

**ផែនការយុទ្ធសាស្ត្រជាតិ
ទូលំទូលាយ និងពហុវិស័យឆ្លើយតបទៅនឹង
មេរោគអេដស៍ និងជំងឺអេដស៍ (២០១៩-២០២៣)**

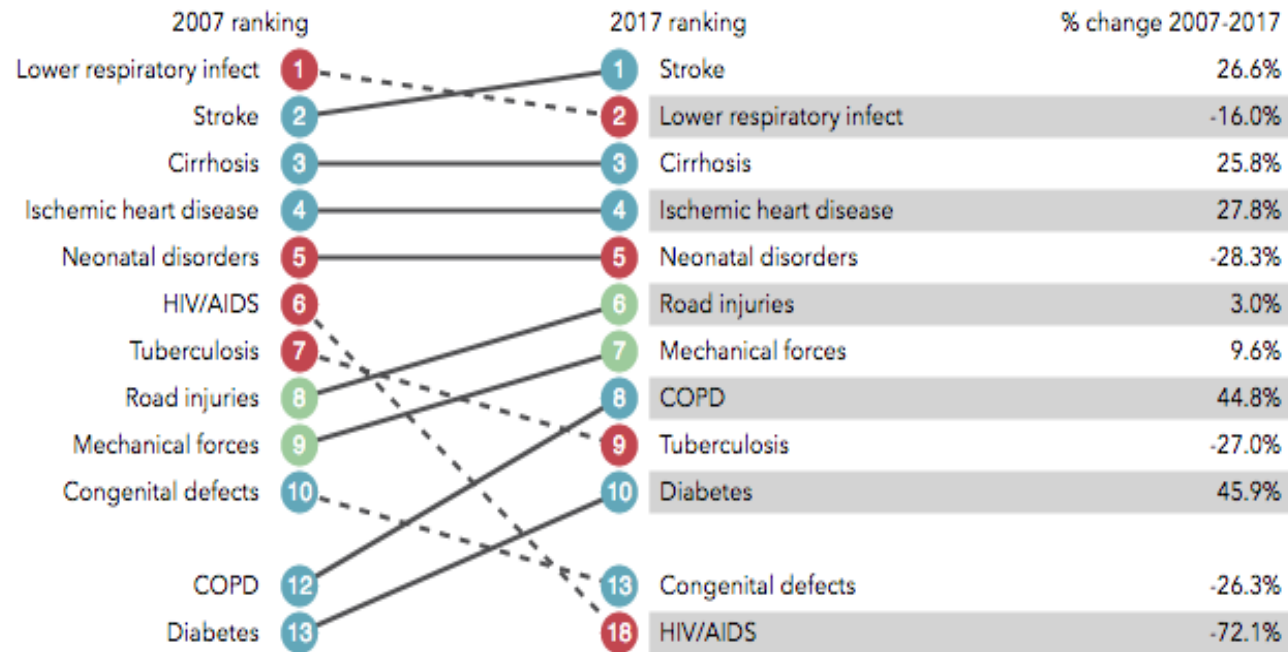
**កិច្ចប្រជុំពេញអង្គអាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍
ថ្ងៃទី៥ ខែវិច្ឆិកា ឆ្នាំ២០១៩
ចេញ. ទា ផលា អនុប្រធានអង្គប្រជុំ**

ចំណុចសំខាន់ៗនៃបទបង្ហាញ

1. បច្ចុប្បន្នភាពនៃការរាលដាល និងការឆ្លើយតបនឹងមេរោគអេដស៍ និងជំងឺអេដស៍
2. បរិបទនៃការរៀបចំផែនការយុទ្ធសាស្ត្រជាតិ លើកទី៥
3. ផែនការយុទ្ធសាស្ត្រជាតិ លើកទី៥
 1. ចក្ខុវិស័យ បេសកកម្ម គោលដៅ
 2. គោលបំណងជាក់លាក់
 3. គោលការណ៍
 4. យុទ្ធសាស្ត្រ
 5. លទ្ធផលរំពឹងទុក
 6. ការរៀបចំអនុវត្ត
4. សន្និដ្ឋាន

មរណភាពដោយជំងឺអេដស៍ និងជំងឺដទៃទៀត

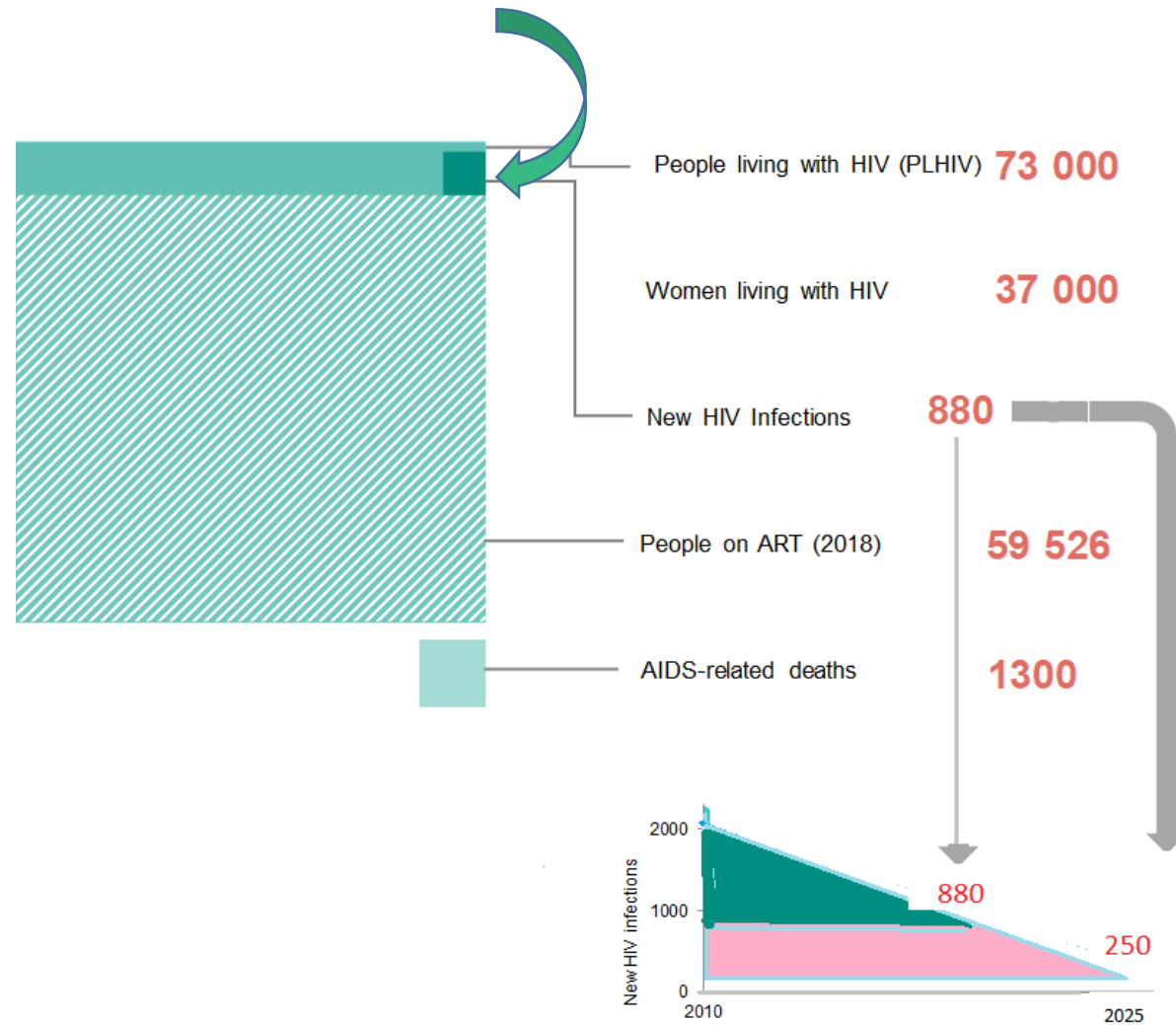
What causes the most deaths?



Top 10 causes of death in 2017 and percent change, 2007-2017, all ages, number

Source: Institute for Health Metrics and Evaluation

ស្ថានភាពនៃការរាលដាលមេរោគអេដស៍ និងជំងឺអេដស៍ (ឆ្នាំ២០១៨)



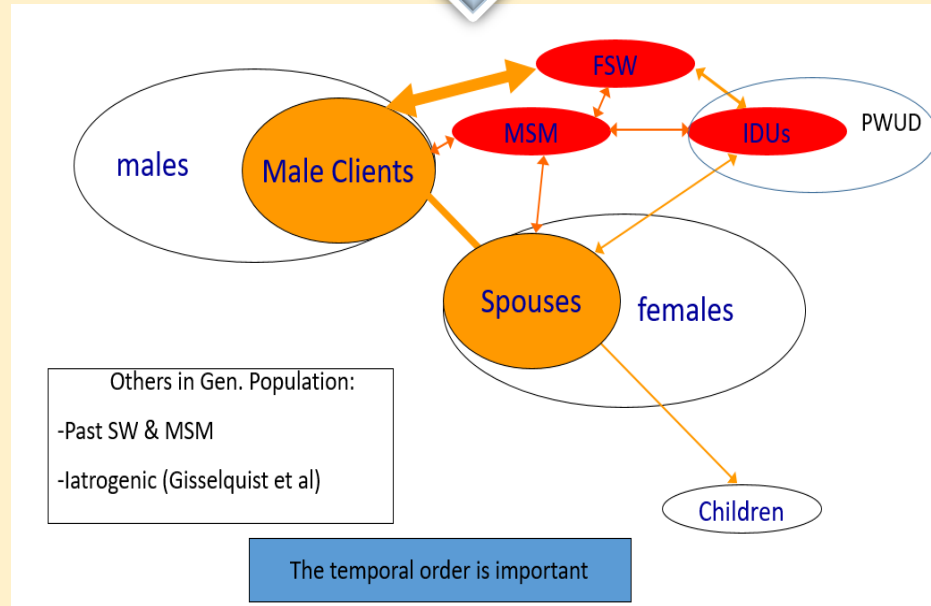
បង្ការ, ស្វែងរក, ព្យាបាល និងប្រើថ្នាំជាប់

KPs: 60,000 – 90,000

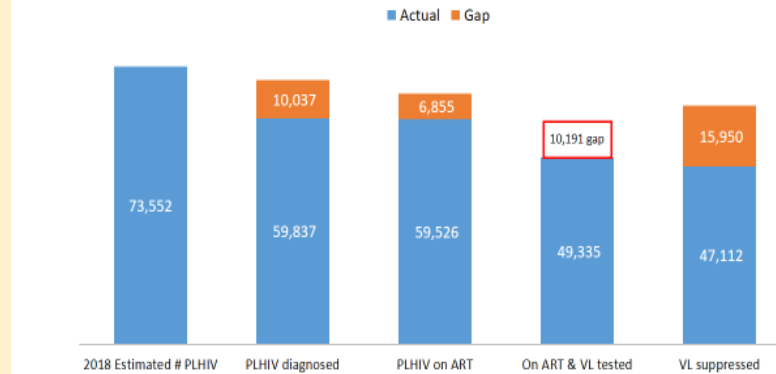
PLHIV: 73,000

Economic and Cultural change , Migration, Social Media, Alcohol, Drug, Lack of budget for prevention , cross –sectoral coordination...

Integration of HIV and AIDS in health system, Country ownership, resilient and sustainable response, ...



2018 Cambodia National HIV Clinical Cascade: Gap to 95-95-95



បង្ការ

ស្វែងរក

ព្យាបាល

ប្រើថ្នាំARTអោយជាប់
លាប់ជាជួររហូត

From 880 in 2018
To 350 in 2025

The missing
10,000 cases

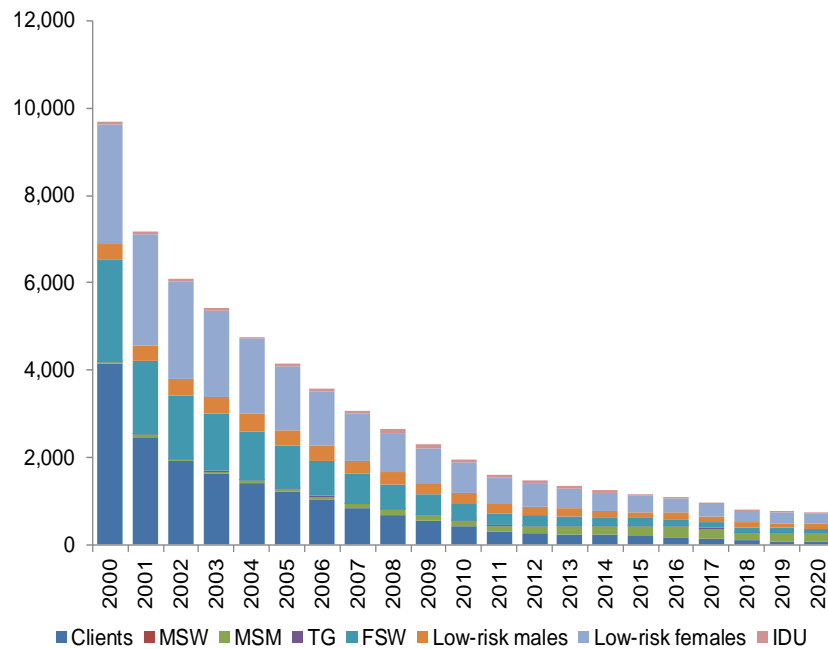
Close gap of 10,000
PLHIV for VL testing

Finding and retaining
700 LTFU patients

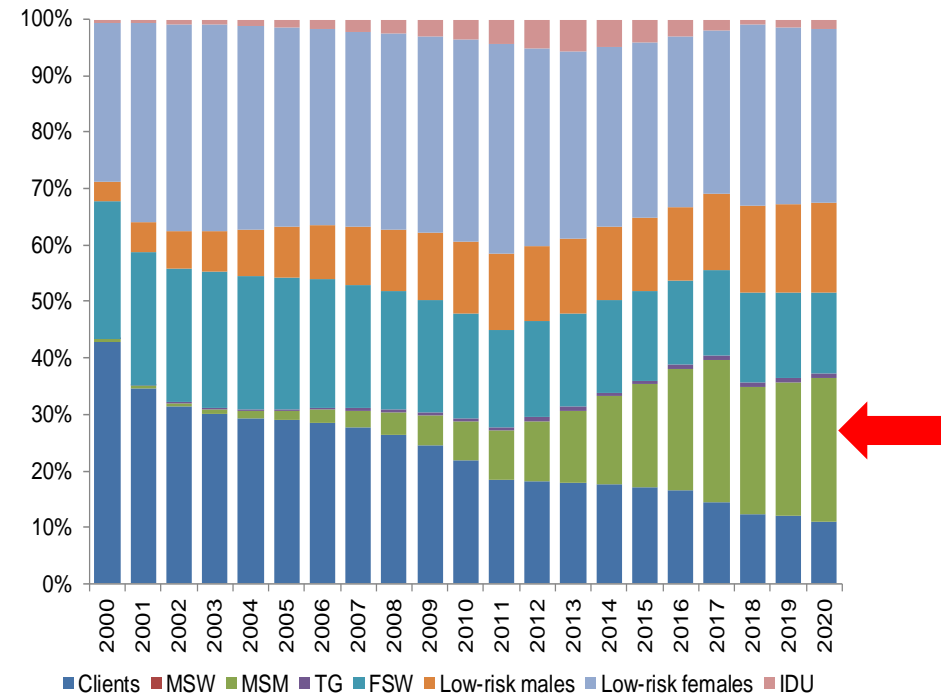
Innovations : Outreach 3.0, Self testing, PDI+, Recency test, PrEP, SDART, TLD, MMS, Case base surveillance , Blitz, GBV, SCN 213 , Social Protection, Enabling environment , Community Action approach ...

ចំនួនអ្នកឆ្លងមេរោគអេដស៍សរុបកំពុងថយចុះ ...ប៉ុន្តែការឆ្លងថ្មីរបស់MSMកំពុងកើនឡើង

New HIV infections trend (absolute numbers)

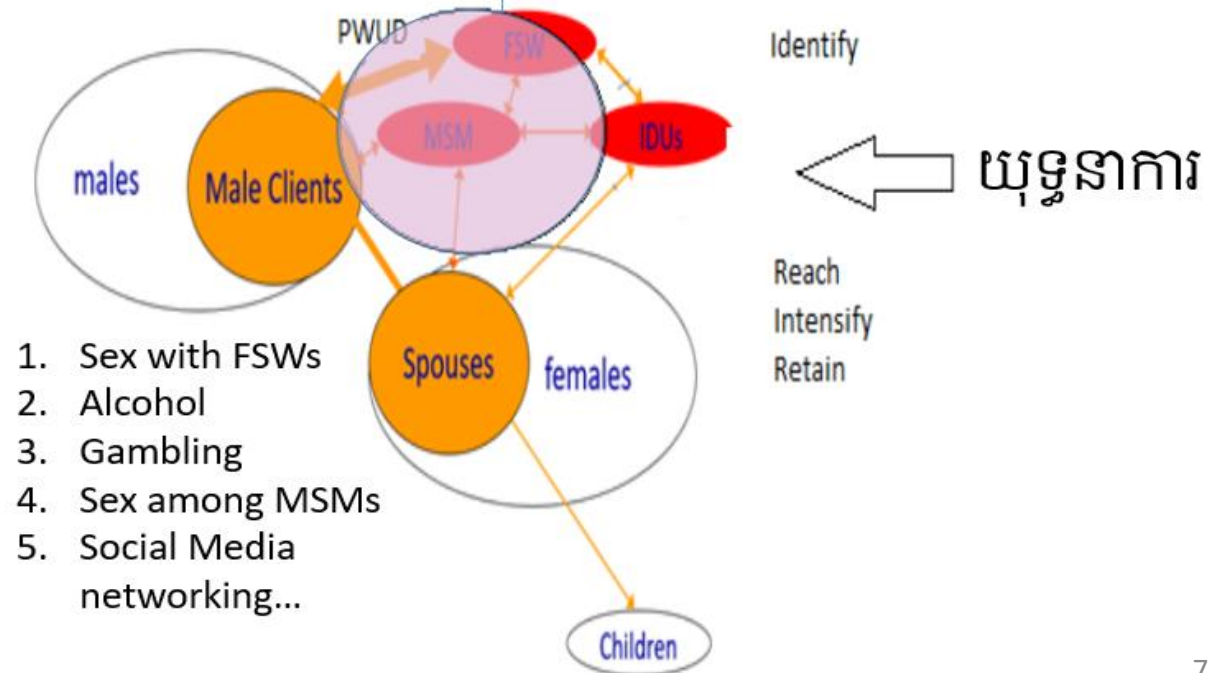
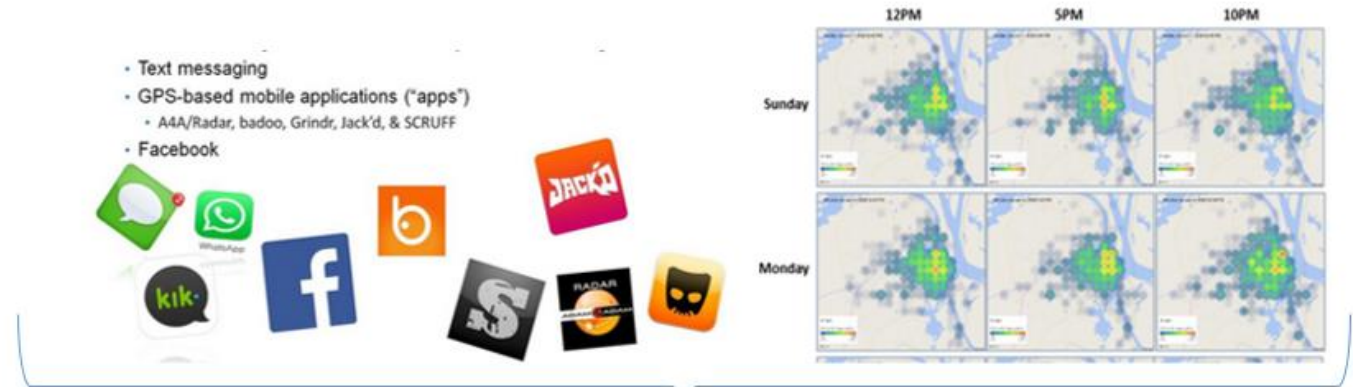
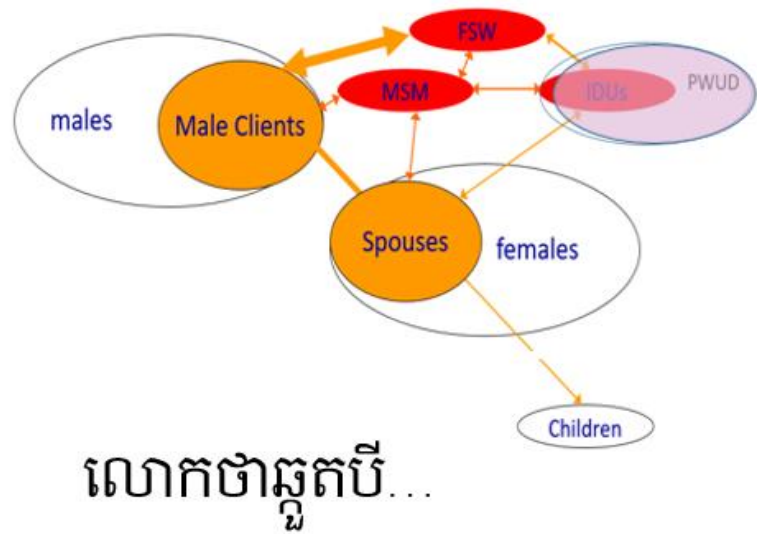


New HIV infections proportion by population



យុគសម័យថ្មី

សម័យដើម



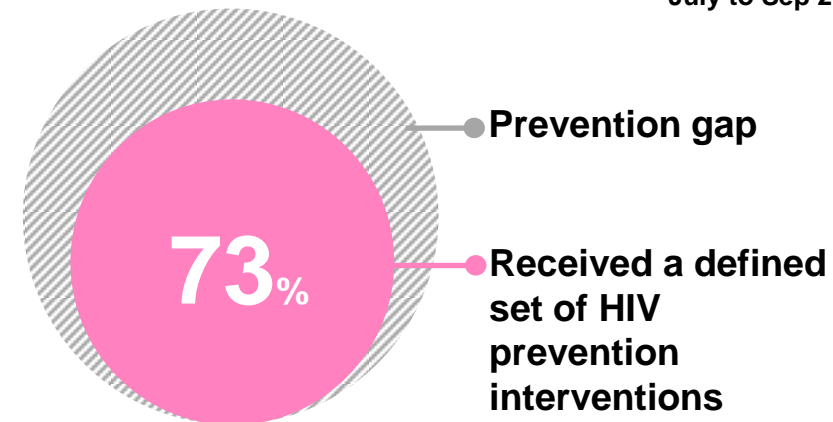
ទិដ្ឋភាពទូទៅនៃការឆ្លើយតបនិងចន្លោះប្រហោងនៃកម្មវិធី ៖ ក្រុមស្ត្រីក្នុងសេវាកម្សាន្ត

Consistent condom use (IBBS surveys)



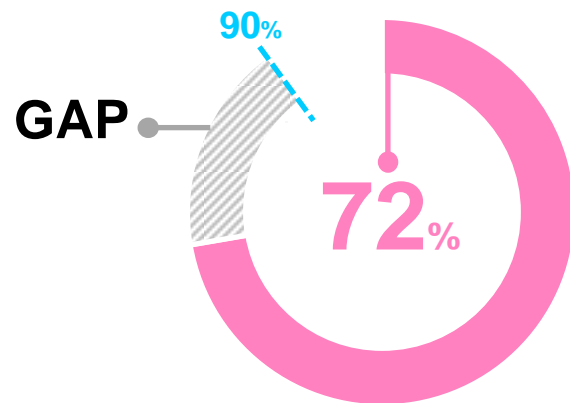
Note: Consistent condom use with clients in the past 3 months

Prevention coverage (KHANA and RHAC programme data July to Sep 2019)



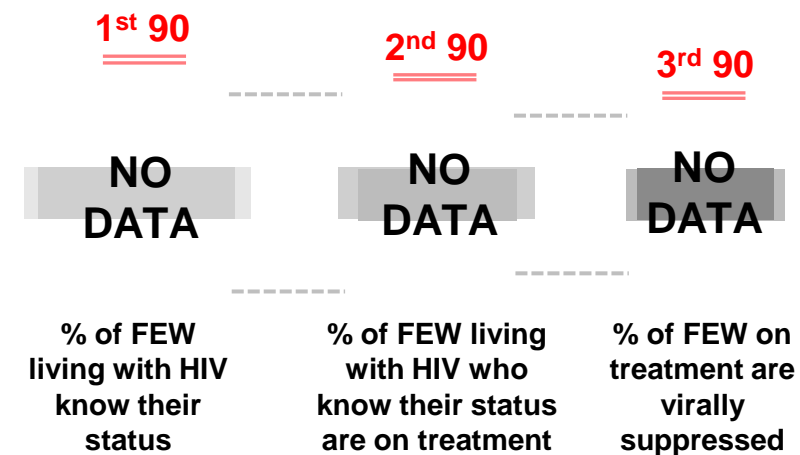
Number reached – 30,290/ Estimated population size – 41,500

HIV testing coverage (IBBS 2016)



Note: Data for surveyed FEW tested for HIV in the past 12 months

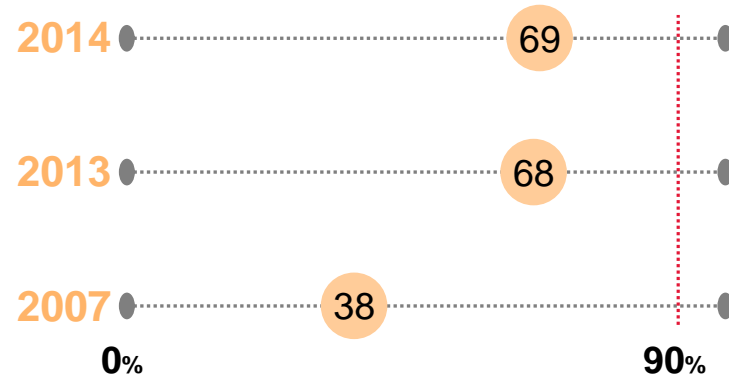
Treatment coverage (GAM 2019)



Note: 31 out of 36 surveyed FEW living with HIV were on treatment (IBBS 2016)

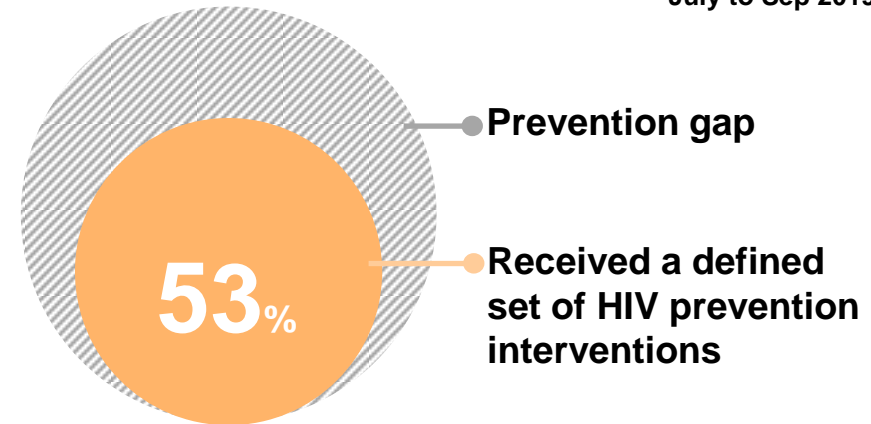
ទិដ្ឋភាពទូទៅនៃការឆ្លើយតបនិងចន្លោះប្រហោងនៃកម្មវិធី ៖ បុរសដែលរួមភេទជាមួយបុរស

Consistent condom use (BSS & IBBS surveys)



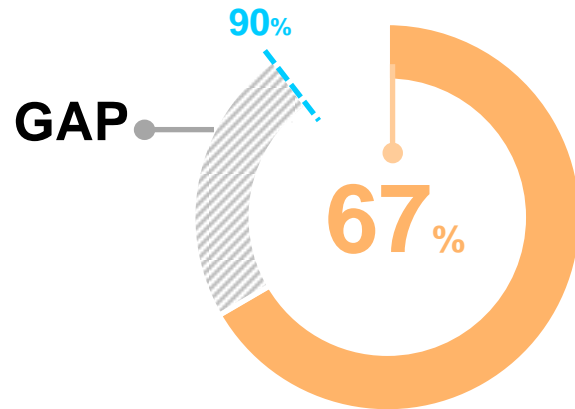
Note: Consistent condom use paid sex partners in the past 1 months and 6 months

Prevention coverage (KHANA and RHAC programme data July to Sep 2019)



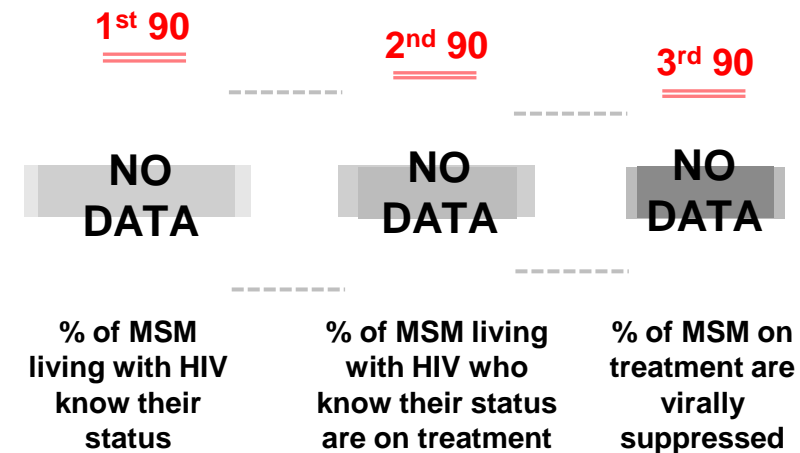
Number reached – 19,127/ Estimated population size (reachable MSM) – 36,000

HIV testing coverage (IBBS 2014)



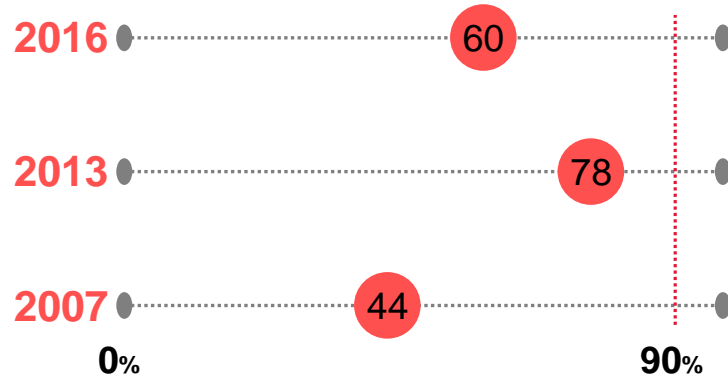
Note: Data for surveyed MSM tested for HIV in the past 6 months

Treatment coverage (GAM 2019)



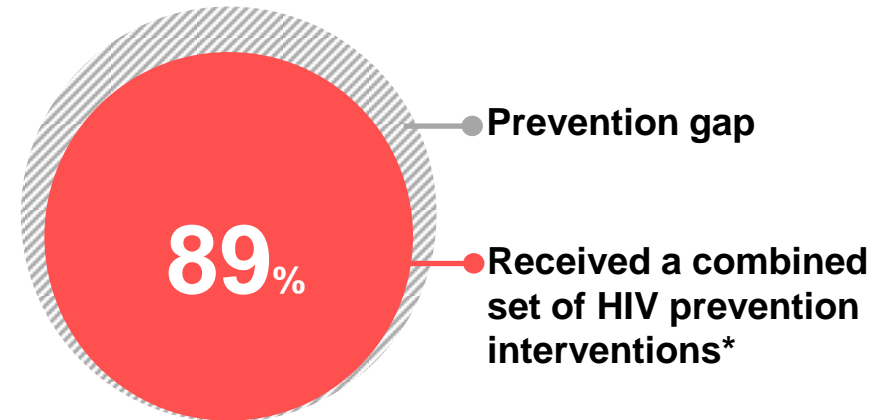
ទិដ្ឋភាពទូទៅនៃការឆ្លើយតប និងចន្លោះប្រហោងនៃកម្មវិធី ៖ ក្រុមបំប្លែងភេទ

Consistent condom use (BSS & IBBS surveys)



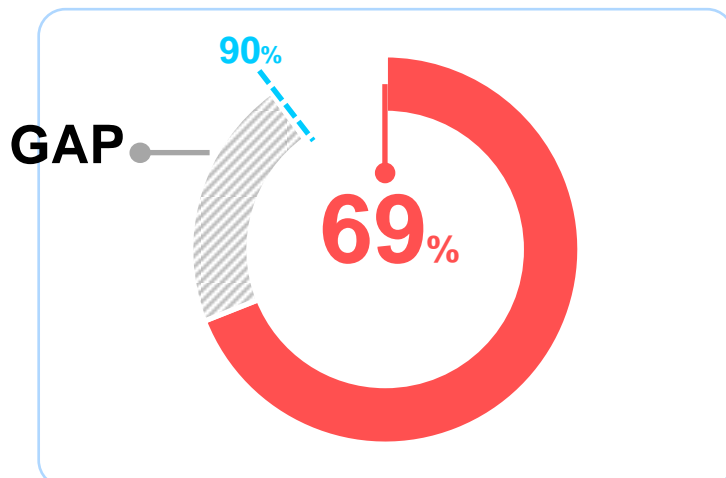
Note: Consistent condom use commercial partners in the past 1 months and 3 months

Prevention coverage (GAM 2019 based on 2018 data from KHANA and RHAC)



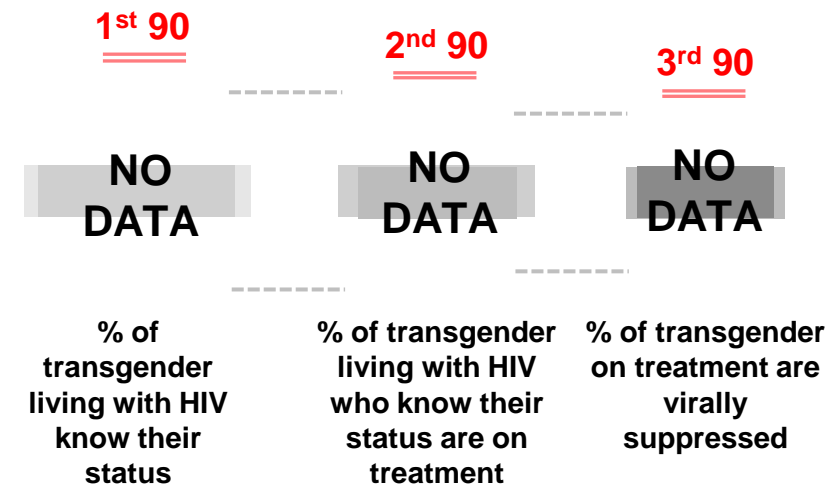
* any 2 out of 3 services - condom and lubricants, counselling, and STI screening

HIV testing coverage (IBBS 2016)



955 out of 1375 respondents tested for HIV in the last 12 months

Treatment coverage (GAM 2019)



Note: 37 out of 39 surveyed TG living with HIV were on treatment (IBBS 2016)

ទិដ្ឋភាពទូទៅនៃការឆ្លើយតប និងចន្លោះប្រហោងនៃកម្មវិធី ៖ ក្រុមចាក់គ្រឿងញៀន

Safe injection practice and condom use

(IBBS 2017)

Safe injection practice

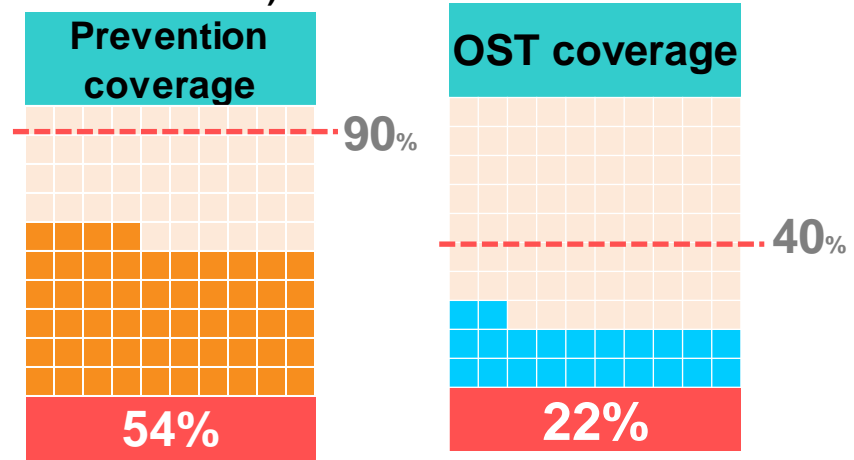


Consistent condom use

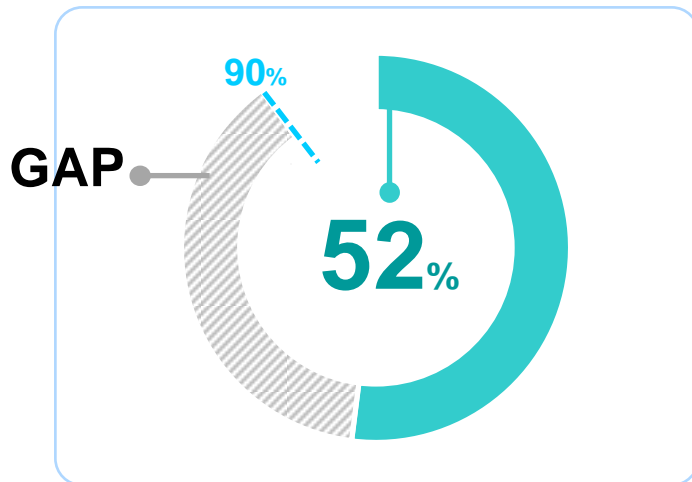


Prevention program and OST coverage

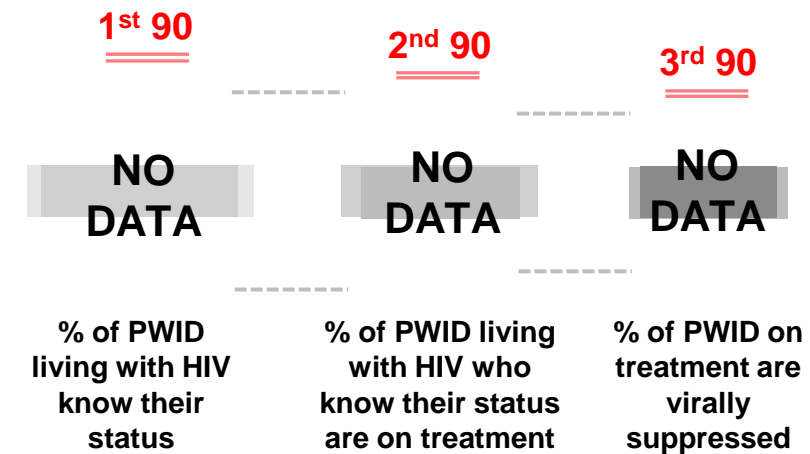
(IBBS 2017 and GAM)



HIV testing coverage (IBBS 2017)



Treatment coverage (GAM 2019)



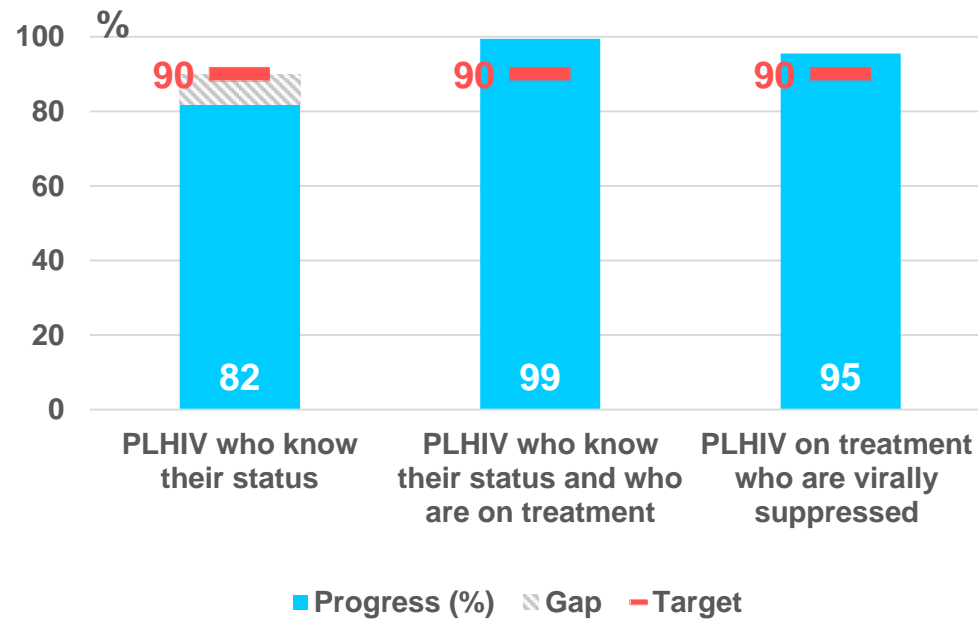
% of PWID living with HIV know their status

% of PWID living with HIV who know their status are on treatment

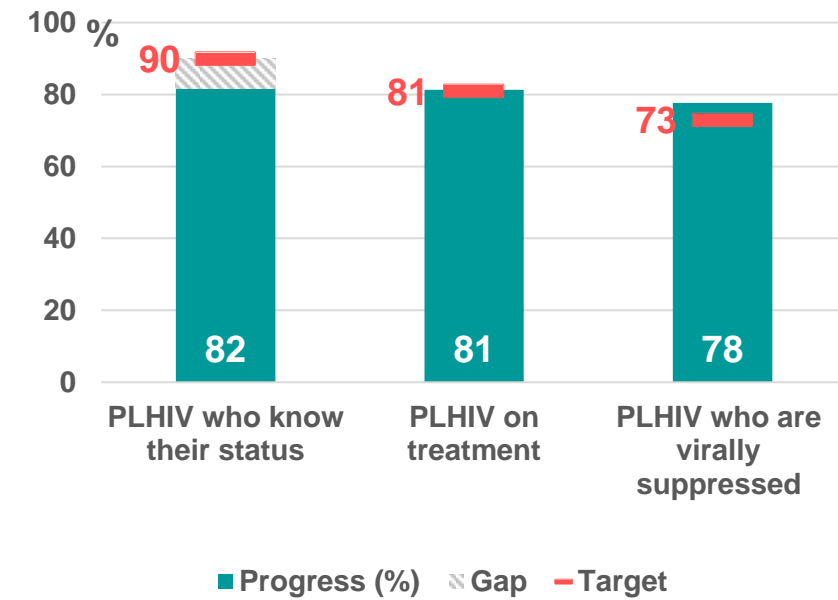
% of PWID on treatment are virally suppressed

ពង្រីកសេវាកម្មថែទាំ និងព្យាបាលមេរោគអេដស៍ និងជំងឺអេដស៍នៅកម្ពុជា

Progress towards 90-90-90 targets, 2018



HIV testing and treatment cascade (90-81-73 targets), 2018



ប្រែប្រួល

2018

MDGs

LMIC

- Decrease of external support
- Certification on 90-90-90 targets

A changing world:

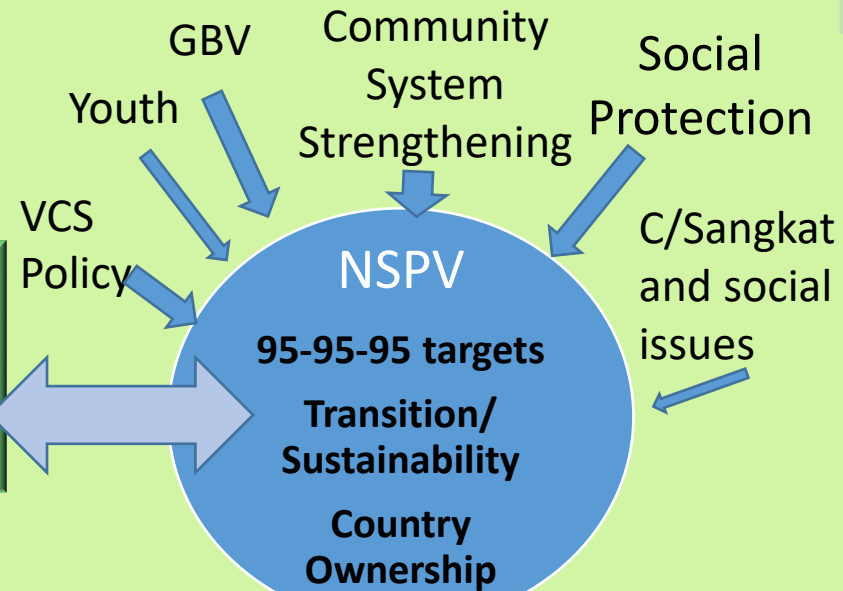
Rapid economic, environmental, technological, and demographic changes

Rectangular Strategy IV and NSDP 2019-2023 New Transformation

Growth, Employment, Equity & Efficiency

PFMR D&D PAR

**HSP3 and
HSP4
NCHADS SP**



2030

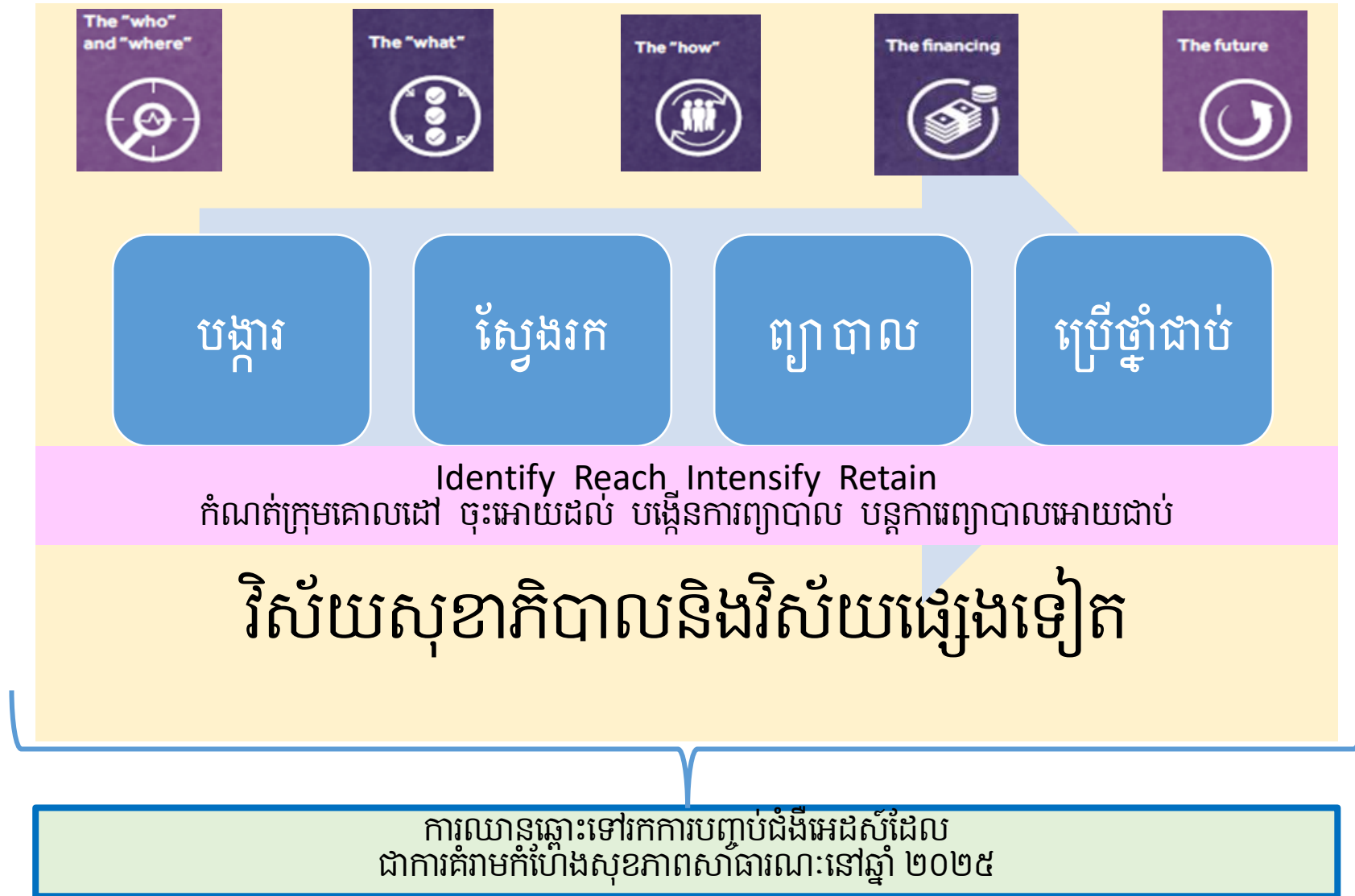
Cambodian
SDGs

UMIC

UHC

Ending HIV as
public health
threat

អាជ្ញាធរជាតិប្រយុទ្ធនឹងជំងឺអេដស៍៖ ដឹកនាំប្រព័ន្ធប្រទេសក្នុងការឆ្លើយតបនឹងមេរោគអេដស៍ និងជំងឺអេដស៍
មជ្ឈមណ្ឌលជាតិប្រយុទ្ធនឹងជំងឺអេដស៍ សើស្បែក និងកាមរោគ : ឆ្លើយតបនឹងមេរោគអេដស៍/ជំងឺអេដស៍នៅក្នុងវិស័យសុខាភិបាល



ផែនការយុទ្ធសាស្ត្រជាតិ លើកទី ៥

- ចក្ខុវិស័យ ៖ ប្រជាជនទាំងអស់នៃប្រទេសកម្ពុជាគ្មានជំងឺអេដស៍ និងមានសុខភាព និងសុខុមាលភាពប្រសើរ។
- បេសកកម្ម ៖ ដឹកនាំប្រព័ន្ធផ្ដើយតបនឹងមេរោគអេដស៍ និងជំងឺអេដស៍ប្រកបដោយថាមវន្ត សមាហរណកម្ម និងចីរភាព។
- គោលដៅ ៖ ឈានឆ្ពោះទៅរកការបញ្ចប់ជំងឺអេដស៍ ដែលជាការគំរាមកំហែងសុខភាពសាធារណៈ នៅឆ្នាំ២០២៥។

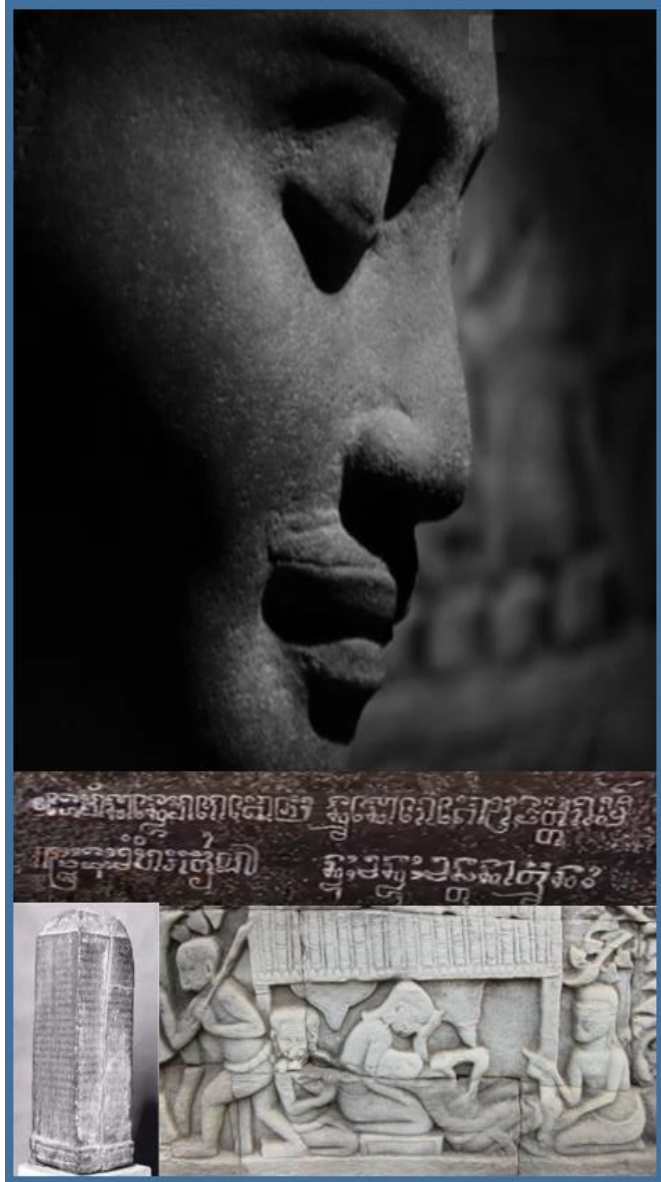
គោលបំណងជាក់លាក់

- ផែនការយុទ្ធសាស្ត្រជាតិ លើកទី៥ មានគោលបំណងជាក់លាក់៤ ៖
 1. ធានាឱ្យមានការបញ្ចូលការធ្វើអន្តរាគមន៍មេរោគអេដស៍/ជំងឺអេដស៍លើសេវានានាដោយផ្អែកលើភស្តុតាង តាមរយៈវិធីសាស្ត្រសម្របសម្រួល និងពហុវិស័យ។
 2. រួមបញ្ចូលការបង្ការ ការថែទាំ និងព្យាបាលមេរោគអេដស៍ និងជំងឺអេដស៍នៅក្នុងប្រព័ន្ធសុខាភិបាលដើម្បីទទួលបានការឆ្លើយតបប្រកបដោយប្រសិទ្ធភាព និងចីរភាព។
 3. កែលម្អលទ្ធភាពទទួលបាននូវយន្តការគាំពារសង្គម និងសេវាសង្គមសម្រាប់អ្នករស់នៅជាមួយមេរោគអេដស៍។
 4. បង្កើនថវិការបស់រដ្ឋាភិបាល និងគាំទ្រដល់ការផ្តល់សេវាសំខាន់ដោយអង្គការសង្គមស៊ីវិលដើម្បីពង្រឹងចីរភាពនៃការឆ្លើយតបនឹងមេរោគអេដស៍។

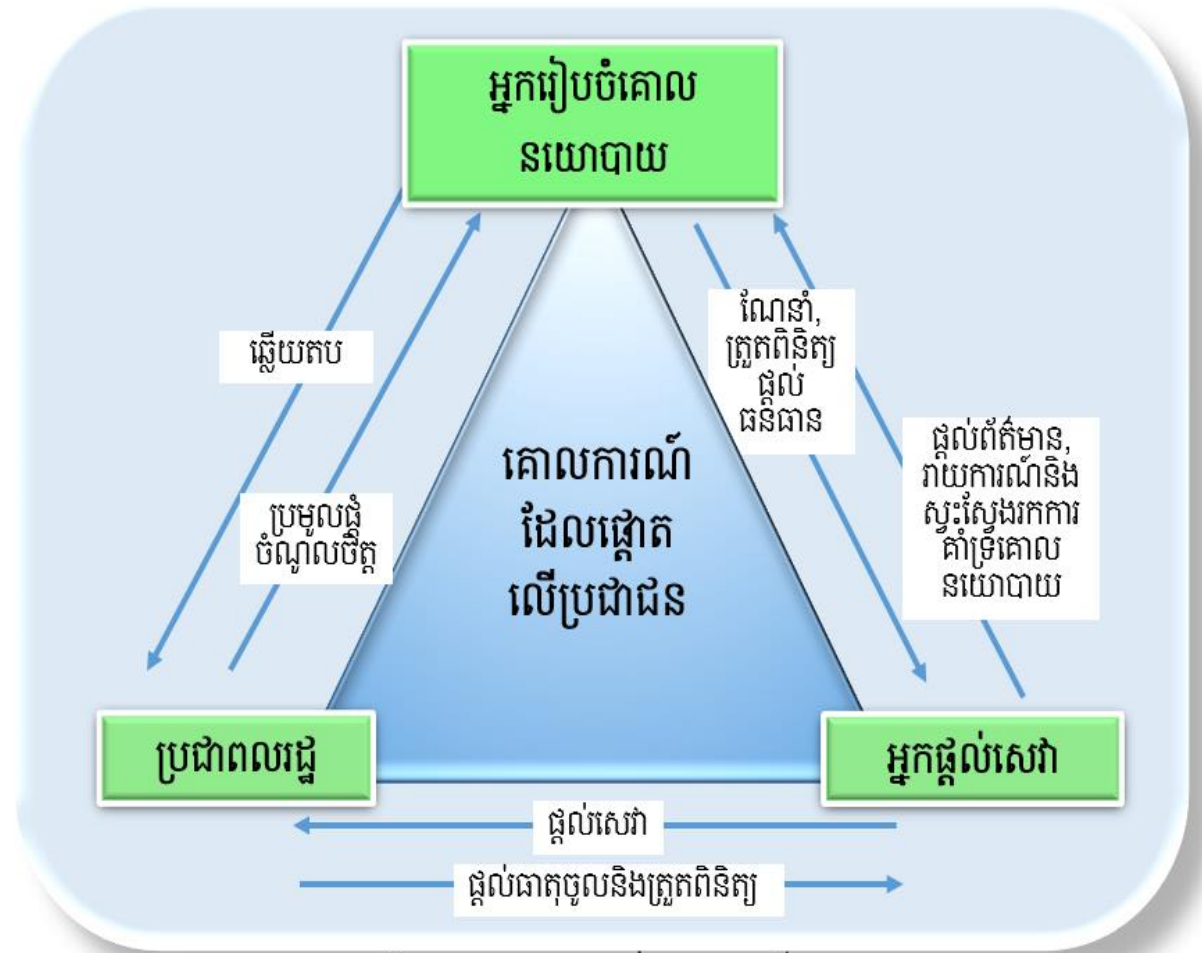
គោលការណ៍

1. ភាពជាម្ចាស់
2. ការតម្រឹមជាមួយគោលដៅអភិវឌ្ឍន៍ប្រកប ដោយចីរភាព និងគោលនយោបាយរបស់រាជរដ្ឋាភិបាល
3. ហិរញ្ញប្បទានប្រកបដោយចីរភាពតាមរយៈការបង្កើនធនធានពីរាជរដ្ឋាភិបាល និងការប្រើប្រាស់ធនធានប្រកបដោយប្រសិទ្ធភាព កិច្ចសហការពហុវិស័យ
4. អភិក្រមដែលផ្ដោតលើប្រជាជនជាចម្បង (People Centered Approach)
5. សមធម៌
6. សមភាពយេនឌ័រ
7. ការចូលរួមរបស់សង្គមស៊ីវិល
8. អន្តរាគមន៍ដែលផ្អែកលើភស្តុតាង។

Dynamic of Stakeholders System

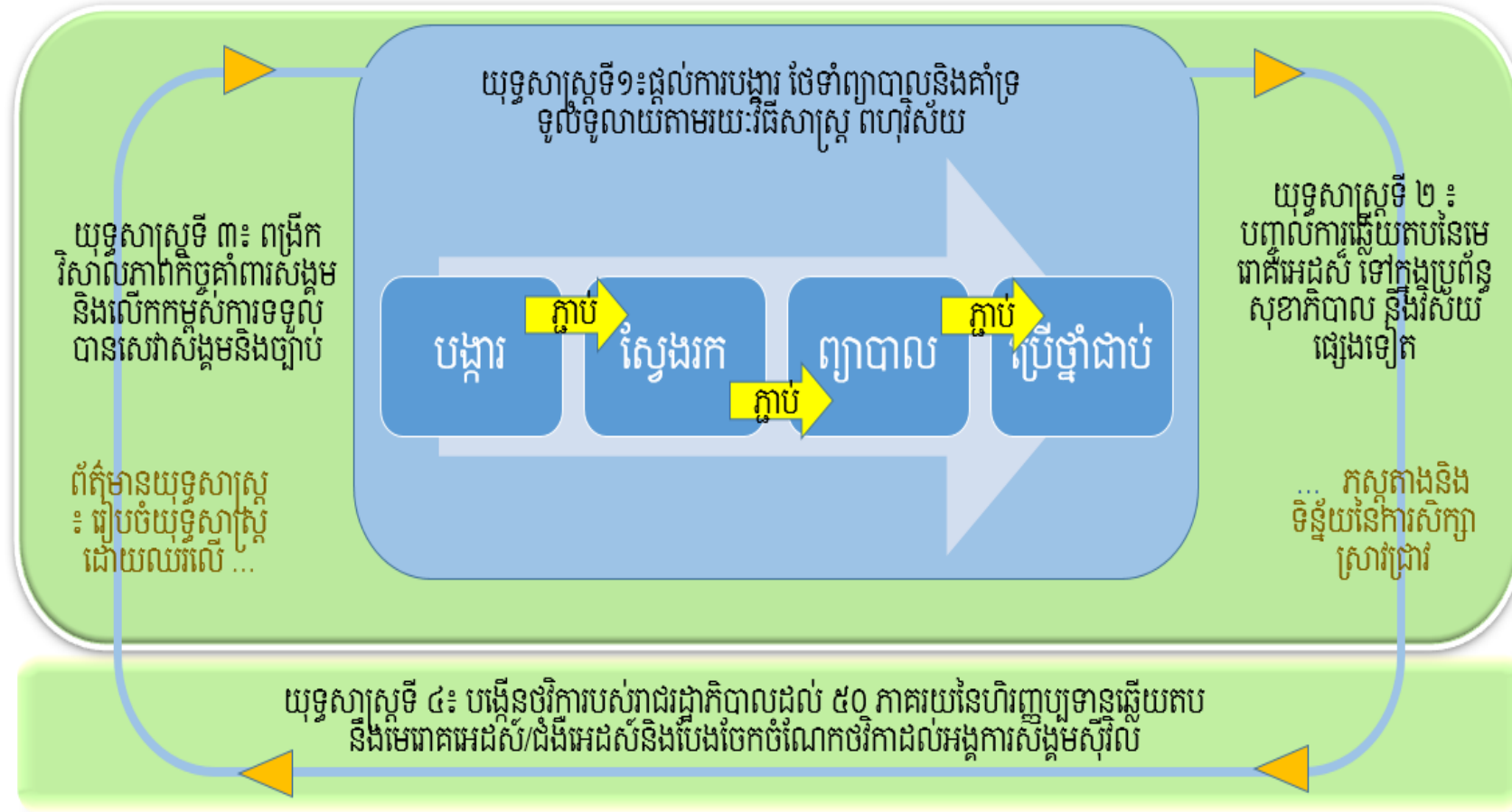


គោលការណ៍នៃផែនការយុទ្ធសាស្ត្រជាតិលើកទី៥



មិនទុកនរណាម្នាក់ចោលឡើយ

ផែនការយុទ្ធសាស្ត្រជាតិទូលំទូលាយនិងពហុវិស័យ ឆ្លើយតបទៅនឹងមេរោគអេដស៍និងអេដស៍(២០១៩-២០២៣)



លទ្ធផលរំពឹងទុក

លទ្ធផល៖ នៅឆ្នាំ២០២៥

- ការឆ្លងថ្មីនៃមេរោគអេដស៍នឹងត្រូវកាត់បន្ថយពី ៨៨០នាក់ក្នុងមួយឆ្នាំ២០១៨ មកនៅក្រោម ២៥០ ក្នុងមួយឆ្នាំ២០២៥។
- ៩៥% នៃអ្នកផ្ទុកមេរោគអេដស៍សរុបប៉ាន់ស្មានទាំងអស់ បានដឹងអំពីស្ថានភាពមេរោគអេដស៍របស់ពួកគេ។
- ៩៥% នៃអ្នកដែលដឹងអំពីស្ថានភាពរបស់ខ្លួនកំពុងទទួលការព្យាបាល។
- ៩៥% បន្ទុកមេរោគអេដស៍នៅក្នុងឈាមនៃអ្នកផ្ទុកមេរោគអេដស៍ដែលកំពុងទទួលការព្យាបាលត្រូវបានលុបបំបាត់ (viral suppressed)។

លទ្ធផលរំពឹងទុក

- លទ្ធផល ៖ នៅឆ្នាំ២០២៣ ការវាយតម្លៃដំបូង និងសំណើក្របខ័ណ្ឌសម្រាប់ការធ្វើសមាហរណកម្មមេរោគអេដស៍ទៅក្នុងប្រព័ន្ធសុខាភិបាលត្រូវបានបង្កើតឡើងដោយមានការចូលរួមយ៉ាងពេញលេញពីដៃគូទាំងអស់។
- លទ្ធផល ៖ ១០០ភាគរយនៃអ្នកផ្ទុកមេរោគអេដស៍គ្របដណ្តប់ដោយយន្តការគាំពារសង្គមនៅឆ្នាំ២០២៣ និងបង្កើនការទទួលបានសេវាកម្មគាំទ្រផ្នែកសុខភាព សង្គម និងច្បាប់ផ្សេងៗសម្រាប់អ្នករស់នៅជាមួយមេរោគអេដស៍។
- លទ្ធផល ៖ ហិរញ្ញប្បទានប្រកបដោយចីរភាពសម្រាប់ការឆ្លើយតបមេរោគអេដស៍ និងជំងឺអេដស៍នៅប្រទេសកម្ពុជា។

ការរៀបចំអនុវត្តផែនការយុទ្ធសាស្ត្រជាតិ លើកទី៥ នៅថ្នាក់ជាតិ

Full members of NAA meeting (Semester PAB)

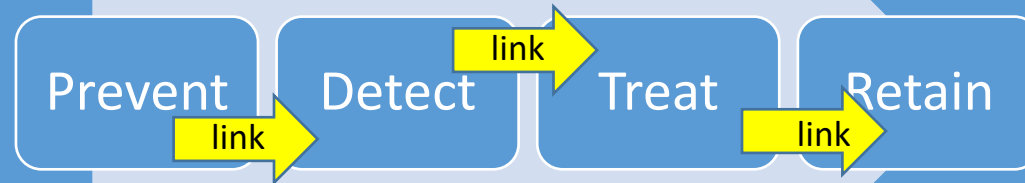
Monthly TAB meeting

Strategy 3: Social Protection and Enabling Environment

- NAA, MOH, MOEYS, MOSVY, MOWA, MOI, MOEF, MOLVT, MOInf,
- NCHADS, NMCHC, NCHP, NACD, DMHSA, MOSVY CRC, etc.
- Municipalities , Com. Council , RH/HC
- Rehab.& detention centers
- CSOs, Private Sectors

Strategy 1: Comprehensive Prevention, Treatment, Care and Support

- NAA, NCHADS, MOH, MOEF, Coordinating Bodies
- NGOs/CBOs, Private Sectors
- RH, HC, Commune Council,



Strategy 2: Integration, Incorporation of HIV and Synergy

- NAA, MOP, SNEC, MOH, MOJ,
- Dev. Partners,
- NGOs/CBOs, Commune Councils

Strategy 4: Domestic Financing

NAA, NCHADS, MOEF, MOH, CSOs

PAC Provincial AIDS Secretariat (PAS) and Provincial Health Department (PHD)

The diagram illustrates the HIV testing and treatment cascade across three administrative levels: Province, District, and Commune.

Province Level:

- Police commissariat** and **Police Inspector** are shown on the left, with dashed lines indicating their roles in the process.
- Targeted General Populations:**
 1. TB, STI, Hepatitis patients not tested for HIV
 2. Patients /their ex/ partners with chronic symptoms
- High Risk Key Populations:**
 3. Pregnant women not accessing ANC/not HIV tested
 4. Partner/ ex partner of PLHIV/KP
 5. Migrants/partners
 6. Young people at risk (of drug use, school dropout)

District Level:

- GOC-P (Core group)** and **GOC-OD1 (Core group)** are shown at the top.
- GOC-OD2 (Core group)** is shown in the middle.
- ART Facility** and **Rural OD1 (NO ART/ VCCT services)** are shown on the right.
- VCCT (Voluntary Counseling and Testing)** is shown in the center.
- NGO FS (Non-Governmental Organization Family Support)** and **Community Volunteers (OW KP & Others)** are shown at the bottom.

Commune Level:

- Village Commune Safety, VCS** and **Commune Committee for Women and Child, CCWC** are shown on the left.
- Health Center Management Committee, HCMC** is shown in the center.
- Identify-Reach** and **Intensify-Retain** are shown at the bottom.

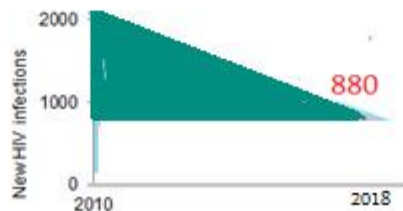
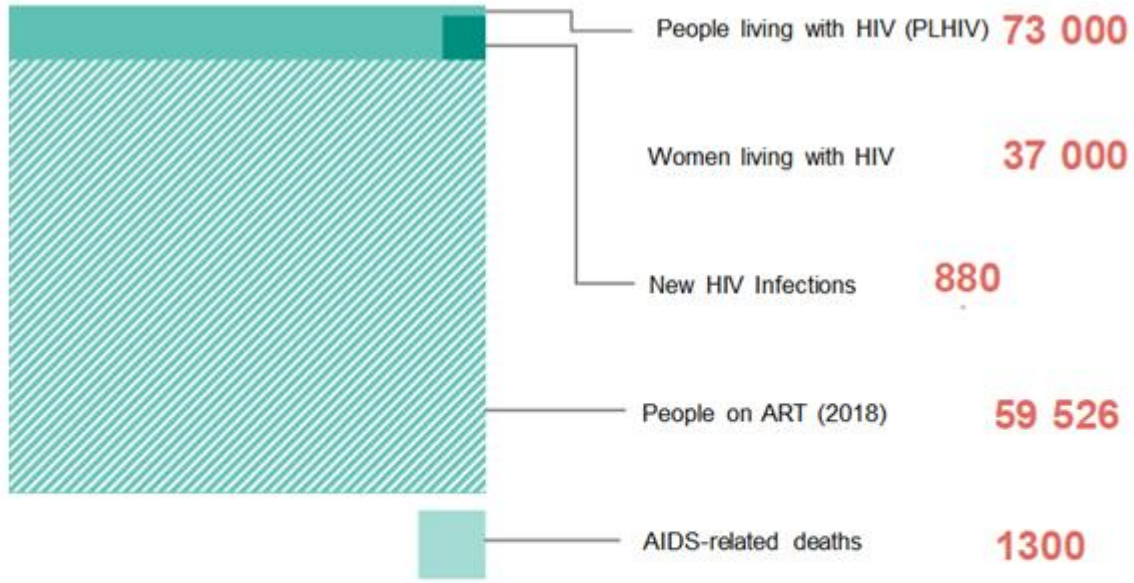
Flow and Interactions:

- Identify-Reach:** Includes Finger prick, Outreach, Fixed sessions, Events, and Social network.
- Intensify-Retain:** Includes Referrals of new reactive cases, Lost to follow-up, Support to PLHIV in greatest needs (poor PLHIV and still unstable on ART), and Community ARV delivery (stable PLHIV).
- Flow:** The flow starts from the targeted populations and high-risk key populations, moving through the GOC groups, VCCT, and ART Facility, leading to the final outcomes of adherence, retention, and VL suppression.

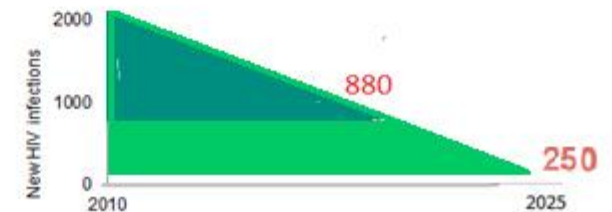
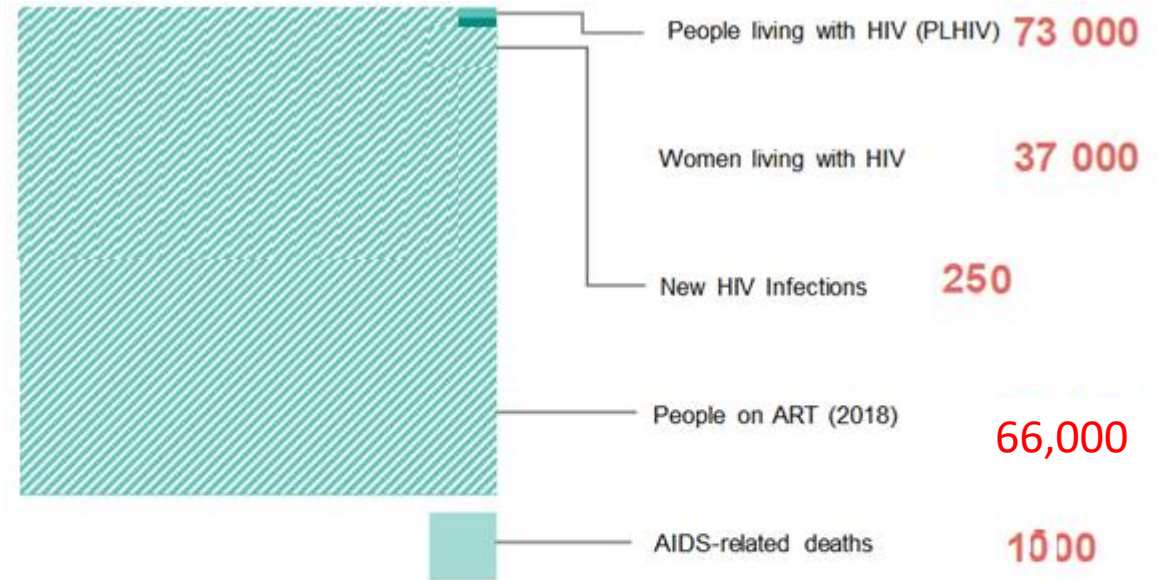
ការសន្និដ្ឋាន

១) ឆន្ទៈ និងភាពជាម្ចាស់

ឆ្នាំ ២០១៨



ឆ្នាំ ២០២៥



ការឈានឆ្ពោះទៅរកការបញ្ចប់ជំងឺអេដស៍
ដែលជាការគំរាមកំហែងសុខភាពសាធារណៈ នៅឆ្នាំ២០២៥

បញ្ហាប្រឈមសម្រាប់គោលដៅខេត្ត៩៥-៩៥-៩៥

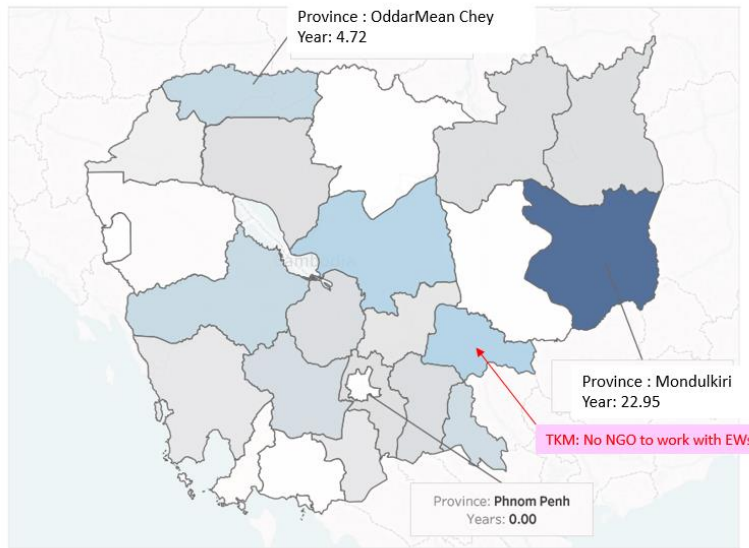
	Provinces	# PHIV(%of Pop)	Donor Investment and Strategies(2018)		Years to reach 90% PLHIV who know their status		Years to reach 90% PLHIV who know their status and on ART		Years to reach 90% PLHIV who know their status and on ART	
			BIACM	PEPFAR	Gap PL not diag	Time to 1st 90(trend)	Gap PL not ART	Time to 2nd 90(trend)	Gap in VL coverage	Time to 3rd 90
1	Phnom Penh	14,312(0.77%)	>2014	?	0	0.00	0	0.00	0.0%	0.69
2	Battambang	6,150(0.51%)	>2014	>2002	257	0.76	0	0.00	20.7%	1.04
3	Siem Reap	5,746(0.57%)	>2014	?	947	2.59	389	0.87	20.1%	0.78
4	Banteay Meanchey	4,421(0.55%)	>2014	>2002	259	0.90	0	0.00	25.4%	0.85
5	Kandal	3,794(0.31%)			386	2.76	502	7.20	37.1%	1.98
6	Kampong Cham	3,638(0.32%)	>2014	2005-2017	504	2.73	176	0.95	23.0%	0.95
7	Prey Veng	3,280(0.26%)			459	5.40	122	0.74	33.8%	1.79
8	Takeo	3,184(0.32%)	>2018		236	2.07	48	0.48	21.5%	1.21
9	Kampong Speu	2,402(0.29%)	>2018		499	5.42	466	4.91	50.8%	1.42
10	Tboung Khmom	2,225(0.26%)			599	7.59	370	3.87	49.4%	3.08
11	Preah Sihanouk	2,222(0.81%)	>2014		57	0.53	0	0.00	48.5%	2.26
12	Pursat	1,858(0.38%)	>2014	2005-2017	403	3.63	275	2.71	43.6%	1.30
13	Svay Rieng	1,853(0.30%)			368	5.34	196	2.38	33.7%	0.78
14	Kampong Thom	1,709(0.23%)	>2018		600	7.41	422	4.41	53.1%	1.45
15	Kampot	1,568(0.24%)	>2018		0	0.00	0	0.00	0.0%	1.08
16	Koh Kong	1,212(0.92%)	>2018		136	1.91	63	1.42	49.1%	3.40
17	Kampong Chhnang	1,118(0.20%)			236	5.36	119	1.49	36.5%	1.60
18	Oddar Meanchey	828(0.32%)	>2014		285	5.28	183	1.64	67.1%	0.87
19	Kratie	686(0.18%)			0	0.00	11	0.20	59.9%	4.22
20	Pailin	414(0.57%)	>2014		0	0.00	51	2.32	2.7%	0.47
21	Preah Vihear	298(0.11%)			0	0.00	0	0.00	28.5%	0.58
22	Ratanak Kiri	215(0.11%)			14	0.49	0	0.00	45.6%	N/A
23	Stung Treng	526(0.39%)			82	2.65	5	0.10	52.5%	2.51
24	Mondul Kiri	82(0.10%)			47	46.90	29	1.55	90.2%	3.99
25	Kep	50(0.12%)			0	0.00	0	0.00	0.0%	26 1.57

HIV Deep Dive:

Sub-national disparities in progress on 90-90-90 outcomes

Cambodia is one of 7 countries worldwide close to reaching UNAIDS 90-90-90 targets
But progress varies at sub-national level

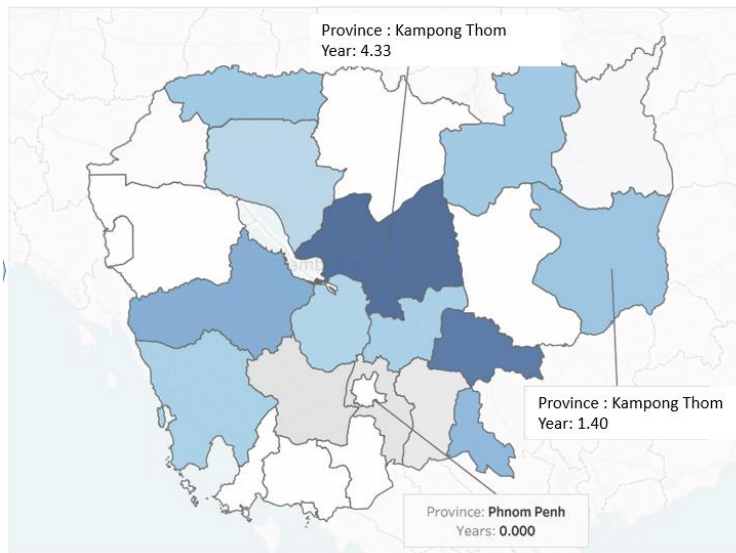
Years to Reach 90% Testing of PLHIV at 2017 Testing Yield Rates



Years to 90% Testing
0.00 70.70

Source: NCHADS quarterly reports and *Estimations and Projections of HIV/AIDS at Sub-National Level in Cambodia 2016-2020*, NCHADS.

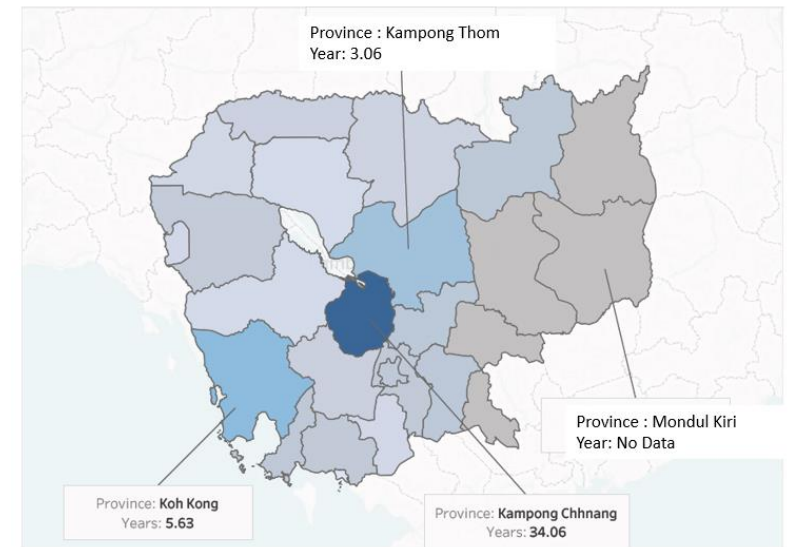
Years to Reach 90% on Treatment at Rate of Increase of PLHIV on Treatment (2011-2017)



Years to 90% on ART
0.000 5.717

Source: NCHADS quarterly ART reports and Spectrum AEM Model - USAID

Years to Reach 90% Virally Suppressed at Rate for PLHIV on ART which are Virally Suppressed (2015-2017)



Years to 90% VLS
0.35 34.06

Source: NCHADS VLS report

...តាមដានករណីបោះបង់ថ្នាំ(៩៥ទី៣)



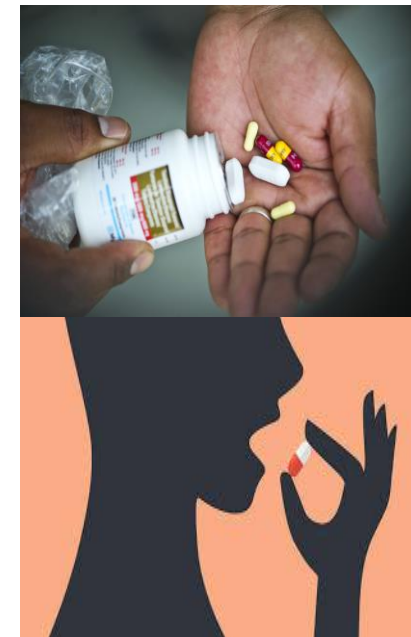
2015



20 Sept 2019



10 Oct 2019



12 Oct 2019

២) ភាពជាដៃគូ និងកិច្ចសហប្រតិបត្តិការ

គោលការណ៍នៃផែនការយុទ្ធសាស្ត្រជាតិលើកទី៥

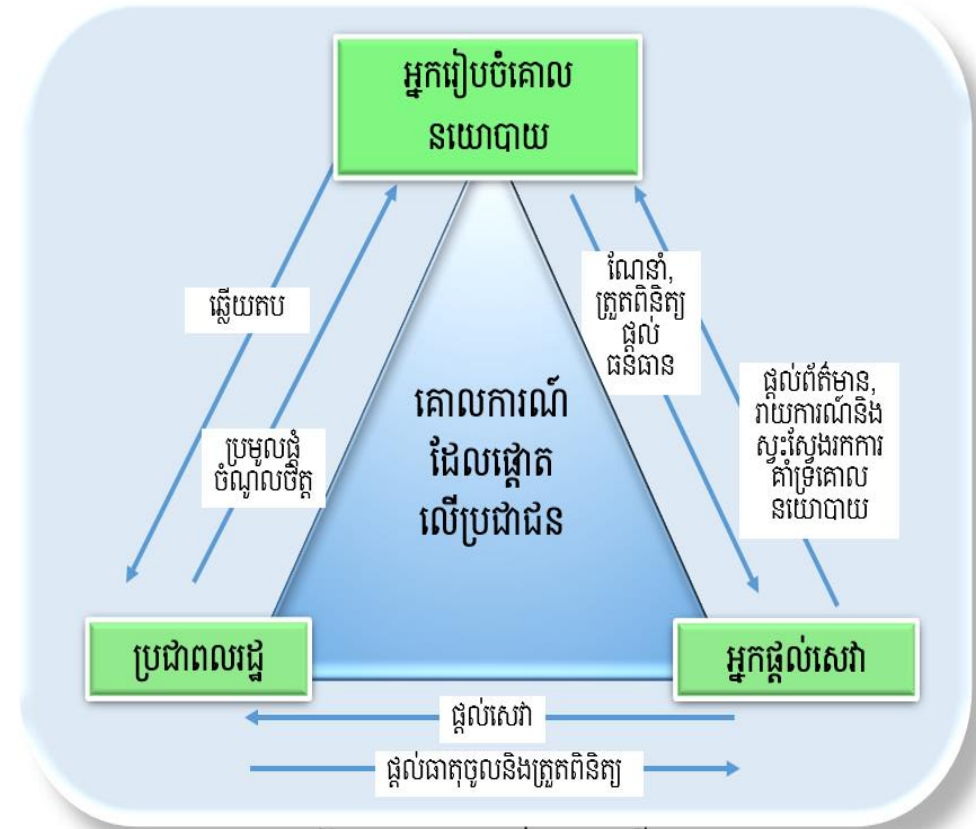
សក្តានុពលនៃប្រព័ន្ធអ្នកពាក់ព័ន្ធ Dynamics of Stakeholder System

ការសម្របសម្រួលប្រព័ន្ធភាគីពាក់ព័ន្ធដំណើរការនៅពេលដែលក្រសួង / ស្ថាប័នទាំងអស់មិនត្រឹមតែបំពេញភារកិច្ចផ្ទាល់ខ្លួនដោយមិនស្តីបន្ទោសគ្នាទៅវិញទៅមកប៉ុណ្ណោះទេ ប៉ុន្តែសម្របសម្រួលនិង ធ្វើការយ៉ាងជិតស្និទ្ធជាមួយគ្នាជំនួសវិញដើម្បីសម្រេចបាននូវគោលដៅនិងគោលនយោបាយរបស់រាជរដ្ឋាភិបាលនិងឆ្លើយតបប្រកប ដោយប្រសិទ្ធភាព ចំពោះកង្វល់ឬតម្រូវការរបស់ ប្រជាជន។

Stakeholder System coordination works when all ministries/institutions not only fulfil their own duties by not blaming each other, but coordinate and work closely with each other instead to accomplish the mission and policy objectives of the Royal Government and effectively respond to the concern or demand of the people. (Rectangular Strategy IV)

មិនទុកនរណាម្នាក់ចោលឡើយ

គោលការណ៍នៃផែនការយុទ្ធសាស្ត្រជាតិលើកទី៥



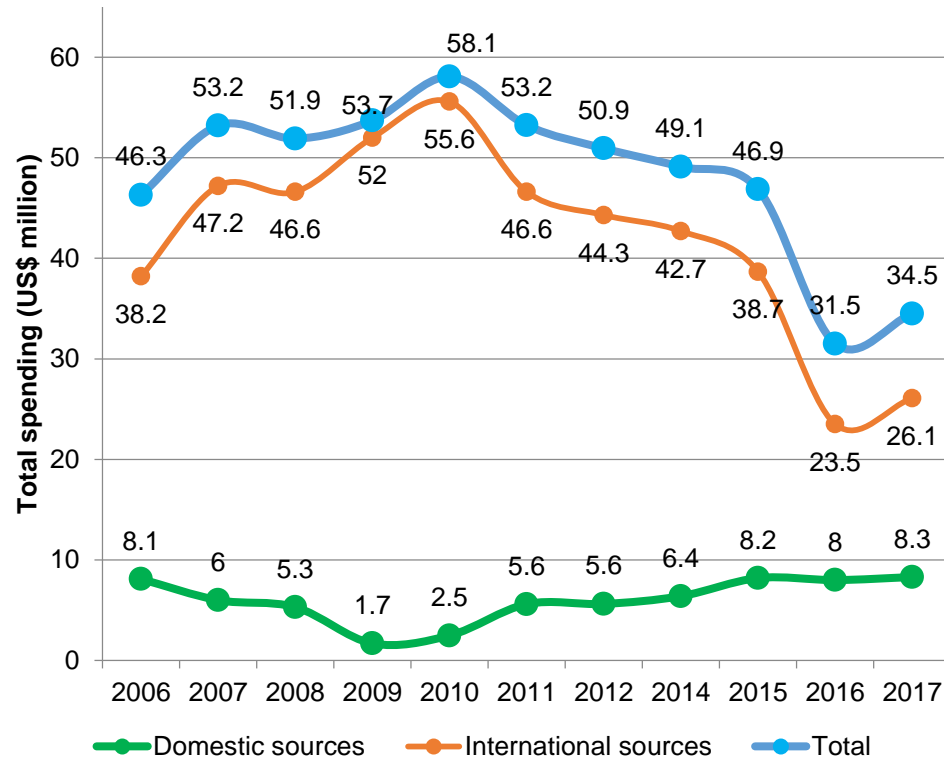
មិនទុកនរណាម្នាក់ចោលឡើយ

សមាហរណកម្ម

- សមាហរណកម្មសំដៅទៅលើ “ការផ្លាស់ប្តូរការគ្រប់គ្រង ឬប្រតិបត្តិការលើប្រព័ន្ធសុខាភិបាលដើម្បីបញ្ចូលរួមគ្នានូវ ធាតុចូល ការផ្តល់សេវា ការគ្រប់គ្រងចាត់ចែង និងការរៀបចំមុខងារសេវាកម្មជាក់លាក់ជាមធ្យោបាយដើម្បីកែលម្អការគ្របដណ្តប់ ការទទួលបានគុណភាព ការទទួលបានសេវា និងប្រសិទ្ធភាពនៃតម្លៃ”
- Integration refers to “managerial or operational changes to health systems to bring together inputs, delivery, management and organization of particular service functions as a means of improving coverage, access, quality, acceptability and (cost)-effectiveness”

៣) វិនិយោគធនធាន

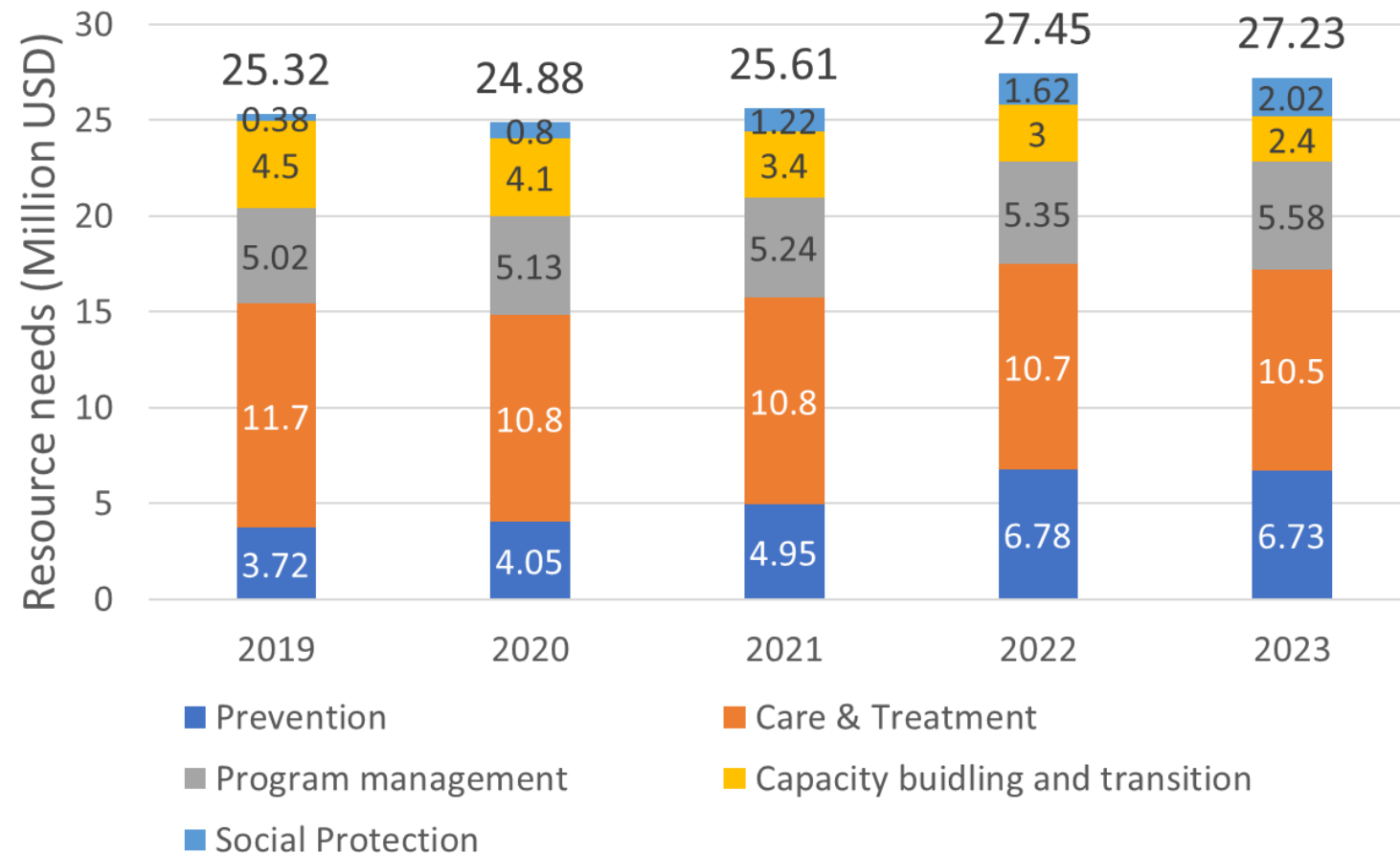
**AIDS spending by financing source
2006-2017**



Top largest Financing Sources	2016	2017
The Global Fund	15,758,925	18,732,595
Royal Government of Cambodia	7,913,080	8,257,614
US Government	5,144,851	4,407,615
AIDS Healthcare Foundation	1,031,634	1,175,482
UNAIDS Secretariat	813,001	770,406
Cambodian Red Cross	233,584	233,353
Government of France	26,321	137,451
Government of Sweden	83,488	96,088
European Commission	38,971	60,995
Caritas / Catholic Relief Services	33,577	43,145
UNFPA	88,442	25,498

៣) វិនិយោគធនធាន

តម្រូវការថវិកាសម្រាប់អនុវត្តផែនការយុទ្ធសាស្ត្រជាតិ លើកទី៥
២០១៩-២០២៣

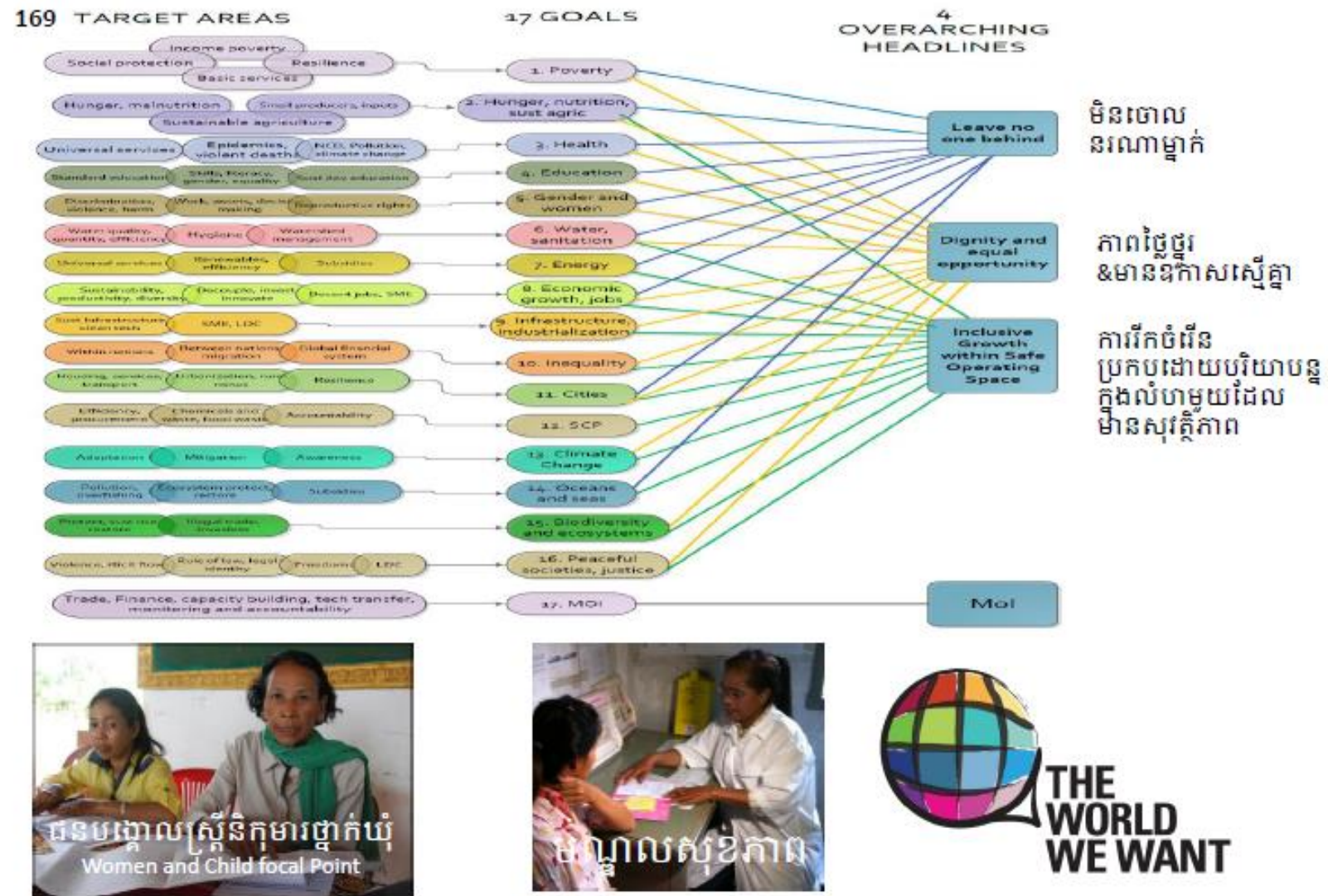


130M for NSPV
implementation

សរុប២១៣

* Estimates excludes unearmarked public health systems expenditure

សូមអរគុណ



The front liners to look for someone who is left behind (all 17 SDGs with 169 target areas)