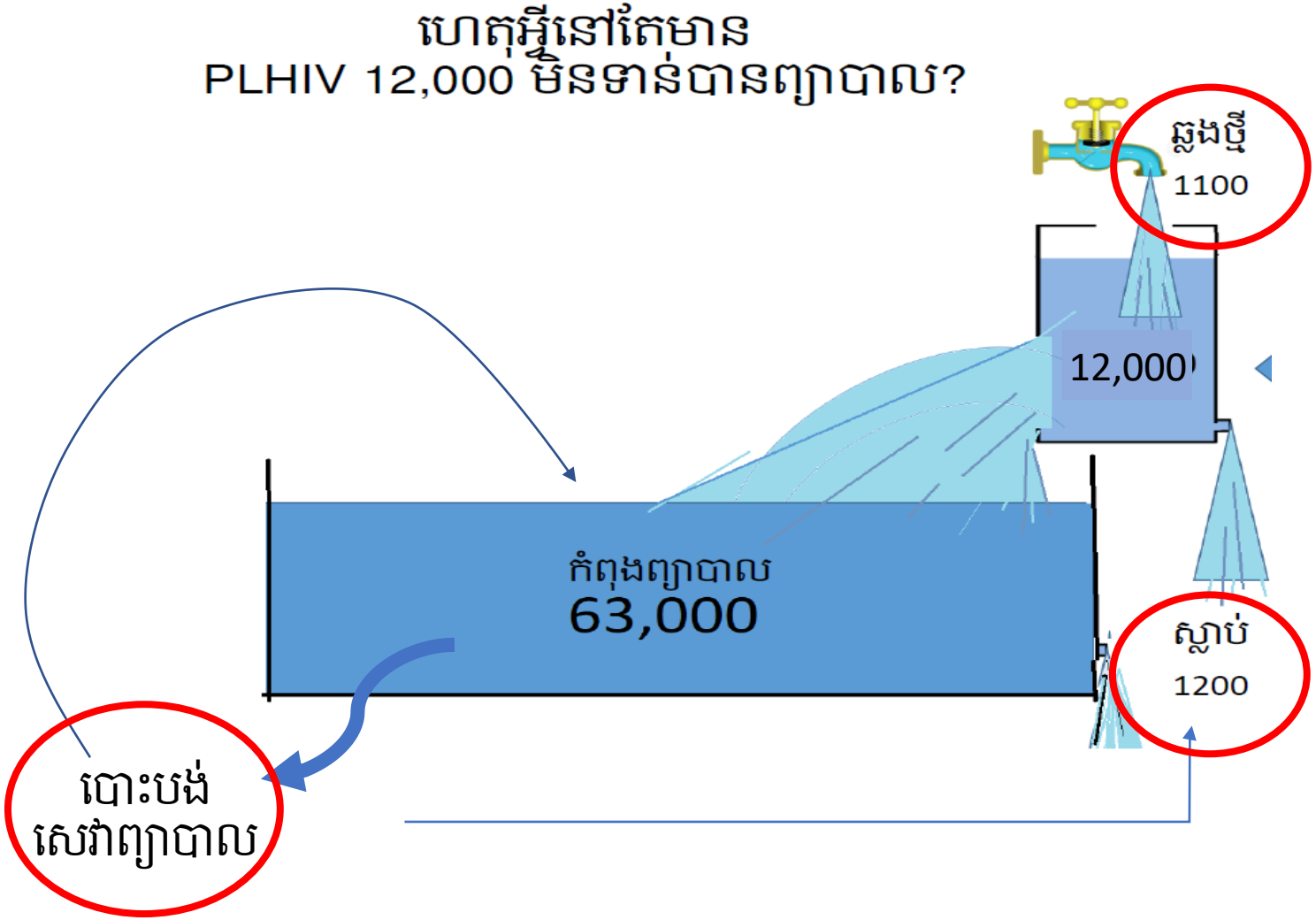
Updates on Coordination for HIV and AIDS response

NAA Internal Meeting

02 May 2022

ចំណុចប្រឈមទី១ (ឆ្លងថ្មី បោះបង់និងស្លាប់)

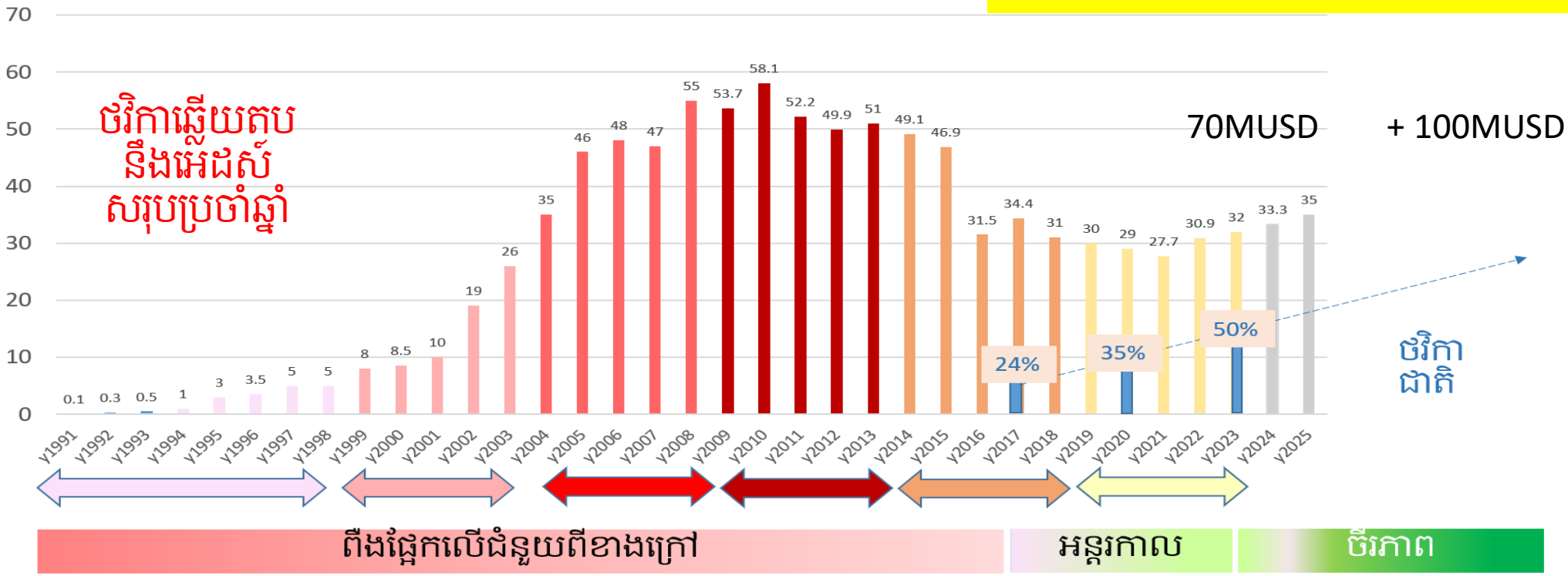


Cambodia still registers a high rate of Loss to Follow Up (LTFU) rate and adherence issues for PLHIV, with close to 8,000 patients (12% of PLHIV on ART) expected who are not virally suppressed

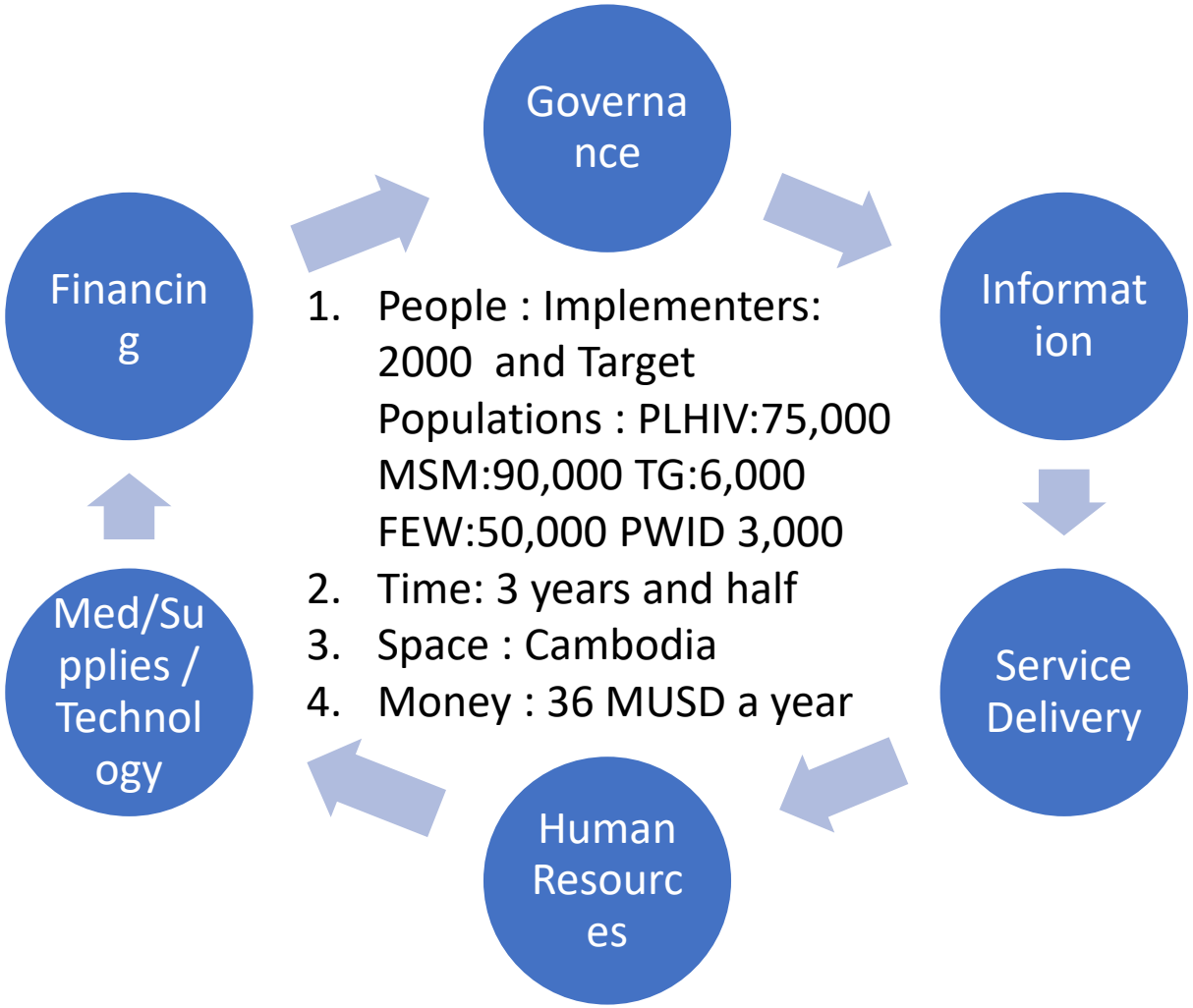
ចំណុចប្រឈមទី២៖ ធានាចីរភាព

Program Transition → System Sustainability

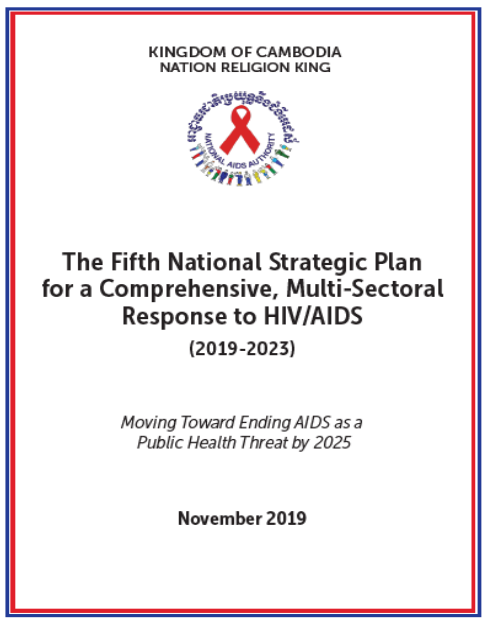
SYSTEM STRENGTHENING



How to coordinate HIV and AIDS response in Cambodia ?



To lead/ To Advocate, To Facilitate, To Mobilize Resources and to Monitor



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

ករណីឆ្លងថ្មី
<250

NSPV MTR

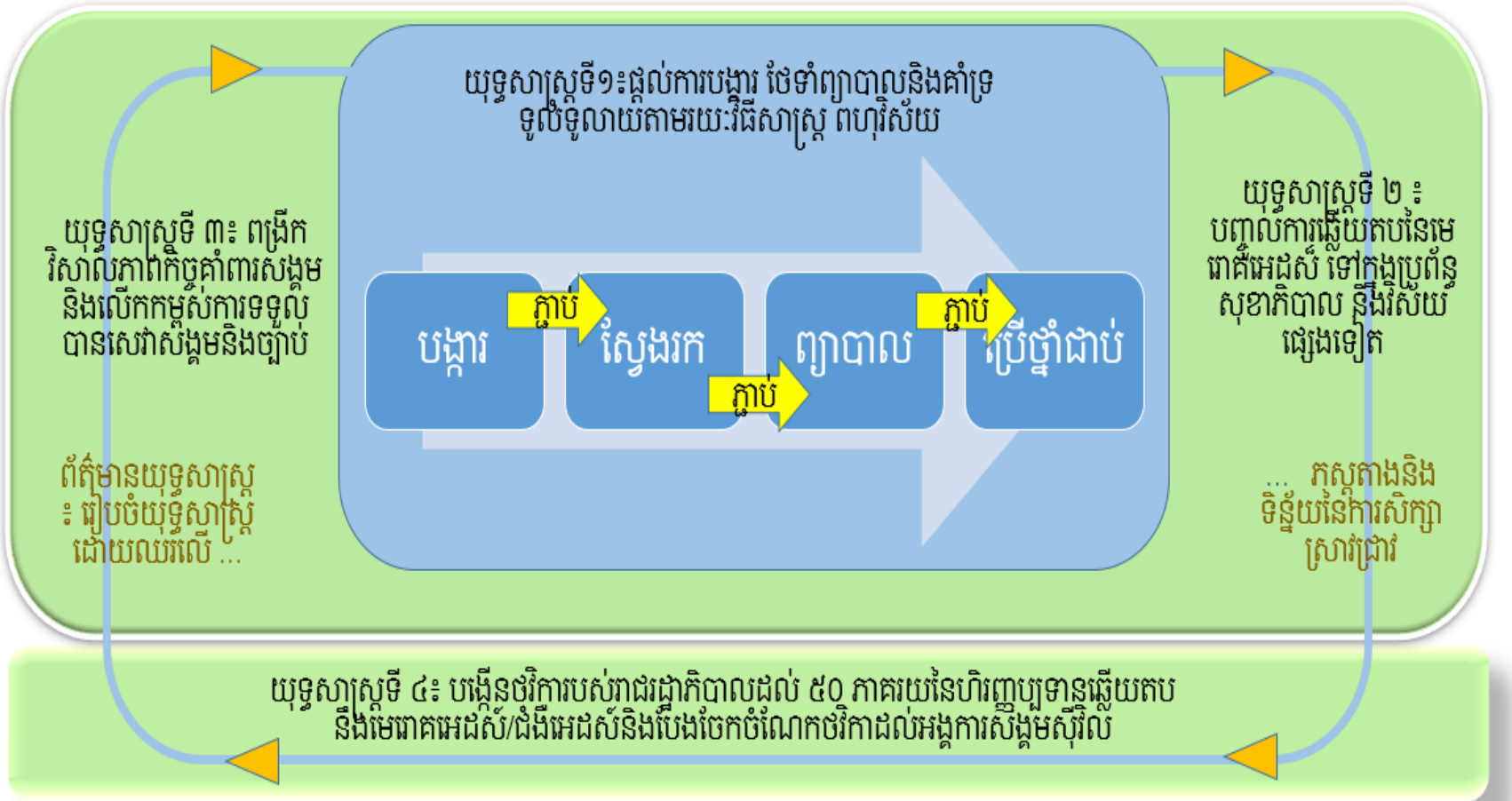
Recommendations of

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

ផែនការយុទ្ធសាស្ត្រជាតិទូលំទូលាយនិងពហុវិស័យ
ឆ្លើយតបទៅនឹងមេរោគអេដស៍និងអេដស៍(២០១៩-២០២៣)



RSSH: Resilient Sustainable System for Health

1. **HMIS**: Health Management Information Systems
2. **PSM** : Procurement and Supply chain Management
3. **HRH**: Human Resources for Health
4. **ISD**: Integrated Service Delivery
5. **CSR**: Community Systems and Responses
6. **PPM**: Private sector engagement and Public-private Mix
7. **GOV**: Governance, leadership, and accountability
8. **PFM**: Public health sector Financing and financial Management
9. **PIM**: Program Implementation and Management

ព្រះរាជាណាចក្រកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

ទីស្តីការគណៈរដ្ឋមន្ត្រី

លេខ ...

ថ្ងៃព្រហស្បតិ៍ ... ខែ ... ឆ្នាំច សំរឹទ្ធិស័ក ព.ស.២៥៦២
រាជធានីភ្នំពេញ ថ្ងៃទី... ខែ ... ឆ្នាំ...

ឧបនាយករដ្ឋមន្ត្រីប្រចាំការ រដ្ឋមន្ត្រីឧតុលទុកតីស្តីការគណៈរដ្ឋមន្ត្រី
សូមគោរពជូន

- **សម្តេចក្រឡាហោម ឧបនាយករដ្ឋមន្ត្រី រដ្ឋមន្ត្រីក្រសួងមហាផ្ទៃ**
- **ឯកឧត្តមអគ្គបណ្ឌិតសភាចារ្យ ឧបនាយករដ្ឋមន្ត្រី រដ្ឋមន្ត្រីក្រសួងសុខាភិបាលនិងប្រធានក្រុមប្រឹក្សាសុខភាពជាតិ**
- **ឯកឧត្តមឧបនាយករដ្ឋមន្ត្រី រដ្ឋមន្ត្រីក្រសួងបរិស្ថាន**
- **ឯកឧត្តមឧបនាយករដ្ឋមន្ត្រីប្រចាំការគណៈកម្មាធិការជាតិប្រយុទ្ធនឹងជំងឺអេដស៍**
- **ឯកឧត្តមរដ្ឋមន្ត្រី ក្រសួងសុខាភិបាល**

កម្មវត្ថុ : ការយល់ព្រមការណែនាំស្តីពីលទ្ធផលនៃកិច្ចប្រជុំគណៈអគ្គមាធិការជាតិប្រយុទ្ធនឹងជំងឺអេដស៍លើកទី២ ឆ្នាំ២០១៨ និងសំណើសុំការអនុញ្ញាតពីគណៈរដ្ឋាភិបាលដើម្បីដាក់បញ្ចូលនូវការទាក់ទងនឹងការឆ្លើយតបទៅនឹងមេរោគអេដស៍និងជំងឺអេដស៍។

យោង : ១- លិខិតលេខ ៣២៨ អ.ជ.ប.ជ.អ ចុះថ្ងៃទី១៨ ខែមិថុនា ឆ្នាំ២០១៨ របស់អគ្គាធិការជាតិប្រយុទ្ធនឹងជំងឺអេដស៍
- ចំណារដឹងខ្ពស់បំផុតរបស់សម្តេចអគ្គមហាសេនាបតីតេជោ **ហ៊ុន សែន** នាយករដ្ឋមន្ត្រីនៃព្រះរាជាណាចក្រកម្ពុជា ចុះថ្ងៃទី១៣ ខែកក្កដា ឆ្នាំ២០១៨។

សេចក្តីដូចមានចែងក្នុងកម្មវត្ថុនិងយោងខាងលើ ទីស្តីការគណៈរដ្ឋមន្ត្រីសូមជម្រាបជូនសម្តេច ឯកឧត្តមឧបនាយករដ្ឋមន្ត្រីជ្រាបថា អគ្គាធិការដ្ឋាភិបាលឯកភាពជូនអគ្គាធិការជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ ដាក់បញ្ចូលនូវការទាក់ទងនឹងការឆ្លើយតបទៅនឹងមេរោគអេដស៍និងជំងឺអេដស៍ ជូនខាងក្រោម៖

១- អគ្គាធិការជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ សហការជាមួយក្រសួងមហាផ្ទៃ និងក្រសួងសេដ្ឋកិច្ចនិងហិរញ្ញវត្ថុ ដើម្បីផ្តល់កញ្ចប់ថវិកាដោយឡែកសម្រាប់អនុវត្តការបញ្ជ្រាបការងារប្រយុទ្ធនឹងមេរោគអេដស៍និងជំងឺអេដស៍ ទៅក្នុងផែនការអភិវឌ្ឍរយៈពេលប្រាំឆ្នាំនិងកម្មវិធីវិនិយោគប៉ុន្មាំរឹសរបស់ឃុំ សង្កាត់។

២- ក្រសួងសុខាភិបាល និងក្រសួងផែនការ រៀបចំកំណត់និងចាត់ទុកថា អ្នកផ្តល់សេវាមេរោគអេដស៍ ជាក្រុមប្រជាជនងាយរងគ្រោះដែលត្រូវទទួលបានប័ណ្ណសមធម៌ ដើម្បីបានជាលំហការទទួលបានសេវាថែទាំសុខភាពនិងការពាររបស់ខ្លួន។

សេចក្តីសម្រេច

៣- ក្រសួងសុខាភិបាល និងក្រសួងសេដ្ឋកិច្ចនិងហិរញ្ញវត្ថុ សហការកែសម្រួល រៀបចំនិងនីតិវិធីក្នុងការផ្តល់កញ្ចប់ថវិកាដើម្បីឱ្យស្រុកប្រតិបត្តិ មន្ទីរពេទ្យបង្អែក និងមណ្ឌលសុខភាពមានថវិកាផ្ទាល់សម្រាប់ការងារឆ្លើយតបមេរោគអេដស៍និងជំងឺអេដស៍។

៤- ទីស្តីការគណៈរដ្ឋមន្ត្រី ក្រសួងមហាផ្ទៃ ក្រសួងសេដ្ឋកិច្ចនិងហិរញ្ញវត្ថុ ក្រសួងសុខាភិបាល និងអាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ ទទួលស្គាល់តួនាទីសំខាន់របស់អង្គការសង្គមស៊ីវិលក្នុងការឆ្លើយតបនឹងមេរោគអេដស៍និងជំងឺអេដស៍ និងបន្តគាំទ្រឱ្យមានការចូលរួមបន្ថែមទៀតតាមរយៈការផ្តល់មូលនិធិពីរាជរដ្ឋាភិបាលតាមលទ្ធភាពថវិកាជាតិ។

៥- ឧត្តមក្រុមប្រឹក្សាសេដ្ឋកិច្ចជាតិសិក្សាលំហថវិកា ដើម្បីធានាការអនុវត្តការប្តេជ្ញាចិត្តរបស់រាជរដ្ឋាភិបាលក្នុងការបញ្ចប់បញ្ហាអេដស៍ នៅក្នុងឆ្នាំ២០២៥។

៦- ក្រសួងសុខាភិបាលបន្តពង្រឹងជនជាតមនុស្ស ការធ្វើលទ្ធកម្ម ការផ្គត់ផ្គង់ឱសថបណ្តិចា និងប្រព័ន្ធព័ត៌មានដើម្បីបញ្ជ្រាបការឆ្លើយតបការពារលំហមេរោគអេដស៍និងជំងឺអេដស៍ឱ្យកាន់តែមានប្រសិទ្ធភាពនិងជានាបើគោរព។

ក្រោយពីបានទទួលលិខិតសេចក្តីជូនដំណឹងនេះ អាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ ត្រូវដឹកនាំកិច្ចប្រជុំជាមួយក្រសួង ស្ថាប័នពាក់ព័ន្ធ ដើម្បីពិនិត្យស្វែងរកចំណុចលម្អិតក្នុងការអនុវត្តជាក់ស្តែង។

សេចក្តីដូចបានគោរពជម្រាបជូនខាងលើសូមសម្តេច ឯកឧត្តមមេត្តាជ្រាបនិងចាត់ចែងអនុវត្ត។

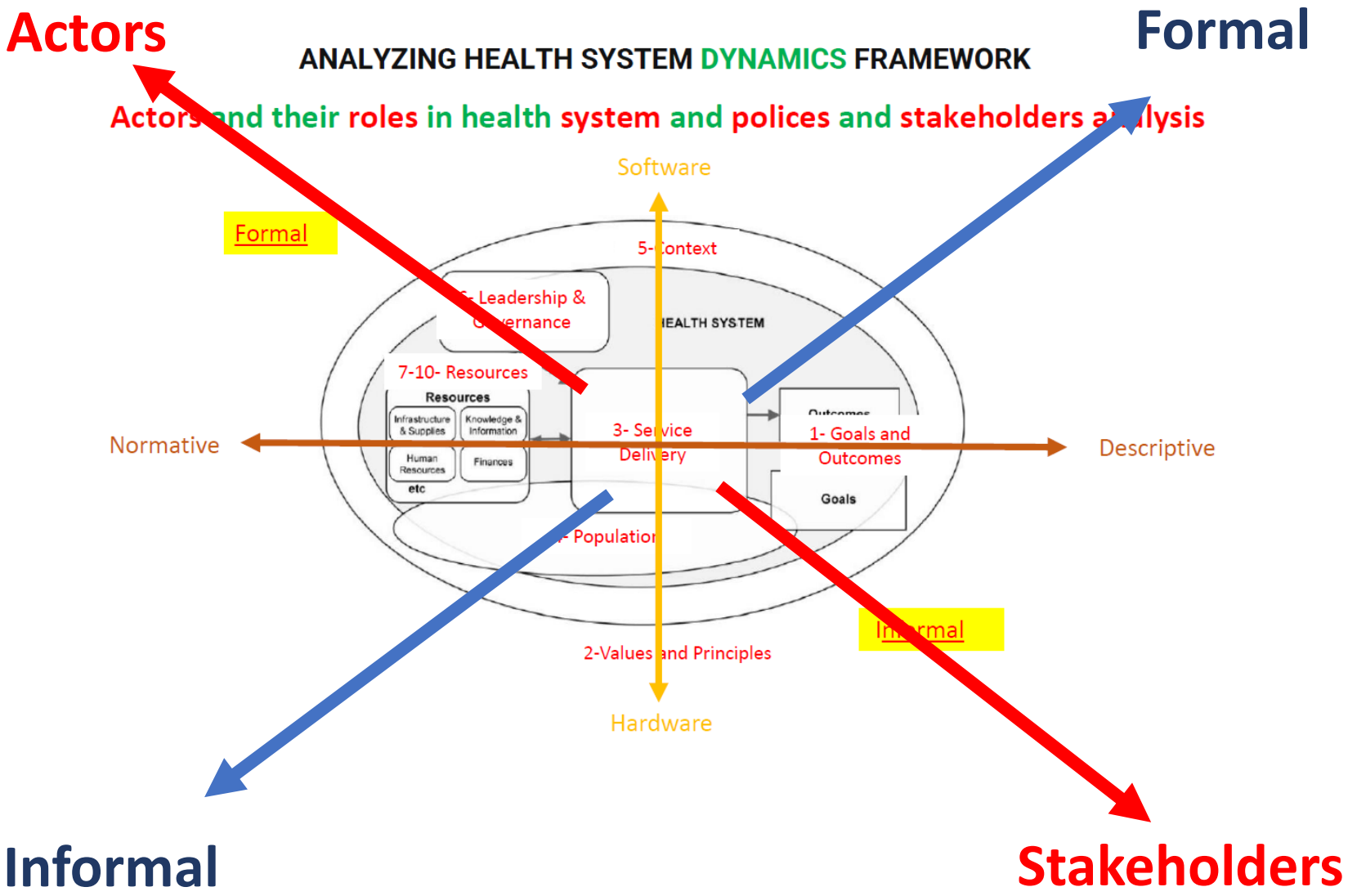
ឧ.ជ.ប្រចាំការ រដ្ឋលេខាធិការ

សយ សុខា

ចម្លងជូន
- ឧត្តមលីយសម្តេចអគ្គមហាសេនាបតីតេជោ ដាយមជ្ឈមន្ត្រី
- ឧត្តមលីយឯកឧត្តមទីតីតិកសលបណ្ឌិត ឧបនាយករដ្ឋមន្ត្រីប្រចាំការ
- ឯកសារ ការប្បត្តិ

ផែនការយុទ្ធសាស្ត្រជាតិទូលំទូលាយនិងពហុវិស័យប្រយុទ្ធនឹងមេរោគអេដស៍និងជំងឺអេដស៍លើកទី ៥

Governance and Leadership



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

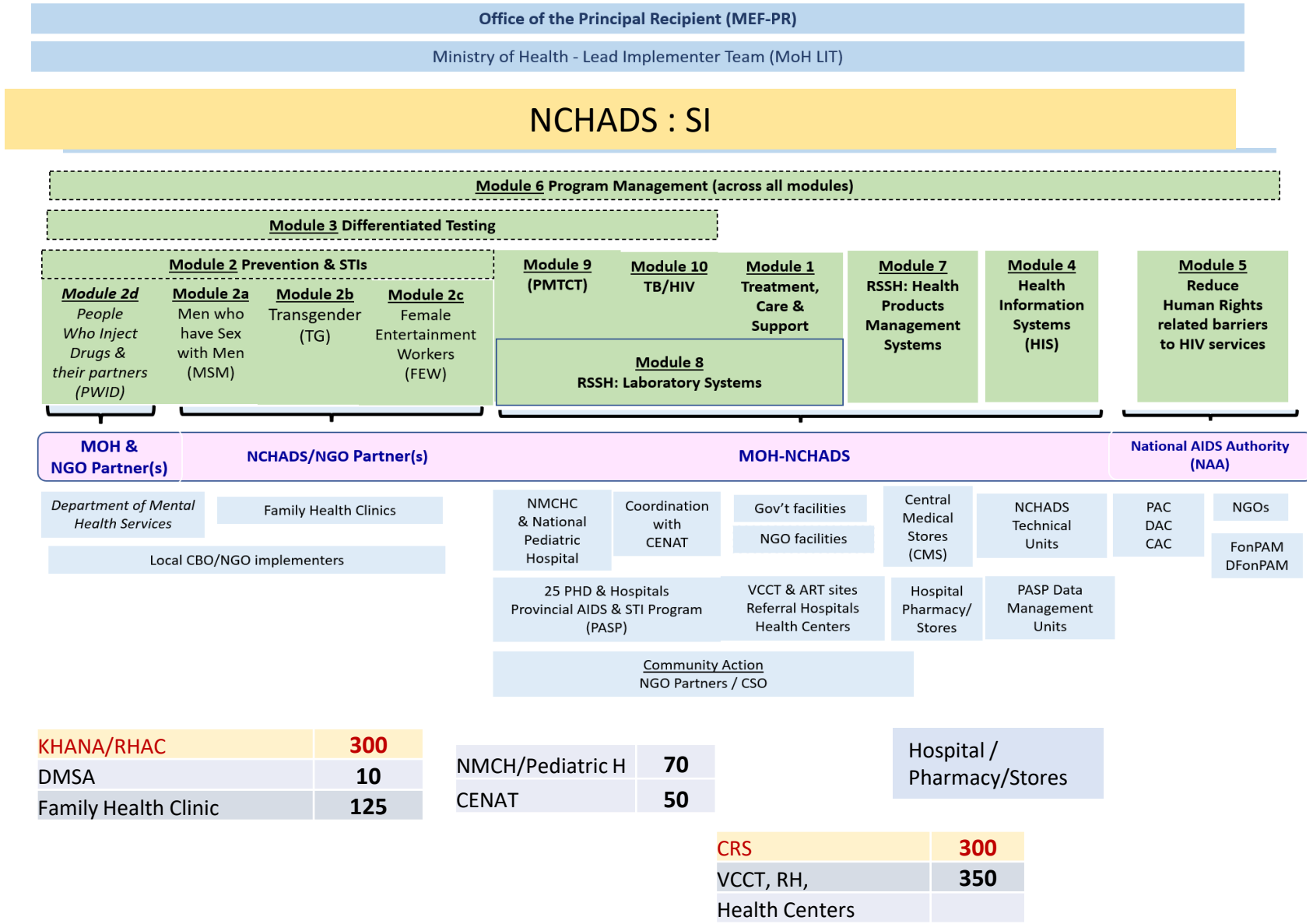
NSPV MTR
30 Recommendations

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

ករណីឆ្លងថ្មី
<250

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
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

HIV FR: Implementation Arrangements for HIV FRA

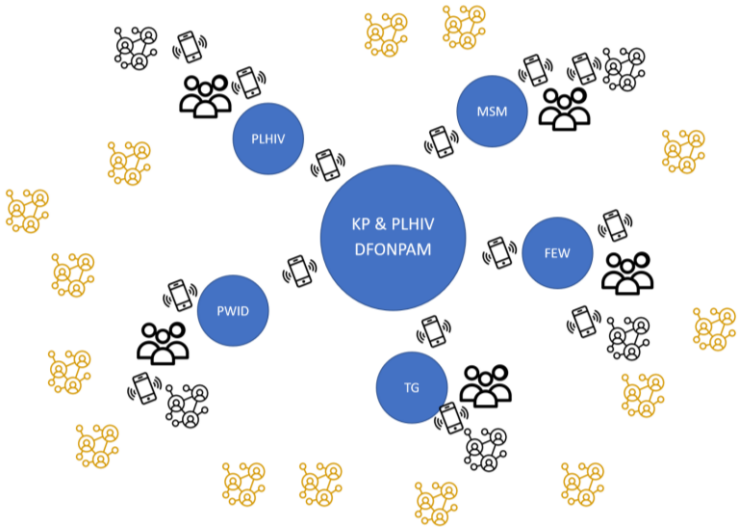


KHANA/RHAC	300
DMSA	10
Family Health Clinic	125

NMCH/Pediatric H	70
CENAT	50

Hospital / Pharmacy/Stores

CRS	300
VCCT, RH,	350
Health Centers	



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
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

o Findings:

✓ Majority of MSM located in Phnom Penh, while majority of TG located in four main provinces including Phnom Penh, Bantheay Meanchey, Battambang and Siem Reap.

✓ Knowledge on HIV and STI is low among TG rather than MSM (29.5% vs 19.8% respectively) and it is significant different between MSM and TG ($P<0.001$).

✓ Misunderstanding on PrEP among MSM, and TG is high related to STI prevention (30.8% and 43% respectively).

✓ U=U concept is not getting heard by majority of MSM and TG (only 18% of MSM and 33% of TG aware of U=U concept).

✓ Attitude toward HIV and STI was relatively high in both KP group, this shows the reduction of stigma and discrimination toward PLHIV.

✓ There is significant different between MSM and TG in term of safe and unsafe practice (TG seem to be riskier than MSM).

✓ 27% of MSM and 24% of TG were having sex without condom in the last 6 month, and 12% of MSM and 23% of TG having sex with more than 1 partner per week.

✓ Only 7% of MSM exchange sex for money or gift, but it was pretty high among TG (23%)

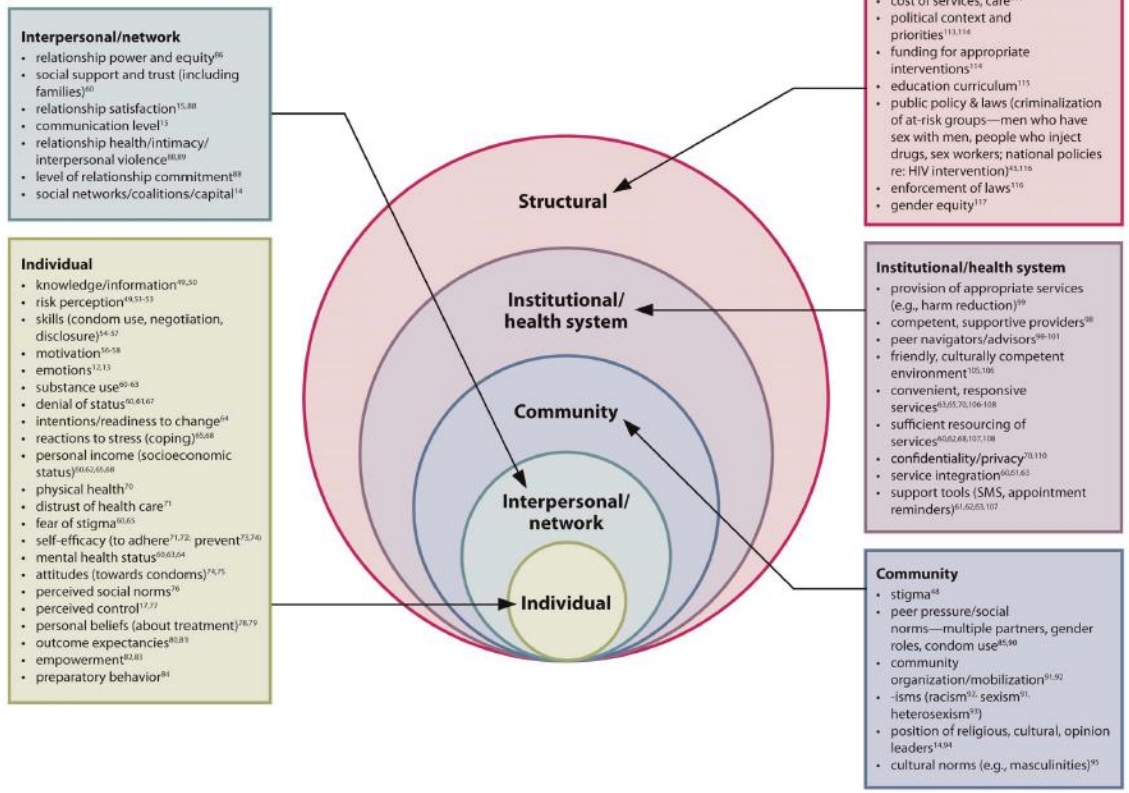
✓ Group sex is the new game of MSM and TG, and the study show that 5% of both MSM and TG ever had group sex

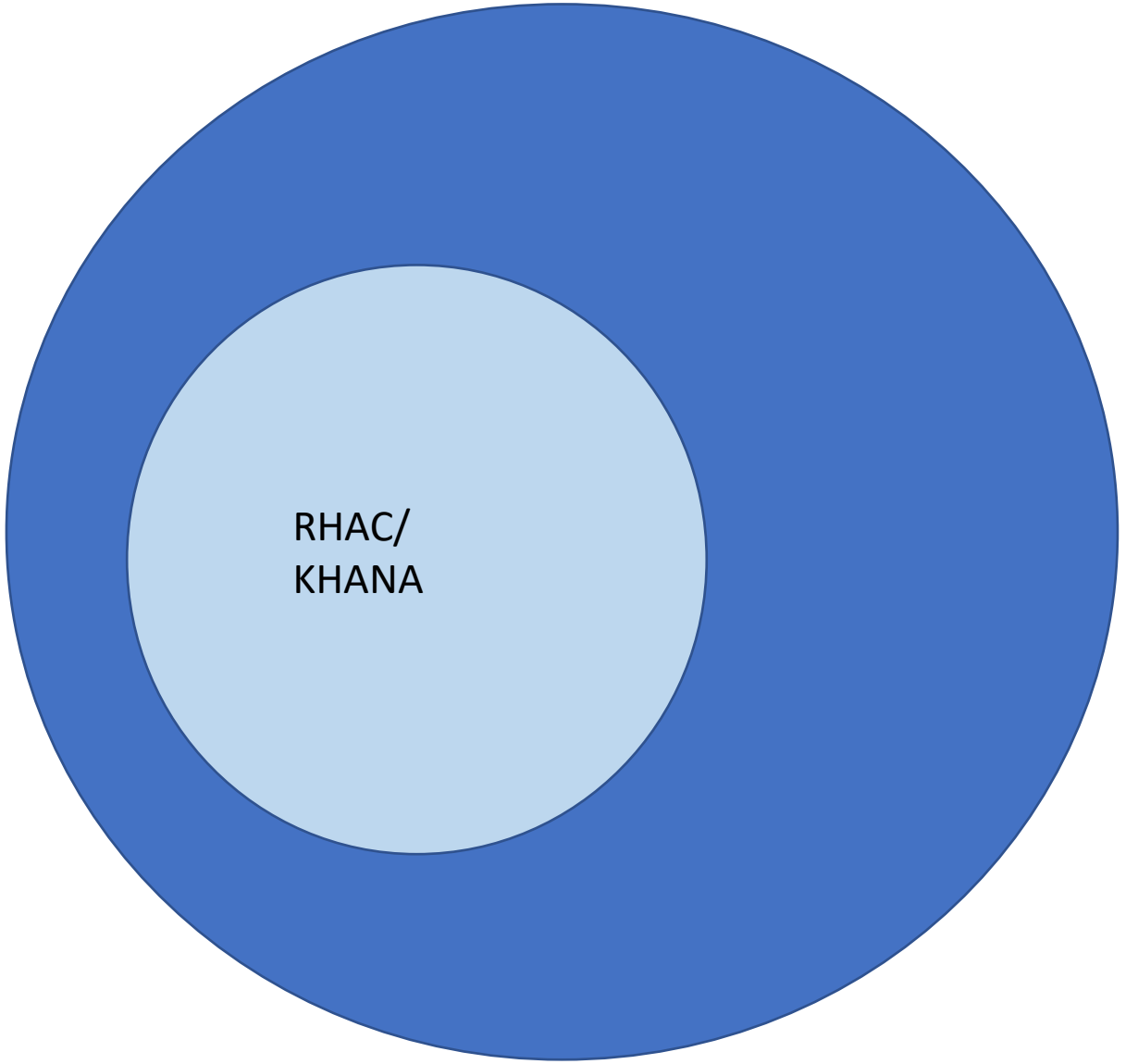
2. Knowledge on HIV and STD transmission

Questions related to HIV and STD	MSM (N=923)		TG (N=536)	
	Freq.	%	Freq.	%
Knowledge on HIV and STD transmission (correct answer)				
1. 100% Condom use can be prevented from HIV and STD. (Yes)	896	97.1	519	96.8
2. HIV cannot transmit via eating with PLHIV. (Yes)	808	87.5	467	87.1
3. Good looking person surely has no HIV. (No)	573	62.1	294	54.9
4. Using same needle during drug injection can be transmitted. (Yes)	900	97.5	511	95.3
5. PrEP could prevent from HIV infection. (Yes)	475	51.5	342	63.8
6. PrEP could prevent from STD infection. (No)	285	30.9	235	43.8
7. PLHIV with undetectable Viral Load could not transmit HIV to partner.(Yes)	170	18.4	178	33.2
8. STD can't be transmitted by having Oral Sex. (No)	584	63.3	303	56.5
9. Having more than one partners, Having risk of STD transmission. (Yes)	744	80.6	439	81.9
10. Anal sex without condom could be transmitted by HIV and STD. (Yes)	830	89.9	458	85.4
11. HIV could be diagnosed by testing only. (Yes)	875	94.8	510	95.1

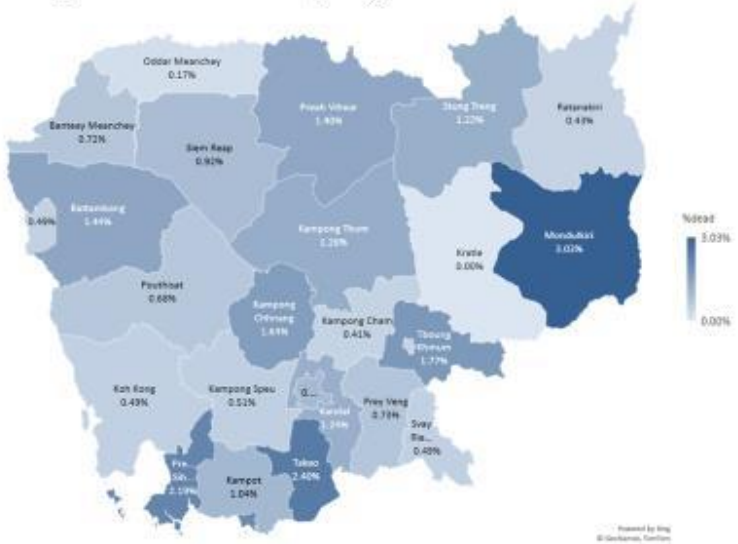
Individual

- knowledge/information[49,50]
- risk perception[49,51-53]
- skills (condom use, negotiation, disclosure)[54-57]
- motivation[56-58]
- emotions[12,13]
- substance use[60-63]
- denial of status[60,61,67]
- intentions/readiness to change[64]
- reactions to stress (coping)[65,68]
- personal income (socioeconomic status)[60,62,65,68]
- physical health[70]
- distrust of health care[71]
- fear of stigma[60,65]
- self-efficacy (to adhere[71,72,] prevent[73,74])
- mental health status[60,63,64]
- attitudes (towards condoms)[74,75]
- perceived social norms[76]
- perceived control[17,77]
- personal beliefs (about treatment)[78,79]
- outcome expectancies[80,81]
- empowerment[82,83]
- preparatory behavior[84]



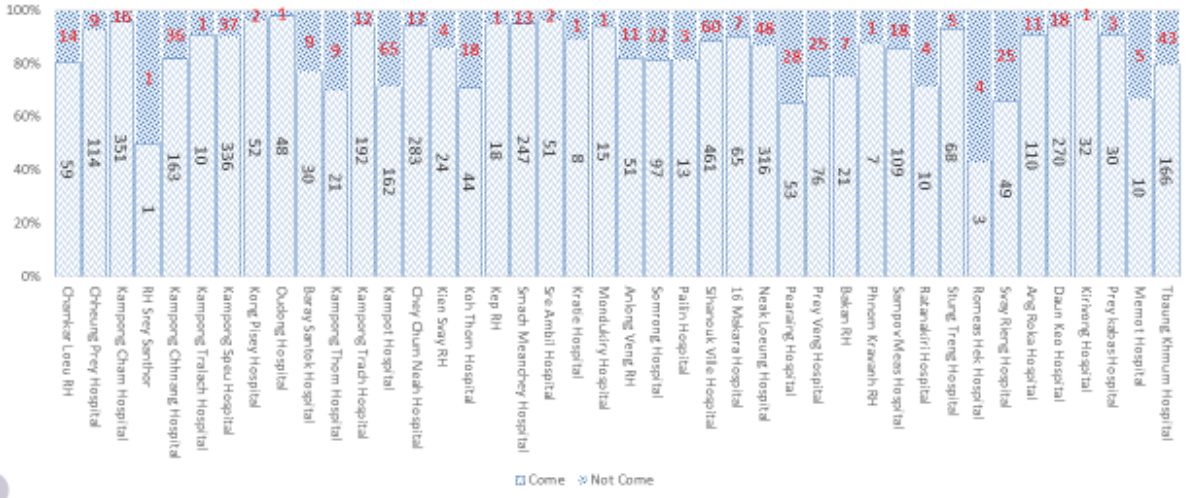

RHAC/
KHANA

ភាគរយអ្នកជំងឺ ART ដែលបានបាត់មុខលើសពី២៨ថ្ងៃ ក្នុងត្រីមាសទី១ ឆ្នាំ២០២២ តាមខេត្តនីមួយៗ

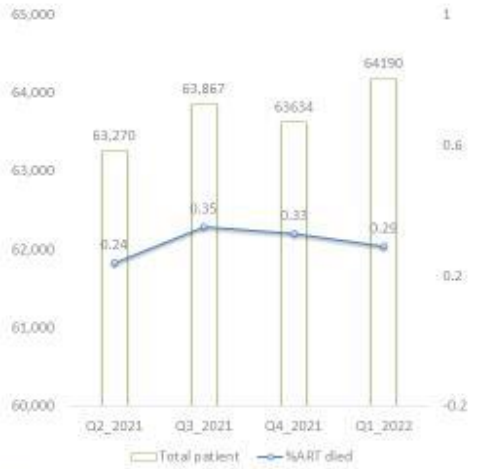


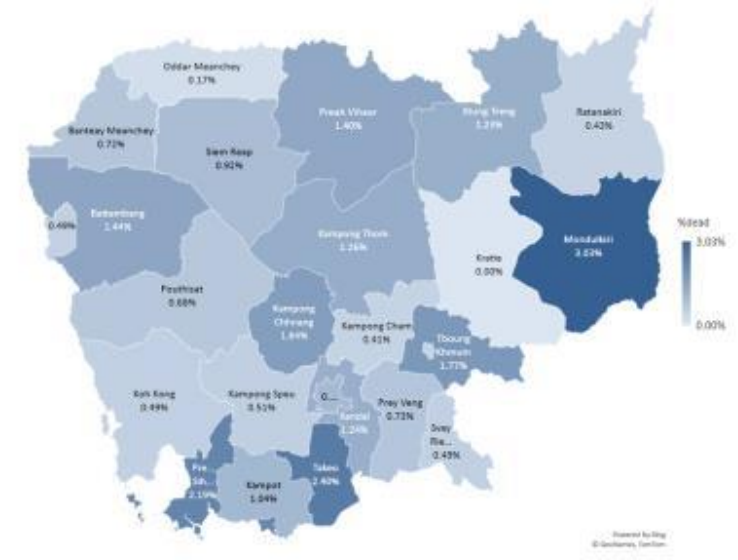
ប្រភពទិន្នន័យ៖ ART database from 69 sites

ចំនួនអ្នកជំងឺ ART ដែលបាន ខកណាត់ និង ត្រលប់មកវិញ ≤ ២៨ ថ្ងៃ ក្នុងត្រីមាសទី១ ឆ្នាំ២០២២



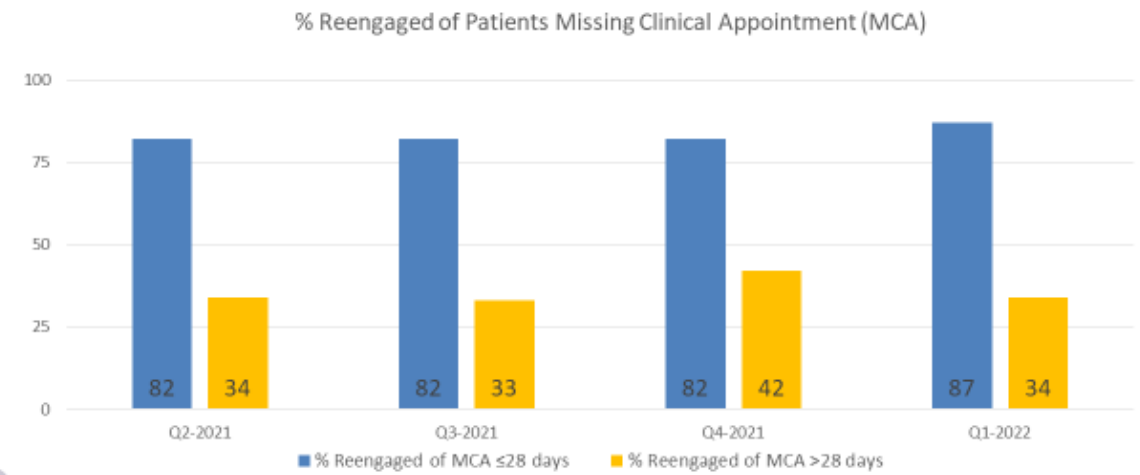
ភាគរយអ្នកជំងឺ ART ដែលបានស្លាប់ក្នុងត្រីមាសទី១ ឆ្នាំ២០២២ តាមខេត្តនីមួយៗ





ប្រភពទិន្នន័យ៖ ART database from 69 sites

ភាគរយអ្នកជំងឺ ដែលបានខកណាត់ ឬ បោះបង់សេវា ហើយ ត្រលប់ចូលមកវិញ ក្នុងត្រីមាសទី១ ឆ្នាំ២០២២

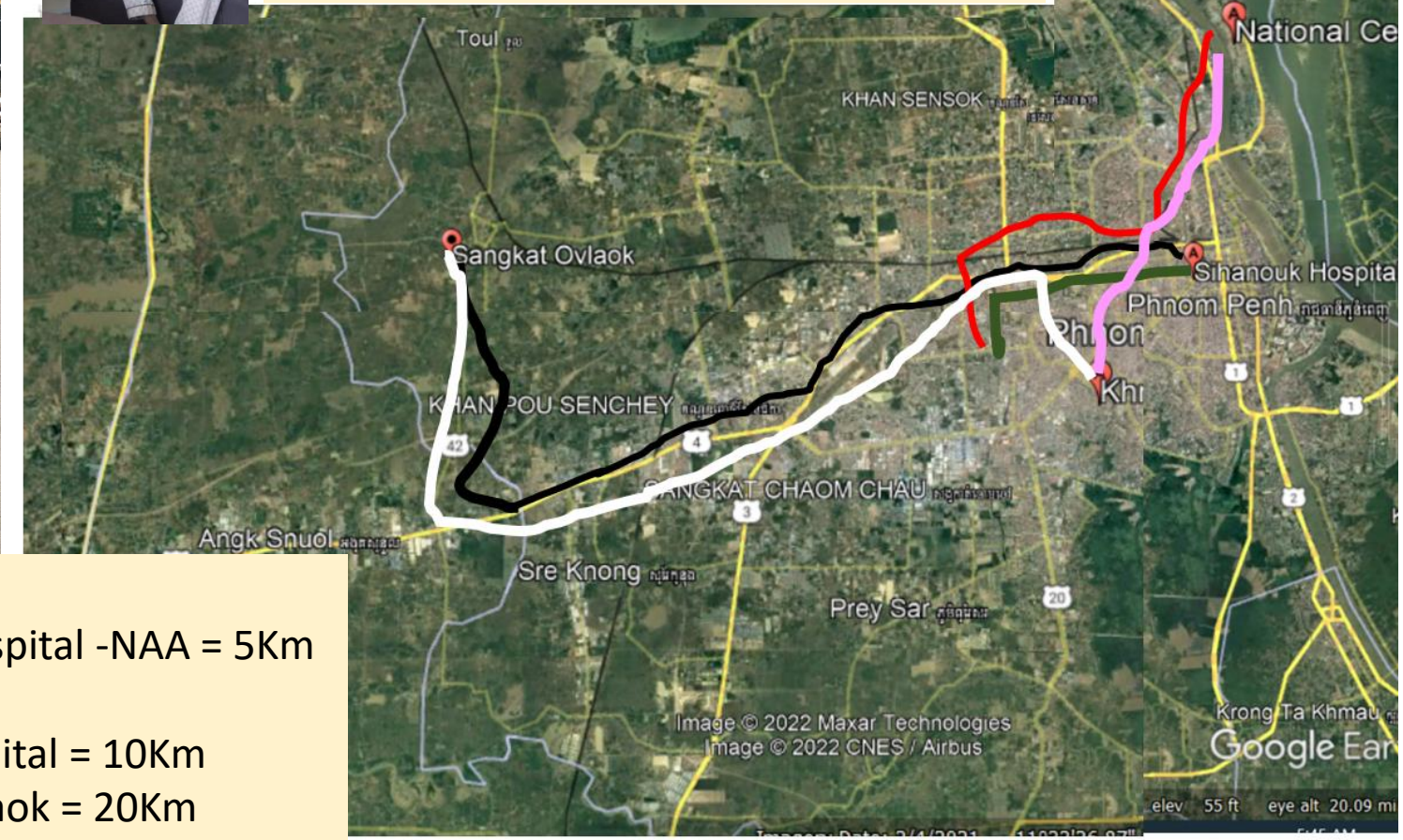


Lost to Follow Up

22 Apr 2022

One lesson…

2015: Starting ART
2016: Imprisoned
2017: Released from prison but received ART regularly with support of AUA
2017-2022 : Lost to Follow up
21 Apr 2022 : Trip to Phnom Penh

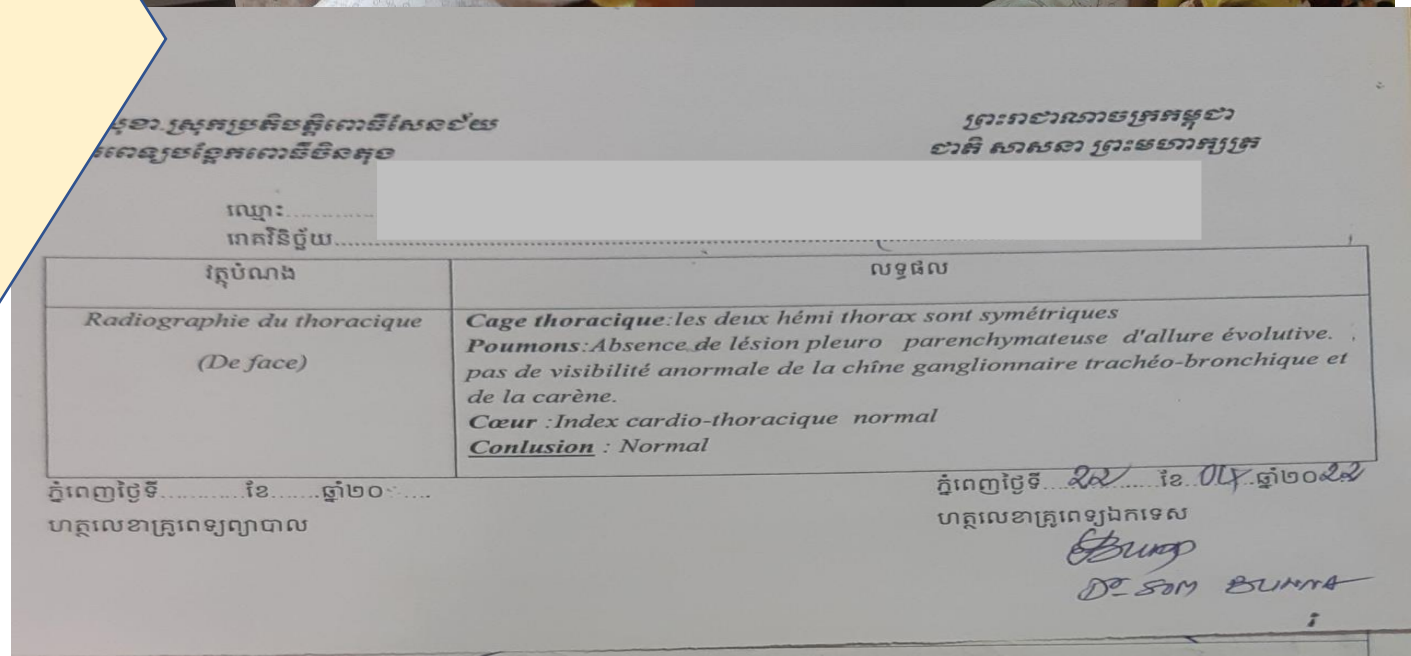


1. First Trip : Ovlaok to Hope Center = 24Km
2. Second Trip : Hope Center to Kossomak Hospital -NAA = 5Km
3. Third Trip : NAA to NCHADS = 11Km
4. Fourth Trip : NCHADS to Khmer Soviet Hospital = 10Km
5. Fifth Trip : to Khmer Soviet Hospital to Ovlaok = 20Km

23 Apr 2022

Code Numbers

1. OI: 00478
2. ART: 121300262
3. ART Drug: AZT +3TC + EFV



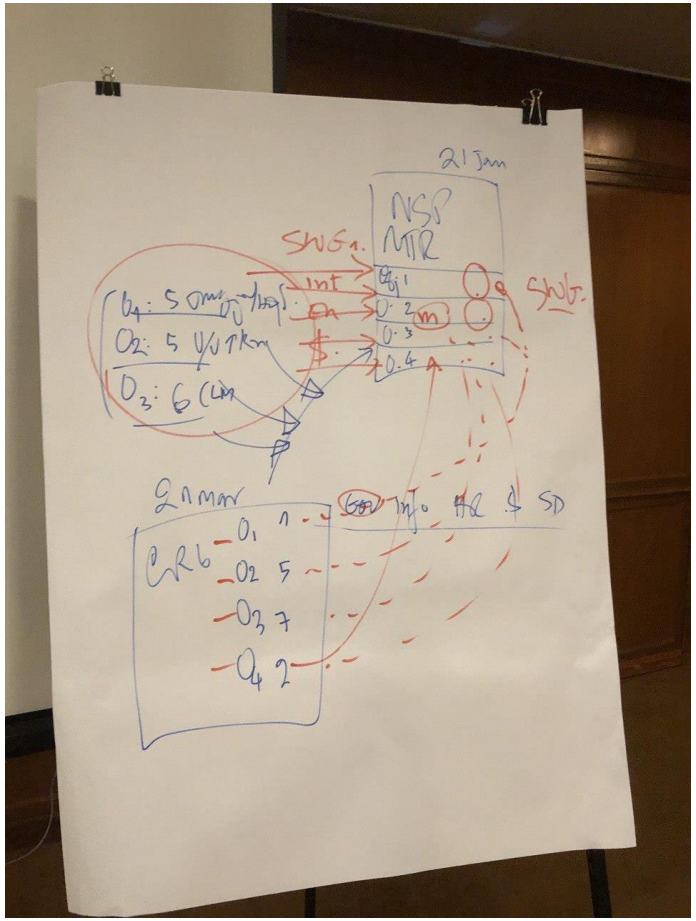
ឈ្មោះ.....
ភេទ/និថ្ងៃ.....

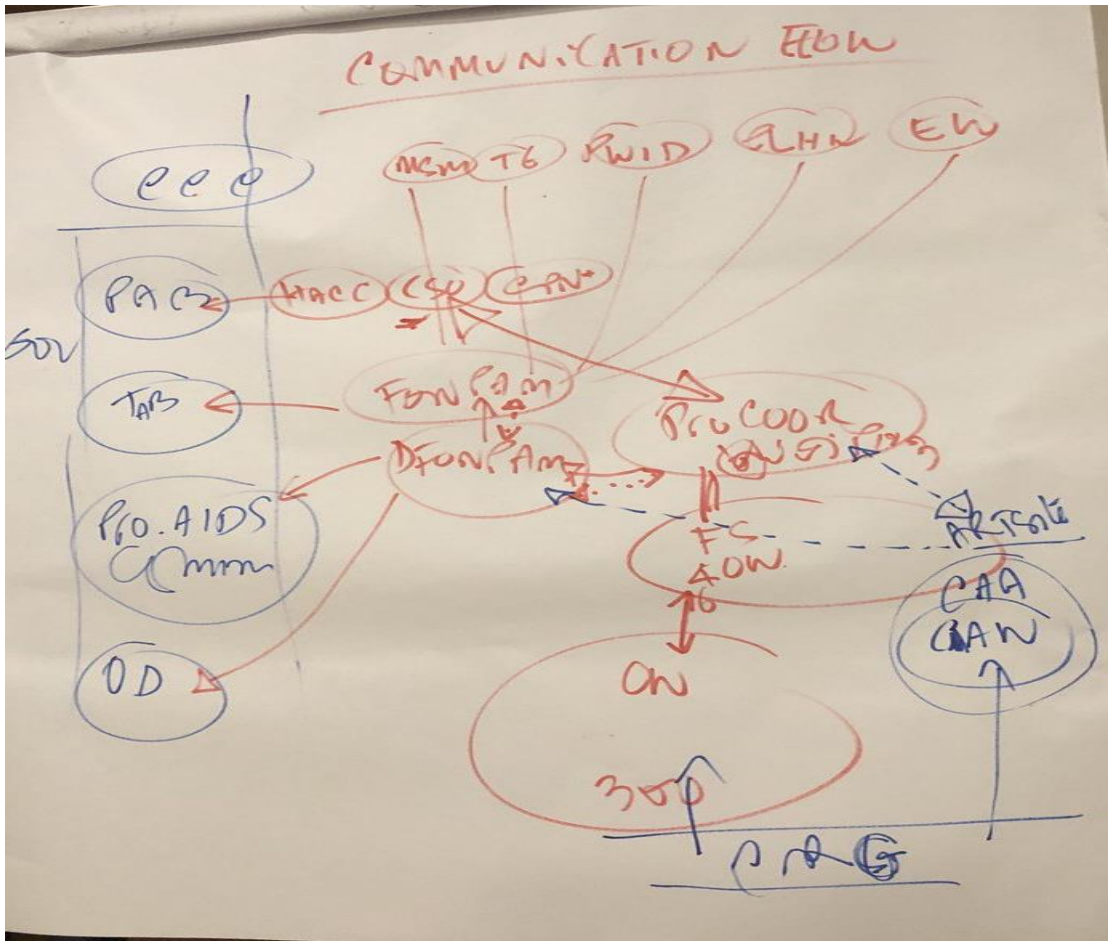
ឈ្មោះបំណង	លទ្ធផល
Radiographie du thoracique (De face)	***Cage thoracique**:les deux hémi thorax sont symétriques* ***Poumons**:Absence de lésion pleuro parenchymateuse d'allure évolutive. pas de visibilité anormale de la chîne ganglionnaire trachéo-bronchique et de la carène.* ***Cœur** :Index cardio-thoracique normal* ***Conlusion** : Normal*

ភ្នំពេញថ្ងៃទី.....ខែ.....ឆ្នាំ២០.....
ហត្ថលេខាគ្រូពេទ្យព្យាបាល

ភ្នំពេញថ្ងៃទី 22 ខែ 04 ឆ្នាំ២០22
ហត្ថលេខាគ្រូពេទ្យឯកទេស
Dr. SAM BUNNA

ការរៀបចំផែនការសកម្មភាពរំលេចលើខ្លឹមសារសហគមន៍ សិទ្ធ និងយេនឌ័រ (Community Rights and Gender) បន្ថែមទៅលើការត្រួតពិនិត្យពាក់កណ្តាលអាណត្តិផែនការយុទ្ធស្ត្រាស្តុជាតិទូលំទូលាយនិងពហុវិស័យឆ្លើយតប នឹងមេរោគអេដស៍/ជំងឺអេដស៍លើកទី៥



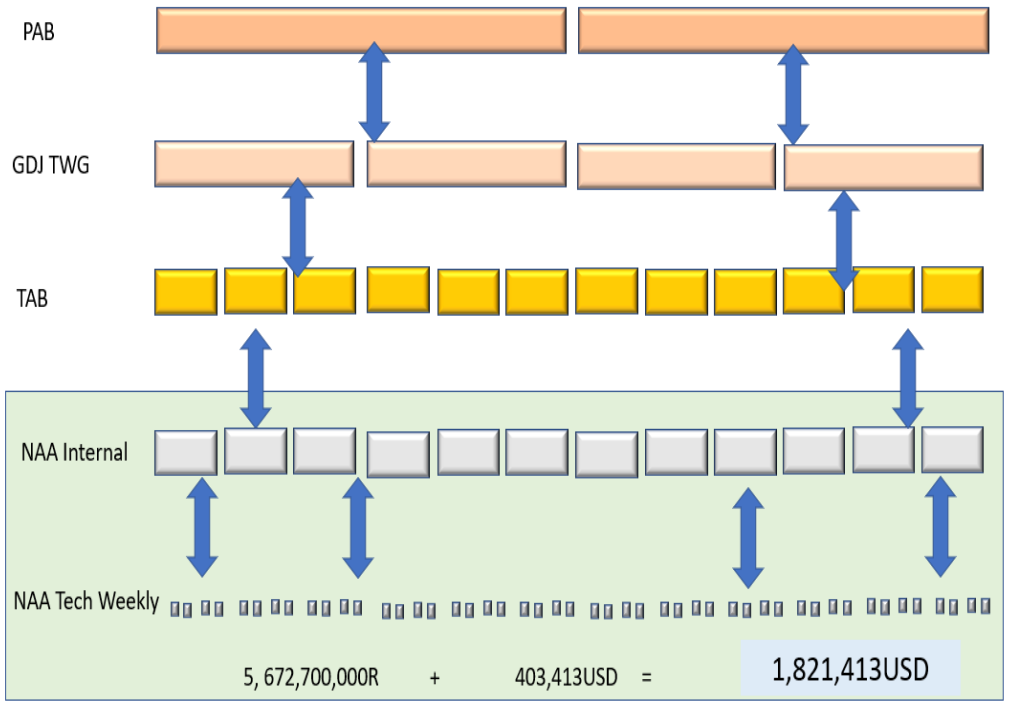


1-PEOPLE

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

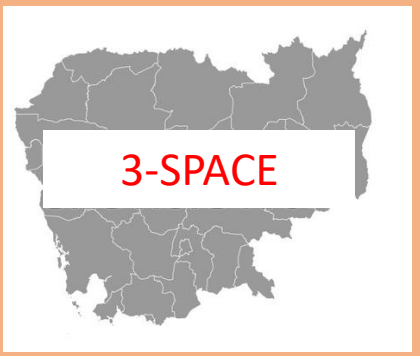
Revise policies and institutional relationships to change behaviors and resource use to address identified constraints in a more sustainable manner **(Success depends 85% on soft skills and 15% on hard skills)**



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

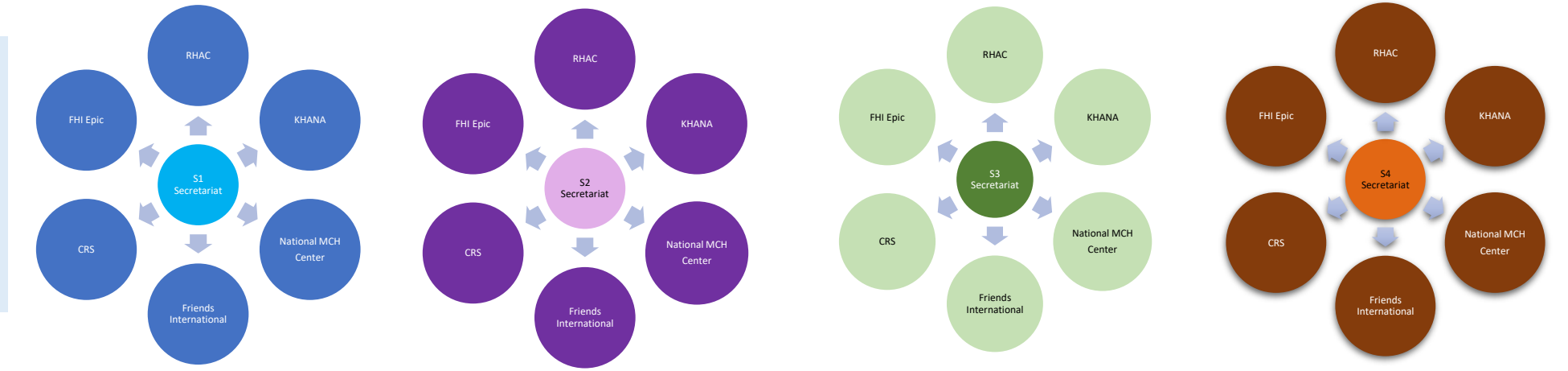
ORGANIZATIONAL ARRANGEMENT

Policy Advisory Board

Steering Committee (GDJ TWG)

NAA Internal

Technical Advisory Board



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

Changes both the Maker and the Destination

1. EE/MCPI
2. Soc Prot./ ID Poor
3. GBV

2018-2020

1. CDP/CIP
2. SCN 213
3. FTCI

2020-2022

Recommendations

Mid-term Review

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

2022-2023

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

ករណីឆ្លងថ្មី
<250

2023-2025

NAA Technical Officers' Tasks

Changes both the Maker and the Destination

Program Officer for implementing Interventions

Run the Program/Project , perform the tasks to deliver service and accountable for Program Outputs

Ordinary Civil Servant

Civil Servant Code of Conduct

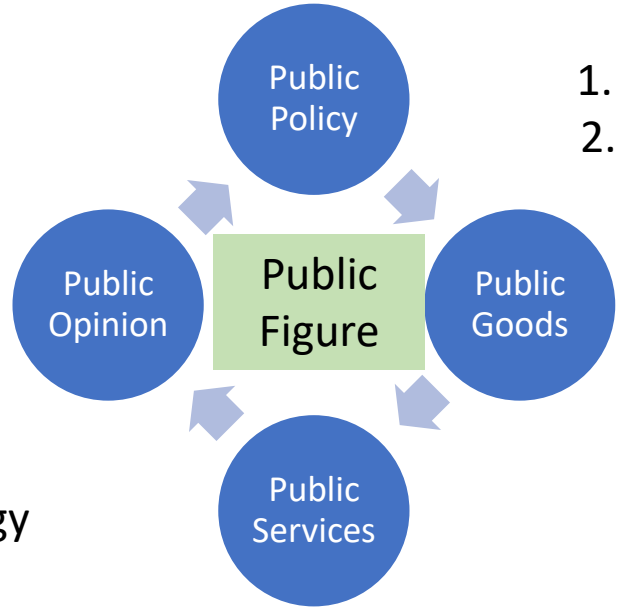
ផ្លាស់ប្តូរមុខនាទី

ផ្លាស់ប្តូរឥរិយាបថ

Becoming a Public Figure for Institutional Strengthening

To lead , to advocate , to facilitate, to mobilize resource and to monitor the Country Outcomes

1. Governance
2. Information
3. Funding
4. Human Resources
5. Service Delivery
6. Medicines/ Supplies &Technology



A **public figure** is a person who has a certain social position within a certain scope and a significant influence and so is often widely of concern to the public, can benefit enormously from society, and is closely related to public interests in society.

Qualities : Passionate, Persevere and Humble (not arrogant and boast about one's fame or popularity)

ឆ្នាំ
២០២៥

2021 | 2022 | 2023

2022 and 2023 Milestones

Policy Advisory Board

Technical Advisory Board

Steering Committee (GDJ TWG)

NAA Internal

Functions

1. Line of Accountability
2. Timeframe
3. Indicators

M&E

NSPV MTR
30 Recommendations

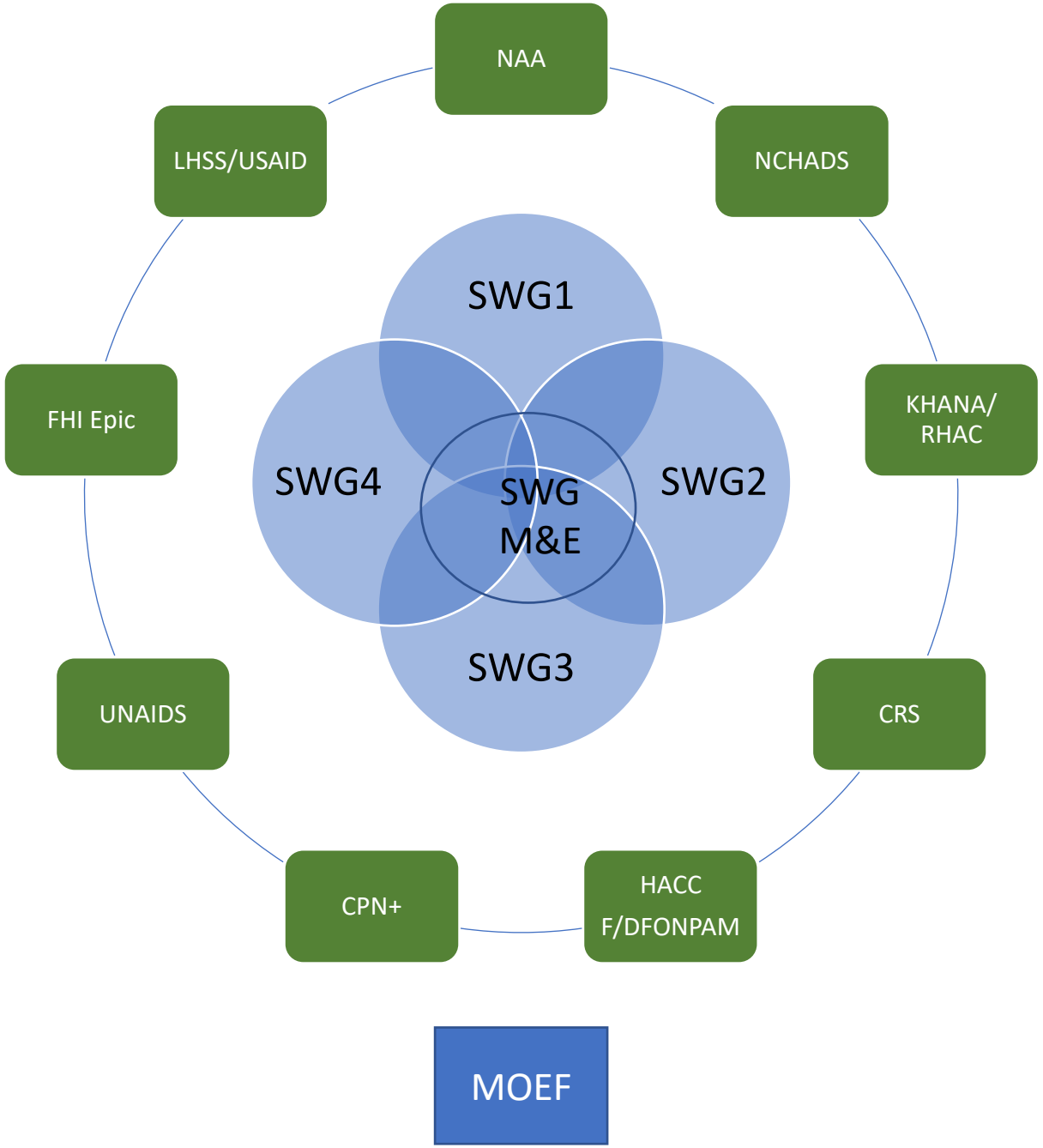
គោលដៅ
95-95-95 +
Prev,
eMTCT
TB, intg.H.
Services
+ three
<10%

ករណីឆ្លងថ្មី
<250

SWG of NSP V

	Lead/ Advocate	Monitor	Facilitate			Mobilize resource
	Governance	Information	Service Delivery	Human Resources	Med/Supplies / Technology	Financing
SWG1						
SWG2						
SWG3						
SWG4						
M&E						

Key Actors for ending AIDS in Cambodia



		Date	MTR NSPV
NCHADS	Training Materials On Infection Prevention and Control at ART sites amid COVID-19 Pandemic	28 Mar-1 Apr	
	Workshop “To Improve Viral Load Coverage among PLHIV receiving ART”	1 Apr	
	Training on Recording Partner Notification Tracing and Testing (PNTT) data in ART database, Kampong Cham province		
	Training on Comprehensive ART Management for New Adult Clinician and Pediatrician at ART Sites	4-8 Apr	
	Training on Recording Partner Notification Tracing and Testing (PNTT) data in ART database, Kampong Cham province	4-5 Apr	
	Regional Review Workshop Following Plan-Do-Check-Act (P-D-C-A) Cycle to Improve ART Services	24-25 Apr	
	Prevention Working Group Meeting	22 and 29 Apr	
HACC	Dissemination materials social protection	6 Apr	
	Meeting with NSSF	1 Apr	
	Workplan CRG in the NSPV MTR	28 Apr	
CCM/GFATM	Consultative Meeting of CCC KAP / PLWD/FBO representatives with focal Points of constituency in Communities	5 may	Kampot
FHI Epic	Findings of KAP Survey among MSM and TG		

	W1	W2	W3	W4
Activities	1. AIDS in CDP/ CIP in Siem Reap (30Mar) 2. NAA Official Orientation for establishment of SWG(05Apr) 3. CDP/CIP Kampong Cham (07Apr) 4. Preliminary Discussion on 2022-2023 Milestones for Ending AIDS with LHSS/ USAID (9 Apr)	1. NAA Internal Meeting (9Apr) 2. Khmer New Year Celebration at NAA(11Apr) 3. Preparation Meeting on HIV sub-national estimate and progress results towards 95-95-95 targets with NCHADS and UNAIDS (12 Apr)	1. Update on NAA SSI activities for Q2 2022 2. Internal Meeting with HE Senior Minister (19 Apr) 3. Meeting with CCM evolution Task force on CCM Positioning (20 Apr) 4. Comments and Slides for TAB Meeting (23 Apr)	1. TAB Meeting (25 Apr) 2. CRG M&E Plan in the NSPVMTR (25 Apr) 3. AIDS in CDP/ CIP in Siem Reap (27 Apr) 4. Meeting with CCM Positioning Local Consultant (28 Apr) 5. Country Project Committee of the TB Speed strengthening pediatric TB services for enhanced Early Detection (28 Apr) 6. CLM mapping Cambodia (29 Apr) 7. Community Participation Policy (NHPC/ MOH Lit/CHAI(29 Apr)
Internal NAA	1. KSP (02 Apr)			KSP (30 Apr)
Teaching	1. Health Policy UHS (31Mar) 2. Team Building and Health Policy UHS(04 Apr	1. Health Policy UHS (11 Apr) 2. Team Building UHS(12 Apr)	1. Health Policy UHS (18 Apr) 2. Team Building UHS(19 Apr) 3. Proposal Writing Master (24 Apr) 4. Health Policy (24 Apr)	