

Development of a Sustainability Roadmap for Cambodia AIDS Response

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**Why starting a
transition when
donors are not
leaving as yet ?**

**From Investment
Case to Transition
Readiness
Assessment**

**Sustainability
Roadmap**



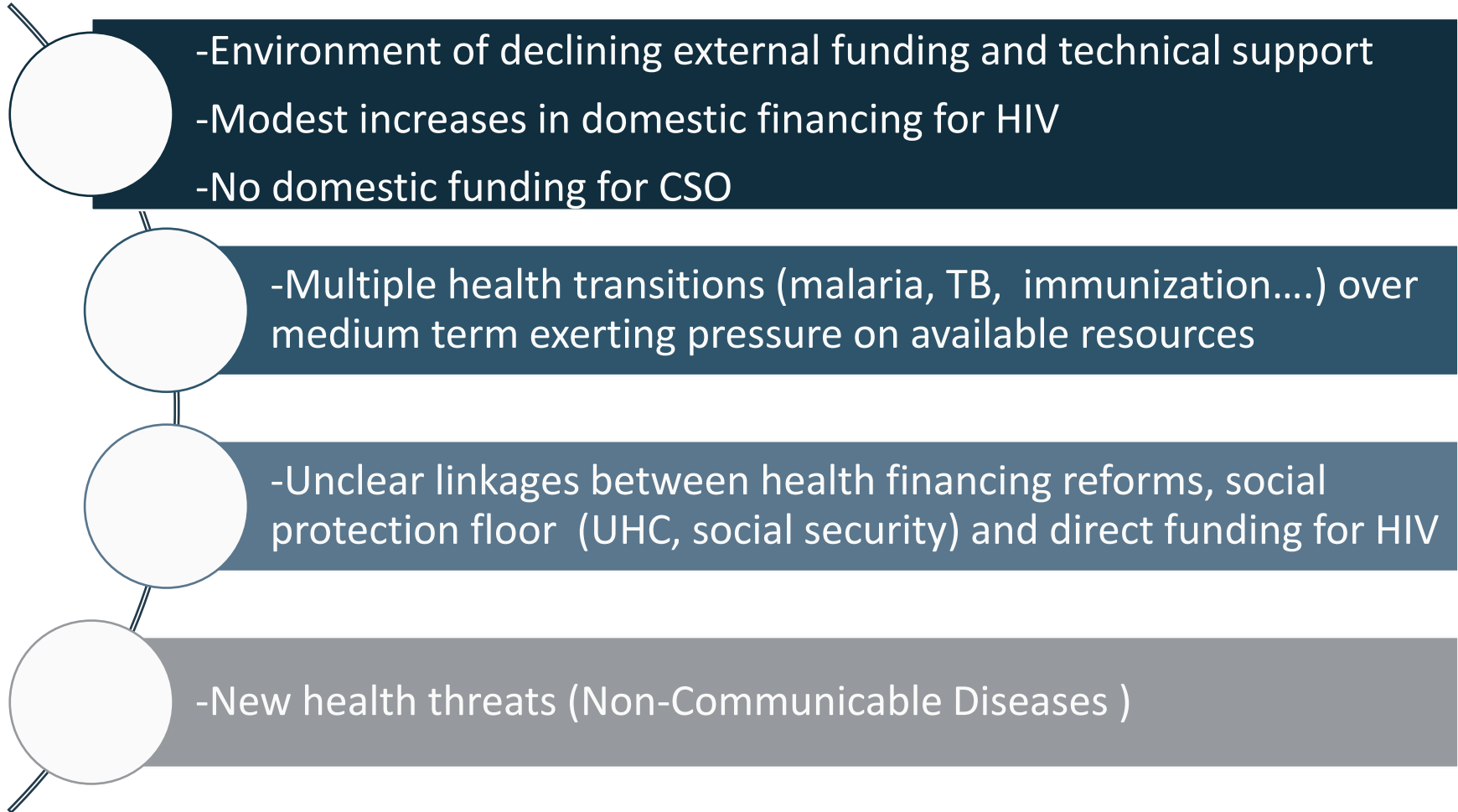
**Why starting a
transition
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Cambodia context

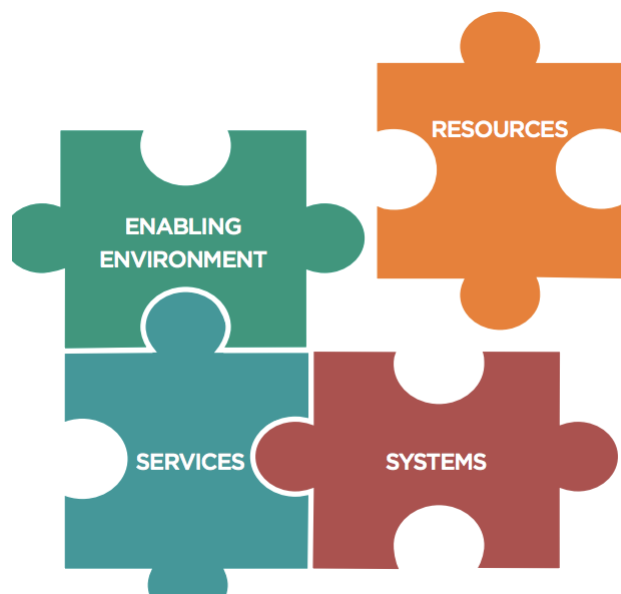




**From
Investment
Case to
Transition
Readiness
Assessment**



Sustainability is



“the ability of a health program or country to both maintain and scale up service coverage to a level, in line with epidemiological context, that will provide for continuing control of a public health problem and support efforts for elimination of the three disease”



Strong national leadership by National AIDS Authority & close partnership with key stakeholders

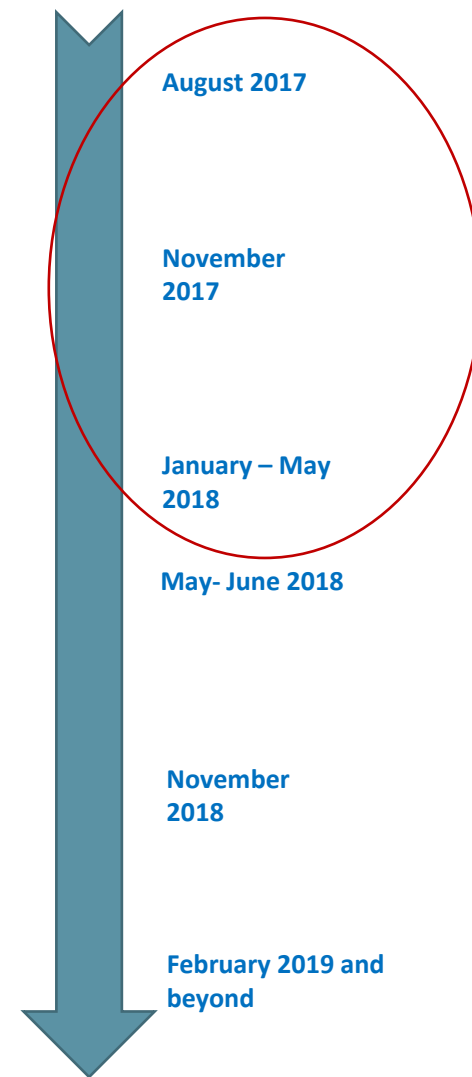
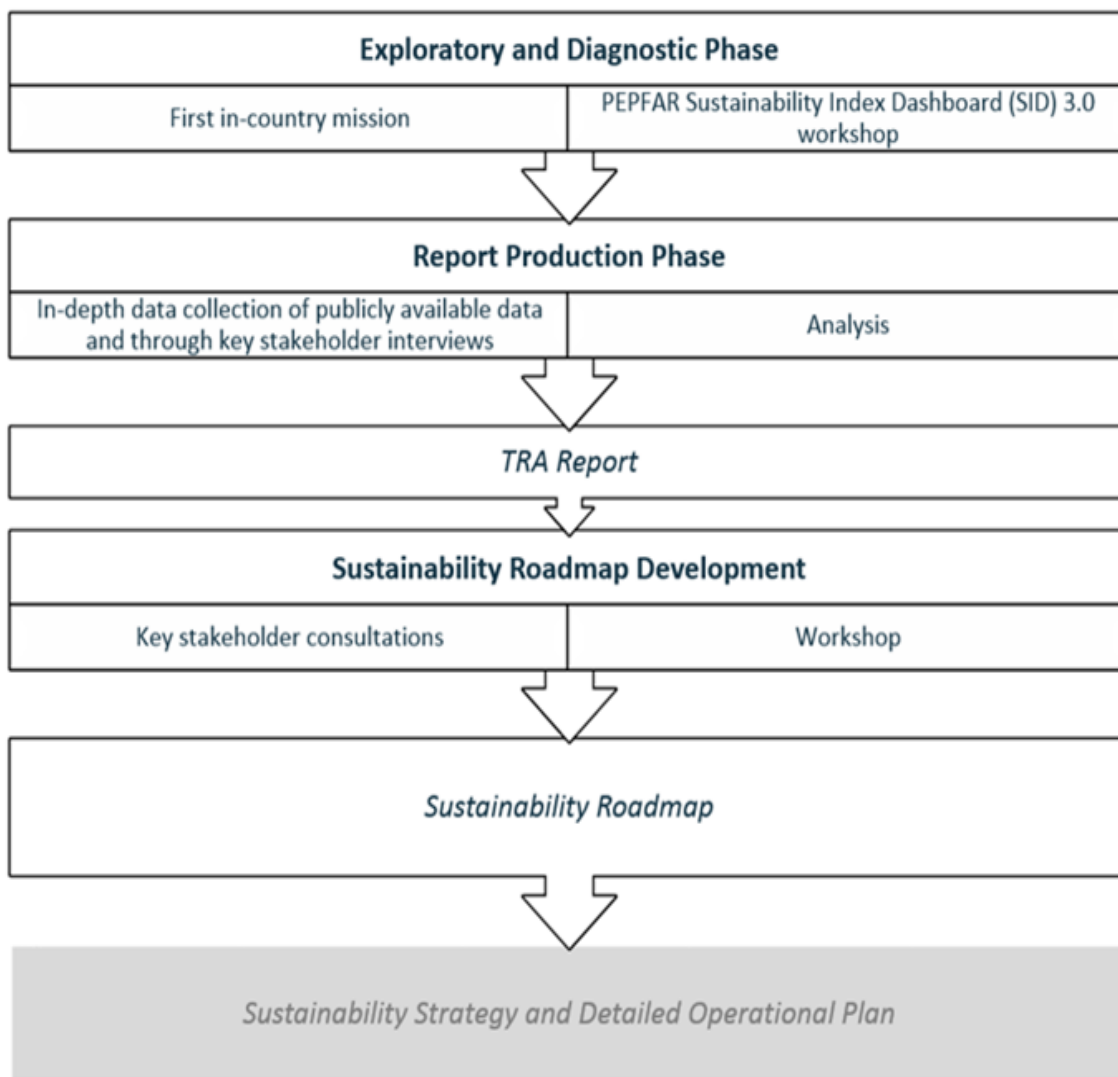
Country Ownership

- **National Working Group on Sustainability**
- (co chaired by National AIDS Authority & UNAIDS)

Partnership

- Government , CSO
- PEPFAR; Global Fund
- Development partners
- Joint UN Team on AIDS





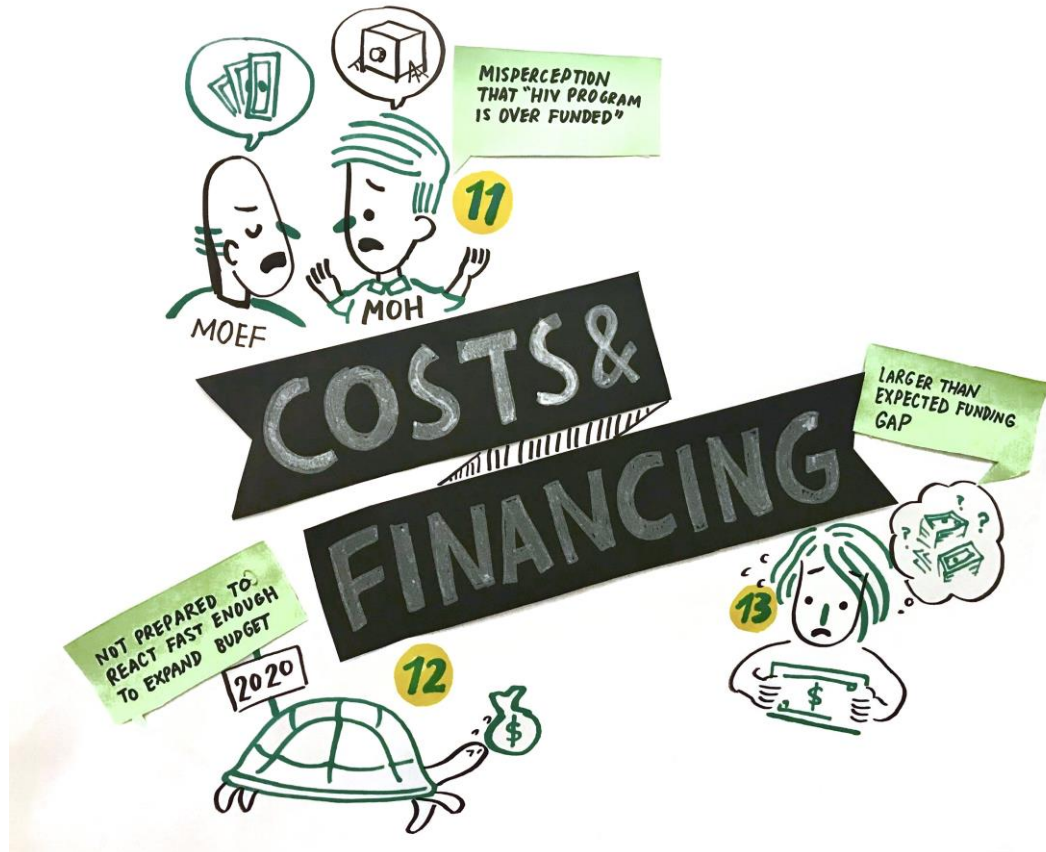
Transition Readiness Assessment: Service Delivery Risks



Transition Readiness Assessment: CSO Risks

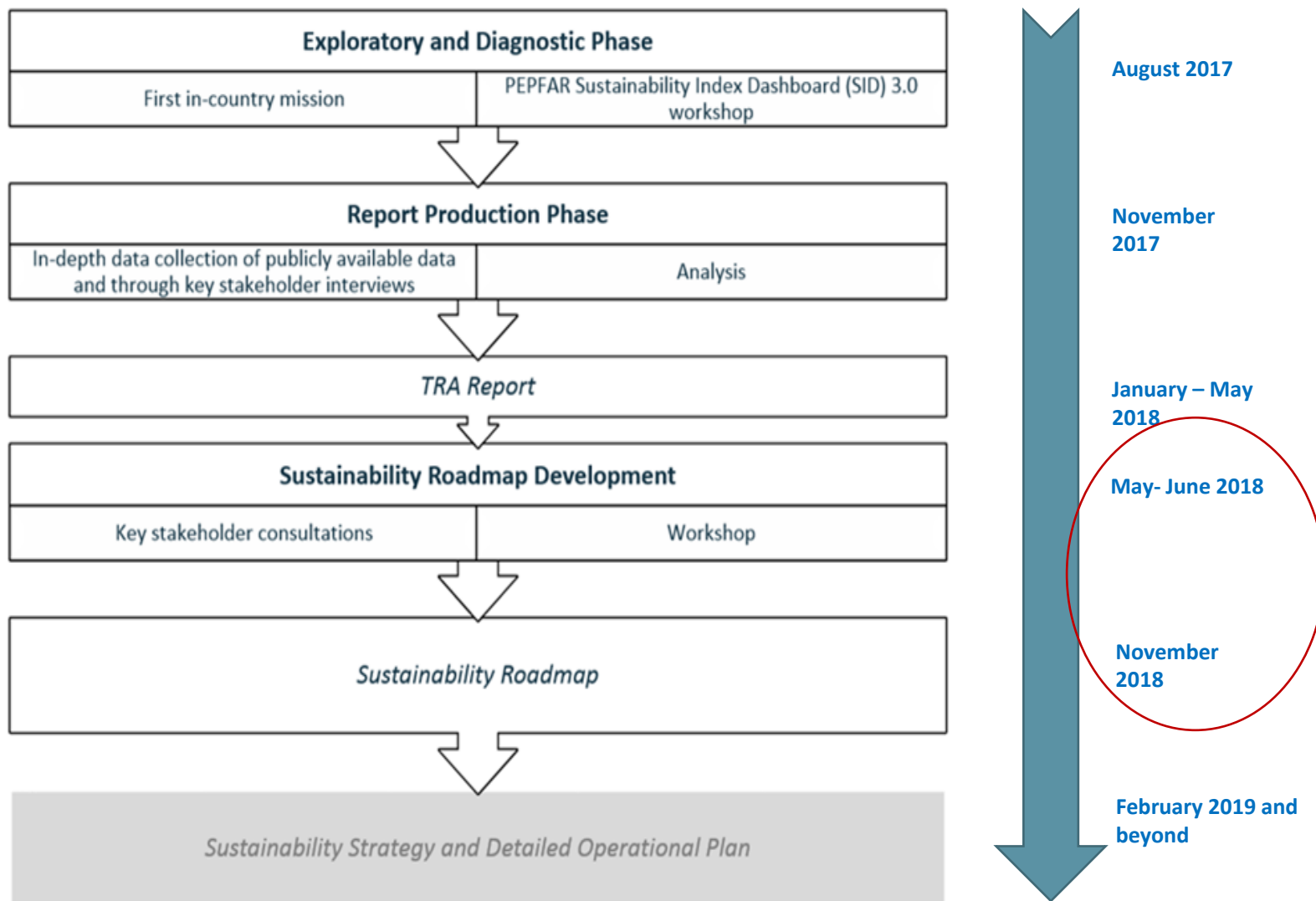


Transition Readiness Assessment: Financing Risks

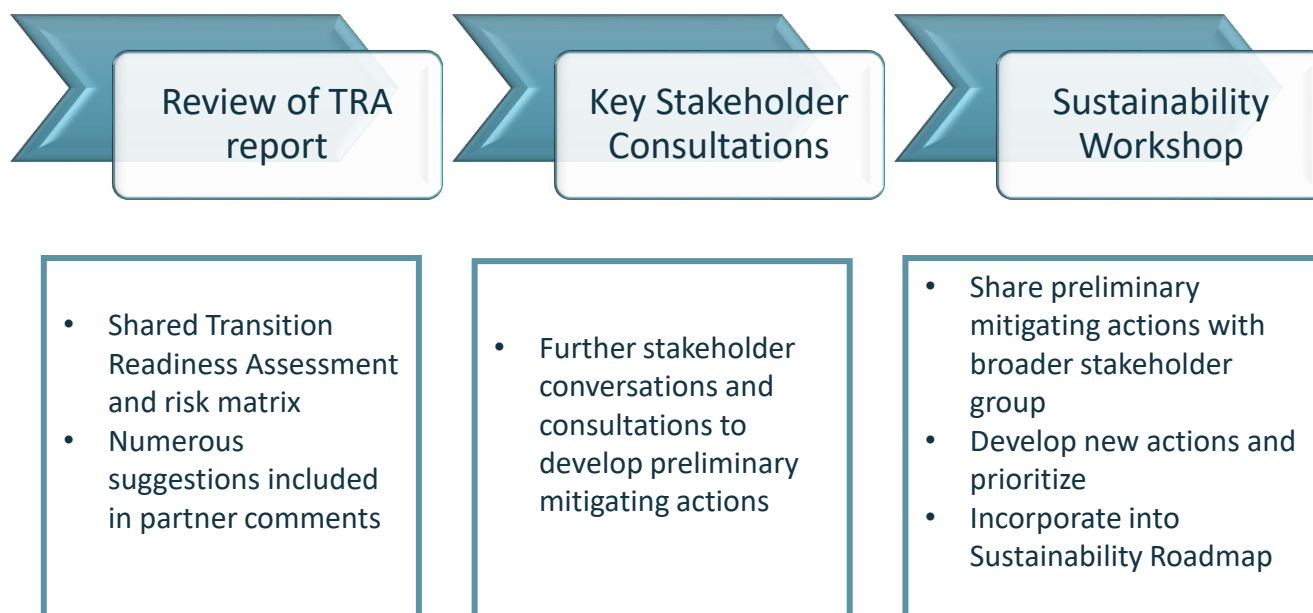


Sustainability Roadmap





Mitigating actions developed using a participatory process





Service Delivery Risks

Severity Probability (2018-2020) Probability (2021-2025)

In the context of declining external support, failure to develop a common long-term implementation mechanism after 2020, defining the respective roles of the health sector, CSOs in the HIV response, results in confusion and reduced efficiency.

2

N/A

2



Government health staff are unable to absorb the workload when AHF externally-funded posts supporting treatment (currently receiving one year of Global Fund support in 2018) are phased out in facilities at the end of 2018

2

2

1.5



NCHADS is not able to retain key contract staff as the RGC takes over the funding of their posts from the Global Fund, especially after 2020, thus reducing the effectiveness of this key agency in planning, managing, and monitoring the health sector response to HIV

2.5

1

2



Development partner budget cuts and refocusing leads to the elimination of high-level technical posts providing support in areas such as forecasting, quantification, and strategic information, thereby diminishing the speed, coverage, and quality of key supporting services.




3

2

2

Mitigating actions for every risk



Risk	Mitigating Actions
 <p>1. In the context of declining external support, failure to develop a common long-term implementation mechanism after 2020, defining the respective roles of the health sector, CSOs in the HIV response, results in confusion and reduced efficiency.</p>	<p>a. Develop a common, long-term vision for a sustainable AIDS response after 2020 and the implementation mechanism required to ensure successful implementation</p>
 <p>2. Government health staff are unable to absorb the workload when AHF externally-funded posts supporting treatment (currently receiving one year of Global Fund support in 2018) are phased out in facilities at the end of 2018</p>	<p>a. Conduct a detailed review of affected facilities, assess their capacity and based on the assessment either employ additional personnel and/or re-allocate staff to compensate for withdrawal of AHF staff</p> <p>b. MOH fully implements differentiated care model and reduces health care workload at ART sites</p> <p>c. Leverage the implementation of the Community Action Framework (CAF) to cover adherence and counselling needs</p>
 <p>3. NCHADS is not able to retain key contract staff as the RGC takes over the funding of their posts from the Global Fund, especially after 2020, thus reducing the effectiveness of this key agency in planning, managing, and monitoring the health sector response to HIV</p>	<p>a. Contracted positions are transitioned to staff positions within MOH / NCHADS at government pay scales</p> <p>b. As part of decentralization some positions (e.g. data capturers) are absorbed by provinces and a highly capacitated but trimmed down NCHADS staff are absorbed into the government service centrally</p>



Risk	Mitigating Actions
4. Development partner budget cuts and refocusing leads to the elimination of high-level technical posts providing support in areas such as forecasting, quantification, and strategic information, thereby diminishing the speed, coverage, and quality of key supporting services.	a. Develop and implement a detailed transition plan which provides for skills transfer and capacity building of government staff or the integration of affected technical posts and capacities into the MOH.
5. Quality control and monitoring systems for service delivery currently supported by the Global Fund are not diligently maintained by NCHADS/MOH as external support (TA and funds) is decreased and as donors withdraw from Cambodia	a. Develop a detailed plan to integrate quality assessment and control practices (including monitoring the success of the implementation of this plan) into routine M&E as part of the existing quality management strategy of MOH/NCHADS
6. Current PEPFAR funded projects to integrate (increase interoperability) and strengthen HIV and health information systems are discontinued as PEPFAR winds down its funding in Cambodia	a. Develop a PEPFAR transition plan specific to Cambodia, which motivates for and includes developing the technical expertise of the government (Department of Planning and Health Information) to ensure interoperability of the HIV systems and the Health Information System





Risk	Mitigating Actions
<p>7. MOH takes over ARV and other HIV commodity procurement, without first establishing the necessary capacity of the national procurement mechanism, resulting in a shift to less efficient processes and higher costs</p>	<p>a. MOH builds and strengthens the capacity of the central procurement unit to procure ARVs and commodities including the LMIS and transfers the procurement function from the procurement agent - with close independent monitoring and review to ensure that the best competitive prices are being obtained</p>
<p>8. The new Global Fund grant (started in January 2018) which provides funding for prevention services fails to achieve the required prevention coverage, negatively impacting new case finding and treatment adherence and causing Cambodia not to continue achieving its 90-90-90 targets.</p>	<p>a. NCHADS and PRs intensify monitoring and evaluation activities to assess performance of programme activities starting immediately, with a focus on coverage and gaps, consumer satisfaction, and other metrics</p> <p>b. The MOH starts to allocate budget for prevention activities using government funding but aligned to existing prevention activities</p>
<p>9. Prevention, care and support services for key populations and PLHIV are implemented by the MOH rather than contracting CSOs (with proven track record in implementation) to provide these services; but in practice, MOH prevention, care and support services fail to reach key populations and PLHIV, leading to declines in coverage and quality.</p>	<p>a. Conduct an assessment of which services are best delivered by CSOs vs MOH and develop a policy and performance-based framework for contracting CSOs for relevant services</p> <p>b. Subject to findings in mitigating action 9a, MOH (National, provincial or OD) hires CSO staff as contract workers and includes required funding in routine budget request</p> <p>c. NCHADS intensifies support, monitoring and evaluation of MOH-implemented activities to assess performance and adjust as necessary</p>

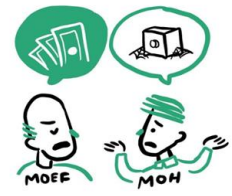


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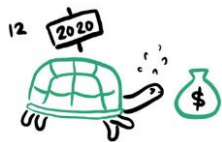


Risk	Mitigating Actions
<p>10. In an environment of declining donor financial support, CSOs are unable to secure adequate funding to operate effectively, which erodes established capacity for advocacy and service delivery.</p>	<p>a. CSOs are assisted in developing resource mobilization strategies for their advocacy and involvement in service delivery (prevention, care and support activities) and improved sustainability. Closely related to the above is the need to build institutional capacity, specifically in financial management and business planning</p>
<p>11. The Government is unable to mobilize sufficient domestic funding for the HIV response, because of fiscal constraints and (mis)perceptions that the HIV program is “over-funded”.</p>	<p>a. MOH/ NCHADS works closely with MEF to exploit opportunities associated with PBB*, and provincial budgets to build a stronger case for and secure increased and more diversified funding for the HIV services.</p> <p>b. Integrate HIV treatment, care and selected prevention and outreach services into social health insurance scheme benefit packages (NSSF/HEF) to leverage additional contributions to the HIV Programme and secure more robust funding.</p> <p>c. Explore the opportunities for co-financing and leveraging private sector corporate social responsibility programmes</p> <p>d. Explore how HIV prevention care and support activities at grass-roots could be integrated in the CDP and CIP (Commune Development Plan and Commune Investment Plan) and / or funded by HealthEQIP funds and who should implement them</p>

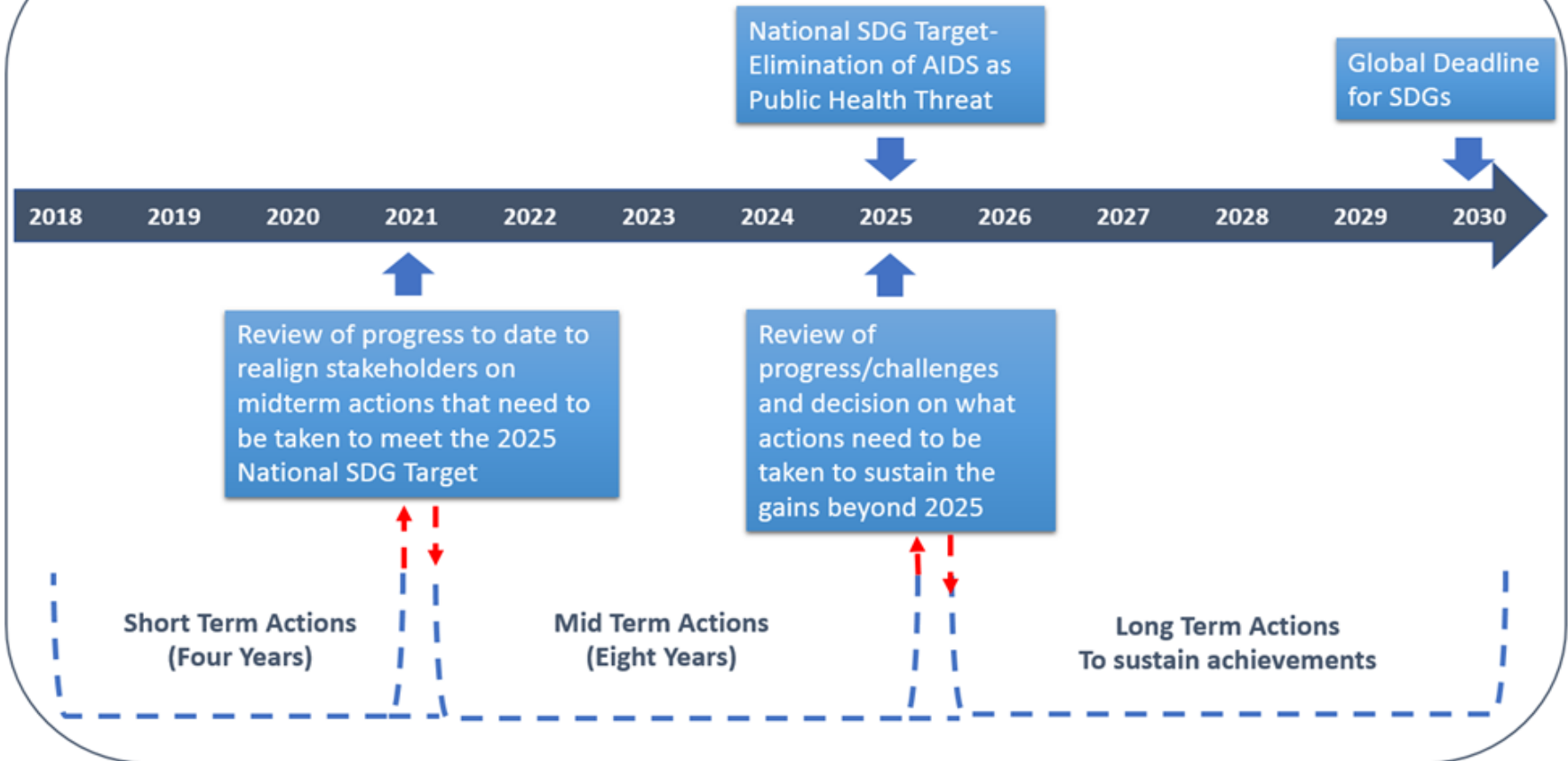
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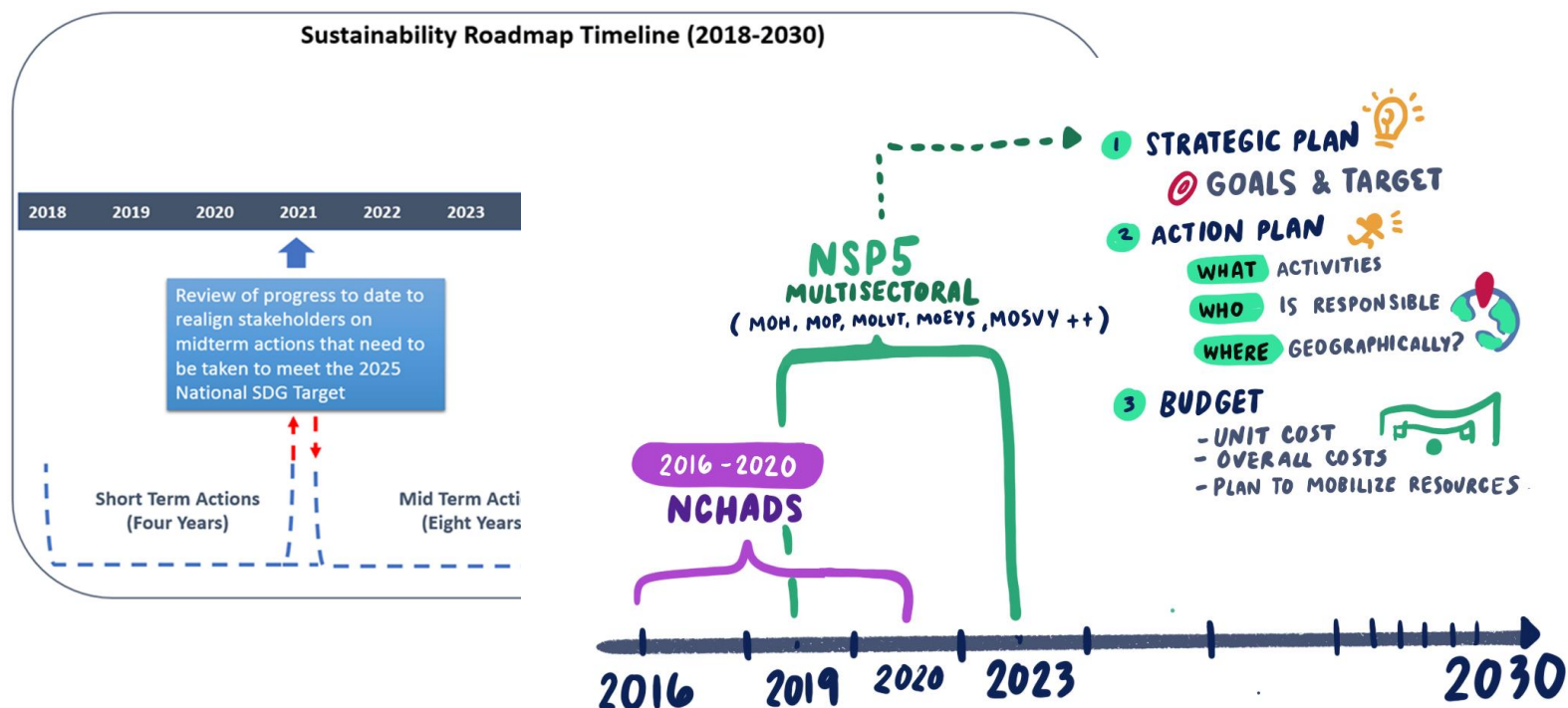
Risk	Mitigating Actions
<p>12. In the event that Global Fund puts Cambodia on a path to full transition by the late-2020s the Government may not be in a position to react fast enough to expand its budget to cover the resulting funding gaps, which could amount to as much as \$5 million a year.</p>	<p>a. Engages with GF (and other donors) and proactively seek clarity for a timetable for transition and nature of transition (extent of reduction) to maximize the planning horizon</p> <p>b. NCHADS and NAA Work closely with the MOH and MEF and ensure participation in the development of the national transition strategy over the next three years, to defend the HIV programme as a priority in the face of competing demands and develop and overall financing strategy for HIV</p>
<p>13. A larger than expected funding gap emerges because future financing needs are higher than envisaged (e.g., more patients must be treated, patient monitoring and adherence is more labour-intensive, program management cannot be fully rationalized, etc.).</p>	<p>a. Review and revise the resource need periodically and issue early warnings if actual and anticipated expenditure exceed estimated need / funding</p>



Sustainability Roadmap Timeline (2018-2030)



The roadmap is a living document....



Thank you!

