FOCUSING AND SUSTAINING THE HIV RESPONSE IN CAMBODIA

More spending on focused HIV prevention may bring HIV targets within reach

**CURRENT SITUATION**

Cambodia has achieved remarkable success in reducing annual new HIV infections, from an estimated 15,000 in 1996 to 1,400 in 2022. However, rising HIV incidence among young people aged 15-24, particularly among men who have sex with men (MSM), transgender women (TG), and people engaged in sexualized drug use (chemsex) is counteracting reductions in new infections. Nevertheless, the 95% diagnosis target may be within reach by 2030 through differentiated outreach to key populations by age and risk. The proportion of diagnosed people living with HIV on treatment and those on treatment with viral suppression are already exceeding the 95% targets, and there is a strong government, civil society, and development partner commitment to sustaining these achievements.

**HIV INVESTMENT PRIORITIES 2024-2026**

**Key 2025 HIV targets and achievements for Cambodia**

*Health Sector Strategic Plan 2021-2025*

<table>
<thead>
<tr>
<th>Target</th>
<th>Achieved/Not on target</th>
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<tbody>
<tr>
<td>95% of PLHIV are diagnosed</td>
<td>Not on target (86% in 2022); achievable by 2030</td>
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<tr>
<td>95% of diagnosed on treatment</td>
<td>Exceeded (99% in 2022)</td>
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<tr>
<td>95% of people on treatment with viral suppression</td>
<td>Exceeded (98% in 2022)</td>
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<tr>
<td>Less than 250 new HIV infections annually</td>
<td>Not on target (1,400 in 2022); within reach by 2030 with increased HIV prevention resources combined with a multisectoral response</td>
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**RISK OF PHASING OUT HIV PREVENTION**

Phaseout scenario: Phaseout of HIV prevention programmes by 2027 may lead to a nearly three-fold increase in annual new HIV infections by 2030.

Baseline scenario: Continued 2022 spending is projected to result in a stable 1,400 annual new HIV infections per year.

**Scenario (1)** Cost efficiencies within the 2022 HIV prevention budget envelope may avert 8% of cumulative new HIV infections projected 2024-2030.

**Scenario (2)** Optimized additional annual US$1M from 2024-2026 and annual US$2M from 2027-2030 may avert 41% of cumulative new HIV infections 2024-2030.

**Scenario (3)** Implementation efficiencies, a multisectoral response, optimized additional annual US$2M from 2024-2026, and annual US$4M from 2027-2030 may avert 70% of cumulative new HIV infections projected from 2024 to 2030.

**OPTIMIZED RESPONSE**

Phasing out HIV prevention spending by 2027 could lead to a rapid loss of progress toward targets.

Without additional resources for HIV prevention, even optimized prioritization to the highest impact interventions would leave HIV elimination targets out of reach by 2030.

There are opportunities to enhance the current HIV response through prioritizing investment into differentiated service delivery including peer-driven interventions plus (PD+), virtual outreach, HIV self-testing, night-time and mobile outreach, and pre-exposure prophylaxis (PrEP).

To achieve and sustain the target reduction in new HIV infections, we estimate that 2022 HIV prevention spending of US$3.3M would need to be increased by an additional annual US$2M plus PrEP demand creation costs from 2024-2026 to reach scale, and additional annual US$4M from 2027-2030. Refocused outreach modalities and rapid scale-up of PrEP would need to be combined with implementation efficiencies and a multisectoral response that leverages resources from outside of the HIV sector to reduce risk among populations, including adolescent boys and girls who cannot be routinely reached by HIV services.

With focused, increased, and sustained HIV prevention spending, Cambodia may be able to reach targets of 95% diagnosis and less than 250 new HIV infections per year by 2030.
MODELLED HIV PREVENTION SPENDING

In 2022, a total of US$21M was spent on HIV (US$14M Global Fund plus US$7M government co-financing, not including technical assistance or multibectoral expenses). Based on cost and coverage data from implemented HIV prevention programmes in 2022, of this $3.3M was spent on HIV prevention. The baseline scenario assumes continued annual spending and consistent allocation of US$3.3M for HIV prevention.

Scenario(1) Maintain 2022 HIV prevention budget (annual US$3.3M) from 2023-2030 and redistribute savings from cost efficiencies of 10% from other HIV prevention programmes, including physical outreach, to:
- Expand the high-yield interventions of PDI+, self-testing availability, and virtual outreach for MSM and TG ($250k/year).
- Prioritize PrEP demand creation among MSM and TG aged 20-24 ($50k/year).

Scenario(2) Cost efficiencies as Scenario 1 plus optimized additional annual US$1M relative to baseline spending from 2024-2026 while scaling up programmes. Including spending as in Scenario 1, plus additional annual spending 2024-2026:
- Further expand nighttime, mobile, virtual, and other physical outreach for MSM and TG ($250k/).  
- Wider PrEP demand creation among MSM and TG ($750k/year), prioritized to reach MSM and TG engaged in sexualized drug use.  

Since 2027-2030, an additional annual US$2M for HIV prevention spending to sustain HIV services (total annual US$5.3M; a 10% increase in total HIV spending relative to 2022).

Scenario(3) Cost efficiencies as Scenario 1 plus implementation efficiencies, a multibectoral response, and optimized additional annual US$2M relative to baseline spending from 2024-2026 while scaling up programmes. Including all spending as in Scenario 1 and Scenario 2, plus additional annual spending 2024-2026:
- More rapid scale-up of PrEP including long-acting PrEP, subject to procurement availability and demand (estimated at $750k/year but additional demand creation costs may be necessary to achieve higher coverage in this timeframe).  
- Expand outreach to female entertainment workers (FEW), with a primary focus on nighttime and mobile outreach that reaches street based FEW ($100k/year).  
- Further expand outreach to MSM and TG ($100k/year).  
- ART adherence for key populations ($50k/year).  

From 2027-2030, an additional annual US$4M for HIV prevention spending to sustain HIV services (total annual US$7.3M; a 20% increase in total HIV spending relative to 2022).

Implementation efficiencies modelled in Scenario 3:
1. Improved partner notification tracing and testing (PNTT) to address gaps in the diagnosis care cascade.
2. Improved logistics of condom distribution and addressing legal barriers to condom availability.
3. Proposed higher remuneration for outreach workers was factored into likely unit costs for HIV service delivery beyond 2023. Incentives and skill differentiation between service modalities for outreach workers may both reduce turnover and lead to improved service provision.

Multibectoral response modelled in Scenario 3:
4. Improved STI diagnosis and treatment to reverse the rapid increase in syphilis and other STI prevalence since 2020, especially among young people 15-24.
5. Comprehensive sexuality education (CSE) and other education to reach 10 to 14-year-old adolescents before they experience HIV transmission risk and before they can routinely access HIV prevention and testing services, as part of long-term maintenance of HIV awareness and sustainability of reductions in HIV transmission beyond 2030.
6. Expanded HIV services including self-test availability and self-referral through private and social enterprise.

Additional stakeholder recommendations on efficiency and sustainability of the HIV response:
- Flexibility to efficiently re-program within the grant cycle from 2024-2026 would allow the HIV programme to respond to emerging evidence more rapidly.
- Expanded and prioritized resources for HIV services that reach key populations who have not previously had access to HIV services may allow Cambodia to continue a remarkably successful HIV response and exceed all national HIV targets by 2030. Development and operationalization of social contracting mechanisms may offer sustainability of those HIV services beyond 2030.

Modelling and scenario analysis was conducted January-March 2023 by the Burnet Institute using the Optima HIV model with leadership from National Center for HIV/AIDS, Dermatology and HIV, in collaboration with UNAIDS.