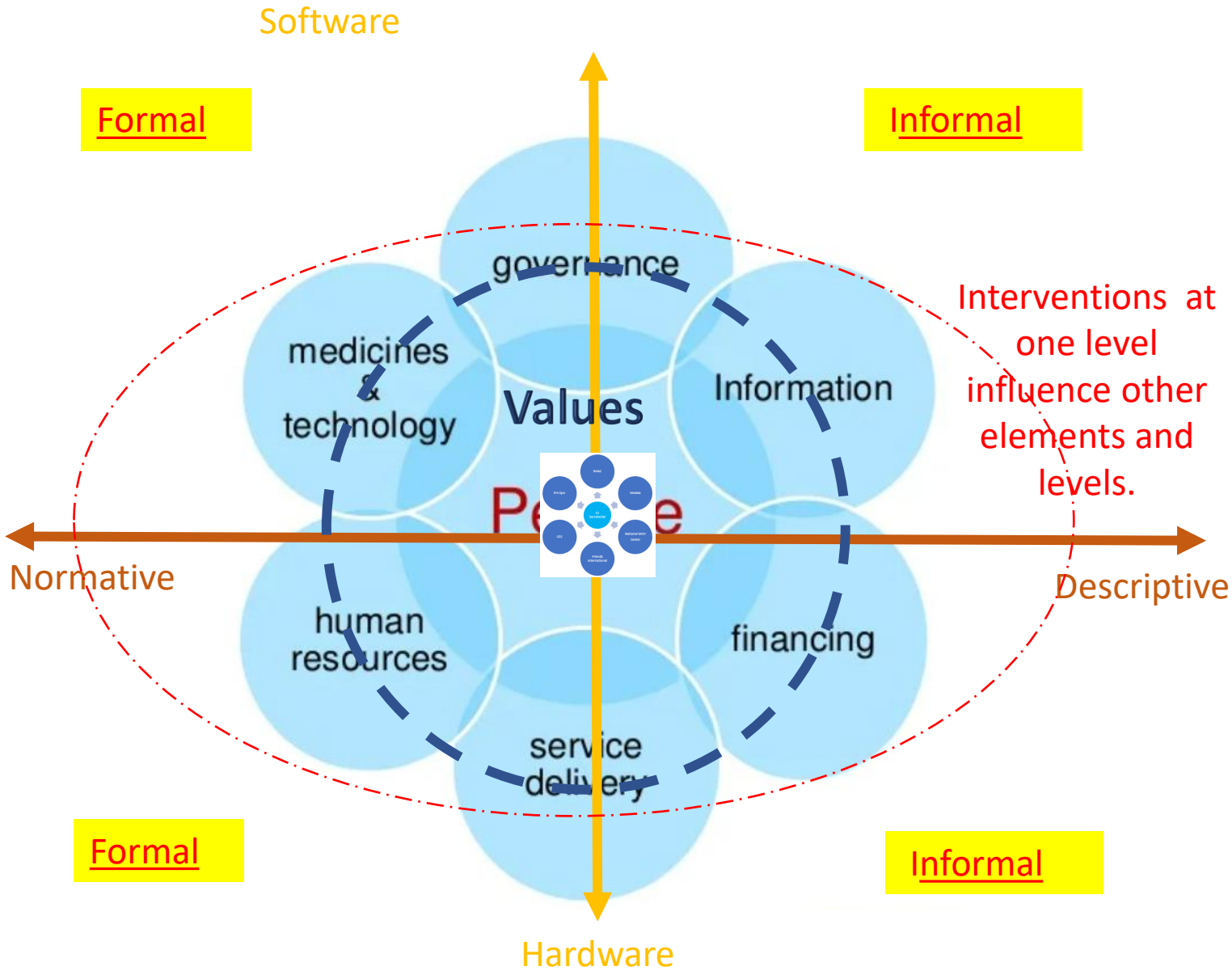
ការវិនិយោគ
Investment

Example Strategy 1 : 9 Recommendations

1) The move from dependency to transition / sustainability

2) The move from Programmatic to Programmatic and Institutional Support

3) The move from Provider approach to People Centered - Approach.



Strategy 1: Delivery of comprehensive prevention, care, treatment and support through a multi-sectoral approach

		Responsibility	Timing	NAA coordination
1	The strategy to differentiate HIV services (prevention, testing, treatment and care) for key populations + more KP friendly services with evening and weekend hours and CBO-based PrEP access.	NCHADS Prevention WG	Q2 2022	SOP Friendly service developed
2	Access to and use of HIV self-testing (HIVST) for MSM should be expanded.		On going	
3	Improve the outreach strategy by differentiating it better per KP/ per age group (learning from the online shift during COVID and applying it in the day to day outreach activities)		On going	
4	Improve standards for ORW, training, reduced case load, skills building including motivational counselling, online outreach			KHANA RHAC FHI Epic

Interventions /Events at one level influence other elements and levels.

Values

CONCLUSION

We need to work on “Three One Principle” to coordinate stakeholders to end AIDS by 2025

Three One Principle

ឆ្នាំ ២០២៥

គោលដៅ 95-95-95 + Prev, eMTCT TB, intg.H. Services + three <10%

ករណីឆ្លងថ្មី <250

1-PEOPLE

COORDINATION BODY

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
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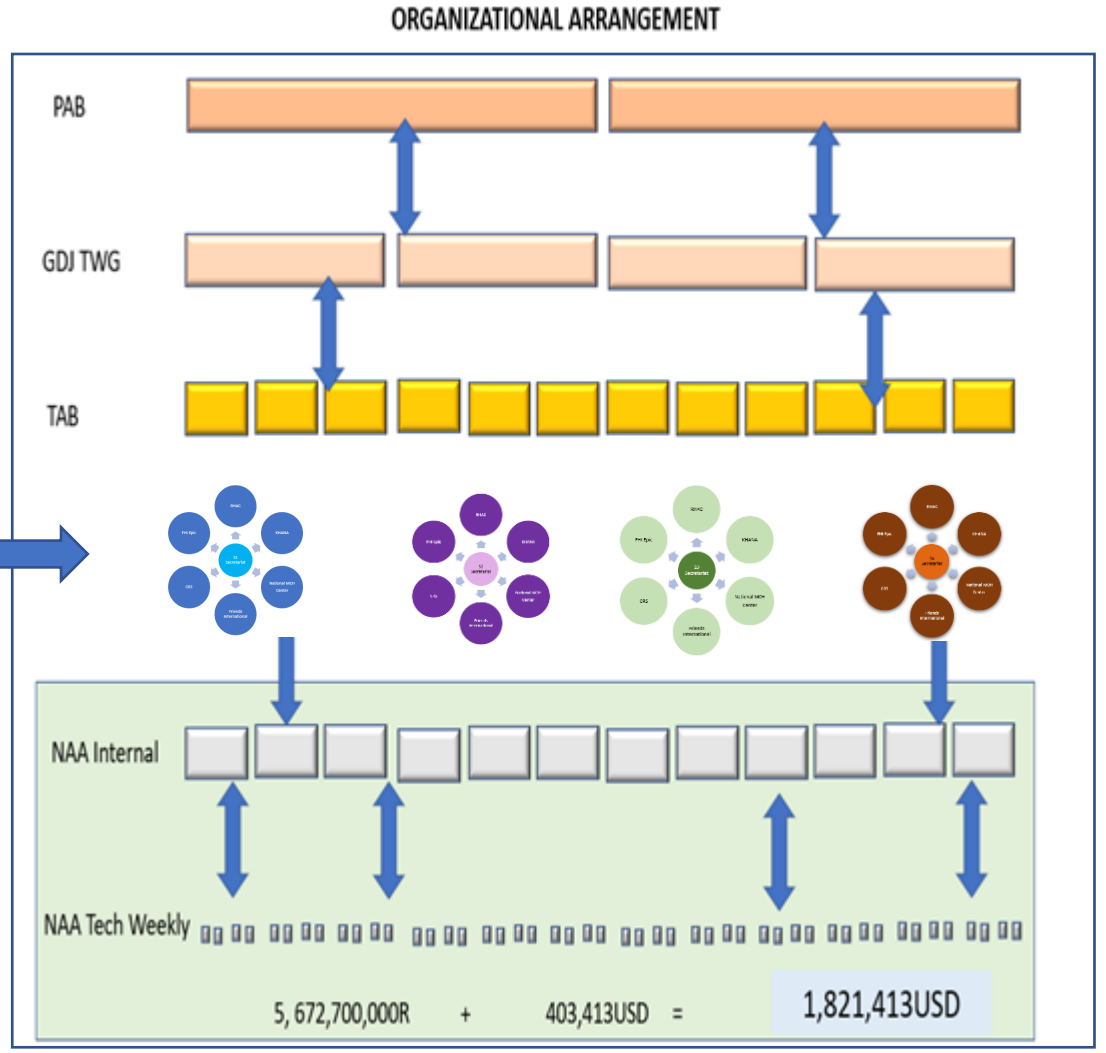

2-MONEY

36MUSDX 4= 144MUSD

ឆ្នាំ ២០២៥

3-SPACE

គោលដៅ 95-95-95 + Prev, eMTCT TB, intg.H. Services + three <10%

ករណីឆ្លងថ្មី <250

4-TIME

Real' governance, encompassing both the formal and informal rules governing the demand and supply of health care, and both the formal and informal ways in which the rules are made, changed, monitored and enforced whether in the government-centred, building-block or institutional approach to health system governance