ប្រការអដ្ឋើរ្វាងនិងទិសដៅខាងមុខននការដ្លើយតបពហុវិស័យនឹងដមដោគដេដស៏/ជំងឺដេដស៏

TAB meeting

March 4\textsuperscript{th}, 2015

Dr. Ros Seilavath

National AIDS Authority
Situation
HIV Prevalence among Population aged 15-49

Source: NCHADS, 2012

Note: it is assumed that the current level of AIDS responses will continue to 2015
Cambodia Intervention Baseline

Results for the year: 2013

New HIV infections: 789
Current PLHIVs: 72,545
Annual AIDS death: 3,074
Annual ART needs: 52,662
Number on ART: 45,463
Male-Female Inc Ratio: 0.88

Cumulative infections: 189,361
Cumulative deaths: 116,816
Cumulative M/F Ratio: 1.34
### Cambodia Intervention Baseline

**Revised AEM 2013**

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV infections</td>
<td>694</td>
</tr>
<tr>
<td>Current PLHIVs</td>
<td>70,456</td>
</tr>
<tr>
<td>Annual AIDS death</td>
<td>2,783</td>
</tr>
<tr>
<td>Annual ART needs</td>
<td>52,987</td>
</tr>
<tr>
<td>Number on ART</td>
<td>46,637</td>
</tr>
<tr>
<td>Male-Female Inc Ratio</td>
<td>0.94</td>
</tr>
<tr>
<td>Cumulative infections</td>
<td>190,055</td>
</tr>
<tr>
<td>Cumulative deaths</td>
<td>119,599</td>
</tr>
<tr>
<td>Cumulative M/F Ratio</td>
<td>1.34</td>
</tr>
</tbody>
</table>
Revised AEM 2013

AIDS-related Deaths, 2005-2020

AIDS-related Deaths
Thousands
Adult male (15+)
Adult female (15+)
Total adults (15+)

2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020

Adult male (15+)
Adult female (15+)
Total adults (15+)
Revised AEM 2013

ART Coverage vs. Need among Total Adult, 2005-2020

Number on/in need of ART

Thousands


Number on ART

ART Need
Concerned situations

• Funding reduced around 40%

• Emerging transmission via unsafe needles among unlicensed medics: Outbreak in Roka, Battambong

• Still high HIV prevalence among KAPs, despite low incident, 0.4 % (test around 4000):
  – 14.4% among EW 36 000.
  – 5.4% among MSM/TG 21 000.
  – 25% among IDU 1300 (while DU: 13 000).
  – 0.94% among migrant in Thailand (700 000+)

• And...
1. **Downward trend** in new HIV infections due to EWs use of condoms (89%)

2. **Downward Condom use** among EWs regular partners (75%) and sweethearts (55%)

3. MSM: condom use down 20%+ from 2007 to 2010

4. PWID (IDU): Over **35%** of PWID share needles

5. Largest population of **youth are more at risk**: Clinic services inappropriate, pay for sex, low condom use

6. Migrant workers: Highest prevalence among neighboring countries at **0.94% (in 2012) & 700,000 (estimated in 2014)**

7. MSM: **Low testing and uninformed** men and their partners: ineffective targeting of MSMs
7. Partners of MARPs not easily identified or reached
8. Laws and Policies are counterproductive and MARPs fear arrest and incarceration by Police
9. Lack of M&E harmonization between Government and Stakeholders reduce understanding of MARPs
10. PWID have prevalence of 24% and 13% of New IV infections come from PWID, dangerous unattended
11. 84% of PLHIV live in only 10 Provinces, 3 provinces do not have ART services
12. Prisoner Population in Cambodia: a) 28 prisons with 15,000+ prisoners (8.0% women) high breeding ground for TB, STIs, HIV from injecting drugs and sexual relations....YET NO ACTIVE PRISON INITIATIVES
1. From 2003 to 2012, ART increased from 10% to 80%

2. **Current ART eligibility** for PLHIV to receive antiretroviral is set at CD4 count <350 since 350

3. ARV (alone): need 10 million/year

4. Difference between PLHIV on ART is almost the SAME number of those who need ART – However the remaining 20% is very difficult to reach

5. ART among Cambodian migrants at an estimated 700,000 is **not sustainable** in the current conditions (and only 0.94% prevalence)
SRA on Impact Mitigation of HIV AIDS

1. Current Social protection schemes are **not meeting needs of PLHIV** and MARPs:
   a) ID cards not available
   b) sensitivity to MARPs inappropriate
   c) PLHIV have not been integrated into Social Protection schemes

2. Phase out of food assistance for PLHIV and OVC compounded by limited access to social protection

3. **Social Protection is good on paper but little confirmation that SP is actually working < no data (are PLHIV actually receiving support?)**

4. **Sensitivity issues** towards MARPs and PLHIV are still not addressed
1. Inadequate understanding and inconsistent legal frameworks **prevent rights of MARPs**

2. **MARPs too afraid** to carry injecting equipment or condoms

3. **Current laws are targeted for general epidemic**, not a concentrated most at risk epidemic,

4. Police training and sensitivity initiatives have not trickled **down to the field** level Police

5. Over 97% of Police believed that MARPs should be arrested for using drugs (**no # drug users and sellers**), and
   a) **88.0%** should be arrested for **selling sex**
   b) **55.0%** for **carrying needles and syringes**

6. Village Health Volunteer **has no voice**: poor, uneducated, female.
Direction
Policy Direction

• Commit to achieve UN’s 3-zero policy declaration by 2020:
  – by 2015:
    • Reduce 50% transmission sexually and via injecting drugs
    • Eliminate 100% mother-to-child transmission
  – achieve GARPR indicators
  – achieve UN’s goals set in July 2014:
    • 90/90/90 commitment, AIDS elimination by 2030

• Develop, and implement NSP IV abiding investment framework for HIV/AIDS response

• Contribute national budget

• Take more focused intervention, prioritize targets/gaps

• Integrate HIV response into commune investment plan (CIP) and development sectors: HIV prevention, care/treatment, discrimination, social protection

• Strengthen NAA’s coordination and advocacy roles
### Moving GARPR indicators

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<td>5</td>
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<td><img src="icon1.png" alt="Icon" /></td>
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<td><img src="icon3.png" alt="Icon" /></td>
<td><img src="icon4.png" alt="Icon" /></td>
<td><img src="icon5.png" alt="Icon" /></td>
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</tr>
<tr>
<td>REDUCE SEXUAL TRANSMISSION</td>
<td>PREVENT HIV AMONG DRUG USERS</td>
<td>ELIMINATE NEW HIV INFECTIONS AMONG CHILDREN</td>
<td>15 MILLION ACCESSING TREATMENT</td>
<td>AVOID TB DEATHS</td>
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<td><img src="icon9.png" alt="Icon" /></td>
<td><img src="icon10.png" alt="Icon" /></td>
<td></td>
</tr>
<tr>
<td>CLOSE THE RESOURCE GAP</td>
<td>ELIMINATE GENDER INEQUALITIES</td>
<td>ELIMINATE STIGMA AND DISCRIMINATION</td>
<td>ELIMINATE TRAVEL RESTRICTIONS</td>
<td>STRENGTHEN HIV INTEGRATION</td>
<td></td>
</tr>
</tbody>
</table>

**3 Zero**

2015 — 2020
Process of development of SRA and NSPIV

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Investment framework for effective HIV/AIDS response

**Basic Programmatic activities**

- Scale-up case management and PMTCT
- Dual diaphragm/condoms for women
- Prevention of injecting drug use (IDU, MSM)
- Male circumcision
- BCC

**Synergies with other development sectors**

- Social Protection, education, gender, poverty reduction, health system (STI management & blood safety), community systems, and employer practices
Cambodia 3.0 strategic approach

Synergies with other development sectors

Social Protection, education, gender, gender based violence, poverty reduction, health system (STI management & blood safety), community systems, and employer practices
How much? : Cost Efficiency Analysis
Investment Framework

Social enablers
- Political commitment and advocacy
- Laws, legal policies, and practices
- Community mobilisation
- Stigma reduction
- Mass media
- Local responses to change risk environment

Programme enablers
- Community centred design and delivery
- Programme communication
- Management and incentives
- Procurement and distribution
- Research and innovation

Private (Nat/Intl)
Intl NGO
Multi (-GF/Uns)
UN
GFATM
Bilateral
RGC

Synergies with development sectors
Social protection, education, legal reform, gender equality, poverty reduction, gender-based violence, health systems (including STI treatment, blood safety), community systems, and employer practices
Funding

• GF (majority):
  – developing concept note for 2015-2018: to get around 30 million for 2.5 years
  – → start implementation from July 2015

• USAID via FLAGSHIP project

• National budget: for ARVs
  – In 2015: 1 million usd
  – In 2016: 1.2 million usd

• Other DPs, UNs
<table>
<thead>
<tr>
<th>Module name</th>
<th>Allocation</th>
<th>Allocation %</th>
<th>Investment Framework</th>
<th>Areas for advocacy in NSPIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention programs for MSM and TG</td>
<td>1,819,884</td>
<td>4%</td>
<td>Basic Programs</td>
<td>Integration to health structure</td>
</tr>
<tr>
<td>Prevention programs for EW and their clients</td>
<td>2,655,649</td>
<td>5%</td>
<td></td>
<td>Seeking support from DPs</td>
</tr>
<tr>
<td>Prevention programs for PWID and their partners</td>
<td>645,789</td>
<td>1%</td>
<td></td>
<td>NB contribution for ART</td>
</tr>
<tr>
<td>PMTCT</td>
<td>725,225</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment, care and support</td>
<td>33,417,925</td>
<td>68%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB/HIV</td>
<td>50,000</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health information systems and M&amp;E</td>
<td>1,139,920</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Removing legal barriers to access</td>
<td>262,300</td>
<td>1%</td>
<td>Enabling Environment</td>
<td>NB contribution</td>
</tr>
<tr>
<td>Community systems strengthening</td>
<td>305,676</td>
<td>1%</td>
<td>Development Synergies</td>
<td>NB contribution</td>
</tr>
<tr>
<td><strong>Social Protection</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program management</td>
<td>7,802,783</td>
<td>16%</td>
<td>Mix</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>48,825,150</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
More focus preventive intervention

• Prioritize targets regularly
  – Migrant workers
    • In Thailand: 600 000 registered, around 300 000 other unregistered
    • HIV prevalence: 0.94% (in 2010 2.15%)
  – Youth:
    • out of school youth might fall in being migrants

• Categorize KAPs into category 1 (highest risk) and 2 (lower risk) for different sets of intervention
EW in Cambodia
Total Population size: 34,000

Clients <7/Week size: 30,200 (89%)

Clients >7/Week size: 3,800 (11%)

Each year 10,000 out ? 500 HIV

Each year 10,000 in ? HIV

Focus: Sound Evidence Interventions

B-CoC
RMAA

B-LR

B-CoPCT
Addressing further gaps

• Eliminate the use of unsafe needle/syringe by health practitioners → MoH

• Expand supportive environment:
  – Expand police community partnership initiative to reduce stigma/discrimination
  – Train local policemen

• Open HIV budget code in CIP: advocate NCDD, MoP/MEF/CARD to implement social protection for PLHIV/KAPs: ID poor
Who is responsible for what?

Indicators

Private (Nat/Intl)
Intl NGO
Multi (-GF/Uns)
UN
GFATM
Bilateral
RGC

United Nations

Technical Advisory Board

FLAGSHIP

Indicators

- Reduce sexual transmission
- Close the resource gap
- Prevent stigma and discrimination
- Eliminate new HIV infections among children
- Eliminate travel restrictions
- Avoid TB deaths
- Strengthen HIV integration
- 15 million accessing treatment
- Eliminate gender
Coordination: Revising GDJ TWG and Sub-TWGs

- Nb
- UN
- Prevention
- M&E
- Financing
- GDJ TWG
- Deliverables
- Care & Treatment
- USG Flagship
- GFATM CN
- Enabling Environment Imp Mitigation
Who is responsible for what?

1. GDCC
2. Prevention
3. GDJ TWG
4. Care & Treatment
5. GDCC
6. M&E
7. GDJ TWG
8. EE
9. Imp Mitigation
10. GDJ TWG

- Reduce sexual transmission
- Prevent HIV among drug users
- Eliminate new HIV infections among children
- Close the resource gap
- Eliminate stigma and discrimination
- Eliminate travel restrictions
- Eliminate gender inequalities
- Strengthen HIV integration
- 15 million accessing treatment
- Avoid TB deaths
Discussion

• What efforts are other sectors contributing to the HIV/response?