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# 2017 Country Operational Plan Approval Meeting

## Cambodia

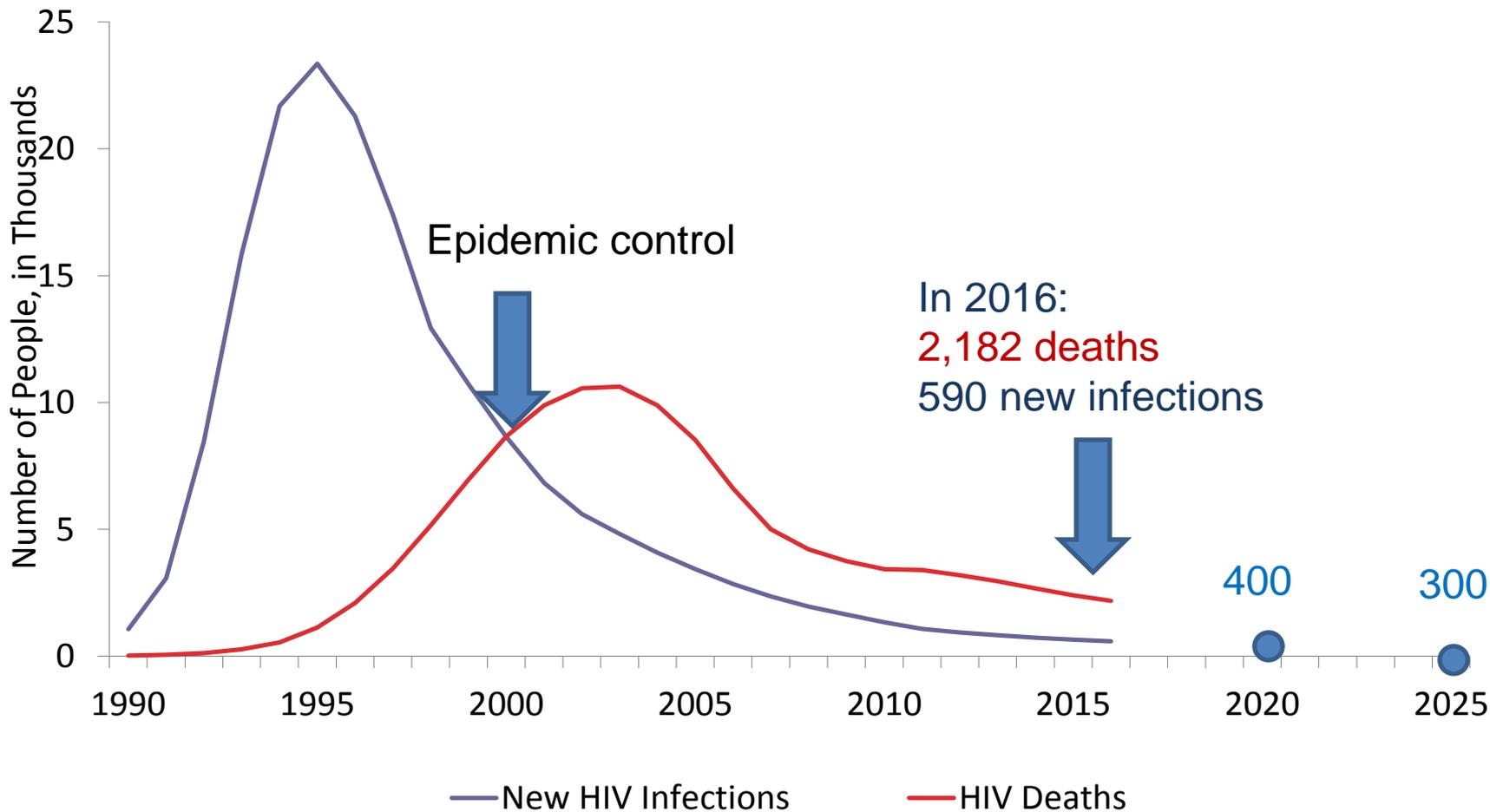
OUTBRIEF  
March 2, 2017





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# Cambodia Has Been Striving for Sustained Elimination by 2025

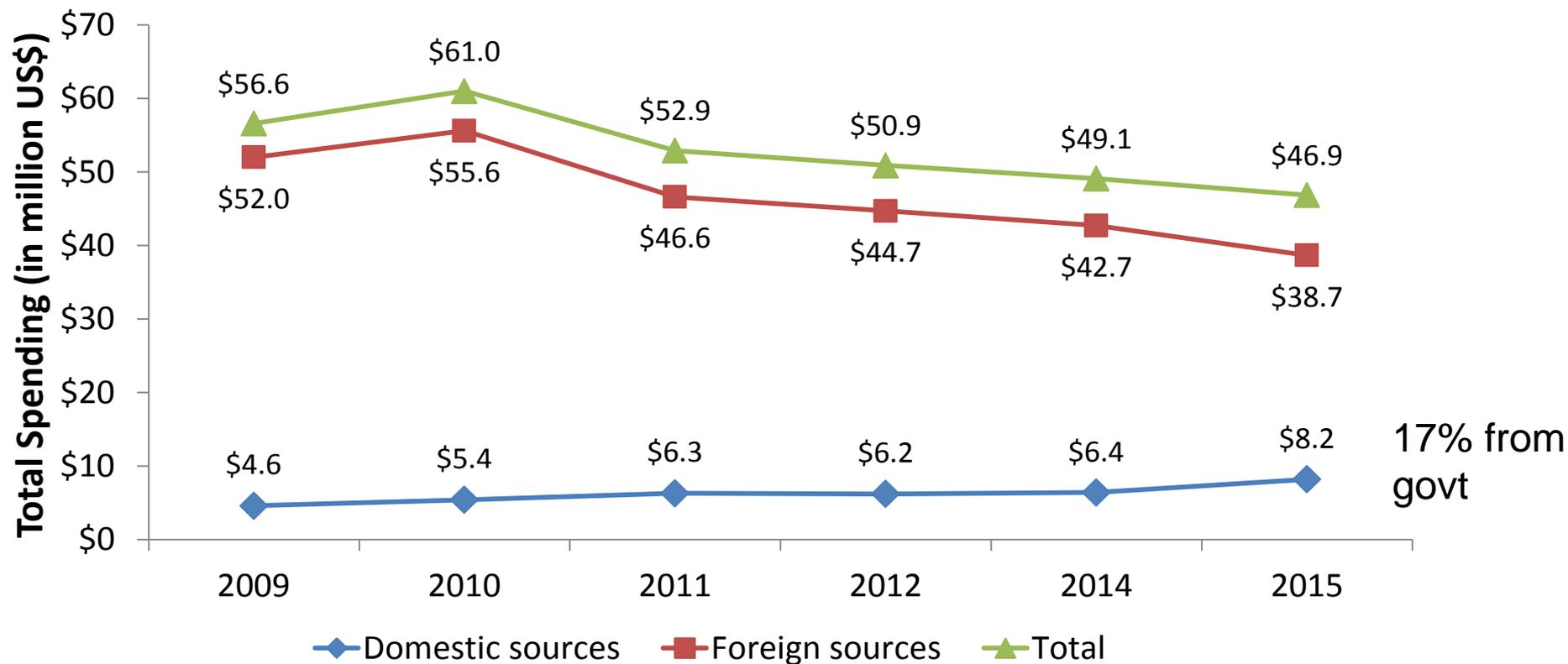


Source: Estimated from AEM & Spectrum, 2016





# Trends in Domestic and Foreign Sources of Spending for HIV, 2009-2015



Note: USG DOES NOT PAY FOR COMMODITIES OR STAFF

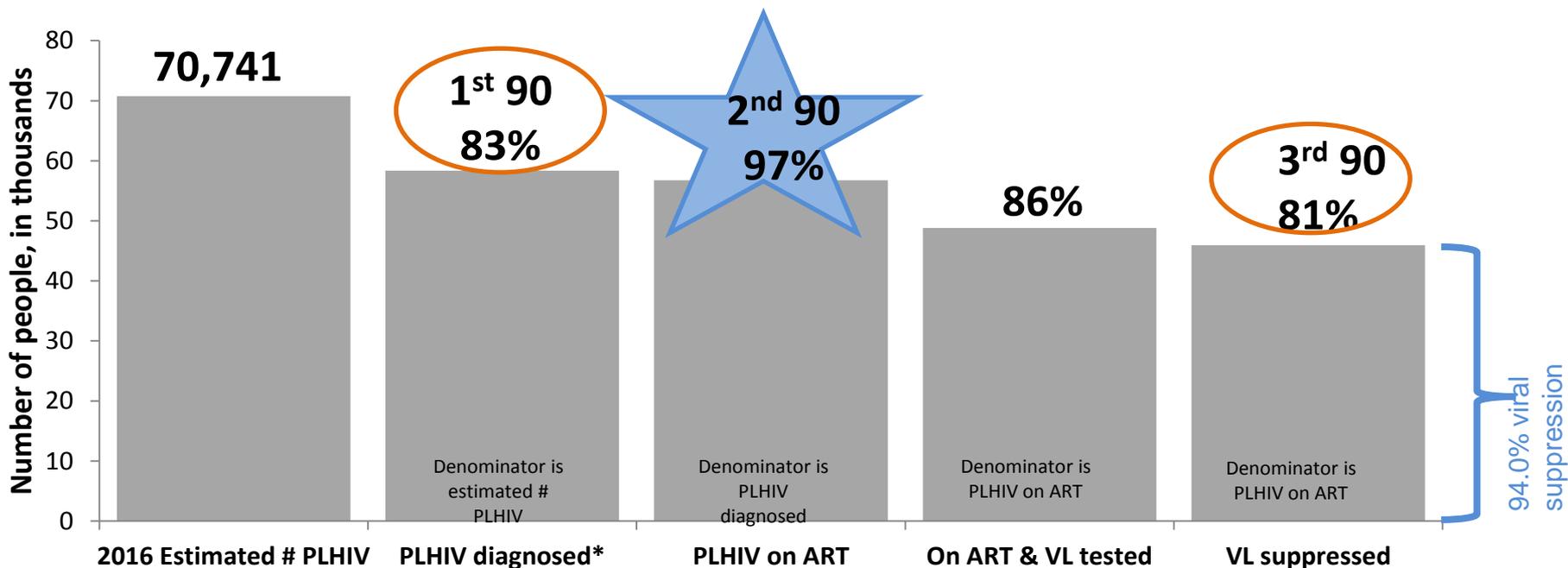




# National HIV Impact Cascade (Adult & Pediatric), as of end December 2016

**UPDATED**

*Estimated # undiagnosed PLHIV = 12,403*



Sources: PLHIV estimate from NCHADS estimates based on AEM/Spectrum exercise conducted in Feb 2016, PLHIV in care, on ART and VL from NCHADS as of end Dec 2016

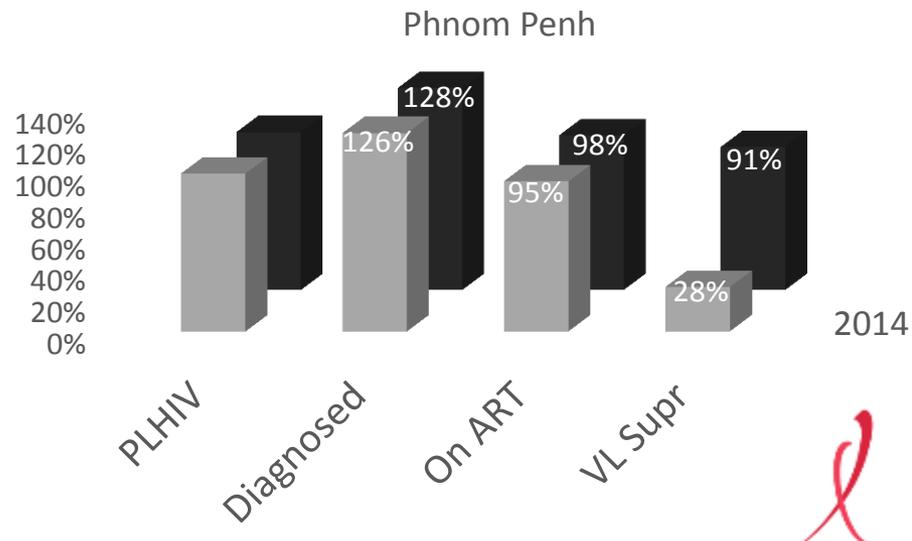
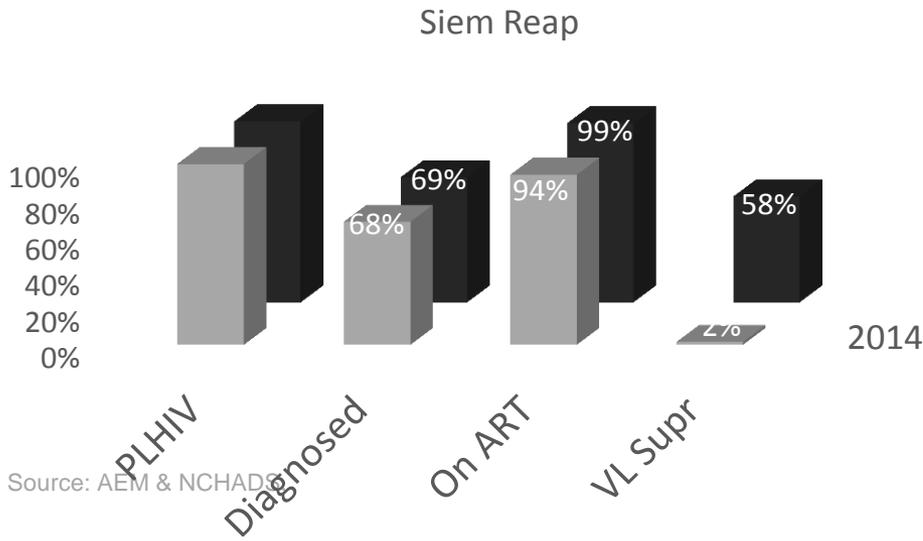
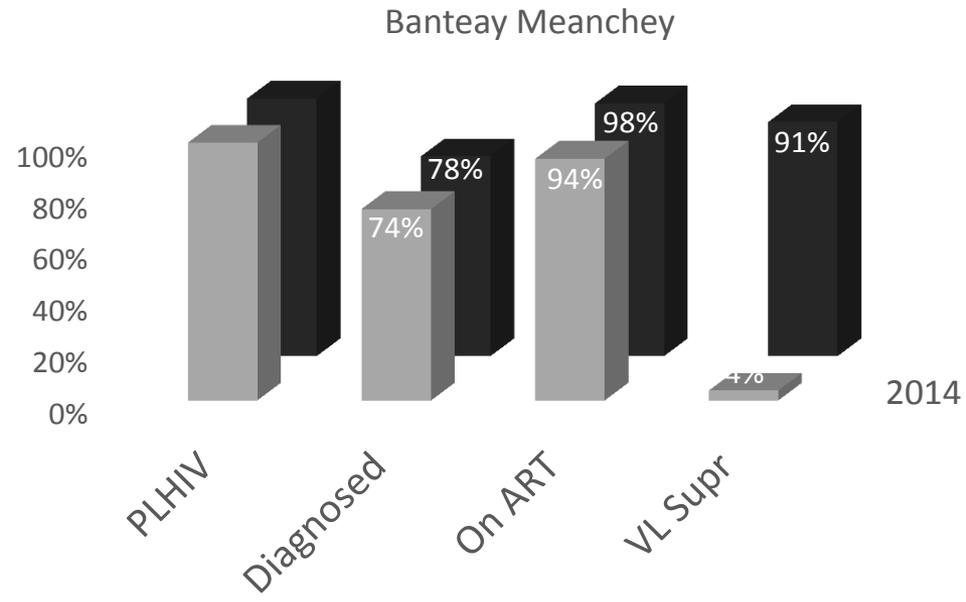
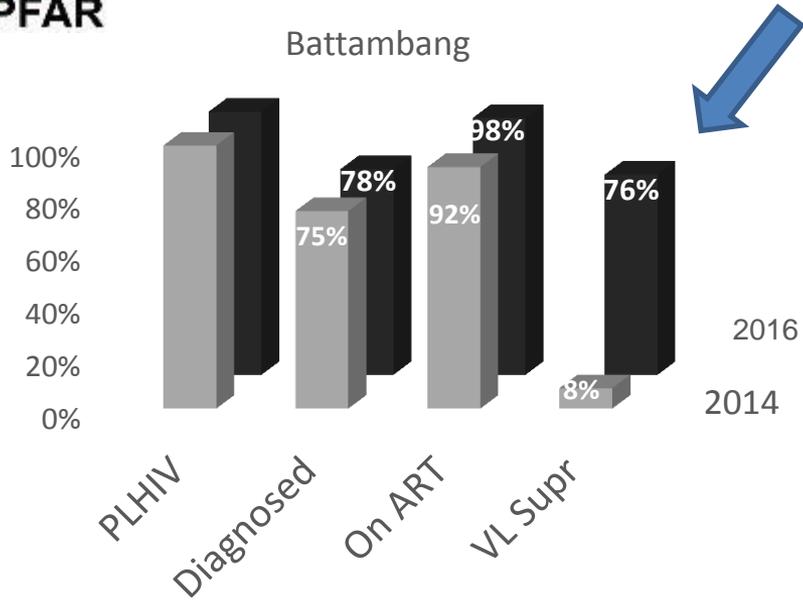
\*PLHIV diagnosed is calculated as: # of pre-ART + ART patients at end of period., per NCHADS request





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# Provincial Cascades in PEPFAR Priority Provinces



Source: AEM & NCHADS





# Boosted Integrated Active Case Management (B-IACM) in Cambodia

## NATIONAL LEVEL



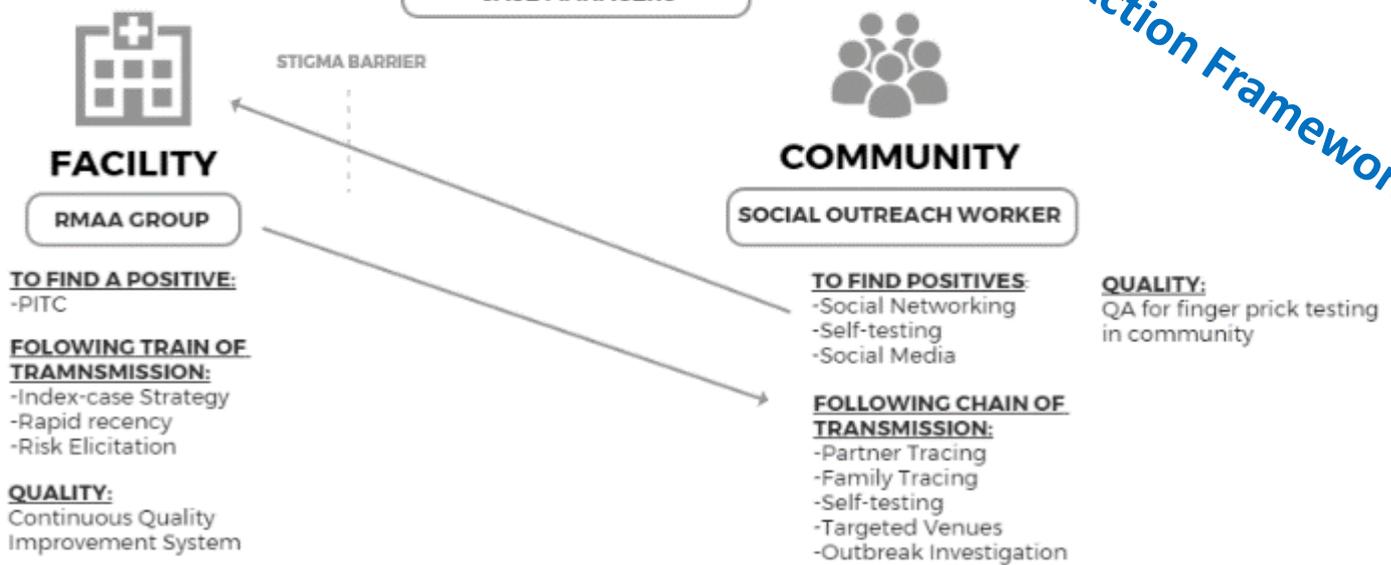
## PROVINCIAL LEVEL



## DISTRICT LEVEL



*Community Action Framework*

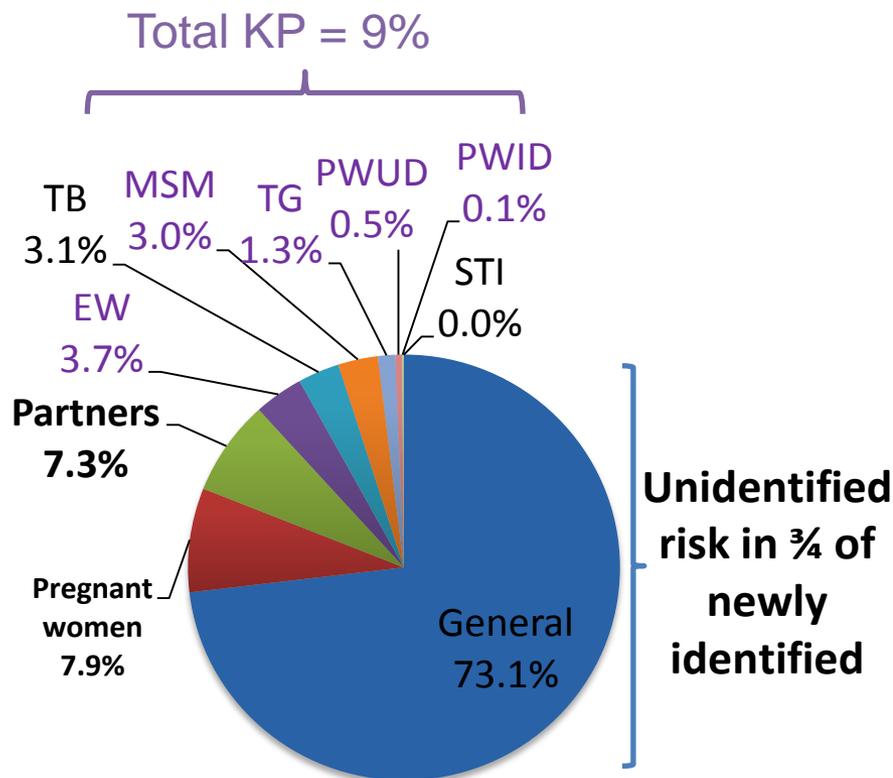




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# Client Type of PLHIV Newly Identified through B-IACM (1/2014 to 12/2016 for 14 ODs), N=3,985

## Routine B-IACM intake



Source: NCHADS, B-IACM. Jan 2014 – Dec 2016.

## Preliminary findings of enhanced risk elicitation

- 130 newly diagnosed ART clients profiled: 21% KPs and 79% non-KPs
- Characteristics of non-KPs:
  - Why tested: 13% of men and 21% of women had been a **discordant couple**; 28% of men and 33% of women were **IPD or advised by doctor**
  - Occupation in last 10 years: females - **garment factory, plantation, construction**; males - **plantation, drivers, construction**
  - Risk behavior: **STI** (20% men and 27% women); 82% of **women - only one sexual partner**

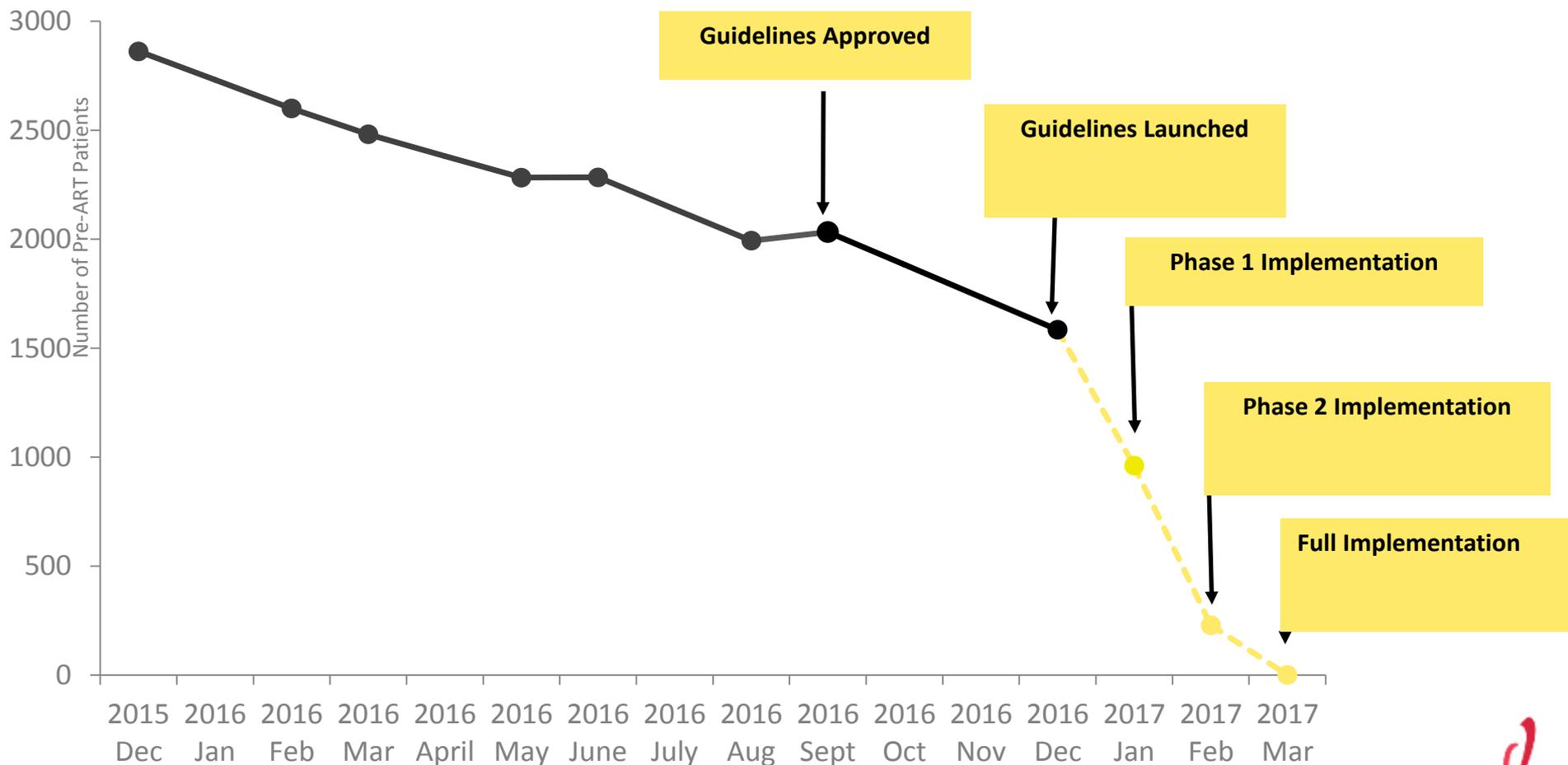




# Overview of Test & Treat Rollout in Cambodia

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By end March 2017, anticipate 99% of pre-ART patients will be moved to treatment



Source: NCHADS.





# Progress in National Program toward Sustained Elimination

- Rapid implementation of Test and Treat
  - 97% of PLHIV in care are on ART
- Adopted differentiated service delivery model (3-6 months) and implementation underway
- Viral load testing scaled up dramatically in past year
- Adoption of WHO HTS guidelines
- Initiation of rapid test quality assurance program in facilities and community sites





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# PEPFAR COP 2017





# Cambodian gaps & support for greater sustainability

DRAFT

## — THE PEPFAR CAMBODIA COP 17 — SUSTAINABLE ELIMINATION: CAMBODIAN FRAGILITIES AND PLANNED RESPONSES



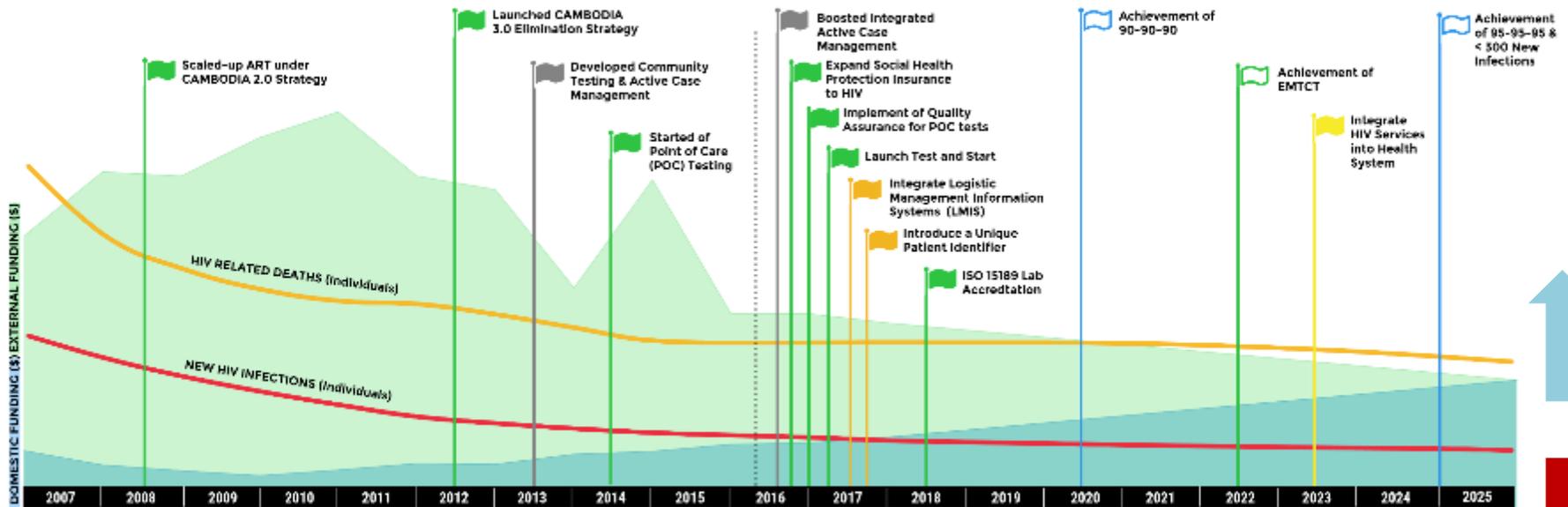
		CAMBODIA BLUEPRINT	PLANNED RESPONSE				
	COMPONENTS	CAMBODIAN FRAGILITY	RGC	OTHER DONORS	OTHER USG	PEPFAR	
ENABLING ENVIRONMENT	Laws, regulations and policies to promote effective and efficient HIV programming	Unclear impact of decentralization policy	MOH and NCI AIDS clarify the roles and responsibilities of each partner in the USG	U-QUICK pooled funding provide directly to provincial health facilities		TA to incorporate HIV services into performance-based financing and operationalize USG funding flows	
		Limited influence over the private sector	Ensure compliance with laws regarding licensing of ICPs and better reporting from key private sector facilities	CIJ working to develop accreditation system for health facilities	USGID work with RGC on regulation and licensing of ICPs in private sector		
	National Strategic Plan lack sustainability component		Integrate NCI/AIDS into MUM health services	USGID work on U-QUICK health service performance and financing			
	Strategic planning for prioritized investments and impact	Lack of long-term funding transition plan No use of financial data to develop efficient programming	NAA, NCI and sustainability TWC dialogue with MOH to create HIV sustainability plan MOH MOH 1 to make a unit cost for delivering ITR services	UNAIDS co-lead the sustainability TWC develop investment case and advocate for increased long-term financing UNAIDS to further inform investment	USGID financing TA for program based budgeting for health facilities	TA to support NCI/AIDS development and rollout of CAR	
SERVICES	Civil society and community leadership for accountability and problem solving	Limited integration of KP prevention efforts in the national response	NAA (lead) implementation of MARIS (Public Community Involvement) and working human rights issues	UNAIDS & CF advocate and support CSO and community empowerment on legal rights and barriers	USGID work with CSOs build advocacy skills	Develop a toolkit model for government, provincial KP completion strategy	
		Comprehensive wellness-based health care strategies that address a broad range of health needs	Inconsistent provision of high-quality, efficient HIV services Vulnerable, vertical programming with heavy NCD burden	NCI/AIDS incorporate proven innovations into SOPs, trainings and launch intensive oversight and OI	TA to: TWC on Rapid Response Management Team, Care and Treatment and standardized task/sharing jobs to TRM/CI CF to fund 50% of health commodities	Develop financing and service delivery models for integrated HIV services	Assess in the development and rollout of key guidance and strategies such as B-ACM Develop models for sustainable HIV service delivery as part of health system case
SYSTEMS	Health care services tailored to demographic and health care needs	Inadequate risk profiling leading to allow for strategic test targeting	NCI/AIDS to lead B-ACM and oversee on to IV Diagnostic	WHO and UNAIDS TA to guide test approach and screening model and test data detection		TA to optimize BSI strategies including risk stratification, partner notification, and PITC	
		Variable case detection rates and screening coverage	NCI/AIDS adopt proven approaches to improve screening coverage			Strengthen capacity of NCI/AIDS to ensure quality of HIV response by improving the clinical monitoring system	
	Health care systems to deliver cost-effective, high-quality and safe services	Weak forecasting	NCI/AIDS to improve forecasting	U-QUICK TA to NCI/AIDS to improve forecasting			TA to pilot integrated enhanced LMS
		Weak and fragmented supply chain management system Insufficient quality of laboratory management functions and services	Scale up enhanced LMS	CF to fund the development and pilot of enhanced LMS			Support NCI/AIDS to manage an optimal quality assurance program for HIV diagnostics
Flexible data systems that provide accurate and transparent information to inform decisions	Parallel information systems and data reporting fatigue	NCI/AIDS initiate the process of using data for planning	CF to fund Master Plan for comprehensive BSI strategies			TA to enhance interoperability and streamlining of health information systems	
	Limited ability to use SI systems for program planning					Create a clear outline of data use for decision making at national and provincial levels	
RESOURCES	Adequate financial resources to meet needs	Slow domestic resource mobilization despite declining external resources		World Bank and pooled donor support for MOH U-QUICK project	Provide TA to IFF and other SI-I scheme and program bid budgeting	Facilitate incorporation of HIV services into IFF to increase domestic resources	
		Increasing cost of case identification	NCI/AIDS leads costing efforts of ITR approach				
	Human resources to improve health care delivery	High turnover and unmet staff need	Adopt outreach model with lower, better-qualified CSO workers	Focus on training for ART doctors trained through CI			
		Not regularly updated pre- and in-service curriculum				Update pre- and in-service curriculum that is competency-based	
Organizational capacity to run programs	Low salary for staff	MOH to increase salary and benefits for government staff					
		Limited staff with skills needed for sustainable HIV response				Strengthen leadership and program management skills of national and provincial staff	
		Donor dependency for key program leadership and field staff					

SO 2

SO 1



# THE PATHWAY TOWARDS ELIMINATING NEW HIV INFECTIONS IN CAMBODIA



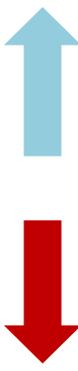
PEPFAR STRATEGY

- MILESTONE FLAGS**
- ELIMINATION ACHIEVEMENTS
  - PROGRAMMATIC OUTCOMES

- STRATEGY COLORS**
- STRENGTHENING SURVEILLANCE & MONITORING SYSTEMS
  - SUSTAINED ELIMINATION OF NEW HIV INFECTIONS
  - FINDING THE LAST POSITIVES
  - ASSURING QUALITY ACROSS THE CASCADE
  - BOOSTED INTEGRATED ACTIVE CASE MANAGEMENT

BARRIERS & RISK

- Lack of Unique Identifier
- Not Identifying the Last Positive Persons
- Interruption of supplies for ART or other commodities such as rapid test kits, condoms, and lab reagents
- Sudden Drop in External Funding



Updated: 12/2019





# Final COP17 & COP18 Strategic Outcomes

1. Sustainable financing from the Cambodian government that has increased by 100% over 2 years using 2015 NASA as a baseline
  
2. National systems are able to:
  - Use aggressive case finding to identify 6,000 undiagnosed PLHIV and link to treatment
  - Through the use of real-time granular data, rapidly identify and respond to new infections and programmatic gaps across the cascade to maintain epidemic control





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# COP 16

Previous Model

# VS

# COP 17

Sustainable Future Directions

Targeted impact at specific facility and community sites	 GEOGRAPHIC IMPACT	National and province-wide impact
Project-based delivery model	 OWNERSHIP	Government ownership and delivery
Large investments given to specific sites, pilots and projects	 FUNDING	Catalytic assistance, with a focus on leveraging other funds
Vertical policies developed	 POLICY GUIDANCE	Focus on sustainable and efficient multi-sectoral policies
SOP-specific training and guidance	 MENTORSHIP/TA	Crosscutting leadership and financial management capacity building
Technical assistance directed at facility-based staff	 INTERVENTION POINT	Technical assistance directed at national and provincial leadership
Piloting innovations, sometimes unlinked to scale-up plans	 LEVERAGING NEW IDEAS	Aggressive phased implementation

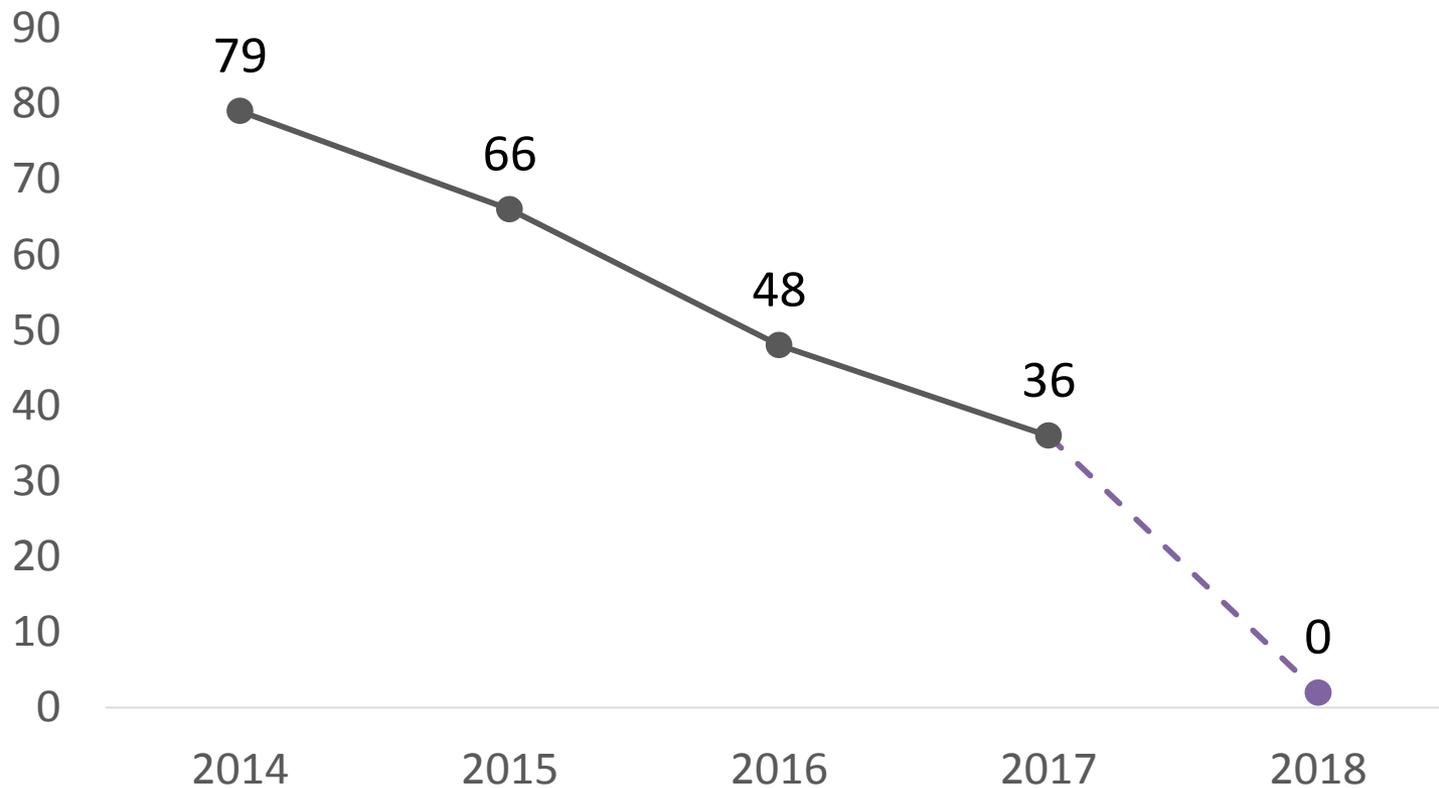






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# NO MORE SITE LEVEL WORK



Number of sites supported by PEPFAR per year, 2014 through 2018





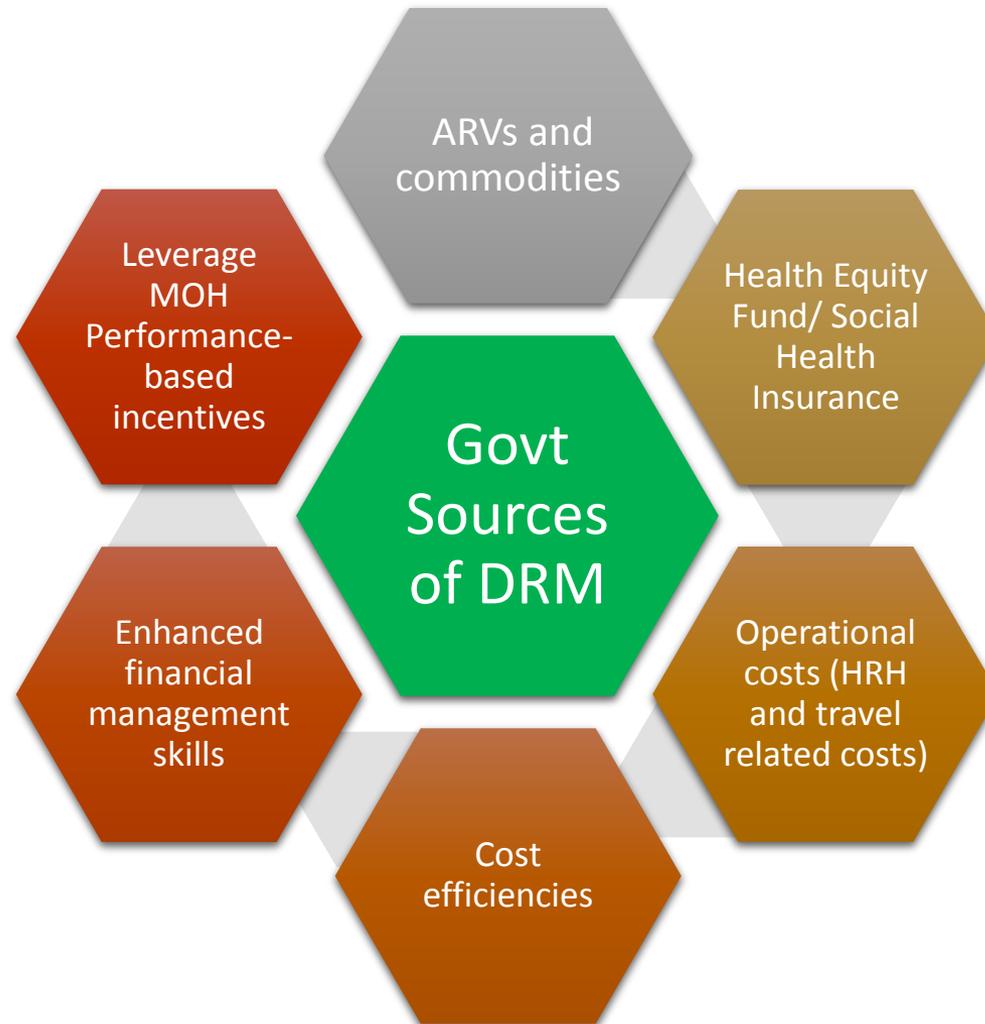
## Changes made during COP Meeting:

- **SO1:** Increased government contribution from 25% to 100%
- **SO2:** Increased target for case finding to 6,000 PLHIV
  - Dropped external evaluations
  - Dropped TB interventions
  - No more pilots
  - Dropped pre-service training
- **SO3** was dropped
- Increased focus by reducing number of FOIT activities from 42 to 29
- Dropped all site level work
- Institutionalized NCHADS case finding & rapid response strategy



# SO1: Domestic Resources for HIV increased by 100% over 2 years from 2015 NASA baseline

- Strategy and stakeholder engagement around HIV sustainability
- DRM, financing for HIV services, HEF
- Finding efficiencies and decreasing waste
- Leveraging GF
- SFI



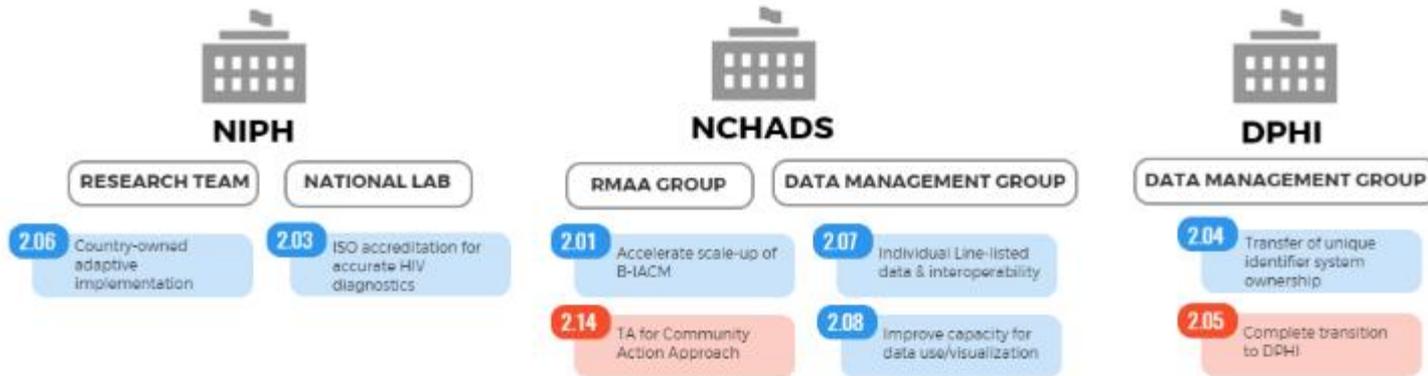
SO2 = \$2.5 M  
23%



# SO2 will help to build sustainable systems

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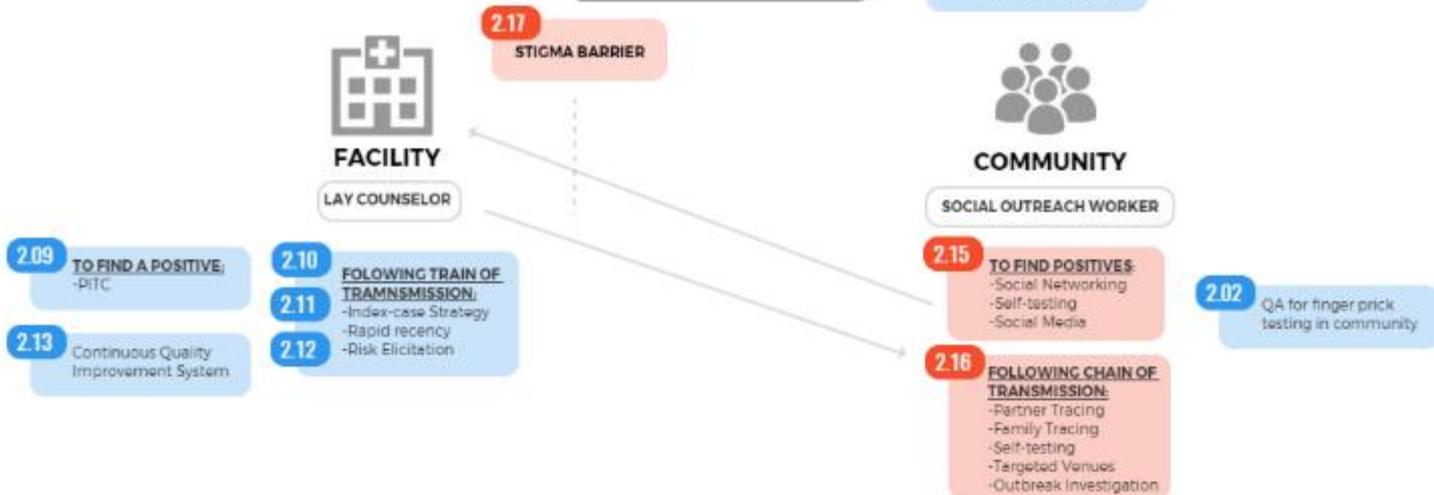
## NATIONAL LEVEL



## PROVINCIAL LEVEL



## DISTRICT LEVEL



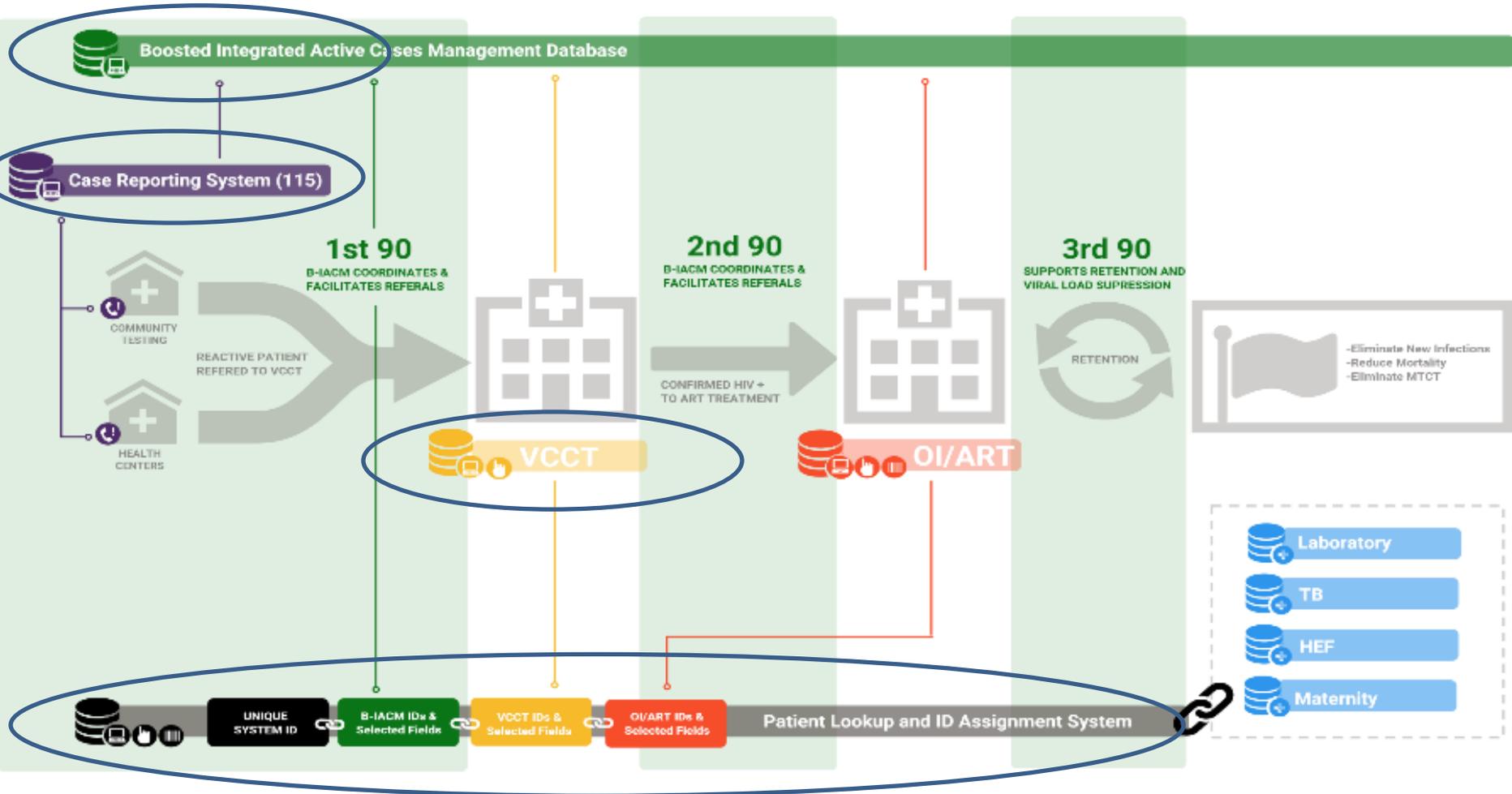
CDC USAID # CORRESPONDING FOIT NUMBER

SO2 = \$3.9 M  
35%



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# Building Strategic Information Systems to Move from Tracking Populations to Individuals



Source: NCHADS 2016





# Dashboard for PEPFAR Cambodia FOIT Benchmarks

## VISION 1: HARD TO REACH AND HIDDEN POPULATIONS

What is the HIV prevalence in Key Populations in Cambodia?



Progress on USG TA to Cambodia for Monitoring Key Populations:

- ✓ 2016 TG IBBS STUDY COMPLETED
- ✓ 2016 TG IBBS REPORT DISSEMINATED
- 2017 FSW IBBS ANALYSIS IN PROCESS
- ✗ 2017 PWID IBBS PLANNED

Are outreach programs reaching Key Populations in PEPFAR supported provinces?

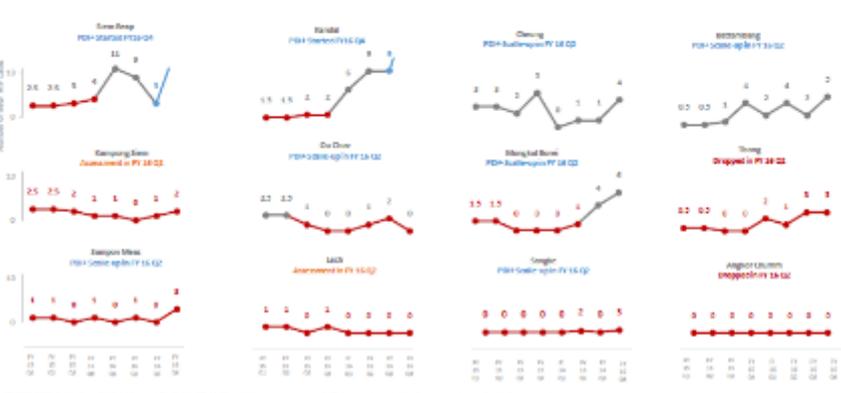


Progress on USG TA to Improve Reach to Key Populations:

- Evaluation of community based prevention, care, and support.
- Evaluation of risk screening and snowballing
- Prospective study of community based rapid testing services
- Evaluation of Smartgirl outreach services for EW

Are PEPFAR community key population programs finding new positives?

RED lines indicate a site saw less than 4 positives per semester. BLUE lines indicate the scale up of POI+.



Progress on USG TA to more efficiently find new HIV positives:

- implement recommendations of HIC TDY including:
  - scale up of POI+ and snowballing at selected community sites
  - drop sites with low numbers of KP
  - case profiling and assessment of sites with unclear risk

Granular national data

Phased implementation data

Technical Assistance Milestones

NO SITE LEVEL TARGETS





# COP 17 Agency Allocations and Pipeline

	New FY 2017 Funding (all accounts)	Applied Pipeline	Total Planning Level
DoD	\$0	\$0	\$0
HHS/CDC	\$5,109,000	\$41,207	\$5,150,207
HHS/HRSA	\$0	\$0	\$0
Peace Corps	\$0	\$0	\$0
State	\$0	\$0	\$0
USAID	\$5,799,429	\$50,364	\$5,849,793
<b>Total</b>	<b>\$10,908,429</b>	<b>\$91,571</b>	<b>\$11,000,000</b>





# COP 16 vs COP 17 Budget Code Totals

Budget Code	COP16 Amount	COP17 Amount	Percent Change
MTCT	\$217,069	\$98,639	-54.6%
HMBL	\$18,761	\$0	-100%
HMIN	\$122,130	\$0	-100%
HVOP	\$772,995	\$201,268	-74.0%
IDUP	\$52,142	\$5,189	-90.1%
HVCT	\$2,093,986	\$2,339,684	11.7%
HBHC	\$796,853	\$138,584	-82.6%
HTXS	\$2,191,144	\$1,255,407	-42.7%
HVTB	\$347,529	\$0	-100%
PDCS	\$78,657	\$30,228	-61.6%
PDTX	\$330,441	\$105,608	-68.0%
OHSS	\$882,534	\$2,341,552	165.3%
HVSI	\$1,392,814	\$1,207,059	-13.3%
HLAB	\$427,387	\$463,620	8.5%
HVMS	\$2,275,558	\$2,721,591	19.6%

## Earmark Allocation:

Care & Treatment – Allocation = \$1,963,517 (18%),

Actual = \$2,261,324 (21%)

GBV – Allocation = \$47,000

Actual = \$47,000





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Thank you

