Cambodia

Operational Plan Report

FY 2013

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.

Operating Unit Overview

OU Executive Summary

Country context

Cambodia has established itself as a global leader in the fight against HIV/AIDS, cutting adult infection rates in the general population by more than half in the past 14 years and providing HIV treatment to over 80 percent of eligible individuals since services were established in 2003. The U.S. government (USG) contributed substantially to Cambodia's achievements, historically providing almost 40 percent of the financial resources behind the national response and establishing the surveillance, service delivery, and quality-assurance platforms needed for achievement of national goals as well as the objectives of investments by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), other donors, and the Royal Government of Cambodia.

Against the backdrop of a global financial crisis; a persistent, concentration of HIV in high-risk groups; competing health and development priorities; and emerging innovations in HIV prevention, the Cambodian government and its development partners are adapting to a changing resource and epidemiological context in order to maintain and further advance Cambodia's status as a leader in the global fight against HIV.

Epidemiology

Adult HIV prevalence was estimated to be 0.7 percent in 2012, compared to 1.7 percent in 1998. High prevalence is still evident in key sub-populations of persons engaged in high-risk behaviors.

The HIV epidemic in Cambodia continues to be primarily heterosexually driven. Female entertainment workers had an estimated HIV prevalence of 4.6 percent in 2010, and prevalence was nearly triple that (14 percent) among those with more than seven partners per week. High-risk urban males, defined as men who engage in multiple and/or concurrent sexual partnerships in urban settings, are also a population that could help re-fuel the HIV epidemic by serving as a "bridge" for HIV transmission between entertainment workers and lower-risk women in the general population. A 2010 study in Phnom Penh of men who have sex with men found that the highest prevalence was among men who had sex with both men and women, indicating a potentially important bridging population. The same study found that HIV prevalence among transgendered men was 3.6 percent, compared to 3.1 percent among other men who have sex with men. Persons who inject drugs are especially vulnerable to HIV with prevalence estimated at 26 percent (2012). In 2010, the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) estimated that Cambodia was home to only about 3,300 injecting drug users, the vast majority of whom

resided in the urban capital of Phnom Penh.

Status of the National Response

The Cambodian government has responded quickly to evolving international normative guidance by rapidly establishing new or revised local policies and standard operating procedures. This track record of rapidly adopting and scaling up HIV service delivery innovations suggests that Cambodia is well positioned to serve as a regional model for the introduction of treatment-as-prevention interventions among individuals at high risk for HIV. This includes sero-discordant couples, HIV positive pregnant women, female entertainment workers, men who have sex with men, and transgender persons in accordance with forthcoming normative guidance.

In line with the global “Three Zeros” targets established by UNAIDS (zero new infections, zero deaths, and zero stigma and discrimination) and PEPFAR Blueprint: Creating an AIDS-free Generation, Cambodia’s Ministry of Health (MOH) developed a strategy to eliminate new HIV infections by 2020, referred to as Cambodia 3.0. The strategy, approved in December 2012, focuses on achieving universal access to HIV and syphilis testing and counseling for pregnant women, most-at-risk populations, and people living with HIV and their partners, and promotes early access to treatment.

U.S. Government and the National Response

All activities supported by PEPFAR are aligned with Cambodia’s National Strategic Plan for HIV/AIDS, 2011-2015 (NSP III) and Cambodia 3.0. The PEPFAR program in Cambodia is evolving from a service-delivery platform focused on addressing gaps in the national program to a technical-assistance platform focused on enhancing the impact and reducing the cost of Cambodia’s national response to HIV/AIDS. To reduce Cambodia’s dependence on external funding for HIV service delivery, the PEPFAR Cambodia program will introduce and evaluate innovation, evidence-based, replicable, cost-effective HIV prevention, care, and treatment approaches for implementation by Cambodian non-governmental and public-sector health providers. PEPFAR supported activities will improve the technical and management capacity of health care providers, policy makers, organizations, and institutions in the national HIV/AIDS response.

The U.S. government has established strong partnerships with Cambodia’s government to conduct routine surveillance and train Cambodian nationals in the technical design and management of these activities. PEPFAR Cambodia investments will continue to foster local capacity to analyze and use strategic information to improve health systems and resource allocation. The United States also helped draft, pilot, revise, and implement every major standard operating procedure related to HIV in Cambodia, and in the process established the protocols, systems, and infrastructure that have improved Global Fund

grant performance and given the Global Fund confidence in continuing to fund Cambodia's health programs.

Contribution of Others to the National Response

The greatest HIV/AIDS donor collaboration challenges are associated with the Global Fund. While the United States is by far the largest bilateral donor to the HIV/AIDS response in Cambodia, the Global Fund is now the largest donor in the HIV sector on an annual basis contributing more than 40 percent of the overall resources for HIV . All antiretroviral medications in Cambodia are procured with money from the Global Fund. The Global Fund, lacking an in-country technical or management presence, depends upon an all-volunteer Country Coordinating Committee (CCC) that is responsible for oversight and proposal development. In addition, the PEPFAR program and team contribute significant support to the Global Fund program through support to develop and fund pilot programs prior to national scale up and active engagement in the CCC.

Experts from the World Health Organization (WHO) recently reviewed the Global Fund HIV services program, and their forthcoming recommendations will inform technical approaches of both the Global Fund and the PEPFAR program. The United States will also participate in a comprehensive review of the health program led by WHO that will take place in June 2013.

In addition to the USG, the Global Fund and the UN agencies, the Australian Agency for International Development (AusAID) and the Clinton Health Access Initiative (CHAI) are active in the HIV/AIDS sector. AusAID and the Global Fund are funding the "Police Community Partnership Initiative," which seeks to engage the police, high-risk populations, and community members as allies in public health and safety. AusAID is also addressing HIV service needs of a small but high-risk population of injecting drug users concentrated in Phnom Penh, with technical assistance (TA) from PEPFAR-funded programs. CHAI works to eliminate mother-to-child transmission, improve pediatric AIDS care, and support NCHADS in antiretroviral medication forecasting and selection of optimal drug regimes for HIV/AIDS.

Other Contextual Factors

Limited local capacity: To enhance Cambodia's long-term ability to address HIV/AIDS more independently, effectively, efficiently, and sustainably, U.S. technical assistance will need to focus on building technical, management, and leadership capacity among individuals and organizations at the provincial, operational district, and community levels. Without donor support to Cambodian civil society organizations and to host-country government at the local level, the Cambodian government's current efforts to decentralize planning and management throughout the health sector are likely to result in inefficient allocation of limited resources, limited beneficiary engagement in the design and implementation of HIV services, and poor program performance.

Gender inequities and HIV/AIDS: Females comprise 54 percent of people living with HIV in Cambodia. Contributing factors in the increased risk for women include differing economic opportunities available to poor women as compared to poor men and women's occupations being associated with substantially greater HIV-infection risk taking. This is compounded by a reluctance to access services due to stigma and fragmented service delivery. Transgendered persons are particularly vulnerable in Cambodia, with an HIV prevalence substantially greater than the general population.

Policy challenges: The Cambodian government has made significant advances in the legal and policy arena related to most-at-risk and other vulnerable populations. Certain laws and policies, however, have had negative consequences for access to and use of HIV/AIDS outreach activities and prevention, care, and treatment services. For example the Anti-Human Trafficking Law and the "Village and Commune Safety Policy," while well intentioned, have had the effect of driving certain high-risk populations underground and made it more difficult to reach them with programs. A major challenge has been to balance the achievement of law enforcement and other policy goals with public health goals and the preservation of human rights and protections for most-at-risk populations. The Human Rights World Report 2013 points out that, despite a call by international agencies to close drug detention centers, human rights violations continue.

PEPFAR Focus in FY 2013

Key Priorities

In light of the epidemiological priorities and contextual factors described above, the FY 2013 PEPFAR program will provide TA and support implementation for the following priority areas:

1.Prevention
•Supporting the roll out of treatment as prevention to high-risk populations, once Cambodian government and normative guidance becomes available;
•Complementing delivery of a Global Fund-supported essential package of services with TA and innovations to reduce new infections through improved effectiveness and targeting of interventions;
•Developing strategies and models, including partner tracing and disclosure support, to increase uptake of HIV counseling and testing for sero-discordant couples and other individuals at high risk for HIV;
•Focusing on improved access for female entertainment workers and other vulnerable populations to reproductive health/family planning services at antenatal clinics and adult HIV/AIDS care and treatment clinics;
•Using innovative and policy/advocacy approaches to ensure condom availability in high-risk venues and

clinical sites serving most-at-risk populations and persons living with HIV;
•Supporting introduction and monitoring of WHO Option B+ to reduce perinatal HIV infection; and
•Ensuring blood safety monitoring and quality assurance via technical and financial support.

2.Governance, Capacity and Systems
•Enhancing understanding of the epidemic through improved monitoring and evaluation systems, targeted assessments, population size estimations, and integrated behavioral and biologic surveys;
•Establishing a confidential information protocol that allows for the tracking of individuals across clinical and community service-delivery sites to monitor and improve success of referrals and retention in service;
•Providing technical and laboratory support to the MOH for mobile outreach and point-of-care rapid HIV testing and counseling for high-risk individuals and couples;
•Expanding and improving national laboratory quality assurance systems;
•Integrating laboratory services to improve client access to diagnostic tests; and
•Fostering policy dialogue and advocacy to reduce stigma and discrimination and enhance access to HIV services among most-at-risk populations and persons living with HIV.

3.Care
•Supporting the implementation of revised national protocols for community and home-based care;
•Strengthening opportunistic-infection prevention and care services within the national HIV program;
•Improving tuberculosis (TB) diagnostic capacity, including liquid culture and identification of multi-drug resistant TB using GeneXpert;
•Increasing voluntary HIV testing in newly diagnosed TB patients;
•Increasing TB screening at HIV-treatment clinics using diagnostic screening algorithms for HIV-positive persons;
•Reducing loss to follow-up of patients from diagnosis to initiation of antiretroviral treatment; and
•Developing training materials for point-of-care testing, e.g., pregnancy testing for HIV positive women and screening and referral for HIV/TB co-infected individuals.

4.Treatment
•Increasing the number of successful referrals between HIV testing and counseling clinics, community programs, and HIV treatment clinics;
•Building health care-provider capacity to use viral-load testing and improve the quality of laboratory specimen transport and reporting;
•Providing technical assistance for HIV drug-resistance monitoring;
•Introducing innovative strategies to monitor and reduce loss to follow-up and improve adherence to treatment regimens;
•Supporting early initiation of treatment for sero-discordant couples and other individuals at high risk of

infection transmission (at a CD4 count of 500);
•Providing TA to develop clinical guidelines and protocols to switch to tenofovir-based first-line treatment regimens; and
•Supporting innovative strategies for active case finding to identify and initiate treatment of HIV positive individuals at earlier stage of illness.

Changes from FY 2012 Full-COP

The PEPFAR Cambodia team has made modest changes to the program to ensure responsiveness to the priorities identified in the FY 2013 COP funding memo. The primary focus of the PEPFAR Cambodia program has shifted from direct service delivery to emphasizing technical assistance. For example, rather than provide services directly, USAID's new HIV/AIDS Flagship project will foster local capacity to provide integrated prevention, care, and treatment services with enhanced impact, reduced cost, and improved quality by designing HIV innovations and encouraging the use of data for decision making.

In 2013, TA from PEPFAR Cambodia will strengthen the implementation of Cambodia 3.0, supporting the ambitious goal of virtual elimination of new HIV infections by 2020 by improving active case finding with early referrals for treatment and identifying new strategies to monitor and increase retention of people living with HIV/AIDS in care and treatment programs.

Finally, the team has seen a significant shift in the total amount of funds going directly to local Cambodian implementing partners, both civil society and host government. In the FY 2012 COP, 38 percent of our program budget went directly to local organizations. In the FY 2013 COP, this figure has jumped to over 87 percent, with the majority (67 percent of our program budget) going to local non-governmental organization (NGO) partners. This is the result of continued prioritization of a country-owned program and is an outcome of our team's earlier investments in building management systems and human capacity in the Cambodian public health and non-governmental sectors.

Responses to FY 2013 Funding Letter

As articulated in various sections of the Executive Summary, the PEPFAR Cambodia program has continued to shift rapidly to a technical assistance focus. To ensure the PEPFAR team and implementing partners are appropriately staffed to make the transition to a technical assistance model and to support the TA needs of the national program, a comprehensive staffing assessment will be undertaken during calendar year 2013. The team is currently fully staffed, with an interim Strategic Information (SI) Advisor providing coverage until the full-time position is filled.

One of the critical tasks of the new SI Advisor will be to help strengthen the weak national monitoring and evaluation and strategic information systems. The Strategic Information Advisor will also review monitoring systems of implementing partners to ensure that robust systems are in place and are being followed.

The PEPFAR Cambodia team will consider different field-proven models for rational redistribution of tasks among health workforce teams and best practices in task shifting/task sharing. This effort must be driven by the national programs, with PEPFAR Cambodia supporting efforts to explore which task shifting/task sharing models might be best suited to Cambodia's specific country situation and health force challenges and opportunities, taking into account health workforce demography, disease burden, and analysis of existing gaps in service delivery.

As mentioned earlier, the United States will also be participating in a comprehensive review of the HIV health program led by WHO that will take place in the summer of 2013.

Progress and Future

Country Strategy Monitoring
PEPFAR Cambodia does not have a current Partnership Framework or country strategy. A new country strategy will be developed following the reauthorization of PEPFAR.

Country Ownership Update

Host-country feedback on PEPFAR plans: PEPFAR Cambodia has been highly engaged and a lead participant in all host-government and donor technical and coordination fora related to HIV/AIDS for nearly a decade. Consistent engagement has resulted in clear ownership of the FY 2013 Country Operational Plan among government and civil society partners and with other donors, including the Global Fund. From these discussions, the National AIDS Authority, Ministry of Health, and civil society partners are attuned to the need to program all available resources in more targeted, impactful, and cost-efficient ways, and they understand that the PEPFAR program is uniquely positioned to support this endeavor through focused investments in innovations, evaluation, and technical assistance.

The U.S. government support for host-country ownership includes:

1.Political ownership: The Chief of Mission regularly engages with senior Cambodian government and civil society leadership on policy issues surrounding access to HIV/AIDS services for high-risk populations. In FY 2013, with support from the Key Populations Challenge Fund, PEPFAR Cambodia

will work with local civil society organizations and host-government officials to balance the achievement of law enforcement and other policy goals with public health goals and the preservation of human rights and protections for Cambodian high-risk populations.
2.Institutional and community ownership: In FY 2013, the United States will continue to take a dynamic role on existing technical working groups and other host-country fora and will be a major technical contributor to the upcoming WHO-led mid-term comprehensive HIV Health Sector review, to advocate for a more targeted, impactful, and efficient national response. This process will emphasize the long-term benefits of transitioning service delivery support to Global Fund and host-country resources so that the PEPFAR program can focus on the provision of TA aimed at reducing service delivery costs and maximizing the impacts of all available funding.
3.Capabilities: The U.S. programs will invest in training, mentoring, and supervision to enhance the capacity of local individuals and institutions to collect and apply data to plan, manage, implement, monitor, and evaluate HIV programs. The USG will support centers of excellence for care, treatment, and prevention, as described in the section on changes from FY 2012.
4.Accountability: A major emphasis of the PEPFAR program in FY 2013 is enhanced use of data for decision making. The U.S. government is supporting UNAIDS in pursuing uses of the National AIDS Spending Assessment to monitor progress with respect to efficient resource allocation and reduced donor dependence on the part of the Cambodian government. Additionally, activities in FY 2013 will support better program costing during the planning phase, expanded use of Global Fund planning and achievement data to eliminate duplicative donor investments in the national response, and expansion of quality improvement systems to ensure the transparent and relevant use of available resources.

Program Trajectory in FY 2014 and Future

The projected funding trajectory for PEPFAR Cambodia is flat. With the shift to a technical assistance model, the PEPFAR Cambodia team will continue to pursue the implementation of evidence-based, replicable, cost-effective HIV prevention, care, and treatment approaches in Cambodia. These approaches include supporting the roll out of treatment as prevention for high-risk populations, implementation of WHO Option B+ for prevention of mother-to-child transmission, use of geographic information mapping to better target high-risk populations, assessing partner tracing and disclosure support approaches to better identify individuals in need of HIV counseling and testing services, and advising implementation strategies for Cambodia 3.0. The USG is also planning to introduce and test a confidential unique identifier system with support from the Strategic Information Central Funding Initiative.

Program Overview

Technical Area: Prevention

The HIV epidemic in Cambodia is concentrated in individuals whose behavior places them at high risk for acquiring or transmitting HIV. By focusing limited resources for the greatest impacts, i.e., rapid scale up of treatment and the “100 percent Condom Use Program,” Cambodia substantially reduced the burden of HIV among those at greatest infection risk and has reduced prevalence of HIV by half in the general population. In 2013, the MOH revised HIV guidelines and standard operating procedures to achieve Cambodia’s new goal of eliminating new HIV infections by 2020. PEPFAR Cambodia’s program supports this goal by building on prior success in evidence-based HIV prevention programming and by introducing and rigorously evaluating high-impact, low-cost prevention services for people facing the greatest HIV infection risks.

Eliminating new infections in Cambodia with limited resources calls for prevention activities tightly focused on most-at-risk populations, including female entertainment workers, their prospective male clients and sweethearts, men who have sex with men, transgender persons, and injecting drug users. PEPFAR Cambodia’s prevention investments aim to 1) identify and meet the needs of most-at-risk populations and prevent mother-to-child transmission; 2) improve access to a client-friendly package of clinical and community prevention services, including early access to treatment; 3) mentor government and civil society staff in oversight and management of prevention activities; and 4) enable Cambodia’s national HIV program to improve activity coordination, eliminate duplicative donor investments, and stretch all available resources further.

PEPFAR Cambodia’s program continues to use evidence to refine host-government HIV prevention programming and policy by introducing and rigorously evaluating high-impact, low-cost prevention services for people facing the greatest HIV infection risks. For example, linking members of high-risk populations to HIV testing and counseling services has been a persistent barrier to HIV diagnosis and treatment. As a result of PEPFAR Cambodia advocacy efforts and performance data gathered from PEPFAR supported pilots, the MOH approved implementation of rapid finger-prick HIV tests at the community level in 2012. Activities to introduce and evaluate other new testing models and other innovations to avoid new infections will be initiated at USG supported sites in 2013 and later scaled-up with Global Fund and/or other resources.

Despite Cambodia’s clear success in preventing the spread of HIV, substantial challenges remain, including, but not limited to:

•Reducing the continued high burden of HIV infection in marginalized and hard-to-reach sub-segments of most-at-risk populations;
•Building host-government capacity for routine surveillance to avoid crucial data gaps and inefficient

resource allocation;
•Obtaining more accurate estimates of the size of most-at-risk populations;
•Improving referral systems for clients and their partners; and
•Improving cost efficiency and avoiding duplication of activities.

The challenges will be addressed in FY 2013 through U.S. government technical assistance and support in helping the Cambodian government to:

•Implement integrated behavioral and biological surveys of most-at-risk populations, to identify the behavioral and socio-demographic characteristics of individuals facing the greatest HIV-infection risks;
•Develop protocols and systems to conduct routine size estimations of most-at-risk populations;
•Develop confidential patient tracking systems across community and clinical services to assess program performance and accelerate access to antiretroviral medications;
•Conduct rigorous evaluations and cost assessments, using routine program data, of innovative pilot programs such as the new mobile outreach HIV testing and counseling model for female entertainment workers; and
•Document proven practices to inform the development of more impactful and cost-efficient national and regional service delivery protocols.

Prevention of mother-to-child transmission: PEPFAR helped the Cambodian government address substantial gaps in coverage of mother-to-child transmission prevention services with support to NCHADS for the “Linked Response” HIV-testing strategy. Initiated in 2009, the strategy linked health centers that have a co-located HIV testing facility with nearby centers without such a facility in all operational districts. The strategy was revised in 2012 to expand HIV testing coverage to more rural sites, introduce partner testing, and implement the WHO Option B+ for pregnant women. In 2012, about half of the HIV positive women identified in pregnancy knew they were infected prior to becoming pregnant.

Medical transmission: The National Blood Transfusion Center developed a five-year strategy in 2012 to strengthen the blood supply system in Cambodia based on gaps identified during a comprehensive assessment supported by PEPFAR. Technical assistance in 2013 will advise on implementation of activities outlined in the strategy, which are being funded by the Global Fund.

FP/HIV Integration: A major challenge has been ensuring access to voluntary family planning (FP) services among most-at-risk populations and people living with HIV. Thanks to advocacy from the U.S. government, the MOH has agreed to mainstream family planning into HIV service delivery sites. PEPFAR will continue to use evidence to strengthen the policy environment for appropriate integration of FP/HIV services, including support for design and coordination of HIV and FP training curricula for service

providers and support for training providers in care and treatment settings to provide FP services to key populations.

Prevention commodities security: NCHADS will create a new Condom Technical Work Group in 2013 to gather data to segment the condom market more effectively, so that subsidized HIV prevention products do not undermine the market price for those able to pay. This working group will develop condom sustainability plans in anticipation of phase-out of donor support.

Technical Area: Governance and Systems

U.S. government health teams helped the Cambodian government develop its Health Strategic Plan 2008-2015 and participated in the plan's mid-term performance review. The Health Strategic Plan focuses on five strategic cross-cutting areas: health system governance; health service delivery; human resources for health; health information systems; and health care financing, all of which serve as a framework for PEPFAR Cambodia project planning and activity management.

Health systems governance, leadership and capacity building: Almost all HIV treatment in Cambodia is provided through public-sector institutions by Ministry of Health staff. CDC has cooperative agreements with NCHADS and other MOH programs that lead the national HIV/AIDS response. In October 2012, USAID funded a local NGO, KHANA, to lead a consortium to develop innovative prevention programs among individuals at high risk for HIV and provide technical support to government and civil society partners.

Both USG and implementing partner staff participate in the Cambodian government-led technical working groups that establish protocols for service delivery and surveillance in Cambodia. U.S. government staff members advise on the development of national and provincial annual action plans for HIV and other health issues.

As part of its reform agenda, the Cambodian government is decentralizing management of health care to provinces and districts. USAID and CDC are supporting local public health providers to develop leadership and management skills that are essential for a well-functioning health system.

Health service delivery: PEPFAR is supporting Cambodia to generate more accurate forecasts of service-delivery costs with TA from the U.S. Department of Treasury and will help develop enhanced information systems that provide reliable, objective data about program performance and impact.

Human resources for health: Cambodia's National Health Workforce Development Plan, 2006-2015,

guides our human resources strategy. PEPFAR Cambodia actively participates in the National Human Resources for Health technical working group led by the ministry and co-chaired by WHO to address challenges and problems.

USAID and CDC are providing funding and technical support for pre- and in-service training, faculty development, and mentoring to improve HIV prevention, care, and treatment services through improved skills of health care workers and program managers. In line with PEPFAR's goal to develop sustainable human resources, support is provided to the Ministry of Health's efforts to provide community care services through local organizations that complement government systems.

Monitoring and evaluation: PEPFAR Cambodia's monitoring and evaluation activities meet the need for more evidence-based policies and sound decisions based on reliable data. The needs are detailed in the NSP III and Cambodia 3.0, but use of information for program monitoring and planning is weak at all levels. PEPFAR will conduct and fund data-use workshops to improve the capacity of public health workers, program directors, and civil society partners to collect, analyze, and use programmatic data. Other activities, such as supporting the development of computer-generated reports, will improve the frequency of information provided back to site-level staff, provincial managers, program implementers, and other stakeholders. PEPFAR will also support the adaptation of existing data-quality tools for the Cambodian context, provide data-quality assurance training, and carry out regular site visits to assess data quality and monitor use of the tools.

Strategic information: Cambodia does not have a medical-record data system to track the services individual patients receive from different clinics and health facilities, nor is there a standardized system to monitor whether individuals reached in community programs access and are retained in facility-based services to which they are referred.

In FY 2013, PEPFAR will help the Cambodian government to respond strategically to these challenges by 1) developing electronic databases that use unique identifier codes to track individuals confidentially across community and clinical services; 2) supporting aggregation and analysis of information collected in continuous quality improvement and antiretroviral treatment (ART) site databases to improve patient management; and 3) improving the use of data for decision making at the facility level through supportive supervision and on-site technical assistance.

Laboratory strengthening: A priority of PEPFAR Cambodia's strategy is to support the development of a sustainable public-health laboratory system for HIV. Many Cambodian public-sector laboratory facilities are in poor condition and lack essential equipment and supplies to perform even basic diagnostic tests. Laboratories located in referral hospitals providing ART services have received the most support to date

and have stronger capacity than others; however, the capacity of Cambodia's national HIV laboratory services has not expanded as rapidly as the expansion of ART sites. To build this capacity, laboratories supported by PEPFAR are enrolled in external quality-control schemes to monitor their performance. In addition, PEPFAR Cambodia is supporting the National Reference Laboratory, the Bureau of Medical Laboratory Services, and provincial health authorities to become accredited under international standards.

As a result of collaboration with PEPFAR Thailand, the Ministry of Health has capacity for TB liquid culture and "GeneXpert". PEPFAR is assisting in the revision of laboratory guidelines and the development of protocols for specimen collection and transport as well as building the capacity of health providers to screen for and treat tuberculosis and multi-drug resistant TB. PEPFAR participates in the National Laboratory technical working group to monitor activities and make recommendations for national policies and procedures.

Technical Area: Care

Cambodia has made remarkable progress in providing care and treatment services to people living with HIV. The "Continuum of Prevention, Care and Treatment" is being implemented nationwide in 60 care and treatment facilities. In 2012, 66 percent of the estimated 74,572 adults (individuals 15 years of age or older) living with HIV in Cambodia received HIV care and support.

Under the 2012 Boosted Continuum of Prevention, Care and Treatment strategy developed by the MOH, efforts to detect and reach people living with HIV earlier in the course of disease progression will be intensified. Couples counseling and HIV testing will be encouraged. Individuals at highest risk for HIV will be offered HIV testing in their communities with rapid referral for HIV treatment services for those who are found to be HIV-positive. In 2010, approximately 20 percent of patients enrolled in care who did not yet meet the clinical eligibility criteria to receive ART did not keep their scheduled clinic appointments.

Cambodia is one of the 22 high-burden countries for tuberculosis. Tuberculosis is the most common cause of death among people living with HIV in Cambodia; according to a 2009 survey, six percent of patients with TB have HIV. In 2011, as part of provider-initiated testing and counseling activities, 79 percent of patients diagnosed with TB were tested for HIV nationally. USAID and CDC technical experts helped the national TB and HIV programs develop training materials and tools for providers and are assisting in monitoring and evaluating their expanded use in the field. PEPFAR activities will focus on strengthening policies and guidelines, piloting the implementation of TB/HIV activities in PEPFAR supported facilities, and providing TA for national scale-up using Global Fund resources provided to NCHADS and the national TB program.

In FY 2013, the USG support for HIV care will focus on:

•Supporting, evaluating, and improving Community/Peer-Initiated Counseling;
•Testing the "boosted" model established by the MOH to identify undiagnosed people living with HIV, especially those who are most at risk for HIV, through active case detection and immediate enrolment into pre-ART;
•Strengthening referral and tracking systems among communities and facilities through piloting a unique identifier system and building capacity for analysis and use of program data;
•Improving access to and quality of care by integrating HIV, reproductive health, psychosocial counseling, and TB services provided by health care staff in facilities and by teams of home- and community-based care volunteers in communities;
•Improving the quality of HIV care and treatment services in collaboration with NCHADS through support for quality improvement systems that standardize use of program data to inform changes in clinical practice;
•Improving the quality of pediatric care services and increasing coverage of ART among eligible children through active case follow-up and the training and mentoring of health care providers and public health managers at local and national levels;
•Integrating HIV community-care services with those of other health programs, such as village health support groups, to take advantage of established structures and reduce implementation costs; and
•Improving the quality of services for orphans and vulnerable children, including strengthening referrals to other health, education, and social support systems.

Orphans and vulnerable children: According to the National AIDS Authority, there were 27,123 AIDS orphans in 2012 in Cambodia. In FY 2012, PEPFAR reached 23,675 HIV-positive or affected children through home- and community-based services that focused on these children's special needs.

PEPFAR-funded partners are building the capacity of home- and community- based care teams to deliver HIV and social support services to children affected by or vulnerable to HIV/AIDS. These community-based interventions will be linked to health facilities to ensure that orphans and vulnerable children have access to HIV counseling and testing, HIV prophylaxis, early HIV diagnosis and follow-up for HIV-exposed infants, prevention and treatment of opportunistic infections, and pediatric ART. Early HIV diagnosis and follow-up will also be made available for HIV-exposed infants.

Technical Area: Treatment

Of an estimated 74,572 HIV-positive adults in Cambodia in 2012, 55,036 are forecast to be in need of

ART based on the clinical criterion of having a CD4 count of less than 350. By September 30, 2012, roughly 80 percent of those in need were receiving ART at 60 Cambodian government HIV-treatment sites.

Through participation in technical working groups, USG and partner personnel assisted in defining patient eligibility criteria for ART; creating clinical algorithms for targeted use of viral-load testing in patients suspected to have treatment failure; and creating standard operating procedures for specimen and data collection, performance monitoring, and reporting.

Cambodia's continuous quality improvement program, initiated and piloted with PEPFAR support, is being implemented at 20 of Cambodia's 60 HIV treatment sites. In most sites where the program has been implemented for at least 12 months, there has been improvement in key indicators.

The Ministry of Health in Cambodia has been very successful in providing treatment to the majority of those in need and in establishing integrated care, treatment, and prevention models. Many challenges remain, however, including late initiation of treatment; loss to follow-up; low diagnosis of treatment failure and accompanying switch to second-line treatment; limited capacity to use data to improve the quality of care and treatment; lack of coordination and poor management of the continuum model components; inability to maintain high-quality, motivated human resources; and limited long-term sustainability of HIV treatment.

Pediatric Treatment: By the end of September 2012, 4,521 children (under the age of 15)in Cambodia were receiving ART, representing nine percent of all HIV-positive individuals on treatment and 90 percent of children projected to be in need of ART. PEPFAR support for prevention of mother-to-child transmission activities has helped make pediatric HIV elimination an achievable goal. If current trends continue, Cambodia is projected to have only 30 new pediatric HIV infections in 2015 and will be well on its way to virtual elimination.

In FY 2013, PEPFAR will assist the MOH to:
•Improve the counseling and referral process, from diagnosis of HIV infection to entry into HIV care;
•Assist facilities decrease delays in treatment initiation and track treatment initiation;
•Support initiation of ART at a CD4 count of 500 for HIV-positive individuals within sero-discordant couples and advocate for earlier initiation of treatment for individuals who engage in high-risk behaviors;
•Ensure that patients' CD4 counts are regularly monitored and that patients are appropriately counseled about the need for regular follow-up visits and promptly provided ART once eligible;
•Assist NCHADS to transition all patients currently on stavudine-based treatment to tenofovir-based regimens; and

•Develop a national program to rollout HIV treatment-as-prevention services to other populations once normative guidance is available.

As a technical assistance program, PEPFAR Cambodia will support the review and revision of standard operating procedures, guidelines, and training curricula to reflect global best practices for HIV prevention, care, and treatment; TB/HIV co-infection care and treatment; home-based care; and voluntary counseling and testing.

GHI, Program Integration, Central Initiatives and other Considerations

Cambodia broadly supports women-centered health approaches. The First Lady of Cambodia was named the Champion for the UN Secretary-General's Action Plan for Women's and Children's Health and is an advocate for healthy motherhood in Cambodia. Moreover, in 2010 the Prime Minister of Cambodia announced that the country's highest health priority was to reduce maternal mortality. In response, with support from the USG and other technical partners, the MOH developed the Fast Track Initiative Road Map for Reducing Maternal and Newborn Mortality Initiative (FTI), 2010-2015.

Many Cambodian government policies, strategies, and delivery systems incorporate Global Health Initiative (GHI) principles, such as building and sustaining a strong health system. Three of the seven essential components of the FTI relate to health systems strengthening, including surveillance to identify the causes of maternal death, behavior change communication, and improved financing. The Mission's GHI strategy reflects a deep commitment to whole-of-U.S. government management of HIV and other health resources in a manner that enhances maternal and newborn health in Cambodia. Under GHI, the U.S. government will track program performance through better use of routine monitoring systems, enhance blood safety monitoring and quality assurance, and integrate family planning and HIV services at family health clinics for entertainment workers and at ART sites for women with HIV/AIDS.

(Central Initiative information is contained in a support document.)

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	56,000	2011	AIDS Info, UNAIDS, 2013			
Adults 15-49 HIV Prevalence Rate	01	2011	AIDS Info, UNAIDS, 2013			

Children 0-14 living with HIV	00	2011	AIDS Info, UNAIDS, 2013			
Deaths due to HIV/AIDS	1,400	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults	1,000	2011	AIDS Info, UNAIDS, 2013			
Estimated new HIV infections among adults and children	1,100	2011	AIDS Info, UNAIDS, 2013			
Estimated number of pregnant women in the last 12 months	318,000	2010	UNICEF State of the World's Children 2012. Used "Annual number of births as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	00	2011	WHO			
Number of people living with HIV/AIDS	64,000	2011	AIDS Info, UNAIDS, 2013			
Orphans 0-17 due to HIV/AIDS	41,000	2011	AIDS Info, UNAIDS, 2013			
The estimated number of adults and children with advanced HIV infection (in need of ART)	46,085	2011	WHO			
Women 15+ living with HIV	31,000	2011	AIDS Info, UNAIDS, 2013			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

How is the USG providing support for Global Fund grant proposal development?

The U.S. government provides technical support for the development of Global Fund grants through participation in the Global Fund Country Coordinating Committee (CCC) and various technical working groups tasked with developing country proposals.

The existing Single Stream Financing (SSF) HIV grant is approaching the end of its phase one agreement and the phase two agreement will be submitted in March 2013. PEPFAR technical staff are assisting the national program to define strategic priorities for HIV prevention, care, and treatment, as well as detailing and costing program activities that will be supported by the grant.

The tuberculosis SSF grant will expire on March 30, 2014, and Cambodia anticipates submitting a proposal under the Global Fund new funding model in 2013.

Are any existing HIV grants approaching the end of their agreement (Phase 1, Phase 2, NSA, CoS, or RCC) in the coming 12 months?

Yes

If yes, please indicate which round and how this may impact USG programming. Please also describe any actions the USG, with country counterparts, is taking to inform renewal programming or to enable continuation of successful programming financed through this grant(s).

The HIV SSF grant ends December 31, 2013. The principal recipient for this agreement is the National Center for HIV/AIDS, Dermatology and STDs (NCHADS). A continuation application (phase two request) will be submitted by March 31, 2013.

Cambodia is dependent on Global Fund grants to support all cost for antiretrovirals and a substantial portion of HIV prevention, care, and treatment services. USG staff and implementing partners are fully engaged in development of the continuation application to ensure that crucial services are covered. This is being done through participation in technical working groups organized by NCHADS and through

leadership on the Oversight Committee. The first element of the submission, a significant reprogramming request, was recently completed and endorsed by the CCC's Oversight Committee, providing a strong foundation for completion of the continuation application.

Following a multi-stakeholder consultative process, the CCC recognized that additional TA was required to support the completion of the HIV phase two request. Through the Five Percent Initiative of the French government, this technical assistance has been mobilized and is supporting the continuation application process.

The U.S. government proactively supports the resolution of implementation bottlenecks. Recently, the USG assisted in lifting a 2012 funding hold imposed by Global Fund on activities implemented by the sub-recipient National Aids Authority (NAA). The USG used its role on the CCC Executive Committee to ensure the principal recipient was empowered to introduce effective mitigating measures. As a result, the Global Fund Secretariat lifted the funding ban and the NAA resumed activities.

Redacted

To date, have you identified any areas of substantial duplication or disparity between PEPFAR and Global Fund financed programs? Have you been able to achieve other efficiencies by increasing coordination between stakeholders?
Yes

If yes, how have these areas been addressed? If not, what are the barriers that you face?
Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Surveillance or Survey	Name	Type of Activity	Target Population	Stage	Expected Due Date
Survey	A programmatic evaluation of	Evaluation	Other	Data Review	09/01/2013

	TB diagnosis in Cambodia among people living with HIV				
Surveillance	HHS/CDC - HIV Case Surveillance	AIDS/HIV Case Surveillance	Other	Development	09/01/2013
Survey	HHS/CDC - IBBS for women who have commercial or transactional sex	Behavioral Surveillance among MARPS	Female Commercial Sex Workers, Men who have Sex with Men	Other	04/01/2013
Survey	HHS/CDC & NCHADS - ANC/PMTCT program comparison	Evaluation of ANC and PMTCT transition	Pregnant Women	Planning	05/01/2013
Surveillance	HHS/CDC & NCHADS – Enumeration and mapping of entertainment establishments and hot spots	Population size estimates	Female Commercial Sex Workers, Men who have Sex with Men	Planning	04/01/2013
Survey	HHS/CDC -2011 Cambodia STI Survey among Female Entertainment Workers (IBBS)	Surveillance and Surveys in Military Populations	Female Commercial Sex Workers, Migrant Workers	Other	04/01/2013
Survey	HHS/CDC Evaluation of PMTCT cascade and testing strategies for PMTCT	Evaluation	Pregnant Women	Development	06/01/2013
Surveillance	KHANA - DU/IDU Size Estimation	Population size estimates	Injecting Drug Users	Implementation	03/01/2013
Surveillance	KHANA - Integrated Biological and Behavioral Survey of DU/IDU and Size Estimation	Behavioral Surveillance among MARPS	Drug Users, Injecting Drug Users	Implementation	03/01/2013
Survey	Rapid Assessment for poor	Qualitative	Other	Planning	03/01/2013

	appointment keeping among adults receiving ART	Research			
Surveillance	Surveillance in STI clinics	Other	Female Commercial Sex Workers	Data Review	09/01/2013

Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source			Total
	GAP	GHP-State	GHP-USAID	
HHS/CDC	1,255,212	3,111,800		**4,367,012**
USAID		1,632,988	9,000,000	**10,632,988**
Total	**1,255,212**	**4,744,788**	**9,000,000**	**15,000,000**

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency			Total
	HHS/CDC	USAID	AllOther	
HBHC	363,341	1,405,861		**1,769,202**
HKID		360,000		**360,000**
HLAB	915,699	1,321		**917,020**
HMBL	193,168			**193,168**
HTXD		1,321		**1,321**
HTXS	313,338	539,255		**852,593**
HVCT	42,419	1,295,922		**1,338,341**
HVMS	785,163	925,214		**1,710,377**
HVOP		2,799,016		**2,799,016**
HVSI	384,256	1,703,535		**2,087,791**
HVTB	502,734	221,844		**724,578**
IDUP		249,058		**249,058**
MTCT	319,483	273,302		**592,785**
OHSS	362,538	584,739		**947,277**
PDCS	97,427	135,309		**232,736**
PDTX	87,446	137,291		**224,737**
	4,367,012	**10,632,988**	**0**	**15,000,000**

National Level Indicators

National Level Indicators and Targets

Redacted

Policy Tracking Table

(No data provided.)

Technical Areas

Technical Area Summary

Technical Area: Care

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,769,202	0
HKID	360,000	0
HVTB	724,578	0
PDCS	232,736	0
Total Technical Area Planned Funding:	**3,086,516**	**0**

Summary:

Background and major accomplishments

Cambodia has made remarkable progress in providing care and treatment services to people living with HIV. The "Continuum of Prevention, Care and Treatment" (Continuum model) established in 2003 as the "Continuum of Care" with U.S. government support is being implemented nationwide in 56 care and treatment facilities. In 2011, 65 percent of the estimated 73,760 adults (individuals 15 years of age or older) living with HIV in Cambodia were receiving HIV care and support. Home- and community-based care services introduced by U.S. government PEPFAR resources programmed through USAID now form the backbone of the national approach to HIV care in Cambodia.

According to the Ministry of Health, 53,876 people living with HIV were enrolled in clinical care and treatment services by September 30, 2011, including 6,619 adults and 1,610 children not yet eligible to receive antiretroviral therapy (ART) based on current clinical criteria. To enhance access to HIV testing and counseling, the "Linked Response" program was established in 2008 by the National Center for HIV/AIDS, Dermatology, and Sexually Transmitted Diseases (NCHADS). The program aims to strengthen patient referrals among the HIV and other health programs, beginning with maternal-child health services. The Linked Response program is now being implemented in all 24 provinces with funding provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). More than 350,000 HIV tests were provided at 246 HIV testing and counseling sites in Cambodia in 2010.

Cambodia has increased rates of HIV testing and counseling in clinical settings with high numbers of HIV-infected patients by making the routine offer of HIV diagnostic services the standard of care. As part of these "provider-initiated" testing and counseling activities, 86 percent of patients diagnosed with tuberculosis were tested for HIV in sites supported by CDC, compared to 76 percent nationally. In 2010, PEPFAR Cambodia supported the revision of national clinical guidelines for addressing tuberculosis and HIV co-infection based on research supported by the U.S. government and developed a simplified algorithm to diagnose tuberculosis among people living with HIV. As of September 30, 2011, 32 public-sector sites were implementing the revised tuberculosis and HIV clinical guidelines with funding provided by the Global Fund and other partners. As a result of these activities, 85 percent of newly enrolled people living with HIV were screened for tuberculosis in the third quarter of 2011. Following the Ministry of Health's adoption of the national Standard Operating Procedures for Intensive

Case Finding, Isoniazid Preventive Therapy, and Infection Control (the "Three I's") in April 2010, implementation of the "Three I's" was piloted in 12 PEPFAR-supported sites. USAID and CDC technical experts helped the national tuberculosis and HIV programs develop training materials and tools for providers and are assisting in monitoring and evaluating their expanded use in the field.

PEPFAR Cambodia helped to draft guidelines for "positive prevention" activities to prevent ongoing HIV transmission and reinfection among people living with HIV that were approved by the Ministry of Health in 2010. The package of positive prevention activities currently being piloted in PEPFAR-supported sites expands access to family planning and reproductive health counseling and commodities in HIV clinics and in community settings for people living with HIV.

Despite these achievements, Cambodia continues to face substantial challenges in providing HIV care and support services.

There is a critical need to reach people living with HIV earlier in the course of disease progression. The mean CD4 level of people living with HIV at enrollment into care is still unacceptably low (167 CD4 cells/mm3 in 2010), despite the scale-up of counseling and testing services and introduction of new guidelines to initiate ART earlier in the course of HIV infection at 350 CD4 cells/mm2. This issue is of concern because, unless people living with HIV enter care earlier, changing the national guidelines to provide treatment earlier will have little impact on reducing morbidity and mortality, and care and treatment targets set by Cambodia will not be met.

To address this need in FY 2012, the United States will support the national program scale-up of HIV testing for those most likely to be infected, including sexual partners of people living with HIV, entertainment workers, men who have sex with men, injecting drug users, and patients newly diagnosed with tuberculosis or sexually transmitted infections. At the same time the PEPFAR Cambodia team will strengthen referral linkages to HIV care services. Expansion of HIV testing and counseling to entertainment workers, men who have sex with men, and injecting drug users is likely to identify people living with HIV earlier in the course of infection, but will require new strategies to engage and follow these hard-to-reach and often marginalized individuals.

In 2010, approximately 20 percent of patients enrolled in care who did not yet meet the clinical eligibility criteria to receive ART did not keep their scheduled clinic appointments. Addressing this high loss to follow-up among individuals who are in care will be a priority of the PEPFAR program in FY 2012. Specific remedies will include improved patient follow-up in communities through self-help groups of people living with HIV and improved cell phone-based appointment notification systems for patients and providers.

Rapid and accurate diagnosis of tuberculosis is necessary in order to reduce mortality among people living with HIV: U.S. government-supported research has demonstrated that active tuberculosis can be ruled out in people living with HIV who do not have night-sweats, fever, or cough. Accurately diagnosing tuberculosis in patients who have at least one of these symptoms, however, is more problematic, as it requires access to diagnostic technologies – like "GeneExpert" and liquid or solid tuberculosis culture – that are still not widely available in Cambodia. In addition, Cambodia does not have standard tuberculosis treatment protocols for those patients who have symptoms but have not had laboratory confirmation of disease. As a result, morbidity and mortality from tuberculosis is still unacceptably high among people living with HIV.

Multiple, non-integrated client datasets hinder routine performance reviews of the national HIV care program: Two-thirds of the 56 national HIV clinics have only paper-based forms and registers. Because Cambodia does not yet have a uniform information system that allows for the confidential tracking of individuals across service-delivery sites, facilities have developed their own unique systems. As a result, the data that sites pass along to the national-level registers feature inconsistencies in the categorization and coding of patients and services delivered and often duplicately count individuals who have visited more than one site or have received more than one service.

Heavy workloads and low salaries make it difficult to retain motivated, well trained staff within the public health

system. Staffing at HIV care and treatment facilities has not kept pace with patient load; 22 of the 56 care sites now serve more than 1,000 patients, compared to only 11 sites in 2006, but staffing levels have remained constant since the inception of the program. Additionally, new and more complex services introduced in 2010 and 2011 – such as positive prevention, including family planning and tuberculosis screening services for people living with HIV; earlier initiation of ART; viral-load monitoring to detect treatment failure; and the introduction of second-line HIV treatment regimens – require closer monitoring and more frequent clinic visits, substantially increasing provider workloads. Extremely low salaries among health workers combined with poorly functioning human resource recognition and promotion systems also contribute to low staff morale and performance. Public health staff working in HIV clinics received salary supplements from the Global Fund until the Cambodian government discontinued the incentive system in 2010 as part of civil-service reform. The temporary reform measures developed by the government to incentivize performance have not been implemented fully more than one year later. As a result, public-sector doctors often maintain separate private practices or leave the public sector for fulltime positions in the private medical sector or civil society organizations.

Reliance on donor funding: In 2010, the Cambodian government contributed only 4 percent of the total national HIV/AIDS budget. This level of host-country investment is particularly worrisome because a number of partners, including Doctors Without Borders and the Cambodian Health Committee, have reduced or stopped contributions to HIV care and treatment activities in Cambodia. The national HIV program relies on PEPFAR to help develop, pilot, and evaluate care and support programming to facilitate scale-up though Global Fund support. Once programs are scaled-up, U.S. government resources are used to provide technical support to monitor activities and recommend program adjustments to improve performance.

Key priorities and goals:

As the PEPFAR program in Cambodia strives to transition from a service-delivery platform to a "technical assistance model," we will place greater emphasis on strengthening national and provincial use of information to improve and maintain the quality of care and support services. We will provide technical assistance for government-led initiatives, like the Continuum model and Linked Response, and will support the development of new, cost-effective models to reduce mortality and improve the lives of people living with HIV. We will build the capacity of government and civil society healthcare providers and support activities to promote local leadership, national accountability, and country ownership.

In FY 2012 and FY 2013, the U.S. government will address the challenges identified above by:

1. Supporting, evaluating, and improving the Community/Peer-Initiated Counseling and Testing model established by the Ministry of Health to identify undiagnosed people living with HIV, especially those who are most at risk for HIV, and get them into care and treatment services early in the course of their disease,
2. Strengthening referral and tracking systems among communities and facilities through development of a single unique identifier system and building capacity for analysis and use of program data,
3. Decreasing loss to follow-up by integrating HIV, reproductive health, psychosocial counseling, and tuberculosis services provided by healthcare staff in facilities and by teams of home- and community-based care volunteers in communities,
4. Improving laboratory capacity for detection of tuberculosis through tuberculosis liquid culture and GeneXpert and building the capacity of healthcare workers to diagnose and treat tuberculosis/HIV co-infection,
5. Improving the quality of HIV care and treatment in collaboration with NCHADS through support for quality improvement systems that standardize the application of program data to inform changes in clinical practice,
6. Improving the quality of pediatric care services and increasing coverage of ART among eligible children through active case follow-up and the training and mentoring of healthcare providers and public health managers at the local and national levels,
7. Integrating HIV community-care services with those of other health programs, such as village health support groups, to take advantage of established structures and reduce implementation costs, and
8. Improving the quality of services for orphans and vulnerable children, including strengthening referrals to other

health, education, and social support systems.

Alignment with host-country government strategies and priorities

PEPFAR Cambodia's goals are aligned to the Cambodian government's National Strategic Plan for HIV/AIDS, 2011-2015 which aims to 1) reduce the number of new HIV infections through targeted prevention, 2) increase care and support for people living with and affected by HIV, and 3) alleviate the impact of AIDS. Strategies highlighted in the National Plan include:

1. Ensuring availability and use of strategic information for decision-making through monitoring, evaluation, and research,
2. Increasing coverage and quality of comprehensive and integrated treatment, care, and support services while addressing the needs of a concentrated epidemic,
3. Promoting effective leadership and management by government leaders and others at national and sub-national levels,
4. Ensuring a supportive legal and public policy environment for the national response to HIV and AIDS, and
5. Ensuring sustained, predictable financing and cost-effective resource allocation for the national response.

NCHADS is developing a strategy to achieve the "Three Zeros" described by UNAIDS (zero new infections, zero deaths, and zero stigma). U.S. government technical staff members are part of the core group developing the action plan. Core group priorities include developing facility and community-level approaches targeting those most at risk for HIV and improving the package of care, treatment, and prevention services for those most likely to transmit HIV. The proposed activities build on PEPFAR-supported approaches to provide point-of-care testing for those most at risk, use the Continuum model, and provide an opportunity to advocate for improved data systems and monitoring at all levels.

Contributions from, or collaboration with, other development partners

The U.S. government partners with the World Health Organization (WHO), UNICEF, UNAIDS, and the Clinton Health Access Initiative (CHAI) to support the Royal Government of Cambodia's HIV care and support response. UNICEF and CHAI focus on activities related to pediatric care, prevention of mother-to-child infection, and logistics and supply-chain management support. The U.S. government and WHO provide technical assistance to the Ministry of Health for pediatric and adult HIV care. Opportunities for coordination of activities with development partners and the Ministry of Health exist through formal and informal technical working groups, smaller core groups, and ad-hoc meetings. Recommendations are reviewed and approved by the Ministry of Health.

Adult AIDS care and support

A total of 47,906 adults were enrolled in care in 56 clinics by September 2011, including 6,619 HIV-infected adults who were not eligible for ART, with 41,287 HIV-infected adults receiving ART. At the community level, PEPFAR supported care for 48,493 people living with HIV and their family members with home- and community-based services at the end of FY 2011. More than half of those receiving services were women.

The majority of funding for care and support services is sourced from the Global Fund, which does not provide external technical assistance. The national HIV program relies on PEPFAR for technical assistance to develop, monitor, and strengthen program activities. Immediate challenges related to the Global Fund procurement system are ensuring a steady supply of drugs to treat HIV and AIDS-related illnesses and laboratory supplies such as HIV test kits.

In FY 2012 and FY 2013, PEPFAR and its partners will focus on 1) strengthening the integration of HIV testing and counseling with care and treatment services, 2) incorporating patient education and referrals among home- and

facility-based services into the package of positive prevention services so that patients remain in care and adopt preventive behaviors, and 3) identifying strategies to improve the efficiency and long-term sustainability of existing home- and community- based care activities.

Key interventions and illustrative activities for FY 2012 include:

** Ensuring early diagnosis of HIV and prompt entry into care, which are essential for Cambodia to achieve its goal of providing treatment to more than 95 percent of those who are eligible by 2015 – Because of the concentrated nature of the HIV epidemic in Cambodia, we will focus our efforts on those most at risk. PEPFAR Cambodia will work with NCHADS, UN agencies, non-governmental organizations, and affected communities to improve the counseling and referral process from diagnosis of HIV infection to entry into care. We will monitor mean CD4 cell counts at entry into care through the Continuous Quality Improvement system and identify local solutions for problems encountered. Best practices and solutions will be shared among healthcare providers during regular meetings convened by NCHADS. Guidelines and operating procedures will be developed in collaboration with NCHADS and other relevant organizations to scale-up HIV counseling and testing and prevention activities among partners of people living with HIV, including regular partners of entertainment workers.*

** Retaining patients in care, to be addressed by strengthening the package of services available to them, improving counseling about the need for regular monitoring visits, training and mentoring providers, and ensuring better linkages with home- and community-based services – We will pilot the use of appointment reminders through an automated mobile phone messaging system.*

** Providing positive health, dignity, and prevention messages, during HIV testing and counseling sessions, clinic visits, patient support meetings, and home- and community-based care visits in FY 2012 – This step builds upon the foundation established in FY 2011, when PEPFAR Cambodia supported NCHADS's development of an integrated counseling package and training outline for the Continuum model. The package includes testing and counseling of spouses of those living with HIV, counseling for discordant couples, testing children of HIV-infected mothers, providing condoms to at-risk populations, strengthening links to family planning, and monthly meetings of support groups for people living with HIV. In FY 2012, we will help to finalize the training curriculum for testing and counseling, train trainers and supervisors, roll out the training, and evaluate its impact.*

** Integrating family planning services with other services provided by HIV and sexually transmitted diseases clinics, in order to increase access to reproductive health services for entertainment workers and people living with HIV – With technical assistance from PEPFAR, NCHADS and the National Center for Maternal and Child Health developed joint guidelines to provide reproductive health counseling and family planning commodities, including condoms and birth spacing information, at HIV and sexually transmitted disease clinics. Patients who choose long-term or permanent birth control methods will be given transportation support to the nearest site where such methods are available. A model for service integration was piloted in two provinces by PEPFAR partners in 2011. Activities will be expanded to new sites in 2012; NCHADS plans to apply for funding from the Global Fund to expand the program nationally.*

** Scaling-up of tuberculosis/HIV activities, by assisting the Ministry of Health in FY 2012 to strengthen these activities in non-PEPFAR supported areas through participation in the technical working group and assisting the national tuberculosis and HIV programs to monitor sites and review data – Best practices for infection control will be shared among sites. During 2011, the simple tuberculosis-symptoms screening tool developed through U.S. government-supported research was introduced in HIV clinics; approximately one-third of the patients had no symptoms and did not need further work-up. During FY 2012, we will work with the national tuberculosis program to introduce and evaluate tuberculosis diagnostic algorithms for HIV-infected patients, including the use of florescent microscopy, tuberculosis liquid culture, and GeneXpert in our focus provinces, with the expectation that the protocols developed will be expanded to other provinces with funds from other donors.*

** Improving quality of life for people living with HIV, through socio-economic and livelihood-support activities*

implemented in collaboration with the Cambodian government and other partners, including religious and village leaders – Severely malnourished individuals will receive nutritional assessments and food supplements provided by the World Food Program. We will introduce and evaluate a savings plan for people living with HIV. Training will be provided to support group leaders and home- and community-based care team members on vocational and livelihood skills and addressing the psychological needs of people living with HIV. We will continue to strengthen the capacity of the Cambodian Network of People Living with HIV and self-help groups at the provincial and community levels to engage actively in the response and sustain relevant services after donor support phases out.

** Improving the cost efficiency of activities, in conjunction with other partners and the Cambodian government – In 2011 we assisted NCHADS to decrease implementation costs of the Linked Response program by reducing the frequency of provincial meetings and applying the same linked approach to patients with sexually transmitted diseases and tuberculosis. PEPFAR Cambodia will advocate for further cost efficiencies, including implementing a comprehensive package of antenatal care, not just HIV testing, for pregnant women. Given the very low prevalence of HIV in rural pregnant women (0.2 percent in 2011), we will encourage the technical working group to examine other options to increase efficiency, such as focusing efforts in high-prevalence districts and/or using a targeted HIV-testing approach in low-prevalence districts. In 2012, costs for supporting the Linked Response program in our focus districts will be fully supported by the Global Fund; both USAID and CDC will continue to provide coordinated support to monitor and evaluate activities at the district, provincial, and national levels.*

Pediatric care and support

The Ministry of Health plans to expand pediatric HIV care and treatment services from 33 facilities in 2011 to all 56 sites by 2015. Children affected by AIDS also are served by home- and community-based care teams who are working in close collaboration with 864 health centers in 72 districts nationally. We will provide technical support through the Pediatric HIV/AIDS Technical Working Group to improve pediatric tracking, increase access to and retention in care services, and promote the use of standardized tools like the one developed by the CDC to track HIV-positive pregnant women and their exposed infants at the district, provincial and national level.

In FY 2012, PEPFAR Cambodia will:

Support the development of guidelines and policies to improve pediatric HIV care and treatment services. In 2011, PEPFAR Cambodia assisted NCHADS with development of a plan to offer routine HIV testing and counseling to children with suboptimal growth, malnutrition (in particular malnourished children not responding to appropriate nutritional therapy), or other signs of advanced HIV disease. In FY 2012, PEPFAR Cambodia will assist with the rollout and monitoring of this new pediatric case-finding approach.

Support referral mechanisms to improve follow up of HIV-exposed children from delivery sites to pediatric HIV services. Health providers working in home-based care and at facilities will receive training on tracking and following exposed infants and protocols for Early Infant Diagnosis, including laboratory diagnosis using polymerase chain reaction-technology. PEPFAR Cambodia will concentrate on monitoring and improving the effectiveness of this case management protocol for HIV-exposed infants.

Improve cotrimoxazole coverage for opportunistic infection prophylaxis among HIV-infected and HIV-exposed children, in USG-supported pediatric HIV sites. Preventive and well-child services, such as breastfeeding and nutrition counseling, will be promoted through home-based care services. Mothers or caregivers of HIV-infected children will be encouraged to have their children fully immunized at local health centers and mother-to-child-transmission prevention sites.

Improve the quality of HIV services for children. PEPFAR Cambodia will provide funding and technical assistance to finalize national mentoring guidelines for healthcare providers, train staff at new pediatric HIV sites on pediatric protocols and guidelines, and provide post-training mentorship in PEPFAR focus provinces. Pediatric HIV cases will be reviewed at monthly Continuum model district-level meetings, and experienced clinicians will discuss care

and support topics to enhance healthcare providers' understanding and compliance with standard pediatric care practices and national pediatric HIV guidelines. Topics that will be covered in the meetings include basic infant and child care, immunization, cotrimoxazole prophylaxis to prevent AIDS-related illnesses, nutrition, and social and psychological support for children and their families.

Tuberculosis and HIV

Cambodia is one of the 22 high-burden countries for tuberculosis. Tuberculosis is the most common cause of death among people living with HIV in Cambodia; according to a 2009 survey, 6 percent of patients with tuberculosis have HIV. Therefore, addressing tuberculosis/HIV co-infection is a high priority for the U.S. government in Cambodia. With PEPFAR technical assistance, the Ministry of Health drafted a comprehensive strategic framework for tuberculosis/HIV activities and approved standard operating procedures for implementing intensified case finding, isoniazid preventive therapy, and infection control as part of the Continuum model. PEPFAR-supported activities will focus on strengthening policies and guidelines, piloting the implementation of tuberculosis/HIV activities in PEPFAR-supported facilities, and providing technical assistance for national scale-up through Global Fund resources provided to NCHADS and the national tuberculosis program. During the early phase of implementation, special attention will be paid to improving cost efficiencies of the approaches being used. The activities will be monitored by the national technical working group, which includes representatives from NCHADS, the National Tuberculosis Program, and TBCARE (a consortium of USAID-supported partners, WHO, the Japan Anti-Tuberculosis Association, and the Royal Dutch Central Association for the Suppression of Tuberculosis).

PEPFAR has provided leadership for Cambodia's efforts to address tuberculosis and HIV through operations research, participation in technical working groups, and implementation of innovative activities and demonstration projects. In FY 2012, the U.S. government will continue to support implementation of tuberculosis and HIV activities in facilities and home-based care settings, focusing on improving HIV testing among tuberculosis patients, strengthening referrals between tuberculosis and HIV clinics, and improving the capacity of healthcare providers to manage appropriately tuberculosis/HIV co-infected patients, including initiation of ART two weeks after initiation of tuberculosis treatment. We will strengthen tuberculosis/HIV monitoring and evaluation systems at the national and provincial levels to improve the accuracy and quality of data collected at facilities and assist public health officers to analyze and use the information to guide decisions about funding. We will strengthen laboratories' ability to diagnose tuberculosis and enhance specimen transport systems to improve diagnosis of tuberculosis in people living with HIV

Specifically, in FY 2012, the U.S. government will:

** Support strategic planning for laboratory services, including roll-out of GeneXpert and liquid culture, by the national tuberculosis program,*
** Review and update clinical guidelines and algorithms for tuberculosis screening, diagnosis using laboratory tools, and clinical symptoms, and further strengthen physicians' skills to diagnose and treat tuberculosis in people living with HIV,*
** Identify strategies to increase HIV testing in patients with tuberculosis,*
** Support the implementation of isoniazid prophylaxis in people living with HIV who do not have active tuberculosis,*
** Provide technical assistance to strengthen tuberculosis infection control activities in HIV treatment and tuberculosis clinics,*
** Strengthen tuberculosis and tuberculosis/HIV reporting systems and provide technical assistance to improve the analysis and use of information at the local and national levels,*
** Provide training to improve contact tracing, adherence to treatment counseling, and referrals by home- and community-based care health groups, Village Health Support Groups, and support groups for people living with HIV,*
** Provide technical and financial support for implementation of tuberculosis liquid culture in provincial and*

national tuberculosis laboratories, ensuring that biosafety standards are met and that systems for transport of laboratory specimens are developed and implemented, and
** Assess the feasibility and cost effectiveness of introducing newer laboratory technologies, such as GeneXpert, within the national tuberculosis program.*

Orphans and vulnerable children

According to the Cambodia Demographic and Health Survey, 8.8 percent of children are orphans (defined as a child under 18 years of age who is missing one or both parents). According to the National AIDS Authority, there are nearly 86,000 orphans and vulnerable children in Cambodia. PEPFAR reaches 21,084 HIV-infected or affected children through home- and community-based services that focus on these children's special needs. Consistent with the PEPFAR program's transition from a service-delivery platform to a technical assistance model, we are gradually transitioning funding for long-term care and support for children affected by HIV/AIDS from PEPFAR to other sources, primarily the Global Fund. At the same time, we are working with other partners to identify sources of support within Cambodian government social protection programs, including through the Ministries of Health; Education, Youth and Sport; and Rural Development, that can lead to more sustainable support for these vulnerable children.

In FY 2012, we will continue to scale-back PEPFAR support for facility-based service delivery programs for orphans and vulnerable children, while continuing to fund:

** High-quality, home- and community-based services for orphans and vulnerable children infected and affected by HIV,*
** Transport costs to improve successful referrals of orphans and vulnerable children to HIV testing and counseling; HIV care and treatment; and legal, educational, and economic support services, and*
** Technical assistance for policies and guidelines that address the unique needs and vulnerabilities of orphans and other children affected by HIV/AIDS.*

PEPFAR-funded partners are building the capacity of home- and community- based care teams to deliver HIV and social support services to children affected by or vulnerable to HIV/AIDS. Specifically, the program will train family members, extended/foster families, community members, and caretakers to:

** Assess the health status of children affected by or vulnerable to HIV/AIDS and determine their educational, psychosocial, nutritional, and legal needs,*
** Bring/refer such children to facilities offering relevant medical, legal, and social services,*
** Teach the children HIV-prevention strategies, and*
** Combat stigma and discrimination against these children and their families.*

These community-based interventions will be linked to health facilities to ensure that orphans and vulnerable children have access to HIV counseling and testing; HIV prophylaxis; early HIV diagnosis and follow-up for HIV-exposed infants; prevention and treatment of opportunistic infections; and pediatric ART. The U.S. government will continue to support community-based services provided to orphans and vulnerable children through faith-based organizations working in pagodas and churches.

We will provide technical assistance and collaborate with the Ministry of Health; the Ministry of Social Affairs, Veterans and Youth Rehabilitation; the National AIDS Authority; and other entities such as UNICEF to ensure that orphans and vulnerable children have access to high-quality care and support services based on the most recent scientific evidence and global guidelines, consistent with the National HIV/AIDS Strategy. PEPFAR technical leads and our partners participate in the National Orphans and Vulnerable Children's Task Force, which develops national policy and monitors activities being implemented by different government agencies and implementing partners.

Cross-cutting program elements

Public-private partnerships

Cambodia is a focus country for the Health Informatics Public-Private Partnership. This initiative is described more fully in the Treatment Technical Area Narrative.

Gender

More than half of those estimated to be living with HIV in Cambodia are women. Increasing equitable services for men and women and engaging men as active participants in caregiving and reproductive health services is a priority of the PEPFAR Cambodia program. During FY 2012, we will work with partners to identify ways to encourage men and women to seek health services earlier, including HIV testing and counseling, and care and support services for those who test positive. We will encourage a family-centered approach to care and integrate family planning and reproductive health services with HIV care and support services and prevention programs for those who are most at risk, including entertainment workers and patients of sexually transmitted diseases clinics. Home- and community-based services supported by PEPFAR will include activities to address the special circumstances of girls and women, including the heavy burden of care giving that women bear; the health needs of female household members when they become ill; and barriers to girls staying in school. We will support the introduction of sustainable livelihood activities for people living with HIV and affected families, focusing on women-headed households through home- and community-based care programs. Because gender inequalities contribute to economic vulnerabilities and risk behaviors of women, especially when they have HIV, we will fund innovative activities that lead to greater economic empowerment of women.

Most-at-risk populations

To focus limited resources on the sources of the most new infections and the greatest HIV care needs in Cambodia, PEPFAR activities primarily target most-at-risk populations including entertainment workers, their prospective male clients and sweethearts, men who have sex with men, injecting drug users, and people living with HIV/AIDS. Specifically, investments focus on:

** Enhancing the engagement of clients and communities in identifying and addressing the needs of most-at-risk populations,*
** Establishing and evaluating models to improve access to a client-friendly package of clinical and community services that includes one-on-one and small-group peer education, HIV testing and counseling, sexually transmitted infection treatment, family planning services, HIV care and treatment (including post-exposure prophylaxis for victims of rape), and appropriate linkages to care and treatment and other services to address livelihoods, addiction, human trafficking, gender-based violence, and sexual exploitation,*
** Mentoring government and civil society staff in the technical oversight and management of HIV prevention activities, and*
** Providing technical assistance to Cambodia's national HIV program to improve the coordination of activities and to put systems in place to eliminate duplicative donor investments and stretch all available resources further.*

Members of the PEPFAR team played a key role in helping Cambodia draft new standard operating procedures in 2010 for the Continuum model in order to accelerate access to the package of clinical and community HIV services outlined above among most-at-risk populations. One of the key strategic elements of this standard operating procedure is the use of HIV rapid-testing technologies and active referrals to accelerate access to HIV care and treatment services among individuals facing elevated HIV-infection risks.

Human resources for health

PEPFAR Cambodia is supporting activities to increase the number of healthcare providers from the public and

NGO sector who are able to provide care and support services in facilities and the community. Despite national salary reform, salaries of public-sector providers are extremely low, which has led to poorly motivated staff, full- or part-time transition to the private for-profit medical sector, and poor quality care in many government facilities.

In collaboration with other donors and through participation in relevant technical working groups, we will continue to advocate for salary reform with the Cambodian government. We will explore innovative ways to motivate healthcare providers, including ensuring they have the skills, tools and supplies, and infrastructure needed to do their jobs effectively. We will also build the capacity of people living with HIV and individuals from affected communities to provide home- and community-based support services, including lay counseling, active referrals to health facilities, and social support services.

PEPFAR Cambodia supported an assessment and, using that analysis, will support ongoing improvements to the pre-service curriculum for lab technicians at the Technical School for Medical Sciences. In addition, PEPFAR will support upgrades to the school's equipment to enable students to train on current tests and technologies.

Laboratory

The Cambodian national laboratory system is weak. Many facilities are in poor condition and lack essential equipment and supplies to perform basic diagnostic tests. Laboratories located in referral hospitals providing ART services have stronger capacity than others but are still in need of substantial technical and infrastructure support. Laboratory technologists have limited capacity to carry out even basic diagnostic tests, and pre-service training is of poor quality. In order to address these challenges, PEPFAR is collaborating with the National Training Institute to revise the pre-service curriculum and is assisting faculty members to use the materials and tools being developed. We will provide leadership for national policies and guidelines through participation in the laboratory technical working group. We will continue to participate in quarterly laboratory review meetings in PEPFAR-supported provinces to build the capacity of provincial health workers to supervise and monitor laboratory activities.

In 2011, with technical support from PEPFAR, the National Institute of Public Health directed the external quality control assessment of all 217 HIV testing and counseling centers nationwide. Prior to 2011, the institute was dependent on the CDC laboratory in Thailand to lead the exercise.

A long-term process leading to accreditation of national and local laboratories was initiated in seven laboratories in 2011 under the leadership of the Bureau of Medical Laboratory Services and National Institute of Public Health Laboratory. In FY 2012, we will provide funding and technical support to strengthen the skills of managers and technologists in the seven laboratories and identify and train mentors to provide day-to-day support. New laboratories will be added in FY 2013.

Strategic information

Cambodia does not have a medical-record data system that can track the services individual patients receive from different clinics and health facilities, nor is there a standardized system to track whether individuals reached in community programs access facility-based services to which they are referred. In FY 2012, in collaboration with the Ministry of Health, we will support better tracking and integration of national health information systems across services by:

** Developing and piloting a unique identifier approach for entertainment workers and men who have sex with men to track community referrals and their access to health services,*
** Streamlining referral mechanisms and promoting standardized tracking tools for HIV-exposed and infected children,*
** Providing training and on-site quality assessments to strengthen the capacity of facility and community health providers to analyze and use the information they collect, and*
** Providing technical and financial support to strengthen and expand capacity to collect and use information within*

the Continuous Quality Improvement program led by NCHADS.

Capacity building

PEPFAR Cambodia collaborates with the Ministry of Health and other government agencies to increase the ability of physicians, nurses, laboratory workers, and counselors to provide quality HIV care and support within the public health system. Through review and revision of curricula, training programs and workshops, on-site mentoring, and monitoring visits, we are building the capacity of civil society and local organizations to provide services in communities, especially for the marginalized and vulnerable.

Through our implementing partners, we support regular project reviews, development of standardized tools, and partner meetings to review national guidelines and share lessons learned and best practices.

In FY 2012, we will continue to focus on strengthening the capacity of NCHADS and other public health institutions to lead the HIV Continuum model response, strengthen information and laboratory systems, and improve capacity to collect and use information for decision making at all levels. We will work closely with the Ministry of Health and other partners to ensure that training programs are well coordinated and reflect current best practices and are not duplicative, and that emphasis is placed on meaningfully involving people living with HIV and representatives of those most at risk in planning and implementing activities.

Technical Area: Governance and Systems

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	917,020	0
HVSI	2,087,791	0
OHSS	947,277	0
Total Technical Area Planned Funding:	**3,952,088**	**0**

Summary:
Background

Despite improvements over the last decade, Cambodia faces many challenges in delivering quality public health services to those in need. Health delivery systems are characterized by limited governance and leadership, inadequate human and institutional capacity, low quality of services, and corruption. Extremely low host-country government spending threatens the sustainability of already weak health and social services; the Royal Government of Cambodia (RGC) provides 56.6 percent of the $345 million annual public-sector health budget and less than 10 percent of the annual $58 million of that budget that is devoted to HIV. The health sector features an underpaid and poorly motivated public-sector work force, limited and poor-quality public infrastructure and services, and excessive reliance on foreign donor assistance to carry out critical surveillance and service delivery functions. There is an acute shortage of mid- and upper-level health professionals who have had good or specialized training and experience, and many of these trained individuals juggle multiple jobs to supplement their civil servant salaries and make ends meet. Substantial donor investments in specific disease priorities such as HIV, tuberculosis, and malaria have achieved some remarkable successes, but in the process have constrained local capacity to set priorities, and have done little to strengthen the public health system as a whole or to reduce Cambodia's dependence on external funding.

PEPFAR and the Global Health Initiative, through the U.S. Agency for International Development (USAID) and the

U.S. Centers for Disease Control and Prevention (CDC), are addressing these challenges through investments in the introduction of more impactful, integrated, and cost-efficient service delivery systems, and in building local capacity to use data to improve the strategic allocation of available resources. Without refined PEPFAR investments in a more impactful and cost-efficient response to HIV, Cambodia will lack the resources needed to maintain critical coverage of prevention, care, and treatment services.

U.S. government health teams helped the Cambodian government develop its Health Strategic Plan 2008-2015 and participated in the mid-term review of its performance in 2011. The Health Strategic Plan focuses on five strategic cross-cutting areas: 1) health system governance, 2) health service delivery, 3) human resources for health, 4) health information systems, and 5) healthcare financing. These focus areas are consistent with normative guidelines on health systems strengthening by the World Health Organization and reflect key priority areas articulated by the Global Fund. These areas also serve as a framework for PEPFAR-Cambodia project planning and activity management.

In FY 2012, PEPFAR will support those health-system elements that align with the guiding principles of the PEPFAR-Cambodia draft five-year strategy. These principles are to:

1. Use existing and new data to inform resource allocation (health information systems),
2. Enhance local capacity and leadership to improve sustainability (health systems governance; human resources for health),
3. Improve program impacts for those populations at greatest risk (health service delivery), and
4. Reduce program costs through efforts to promote integration and efficiency (healthcare financing).

Health systems governance, leadership and capacity building

The U.S. government's PEPFAR-funded agencies play active roles on donor-RGC technical working groups tasked with implementation of Cambodia's third five-year National Strategic Plan for HIV/AIDS, 2011-2015 (NSP III). The internal five-year strategy for the PEPFAR Cambodia program is aligned to key priorities articulated in the NSP III. In particular, through PEPFAR, the United States will 1) improve data systems that provide information to guide the national response, 2) refine the focus of prevention interventions to address changing needs, 3) enhance the quality and cost-effectiveness of care and treatment programming, and 4) strengthen HIV-related health service delivery systems through targeted technical assistance and human resource capacity building. In each of these areas, we will help the Cambodian government and civil society respond better to the HIV epidemic and will involve people living with HIV/AIDS and other program beneficiaries in setting priorities and managing activities.

Existing U.S. government programs and agreements are well placed to advance these objectives in the coming year. CDC has cooperative agreements with the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) and other Ministry of Health programs that lead the national response to HIV/AIDS. Almost all HIV treatment in Cambodia is provided through public-sector institutions by ministry staff. Three out of USAID's six HIV/AIDS implementing partners are local non-governmental organizations that were established with USAID assistance and now receive and manage Global Fund resources.

Both U.S. government and implementing partner staff participate in the Cambodian government-led technical working groups that establish protocols for service delivery and surveillance in Cambodia. The CDC country director chairs the joint Government-Donor Technical Working Group for HIV/AIDS and the USAID HIV Team Lead chairs the Development Partners Forum on AIDS. U.S. government staff help develop national and provincial annual action plans for HIV and other health issues.

The Cambodian government is pursuing needed public-sector reforms to improve health system performance. Going forward, Cambodian-led efforts to ensure salary equity among civil servants must address the extremely low salaries of most public-sector healthcare providers. To sustain and extend Cambodia's achievements in combating HIV/AIDS, the United States will support performance-based financing systems that complement host-country

reforms and will identify opportunities to sustain the success of the HIV program in the long term. In particular, the United States will support Cambodia in generating more accurate forecasts of service-delivery costs with technical assistance from the U.S. Department of Treasury and will help develop enhanced information systems that provide reliable, objective data about program performance and impact.

As part of its reform agenda, the Cambodian government is decentralizing management of healthcare to provinces and districts. USAID and CDC are supporting local public health providers develop leadership and management skills that are essential for a well-functioning health system.

Cambodia has received more than $331 million in Global Fund resources in grant rounds three to nine, including $176 million through an HIV/AIDS single-stream funding grant signed in January 2011. The Global Fund is the largest donor in the health sector and is the sole funding source for all of the HIV-treatment medication costs in Cambodia. Global Fund-supported HIV activities include:

1. *Strengthening coordination and monitoring capacity at the national and provincial levels,*
2. *Scaling up programs for men who have sex with men, injecting drug users, and female entertainment workers,*
3. *Extending comprehensive care and treatment for persons living with HIV,*
4. *Increasing demand for health services at the community level,*
5. *Reducing maternal and newborn mortality by increasing use of facility-based antenatal delivery services and improving newborn care through linkages with the HIV and AIDS program, and*
6. *Improving the availability and quality of the blood supply.*

Cambodia is dependent on Global Fund resources to provide HIV, tuberculosis, malaria, and other health-related services. Because the Global Fund is a financing mechanism without in-country staff presence, PEPFAR-Cambodia has dedicated significant technical and financial resources to strengthen the management and oversight functions of the Cambodia Global Fund Country Coordinating Mechanism (CCM). The PEPFAR-funded Global Fund Liaison works closely with the coordinating mechanism and the Global Fund Secretariat in Geneva to resolve key bottlenecks in grant implementation, strengthen the capacity of the Country Coordinating Mechanism Secretariat and the four Global Fund Principal Recipients in the Ministry of Health, and build strong grant oversight systems through targeted technical assistance and capacity-building activities.

Health service delivery

USAID partners introduced a "Continuum of Care" approach – linking HIV prevention, care, and treatment services – in Cambodia in 2003. By the end of FY 2011, the country had 56 sites providing a continuum of HIV services to approximately 65 percent of the estimated 73,760 adults living with HIV in Cambodia and 33 sites providing care and support to 5,970 HIV-infected children. Approximately 80 percent of those who need anti-retroviral therapy are receiving treatment.

Cambodia's service-delivery model fosters systems linkages and client referrals among health centers, hospitals, and the community. In 2010, the model was expanded to elevate the importance of prevention within the continuum and is now referred to by the national HIV program as the Continuum of Prevention to Care to Treatment (CoPCT). The revised model emphasizes the importance of community support services such as reproductive health and nutrition counseling provided through civil society; creates linkages between communities and health facilities to improve HIV, tuberculosis, and malaria care and follow-up; and advocates for safe and facility-based deliveries for all pregnant women. Annual action plans developed by provincial and national HIV/AIDS working groups reflect the roles and contribution of civil society, donors, and the national government in meeting health and social support needs at all levels.

The Ministry of Health's Linked Response Program, established in 2008, increased the use of voluntary counseling and testing for HIV in pregnant women, people with tuberculosis or sexually transmitted diseases, and symptomatic inpatients. For example, according to NCHADS reports, the proportion of pregnant women who were tested for

HIV and received results increased from 42 percent at the time of the baseline study to 71 percent in 2010, and in the first six months of 2011, 83 percent of patients diagnosed with tuberculosis were tested for HIV.

With U.S. government technical and financial support, the Ministry of Health has begun to use HIV-rapid tests at the community level to increase uptake of HIV testing and counseling among most-at risk populations. In 2010, USAID implementing partners assessed the feasibility of mobile HIV testing and counseling using rapid HIV tests among men who have sex with men. Based on the results of the pilot, we assisted the Ministry's development of guidelines for community-based peer-initiated HIV testing of female entertainment workers and men who have sex with men. Under the national program, peer-initiated HIV testing was rolled out in USAID-supported intervention sites in April 2011. In FY 2012 and 2013 we will support scale-up of the activities, focusing on reviewing data to ensure those at highest risk for HIV are being reached through this strategy and that linkages across prevention, care, and treatment services are functioning well. As part of the national effort to ensure that those most at risk of HIV are reached, we will also assist the ministry to develop and scale up counseling and treatment activities for HIV-serodiscordant couples.

Improving collaboration between the HIV and tuberculosis programs in Cambodia is a priority of the PEPFAR Cambodia team. As a result of operations research and technical support from CDC and USAID, national guidelines for tuberculosis/HIV co-infection have been developed and implementation plans established. Intensified case finding, isoniazid prophylaxis, and infection control activities (referred to as the "Three I's") for tuberculosis/HIV co-infection are being rolled out in public health facilities throughout Cambodia. We will strengthen these activities further through improved information and laboratory systems and support for monitoring and supervision.

We have promoted better integration of HIV and maternal health services through supporting prevention-of-mother-to-child-transmission activities, helping develop an integrated antenatal clinic register, and introducing joint monitoring and review of HIV and pregnancy data by public health officers responsible for the programs at the provincial and district level. As a result, in CDC-supported areas, access to HIV testing during pregnancy increased from 13 percent in calendar year 2007 to 48 percent in FY 2011. Rates of follow-up visits for HIV-exposed infants also improved. Strengthening the integration of these two programs is a priority for FY 2012.

Cambodia has been very successful in scaling up access to HIV-treatment services, with approximately 80 percent of those who require it receiving anti-retroviral therapy. A high priority of the national program is to sustain these gains and ensure that services received are of good quality. Under PEPFAR, we are supporting Continuous Quality Improvement (CQI) as a means to regularly monitor and improve the quality of care being provided in HIV treatment facilities. By the end of FY 2011, 13 facilities had been enrolled in the CQI program. During FY 2012 and FY 2013, CDC will assist the ministry in expanding the number of sites participating in the CQI program and will begin implementing CQI in service centers for HIV testing and counseling and sexually transmitted diseases. The United States will also support activities to link patient records from different medical services, such as between HIV counseling and testing and treatment centers, and build the capacity of public health providers to use the information to monitor the program more effectively.

Human resources for health

Cambodia's National Health Workforce Development Plan, 2006-2015, guides our human resources strategy. According to the mid-term review of the health program carried out by the Ministry of Health and donors in 2011, some progress has been made in addressing health personnel shortages, especially in rural areas. A number of challenges remain, however. The most notable are related to 1) inconsistent compensation, incentives, and reward systems, 2) poor-quality health-personnel education and training, 3) emerging unregulated private health services, and 4) lack of a functioning health-workforce information system. To address these and other problems, we are actively participating in the National Human Resources for Health technical working group led by the ministry and co-chaired by the World Health Organization. In 2012 the technical working group will assist the ministry to:

1. Set priorities and standards for pre-service training,
2. Draft guidelines for licensure of individuals and accreditation of institutions,
3. Develop a human resource information system, and
4. Rationalize in-service training activities of health programs to reduce the number and type of training programs, especially for tuberculosis, HIV, and malaria.

The persistent challenge of low salaries and inconsistent incentive schemes is being addressed by the Development Council for Cambodia, crossing all sectors in the public system. In addition to supporting public-sector reform, USAID will strengthen its partnerships with civil society and develop the capacity of Cambodia's non-governmental organizations so they are able to receive direct U.S. government funding.

USAID and CDC are providing funding and technical support for pre- and in-service training, faculty development, and mentoring to build the capacity of healthcare workers and program managers to improve HIV prevention, care, and treatment services. A curriculum for students to train as laboratory technologists is being developed, and faculty members at the University of Health Sciences Technical School for Medical Care are being mentored by international and local technical experts. Laboratories supported by PEPFAR through CDC, such as the National Institute of Public Health, are engaged in providing hands-on training of students. The first 172 graduates who benefited from this partnership are graduating in 2012. By 2014, we expect 798 students to graduate from the training institution. In collaboration with the Ministry of Health and World Health Organization, CDC initiated the process for accreditation of laboratories in 2011, based on the national laboratory standards.

Health information systems and strategic information

As a result of PEPFAR support, the national HIV program has technical capacity to implement scientifically sound second-generation HIV and antiretroviral-resistance surveillance studies. Updated estimates and projections of the burden of HIV in Cambodia were published in 2011, based on the 2010 surveillance survey. The process of estimation was led by the national HIV program with technical assistance from CDC and other donor partners. Recent transition of surveillance and research directors to other government programs, however, leaves a vacuum in technical leadership at NCHADS. Therefore, the U.S. government will continue to provide technical support to NCHADS for data analysis and surveillance.

In a letter donors delivered to the National AIDS Authority in 2011, the importance of using information to guide programmatic and funding decisions in Cambodia was highlighted. The U.S. government is supporting the Ministry of Health and civil society partners to implement activities that will improve the quality of data they collect, providing training programs, and mentoring them to improve their analytic skills and capacity. Monthly provincial and district-level meetings provide fora to reinforce training messages and build skills related to presentation and interpretation of data.

Reliable estimates of the total number of female entertainment workers and men who have sex with men in Cambodia are not available. The most recent exercise to estimate the total number of injecting drug users was carried out in 2007. To address these gaps, we are actively participating in the HIV-prevention and surveillance technical working groups. Updated information about behaviors and the prevalence of sexually transmitted diseases, including HIV among female entertainment workers, was obtained in 2011, and CDC is assisting the Ministry of Health to analyze the results. In FY 2012 and FY 2013 USAID will provide financial and technical support to the national HIV program to conduct size estimations and support the implementation of integrated biological and behavioral surveys among injecting drug users and men who have sex with men.

Because Cambodia does not use a computer-based system to track individuals across different HIV clinical services, limited information is available on improvements in health-seeking behaviors or the impacts of improved HIV services on patient survival. Therefore, we will provide financial and technical support to NCHADS and the Department of Planning and Health Information to develop unique identifier codes for individuals seeking services and to link confidential medical records across HIV testing, care, and treatment services. Complementary systems

will be developed to introduce unique identifier codes in community-based programs to facilitate tracking of the referrals for female entertainment workers, men who have sex with men, and injecting drug users from community to facility-based services. The U.S. government will also support the integration of HIV data with other disease reporting systems in collaboration with the Department of Planning and Health Information and other donors.

PEPFAR Cambodia's monitoring and evaluation activities are based on the need for more evidence-based policies and sound decisions based on reliable data, as detailed in the National Strategic Plan, 2008-2015. We will conduct and fund data-use workshops to improve the capacity of public health workers, program directors, and civil society partners to collect, analyze, and use existing programmatic data. Other activities, such as supporting the development of computer-generated reports, will improve the frequency of information provided back to site-level staff, provincial managers, program implementers, and other stakeholders. We will fund implementing partners to adapt existing data-quality tools for the Cambodian context, provide data-quality assurance training, and carry out regular site visits to monitor their use and assess data quality.

Healthcare efficiency and financing

The cost of services and transport, particularly for critical emergency-care services, can be the one determining factor in whether individuals decide to seek more specialized services. To address this, USAID introduced health-equity financing in Cambodia. Thirty-five percent of Cambodians are eligible to receive free health services through health-equity funds on the basis of being poor. The financing covers direct healthcare costs, medications for the poor, and reimbursement for transport. In areas where the model was implemented, the number of people accessing services at hospitals and health centers increased substantially. The Cambodian government recently announced that the insurance scheme will be offered in every health center and hospital in the country. The cost, estimated at approximately $8-9 million, will be borne by the Cambodian government and other donors. USAID will help by monitoring the effectiveness of the model as it is expanded to all 24 provinces.

Pursuit of the Global Health Initiative principles of using information systems to provide comprehensive services, increase access for women and girls, and build on multilateral and other bilateral programs will expedite the Ministry of Health's ability to expand access to quality healthcare.

Laboratory strengthening

A priority of PEPFAR Cambodia's strategy is to support the development of a sustainable public-health laboratory system for HIV. Action is essential because the Cambodian national laboratory system is weak. Most facilities are in poor condition and lack equipment, supplies, and human capacity to perform basic diagnostic tests. Some laboratories have capacity to conduct sophisticated HIV immunologic tests, such as CD4 cell counts, but are not properly equipped or staffed to perform reliably basic laboratory tests such as blood counts, liver function, gram stains, and routine bacteriological cultures necessary for monitoring HIV-treatment side effects or diagnosing opportunistic infections. Reports from laboratory directors of reagents that are past their expiration date and inadequate stocks of basic laboratory supplies are common. Procurement of laboratory equipment is not standardized, and there is no system to maintain regularly equipment in public-health laboratories.

To address these and other challenges, PEPFAR, through CDC, assisted in the development of the National Strategic Plan for Laboratories and participates in the National Laboratory technical working group. In 2011, we provided technical support for the development of the laboratory strategy for HIV-viral-load monitoring in patients receiving antiretroviral therapy. The national HIV program will be scaling up viral-load monitoring to all treatment sites in 2012, with continued technical support from PEPFAR China. As a result of collaboration with PEPFAR Thailand, the Ministry of Health has capacity for tuberculosis liquid culture, and we are assisting in the development of laboratory guidelines and building capacity to perform other tuberculosis diagnostic tests, including "GeneXpert" (Xpert MBT/RIF). In FY 2012 we will assist the ministry to evaluate the rollout of liquid culture and other diagnostics for tuberculosis/HIV and multiple-drug-resistant tuberculosis.

Laboratories supported by PEPFAR are enrolled in external quality-control schemes to monitor their performance. As a result of CDC support, the National Institute of Public Health (NIPH) laboratory in Phnom Penh was designated by the Ministry of Health as a national reference laboratory in 2010 – the first public-sector laboratory in Cambodia to have this designation. NIPH laboratory technologists carry out routine monitoring visits of laboratories throughout Cambodia and perform quality-control assessments of HIV testing conducted in 332 counseling and testing centers, antenatal clinics, and blood banks. In 2011, in collaboration with PEPFAR Vietnam and PEPFAR Thailand, Cambodia hosted two workshops on accreditation of laboratories in order to share the process for Cambodia's accreditation with the region. This accreditation process is led by the NIPH and the National Institute for Biologics in order to ensure country ownership and sustainability. Hospital laboratories supported by PEPFAR are recognized as examples of well functioning integrated laboratories within Cambodia.

Because a major limiting factor for attaining high-quality laboratory services in Cambodia is the lack of trained laboratory technologists, CDC is supporting the University of Health Sciences training institution to develop standardized curricula and mentoring faculty responsible for teaching the courses.

Supply chain and logistics

Weaknesses in the drug/commodity supply chain are well documented in Cambodia. This issue has been a growing concern for the Global Fund, which provides the majority of funding for drugs and commodities. There are several key reasons for the weaknesses: 1) poor guidance related to drug procurement processes, 2) splintered procurement activities across national disease programs, 3) poor oversight of procurement and the supply chain, and 4) lack of human-resource capacity within the Central Medical Store, which manages all public-sector drug and commodity distribution in Cambodia. While the Cambodian government made some progress in this area in 2011, there are still significant problems with the procurement and supply chain system.

USAID supports Cambodia through its implementing partner United States Pharmacopeia on drug quality assurance and counterfeit prevention. Key activities include 1) assessing quality assurance and quality control systems and capacity, 2) maintaining and expanding post-marketing surveillance, 3) building the capacity of the National Quality Control Laboratory, 4) conducting onsite training for test methods, 5) promoting good manufacturing practice standards, good distribution practices, and good storage practices, 6) raising awareness about counterfeit drugs through communications campaigns, 7) establishing a pharmaco-vigilance program, and 8) providing technical assistance toward International Standards for Organization (ISO) 17025 accreditation.

With funds from the PEPFAR-Global Fund Collaboration Grant, we will work with the four Global Fund Principal Recipients in the Ministry of Health and the Central Medical Store to improve and strengthen the drug forecasting, ordering, tracking, and distribution system. These activities will build upon previous USAID support of the national drug-tracking system and enable the U.S. government and the Global Fund to better understand and address bottlenecks in the drug and health commodities delivery systems in Cambodia.

Gender

A gender assessment conducted by the World Bank and the Asian Development Bank concluded that strong traditions continue to confer a lower status to women in Cambodia, and that this is manifest in greater levels of poverty among women, fewer opportunities to pursue education and professional employment, lower literacy rates and earnings, and less control over the conditions in which sexual interactions occur. The economic opportunities available to poor women are different than those available to poor men and include occupations associated with substantially greater HIV infection risks. Recent surveys indicate that more than 25 percent of female entertainment workers have no formal education and that half of women who enter into entertainment work do so because of the need to address health and education costs for family members or other financial commitments. The PEPFAR team is working to integrate efficiently mobile savings schemes and a number of other livelihoods-oriented activities into its programs for female entertainment workers, partnering where possible with the private sector in an effort to address sustainably some of the economic vulnerabilities that contribute to HIV risk. Our gender

strategy enhances outreach efforts to male clients of female entertainment workers and increases access to post-exposure prophylaxis in U.S. government-funded clinical settings for victims of sexual assault. In addition, Cambodia's innovative peer education and outreach programs for entertainment workers and men who have sex with men provide an essential beneficiary-led platform for identifying and mitigating sexual assault and human trafficking.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	1,710,377	0
Total Technical Area Planned Funding:	**1,710,377**	**0**

Summary:
(No data provided.)

Technical Area: Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HMBL	193,168	0
HVCT	1,338,341	0
HVOP	2,799,016	0
IDUP	249,058	0
MTCT	592,785	0
Total Technical Area Planned Funding:	**5,172,368**	**0**

Summary:
Epidemic overview

The HIV epidemic in Cambodia is concentrated in individuals whose behavior places them at high risk for acquiring or transmitting HIV. Historically, HIV transmission has been driven by the behavior of men who procure sex with female entertainment workers. Observed declines in HIV incidence and prevalence are attributed largely to Cambodia's "100 percent Condom Use Program," which increased condom use in the context of sex work. By focusing limited resources where data suggested they would have the greatest impacts, Cambodia has reduced substantially the burden of HIV among those facing the greatest infection risks and has reduced ongoing transmission of HIV in the population as a whole. From 1998 to 2010, estimated adult HIV prevalence fell by more than half, from 1.7 percent to 0.8 percent. In light of anticipated funding reductions, Cambodia's FY 2012 PEPFAR program will build upon prior success with a refined focus on using evidence to introduce and evaluate high-impact, low-cost prevention services for people facing the greatest HIV infection risks.

Despite Cambodia's clear success in preventing the spread of HIV, substantial challenges remain:

** The burden of HIV infection remains high in marginalized and hard-to-reach sub-segments of most-at-risk populations. Although HIV prevalence among brothel-based female entertainment workers declined dramatically*

from 44.7 percent in 1996 to 14.7 percent in 2006, there continues to be high HIV prevalence among sub-populations of at-risk women. Cambodia's 2010 HIV Sentinel Surveillance found that, while 3.6 percent of female entertainment workers reporting seven or fewer sexual partners per week were infected with HIV, 14 percent of those reporting more than seven partners a week were infected. Surveillance among men who have sex with men indicates higher HIV infection rates among transgendered individuals (9.8 percent) than among other men who have sex with men (2.6 percent). In addition, a 2007 study among drug users found that 24.4 percent of injecting drug users were infected with HIV, as opposed to 1.1 percent of non-injecting drug users. A substantial proportion of the next 1,000 HIV infections to occur in Cambodia will stem from unmet prevention needs in these high-risk sub-populations according to a "modes of transmission" analysis conducted with PEPFAR technical support in FY 2011. Infection risks are particularly high among individuals facing overlapping risks, such as female entertainment workers who use drugs to work longer shifts and see more clients and transgendered individuals who sell sex.

** Previous efforts to handover routine surveillance to the host-country government have resulted in crucial data gaps and inefficient resource allocation. The U.S. government has played an essential role in training and assisting host-country nationals in the design and management of routine HIV surveillance. After completing the 2006 HIV Sentinel Surveillance, however, key host-government staff left Cambodia to pursue post-graduate degrees, leaving gaps in leadership that resulted in a four-year delay in the implementation of the subsequent HIV Sentinel Surveillance and in duplicative requests for support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) for unlinked behavioral, sexually transmitted infection, and HIV surveillance. The dearth of recent integrated data showing associations among HIV serostatus and social, demographic, and behavioral characteristics hinders Cambodia's ability to make evidence-based decisions about how to target limited resources. To address these challenges, PEPFAR technical staff members have worked in partnership with the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Infections (NCHADS), the World Health Organization, and UNAIDS to craft a shared roadmap for the conduct of more rational and routine HIV surveillance during the next 10 years. In addition, in FY 2012 PEPFAR funding will build the capacity of routine HIV program monitoring and evaluation systems to provide more detailed information about the HIV risks and needs of beneficiaries.*

** The rapid growth of non-brothel-based entertainment venues and increases in the number of female entertainment workers has challenged the capacity of prevention programs to ensure adequate coverage with relevant services. Past crackdowns on brothels resulted in the migration of many entertainment workers from brothels – where condoms and health services had been available thanks to years of outreach – to other high-risk settings and venues with more limited service access. In 1997, NCHADS estimated that Cambodia had 11,311 female entertainment workers, slightly more than half of whom were brothel-based sex workers. In 2007, NCHADS estimated that there were 17,153 female entertainment workers in Cambodia, but that 80 percent of them were non-brothel based female entertainment workers. In 2009, a national NCHADS census estimated a population of 34,193 female entertainment workers, only 5 percent of whom were based in brothels.*

** More accurate estimates of the size of most-at-risk populations are needed. Standardized and routine approaches to population-size estimation are lacking for female entertainment workers, men who have sex with men, and injecting drug users, but are essential to provide accurate denominators to assess program coverage. The 2009 NCHADS census of female entertainment workers employed different methods in different provinces, raising questions about the comparability of sub-national data and the ability to generalize the national estimate. Attempts to assess the size of the population of men who have sex with men have produced estimates ranging from 0.5 to almost 2 percent of the adult male population and provide limited direction with regard to focusing resources to address the greatest needs. In 2007, NCHADS estimated that Cambodia was home to only about 2,000 injecting drug users, the vast majority of whom resided in the urban capital of Phnom Penh, but this estimate needs to be updated in light of a rapidly changing urban and policy landscape.*

** There are outstanding gaps in the availability of key elements of an essential package of services for most-at-risk populations. National protocols – developed with support from U.S. staff and partners – define the essential package of services as:*

1. Peer education,
2. Access to condoms and other relevant prevention commodities,
3. HIV testing and counseling,
4. Sexually transmitted infection treatment,
5. Family planning services,
6. Tuberculosis screening,
7. HIV care and treatment (including post-exposure prophylaxis for victims of rape), and
8. Appropriate linkages to services to address livelihoods, addiction, human trafficking, gender-based violence, and sexual exploitation.

As a result of advocacy from U.S. staff and partners, considerable progress was made in FY 2011 in 1) expanding access to provider-initiated HIV testing and counseling beyond antenatal care to ensure coverage in other high-HIV-burden clinical settings such as sexually transmitted infection and tuberculosis clinics and inpatient wards, 2) introducing and implementing new protocols for using rapid HIV testing technologies to bring confidential HIV testing and counseling services to most-at-risk populations in community settings with active referrals to HIV care and treatment services, and 3) securing high-level commitments from the host-country government to integrate family planning services into the continuum of care for HIV in clinical settings and to improve access to family planning among most-at-risk populations and people living with HIV. Nevertheless, many female entertainment workers report financial and other barriers to family planning access, and both the 2007 Sexually Transmitted Infection Sentinel Surveillance and targeted partner studies have documented considerable unmet needs for family planning within this high-risk group. Approximately 30 percent of female entertainment workers reported having an abortion in the past year, an indication of inconsistent condom use and missed opportunities to prevent unintended pregnancies and vertical transmission of HIV in this population. Site visits have also revealed gaps in condom and lubricant availability for men who have sex with men, female entertainment workers, and people living with HIV. Improved client referral systems, access to contraceptive commodities, and linkages between community and clinical services are needed to capitalize eventually on emerging innovations such as the use of HIV-treatment medications to prevent new HIV infections.

** A system for evaluating and improving the delivery of the essential package of services under the national prevention program does not currently exist. National protocols provide promising indications that Cambodia is committed to the elements of the essential package of services described above and that these services ultimately could be implemented with a combination of Global Fund and host-country resources. Cambodia, however, lacks a system to track confidentially the access of individuals to each of the elements of the essential package of HIV services. Without such a system, it is impossible to assess the extent to which individuals are receiving one or more services, the extent to which referral systems are functioning, or to supply providers with the information they need to facilitate active referrals and deliver more holistic care.*

** Monitoring efforts and external evaluations documented overlapping and potentially duplicative prevention activities supported by the PEPFAR program and the Global Fund. A number of USAID partners are implementing similar prevention activities focusing on similar populations in similar geographic settings with a mix of U.S. and Global Fund resources. Even in the absence of anticipated declines in USAID HIV/AIDS funding, improved coordination and rationalization of prevention programming is critical to maximize the impact of limited resources. The 2010 National AIDS Spending Assessment concluded that 19 percent of the annual funding for HIV/AIDS in Cambodia is devoted to management and administration. Reducing or eliminating program overlaps could reduce duplicative management and administration costs, liberating more funding for service delivery.*

** No other donor is currently focused on increasing the efficiency of Cambodia's response to HIV/AIDS by investing in, introducing, and evaluating innovations to increase impacts and reduce costs. The United States is now the only donor making substantial investments in technical assistance to introduce more impactful and cost-efficient service delivery protocols in Cambodia. Increases in Global Fund investments and anticipated declines in bilateral resources have already rendered the Cambodian government less receptive to advice from U.S. staff and partners,*

and it will be essential to maintain bilateral funding at current planning levels to supply technical assistance to safeguard and extend the impacts of Global Fund and Cambodian resources. The United States helped draft, pilot, revise, and implement every major standard operating procedure related to HIV in Cambodia and, in the process, established the protocols, systems, and infrastructure that have improved Global Fund grant performance and given the Global Fund confidence in issuing Cambodia new awards. The Global Fund is now the largest donor in Cambodia's health sector, but in FY 2011 the PEPFAR program still supported 72 percent of all of the prevention programming under the annual national response. All antiretroviral medications in Cambodia are procured with money from the Global Fund, but the Global Fund remains dependent on the PEPFAR program to help Cambodia introduce and evaluate service delivery innovations that are capable of increasing the impacts and reducing the costs of local HIV/AIDS programming. As Cambodia refines its approach to serving the highest-risk and hardest-to-reach populations as available funding declines, the PEPFAR program must invest in efforts to introduce and demonstrate more cost-effective approaches to service delivery.

** Policy challenges threaten access to existing services among most-at-risk populations. Two years ago, following the promulgation of Cambodia's law on the prevention of human trafficking and sexual exploitation, a number of U.S. implementing partners reported sharp declines in rates of service uptake among most-at-risk populations. More recently, partners have reported that the implementation of a new village and commune safety policy is having a similar effect, presumably because fears of harassment or arrest are causing most-at-risk populations to relocate to new and less visible locales where fewer services exist. Although the intent of both the law and the policy are to improve the wellbeing of Cambodians, additional dialogue and engagement are needed to establish approaches that do not jeopardize or undermine public health programming. Other donors are funding service delivery for the small but high-risk population of injecting drug users concentrated in Phnom Penh, with technical assistance from U.S. partner staff. Through contributions to protocols and advocacy from U.S. partner staff, methadone maintenance therapy for injecting drug users was launched in Cambodia in June 2010. The National Authority for Combating Drugs has declined, however, to renew the needle and syringe program license of Korsang, a small local non-governmental organization that reaches 1,200 of the estimated 2,000 injecting drug users in Cambodia. This has prevented NCHADS from achieving its Round 7 Global Fund grant targets and threatens to jeopardize Cambodia's grant performance rating.*

** Host-country human and institutional capacity to enhance the impacts and reduce the costs of the national response to HIV/AIDS is limited. "Capacity building" is an oft-used, but seldom clearly defined, term in the development lexicon. Nevertheless, it is clear that local individuals and institutions will need more knowledge, motivation, and skills in order to independently introduce and evaluate potentially more impactful, cost-efficient approaches to the HIV epidemic as available PEPFAR resources decline. The PEPFAR team is working to reduce host-country reliance on U.S. resources to fill gaps in service delivery and to prioritize investments in technical training and mentoring that can help to maximize the impacts of all available HIV/AIDS resources. Ideally, this shift in strategic focus should result in continued success in addressing HIV/AIDS with fewer resources; in the articulation of a more focused, better documented, and less costly National Strategic Plan for HIV/AIDS, 2016-2020; and in a visible transition in the role of host-country partners from local beneficiaries to regional leaders. With decreases in available PEPFAR funding to support civil society organizations, however, it may be necessary to expand the U.S. staffing footprint to address gaps in technical leadership that were being addressed by these partners.*

Alignment with host-country priorities and donor collaboration

Technical staff from USAID and CDC played an instrumental role in the development of Cambodia's third five-year National Strategic Plan for HIV/AIDS, 2011-2015 (NSP III). The U.S. team also drafted a new internal five-year strategy for the PEPFAR program that is aligned to key priorities articulated in the NSP III. The PEPFAR strategy seeks to advance the HIV prevention components of Cambodia's national strategy by 1) introducing innovative approaches to enhance program quality, 2) enhancing evaluation capacity and the use of data to guide resource allocation, and 3) providing training and technical assistance that helps host-country individuals and institutions respond to the HIV epidemic in more impactful and cost-efficient ways.

The majority of PEPFAR partners in Cambodia are either local non-government organizations that were established with USAID assistance or are host-country government institutions that receive support from CDC. To improve the relevance and quality of prevention programming in Cambodia, the PEPFAR team strives to foster greater involvement of people living with HIV/AIDS and other program beneficiaries in priority setting and activity management. All U.S.-supported prevention activities targeting most-at-risk populations are peer led and are often peer managed.

According to the latest estimates, there will be fewer than 1,400 new HIV/AIDS infections in Cambodia in the next year. NCHADS has an aggressive target of zero new infections by 2020 but recognizes that innovative and efficient pursuit of the principles listed above will be crucial to success. The National AIDS Authority, however, which is responsible for coordinating the multi-sectoral response to HIV, has demonstrated less strategic leadership, often requesting donor support for initiatives that have been prioritized for political rather than epidemiological purposes. For example, donors have received numerous requests for supplemental funding to the National AIDS Authority to address HIV in migrant populations in northeast Cambodia, in the absence of data to support these investments. The Global Fund Round 10 technical review panel cited concerns about a lack of strategic, evidence-based prioritization among the reasons that it did not recommend funding Cambodia's most recent HIV proposal.

Technical area programming

To address the specific challenges outlined above, PEPFAR will support Cambodia's national HIV prevention efforts in FY 2012 with investments in the program areas listed below. Consistent with the new PEPFAR prevention guidance, these investments support "combination" approaches that 1) employ a mix of evidence-based behavioral, biomedical, and policy-level interventions and 2) capitalize on emerging evidence showing the critical roles that care and treatment activities can play in preventing new HIV infections.

Strategic Information

To increase the impact and reduce the costs of HIV-prevention programming, local individuals and institutions must be able to use data to identify the right people to receive targeted interventions, the right package of services to address their needs, and the most cost-efficient ways to deliver the services. In FY 2012, the United States will help the Cambodian government address data gaps and identify prevention priorities by:

** Supporting implementation of integrated behavioral and biological surveys among most-at-risk populations, which will help identify the behavioral and socio-demographic characteristics of individuals facing the greatest HIV-infection risks,*

** Supporting the development of protocols and systems to conduct routine censuses of most-at-risk populations to estimate the size of the populations in need,*

** Developing systems to track confidentially individuals across community and clinical services to assess program performance and accelerate access to antiretroviral medications,*

** Supporting the conduct of more rigorous evaluations and cost assessments, using routine program data, of innovative pilot programs such as the new mobile outreach HIV testing and counseling model for female entertainment workers that U.S. partners helped NCHADS introduce, and*

** Helping Cambodia to document proven practices to inform the development of more impactful, cost-efficient, national and regional service delivery protocols.*

Most-at-risk populations

To focus limited resources on the sources of the most new infections in Cambodia, U.S. prevention activities primarily target most-at-risk populations including female entertainment workers, their prospective male clients and sweethearts, men who have sex with men, and injecting drug users. Specifically, prevention investments focus on:

** Enhancing the engagement of clients and communities in identifying and addressing the needs of most-at-risk populations,*

** Establishing and evaluating models to improve access to a client-friendly package of clinical and community services that include one-on-one and small-group peer education, HIV testing and counseling, sexually transmitted infection treatment, family planning, HIV care and treatment (including post-exposure prophylaxis for victims of rape), and appropriate linkages to additional services that address livelihoods, addiction, human trafficking, gender-based violence, and sexual exploitation,*

** Mentoring government and civil society staff in the technical oversight and management of prevention activities, and*

** Providing technical assistance to Cambodia's national HIV program to improve the coordination of activities and put systems in place to eliminate duplicative donor investments and stretch all available resources further.*

Members of the PEPFAR team played a key role in helping Cambodia draft a new standard operating procedure, called the "Continuum of Prevention to Care to Treatment," to accelerate access to the package of clinical and community HIV services outlined above. One of the key strategic elements of this standard operating procedure is the use of HIV rapid-testing technologies and active referrals to accelerate access to HIV care and treatment services among individuals facing elevated HIV-infection risks.

Cambodia is well positioned to serve as a model for expanding access to HIV-treatment medications as a means of preventing new HIV infections, once the World Health Organization releases normative guidance. In particular, with support from the United States, Cambodia has already demonstrated its capacity to 1) provide HIV treatment to 80 percent of those estimated to be in need, 2) to increase access to HIV testing and counseling in clinical settings that feature high numbers of HIV-infected patients, such as sexually transmitted infection and tuberculosis clinics, and 3) to bring HIV testing and counseling actively to hard-to-reach populations of high-risk individuals, such as sex workers or people who inject drugs. Because the HIV epidemic in Cambodia is concentrated in relatively small populations of individuals engaged in high-risk behavior and because the United States has helped Cambodia to establish programs and services that are already reaching these individuals, Cambodia could realize substantial impacts from a targeted approach to introducing HIV treatment to prevent new HIV infections, at costs far lower than those anticipated in nations with a more generalized distribution of HIV risk in the population.

Other donors are addressing the service needs of a small, but high-risk, population of injecting drug users concentrated in Phnom Penh, with technical assistance from U.S. partner staff. In FY 2012, PEPFAR technical staff will help prevention partners integrate contingency management approaches into the package of services they provide to female entertainment workers and men who have sex with men who also use drugs.

As discussed under the challenges listed above, a key to expanding access to services among most-at-risk populations will be overcoming a number of social and policy barriers. With support from U.S. partners, the National AIDS Authority is implementing a new "Most-at-Risk Populations Community Partnership Initiative," which involves the training of local officials and leaders in strategies to support health and safety in their communities by improving access to health social services, including for HIV, among most-at-risk populations. In addition, a small amount of FY 2011 HIV funding will be reprogrammed in the coming year to support the procurement of a new policy partner to facilitate legal and policy reforms aimed at reducing HIV-related stigma and discrimination and enhancing access to HIV services.

Condoms

Sustaining access to and demand for condoms among individuals facing elevated HIV-infection risks is a concern in Cambodia. The United States and its partners will work closely with the Cambodian government in FY 2012 on the free distribution and social marketing of condoms and lubricant to address forecasted gaps in donor support. The United States government continues to work closely with the United Kingdom's Department for International Development (DFID) on a jointly funded USAID-DFID social marketing/behavior change communications activity to which DFID provides condoms and other family planning commodities. A key element of this program is a "total market approach" designed to enhance condom security by enhancing supply and demand for free, subsidized, and non-subsidized commodities.

Partners will also work to troubleshoot identified supply chain issues in the distribution of Global Fund-procured condoms, and the PEPFAR team will procure emergency reserves of bundled condoms and lubricant through the USAID Contraceptive Commodity Fund to buffer against potential shortages among organizations serving most-at-risk populations.

General population

PEPFAR will support targeted prevention activities for high-risk urban males, a heretofore-underserved at-risk population. A U.S.-funded assessment conducted in FY 2011 that demonstrated the feasibility and acceptability of providing rapid HIV finger-prick testing and counseling to men in urban hotspots also found that more than 7 percent of participants between the ages of 35 and 44 were infected with HIV. A second wave of this assessment will be conducted in FY 2012, looking at approaches to improve timely and effective referrals to HIV care and treatment among HIV-infected individuals. PEPFAR will also support brief HIV education interventions that entail condom distribution and service referrals conducted by outreach teams with male patrons at urban entertainment venues, using an approach adapted from local private-sector strategies of marketing beer and cigarettes through promoters who move from table to table. Finally, PEPFAR will support the third season of a popular weekly reality TV show called "You're the Man!" that documents a group of young men learning about health, safer behavior, and gender sensitivity.

Prevention of mother-to-child transmission

The United States helped the Cambodian government address substantial gaps in coverage of mother-to-child transmission prevention services with support to NCHADS for the "Linked Response," an HIV-testing strategy in which coverage of an entire operational district is assured by establishing linkages between the few health centers that have a co-located testing facility and nearby centers without such a facility. Providers at health centers without on-site testing are given a transportation allowance for weekly transport of blood specimens to the nearest testing site. These investments address both PEPFAR and Global Health Initiative priorities by training clinic staff in Provider-Initiated Testing and Counseling (PITC), encouraging partner testing, and facilitating access to antenatal care and voluntary family planning for all women.

HIV prevalence among women testing at Linked Response sites is in fact quite low – about 0.2 percent – and about half of these women report already knowing their HIV status. With this in mind, two important U.S. priorities in FY 2012 are:

1. Conducting assessments to identify ways to reduce the costs of the Linked Response approach while maintaining high coverage and

2. Helping the Cambodian government to expand more cost-effective and refined versions of the Linked Response approach into other clinical settings likely to feature greater numbers of HIV-infected patients, such as tuberculosis, sexually transmitted infection, and inpatient facilities.
Cambodia has an admirable track record of rapidly updating national protocols to reflect new normative guidance

and best practices and is already implementing World Health Organization recommendations to place HIV-infected pregnant women immediately on full antiretroviral treatment regimens.

HIV testing and counseling

Linking members of high-risk populations to HIV testing and counseling services has been a persistent barrier to HIV prevention and treatment efforts. Despite the use of rapid HIV tests for HIV diagnosis, current policies only allow HIV testing to be performed in laboratories. Previous U.S. support for two demonstrations of the feasibility of point-of-care HIV testing and counseling in Cambodia – a mobile outreach HIV testing and counseling model targeting high-risk urban men and HIV testing and counseling by non-laboratory personnel in labor wards in 11 sites – have contributed in the past year to the introduction of substantial pilot activities aimed at expanding access to HIV testing and counseling in clinical and community settings with high numbers of HIV patients and to public commitments on behalf of NCHADS to expand service delivery with Global Fund and other resources.

NCHADS has committed to integrating HIV testing services into the specialized sexually transmitted infection clinics that were established as referral sites for female entertainment workers and other most-at-risk populations under the "100 percent Condom Use Program" and launched a community-based, peer-initiated testing and counseling initiative (FastTest) that is bringing HIV testing and counseling to most-at-risk populations. In FY 2012 PEPFAR will accelerate testing access among individuals with the greatest needs by:

** Providing data to the national HIV program that help to focus available resources on the settings and populations facing the greatest HIV infection risks,*

** Improving cost effectiveness by focusing delivery of HIV testing and counseling services on these populations in these settings, and*

** Enhancing active referral of HIV-infected individuals to care and treatment services.*

Positive health, dignity and prevention

In FY 2012, the United States will train healthcare providers, outreach workers, and peer educators in the routine delivery of HIV-prevention education and services to HIV-infected individuals in clinical and community settings. This training will 1) improve patient counseling on strategies to prevent ongoing transmission of HIV, 2) promote early access to HIV diagnostic, care, and treatment services, particularly in light of evidence demonstrating the likely benefits of antiretroviral treatment as an HIV prevention strategy, and 3) will enhance access to condoms and other key commodities among clients in all settings. Additionally, U.S.-funded programs will encourage HIV testing for sexual partners and children of HIV-infected mothers and will improve access to family planning services. Activities will focus on identifying discordant couples and providing counseling and support services to prevent HIV transmission to the uninfected partner.

Medical transmission

The National Blood Transfusion Center has policies in place to ensure blood safety, but little information is available about the actual need for and use of blood products in Cambodia. Appropriate clinical use of blood is not being monitored, and blood donors with transfusion-transmissible infections, such as HIV, are not being notified, counseled, or referred to appropriate services. In FY 2012 the United States will prioritize:

** Assisting the Ministry of Health with an assessment of blood safety needs,*

** Enhancing blood safety monitoring and quality assurance, and*

** Identifying more effective ways to collect blood from low-risk groups such as monks and students.*

Gender

A gender assessment conducted by the World Bank and the Asian Development Bank concluded that strong traditions continue to confer a lower status to women in Cambodia and that this is manifest in greater levels of poverty among women, fewer opportunities to pursue education and professional employment, lower literacy rates and earnings, and less control over the conditions in which sexual interactions occur. The economic opportunities available to poor women are different than those available to poor men and include occupations associated with substantially greater HIV infection risks. Recent surveys indicate that more than 25 percent of female entertainment workers have no formal education and that half of women who enter into entertainment work do so because of the need to address health and education costs for family members or other financial commitments. The PEPFAR team is working to integrate efficiently mobile savings schemes and a number of other livelihoods-oriented activities into its programs for female entertainment workers, partnering when possible with the private sector in an effort to sustainably address some of the economic vulnerabilities that contribute to HIV risk.

All PEPFAR programming in Cambodia is informed by an acute awareness that understanding and addressing the impacts of gender is crucial to responding effectively to the HIV/AIDS epidemic, as well as by an appreciation of the fundamental Global Health Initiative principle that the health and wellbeing of women and girls is key to the health of all. A major challenge has been ensuring access to voluntary family planning services among most-at-risk populations and people living with HIV. Thanks to advocacy from U.S. and partner staff, the Ministry of Health has agreed to mainstream family planning into HIV service delivery sites. In addition to the efforts to promote less risky norms of male behavior referenced above, in FY 2012 PEPFAR will:

** Work with the Office of the U.S. Global AIDS Coordinator to secure private-sector support for a new savings program intended to serve as a more sustainable approach than conditional cash transfers to mitigate economic vulnerabilities that contribute to HIV risk among female entertainment workers,*

** Assist the Cambodian government in developing new standard operating procedures and training materials to improve family planning counseling and access to family planning services among most-at-risk populations and people living with HIV,*

** Focus on improving access to HIV prevention, care, and treatment services among transgendered populations facing elevated infection risks, and*

** Assist in the development of protocols for cervical cancer screening among women living with HIV.*

Technical Area: Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	1,321	
HTXS	852,593	0
PDTX	224,737	0
Total Technical Area Planned Funding:	**1,078,651**	**0**

Summary:

Background

An estimated 0.7 percent of adults (ages 15 years or older) in Cambodia currently are infected with HIV. Of an estimated 73,760 HIV-infected adults in Cambodia, 52,180 are forecast to be in need of antiretroviral treatment (ART) based on the clinical criterion of having a CD4 cell count of fewer than 350 cells/mm3. By September 30, 2011, 41,287 people (19,192 men and 22,095 women) – roughly 80 percent of those in need – were receiving ART at 56 Cambodian government HIV-treatment sites across 20 of Cambodia's 24 provinces. At the 16 sites in seven provinces currently supported by PEPFAR activities, 11,051 adult patients were on ART by September 30, 2011, of whom 55.3 percent were women. U.S. government personnel serve critical roles in national technical working groups for HIV treatment, laboratory systems, and monitoring and evaluation, and they provide technical assistance to the Ministry of Health to improve implementation of more than $20 million annually in Global Fund HIV grants. In addition, PEPFAR Cambodia provides funding to the Ministry of Health and to non-governmental organizations for home- and community-based support, strengthening national and regional laboratories, enhancing monitoring and evaluation, and building the capacity of healthcare providers and program managers.

To provide a comprehensive package of services for people living with HIV, the national HIV program supports the "Continuum of Prevention, Care and Treatment" (Continuum model), a network of services coordinated at the district level and delivered in healthcare facilities, communities, and homes. Health services include HIV testing and counseling, tuberculosis screening, antenatal care, family planning, treatment of opportunistic infections, and ART. Community-based support groups and self-help groups provide counseling, education, and psycho-social and financial support to HIV-infected and affected individuals. This model was originally piloted as the "Continuum of Care" with funding from USAID and subsequently expanded nationally with funding from PEPFAR, other development partners, and the Global Fund. In 2009, to address better the needs of female entertainment workers and other individuals facing elevated HIV infection risks, PEPFAR Cambodia provided funding and technical support for the model to include an explicit prevention component and to strengthen the linkages among prevention, care, and treatment services.

Alignment with national strategies

All PEPFAR activities are aligned with Cambodia's National Strategic Plan for HIV/AIDS, 2011-2015, and the Strategic Plan for HIV/AIDS and Sexually Transmitted Infections Prevention and Care in the Health Sector in Cambodia. The priority objectives of these plans are consistent with PEPFAR's goals of increasing access to treatment, maintaining high-quality care and treatment, and long-term sustainability of the program. The three objectives of the Ministry of Health's strategy, listed below, are particularly relevant to PEPFAR-supported treatment activities:

1. To reduce HIV prevalence to between 0.9 percent and 0.6 percent – largely through prevention of new infections and universal access to care for people living with HIV,
2. To provide universal access to the Continuum model of high-quality, lifelong care and treatment in order to increase survival of people living with HIV in Cambodia to more than 85 percent one year after enrolling into HIV care or treatment services, and
3. To ensure that the national and provincial HIV programs, including district activities, are managed cost effectively.

The Ministry of Health has adopted the UNAIDS-supported "Three Zeros" strategy (zero new infections, zero deaths, and zero stigma and discrimination). Implementation plans for the Three Zeros and definitions for Cambodia are being discussed in a small and active technical core group that includes U.S. government technical staff.

Major accomplishments

Rapid implementation of new World Health Organization (WHO) Guidelines: Consistent with the 2009 WHO

Rapid Advice, which increased the CD4 threshold for ART eligibility to 350 CD4 cells/mm3, the Ministry of Health developed new national guidance for HIV treatment in January 2010. The national Care and Treatment Technical Working Group also reviewed and updated its guidelines so that they are consistent with the 2010 WHO Care and Treatment Guidelines. In combination, these revised March 2011 national guidelines expanded ART eligibility to 1) all HIV-infected patients at or below the 350 cells/mm3 CD4 threshold, 2) all tuberculosis/HIV co-infected patients regardless of their CD4 count, and 3) all pregnant women through pregnancy and breastfeeding (using triple-antiretroviral regimens).

Regular review and updating of guidelines has resulted in improved patient survival rates in Cambodia. Of the cohort of patients who initiated ART in 2005, 2008, and 2009 at the 30 ART sites with electronic databases, 86.4 percent were alive and on treatment at 12 months, 83.6 percent at 24 months, and 77.9 percent at 60 months.

Expanded capacity of the public health system for diagnosis of treatment failure: Prior to 2011, diagnosis of treatment failure through viral-load testing was only available in Cambodia through the Pasteur Institute, but because of the high cost ($24 per test), testing was rarely done. In June 2011, the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Infections (NCHADS) began viral-load testing at its laboratory as a result of PEPFAR support for renovation and training. This advance was the first time that treatment failure could be diagnosed in a public health facility. PEPFAR-supported HIV clinics collaborated with the Pasteur Institute to determine the most feasible method to collect and transport blood samples to the central laboratory for viral-load testing. Through participation in technical working groups, U.S. government and partner personnel assisted in 1) defining patient eligibility criteria for ART, 2) creating clinical algorithms for targeted use of viral-load testing in patients suspected to have treatment failure, and 3) creating standard operating procedures for specimen and data collection, performance monitoring, and reporting. The Global Fund provides funding for viral-load testing equipment and reagents.

Ensuring and enhancing the quality of care and treatment services: Cambodia's Continuous Quality Improvement (CQI) program, initiated and piloted through PEPFAR support, is implemented at 20 of Cambodia's 56 HIV treatment sites. In most sites where the program has been implemented at least 12 months, there has been improvement in key indicators, including 1) initiation of treatment within 60 days of eligibility, 2) prescription of cotrimoxazole, fluconazole, and isoniazid to patients who are eligible for treatment according to the guidelines, and 3) adherence to appointments. PEPFAR is also improving the quality of HIV treatment services by funding five-day hands-on in-service training for physicians from provincial sites at national centers of excellence, supporting the use of standardized monitoring tools, and participating in supervision visits to ART clinics by provincial and national public health officials.

Global Fund Liaison: The Global Fund provides 40 percent of the annual funding for HIV/AIDS activities in Cambodia, including all of the funding for ART and HIV-care drugs and most of the diagnostic supplies. Therefore, the success of the PEPFAR program is linked closely to the success of Global Fund-supported activities in Cambodia. Thanks to supplemental funding from the Office of the Global AIDS Coordinator, the PEPFAR team now includes a Global Fund Liaison position to serve on the oversight committee of the Global Fund and work with the Central Coordinating Committee of the Global Fund and Ministry of Health to address critical issues related to implementation of funded activities.

Other accomplishments supported by PEPFAR, such as the shift from resource-intensive home- based care to community support and self-help groups, expanded tuberculosis/HIV activities, and community-targeted HIV testing programs for most-at-risk populations, are addressed in the Prevention and Care Technical Area Narratives.

Challenges

Although the Ministry of Health in Cambodia has been very successful in providing treatment to the majority of those in need and in establishing integrated care, treatment, and prevention models, many challenges remain.

Late initiation of treatment: Even after increasing the CD4 eligibility threshold for initiating ART to 350 cells/mm3, the mean CD4 count for people living with HIV entering HIV healthcare services is still unacceptably low (167 CD4 cells/mm3 in 2010). It is unclear whether this is because individuals are only being tested for HIV when they become symptomatic or if they are delaying entry into HIV treatment services despite testing positive for HIV. It is also possible that, because of the rapid decline in HIV incidence between 1996 and 2005, the vast majority of people living with HIV who are not in care in Cambodia are people infected more than six years ago (and therefore more likely to have a low CD4 count). Unless infected people enter care earlier, the increased CD4 threshold will have little impact on HIV morbidity and mortality.

In 2009, 3,219 adults registered with HIV clinics were lost to follow-up, and one year later 2,020 adults were lost to follow-up in the same venues. One reason patients drop out of care is that they feel healthy; they only return to the clinic when they begin to feel sick again. Inaccurate patient tracking may also contribute to the high rates of loss to follow-up. According to informal NCHADS estimates, approximately 10 percent of patients being followed in care and treatment facilities are duplicate enrollments because they were inappropriately registered as new patients when they transferred to a different facility or when they returned for care after missing appointments for more than 6 months.

Diagnosis of treatment failure and switch to second line treatment is low: Rapid scale up of HIV treatment services occurred between 2005 and 2009, from 11 treatment sites serving 5,974 patients to 52 sites with 37,315 patients. Consequently, there is now a large cohort of patients who have been on ART between three to six years and are at risk of treatment failure. Overall, only 3.8 percent of adult patients in Cambodia are on second line ART (protease inhibitor-based), but there are indications that the actual rate of first-line treatment failure is higher. Most physicians use clinical and immunologic criteria for diagnosing treatment failure, which is not very sensitive or accurate. Cambodia's 2011 Early Warning Indicators survey found that at 11 of the 34 sites surveyed, between 10 to 20 percent of patients receiving ART did not keep their appointment schedules. This fact is supported by data from the CQI program, which shows that up to 12 percent of patients were late for appointments and that many only sought appointments after their supply of drugs had run out. With increased access to viral-load monitoring to detect treatment failure, more accurate data will be available in FY 2012 and FY 2013 to assess the situation.

Limited capacity to use data to improve the quality of care and treatment: Data generated at treatment facilities are used for quarterly reporting to the national program and focus on service delivery outputs such as numbers of patients enrolled, transferred, or lost. The CQI program uses patient-level data for tracking indicators of quality of care; however, CQI is only being implemented in 36 percent of the treatment facilities, and public health officers and healthcare workers at the district and facility levels have limited capacity to analyze the data they collect. This has resulted in a highly centralized CQI program with limited value to the individual reporting sites.

Lack of coordination and poor management of the Continuum model components: Weak or absent leadership at the district and provincial levels – especially for activities that require new linkages between health programs, such as between ART treatment sites and tuberculosis clinics or between the HIV program and the national maternal and child health program – has hampered implementation of some Continuum model activities. Strong leadership skills are needed by district and provincial health officers in order for the Continuum model to be implemented fully and for the range of services to be coordinated effectively among facilities providing diagnostic and treatment services and NGOs providing follow-up and referrals of people living with HIV and exposed infants.

Maintaining high-quality, motivated human resources for health: Although the number of patients being followed in treatment sites has increased, with some serving more than 1,000 patients, the number of staff working in the ART clinics has been stable, or only moderately increased, since the Continuum model was introduced in 2003. Challenges associated with this heavy workload, inadequate pre-service training, and no continuing medical education are compounded further by low public-sector salaries and a lack of performance-based incentives. As a result, the poorly motivated public-sector doctors often maintain private practices and do not work a full day at the ART clinics.

Long-term sustainability of HIV treatment: Donor funding for the HIV-treatment program in Cambodia is declining, although the number of patients needing ART is increasing. At the same time, the cost to implement the treatment program has increased as a result of more people living with HIV being placed on ART, more patients needing to switch from first-line to more costly second-line drugs because of treatment failure, and a planned programmatic switch to more costly tenofovir-containing first-line regimens. The current consolidated Global Fund grant that funds all of the antiretroviral drugs and most laboratory tests ends in 2015. Therefore, there is an urgent need for a long-term funding plan in Cambodia.

Access and integration

Ensuring early diagnosis of HIV and prompt entry into care and treatment: Cambodia's national HIV strategy aims to extend HIV treatment to more than 95 percent of people living with HIV in need (with a CD4 of <350 cells/mm3) by 2013. With the current figure over 79 percent, it is possible to meet the target, but it will require identifying people living with HIV earlier in the course of the disease and ensuring prompt entry into care. Because of the concentrated nature of the HIV epidemic in Cambodia, we are supporting implementation of the Continuum model for most-at-risk populations to ensure regular HIV testing and counseling, early diagnosis, and early referral to care and treatment for those most likely to be HIV infected. We will work with NCHADS, UN agencies, civil society, and people living with HIV to improve the counseling and referral process, from diagnosis of HIV infection to entry into HIV care. We will also focus on assisting facilities to decrease delays of treatment initiation. For example, sites directly supported by PEPFAR established a target to ensure that all eligible patients begin ART within 60 days of being registered at the facility, and we are monitoring these results under the CQI program. We will provide technical assistance and tools so that tracking treatment initiation can be carried out at all 56 treatment sites.

Reducing the number of enrolled pre-ART patients lost to follow-up prior to initiating ART: After instituting the increased CD4 eligibility threshold for initiation of ART, the number of adult patients in care not receiving ART fell from 6,236 to 5,651, and of the 4,321 new patients who enrolled into care between January and September 2011, 85 percent (3,687) started ART. Experience has shown that patients followed in health facilities who are not on treatment are at high risk of being lost to follow-up unless other services are provided to them. We will work with NCHADS, provincial and district health offices, and treatment sites to ensure that these patients are regularly monitored for CD4 counts, appropriately counseled about the need for regular follow-up visits, and promptly provided ART once eligible. The recent decision of NCHADS to provide an enhanced package of prevention services to HIV patients, which includes condoms, birth spacing, and isoniazid prophylaxis, may help to decrease loss to follow-up.

Treatment as prevention: After the HIV Prevention Trials Network 052 results were published in 2011, NCHADS expressed interest in providing earlier treatment (i.e., at CD4 levels higher than 350 cells/mm3) to HIV-infected individuals with sexual partners who were not infected to prevent HIV transmission. We are working with the WHO and other partners to support the development of a national program to rollout HIV treatment as prevention in a targeted, locally relevant manner once normative guidance is available. Specifically, PEPFAR Cambodia will assist NCHADS to 1) identify population groups eligible for earlier treatment such as HIV-infected entertainment workers who have multiple partners, HIV-infected men who have sex with men, and pre-ART patients with uninfected partners, 2) establish appropriate CD4 thresholds, 3) define appropriate antiretroviral regimens, and 4) create a monitoring framework for assessing the effectiveness of treatment as prevention. Data from the 2011 Sexually Transmitted Infection Surveillance funded by PEPFAR and analyses of programmatic data, will provide information about the HIV prevalence and risk profiles among different types of entertainment workers as a first step toward modeling the impact of introducing treatment as prevention in different risk groups.

Quality and oversight

As the PEPFAR Cambodia program transitions to a technical-assistance model, we will place greater emphasis on strengthening national and provincial oversight to improve and maintain the quality of care and treatment services.

PEPFAR partners will carry out site visits and join bi-weekly meetings at HIV-care and treatment facilities to discuss patient care and service delivery challenges and to review quality-of-care indicators. We will remain involved in multiple facets of coordination, monitoring, and oversight to support the delivery of high-quality services, including in the five areas listed below.

1. Developing common action plans at the national and provincial levels based on joint reviews: PEPFAR Cambodia technical team members actively participate in technical working groups and strategic planning meetings to develop and review action plans, develop or update national guidelines, review current practices, and establish standard operating procedures. Action plans for cooperative agreements are developed during quarterly review and planning meetings chaired by the NCHADS Director with the participation of financial and technical directors of provincial HIV/AIDS programs and PEPFAR technical and management staff. Service delivery data and best practices are discussed during the meetings, and objectives and national and provincial work plans are developed jointly.
2. Strengthening ministry monitoring and reporting systems through expansion of CQI: As outlined in the 2011-2015 strategy, NCHADS plans to extend the coverage of CQI to all 56 ART treatment facilities by 2015. The expansion will require introducing CQI in 43 facilities, including developing capacity to use electronic data systems in the 20 sites that currently rely on paper-based reporting systems. During FY 2012 and FY 2013, we will provide technical assistance to the national program to improve and expand CQI, conduct annual national and site-specific review and revision of CQI indicators, build capacity for data management and analysis through mentoring and targeted training at the national and facility levels, and evaluate whether enhanced technology solutions improve patient-care outcomes.
3. Data integration and analysis: PEPFAR Cambodia will assist the Ministry of Health to track individual patients across the Continuum model and treatment services using unique patient identifiers, improve oversight by evaluating and addressing key site indicators during monitoring visits, and strengthen provincial and district management through improved data quality and use. We will support the national program to aggregate individual patient data maintained in electronic records across all ART sites into a single national data system. This national data system will result in more efficient analysis of HIV treatment outcomes, such as determining which type of patient is likely to need second-line treatment, and will provide an opportunity to identify duplicate records and double enrollment on an ongoing basis. Regular data reports for quality improvement will be more easily generated as a result of the aggregated data system. We will also support patient-level data integration between data systems maintained in the HIV treatment centers, sexually transmitted diseases clinics, laboratories, and HIV counseling and testing centers. This integration will result in better tracking of referrals between services (e.g., from HIV testing and counseling centers to ART centers) and more complete patient records (e.g., CD4 test results in clinic records). We will monitor key site indicators and data quality during site visits.
4. Support training of physicians and nurses: The technical working group revised the HIV Care and Treatment Training Curriculum in 2011 to reflect the revised national guidelines for ART initiation, treatment of tuberculosis/HIV co-infected patients, treatment of pregnant women, and monitoring viral-load indications. In FY 2012 we will provide technical and financial support to conduct a training-of-trainers workshop and support in-service training of healthcare providers working at the ART sites. Post-training follow-up at the implementing facilities will be included in the training package.
5. Strengthening clinical and laboratory detection of treatment failure, appropriate switch to second-line therapy, and developing a system for monitoring of patterns of drug resistance: We will help NCHADS scale up viral-load monitoring to all ART facilities nationally. The specimen collection protocol and transport system initiated in 2011 will be assessed during field visits and chart reviews in order to identify problems encountered in the first year of implementation. We will provide technical assistance to NCHADS and provide training on clinical and laboratory protocols to increase the number of viral-load tests being carried out for patients meeting clinical and immunologic criteria for treatment failure. We will work with civil-society partners to include treatment adherence counseling in home-based care programs to reduce the need for second-line treatment. With support from the WHO, Cambodia partnered with China CDC to test for HIV drug resistance in 2011; we will assist with NCHADS's review and analysis of the survey results.

Sustainability and efficiency

Strategies and HIV-treatment models supported by PEPFAR Cambodia and the Ministry of Health are based on efficiency, cost, and effectiveness. Our role has been to support innovative models of delivery, strengthen laboratory and information systems, and provide technical support to improve monitoring of activities and quality of care. PEPFAR technical experts also support the development of evidence-based guidelines and standard operating procedures that are relevant to the Cambodian context. Because the drugs, facilities, and human resources for HIV treatment are provided through the public-sector system, PEPFAR Cambodia does not have to "hand back" sites or staff to the ministry.

Considering cost efficiency in development of national treatment guidelines: Recommendations in the National Care and Treatment Guidelines 2011 were based on international standards and guidelines, cost efficiency, and long-term programmatic implications. For example, because fixed-dose combinations containing zidovudine and nevirapine are inexpensive and effective, the technical working group recommended against routinely adopting first-line tenofovir-based treatment regimens containing efavirenz until the price was more affordable. Another example is that the technical working group recommended targeted viral-load testing for patients with suspected cases of treatment failure instead of routine annual tests for all ART patients because the tests were costly and the clinical usefulness in Cambodia was not well-documented. The working group will continue to monitor the impact of decisions as they relate to patient survival, drug resistance, and implementation costs as the program is scaled up in 2012 and more data are available.

Balancing easy access to treatment sites with cost: Based on existing relatively high coverage (over 79 percent), stable HIV prevalence (0.8 percent), and decreasing incidence (fewer than 1,000 new adult infections projected in 2015), the Ministry of Health plans to open only four additional HIV treatment sites. In total by 2015, Cambodia will have 60 treatment sites located in 58 districts, situated in locations with the highest concentrations of people living with HIV. Therefore, infrastructure and staffing costs related to HIV treatment are expected to remain fairly stable over the next five years. Funding for the new treatment sites is being sourced from the Global Fund and non-PEPFAR donors. PEPFAR resources in Cambodia will be used to pilot and evaluate new initiatives to improve the cost efficiency and effectiveness of treatment models and to assist in monitoring the progress of the national response.

Analyzing costs associated with different scenarios for prevention, care, and treatment: PEPFAR provided technical and financial support to the Ministry of Health to update HIV prevalence and incidence estimates and projections using data obtained in the 2010 Sentinel Surveillance Survey. The revised projections are used by technical working groups to estimate the total number of people living with HIV who will require care and treatment in the next five years and provide a basis for program planning and cost estimates. Based on information available, the number of people living with HIV in Cambodia is expected to continue to increase, but at a reduced pace since the number of newly infected individuals is declining and the treatment program is reaching most of those in need.

Keeping care and treatment costs low will improve sustainability: Costs for services and commodities used in the treatment program are negotiated by the Cambodian government according to Global Fund requirements. The Ministry of Health negotiated lease arrangements for CD4 and viral-load testing equipment in order to ensure regular maintenance and avoid stockpiles of outdated, unused equipment in laboratories. We are assisting the government to look for further cost efficiencies by 1) improving supply-chain management systems to avoid costly emergency procurements to address drug and commodity shortages or expiration, 2) strengthening specimen transport systems, 3) promoting more rapid turnaround of test results and monitoring data, 4) integrating services, such as for tuberculosis and HIV, whenever feasible, and 5) reviewing protocols to reduce unnecessary laboratory tests, such as routine hematology and chemistry tests for toxicities as first described in the Development of Antiretroviral Therapy in Africa study.

Ultimately, long-term sustainability of the HIV program will require an increased contribution of resources from the Cambodian government, which currently contributes only 4 percent of annual funding for HIV/AIDS work in

Cambodia. The Ministry of Economy and Finance and the Ministry of Health collaborated with the U.S.-based Results for Development Institute to assess the costs and projected impact associated with different mixes of treatment, care, and prevention strategies. Results of the exercise were published in 2010 and provide NCHADS and the National AIDS Authority with an advocacy tool for mobilizing resources within the Cambodian government.

PEDIATRIC TREATMENT

Background

By the end of September 2011, 4,360 children under 15 years of age in Cambodia were receiving ART, representing 9.6 percent of all people living with HIV on treatment and 100 percent of children projected to be in need of ART. Thirty-three of the 56 treatment sites in 20 provinces provide pediatric ART. The nine pediatric sites supported by PEPFAR provide HIV treatment to 1,316 children, including 621 girls (nationally, 47 percent of children on ART are girls). The PEPFAR Cambodia pediatric treatment target for FY 2012 is to provide ART to 1,598 children under the age of 15.

Major accomplishments

Targeting the virtual elimination of new pediatric HIV infections by 2020: The First Lady of Cambodia announced Cambodia's commitment to eliminate pediatric HIV at a high-level United Nations consultation on HIV/AIDS held in New York in 2011. Several PEPFAR-supported accomplishments make pediatric HIV elimination an achievable goal, including 1) the reduction in HIV prevalence among pregnant women due to strong prevention programs, 2) the rapid scale up of antenatal care and HIV testing for pregnant women, and 3) the adoption of the most efficacious regimens for HIV-infected mothers and their HIV-exposed infants. We helped to develop and are supporting dissemination and implementation of the revised Prevention of Mother-to-Child Transmission Guidelines which call for triple antiretroviral regimens (treatment or prophylaxis) for all HIV-infected pregnant women starting just after 14 weeks and extending through breastfeeding and extended-dose nevirapine for breastfed infants for six weeks.

If current trends continue, Cambodia is projected to have only 47 new pediatric HIV infections in 2015 and will be well on its way to virtual elimination.

Updating national guidelines to meet current international best practices: The national guidelines for use of pediatric ART were revised in 2010. They follow the 2010 WHO and 2009 U.S. Department of Health and Human Services guidelines and include 1) provision of ART to all HIV-infected infants younger than 12 months of age, 2) new algorithms for diagnosing treatment failure, and 3) new recommendations for second-line regimens and dosing.

Expanding and improving the national system for case finding and entry into care and treatment: To strengthen the national prevention of mother-to-child-transmission of HIV and pediatric AIDS programs, our priority has been to increase follow-up of infants born to HIV-infected women and to ensure that the infants are tested for HIV as soon as feasible and placed on ART according to the national guidelines. Described more fully in the Care Technical Area Narrative, the strategy we promote is to identify all HIV-infected pregnant women and track postnatal follow-up of their infants using a standardized form managed by district and provincial public health offices. The form collects data about the health outcomes of pregnant women and newborns as well as results of HIV DNA polymerase chain reaction testing of infants at six weeks of age. At the national level we are supporting the HIV program and national laboratory to 1) aggregate data sets and monitor the quality of reported data, 2) assess the compliance of healthcare providers with pediatric guidelines, including provision of cotrimoxiazole prophylaxis and ART for infants confirmed HIV positive, and 3) track outcomes, including death and loss to follow-up.

Key priorities and major goals

The U.S. government's pediatric HIV strategy is aligned with the Ministry of Health's five-year HIV care and treatment strategy, which calls for universal access to HIV treatment for people living with HIV and the provision of

high-quality services to reduce morbidity and mortality from HIV. Strategies specific to pediatric treatment include the following three areas.

1. Expanding access to pediatric ART sites: NCHADS plans to incorporate pediatric treatment services into all ART sites providing treatment to adults by 2013. We will support the adoption of pediatric services at our directly supported sites through training and mentoring of nurses and physicians.
2. Reaching virtual elimination of pediatric HIV: To support the national HIV program to attain this goal, we will strengthen follow-up of HIV-exposed infants through improved tracking of critical services such as HIV DNA polymerase chain reaction testing of infants and monitoring death and loss to follow-up. Priorities include ensuring that HIV-exposed infants are diagnosed early and ART initiated promptly for those who are infected. Determining when virtual elimination of pediatric infection has been reached will require better documentation of the outcomes of HIV-exposed infants and identification of a threshold (lowest number) that represents "virtual elimination." PEPFAR will provide technical assistance to the Ministry of Health to improve its existing monitoring system and assist in defining a reasonable threshold level and definition of virtual elimination for Cambodia. We will strengthen linkages with USAID's nutrition activities and the health sector's nutrition programs to improve malnutrition assessments and screening of HIV-infected and exposed children and support HIV testing for children receiving malnutrition services. Support for health system strengthening and training health service providers will help ensure the provision of appropriate treatment to malnourished HIV-infected or HIV-exposed infants.
3. Supporting national systems to improve pediatric AIDS care: Consistent with our transition to serving as a technical-assistance platform, we will support the development and dissemination of evidence-based guidelines though participation in technical working groups and supporting regional meetings of pediatricians and other healthcare providers. We will use the training-of-trainers approach to build the capacity of healthcare providers to implement NCHADS's Pediatric ART Guidelines and provide regular mentoring to trainers. Hands-on training for healthcare providers will be provided at the Angkor Hospital for Children, a regional center of excellence for pediatric AIDS care. We will support the development of national systems for quality improvement, including expanding the CQI program to include pediatric AIDS care as requested by the Ministry of Health, and provide ongoing mentoring of treatment facilities staff.

CROSS-CUTTING ISSUES

Supply chain

We collaborate with other partners, including the Clinton Health Access Initiative, to assist the Ministry of Health in projecting antiretroviral drug needs based on HIV surveillance and HIV treatment facility data, national protocols, and actual consumption figures. Treatment regimens described in the 2010 revised guidelines were simplified and standardized, which will result in fewer drug types and drug combinations being needed. Funding for antiretroviral drugs in Cambodia is through the Global Fund, with UNICEF functioning as the procurement agent. Our Global Fund Liaison has assisted the Ministry to finalize the documentation and selection process to identify the next qualified procurement agent. Antiretroviral drugs for children and adults are distributed through the national Central Medical Stores system, although NCHADS keeps small quantities for emergencies. According to the 2010 Early Warning Indicator report, there were no antiretroviral drug stock outages at any of the ART sites surveyed, but nearly 30 percent had made emergency requests for antiretroviral drugs. In addition, field staff members have reported the need to provide two-week drug supplies to patients instead of the full prescription because of drug shortages.

The Central Medical Stores have begun to provide partners and donors funding drugs and commodities with limited access to their electronic tracking and distribution system for antiretroviral drugs. Developing and maintaining a constructive relationship between partners and the Central Medical Stores will be a key strategy to building a transparent, well functioning supply and logistics system.

Laboratory

Many Cambodian public-sector laboratory facilities are in poor condition and lack essential equipment and supplies to perform even basic diagnostic tests. Laboratories located in referral hospitals providing ART services have received the most support to date and have stronger capacity than others; however, the capacity of Cambodia's HIV laboratory services has not expanded as rapidly as the expansion of ART sites. There is a tiered public health laboratory network structure in Cambodia, with national and regional laboratories supporting local health clinics.

The Ministry of Health has designated the U.S.-supported National Institute of Public Health (NIPH) as the national HIV reference laboratory. Because of the pivotal role the national laboratory system plays in HIV/AIDS diagnosis, treatment, and care, we have supported procurement of essential equipment and supplies and provided technical assistance to NIPH to improve the capacity of laboratories throughout the country. In FY 2012 and FY 2013, we will continue to support the public health laboratory system in providing high-quality test results for diagnosis and monitoring of HIV and tuberculosis/HIV co-infection. Additionally, building the ministry's viral-load testing capacity is an important new focus of the PEPFAR program.

PEPFAR Cambodia is supporting the National Reference Laboratory, the Bureau of Medical Laboratory Services, and provincial health authorities to become accredited under international standards, using a process called Strengthening Lab Management towards Accreditation (SLMTA). We will identify mentors who will support the laboratories in the process of accreditation and will expand the number of laboratories covered by the SLMTA process. HIV test kits and other laboratory test reagents are procured by UNICEF using Global Fund resources and distributed through the Central Management Stores, with a small emergency supply kept by the national HIV program. Although uncommon, there were stock outages in 2011, including for a brief time of reagents needed for HIV DNA polymerase chain reaction tests due to a delay in signing the Global Fund Round 9 grant. Reagents for viral-load and CD4 testing are purchased by the Ministry of Health as part of the leasing of the testing equipment, which reduces test costs, standardizes laboratory equipment and reagents, and keeps the machines well maintained.

Gender

Women make up 52 percent of the total population of Cambodia, and 54 percent of the total number of people living with HIV in Cambodia, according to census data and the results of the 2011 HIV estimation and projections workshop. Women also comprise more than half of all those eligible to receive HIV treatment at the clinical threshold of having a CD4 count of fewer than 350 cells/mm3. In FY 2011, 53 percent of people living with HIV on treatment were women. Among children, 49 percent of those in need of ART are estimated to be girls and 47 percent of children on treatment at PEPFAR-supported sites are girls. The PEPFAR program supports a number of activities targeting the special vulnerabilities and needs of women including savings plans for female entertainment workers to reduce risk behaviors related to economic vulnerability and addressing the reproductive health needs of women through family planning counseling and cervical cancer screening.

Strategic information

The lack of a computerized medical records data system to track services across different clinical facilities has hampered the ability of clinicians to monitor and manage patients effectively. The potential for duplicate enrollment of HIV patients also poses a challenge for Cambodia in accurately estimating rates of coverage and loss to follow-up of individuals on treatment. In FY 2012, we will help the Cambodian government to respond strategically to these challenges by 1) developing electronic databases that use unique identifier codes to track individuals, in a confidential manner, across community and clinical services, 2) supporting aggregation and analysis of information collected in the CQI and ART site databases to improve the quality of patient management; and 3) improving the use of data for decision making at the facility level through supportive supervision and on-site technical assistance.

Public-private partnerships

Cambodia was selected to participate in the Office of the Global AIDS Coordinator's Health Informatics Public-Private Partnership Initiative, which aims to use health information technology to improve patient care outcomes. According to the scope of work developed with the Ministry of Health, we will assist the national program in making patient information more accessible to providers through integration and analysis of local health data systems. We will also evaluate, using a stepped-wedge design that allows sites to serve as their own comparison groups based on historical data, the hypothesis that improving access to local data can provide better tracking of patients and reduce loss to follow-up and death.

Capacity building and human resources for health

In line with PEPFAR's goal to develop sustainable human resources, we support the Ministry of Health's efforts to provide treatment services through local, indigenous organizations that complement government systems. We are building technical, organizational, and institutional capacity of local non-governmental organizations through a variety of methods, such as workshops, follow-up and monitoring visits, one-to-one technical support visits, and mentoring. We also conduct review meetings to monitor progress and share best practices and lessons learned. Our capacity-building efforts in FY 2012 and FY 2013 include multiple goals: 1) improving HIV clinical skills and practice; 2) strengthening laboratory and information systems; 3) enhancing referral systems and coordination; 4) building organizational strength, including governance, strategy, structure, human resources, administration, program management, and financial management; 5) increasing the participation of people living with HIV and communities in program planning; and 6) strengthening evidence and consultation-based advocacy. We will engage with other partners to coordinate technical support for refresher training for clinicians, nurses, counselors, and community support groups for people living with HIV funded by the Global Fund.

As a technical-assistance team, we will support the review and revision of standard operating procedures, guidelines, and training curricula that reflect global best practices for HIV prevention, care, and treatment; tuberculosis/HIV co-infection care and treatment; home-based care; and voluntary counseling and testing.

Technical Area Summary Indicators and Targets

Future fiscal year targets are redacted.

Indicator Number	Label	2013	Justification
P1.1.D	P1.1.D Percent of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	n/a	Redacted
	Number of pregnant women with known HIV status (includes women who were tested for HIV and received their results)	128,064	
P1.2.D	P1.2.D Number and percent of HIV-positive pregnant women who received antiretrovirals to reduce risk of mother-to-child-transmission during pregnancy and delivery	80 %	Redacted
	Number of HIV-positive pregnant women who received antiretrovirals (ARVs) to reduce risk of mother-to-child-transmission	346	
	Number of HIV-	433	

	positive pregnant women identified in the reporting period (including known HIV-positive at entry)		
	Life-long ART (including Option B+)	246	
	Maternal triple ARV prophylaxis (prophylaxis component of WHO Option B during pregnancy and delivery)	100	
	Maternal AZT (prophylaxis component of WHO Option A during pregnancy and deliverY)	0	
	Single-dose nevirapine (with or without tail)	0	
	Newly initiated on treatment during current pregnancy (subset of life-long ART)	0	
	Already on treatment at the beginning of the current pregnancy (subset of life-long ART)	0	
	Sum of regimen type disaggregates	346	
	Sum of New and	0	

	Current disaggregates		
P6.1.D	Number of persons provided with post-exposure prophylaxis (PEP) for risk of HIV infection through occupational and/or non-occupational exposure to HIV.	427	Redacted
	By Exposure Type: Occupational	9	
	By Exposure Type: Other non-occupational	402	
	By Exposure Type: Rape/sexual assault victims	16	
P7.1.D	P7.1.D Number of People Living with HIV/AIDS (PLHIV) reached with a minimum package of 'Prevention with PLHIV (PLHIV) interventions	n/a	Redacted
	Number of People Living with HIV/AIDS reached with a minimum package of 'Prevention of People Living with HIV (PLHIV) interventions	12,912	
P8.1.D	P8.1.D Number of the targeted population reached with	n/a	Redacted

	individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required		
	Number of the target population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	12,475	
P8.2.D	P8.2.D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of the target population reached with individual and/or small group level HIV	0	

	prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required		
P8.3.D	P8.3.D Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required	n/a	Redacted
	Number of MARP reached with individual and/or small group level preventive interventions that are based on evidence and/or meet the minimum standards required	90,377	
	By MARP Type: CSW	25,022	
	By MARP Type: IDU	563	
	By MARP Type: MSM	14,792	
	Other Vulnerable Populations	50,000	
	Sum of MARP types	90,377	
P11.1.D	Number of individuals who received T&C	290,788	Redacted

	services for HIV and received their test results during the past 12 months		
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	186,398	
	By Sex: Male	104,390	
	By Age: <15	3,482	
	By Age: 15+	287,306	
	By Test Result: Negative	0	
	By Test Result: Positive	0	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	290,788	
	Sum of age disaggregates	290,788	
	Sum of test result disaggregates	0	
C1.1.D	Number of adults and children provided with a minimum of one care service	54,962	Redacted
	By Age/Sex: <18 Male	0	
	By Age/Sex: 18+ Male	0	
	By Age/Sex: <18 Female	0	

	By Age/Sex: 18+ Female	0	
	By Sex: Female	29,420	
	By Sex: Male	25,542	
	By Age: <18	21,033	
	By Age: 18+	33,929	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	54,962	
	Sum of age disaggregates	54,962	
C2.1.D	Number of HIV-positive individuals receiving a minimum of one clinical service	22,079	Redacted
	By Age/Sex: <15 Male	0	
	By Age/Sex: 15+ Male	0	
	By Age/Sex: <15 Female	0	
	By Age/Sex: 15+ Female	0	
	By Sex: Female	12,058	
	By Sex: Male	10,021	
	By Age: <15	2,526	
	By Age: 15+	19,553	
	Sum of age/sex disaggregates	0	
	Sum of sex disaggregates	22,079	
	Sum of age disaggregates	22,079	
C2.2.D	C2.2.D Percent of	11 %	Redacted

	HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis		
	Number of HIV-positive persons receiving Cotrimoxizole (CTX) prophylaxis	2,536	
	Number of HIV-positive individuals receiving a minimum of one clinical service	22,079	
C2.3.D	C2.3.D Proportion of HIV-positive clinically malnourished clients who received therapeutic or supplementary food	n/a	Redacted
	Number of clinically malnourished clients who received therapeutic and/or supplementary food during the reporting period.	0	
	Number of clients who were nutritionally assessed and found to be clinically malnourished during the reporting period.	0	
	By Age: <18	0	
	By Age: 18+	0	
	Sum by age	0	

	disaggregates		
C2.4.D	C2.4.D TB/HIV: Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting	50 %	Redacted
	Number of HIV-positive patients who were screened for TB in HIV care or treatment setting	11,142	
	Number of HIV-positive individuals receiving a minimum of one clinical service	22,079	
C2.5.D	C2.5.D TB/HIV: Percent of HIV-positive patients in HIV care or treatment (pre-ART or ART) who started TB treatment	7 %	Redacted
	Number of HIV-positive patients in HIV care who started TB treatment	1,442	
	Number of HIV-positive individuals receiving a minimum of one clinical service	22,079	
C4.1.D	C4.1.D Percent of infants born to HIV-positive women	84 %	Redacted

	who received an HIV test within 12 months of birth		
	Number of infants who received an HIV test within 12 months of birth during the reporting period	362	
	Number of HIV-positive pregnant women identified in the reporting period (include known HIV-positive at entry)	433	
	By timing and type of test: virological testing in the first 2 months	362	
	By timing and type of test: either virologically between 2 and 12 months or serology between 9 and 12 months	0	
C5.1.D	Number of adults and children who received food and/or nutrition services during the reporting period	1,422	Redacted
	By Age: <18	878	
	By Age: 18+	544	
	By: Pregnant Women or Lactating Women	21	
	Sum of age disaggregates	1,422	
T1.1.D	Number of adults and	1,540	Redacted

	children with advanced HIV infection newly enrolled on ART		
	By Age: <1	4	
	By Age/Sex: <15 Male	89	
	By Age/Sex: 15+ Male	618	
	By Age/Sex: <15 Female	98	
	By Age/Sex: 15+ Female	735	
	By: Pregnant Women	83	
	Sum of age/sex disaggregates	1,540	
T1.2.D	Number of adults and children with advanced HIV infection receiving antiretroviral therapy (ART)	16,137	Redacted
	By Age: <1	9	
	By Age/Sex: <15 Male	821	
	By Age/Sex: 15+ Male	6,499	
	By Age/Sex: <15 Female	766	
	By Age/Sex: 15+ Female	8,051	
	Sum of age/sex disaggregates	16,137	
T1.3.D	T1.3.D Percent of adults and children known to be alive and on treatment 12 months after initiation of antiretroviral	89 %	Redacted

	therapy		
	Number of adults and children who are still alive and on treatment at 12 months after initiating ART	761	
	Total number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period, including those who have died, those who have stopped ART, and those lost to follow-up.	854	
	By Age: <15	64	
	By Age: 15+	697	
	Sum of age disaggregates	761	
H1.1.D	Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests	32	Redacted
H1.2.D	Number of testing facilities (laboratories) that are accredited according to national or international standards	32	Redacted
H2.1.D	Number of new health care workers who graduated from a pre-service training	35	Redacted

	institution or program		
	By Cadre: Doctors	0	
	By Cadre: Midwives	0	
	By Cadre: Nurses	0	
H2.2.D	Number of community health and para-social workers who successfully completed a pre-service training program	0	Redacted
H2.3.D	The number of health care workers who successfully completed an in-service training program	4,475	Redacted
	By Type of Training: Male Circumcision	0	
	By Type of Training: Pediatric Treatment	0	

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
5377	National Centre for HIV/AIDS, Dermatology and STDs	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHP-State	200,000
9438	National Tuberculosis Centre	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP	200,000
12256	American International Health Alliance Twinning Center	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHP-State	150,000
13119	Khmer HIV/AIDS NGO Alliance	NGO	U.S. Agency for International Development	GHP-USAID	2,000,000
13591	TBD	TBD	Redacted	Redacted	Redacted
13660	Marie Stopes International	NGO	U.S. Agency for International Development	GHP-USAID	200,000
14179	Khmer HIV/AIDS NGO Alliance	NGO	U.S. Agency for International	GHP-State, GHP-USAID	4,732,988

			Development		
14261	Thailand Ministry of Public Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHP-State	30,000
14263	Ministry of Health-Swaziland	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHP-State	262,011
16370	TBD	TBD	Redacted	Redacted	Redacted
16631	TBD	TBD	Redacted	Redacted	Redacted
16632	TBD	TBD	Redacted	Redacted	Redacted
16633	TBD	TBD	Redacted	Redacted	Redacted
16681	TBD	TBD	Redacted	Redacted	Redacted
16683	TBD	TBD	Redacted	Redacted	Redacted
16688	TBD	TBD	Redacted	Redacted	Redacted

Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 5377	**Mechanism Name: National Center for HIV/AIDS Dermatology and STDs**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Centre for HIV/AIDS, Dermatology and STDs	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 200,000	
Funding Source	**Funding Amount**
GAP	0
GHP-State	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives. The National Center for HIV/AIDS, Dermatology and STDs (NCHADS) leads the HIV response within the Ministry of Health. This implementing mechanism will strengthen care and treatment for people living with HIV and reduce mother-to-child transmission (MTCT) in Cambodia. Objectives are to: improve the quality of HIV clinical services; build clinical and laboratory capacity to monitor HIV treatment; expand MTCT to 85 percent of HIV-infected pregnant women; and strengthen collection and use of strategic information.

Geographic Coverage and Target Populations. This program supports activities at the national level and in four focus provinces in northwest Cambodia, where 14 percent of Cambodia's population resides and 18 percent of patients enrolled in HIV care and treatment services receive their care.

Cost Efficiency. Models of service provision which have potential to become more cost-effective over time are

introduced through this program in the focus provinces and, when fully developed, scaled-up nationally using other resources, primarily the Global Fund.

Monitoring and Evaluation. Programmatic data and an improved electronic patient information system will be used to monitor impacts and improve care, and lead to better understanding of the HIV epidemic. Joint site visits using standardized tools will be carried out by NCHADS and CDC staff to monitor program performance.

Transition to Government Partner. NCHADS is the Ministry of Health agency responsible for planning, developing and implementing HIV prevention, care, and treatment activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**5377**		
Mechanism Name:	**National Center for HIV/AIDS Dermatology and STDs**		
Prime Partner Name:	**National Centre for HIV/AIDS, Dermatology and STDs**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	100,000	
Narrative:			
In FY 2012 the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) Cooperative Agreement will support prevention of mother-to-child-transmission, adult and pediatric care and treatment, TB/HIV, and strategic			

information at funding levels similar to in FY 2011.

Funding for basic health care will focus on improving continuum of care services to reduce death and loss to follow-up. Health providers will be trained on new guidelines and policies. The Continuous Quality Improvement (CQI) program will be expanded to more care and treatment sites and strengthened through better analysis and use of the information collected at the national and facility level. Monitoring and CQI activities will promote early identification of people living with HIV, and focus on prompt entry into care and provision of the standard package of care services. Integration of programs (for example, dual protection for HIV prevention and family planning and intensive case finding for TB) will lead to better care for people living with HIV and improve access to needed services in health facilities.

Transition: NCHADS receives funding from the Global Fund, and financial and technical assistance from the World Health Organization, UNICEF, Clinton Foundation, and the U.S. government. The Global Fund is by far the largest donor to NCHADS, funding drugs, most testing supplies, and program costs including human resources, infrastructure, and training. In the short term, the U.S. government transition supplies, commodities and training costs from PEPFAR to the Global Fund and use resources for implementing and evaluating innovative activities relevant for the Cambodian context, and strengthening data systems.

Beginning in 2013, U.S. government focus will transition to virtual elimination of new pediatric infections, reducing new infections through rolling out new preventive activities (family planning integration and treatment as prevention in selected populations), with continuing support for monitoring and improving the quality of care and treatment.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	0	

Narrative:

In FY 2012, the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) Cooperative Agreement will support prevention of mother-to-child transmission, pediatric and adult care and treatment, TB/HIV, and strategic information at funding levels similar to FY 2011.

NCHADS will focus TB/HIV activities on intensified case finding and isoniazid preventive therapy. As a result of CDC technical and financial support, clinicians are screening HIV patients for TB symptoms well but more assistance is needed to support the diagnosis and treatment of patients who have TB symptoms. Under the cooperative agreement, NCHADS will collaborate with the National TB program to develop and implement TB diagnostic algorithms and treatment protocols for people living with HIV. The program will promote use of cotrimoxazole prophylaxis and early antiretroviral treatment (ART) for TB/HIV co-infected patients (just after 2

weeks of starting TB treatment). Health provider initiated HIV testing and counseling for TB patients will be increased under the national Linked Response program.

Diagnosis of TB in people living with HIV will be improved in collaboration with the National TB Program through implementation of GeneXpert and TB liquid culture, initially in the 4 focus districts and Phnom Penh. Diagnostic and treatment algorithms and standard operating procedures will be developed and disseminated using standardized training materials. Supervisory visits and routine reporting systems will be used to monitor progress.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	0	

Narrative:

In FY 2012 the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) Cooperative Agreement will support prevention of mother-to-child-transmission, adult and pediatric care and treatment, TB/HIV, and strategic information at funding levels similar to FY 2011.

Funding for pediatric care will focus on improving monitoring and follow-up of HIV-exposed infants, promotion of cotrimoxazole prophylaxis, early initiation of antiretroviral treatment for HIV-exposed infants found to be HIV-infected, and support for training/mentoring of public sector pediatric AIDS care clinicians.

The continuous quality improvement program for adults will be adapted for pediatric care and treatment and expanded to pediatric care and treatment sites in order to more closely monitor quality of pediatric care services. Indicators that will be followed include mortality, loss to follow-up, and cotrimoxazole prophylaxis.

NCHADS receives funding from the Global Fund and financial and technical assistance from the World Health Organization, UNICEF, Clinton Foundation, and the U.S. government for pediatric care.

Beginning in 2013, focus of U.S. government support will be implementing and evaluating virtual elimination of new pediatric infections, reducing new infections through rolling out new preventive activities (Family Planning integration with HIV services and treatment as prevention in selected populations) with continuing support for training and monitoring to improve the quality of care and treatment for children and adults. These activities will be linked to the Government of Cambodia's Fast Track Initiative for Maternal and Neonatal Mortality, the foundation for the U.S. government's Global Health Initiative strategy for Cambodia.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	50,000	

Narrative:

Original approved budget $57,000. $38,000 was redirected from this code to support additional activities of HBHC, HTXS, HVTB.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	0	

Narrative:

In FY 2012 the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) Cooperative Agreement will support prevention of mother-to-child transmission, pediatric and adult care and treatment, TB/HIV, and strategic information activities at funding levels similar to FY 2011.

Funding for strategic information will be used to enhance NCHADS capacity to collect and use data for program planning and monitoring. The quality of electronic patient record systems will be improved and a national unique identifier system to track individuals in a confidential manner established. An automated system to merge patient records from different services, including counseling and testing clinics, laboratories and antiretroviral treatment clinics will be developed, and implemented. An assessment of whether electronic systems result in better patient outcomes and more effective supervision and monitoring will be designed and carried out.

Under the cooperative agreement, cost efficient activities, like implementing integrated biologic and behavioral surveys and using programmatic data more effectively will be supported.

Because most people infected with HIV in Cambodia are receiving care, greater emphasis is being placed on using routine programmatic data instead of special surveys. Protocols for transitioning antenatal surveillance surveys (implemented every 3-5 years) to using antenatal patient records will be developed and the feasibility assessed.

Transition: In 2013 activities will be transitioned to focus on virtual elimination of new pediatric infections, reducing new infections through rolling out and evaluating new preventive activities (Family Planning integration with HIV services and treatment as prevention in selected populations), strengthening monitoring, and improving quality of care and treatment. As a result, strategic information capacity of NCHADS will need to be enhanced in order to effectively design, evaluate and track these new initiatives.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	0	

Narrative:

With technical support from CDC, the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) will

promote: expansion of HIV testing of pregnant women; efficient use of staff trained in prevention of maternal-to-child-transmission (MTCT); regular follow-up of HIV-infected pregnant women after they are identified to ensure they receive MTCT services during labor and post-partum; follow up of HIV- exposed infants and entry into treatment if they are found to be HIV- infected; and provision of appropriate care and treatment for people living with HIV, including pregnant women.

Under the cooperative agreement, NCHADS will improve and expand activities, including:

1. Supporting monitoring and supervision of HIV testing and counseling in the four focus provinces using standardized formats to assess coverage and follow-up of women attending antenatal clinics,
2. Coordinating activities with Maternal and Child Health at provincial and district levels and linkages between facilities and community care teams to strengthen referrals and follow-up,
3. Supporting the dissemination of updated MTCT policies and recommendations,
4. Providing technical assistance to provincial health staff to reduce loss to follow up of identified HIV-infected pregnant women prior to and after delivery,
5. Providing technical leadership for the virtual elimination of pediatric HIV in defining target coverage, interventions and measurement of the elimination goal.

NCHADS receives funding from the Global Fund and financial and technical assistance from WHO, UNICEF, Clinton Foundation, and the U.S. government. The Global Fund supports drugs, most testing supplies, and program costs.

Beginning in 2013 U.S. government focus will transition to support virtual elimination of new pediatric infections, reducing new infections through rolling out new preventive activities (family planning integration and treatment as prevention in selected populations), while continuing support for monitoring and improving the quality of care and treatment. This will be linked to the Government of Cambodia's Fast Track initiative for Maternal and Neonatal Mortality and the U.S. government's Global Health Initiative strategy for Cambodia.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	50,000	

Narrative:

In FY 2012 the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) Cooperative Agreement will support prevention of mother-to-child-transmission, adult and pediatric care and treatment, TB/HIV, and strategic information at funding levels similar to FY 2011.

NCHADS will implement activities to promote prompt initiation of treatment and improve the quality of HIV

treatment activities in public health facilities. The continuous quality improvement program will be expanded to new facilities and data use at facilities improved. Laboratory and clinical protocols for viral load testing will be finalized, training materials developed, and testing implemented for patients with suspected treatment failure. Drug- resistance testing will be implemented and antiretroviral drug regimens for second and third line-therapy modified, based on international guidelines. Integration of services within facilities and strengthening linkages with community- based programs and positive networks will improve adherence and patient outcomes.

Transition: NCHADS receives funds from the Global Fund and financial and technical assistance from the World Health Organization, Clinton Foundation, and the U.S. government. The Global Fund provides all funding for treatment, most laboratory supplies and supports program implementation costs including human resources, infrastructure and training. In 2013, the focus of U.S. government support will transition to implementing and evaluating virtual elimination of new pediatric infections activities, reducing new infections through rolling out new preventive activities (Family Planning integration with HIV services, and treatment as prevention in selected populations) with continuing support for training and monitoring to improve the quality of care and treatment for children and adults.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	0	

Narrative:

In FY 2012 the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) Cooperative Agreement will support prevention of mother-to-child-transmission, pediatric and adult care and treatment, TB/HIV, and strategic information at funding levels similar to FY2011.

NCHADS will fund activities to promote prompt initiation of treatment and improve the quality of the care that infants and children receive using the continuous quality improvement system. Links between facilities and community care-givers will provide improved adherence and patient outcomes. Supportive supervision by NCHADS and CDC staff will improve monitoring and follow-up of HIV-exposed infants and lead to earlier initiation of antiretroviral treatment for infants found to be HIV- infected. Viral load protocols for children will be developed and training materials developed. Treatment guidelines will be disseminated and public sector pediatric AIDS care clinicians mentored.

Transition: NCHADS receives funding from the Global Fund, and financial and technical assistance from the World Health Organization, UNICEF, Clinton Foundation, and the U.S. government. The Global Fund provides all funding for treatment, most laboratory supplies and program implementation costs including human resources, infrastructure, and training. In 2013 activities will be transitioned to focus on: virtual elimination of new pediatric infections; reducing new infections through new preventive activities (Family Planning integration with

HIV services and treatment as prevention in selected populations); while continuing to strengthen monitoring, and improving quality of care and treatment. Activities will be linked to the Government of Cambodia's Fast Track initiative for Maternal and Neonatal Mortality, the foundation for the U.S. government's Global Health Initiative strategy for Cambodia.

Implementing Mechanism Details

Mechanism ID: 9438	**Mechanism Name: CENAT**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Tuberculosis Centre	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 200,000	
Funding Source	**Funding Amount**
GAP	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives.

This program strengthens the capacity of the National Center for Tuberculosis and Leprosy Control (CENAT) to diagnose tuberculosis (TB) rapidly and reliably in HIV infected patients and prevent spread of multi-drug resistant TB (MDR TB). Objectives are to: implement and evaluate the roll-out of TB diagnostics; support scale up of the Three-I's -- intensified TB/HIV co-infection case-finding, isoniazid prophylaxis, and infection control practices; and build capacity of health care staff nationally to diagnose and treat TB.

Target population and geographic coverage.

This program targets patients with HIV or those suspected to have MDR TB in Cambodia. Implementation and evaluation of diagnostics will be carried out in Phnom Penh and six other provinces.

Cost efficiency. The evaluation will assess feasibility and costs of introducing new laboratory methods in Cambodia. Scale up of activities will utilize Global Fund resources. Activities are coordinated among donors at technical working group meetings to avoid duplication.

Monitoring and Evaluation. Activities are monitored through monthly laboratory reports, quarterly activity reports and joint site visits. The TB technical working group meets bi-monthly to monitor progress. National targets and achievements are reviewed at the annual TB meeting, led by CENAT. National activity plans are developed in collaboration with all donors.

Transition to government partner. The partner is responsible for the national TB program. Operations research completed in 2009 led to policy changes. Initial PEPFAR capital investments in infrastructure and equipment are being scaled up through Global Fund. In-country, regional, and headquarter USG staff provide technical assistance and monitoring to CENAT.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	60,000

TBD Details

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	**9438**
Mechanism Name:	**CENAT**
Prime Partner Name:	**National Tuberculosis Centre**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVTB	200,000	0

Narrative:

The Ministry of Health's Center for Tuberculosis and Leprosy Control (CENAT) is responsible for tuberculosis (TB) activities in Cambodia. CENAT relies on funding from the Global Fund for program implementation and drug and commodities procurement. TB prevalence decreased between 2006 and 2011 (prevalence survey dissemination 2/2012), but remains among the highest in the region. Tuberculosis is the leading cause of mortality for people living with HIV. As a result of U.S. government support, CENAT initiated an aggressive plan in 2010 to identify patients with TB/HIV co-infection and provide isoniazid preventive therapy to eligible patients in collaboration with the National HIV Program. TB liquid culture and drug susceptibility testing was initiated in 2 laboratories in 2011 and CENAT assumed direct responsibility for implementing multiply drug resistant TB (MDR TB) case finding. Local and international partners working on tuberculosis activities in Cambodia have agreed to use standardized patient registries.

In 2012 the cooperative agreement will support: implementation and scale-up of TB liquid culture; finalization of the TB laboratory strategic plan 2011-2015; and evaluation of the impact of GeneXpert in terms of case finding, treatment outcomes, laboratory workload and cost. Training on the clinical and laboratory protocols for TB/HIV and MDR TB and will be provided to laboratory workers, DOTS providers and nurses and physicians working in 17 provinces. CENAT will finalize and implement laboratory and clinical algorithms for active case finding of MDR TB, and TB/HIV using GeneXpert. An assessment of infection control needs will be carried out in TB clinics and HIV treatment sites. Based on the results, patient and provider educational materials will be developed, and strategies to address infrastructure needs outlined.

Standardized reporting tools will be developed to track patients and link laboratory results to medical records. Joint site visits involving CDC and CENAT staff will be undertaken to monitor program progress and track indicators.

Implementing Mechanism Details

Mechanism ID: 12256	**Mechanism Name: HQ Blood Safety CoAg**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American International Health Alliance Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No

Global Fund / Multilateral Engagement: No	
G2G: No	Managing Agency:

Total Funding: 150,000	
Funding Source	**Funding Amount**
GHP-State	150,000

Sub Partner Name(s)

Australian Red Cross		

Overview Narrative

A PEPFAR-supported assessment of the national blood system and five year action plan will be finalized in August 2012. Initial reports highlight a number of deficiencies and gaps that will need to be strengthened in order to ensure that safe blood is available for all Cambodians.

Goals and Objectives. The goal of this TBD mechanism is to improve access to safe blood and blood products in Cambodia. The National Blood Transfusion Center (NBTC) in the MOH is responsible for directing and implementing the national program, but lacks the capacity and infrastructure. The objective of this TBD Implementing Mechanism is to provide technical assistance to the MOH manage and lead the national blood safety action plan.

Geographic Coverage and Target Populations. This activity will strengthen all public sector blood banks, their staff, and hospitals and facilities utilizing blood and blood products in Cambodia.

Cost Efficiency. In 2011 Cambodia returned money to the Global Fund because they were not able to implement all the activities planned. This TBD implementing mechanism will strengthen the organization and management of NBTC and build their capacity to direct and implement the national blood program so that funds from all sources will be used more efficiently and in a timely manner.

Monitoring and Evaluation. Progress will be monitored through regular reporting using an electronic tracking system managed out of the NBTC. The National Strategic Plan for Blood Safety and Action Plan that is being finalized will include indicators and deliverables that will be monitored through this mechanism.

Transition to Government Partner. The TBD partner will work directly with NBTC, the MOH institute responsible for the national blood safety program.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000

TBD Details

(No data provided.)

Key Issues

Safe Motherhood

Budget Code Information

Mechanism ID:	**12256**
Mechanism Name:	**HQ Blood Safety CoAg**
Prime Partner Name:	**American International Health Alliance Twinning Center**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	150,000	0

Narrative:

The TBD implementing mechanism will provide technical assistance to the Ministry of Health (MOH) and National Blood Transfusion Center (NBTC) and their partners, including the Cambodian Red Cross, to support implementation of activities outlined in the July 2012 blood safety assessment and National Strategic Plan for Blood Safety 2012-2017. Activities funded in this program will be closely coordinated with the TBD partner implementing program activities and other donors, including the Global Fund to ensure maximum impact.

The TBD partner will develop teaching materials and tools for health care providers working in blood banks and hospital units, including specific guidelines for use of blood during the antenatal and post-partum period. On-site mentoring will be provided to build capacity of blood bank staff and managers from all provinces on use of blood and blood products, including transfusion techniques, production of components, infection control and reduction of

transfusion related infections, immune-hematology, and quality assurance. *Recommendations about innovative approaches and strategies to increase the pool of voluntary blood donors using safe blood collection methods will be developed, using results of the PEPFAR supported Knowledge, Attitudes and Beliefs Survey carried out in 2012. Technical support will be provided to improve post-donation counseling for clients with transfusion transmissible infections (i.e., HIV, malaria, syphilis, and hepatitis) and a system for prompt referral to care and treatment services established.* *The TBD partner will assist the MOH to more effectively direct and manage the national blood safety program. Technical support will be provided to develop and implement an information system for tracking program activities and donors as well as forecasting blood supply needs and funding requirements more accurately.* *The TBD will work in close collaboration with the NBTC, Cambodian Red Cross, World Health Organization, and other partners supporting the blood supply system in Cambodia and participate in the Technical Working Group for Blood Safety led by the MOH. Activities will be mapped against the other TBD implementing partner and donor funding, including the Global Fund, to avoid duplication.*

Implementing Mechanism Details

Mechanism ID: 13119	**Mechanism Name: KHANA SAHACOM**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Khmer HIV/AIDS NGO Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 2,000,000	
Funding Source	**Funding Amount**
GHP-USAID	2,000,000

Sub Partner Name(s)

Battambang Women's AIDS Project (BWAP)	Buddhism for Development (BFD)	Buddhism Society Development Association (BSDA)

Indradevi Association (IDA)	Kasekor Thmey (KT)	Key of Social Health Education Road (KOSHER)
Khmer Buddhist Association (KBA)	Korsang (KS)	Men Health Social Services (MHSS)
Men's Health Cambodia (MHC)	Minority Organization Development Economic (MODE)	Nak Akphivath Sahakum (NAS)
Partner in Compassion (PC)	Salvation Centre Cambodia (SCC)	Save Incapacity Teenager (SIT)
Social Environment Agriculture Development Organization (SEADO)	Solidarity Association of Beers Companies (SABC)	Vithey Chivit (VC)
Women Organization for Modern Economy and Nursing (WOMEN)		

Overview Narrative

Goal and objectives:

The Khmer HIV/AIDS Non-Governmental Organization Alliance (KHANA) will improve the health and quality of life of Cambodians by reducing the impact of HIV on vulnerable populations including people living with HIV and most-at risk populations through services delivered through indigenous partners. The objectives of the project are to: 1) provide community-based care to people living with HIV; 2) provide HIV prevention messages to most-at-risk populations; and 3) strengthen the organizational capacity of local partners.

Geographic coverage and target populations:

Project activities will deliver community-based care in nine provinces with the largest populations of HIV-infected individuals, and in three provinces with the largest populations of individuals at risk for HIV infection. Target groups include female entertainment workers; men who have sex with men and transgendered persons; injecting drug users; and persons living with HIV.

Cost-efficiency:

KHANA is a local partner with indigenous sub-partners and operates with lower overhead costs than most international non-governmental organizations. In FY 2012, KHANA will advocate to national policy-makers that persons living with HIV should attend five clinical visits per year rather than the current 12 to reduce costs and the logistical burden on healthcare professionals. Studies in the United States show that the quality of care can be maintained with fewer visits.

Monitoring and evaluation:

KHANA has a monitoring plan that specifies expected program results with indicators, mid-term milestones or

benchmarks, and end-of-project results.

Vehicles:
Two new vehicles will be leased in FY 2012 and FY 2013.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	500,000
Education	300,000
Food and Nutrition: Commodities	200,000
Human Resources for Health	1,000,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's legal rights and protection
TB
Family Planning

Budget Code Information

Mechanism ID:	**13119**		
Mechanism Name:	**KHANA SAHACOM**		
Prime Partner Name:	**Khmer HIV/AIDS NGO Alliance**		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Care	HBHC	800,000	0

Narrative:

Target populations:
Adult care activities will target 9,510 people living with HIV.

Interventions:
KHANA and its implementing partners will deliver care and prevention services through home- and community-based care. KHANA and its partners will train volunteers and leaders of support groups for orphans and vulnerable children to coordinate 419 self-help groups of 20 people living with HIV each, and 496 orphan and vulnerable children support groups. Volunteers will hold bi-monthly meetings to provide information and referrals for opportunistic infections treatment, antiretroviral therapy, CD4 count testing, sexual and reproductive health, tuberculosis, prevention of mother-to-child transmission of HIV/AIDS, and a counseling on a broad range of topics that includes livelihoods, inheritance protection, birth registration, vocational skills, nutritional counseling and referrals, hygiene and sanitation, child rights and legal information. Volunteers will identify, track, and provide couples counseling to discordant couples, conduct community campaigns to reduce stigma and discrimination, and strengthen welfare funds for transport to people living with HIV and orphans and vulnerable children most in need. KHANA will strengthen livelihoods through training for a variety of skills including fish farming, chicken raising, food production, and small business management through the KHANA Livelihood Learning Centre.

KHANA will place members of the national people-living-with-HIV network at service delivery points to assist medical staff with registrations, appointment scheduling, and appointment reminders. These volunteers will provide HIV treatment adherence counseling and will help trace clients to prevent loss to follow-up.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	360,000	0

Narrative:

Target populations:
IN FY 2012 KHANA will provide services to 12,392 orphans and vulnerable children.

Interventions:
Leaders of support groups for orphans and vulnerable children will run age-specific education sessions on HIV, sexual and reproductive health, drug use, gender-based and domestic violence, child rights and life skills for young people up to the age of 18. KHANA and partners will refer HIV-positive children to antiretroviral treatment and provide transport costs for most in need. KHANA will continue the Happy-Happy Program?a play group to bring orphans and vulnerable children and children from the general community together to provide opportunities to enhance social development and reduce stigma and discrimination. Support groups will also be formed for children of most-at-risk individuals. KHANA and its sub-partners will also supply school uniforms and materials

for those most in need, and will advocate with schools and teachers to waive informal school fees.

In collaboration with religious groups and local authorities, KHANA and its partners will start a community resource mobilization initiative for long-term care of orphans and vulnerable children. Partners will mobilize community and local authorities to form orphans-and-vulnerable-children foster care programs. Livelihood activities including training and seed grants for households will provide economic strengthening, better access to food security, health care, and schooling. KHANA will contribute to national, provincial, and commune orphan and vulnerable children taskforces. KHANA and its partners, including orphans and vulnerable children support-group leaders, will work with the Department of Local Administration within the Ministry of Interior, as well as with commune women and child protection committees to reduce stigma and discrimination.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	100,000	0

Narrative:

Target populations:
Target populations include tuberculosis patients and 562 people living with HIV.

Interventions:
KHANA will contribute to the national HIV strategy with specific objectives to: 1) reduce the rate of tuberculosis among persons living with HIV and most-at-risk populations; and 2) increase the rate of HIV counseling and testing among tuberculosis patients. KHANA will provide tuberculosis information, screen clients, and facilitate the initiation of tuberculosis treatment to persons living with HIV. KHANA will train and mentor implementing partners on tuberculosis/HIV co-infection to enhance capacity to deliver tuberculosis/HIV interventions.

KHANA will collaborate with National Tuberculosis Program to ensure that data is reported as required and will monitor the implementation of tuberculosis and HIV activities through supervisory visits and technical support to implementing partners, surveys, data-verification, external assessments, routine use of KHANA's data and health information system and continuous quality improvement. The quality of programming will be monitored according to International HIV/AIDS Alliance good practice programming standards for tuberculosis/HIV integration, which are informed by global evidence and experience.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	80,000	0

Narrative:

In collaboration with the national program, KHANA will participate in the implementation of quality improvement

initiatives to enhance the quality of service delivery to people living with HIV, orphans and vulnerable children, and most-at-risk populations. Through an existing memorandum of understanding with the National Institute of Public Health, KHANA will continue to play a major role in research in the areas of HIV, health, and development. KHANA will revise current monitoring and reporting tools and systems to better track data to produce strategic information and will continue to share good practices and keep its partners updated on the latest monitoring and evaluation systems related to HIV, health, and development by providing yearly trainings and quarterly technical support and monitoring visits.

KHANA will document best practices from its current project, partner programs, and KHANA demonstration centers. Best practices will be shared globally and with KHANA partners to link program monitoring to strategic information and knowledge sharing to improve program quality and inform policy, communications and the national research agenda. As part of a transition from service delivery to the provision of technical leadership, KHANA will focus on disseminating high-quality research to increase the evidence base for quality programming in HIV, sexual and reproductive health, and tuberculosis.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	100,000	0

Narrative:

Target populations:
Target populations include entertainment workers, men who have sex with men, injecting drug users, and people living with HIV.

Interventions:
KHANA will use safe referral systems to track HIV-infected clients and provide them with information, transport costs, and money for making counseling appointments by phone. Representatives of people-living-with-HIV networks will remind clients about missed appointments through telephone calls. KHANA and its partners will implement community and peer-initiated testing and counseling with active referrals for HIV care and treatment services in close collaboration with the national HIV program. The testing will be conducted in safe spaces for most-at-risk populations such as drop-in centers, beer gardens, restaurants, and clubs. KHANA and partners will conduct two trainings per year for peer educators on effective HIV counseling for most-at-risk populations, people living with HIV, and orphans and vulnerable children. KHANA will strengthen links between testing and counseling by ensuring that clients are provided with results as well as money to make counseling appointments. KHANA will strengthen referral systems to provide people living with HIV with information and referrals to sexual and reproductive health and family planning, tuberculosis, livelihoods, nutrition, and other services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Prevention	HVOP	340,000	0

Narrative:

Target populations:
Target populations include 4,159 entertainment workers and their sexual partners, and 4,031 men who have sex with men and their partners in the urban areas of Phnom Penh, Siem Reap, and Battambang provinces. KHANA will provide HIV-focused prevention education, screening for sexually transmitted infections and tuberculosis, and referrals of members of most-at-risk populations to other relevant services as needed.

Interventions:
KHANA and its sub-partners will deliver: HIV prevention and sexual and reproductive health education; counseling; supplies of condoms and lubricants; referrals for voluntary confidential counseling and testing; testing for sexually transmitted infections; gender-based violence education; information on the prevention of mother-to-child transmission of HIV/AIDS; and basic health services. Activities will target entertainment workers, men who have sex with men, and their partners through outreach and drop-in centers. KHANA will improve the quality of outreach activities through national-level contributions to policy dialogue, support to technical working groups, and collaboration with the National AIDS Authority to improve service delivery access to most-at-risk populations. KHANA will also develop policy papers for the integration of sexual and reproductive health and tuberculosis services into the existing community prevention and care package.

KHANA will implement an incentive scheme for community-based peer educators to improve coverage. Peer educators will provide information on correct condom use and access to condoms and lubricant in brothels, entertainment venues, clubs, and bars. KHANA and its sub-partners will organize community and peer initiated testing and counseling for HIV in safe spaces in collaboration with government providers. To increase involvement of men and boys in HIV prevention activities, KHANA will recruit and train the clients of entertainment workers to work as peer educators.

KHANA and its partners will collaborate with Population Services International to ensure condom availability and to promote social marketing for condoms.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	120,000	0

Narrative:

Target populations:
KHANA's Meanchey Drop-in Center and its non-governmental organization sub-partner Korsang will target 650 male and female injecting drug users (primarily aged 15-49 years).

Interventions:
KHANA and Korsang will provide interventions recommended by the World Health Organization and in compliance with the International HIV/AIDS Alliance evidence-based good practice standards. KHANA will: support access to methadone maintenance therapy; collaborate with National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases to provide testing and counseling for HIV and other sexually transmitted infections; conduct education sessions on HIV and sexually transmitted infections prevention, safer sex and harm reduction; provide access to condoms and lubricant; provide basic medical care and treatment including drug overdose treatment; and provide sexual and reproductive health information and referrals.

Through drop-in centers and outreach, KHANA and Korsang will mobilize community members and local police to form project advisory committees that will meet with the Provincial Drug Control Committee to address injecting drug user issues. KHANA and Korsang will collaborate with the National AIDS Authority and the National Authority for Combating Drugs to enhance the enabling environment for work with injecting drug users. KHANA will continue to advocate National Authority for Combating Drug to provide licenses for a needle and syringe exchange program for non-governmental organization sub-partners.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	0

Narrative:

Target populations:
Target populations include people living with HIV, discordant couples (couples where one person is HIV-positive and one person is HIV-negative), entertainment workers, and people who inject drugs.

Interventions:
KHANA will increase access to prevention of mother-to-child transmission of HIV services by: 1) strengthening referral networks and links to voluntary confidential counseling and testing, sexual and reproductive health, and family planning services; 2) increasing community awareness on family planning, prevention of mother-to-child transmission of HIV, antenatal care, safe delivery and safe breastfeeding; and 3) increasing community and peer-initiated counseling and testing in most-at-risk populations. KHANA will integrate these activities into their existing support structures at the community level. KHANA will place representatives of the persons-living-with-HIV networks in health facilities to improve referrals to other needed health services. Finally, community-based networks will provide post-natal follow-up during home visits to monitor feeding practices, to encourage HIV testing for infants, and to ensure that persons living with HIV are receiving adequate nutrition.

Implementing Mechanism Details

Mechanism ID: 13591	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 13660	**Mechanism Name: SIFPO/MSI - OHSS**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Marie Stopes International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 200,000	
Funding Source	**Funding Amount**
GHP-USAID	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goal and Objectives:

Marie Stopes International Cambodia (MSIC) aims to increase the use of voluntary family planning services in targeted areas. The objectives of the Support to International Family Planning Organizations project are to: 1) pilot comprehensive, replicable, family planning service delivery mechanisms; 2) provide national vision and leadership for family planning and HIV integration and coordination in close partnership with the National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases, the National Maternal and Child Health Centre, and other relevant organizations working with people living with HIV and most-at-risk populations; 3) increase demand for comprehensive health services through strengthening demand-side health-financing mechanisms; 4) improve health-financing structures and the cost-effectiveness of family planning service delivery; and 5) enhance MSIC's management, leadership, and technical capacity.

Geographic coverage and target populations:

The project will implement activities in 20 health facilities in two Cambodian provinces (Kandal and Takeo) targeting most-at-risk populations and people living with HIV.

Cost-efficiency:
MSIC will reduce costs by piloting and sharing cost-effective models, such as voucher schemes for improved voluntary family planning services, and facilitating integration of quality family planning services into HIV service delivery sites. MSIC has strong relationships with all local government and civil society partners. The provision of technical support to current public sector health workers will promote sustainability within the Cambodian health system.

Monitoring and evaluation:
MSIC will collect and use program data to inform and shape ongoing project design and implementation.

Cross-Cutting Budget Attribution(s)

Gender: Gender Equality	30,000
Human Resources for Health	30,000

TBD Details

(No data provided.)

Key Issues

Increasing women's legal rights and protection
Safe Motherhood
Family Planning

Budget Code Information

Mechanism ID:	**13660**
Mechanism Name:	**SIFPO/MSI - OHSS**
Prime Partner Name:	**Marie Stopes International**

Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HBHC	60,000	0

Narrative:

Target populations:
Target populations include people living with HIV and their sexual partners. The project will reach 3,778 individuals in Kandal and 2,636 individuals in Takeo provinces.

Interventions:
MSIC will support activities that increase access to family planning for HIV-infected and affected individuals at HIV care and treatment facilities, at health centers, and through community-based outreach. The Ministry of Health and the U.S. government are committed to universal access to fertility choices and voluntary family planning.

In FY 2012, MSIC will: 1) promote informed choice among family planning clients; 2) promote dual method use by promoting condoms plus other family planning choices; and 3) strengthen referrals and reduce financial barriers to family planning through vouchers and the subsidy of user-fees. The project will support clinical facilities by building capacity of providers to: 1) provide comprehensive, non-judgmental, and non-stigmatizing fertility and family planning counseling; 2) provide voluntary family planning services; 3) help facilities meet minimum family planning service standards; 4) strengthen the referral networks among HIV care and treatment, prevention of mother-to-child transmission of HIV, and maternal and child health facilities; and 5) strengthen family planning quality-of-care through clinical audits and customer satisfaction surveys. The project will update, as needed, existing training tools and communication materials, and will disseminate research findings and provide evidence-based strategic guidance to the national program for policy reform and improved family planning and HIV integration.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	80,000	0

Narrative:

Target populations:
Target populations include women of reproductive age who are engaged in high-risk sexual behavior and people living with HIV and their sexual partners.

Interventions:
MSIC will develop and pilot innovations for family planning and HIV service integration in health facilities reaching most-at-risk populations and people living with HIV/AIDS. Approaches will aim to reduce costs while

improving access to broader range support activities that increase access to family planning for HIV-infected and affected individuals at HIV care and treatment facilities, health centers, and through community-based outreach.

Current barriers to family planning access among most-at-risk populations include: 1) weak government policies on fertility and family planning choices for persons living with HIV; 2) negative attitudes of providers to serving persons living with HIV and members of most-at-risk populations; 3) limited incentives for facilities to offer family planning, 4) clients' inability to pay for services; 5) limited capacity of health facilities to provide family planning services; 6) limited access to family planning commodities in key facilities; and 7) facility information systems that do not collect data routinely on the provision and quality of family planning services.

In FY 2012, MSIC will: 1) strengthen Ministry of Health policies on voluntary, informed, non-judgmental, non-stigmatizing, and non-coercive fertility and family planning choices for people living with HIV and most-at-risk populations; 2) train providers on fertility and family planning choices; 3) strengthen referral networks among HIV care and treatment and maternal and child health sites to improve access to family planning services; 4) address financial barriers to access through vouchers and the subsidy of user-fees; 5) strengthen provider supervision by linking facilities serving most-at-risk populations and persons living with HIV/AIDS with maternal child health supervision systems; and 6) strengthen the quality of care through implementation of clinical audits and client satisfaction surveys.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	60,000	0

Narrative:

Target populations:
Target populations include women of reproductive age who are engaged in high-risk sexual behavior, specifically entertainment workers. The project will reach 1,100 at-risk individuals in Kandal and 558 in Takeo provinces.

Interventions:
MSIC will support activities that increase access to family planning for most-at-risk populations in health facilities and sexually transmitted infection treatment centers, and through community-based outreach. The Ministry of Health and the U.S. government are committed to universal access to fertility choices and voluntary family planning. About 30 percent of female entertainment workers report having had an abortion in the previous year, indicating high rates of unplanned pregnancy, low rates of consistent condom use, and high unmet family planning needs.

In FY 2012, MSIC will: 1) promote informed choice among family planning clients; 2) promote dual method use by promoting condoms plus other family planning choices; and 3) strengthen referrals and reduce financial

barriers to family planning through vouchers and the subsidy of user-fees. The project will support clinical facilities by building capacity of providers to: 1) provide comprehensive, non-judgmental, and non-stigmatizing fertility and family planning counseling; 2) provide voluntary family planning services; 3) help facilities meet minimum family planning service standards; 4) strengthen the referral networks among sexually transmitted infections, HIV, and maternal and child health facilities; and 5) strengthen family planning quality-of-care through clinical audits and customer satisfaction surveys. The project will update, as needed, existing training tools and communication materials, and will disseminate research findings and provide evidence-based strategic guidance to the national program for policy reform and improved family planning and HIV integration.

Implementing Mechanism Details

Mechanism ID: 14179	**Mechanism Name: KHANA-Flagship**
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Khmer HIV/AIDS NGO Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: No	Managing Agency:

Total Funding: 4,732,988	
Funding Source	**Funding Amount**
GHP-State	1,632,988
GHP-USAID	3,100,000

Sub Partner Name(s)

FHI 360	Population Services International	

Overview Narrative

On September 30, 2012 USAID's contract with FHI 360 will end. A request for applications for a new "flagship" project focusing on prevention, care, treatment and capacity building will be issued in fiscal year 2012. The new project is outlined below.

Goal and objectives:

The project will enhance the impact and reduce the cost of the national response to HIV through investments in

innovative service-delivery approaches and improved local capacity to deliver these services. The objectives of the project are to: 1) foster local capacity to design and implement innovative HIV interventions targeting most-at-risk populations and people living with HIV; and 2) to strengthen the organizational capacity of local partners.

Geographic coverage and target populations:
Project activities will target major urban and peri-urban centers in provinces with high HIV prevalence. Target groups include female entertainment workers and their male clients; men who have sex with men and transgendered persons; injecting drug users; and persons living with HIV.

Cost-efficiency:
The new project will develop innovative and targeted approaches to HIV prevention in an effort to provide and disseminate more effective and relevant services to underserved populations while reducing overall costs.

Monitoring and evaluation:
The new project will develop and execute a monitoring plan that will specify expected program results with indicators, mid-term milestones or benchmarks, and end-of-project results.

Vehicles:
We anticipate that at least one vehicle and several motorcycles will be procured with this project.

Cross-Cutting Budget Attribution(s)

Education	300,000
Gender: GBV	300,000
Gender: Gender Equality	300,000
Human Resources for Health	500,000

TBD Details

(No data provided.)

Key Issues

Implement activities to change harmful gender norms & promote positive gender norms
Increase gender equity in HIV prevention, care, treatment and support
Increasing women's access to income and productive resources
Increasing women's legal rights and protection
Safe Motherhood
TB
Workplace Programs
Family Planning

Budget Code Information

Mechanism ID:	**14179**
Mechanism Name:	**KHANA-Flagship**
Prime Partner Name:	**Khmer HIV/AIDS NGO Alliance**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	509,531	0

Narrative:

Target populations:
Target populations are people living with HIV and their affected family members.

Interventions:
The TBD partner will develop refined models to deliver community-based and family-focused HIV care in Cambodia. Programming priorities will include improved integration of services; the expanded use of quality assurance and quality improvement protocols; the early detection and referral of suspect cases of tuberculosis; improved monitoring of and support for antiretroviral treatment adherence; and the provision of "positive prevention" services – including enhanced access to family planning services and couples HIV counseling for HIV-infected or affected individuals.
Key activities will include: 1) support for the implementation and evaluation of recently revised national standard operating procedures for HIV prevention activities for individuals infected or affected by HIV/AIDS; 2) the development of enhanced client referral systems to improve use of tuberculosis, family planning, sexually transmitted infection, and HIV care and treatment services among people living with HIV; 3) the piloting of new protocols to identify and reach HIV-infected individuals in their communities earlier in their disease progression; and 4) support for the revision of the national home-based care curriculum to improve the skill sets of care providers. In particular, the curriculum revisions will strive to improve the ability of care providers to provide

"positive prevention" services, monitor for HIV treatment adherence and side effects, and refer clients to other relevant HIV, health and social services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	0

Narrative:

Target populations:
Target populations are children infected or affected by HIV and their caregivers.

Interventions:
Interventions for orphans and vulnerable children and home-based care are integrated in Cambodia to develop a more comprehensive child-centered and family-focused approach. The TBD partner will focus on strengthening the capacity of families, guardians and community members to care for and protect orphans and vulnerable children. Specifically the partner will provide training to home-care teams and caregivers on: counseling and palliative care; life skills; parenting skills; establishing linkages for medical, psychosocial, nutritional and economic support; and combating stigma and discrimination. This training will strive to introduce values and skills that strengthen the links between community-based interventions and those in health facilities to improve care for orphans and vulnerable children. By establishing working relationships with existing community development entities, such as local pagodas, and commune and village chiefs, the partner will also facilitate beneficiary access to a broader set of livelihoods, economic and social support services. At the national level, the TBD partner will work collaboratively with the National Task Force for Orphans and Vulnerable Children to revise and refine national policies for comprehensive and high-quality care for orphans and vulnerable children.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVTB	84,922	0

Narrative:

Target populations:
Target populations are people living with HIV, tuberculosis patients, and their affected family members.

Interventions: To improve access to HIV services among tuberculosis patients, and to reduce tuberculosis-associated morbidity and mortality among individuals infected with HIV, the TBD partner will focus on: 1) improving joint tuberculosis and HIV communications strategies; 2) strengthening referral systems between HIV and tuberculosis services; 3) increasing access to antiretroviral treatment for tuberculosis patients; 4) providing training on the clinical management of tuberculosis and HIV; and 5) developing strategies to improve tuberculosis infection control, access to isoniazid preventive therapy for people living with HIV, and intensified

tuberculosis case-finding.
Specifically, the partner will train physicians to screen for and diagnose tuberculosis among HIV-infected individuals, and to routinely offer HIV testing to tuberculosis patients. Providers will also be trained to provide isoniazid preventive therapy to HIV-infected individuals without active tuberculosis on a routine basis according to national standard operating procedures. The partner will support the development and implementation of tuberculosis infection control strategies at HIV care and treatment sites. Training will be provided to Village Health Support Group volunteers to deliver tuberculosis and HIV prevention and care education, identify and refer suspect cases of tuberculosis through contract tracing, and monitor tuberculosis treatment adherence.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	127,383	0

Narrative:

Target populations:
Target populations are children living with HIV and their caregivers.

Interventions:
Key priorities of the TBD partner will be increasing the coverage of care services among HIV-infected children, and reducing the loss of these children to follow-up in pediatric health facilities. Improved protocols to enhance communication and referrals across antenatal care, maternity, prevention of mother-to-child transmission and pediatric HIV care and treatment service-delivery sites are critical to achieve these objectives. The partner will work with relevant national technical working groups to develop appropriate guidelines and policies to strengthen pediatric HIV care and treatment services and improve information sharing and successful referrals across HIV and other health services at the clinical and community levels.
In addition, the partner will pilot referral mechanisms to improve follow-up of HIV-exposed children from delivery sites to HIV pediatric services. Greater emphasis will be placed on performing early infant diagnosis in collaboration with the National Institute for Public Health, UNICEF, and the Clinton Foundation. The partner will provide appropriate training for home-based care teams, health clinic staff, and pediatric HIV care providers. At the facility level, the partner will improve cotrimoxazole opportunistic infection prophylaxis coverage among HIV-infected and HIV-exposed children. Home-based care teams will encourage mothers or guardians of HIV-infected children to have their children fully immunized. The partner will improve quality of pediatric HIV services through training, supervision, and mentoring activities to strengthen drug and commodity supply systems, case management, coordination structures, referral systems and monitoring systems. Targeted training through a combination of onsite mentoring and formal training will be provided to physicians. The partner will support regular meetings for infected children and their families at HIV care sites, and will use these to provide appropriate information and education on basic care, opportunistic infection prevention, nutrition, and social and psychological support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HVSI	629,939	0

Narrative:

Interventions:
The TBD partner will strengthen the dissemination and use of strategic information to improve the quality of programs and to inform rational resource allocation in the national HIV program. Through direct mentoring and supervision, as well as though the development and implementation of enhanced information systems in demonstration sites, the partner will build local capacity to use data to identify and address unmet service delivery needs, improve program quality and impact, and reduce program costs.
Anticipated results include: the conduct of more routine, integrated HIV behavioral and biological surveillance among most-at-risk populations; the conduct of routine censuses of most-at-risk populations to assess program coverage; improved use of routine program data to inform resource allocation; expanded use of quality assurance and quality improvement systems in service delivery; and the introduction of a confidential system that can track unique individuals' use of a variety of HIV and other health services. Such a multi-faceted system is critical to monitor and improve successful provision of needed HIV prevention, care and treatment services to members of hard-to-reach and highly mobile at-risk groups.
In addition to building local capacity to gather and use strategic information, the new partner will provide program information to a third-party partner to facilitate the rigorous, independent evaluation of service-delivery innovations introduced under this implementing mechanism.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	84,922	0

Narrative:

Interventions:
The TBD partner will play a key role in supporting the rational development of the annual operational work plans for the National Center of HIV/AIDS Dermatology and Sexually Transmitted Infections; the National Center for Maternal and Child Health; and provincial partners.
In addition, the partner will work with the Ministry of Health and other civil society partners to improve the appropriate, cost-effective integration of HIV and other health systems and services in clinical settings and in communities. In particular, activities will focus on: improving referrals across HIV other health service-delivery sites; developing systems to share patient information across facilities and providers; establishing protocols to improve access to HIV services among infected individuals hospitalized in departments that do not specialize in HIV; expanding the use of provider-initiated approaches to HIV testing and counseling in relevant clinical settings;

developing protocols to improve access to family planning services in HIV care and treatment sites; and developing protocols to improve linkages between tuberculosis and HIV services. This work will include the provision of training to health facility staff to promote service integration and the integration of program and human resource management within the other functions of referral hospitals.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVCT	1,000,000	0

Narrative:

Target populations:
Target populations include female entertainment workers, their male clients, men who have sex with men, injecting drug users, and pregnant women.

Interventions:
The TBD partner will work in close collaboration with the National Center for HIV/AIDS, Dermatology, and Sexually Transmitted Infections to strengthen the quality and coverage of HIV testing and counseling services among most-at-risk populations in Cambodia. Activities will focus on the development and dissemination of innovative approaches to improve rates of HIV testing and counseling among most-at-risk populations in their communities, and in clinical settings likely to feature patients facing elevated HIV-infection risks. These approaches will include, but not be limited to: 1) the use of rapid HIV testing technologies to provide diagnostic services and clinical referrals to at-risk individuals on an outreach basis through lay counselors, and 2) the expansion of provider-initiated HIV testing and counseling in sexually transmitted infection clinics, tuberculosis clinics, antenatal care clinics, and on hospital inpatient wards.
The partner will provide technical assistance to the national HIV program in revising HIV testing and counseling guidelines and training curricula to incorporate the use of innovative technologies, improve client referrals to other relevant HIV prevention, care and treatment services, and foster rational service integration to improve quality and reduce costs. Specific emphasis will be placed on enhancing the quality of HIV counseling to prevent HIV transmission from HIV-infected individuals and in HIV serodiscordant couples, and to address unmet family planning and sexually transmitted infection treatment needs among HIV testing and counseling clients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,450,796	0

Narrative:

Target populations:
Target populations include female entertainment workers and their male clients; men who have sex with men and transgendered persons; injecting drug users; and people living with HIV.

Interventions:
Epidemiological evidence and resource constraints call for HIV prevention programming with an enhanced focus on populations facing the greatest HIV infection risks. The effectiveness and efficiency of programming depends on the routine involvement of beneficiaries in planning and implementation, and the constant adaptation of service delivery protocols to embrace emerging innovations and scientific breakthroughs. To address these challenges, the TBD partner will work with local implementing partners to create "centers of excellence" for the implementation, evaluation, and dissemination of innovative interventions to reduce the vulnerability of most-at-risk populations to HIV and sexually transmitted disease acquisition. The partner will promote preventive and health-seeking behavior among program beneficiaries, improve the quality and relevance of prevention services, and strengthen linkages between HIV prevention, care, and treatment services across clinical and community-based delivery sites.
The anticipated results under this project will include: 1) more impactful and cost-efficient national protocols for the delivery of HIV prevention services; 2) improved access to a comprehensive package of clinical and community HIV services for most-at-risk populations; 3) enhanced community participation in HIV prevention programming; and 4) the introduction and adoption of novel and more impactful approaches to HIV prevention nationwide.
Project activities include: 1) delivery of a refined package of prevention services to most-at-risk populations, including peer education and counseling, condom and lubricant provision, and referrals to HIV and sexually transmitted infection care and treatment; 2) the delivery of HIV testing and counseling services to most-at-risk populations on an outreach basis using rapid HIV testing technologies; and 3) training and mentoring of government and civil society staff in the implementation of technical advances and innovations in HIV prevention.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	108,581	0

Narrative:

Target populations:
Target populations include injecting drug users, female entertainment workers, and men who have sex with men.

Interventions:
The TBD partner will focus on the provision of technical assistance improve the quality and coverage of harm reduction programming, focusing on the use and abuse of alcohol, amphetamine-type substances and heroin among populations facing elevated HIV risks in Cambodia. The partner will help refine one-to-one or small group counseling interventions for drug users at high risk for HIV infection, and will pilot innovative contingency management approaches and other activities designed to improve the quality of existing programming for drug users. In collaboration with the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and AusAID's HIV/AIDS Asia Regional Program, the partner will develop and implement a new "assisted referral" system to improve the utilization of methadone maintenance treatment and HIV care and treatment services among injecting drug users.

These efforts will also improve access to needle and syringe programming and case management services for current and recovering drug users, and referrals to other relevant social services. To cultivate critical community support for the implementation of harm reduction activities for injecting drug users and other populations facing elevated HIV infection risks, the partner will also work closely with the National AIDS Authority, the National Center for HIV/AIDS Dermatology and Sexually Transmitted Diseases, the Ministry of Interior, UN Agencies, and other development partners to engage local leaders in HIV prevention activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	0

Narrative:

Target populations:
Target populations include female entertainment workers, pregnant women, and people living with HIV.

Interventions: The TBD partner will provide technical support to the national HIV and maternal health programs to: develop refined prevention of mother-to-child transmission guidelines and policies; strengthen service delivery at the facility and community levels; and apply program data to improve the relevance and quality of programming. These efforts will result in more efficient service delivery protocols, improved curricula to train providers and enhanced access to prevention of mother-to-child transmission services among the beneficiary populations listed above. In particular, the partner will support integration of family planning and reproductive health education and services into HIV and maternal health delivery sites, and will work to improve linkages between clinical and community activities. To promote HIV testing among pregnant women, breastfeeding women, and postpartum women, the partner will train health center staff in provider-initiated HIV testing and counseling. The partner will conduct regular monthly supervision visits using quality assurance and improvement tools. The partner will improve rates of clinical follow-up among infants born to HIV-infected mothers by using community members to identify needs and to facilitate referrals. In addition, the partner will provide specialized training to traditional birth attendants on the prevention of mother-to-child transmission, and to home-based care teams on the use of checklists to improved follow-up of exposed infants and their mothers, promoting polymerase chain reaction testing for exposed infants at six weeks, appropriate prophylaxis and informed safe-infant feeding and immunization.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXS	509,531	0

Narrative:

Target populations:
Target populations include people living with HIV.

Interventions:

Consistent with World Health Organization recommendations, Cambodia has issued revised treatment guidelines which call for the initiation of treatment among HIV-infected adults with a CD4 cell count of fewer than 350 cells/mm3. The TBD partner will strengthen the quality of HIV treatment services through training, mentorship and supervision to strengthen drug supply systems, clinical case management, coordination, and the introduction of enhanced referral and monitoring systems.

Specifically, the partner will: 1) expand the use of continuous quality improvement systems at HIV care and treatment sites; 2) support the revision and delivery of training curricula for providers to improve the quality of patient care; 3) develop and pilot innovative HIV treatment drug distribution systems through patient networks to eliminate unnecessary clinical visits and improve adherence; 4) provide direct in-service mentoring and support to HIV care and treatment providers; and 5) work with the national HIV program to develop revised, more impactful and cost efficient national HIV care and treatment guidelines.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	PDTX	127,383	0

Narrative:

Target populations:

Target populations are children infected with HIV.

Interventions:

There are currently 19 public sites that provide HIV care and treatment to children infected by HIV. Due to the increasing number of children on treatment, the TBD partner will support the National Center for HIV/AIDS, Dermatology, and Sexually Transmitted Infections in expanding the implementation of HIV care and treatment services for children to additional sites. Specifically the partner will provide in-service provider training through mentoring and formal workshops. The partner will also provide training in the use of relevant data collection and analysis approaches to enhance patient monitoring and follow up, and identify opportunities for program improvement. The partner will also provide training to volunteers at the community level to help identify HIV-exposed or infected infants and children and to ensure their referral to appropriate follow up services. Finally, the partner will support the development of revised, more impactful, and cost efficient national guidelines for pediatric HIV care and treatment.

Implementing Mechanism Details

Mechanism ID: 14261	**Mechanism Name: Thailand Ministry of Public Health**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Thailand Ministry of Public Health	

Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 30,000	
Funding Source	**Funding Amount**
GAP	0
GHP-State	30,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives. This Cooperative Agreement will improve the quality of laboratory testing for diagnosing and monitoring treatment for opportunistic infections and HIV in Cambodia. Specific objectives are: 1) assist laboratories to become accredited under the national plan; and 2) ensure quality CD4 testing through regular proficiency testing.

Target Populations and Geographic Coverage. People living with HIV who are served by laboratories supported by PEPFAR (Phnom Penh and Battambang reference laboratories and hospital laboratories in Palin, Pursat, Battambang and Banteay Meanchey provinces) will benefit from this program.

Transition to Government Partners. Technical experts from the Ministry of Public Health, Thailand (Thai-MOHP) will provide technical assistance to Cambodian government laboratory staff responsible for laboratory quality assurance. Capacity to prepare CD4 panels for proficiency testing will be transferred to the National Institute of Public Health (NIPH) laboratory in the same manner that capacity to develop panels and manage the external quality control system for HIV testing is being transferred from the Thai-MOPH to NIPH.

Monitoring and Evaluation. Progress on accreditation will be monitored by the Cambodian laboratory technical working group. CD4 proficiency test results of laboratories will be analyzed and site-visits or refresher training programs planned in order to correct problems. Trip reports and recommendations made by the technical experts from the Thai-MOPH will be reviewed by CDC. Joint site visits will be made by Thai-MOPH technical experts, NIPH staff, and CDC to monitor progress.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	25,000

TBD Details

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	**14261**
Mechanism Name:	**Thailand Ministry of Public Health**
Prime Partner Name:	**Thailand Ministry of Public Health**

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	HLAB	30,000	0

Narrative:

The National Strategy for Laboratories in Cambodia details a plan for a phased approach to accreditation. PEPFAR is supporting this through Strengthening Laboratory Management Toward Accreditation (SLMTA) and other quality control activities. Under this cooperative agreement, technical experts from the Thailand Ministry of Public Health (Thai-MOPH) will mentor Cambodian laboratory directors from provincial and district hospitals and the national public health and reference laboratories to assist them to prepare and implement activities in the Cambodian plan of action for accreditation.

Specifically, the technical experts will:

1) Assist the National Institute for Public Health (NIPH) refine and implement the plan of action for accreditation of the NIPH laboratory,

2) Conduct training programs and support laboratory assessments for the SLMTA process,

3) Assist NIPH implement regional microbiology inter-laboratory comparison schemes to improve quality of opportunistic infections diagnosis, *4) Identify gaps in quality control for biochemistry, including pipette calibration, in provincial laboratories supported by the U.S. government,* *5) Provide proficiency panels to U.S. government-supported laboratories carrying out CD4 testing.* *A transition plan for CD4 proficiency testing to the Cambodian Ministry of Health will be developed by the Thai-MOPH in collaboration with CDC and the national laboratory technical working group.*

Implementing Mechanism Details

Mechanism ID: 14263	**Mechanism Name: Kingdom of Cambodia Ministry of Health - MOH CoAg Phase I**
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health- Swaziland	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	New Mechanism: No
Global Fund / Multilateral Engagement: PR/SR	
G2G: Yes	Managing Agency: HHS/CDC

Total Funding: 262,011	
Funding Source	**Funding Amount**
GAP	0
GHP-State	262,011

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and objectives: This new mechanism will contribute to HIV prevention in Cambodia by supporting activities and strengthening institutions that provide essential services for HIV, but whose mandate is broader than HIV. Specific objectives are to: 1) improve blood safety through training, organizational, and infrastructure support; 2) promote integration of HIV with maternal and child health services; 3) strengthen the capacity of the Ministry of Health to implement and manage donor resources, especially the Global Fund, with transparency, good stewardship

and accountability.

Target population/ coverage: This TBD partner will help build systems and strengthen capacity to deliver safe blood and integrated maternal health services throughout Cambodia, especially in areas of priority for the U.S. government and Global Fund.

Cost efficiency/ transition: Integration of services between vertical programs within the MOH will lead to more efficient and sustainable health systems. Building capacity of managers and program directors will lead to more effective use of resources and better absorptive capacity.

Monitoring and evaluation: CDC technical support will be provided to ensure management and monitoring systems for the cooperative agreement are consistent with U.S. regulations. Progress on program activities and use of resources will be reviewed during quarterly meetings, and through quarterly and annual reports. Program supervisors will conduct joint site visits with CDC staff to review progress and identify problems in implementation.

The new mechanism will be partially funded with resources approved for prevention of mother- to- child infection in prior years and from the PEPFAR Global Fund Collaborative Fund.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	75,000

TBD Details

(No data provided.)

Key Issues

Safe Motherhood

Family Planning

Budget Code Information

Mechanism ID:	14263		
Mechanism Name:	Kingdom of Cambodia Ministry of Health - MOH CoAg Phase I		
Prime Partner Name:	Ministry of Health- Swaziland		
Strategic Area	**Budget Code**	**Planned Amount**	**On Hold Amount**
Governance and Systems	HVSI	104,804	0

Narrative:

The FY 2013 Ministry of Health (MOH) implementing mechanism will improve the capacity of public health workers, program directors, and civil society partners to collect, analyze, and use existing programmatic data. Strategic information funding and technical assistance will address the problem of multiple, non-integrated client datasets that hinder routine performance reviews of the national HIV care program.

Because Cambodia does not yet have a uniform health registration system that allows for the confidential tracking of individuals across service-delivery sites, facilities have developed their own unique, non-integrated systems. As a result, the data that sites pass along to the national level registers feature inconsistencies in the categorization and coding of patients and services delivered and often double count individuals who have visited more than one site or have received more than one service. The implementing mechanism support to the MOH's Department of Planning and Health Information will complement expected central Strategic Information funds from the U.S. Office of the Global AIDS Coordinator and funding to the National Center for HIV/AIDS and Dermatology for tracking individuals across the full continuum of care of health and community services through the use of a unique identifier system for individuals seeking services and to link confidential medical records across HIV testing, care and treatment services. Complementary systems will be developed to introduce unique identifier codes in community-based programs to facilitate tracking of referrals for female entertainment workers, men who have sex with men, and injecting drug users from community to facility-based services.

The implementing mechanism will also support an analysis of routinely collected prevention of mother to child transmission data to determine the cost and effectiveness of a universal testing strategy in the low prevalence context. An additional operations research study will determine the contribution of HIV to maternal anemia in Cambodia, which affects over 40 percent of pregnant women.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Governance and Systems	OHSS	104,804	0

Narrative:

The FY 2013 implementing mechanism will strengthen the ability of the Ministry of Health (MOH) to ensure the

efficiency and effectiveness of aid/external funds within the health sector in Cambodia.

Cambodia's national response to HIV/AIDS relies heavily on external funds, such as the Global Fund, U.S. government, United Nations (UN) agencies. In October 2006, the Ministry of Health decreed the Department of International Cooperation (DIC) be responsible for international cooperation within the health sector to achieve the goals of the Royal Government of Cambodia's National Strategic Development Plan and Health Strategic Plan.

DIC will support the development and management of the MOH website and DIC database, which will track health sector external assistance and support the sharing of key policies, programmatic and funding information, promoting transparency of donor resources. DIC will map all external organizations who are currently working in the health sector, including the Global Fund and U.S. government, to identify duplicative or inefficient activities, as well as gaps in service delivery. In addition, the mapping will allow DIC toidentify technical assistance needs and develop strategies to use the information to guide resource allocation and priority setting. These activities will also be used to assist the Cambodian government to predict the cost of the National Strategy and mobilize national and international resources.

With this implementing mechanism DIC will procure technical assistance for project management, including financial, property systems and procurement/supply chain systems. This assistance will support the Global Fund Principal Recipients and the broader MOH management units to help strengthen the MOH's overall project management capacity. The three departments within the MOH, who partnered with CDC previously, reported that establishing systems and structures within their organizations increased project management capacity over time. The DIC will hire staff for a project management team, including a Monitoring and Reporting Officer, an Accountant, and an Administrative Officer to support the leadership and coordination of this implementing mechanism.

The DIC project management team and CDC will adapt the Standard Operating Procedures, currently used by other CDC supported MOH centers, and they will be implemented for use with all partners supported under this mechanism. The project management team will assist other CDC supported MOH centers to organize efficient and accountable project management systems, recruit and hire staff, and consolidate information for semi-annual reports. DIC will convene quarterly meetings with the National Blood Transfusion Center, National Maternal and Child Health Center, and Department of Planning and Health Information and CDC to monitor progress, identify and resolve implementation challenges, track expenditures, and ensure overall consistency.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	26,201	0

Narrative:

A PEPFAR supported task order control to carry out an assessment of the Cambodian blood supply system and develop a five year strategy and action plan will be finalized in August 2012.

This new TBD mechanism provides funding to the Ministry of Health (MOH) and National Blood Transfusion Center to implement activities identified in the five year strategy and action plan not supported by other donors. A complementary TBD mechanism funds a partner to provide technical support to the MOH to ensure effective implementation of the action plan, including development of training materials and protocols, monitoring activities, and mentoring leaders.

Lack of capacity is a major constraint for ensuring safe blood in Cambodia. The lack of capacity has resulted in a poorly organized blood system without standardized protocols or trained personnel. Transfusion practices in hospitals do not follow international standards. Because of poor absorptive capacity, the MOH returned funds to the Global Fund in 2011.

To address these gaps, activities in this program include: 1) supporting 500 health workers from the public sector blood banks and hospitals providing transfusions to patients to attend training workshops on appropriate transfusion techniques, identification of transfusion transmitted infections, immune-hematology, quality assurance, and laboratory auditing; 2) organizing training workshops for managers who oversee the national blood supply system and regional blood banks; 3) printing and disseminating the blood safety action plan and revised guidelines and protocols; 4) procuring materials to implement quality control systems for the safe production of blood components; and 5) implementing a computerized information system to enhance voluntary donor recruitment and forecasting of blood supply and equipment needs.

Specific targets and expected outcomes for the national blood system will be outlined in the action plan. Reporting and monitoring tools will be developed in collaboration with the technical assistance TBD partner. Reports will be reviewed by the blood safety technical working group. Site visits to assess progress will be carried by MOH leadership and technical advisors in collaboration with CDC.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	26,202	0

Narrative:

The FY 2013 Ministry of Health (MOH) implementing mechanism will provide support to improve the performance of prevention of mother to child transmission (PMTCT) activities supported by Global Fund grants, including improving monitoring and evaluation, reporting and management systems and streamlining financial processes.

Cambodia's Global Fund resources provide funding for reducing infant HIV infection, but significant challenges

have hampered the ability to implement programs and meet performance expectations. The FY 2013 implementing mechanism will provide financial and technical support for a senior maternal and child healthprogram pfficer to improve the performance of the combined National Maternal and Child Health Center (NMCHC) and National Center for HIV/AIDS, Dermatology and STDs' PMTCT programs.

This implementing mechanism will support the MOH's plan to improve provision of family planning services for people living with HIV and at risk for contracting HIV with a focus on provision of dual protection, so that those who desire to limit, prevent, or delay pregnancy are able to access appropriate care at government health facilities. Training of providers within the antiretroviral treatment (ART) clinics with the training materials developed by NMCHC and CDC will address educate ART providers about how to prescribe contraceptive methods. Appropriate training and supportive supervision will ensure that clinicians working in the ART and sexually transmitted infections clinics offer patients who desire to prevent or delay pregnancy informed choice of family planning methods, as well as ensuring maternal and child primary health care providers have the knowledge and skills to counsel on dual protection and meet the unique needs of women with HIV or at risk of contracting HIV who are seeking birth spacing options.

To address maternal mortality, NMCHC wishes to establish a national maternal death audit secretariat. The secretariat which would oversee the review of the current maternal death audit curriculum, ensure its consistent implementation, and support provincial and district maternal death audit committees to review all deaths for significant and modifiable predictors of maternal death such as advanced HIV disease by triangulating sources of information for maternal death case reporting (e.g. death certificates and PMTCT cohort registers).

Finally, the MOH is interested in strengthening health systems for pre-cancer screening among women at high risk of cervical cancer. Creating a common vision between technical experts and health policy makers is needed. This mechanism will convene stakeholders to develop a roadmap to foster high quality cervical pre-cancer screening.

Implementing Mechanism Details

Mechanism ID: 16370	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16631	**TBD: Yes**
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16632	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16633	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16681	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16683	TBD: Yes
REDACTED	

Implementing Mechanism Details

Mechanism ID: 16688	TBD: Yes
REDACTED	

USG Management and Operations

Assessment of Current and Future Staffing.

Redacted

Interagency M&O Strategy Narrative.

Redacted

USG Office Space and Housing Renovation.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Computers/IT Services			44,160	44,160
ICASS			149,040	149,040
Management Meetings/Professional Developement			82,800	82,800
Non-ICASS Administrative Costs			276,000	276,000
Staff Program Travel			108,000	108,000
USG Staff Salaries and Benefits			540,000	540,000
Total	**0**	**0**	**1,200,000**	**1,200,000**

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHP-USAID		44,160
ICASS		GHP-USAID		149,040
Management Meetings/Professional Developement		GHP-USAID		82,800
Non-ICASS Administrative Costs		GHP-USAID		276,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	GAP	GHP-State	GHP-USAID	Cost of Doing Business Category Total
Capital Security Cost Sharing	5,957			5,957
ICASS	70,000			70,000
Non-ICASS Administrative Costs	160,000			160,000
Staff Program Travel	35,000	15,000		50,000
USG Staff Salaries and Benefits		1,079,841		1,079,841
Total	**270,957**	**1,094,841**	**0**	**1,365,798**

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		5,957
ICASS		GAP		70,000
Non-ICASS Administrative Costs		GAP		160,000