The Report

Of

The National Consultative Meeting to Develop UA Indicators and Targets for 2013 and 2015

At Preah Sihanouk Province

On 19th August 2011

By

Department of Planning, Monitoring, Evaluation and Research (PMER)

Contents

Acronyms

AIDS	=	Acquired Immune Deficiency Syndromes
ANC	=	Ante Natal Care
CARE	=	Care International
CRC	=	Cambodia Red Cross
CPN+	=	Cambodia People HIV Network
FHI	=	Family Health International
GF	=	Global Fund
HACC	=	HIV and AIDS Coordination Committee
HIV	=	Human Immunodeficiency Virus
HSS	=	HIV Sentinel Surveillance
UA	=	Universal Access
KHANA	=	Khmer HIV and AIDS Alliance National Association
MARP	=	Most At Risk Population
MDG	=	Millennium Development Goal
M&E	=	Monitoring and Evaluation
MoEYS	=	Ministry of Education Youth and Soports
MoH	=	Ministry of Health
MoI	=	Ministry of Interio
MoLVT	=	Ministry of Labor and Vocational Training
MoSVY	=	Ministry of Social Veteran Affair
MSM	=	Male Sex with Male
NAA	=	National AIDS Authority
NCHADS	=	National Center fighting HIV and AIDS, Demonology and STD

NTWG	=	National Technical Working Group
NMCHC	=	National Maternal Child Health Care
OVC	=	Orphan and Vulnerable Children
PLHIV	=	People living with HIV
PMTCT	=	Prevention from Mother to child and treatment
PR/MoH	=	Principle Recipient at Ministry of Health
PSI	=	Population Service International
RHAC	=	Reproductive Health Association of Cambodia
UA	=	Universal Access
UN	=	United Nation
UNAIDS	=	United Nations for HIV and AIDS
UNDP	=	United Nations for Development Program
UNFPA	=	United Nation Population Fund
UNICEF	=	United Nations Children's Fund
US.CDC	=	United States. Centre for Diseases Control

I. The Introduction

National AIDS Authority is the sole government authority who has role and high responsibility to oversee the HIV and AIDS epidemic and HIV and AIDS response comprehensively and multi-sectorally in Cambodia. Follow the mission and vision, the NAA must play strong leadership and management to coordinate and facilitate members as line ministries, development partners, national and international organizations including civil societies to response to HIV and AIDS aligned with the national strategic plan III for comprehensive and multi-sectoral response to HIV and AIDS in years 2011-2015.

In response to the UN declaration at the 65th assembly in New York (USA) in June 2011 and looking forward to seeing the advance progress of multi-sectoral responses for HIV and AIDS based on NSP III implementation, in 2013 and 2015, the UA indicators and targets aligned with NSP III and three one principles have to be set and target. The NAA is offered an opportunity to conduct a national consultative meeting on developing Universal Access (UA) indicators and targets for 2013 and 2015 based on draft developed by the TA.

The national consultative meeting was financed by the HACC and UNAIDS under the leadership and management of NAA. Participants to this national consultative meeting were from different stakeholders involving directly or indirectly to HIV and AIDS response such as from of government's ministries, UN agencies, development partners, civil societies and MARP representatives.

II. Goal and objectives

II.1. Goal

To develop the second phase of Universal Access (UA) indicators and targets for 2013 and 2015 in response to NSP III (2011-2015) and to the UN resolution on HIV and AIDS at the 65th session of United Nations General Assembly.

II.2. Objectives

- Provide knowledge on the UN declaration on HIV and AIDS at the 65th General Assembly of the UN in June 2011
- Present the draft of the proposed UA indicators and targets 2013 in 2015

- Harmonize all technical comments to the UA draft into a consensus manners
- Develop a second draft of the proposed UA indicators and targets for 2013 and 2015

III. Methodology

To reach the goal and objects of the meeting, several methodologies were used:

III.1. Design

1. The official opening ceremony to get political support and advice from the high-rank person
2. The slide presentation
3. The small group discussion
4. The plenary presentation from the small group result
5. The plenary discussion and
6. The wrap-up session

III.2. Venue: Ocheuteal Hotel, Preah Sihanouk province

III.3. Date: 19th August 2011

III.4. Participants: totally, there were 45 participants from various stakeholders such as

NAA, HACC, UNAIDS, UNICEF, NCHADS, MoWA, MoLVT, MoI, MoEYS, MoND, MoSVY, CRC, CENAT, CARE, FHI, KHANA, RHAC, PSI, CPN+ and MARP networks.

Apologies: US-CDC, USAID, UNFPA, PR/MoH, NMCHC/MoH.

IV. Meeting Progress

IV.1. Opening ceremony

IV.1.1 Welcome Remark made by H.E Dr. Teng Kunthy, Secretary General of NAA

Starting the meeting, H.E. Dr. Teng Kunthy, Secretary General of NAA first welcomed and thanks to the participants and paid his respect to the honorary guests especially to H.E.Dr.

Nuth Sokhom, Senior Minister and Chair of the NAA for his invaluable time to participate in this important meeting and to show his political commitment and support to the process of the UA development. Then H.E. Kunthy informed the meeting briefly about the goal and objectives of the meeting and urged all participants to actively contributing their knowledge to the development of the second phase of UA indicators and targets to make it all AMART and to ensure that all our beneficiary in particularly the most at risk population and the PLWHA and MARP accessing service universally with quality. H.E.Dr. Kunthy informed the meeting that based on the NSP III, we already have more than 50 indicators; and based on the review of the phase one UA in 2008 and 2010, that most of the UA were achievable even few of them could not be measurable, therefore, it is very important to reflect such two documents to work toward the development of the UA 2013 and 2015. Lastly, he expected that the meeting will get a technical consensus for improving the draft of the phase 2 of the UA indicators and targets for 2013-2015.

IV.1.2. Brief Remark made by Mr. Tim Vora, Executive of HACC

In the next remark, Mr. Tim Vora, an executive director of HACC and representative of civil society addressed his brief contribution that, it's time for us to meet again for developing UA for 2013 and 2015 which is a part of 3 ones principle as well as part of the national monitoring and evaluation system. So and on he expressed that, we already worked to review the results of previous UA and now we worked together to set up UA indicators and targets for 2013 and 2015. As experience, our country has already achieved the MDG number 6 as HIV prevalence declines to 0.8% in 2010 based on the HSS report made by NCHAD. Based on the knowledge from the setting and reviewing of the phase one UA, we are fully experiences to better develop the second phase of UA in 2013 and 2015 as aligned to the NSP III and the UN declaration as well as keeping track of the quality of services and improvement access for all PLHIV and MARP. In the name of civil society, HACC was happy to contribute our support to NAA to strengthen the M&E system; and hopefully, the today meeting would absorb good recommendations and technical inputs to improve the second draft of UA indicators and target in 2013 and 2015 to be measurable and meaningful.

IV.1.3. Brief Remark made by Dr. Savina Ammassari, M&E advisor, UNAIDS

Dr. Savina Ammassari, representative of UNAIDS in country was very interested to inform the meeting that the UNAIDS had commitment to support the NAA to develop and review successfully the first phase of Universal Access indicators and targets in 2008 and 2010 that provide opportunity for all the people who are in the need of services. Bow it is time for us to move to the second phase of UA development based on the NSP III and the Political Declaration on AIDS in New York in June 2011 aligning with the launching of the strategy ZERO of the UNAIDS. Therefore, when we prepared in this meeting to develop the UA for 2013 and 2015, please bear in mind the NSP III, the political declaration and the strategy ZERO– as vision to achieve Zero new infections, Zero AIDS-related deaths and Zero discrimination. Dr Savina addressed her concern on experience of the development and measurement of the previous UA while few indicators could not be measured, or too ambitious. Finally, Dr. Savina Ammassary provided information on the Political Declaration challenges that should be used to align Cambodia's Universal Access indicators and targets.

1. Reduce transmission of HIV among people who inject drugs by 50 per cent by 2015
3. Eliminate mother-to-child transmission of HIV by 2015 and to substantially reduce AIDS-related maternal deaths
4. Ensure timely initiation of quality assured treatment for its maximum benefit, with the target of working towards having 15 million PLHIV world-wide on antiretroviral treatment by 2015
5. Eliminate stigma, discrimination and violence related to HIV.

IV.1.4. Opening Remark made by H.E Dr. Nuth Sokhom, Senior Minister and Chair of the NAA.

Before declaring the opening of the meeting officially, H.E Dr. Nuth Sokhom, Senior Minister and Chair of NAA made some words to the meeting. Firstly, he expressed his great appreciation to all government, development partner, civil society as well as PLHIV and MARP who are actively contributing to fight against HIV and AIDS in Cambodia until receiving great impact to the reduction of HIV recognized nationally and internationally. As result, Cambodia received award from H.E. Ban Ki Moon, secretary General of the UN to recognize the success of reducing HIV transmission in Cambodia to meet the millennium goal number 6. In addition H.E. also informed participants about the success of Cambodia in the High-level meeting in New York while the Cambodia delegates lead by Lok Chum

Tev Bun Rany Hun Sen and Himself drown a lot of attention from the world especially the speeches made by H.E. Secretary General of UN and Mr Bill Clinton, former US president and Chair of the Clinton Foundation. Thirdly, H.E. also appreciated participants presented in the meeting who committed themselves to the development of the second phase of the UA 2013 and 2015. Fourthly, H.E. clearly advised to use several documents as strong reference documents for the development of the UA such as NSP III, the finding of the UA phase one result, the political declaration on AIDS in New York in June 2011 and the strategy ZERO. Fifthly, H.E. drawn meeting attention to the development of the UA 2013 and 2015 with focus on measurable indicator and target with information that is reliable, accurate and valid. Finally, H.E. urges all participants to feel free to active participate in providing comment, recommendation or whatever they feel to be appropriate to include in the UA development. Anyway, H.E. also confirmed that we should not have different UA in Cambodia outside of the UA that officially approved by NAA that is coordinated and facilitated by the NAA with full participations from all stakeholders working on HIV and AIDS in Cambodia. Finally, H.E Dr. Nuth Sokhom thanked and appreciated to Preah Sihanouk authority who supported facilitation on the meeting organization and thanked for the financial and technical supports from HACC, UNAIDS and GF with best wishes for all and announced the meeting officially opened.

IV.2. The presentation and the group discussion

IV.2.1 Presentation on "UN declaration on HIV and AIDS at 56th General Assembly Session in June 2011.

In using as reference document for the meeting, H.E Dr. Teng Kunthy presented the key important points of UN declaration on HIV and AIDS at 65th General Assembly to participants. In the presentation, the 9 key points among 105 chapters of UN declaration were highlighted; the 9 key points were comprised as Leadership, Prevention, Treatment Care and Support, Human Right, Resource, Strengthening health and social system, Research and Development, Coordination, monitoring and accountability, and follow up the sustaining progress. The key commitments highlighted were as following:

1. The strengthening of the Paris declaration on country ownership, harmonization, alignment, result based and mutual and transparency and benefit
2. The commitment of finding from donor country
3. The commitment to implement strategy ZERO

IV.2.2 Presentation on "The draft of the UA indicators and targets in 2013 and 2015" made by H.E Dr. Hor Bunleng, Deputy Secretary General of NAA

before moving to the small group discussion, H.E Dr. Hor Bunleng, deputy secretary general of NAA in charge of the UA development; began his presentation on the draft of the UA indicators and targets in 2013 and 2015 to get participants familiar with the draft by pointing to specific information such as goal, objectives, methodology, meeting participants, process of writing draft UA document, and the components of the draft indicators and targets divided into 9 impact indicators and targets, 13 prevention indicators and targets, 7 care and treatment indicators and targets, 4 impact mitigation indicators and targets, 2 leadership, coordination and management indicators and targets, 3 laws and policy indicators and targets, 3 strategic information indicators and targets, and 1 resource mobilization indicators and targets. (See detail slide presentation in annex). Then H.E. presented the plan and instruction for small group discussion. Based on the number of participants, three small group discussion were divided. Group I was discussed on the impact indicators and targets with others, group II was discussed on prevention indicators and targets and group III was discussed on care, treatment and impact mitigation. To facilitate the small group discussion session, H.E Dr. Hor Bunleng gave instruction with the proposed questions related to each draft indicators and target of UA 2013 and 2015 to the plenary group in order to make participants clear in small group discussion. For the working group there were 3 teams assigned which each team comprises of 1 facilitator, one note taker and one representative. Group 1 needed to discuss on impact and outcome indicator; Group 2 discussed on prevention indicator, and Group 3 is about on care, treatment and impact mitigation.

IV.2.3 Small Group Discussion on draft of the UA indicators and targets in 2013 to 2015.

The small group discussion had 2 hour time to discuss to answer to the questions provided by the facilitator:

1. Should there be impact and outcome indicator?
2. Should there be an additional indicator or indicator to be deleted?
3. Should indicators combined?
4. Each indicator should have clear definition and measurement methods (monitoring or evaluation) and also target?

IV.2.4 Small Group Presentation followed by plenary discussion chaired by H.E Dr. Hor Bunleng, deputy secretary General of NAA.

Group I: Discussed on impact and outcome indicators within focusing the draft UA indicators number 34-43 which was raised the following comments input and changes as below.

No	Indicator	Baseline 2010	Target 2013	Target 2015	Comments
34	# of MoU signed at the national and sub-national level	National: 0 Sub-national: 0	25	29	Keep it; because no consensus between group member.
35	% of commune development plan that address HIV and AIDS.	40.9%	50%	70%	Keep it for continuity and to emphasize sustainability of services.
36	# of national HIV and AIDS policy developed.	18	25	30	No comment due to group member are unclear as to what is meant by

					policy
37	# of national HIV and AIDS guideline developed.	24	30	45	No comment due to group member is unclear as to what is meant by guideline.
38	# or % of commune reached by HIV and AIDS law forum	102	150	220	Drop this; it's not NSP indicator and it's very difficult to measure.
39	# of progress annual report on national comprehensive and multi-sectoral response to HIV and AIDS, written, published and disseminated officially	01	03	02	Drop this due to it's not UA indicator and it does not measure access to coverage of service.
40	# of UNGASS report written, published and disseminated officially.	01	01	01	Drop this due to it's not UA indicator and it does not measure access to coverage of service.
41	# and % of annual report received from the GO agencies, UN agencies; bilateral agencies and civil	??	??	??	Drop this due to it's not UA indicator and it does not measure access to coverage

	society.				of service.
42	# or % of available fund against the NSP III.	60%	70%	80%	No comment
43	# of NASA conducted	01	01	01	Drop this

After the group one presentation, the plenary discussion focused on indicator number 1 to 9; as the result these indicators would be dropped because UA would focused on output indicators rather than impact indicators. In addition, the meeting suggested to keep the indicator number 38 to 43 because UA is not just only measured the beneficiary population but also included service provider such as function of reporting mechanism or performance of institutional leadership and coordination.

Group II: Discussed on prevention indicators within focusing the draft UA indicators number 10-22 which was commented and changed as below.

No	Indicator	Baseline 2010	Target 2013	Target 2015	Comments
10	# or % of entertainment workers who have two or less clients a day reached with HIV prevention program.	46,195	70%	90%	Difficult to reach; changed target 70% to 60% in 2013 and 90% to 80% in 2015
11	# or % of entertainment workers who have more than two clients a day reached with HIV	46,195	70%	90%	Keep

	prevention program.				
12	# or % of MSM reached with HIV prevention program	94.2%			Keep and propose to put 95% for both years target.
13	# or % of TG reached with HIV prevention program				Keep and propose to put 95% for both years target because expect that TG will be easy to access for measurement.
14	# or % of DU reached with HIV prevention program.				Keep and propose to set target 50% in 2013 and 60% in 2015. This slowly increases target because of interruption by Safety Commune Policy.
15	# or % of IDU reached with HIV prevention program.	1,869			Keep and propose to set target 50% in 2013 and 60% in 2015. This slowly increases target because of interruption by

					Safety Commune Policy. Keep and propose to set target 70% in 2013 and 80% in 2015. This slowly increases target because of interruption by Safety Commune Policy.
16	# or % of IDU enrolled in methadone program.	1,869			Propose to put 30% in 2013 and 40% in 2015.
ADD	# or % of IDU reached by NSP				Propose to add 50% in 2013 and 60% in 2015.
17	# or % of pregnant women receiving testing and counselling for HIV and received their result.	57%			Keep and propose to put 80% in 2013 and 95% in 2015- Due to political commitment.
18	# or % of HIV infected pregnant women who received antiretroviral prophylaxis to reduce risk	49%			Keep and propose to put 95% in 2013 and 95% in 2015 Due to

	of mother to child transmission.				political commitment
19	% of donated blood units screened for HIV in a quality assured manner.	100%	100%	100%	No comment
20	# of VCCT sites offering counselling and testing services	246	250	260	No comment
21	# of condom sold and distributed	30M	33M	35M	No comment
22	# or % of large private organizations (more than 100 employees) that have work place policy and implement HIV and AIDS work plan.	138	180	220	Change target 180 to 320 in 2013 and 220 to 450 in 2015. Change 100 employees to 51 employees

Group III: Discussed on care and treatment and impact mitigation indicators within focusing the draft UA indicators number 23-33 which was raised within following comments and changes as below.

No	Indicator	Baseline 2010	Target 2013	Target 2015	Comments

23	# of OD with full CoC package of service.	44	56	56	Drop; it's already detailed in NCHADS' indicators.
24	# or % of adult with advanced HIV infection receiving ART.	92%	95%	98%	Keep it; it's measurable.
25	# and % of CoC sites involved with continuous quality improvement initiative	36%	60%	90%	Keep it; it's just started about 36% and it's important to monitor the CQI as quality indicator for adults and children.
26	# and % of estimated HIV positive incident TB cases that received treatment for TB and HIV	4.8%	???	???	Change: Use only %; and propose to change baseline 4.8% to 15%, and add target 65% in 2013 to 80% in 2015.
27	# or % of children with advanced HIV infection receiving ART.	91%	95%	98%	Keep and propose to disaggregate by sex.

28	# or % of adult on ART alive at 12, and 48 months after initiative of treatment.	90.5% ?? %	93% 90 %	95% 90 %	Keep and propose to disaggregate by sex.
29	# or % of children on ART alive at 12, and 48 months after initiative of treatment.	93.9% 93.9 %	95% 95 %	95% 95 %	Keep and propose to disaggregate by sex.
30	% of communes with at least one organization providing care and support to households with OVC	47.50%	60%	70%	Suggest to change by using % of commune with at least one HIV organization providing care and support to HHs with OVC.
31	# and % of respondents who experienced stigma or discrimination	All: 41.4% Male: 36.8% Female: 43.2%			Keep but just complement the specific target group by using # and % of PLHIV and MARP respondents who experienced stigma or discrimination.
32	# or % of OVC whose household receive minimum package of	58,138	62,000	65,000	Propose to change by using only #; and change

	support (at least 3 of the following types of support). 1. Health care 2. Education 3. Food 4. Economic 5. Psychosocial 6. Others				minimum package from at least 3 to at least 1.
33	# and % of PLHIV supported by self help groups in the last 12 months	32,252	??	??	Keep because it's relevant to CoC service access.
ADD	# and % of infants born to HIV infected mother who received an HIV virological test within 2 months of birth.				Reason is monitor the quality of services of pediatric care.

2.3- The wrap-up of the meeting result

After the output of group presentation, H.E Dr. Hor Bunleng wrapped up the meeting result by concluding concisely that,

- Impact and outcome indicators were agreed from the meeting to drop from UA indicators and targets for 2013 and 2015 because UA is focused on output indicator rather than impact indicator.
- A new indicator added on prevention to reflect the positive prevention program as the request from the meeting.
- A new indicator added to care on testing virology on children born from positive mother.

- An indicator on Care focusing on number of OD with CoC was dropped because this indicator is already saturated.

At the end of the meeting Dr. Savina Amassary would like to thanks all active participants who contribute to input the value comments and technical input to improve the UA indicators and targets 2013 and 2015 for the next 5 years.

Finally, H.E Dr. Hor Bunleng confirmed that by Friday next week, the revised document of the draft UA indicators and targets 2013 and 2015 will be sent through email to all participants for comments; so individual comments could be attached with the document via the e-mail back to NAA before NAA could move it up to the discussion in the technical board meeting. He clearly informed the meeting that the new individual comment could not be incorporate in the second draft of the UA except the point miss from the discussion in this meeting. Anyway, the new individual comments will be presented as extra comments in the TAB meeting which is planned in early next month.

III- Conclusion

The meeting met and achieved the goal and objectives while the agenda item planned were completed; it was also active participation from all participants.

As result: the meeting agreed in common to have UA as following:

- 16 drafts of proposed outcome and impact indicators were dropped.
- 14 drafts of proposed prevention indicators were kept with propose input the figure in target years.
- 2 drafts of proposed prevention indicators were changed.
- 1 prevention indicator was proposed to add
- 7 drafts of proposed care, treatment and impact mitigation indicators were kept.
- 1 indicator was proposed to add in the draft of care and treatment indicator.
- 3 drafts of proposed care, treatment and impact mitigation were changed; and
- 1 indicator of proposed care and treatment was dropped