



FOCUSING AND SUSTAINING THE HIV RESPONSE IN CAMBODIA

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

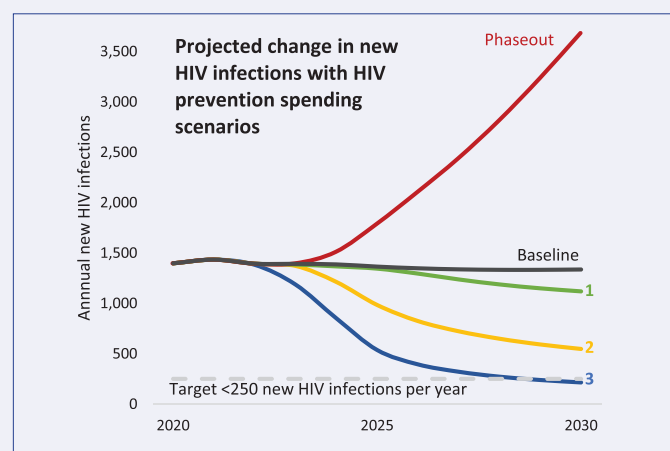
CURRENT SITUATION

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.

Key 2025 HIV targets and achievements for Cambodia (Health Sector Strategic Plan 2021-2025)

95% of PLHIV are diagnosed	Not on target (86% in 2022); achievable by 2030
95% of diagnosed on treatment	Exceeded (99% in 2022)
95% of people on treatment with viral suppression	Exceeded (98% in 2022)
Less than 250 new HIV infections annually	Not on target (1,400 in 2022); within reach by 2030 with increased HIV prevention resources combined with a multisectoral response

HIV INVESTMENT PRIORITIES 2024-2026



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.

RISK OF PHASING OUT HIV PREVENTION

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.

OPTIMIZED RESPONSE

There are opportunities to enhance the current HIV response through **prioritizing investment into differentiated service delivery** including peer-driven interventions plus (PDI+), 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 multisectoral 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.

From 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).

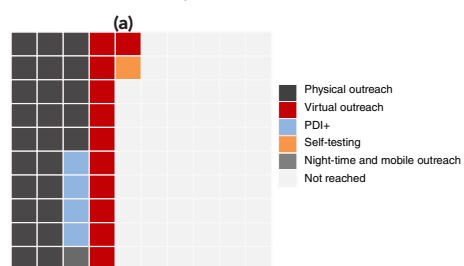
Scenario 3 Cost efficiencies as Scenario 1 plus implementation efficiencies, a multisectoral response, and optimized additional annual US\$2M relative to baseline spending from 2024-2026 while scaling up programmes. Including all spending as in Scenario 1 and Scenario 2, plus additional annual spending 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).

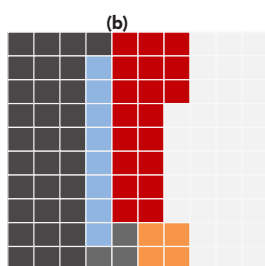
From 2027-2030, an additional annual US\$4M for HIV prevention spending to sustain HIV services (total annual US\$7.3M; a 20% increase in total HIV spending relative to 2022).

IMPROVEMENTS NEEDED IN REACHING YOUNG MEN WHO HAVE SEX WITH MEN AND TRANSGENDER WOMEN

Estimated coverage of HIV prevention and testing with 2022 spending (42%)



Modelled coverage with optimized additional annual US\$2M (65%)



Each box represents 1% of young MSM reached by intervention modalities including physical, nighttime and mobile, **virtual**, **PDI+**, **self-test**, or not reached

While 86% of all people living with HIV are estimated to be diagnosed in 2022, we estimate that 33% of all 15-24-year-olds remain undiagnosed, and 60% of 15-24-year-old MSM and TG remain undiagnosed. In addition, nearly 80% of 15-19-year-old MSM and TG engaged in chemsex and living with HIV (less than 200 people) may be undiagnosed. More focus on differentiated outreach to reach key populations at a younger age with HIV awareness and prevention is critical to meeting HIV targets.

The following ministries are key to work with the Ministry of Health to support, improve and ensure enabling environment, equity in access to services, and mobilize domestic resources:

- ◆ Ministry of Tourism
- ◆ Ministry of Education, Youth and Sports
- ◆ Ministry of Social Affairs
- ◆ Ministry of Labour and Vocational Training
- ◆ Ministry of Information
- ◆ Ministry of Economy and Finance
- ◆ Ministry of Interior
- ◆ Ministry of Posts and Telecommunication
- ◆ Ministry of Planning
- ◆ Ministry of Women's Affairs

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.

Multisectoral 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.**