



Trend of Funding for HIV and AIDS response in Cambodia and way forward

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Vice Chair of National AIDS Authority

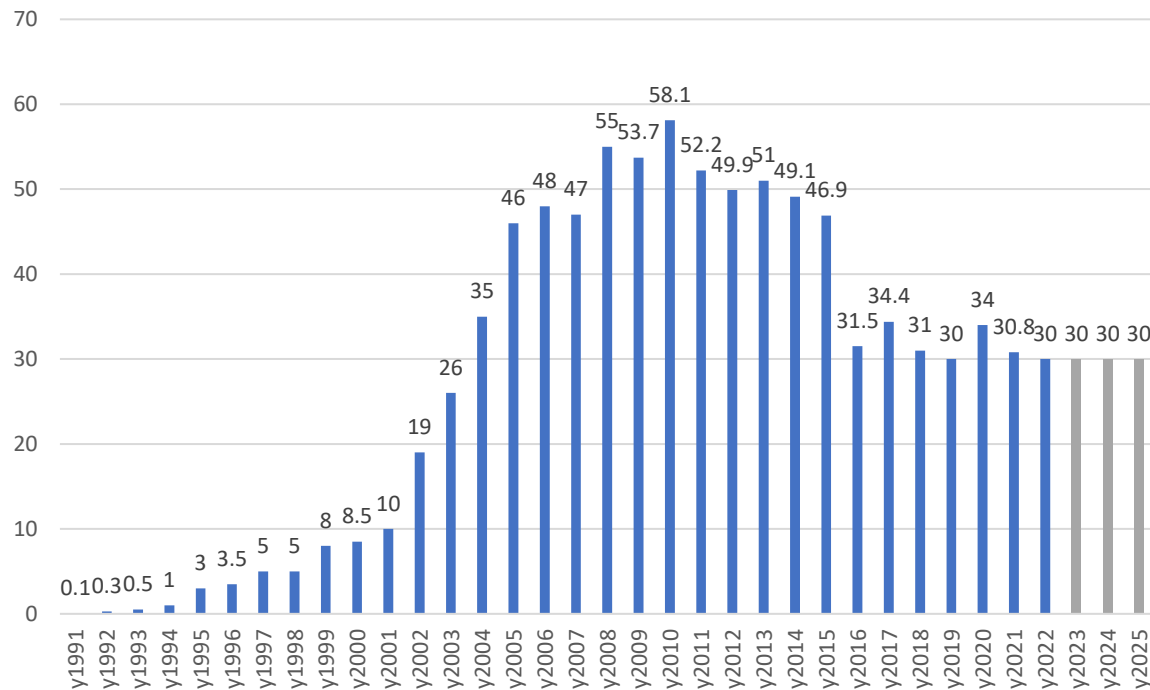
Presentation Outline

- Efforts in the past three decades
- Experiences in the past
- The Challenges
- Current efforts
- Preparation of the CG8
 - The problem
 - The proposed scenario
- The way forward

Leadership
Partnership
Investment

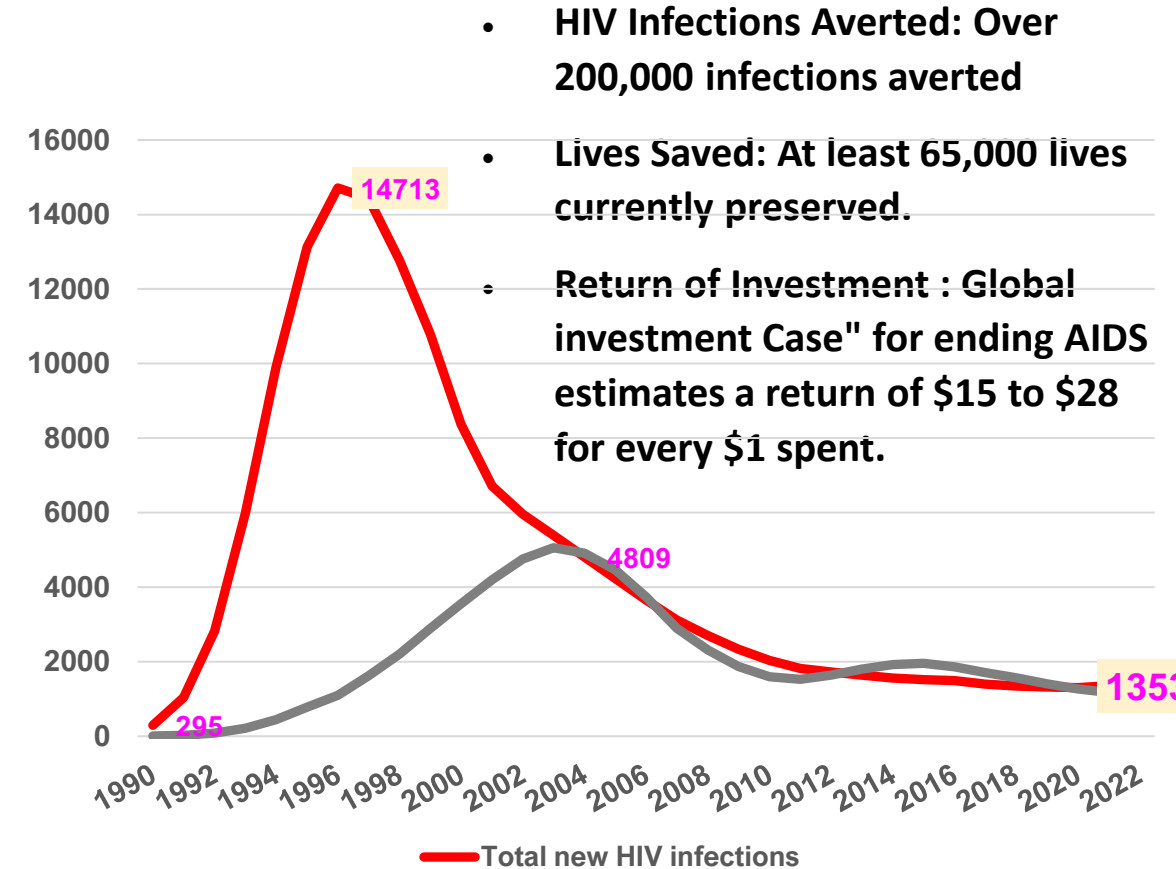
Expenditure of HIV AIDS

Cambodia has mobilized nearly **\$1 Billion USD** for the fight against HIV/AIDS over the last three decades

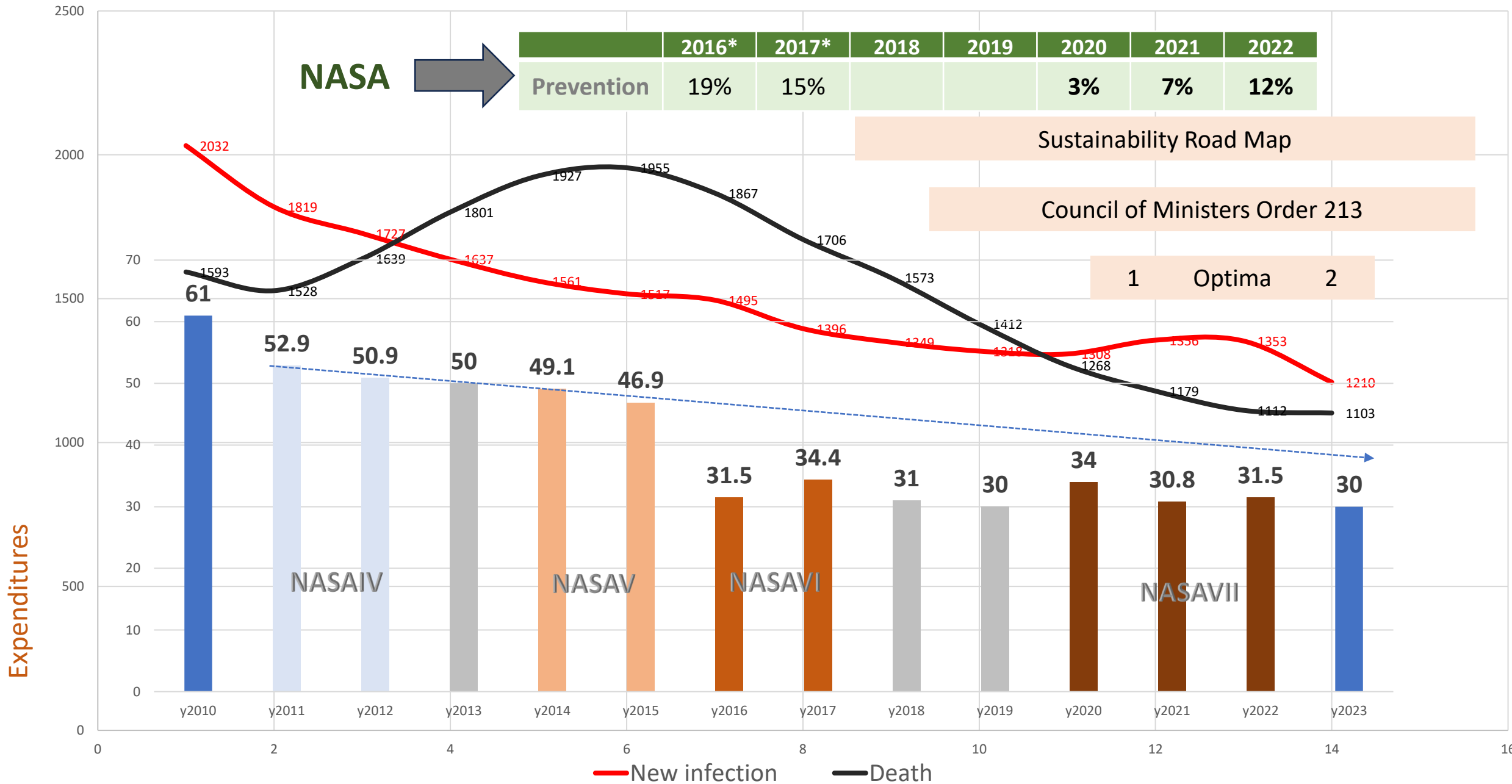


Source : NASA I-VII

Return of Investment



Source : AEM, World Bank, UNAIDS, GFATM



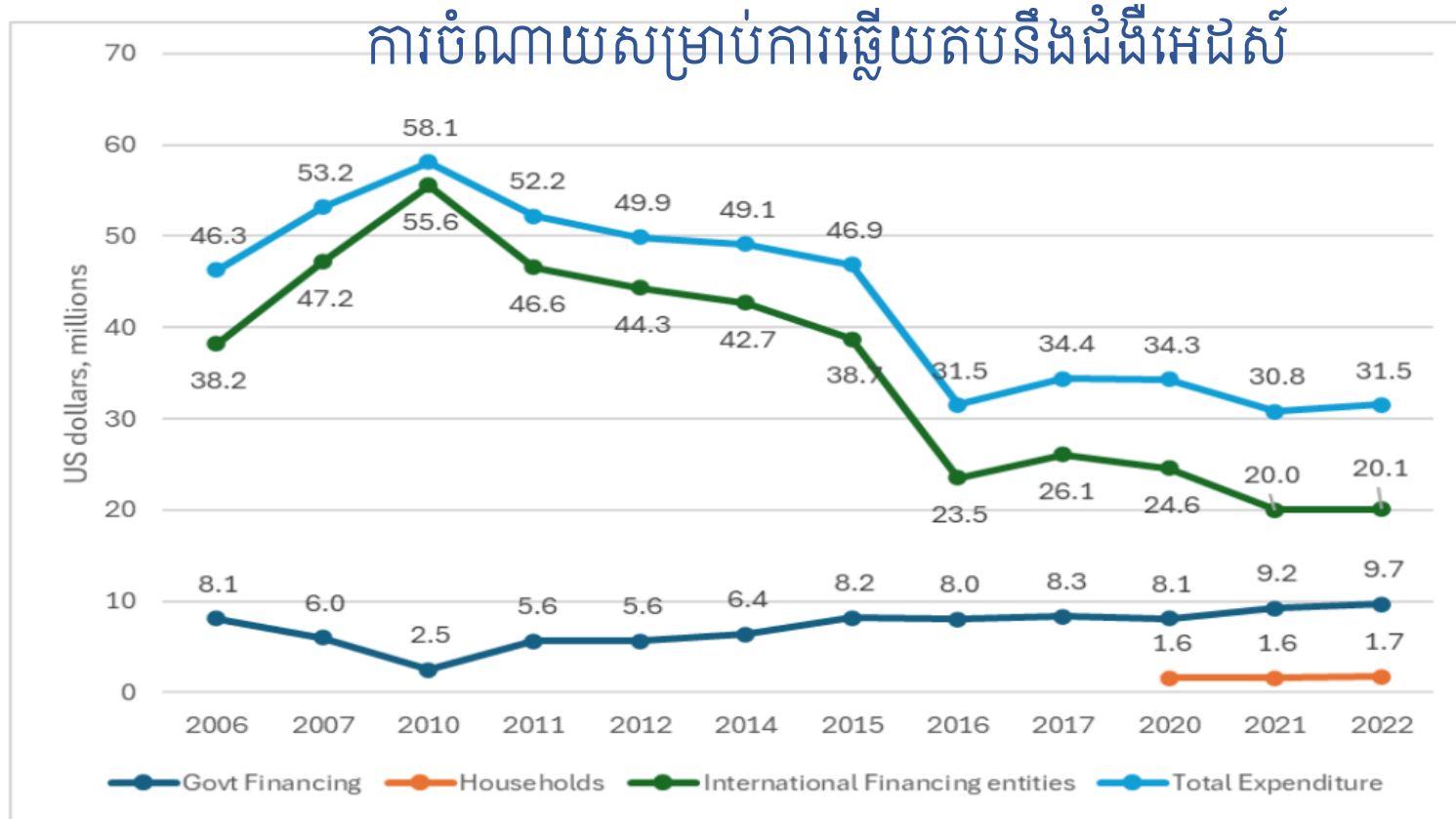
បញ្ហាប្រឈម Challenges

Less funding
Less time
High targets
Move from dependency to
Resilience/ Ownership
Complex coordination

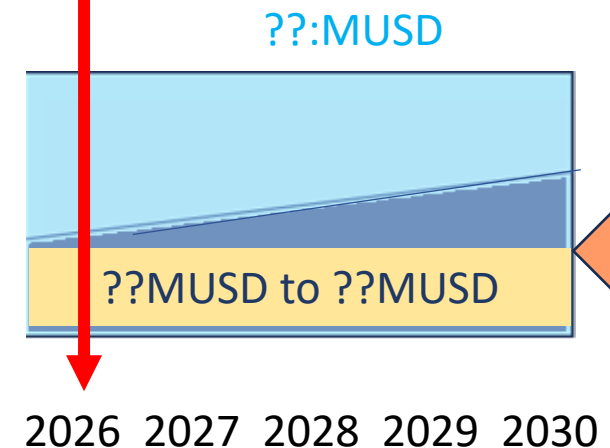
CG8
Application

អន្តរកាល
Transition

ចីរភាព
Sustainability



Source : NASA VII, UNAIDS and NAA



What would be the most likely
Scenario ?

Current efforts

1. ថ្នាក់ខេត្តមានថវិកា: 0.355MUSD ឃុំ/សង្កាត់ចំនួន ៣២៤ បានរួមបញ្ចូលការឆ្លើយតបនឹងជំងឺអេដស៍ ទៅក្នុងផែនការមូលដ្ឋានរបស់ពួកគេ ដោយបានប្រមូលថវិកាប៉ាន់ស្មានចំនួន \$0.587 MUSD។
2. អាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍បានបង្កើតនិយាមប្រតិបត្តិស្តីពីការធ្វើវិមជ្ឈការជំរុញការឆ្លើយតបមេរោគអេដស៍/ជំងឺអេដស៍ទៅថ្នាក់ក្រោមជាតិ (ខេត្ត ស្រុក និងឃុំ/សង្កាត់) ដោយពន្លឿនការផ្តល់ការឆ្លើយតបនឹងមេរោគអេដស៍នៅមូលដ្ឋាន។
3. បញ្ចប់ការពិនិត្យឡើងវិញនូវផែនទីបង្ហាញផ្លូវប្រកបដោយនិរន្តរភាពដើម្បីកំណត់អត្តសញ្ញាណ ច្បាស់លាស់ និងដោះស្រាយគម្លាត។
4. ការផ្តល់ហិរញ្ញប្បទានប្រកបដោយសុវត្ថិភាពសម្រាប់ការឆ្លើយតបរបស់សហគមន៍ដោយបញ្ចប់ការសិក្សា ចំណាយដែលគាំទ្រដោយ UNAIDS ដើម្បីបញ្ចូលសេវាកម្មទាំងនេះទៅក្នុងកញ្ចប់មេរោគអេដស៍ស្នូល។
5. ក្រសួងសុខាភិបាលកំពុងបង្កើតនិយាមប្រតិបត្តិ (SOP) សម្រាប់ការចុះកិច្ចសន្យាសង្គម និងផែនការ អន្តរកាលនិងចីរភាពឆ្លើយតបនឹងមេរោគអេដស៍/ជំងឺរបេងរួមគ្នា។
6. បញ្ចូលមេរោគអេដស៍ទៅក្នុងយុទ្ធសាស្ត្រសុខភាព ដោយធានាឱ្យស្របទៅនឹងផែនការយុទ្ធសាស្ត្រសុខភាពទី 4 (HSP4) 2025-2034 ដែលទើបអនុម័តថ្មី។

Interministerial order (MOEF/ MOI) 007 (Apr 2025) on Management and direction on the use financial resource at municipality, District and commune/ Sangkat level for social services, hygiene and environment.

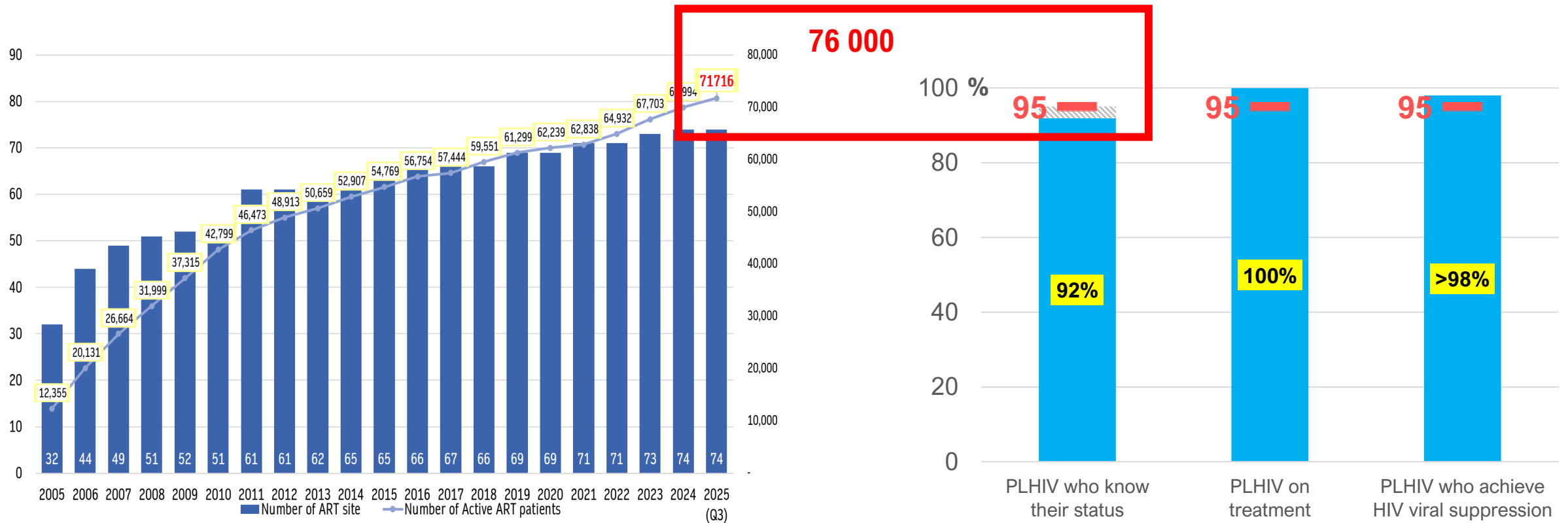
Social Accountability Framework (SAF): The Ministry of Interior, through the NCDD, acts as the institutional home and governmental champion for the Social Accountability Framework (SAF), ensuring it is a systematic, government-led process integrated into the functioning of sub-national governance and public service delivery.

HIV Financing Entities	2022	% 2022		206	2027	2028	2029	2030
Royal Government of Cambodia	9,730,098	30.80%	<div></div>					
Additional RGC(NB)								
Government of United States	4,786,621	15.20%	<div></div>					
Bilateral funding entities (excl. PEPFAR)	855,042	2.70%	<div></div>					
Global Fund	11,248,214	35.60%	<div></div>					
United Nations	962,650	3.00%	<div></div>					
Other Multilateral funding entities	-	0.00%	<div></div>					
International NGOs and Foundations	2,248,649	7.10%	<div></div>					
Households	1,734,420	5.50%	<div></div>					
Grand Total	31,565,694	100.00%						

The Problem

The gap on HIV and AIDS Response

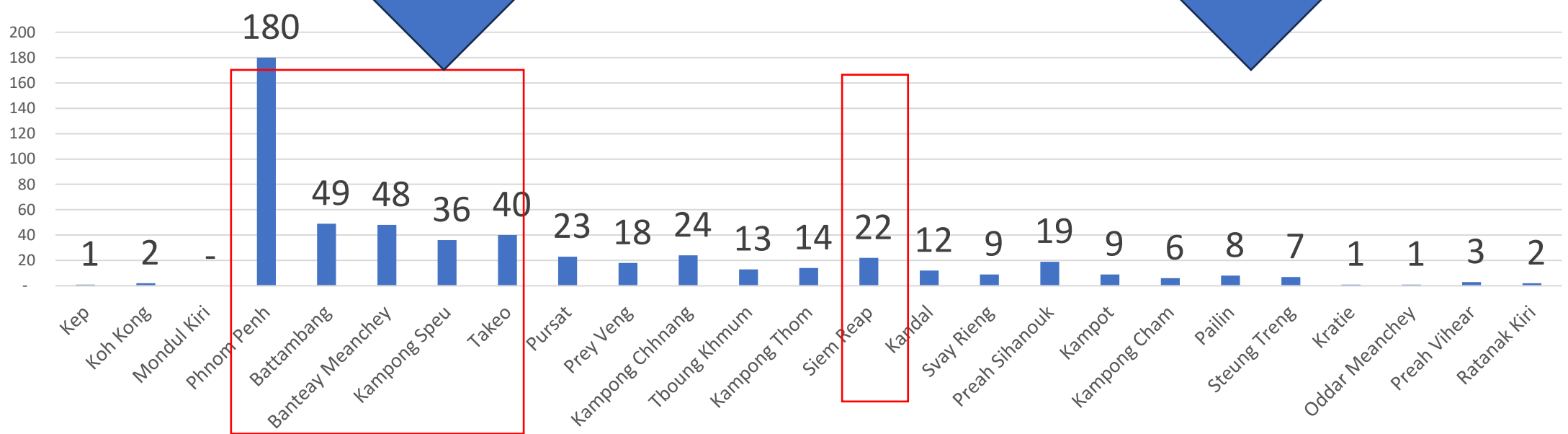
gaps for prevention activities specifically targeting Key Populations (MSM, TG, FW) and support for KP network



The Problem

ថ្នាក់ខេត្តមានថវិកា: 0.355MUSD ឃុំ/សង្កាត់ចំនួន ៣២៤ បានរួមបញ្ចូលការធ្វើបេតបនឹងជំងឺអេដស៍ទៅក្នុងផែនការមូលដ្ឋានរបស់ពួកគេ ដោយបានប្រមូលថវិកាប៉ាន់ស្មានចំនួន \$0.587 MUSD។

Cases found in Q1 2025



គោលការណ៍ផ្អែកលើភស្តុតាង (៦R: អន្តរាគមន៍ត្រឹមត្រូវ ក្រុមគោលដៅត្រឹមត្រូវ ទីកន្លែងត្រឹមត្រូវ ពេលវេលាត្រឹមត្រូវ ប្រពលភាពត្រឹមត្រូវ និង ប្រើប្រាស់ធនធានត្រឹមត្រូវ)

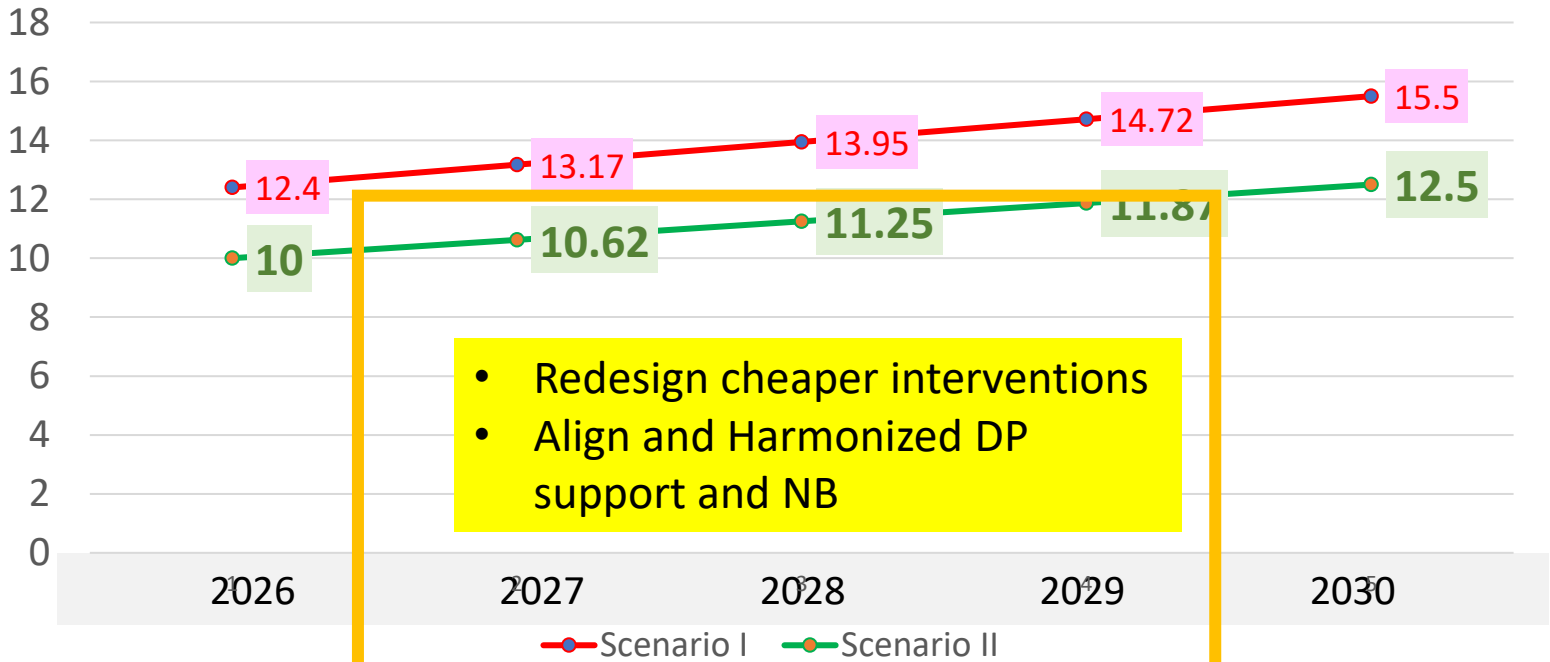
Scenario of National Budget Contribution (In MUSD) in Transition Period 2026 -2030

Scenario I

: 31 MUSD in a year

Year 2026	Year 2027	Year 2028	Year 2029	Year 2030
2.4	3.17	3.95	4.72	5.5

**Additional Budget
17.34 MUSD in 5 years**



69.74 MUSD in 5 years

56.24 MUSD in 5 years

Scenario II

25 MUSD in a year

Year 2026	Year 2027	Year 2028	Year 2029	Year 2030
0	0.62	1.25	1.87	2.5

**Additional Budget
6.24 MUSD in 5 years**

Scenario I Scenario II : 25 MUSD in a year

**3.74 MUSD additional
budget for 3 years**

HIV Financing Entities	2022	% 2022		206	2027	2028	2029	2030
Royal Government of Cambodia	9,730,098	30.80%		ARV procurement, Contract staff and supplies				
Additional RGC(NB)				Sub national resources, social contracting (financing CSOs to deliver services) ,				
Government of United States	4,786,621	15.20%		<ul style="list-style-type: none">• Plateau or decrease.• Shift from "service delivery" to "systems strengthening" and "technical assistance."				
Bilateral funding entities (excl. PEPFAR)	855,042	2.70%						
Global Fund	11,248,214	35.60%		<ol style="list-style-type: none">1. Targeted Prevention for Key Populations2. Finding the Missing Cases" (Differentiated HIV Testing)3. Treatment and Care Optimization4. Resilient and Sustainable Systems for Health (RSSH)5. Community Systems Strengthening (CSS)6. Sustainability and Integration (The "Transition")				
United Nations	962,650	3.00%						
Other Multilateral funding entities	-	0.00%						
International NGOs and Foundations	2,248,649	7.10%						
Households	1,734,420	5.50%						
Grand Total	31,565,694	100.00%						

Services /
Innovation

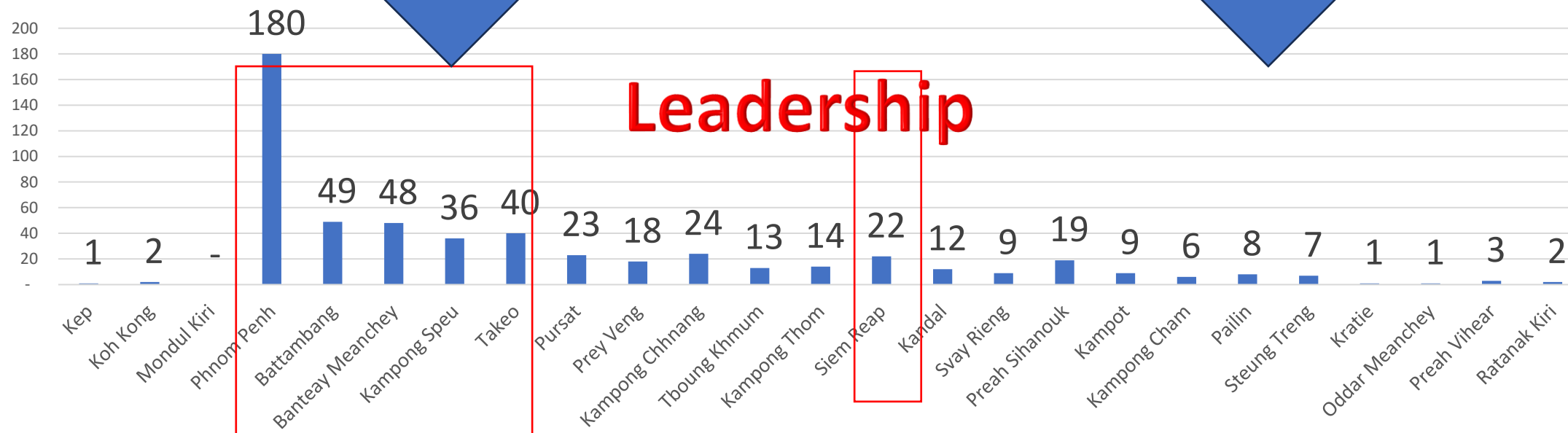
The Problem

Funding

ថ្នាក់ខេត្តមានថវិកា: 0.355MUSD

ឃុំ/សង្កាត់ចំនួន ៣២៤ បានរួមបញ្ចូលការធ្វើបេតិកភណ្ឌនិងជំងឺអេដស៍ទៅក្នុងផែនការមូលដ្ឋានរបស់ពួកគេ ដោយបានប្រមូលថវិកាប៉ាន់ស្មានចំនួន \$0.587 MUSD។

Cases found in Q1 2025



Leadership

Enabling
Environment

គោលការណ៍ផ្អែកលើភស្តុតាង (៦R: អន្តរាគមន៍ត្រឹមត្រូវ ក្រុមគោលដៅត្រឹមត្រូវ ទីកន្លែងត្រឹមត្រូវ ពេលវេលាត្រឹមត្រូវ ប្រពលភាពត្រឹមត្រូវ និង ប្រើប្រាស់ធនធានត្រឹមត្រូវ)

SYSTEM

The Change

គម្រោងប្រែប្រួល

Political
Leadership and
commitment

Science driven ,
effective High
impact
Prevention &
care

Sustainable
and equitable
financing

Enabling laws
and policies

System built on
strong local and
institutional
capacities

Programmatic

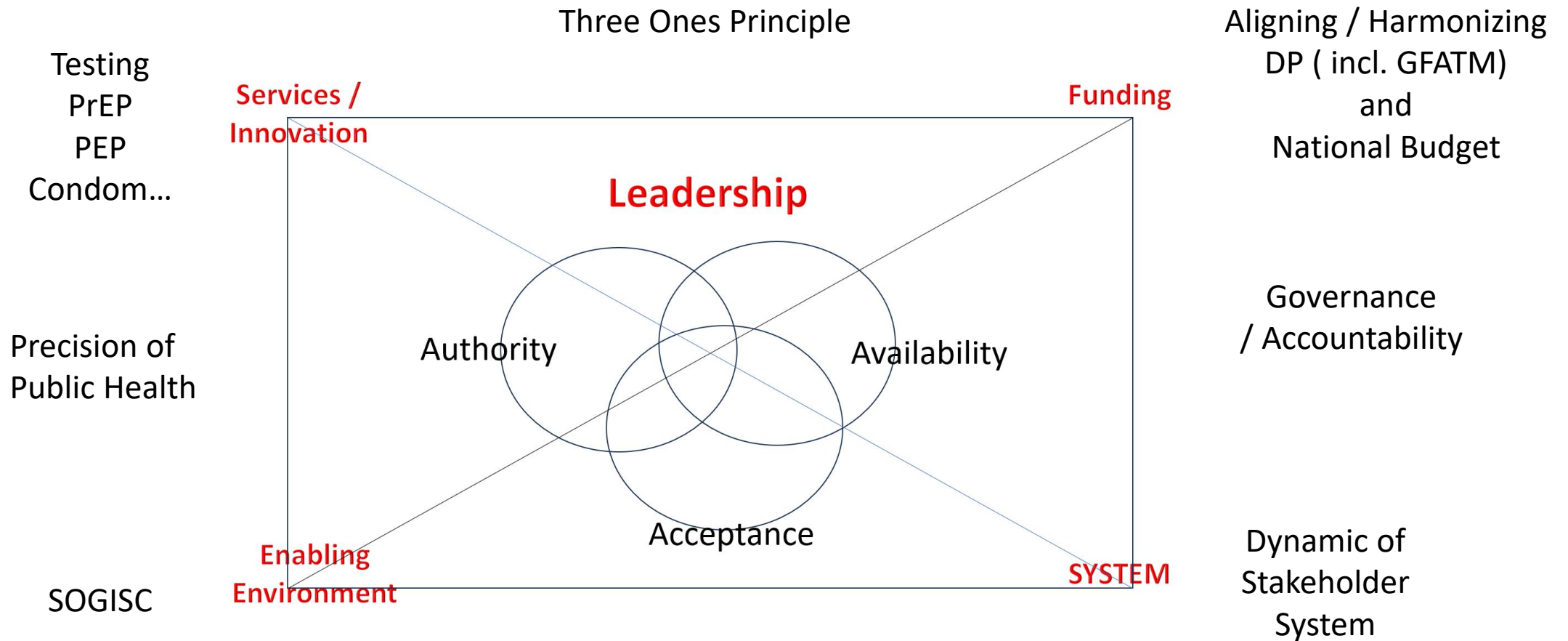
Epidemiological



Source: UNAIDS Premier, 2024



គោលនយោបាយជាតិបញ្ចប់
អេដស៍និងជំងឺកាត់កម្មអេដស៍
ស៍ សម្រាប់ឆ្នាំ២០២៣-
២០២៨



- 4300 PLHIV to be found and brought to the system
 - Preventions (KP esp. MSM / TG)
 - KP/ PLHIV Network

Challenges for Grant Cycle 8 (GC8) Submission (May 2026)

Challenge Area	Specific Issue for GC8 Submission
1. The Co-Financing Hurdle	<ul style="list-style-type: none"> The Global Fund will require a concrete commitment letter showing a substantial increase in domestic co-financing. The challenge is moving from policy commitments to actual budget lines for CSO social contracting.
2. Epidemiological Mismatch	<ul style="list-style-type: none"> While general population prevalence is low, new infections are rising among MSM and Transgender people. The proposal must justify high prevention costs for these groups despite the "overall" epidemic decline.
3. Data Quality & Targeting	<ul style="list-style-type: none"> The submission requires precise data (Size Estimations) to justify budget requests. If current KP population size estimates are outdated or underestimated, the grant allocation will be too low to cover the real need.
4. "Sustainability" Credibility	<ul style="list-style-type: none"> Donors are skeptical of "paper plans." The proposal must show evidence that the integration of HIV into primary healthcare (NCD/HIV integration) is actually working, not just planned.

National Budget

ការពង្រឹងការសម្របសម្រួល និងការតម្រឹមធនធាន៖ កិច្ចខិតខំប្រឹងប្រែងនៃគ្រប់វិស័យទាំងអស់ត្រូវបានតម្រឹមយ៉ាងពេញលេញ ហើយថាថវិកាជាតិ (NB) ត្រូវបានរួមបញ្ចូលគ្រប់គ្រាន់ជាមួយធនធានម្ចាស់ជំនួយដើម្បីបង្កើនប្រសិទ្ធភាពនៃការប្រើប្រាស់មូលនិធិទាំងអស់។

Way Forward

- **Immediate Actions (Pre-Submission 2025-2026):**

- **Operationalize Social Contracting:** Do not just plan it; execute a pilot where the government pays CSOs using domestic treasury funds *before* the May 2026 submission. This serves as "Proof of Concept" to the Global Fund.
- **Update Key Population Data:** Complete robust Size Estimation (IBBS) studies for MSM and TG populations to ensure the GC8 budget request reflects the *actual* (likely higher) need.
- **Quantify the "Efficiency" Narrative:** The proposal should highlight how integrating HIV testing into general health check-ups (integration) saves money, making the investment case attractive.

- **Long-term Strategy (Post-2026):**

- **NSSF Inclusion:** Formally include HIV/AIDS care in the benefits package of the National Social Security Fund (NSSF) to reduce reliance on the national vertical budget.
- **Private Sector Engagement:** Encourage private clinics to report data and provide ARVs, potentially subsidized by social insurance, to offload burden from the public sector.

Global Fund Grant Cycle 8 (GC8) Funding Request

Section: Sustainability Landscape & Funding Gap Analysis

Domestic Financing Commitments (2026–2029)

- **Narrative Goal:** Demonstrate political will to meet the co-financing requirement (15-30% increase).
- **Policy Evidence:**
 - Reference the *National Policy for Ending AIDS (2023–2028)* which explicitly mandates increased national budget allocation.
 - **Commitment 1 (Treatment):** Government absorption of ARV procurement (phased approach, starting with first-line regimens).
 - **Commitment 2 (Social Contracting):** Implementation of the *Social Contracting Mechanism* (using national treasury funds to pay CSOs). *Status: Pilot expected 2025; Full rollout proposed for 2027.*
 - **Commitment 3 (Social Protection):** Integration of PLHIV into the Health Equity Fund (HEF) and IDPoor system (currently covering ~22,000+ PLHIV).

Way forward

1. **Revised Roles and Responsibilities of the existing country system**
2. **Components of the Unified Management System**
3. **Execution Plan: Cambodia CG8/Donor/National Budget Harmonization Timeline**



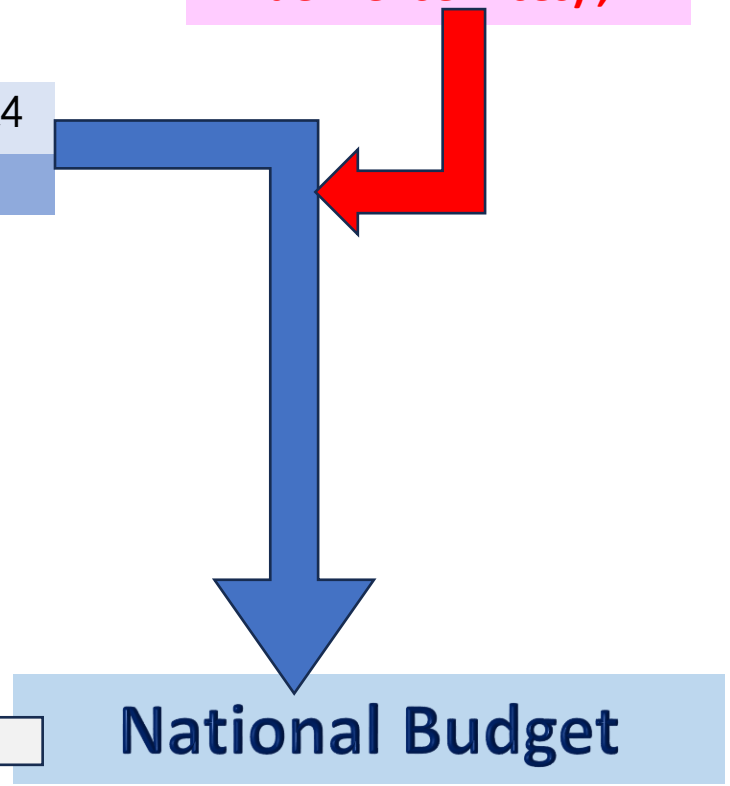
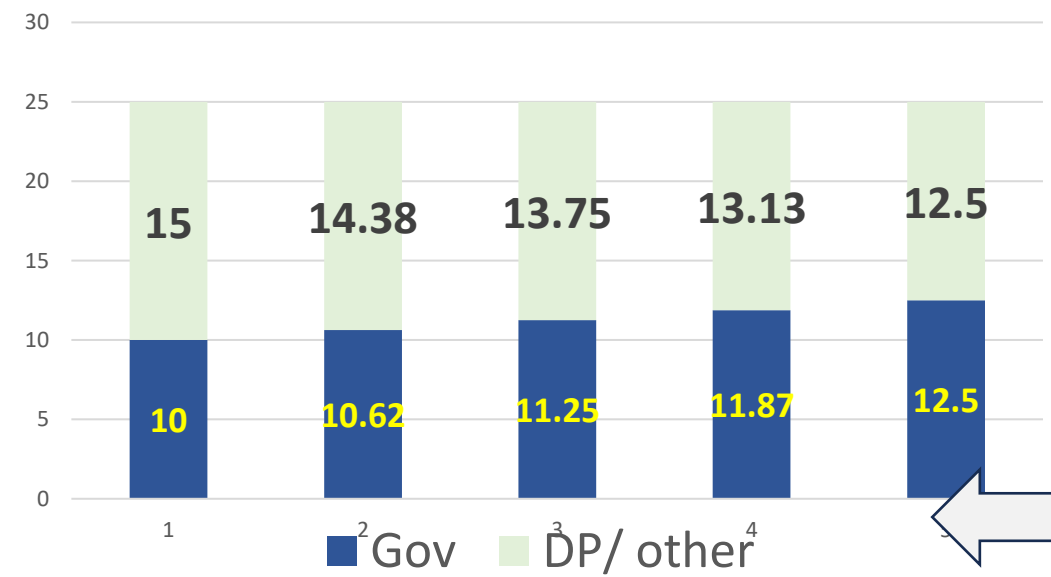
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Provinces , District , Commune / Sangkat AIDS Response Join Planning , Join Implementation, Join Monitoring , Join Accountability

Sub national resources, social contracting (financing CSOs to deliver services) ,

1) សកម្មភាព	2) ថវិកា	3)សូចនាករ	4) អ្នកទទួលខុសត្រូវ	5)ពេលវេលា (Q1/Q2/Q3/Q4
1) Activities	2)\$\$\$\$	3)Indicators	4)Responsible	5)Timing (Q1Q2Q3Q4)

DP including GFATM



3- Execution Plan: Cambodia CG8/Donor/National Budget Harmonization Timeline

Date	Activity	Lead/Key Actors	Output/Outcome
Nov - Dec 2025	Phase I: Mobilization & Gap Analysis	GDJ TWG Secretariat, NAA	<ul style="list-style-type: none"> Quantitative analysis of the 30-50% CG8 funding gap, specifically quantifying required budget to maintain Prevention and KP Network support.
Jan - Feb 2026	Phase II: National Budget Integration & Donor Alignment	NAA, Ministry of Economy and Finance, USAID/DFAT	<ul style="list-style-type: none"> National Budget Commitment: Formalization of RGC allocation for 2027-2029 to cover core gaps (especially for KP network sustainability). Donor Pledge: Final commitment and programming alignment from USAID/DFAT.
Feb - Mar 2026	Phase III: Integrated Workplan Development	GDJ TWG, PR/SRs (Ministries, KP Networks)	<ul style="list-style-type: none"> Single National Workplan: Development of the consolidated 2027-2029 Workplan, mapping all funding sources and assigning ownership. Finalization of the Harmonized KPI Set.
April 2026	Phase IV: Review and Finalization	CCM, GDJ TWG	<ul style="list-style-type: none"> CCM Endorsement: Final sign-off on the CG8 Funding Request, demonstrating full commitment to co-financing and sustainability through the National Budget.
May 2026	CG8 Funding Request Submission	PR/CCM/NAA	<ul style="list-style-type: none"> Submission of the CG8 funding request, highlighting the strong financial and programmatic harmonization model and RGC's co-financing commitment.
2027 - 2029	Unified Implementation & Reporting	GDJ TWG, PRs/SRs/PACs	<ul style="list-style-type: none"> Single set of KPIs and Oversight mechanisms used for all funding sources, ensuring maximum impact.

RHAC
KHANA
CRS



National Budget
+ DP funding

HACC: FONPAM / DFONPAM

Metric	Baseline Scenario (Status Quo)	Target Scenario (Success)	Total Averted / Saved
New HIV Infections	~8,400 total	~4,900 total	~3,500 Infections Averted
AIDS-Related Deaths	~7,000 total	~4,200 total	~2,800 Lives Saved