

**ស្ថានភាពនិងទិសដៅខាងមុខនៃការឆ្លើយតប  
ពហុវិស័យនឹងមេរោគអេដស៍/ជំងឺអេដស៍**

TAB meeting

March 4<sup>th</sup>, 2015

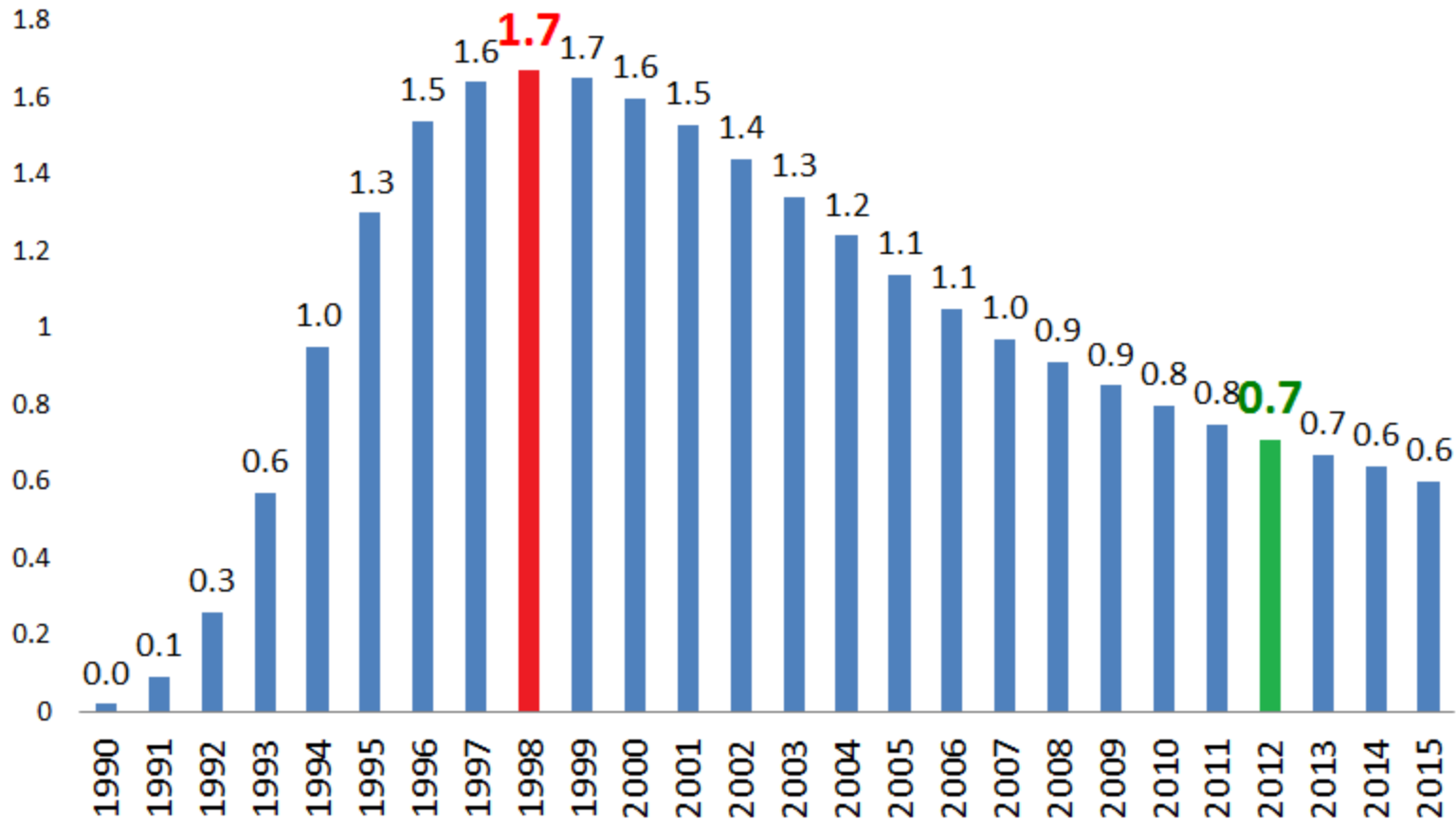
Dr. Ros Seilavath

National AIDS Authority

**Situation**

# អត្រាប្រេវ៉ាឡង់ផ្ទុកមេរោគអេដស៍ក្នុងចំណោមប្រជាជនអាយុ១៥ទៅ៤៩ឆ្នាំ

## HIV Prevalence among Population aged 15-49



Source : NCHADS, 2012

■ HIV prevalence 15-49

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

# Revised AEM 2013

## 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

# Revised AEM 2013

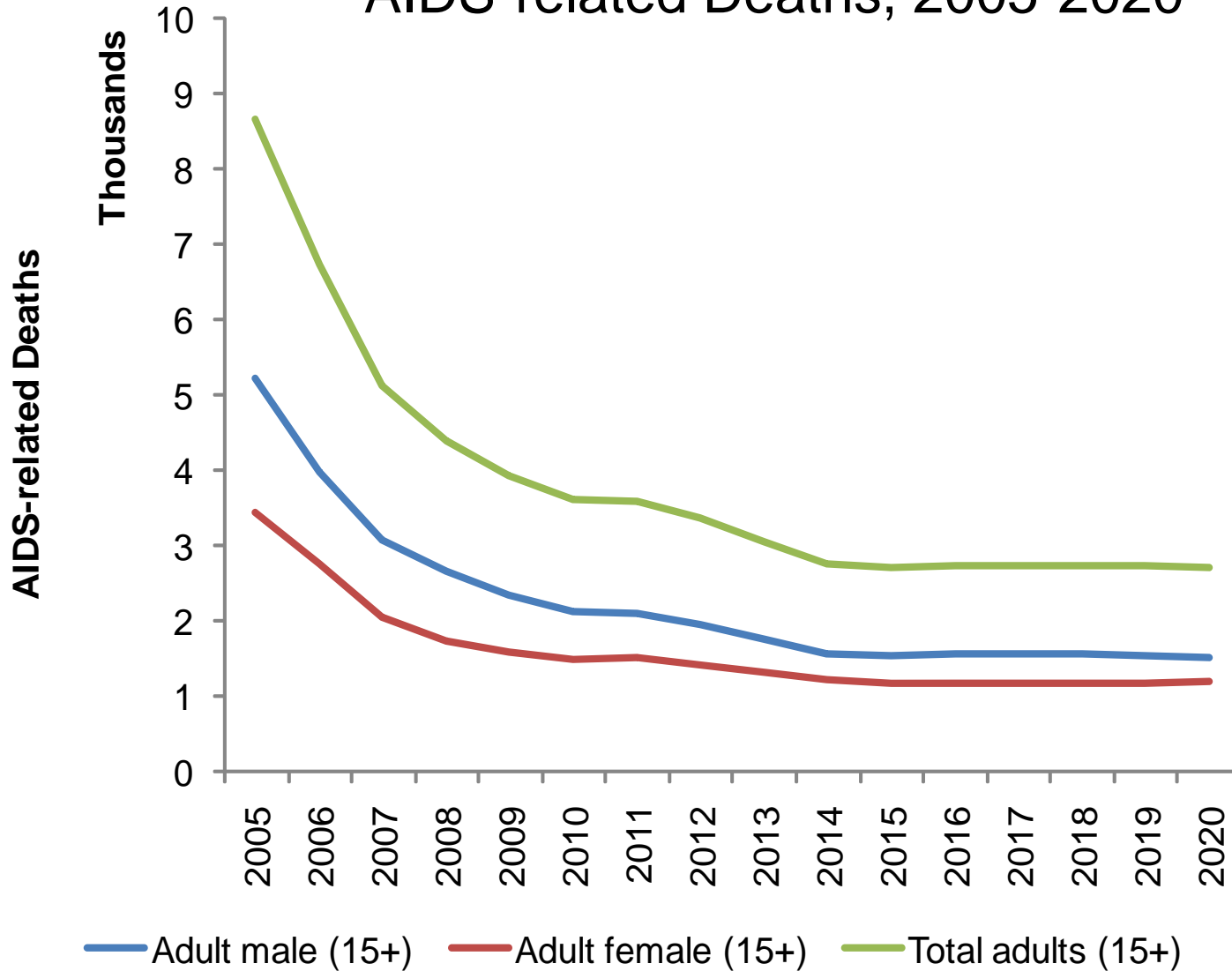
## Cambodia Intervention Baseline

Results for the year: **2014**

New HIV infections:	694
Current PLHIVs:	70,456
Annual AIDS death:	2,783
Annual ART needs:	52,987
Number on ART:	46,637
Male-Female Inc Ratio:	0.94
Cumulative infections:	190,055
Cumulative deaths:	119,599
Cumulative M/F Ratio:	1.34

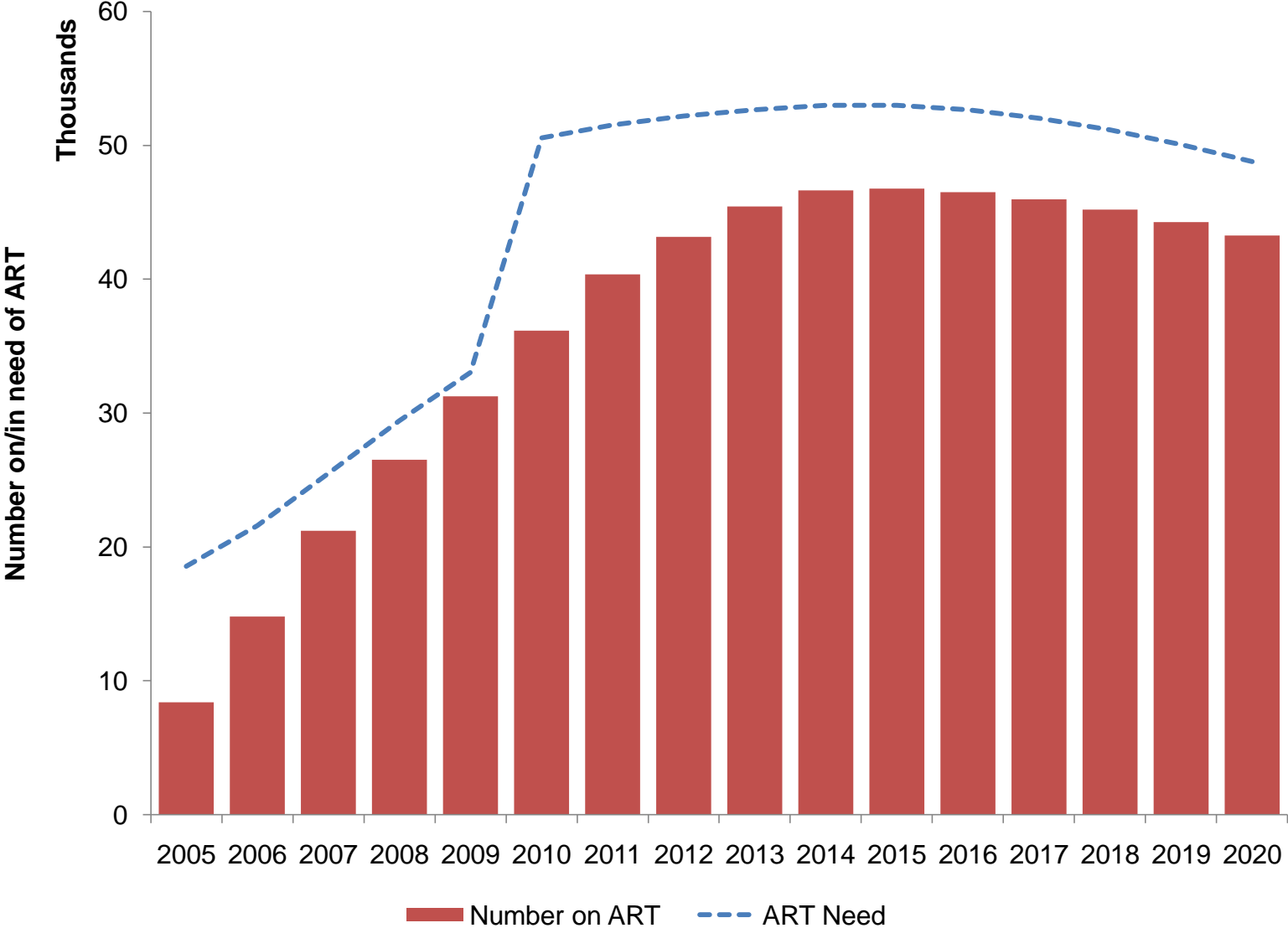
# Revised AEM 2013

## AIDS-related Deaths, 2005-2020



# Revised AEM 2013

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



# Concerned situations

- Funding reduced around 40%
- Emerging transmission via unsafe needles among unlicensed medics: Outbreak in Roka, Battambang
- 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...



# SRA 2014: prevention

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

# SRA 2014: prevention

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**

# SRA 2014 on treatment, care / support

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

# SRA on Enabling Environments

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.**

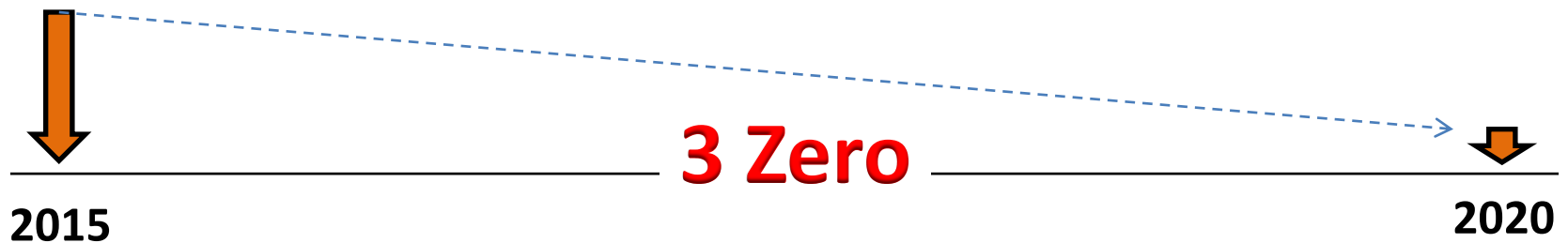
Direction

# 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

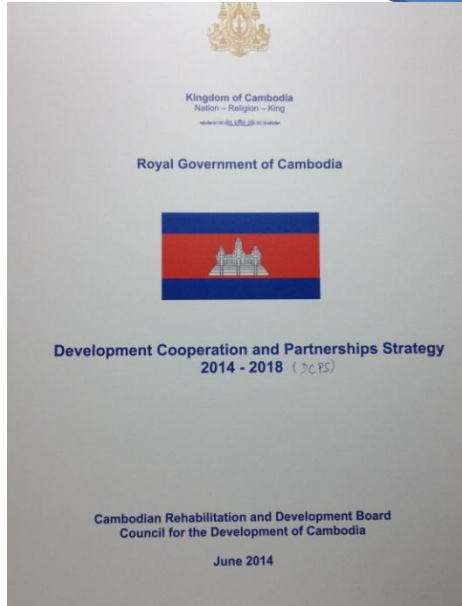
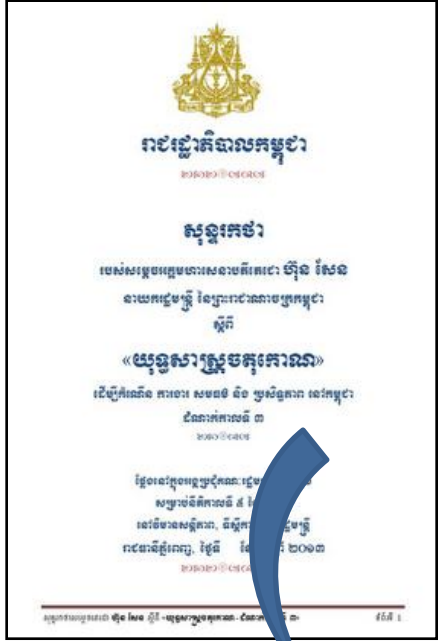
# Moving GARPR indicators

<p>1</p>  <p>REDUCE SEXUAL TRANSMISSION</p>	<p>2</p>  <p>PREVENT HIV AMONG DRUG USERS</p>	<p>3</p>  <p>ELIMINATE NEW HIV INFECTIONS AMONG CHILDREN</p>	<p>4</p>  <p>15 MILLION ACCESSING TREATMENT</p>	<p>5</p>  <p>AVOID TB DEATHS</p>
<p>6</p>  <p>CLOSE THE RESOURCE GAP</p>	<p>7</p>  <p>ELIMINATE GENDER INEQUALITIES</p>	<p>8</p>  <p>ELIMINATE STIGMA AND DISCRIMINATION</p>	<p>9</p>  <p>ELIMINATE TRAVEL RESTRICTIONS</p>	<p>10</p>  <p>STRENGTHEN HIV INTEGRATION</p>





# Process of development of SRA and NSPIV



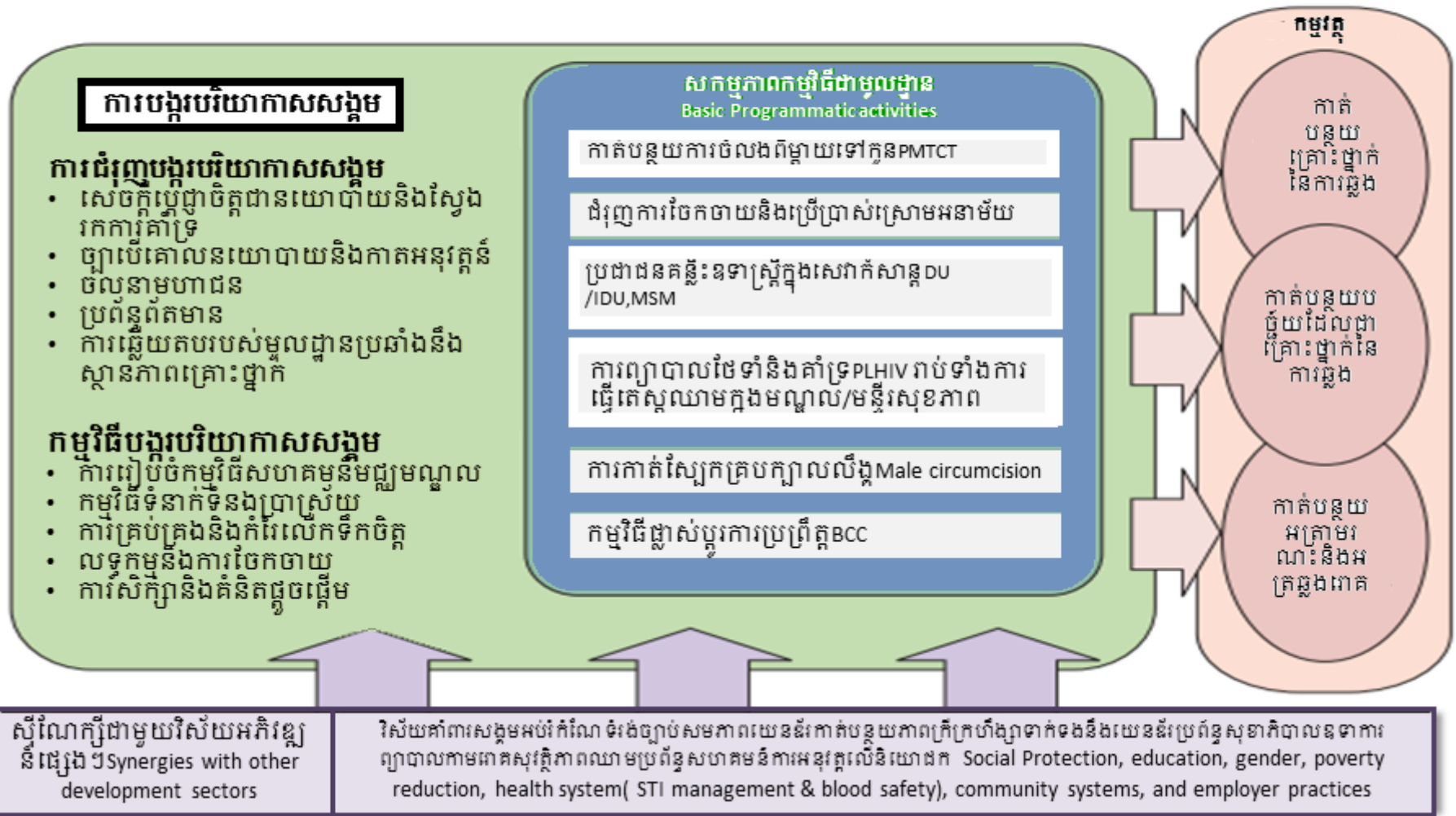
ផែនការយុទ្ធសាស្ត្រ  
ទូលំទូលាយនិងពហុវិស័យ  
ការឆ្លើយតបនឹងមេរោគអេដស៍  
ជំងឺអេដស៍នៅប្រទេសកម្ពុជា  
ជាលើកទី៤



# Investment framework for effective HIV/AIDS response

## ទំរង់ការវិនិយោគថវិកា Investment Framework

សំរាប់អ្នកណា? ប្រើប្រាស់ព័ត៌មានយុទ្ធសាស្ត្រដើម្បីប្រជាជនគោលដៅជាអាទិភាព  
ធ្វើយ៉ាងណា? ប្រើប្រាស់អភិក្រមសិទ្ធិមនុស្សដើម្បីជំរុញការគាំពារសន្តិសុខនិងភាពថ្លៃថ្នូរ



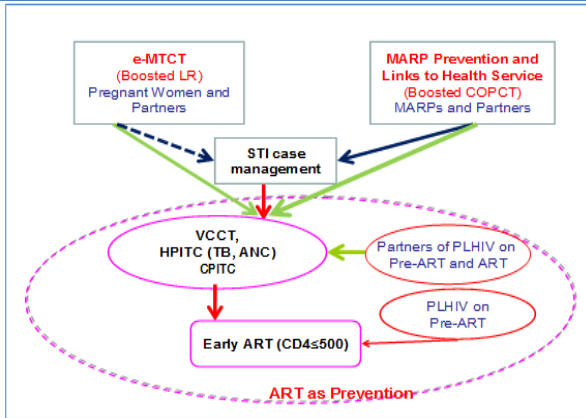


# ទំរង់ការវិនិយោគថវិកាដើម្បីអោយការឆ្លើយតបនឹងមេរោគអេដស៍កាន់តែមានប្រសិទ្ធភាពនៅប្រទេសកម្ពុជា

## ៤ក្របខណ្ឌរៀបចំការបញ្ជាក់ការប្រើប្រាស់ធនធានទូលំទូលាយ

Comprehensive Resource Framework

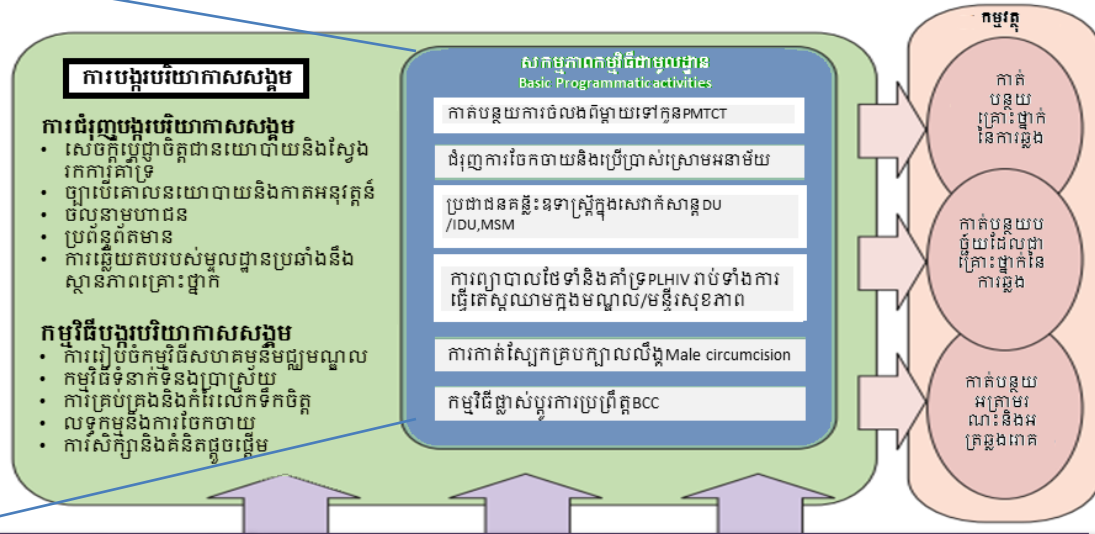
### Cambodia 3.0 strategic approach



Source: National Centre for HIV/AIDS, Dermatology and STDs (2012) Conceptual framework for elimination of new HIV infections in Cambodia by 2020 as part of health sector response towards "Three Zeros" (Cambodia 3.0)

### ទំរង់ការវិនិយោគថវិកា Investment Framework

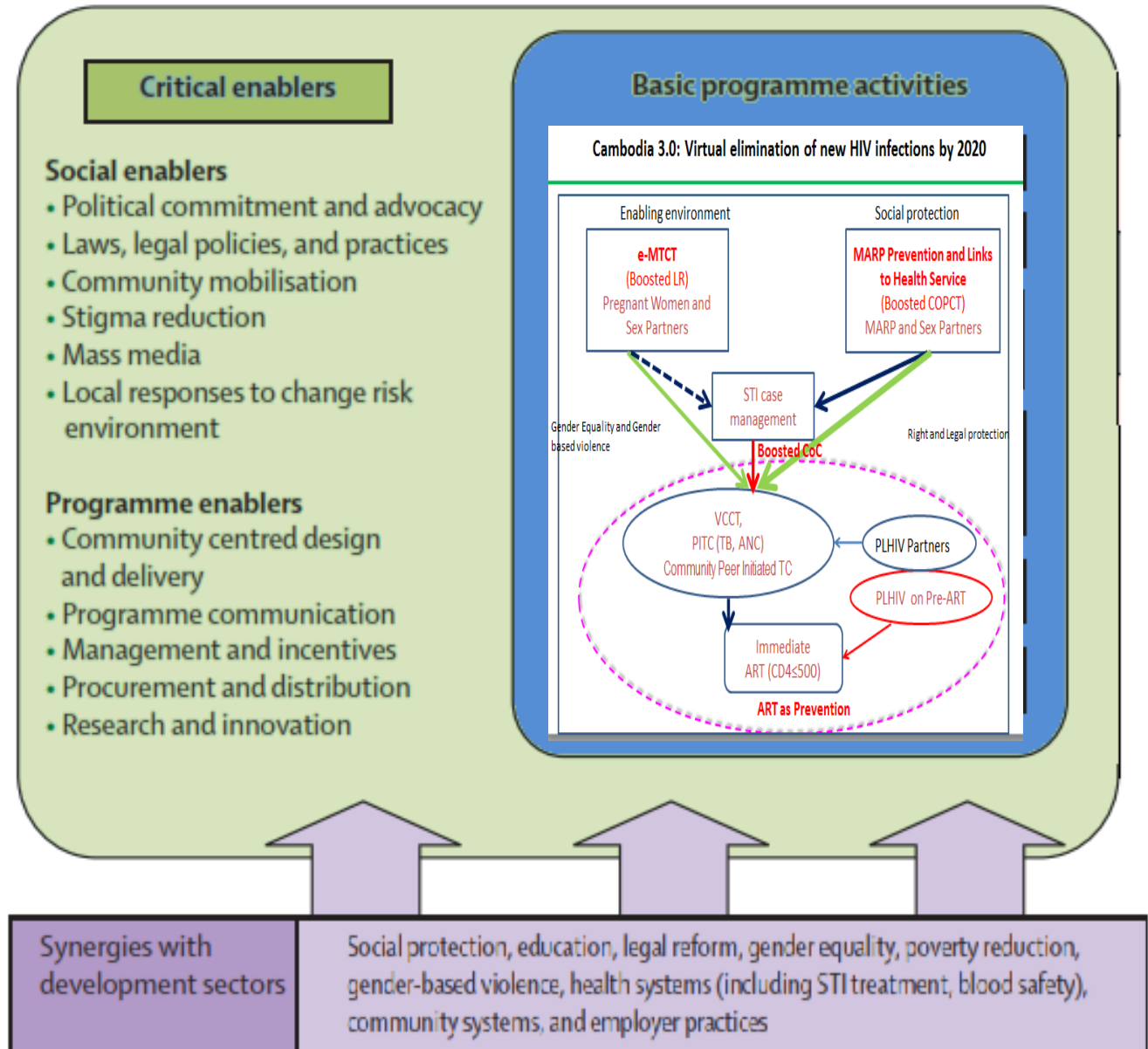
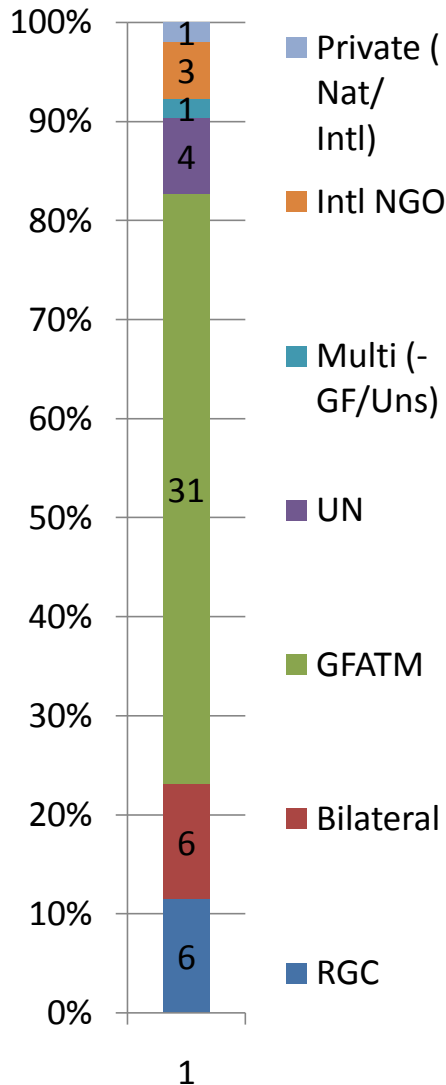
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ស៊ីណេក្យូរីជាមួយវិស័យអភិវឌ្ឍន៍ផ្សេងៗ  
 Synergies with other development sectors

វិស័យគាំពារសង្គម អប់រំ កំណែទំរង់ច្បាប់ សមភាពយេនឌ័រ កាត់បន្ថយភាពក្រីក្រ ហិរញ្ញវត្ថុទាក់ទងនឹងយេនឌ័រ ប្រព័ន្ធសុខាភិបាលឧទាការ ព្យាបាលកាមរោគសុវត្ថិភាពឈាម ប្រព័ន្ធសហគមន៍ ការអនុវត្តលើនិយោជក  
 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



# 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

GF's HIV Concept Note 2015-2017			Investment Framework	Areas for advocacy in NSPIV
Module name	Allocation	Allocation %		
Prevention programs for MSM and TG	1,819,884	4%	Basic Programs	Integration to health structure Seeking support from DPs NB contribution for ART
Prevention programs for EW and their clients	2,655,649	5%		
Prevention programs for PWID and their partners	645,789	1%		
PMTCT	725,225	1%		
Treatment, care and support	33,417,925	68%		
TB/HIV	50,000	0%		
Health information systems and M&E	1,139,920	2%		
Removing legal barriers to access	262,300	1%	Enabling Environment	NB contribution
Community systems strengthening	305,676	1%	Development Synergies	NB contribution
<b>Social Protection</b>				NB contribution
Program management	7,802,783	16%	Mix	Functional GDJ TWG
<b>Grand Total</b>	<b>48,825,150</b>	<b>100%</b>		

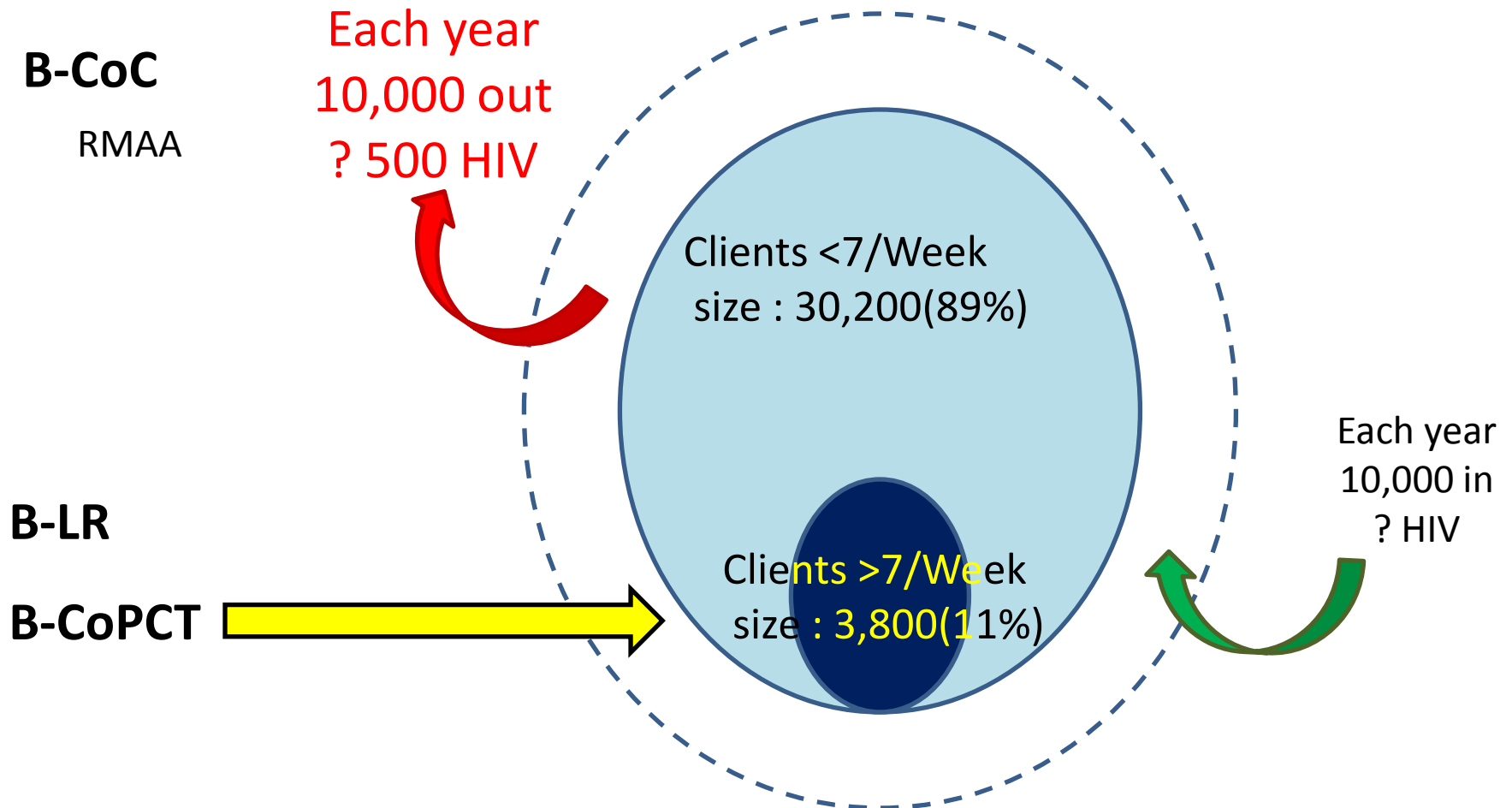
# More focus preventive intervention

- 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

# Focus : Sound Evidence Interventions

## EW in Cambodia

Total Population size : 34,000



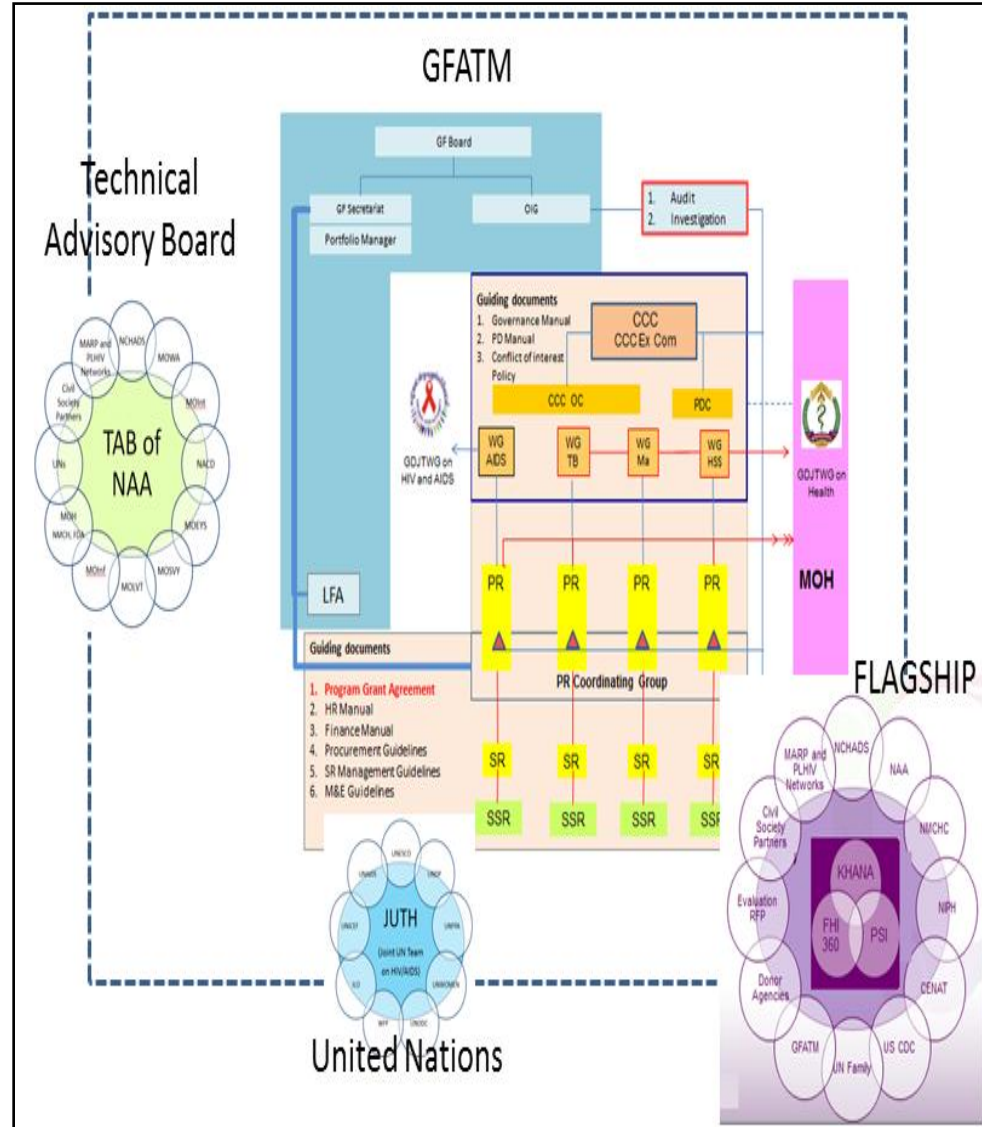
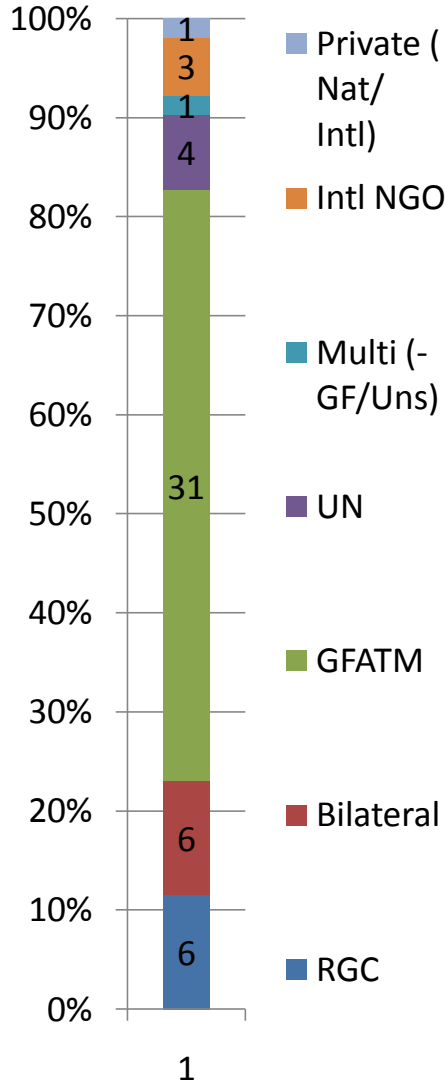


# Addressing further gaps

- 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?

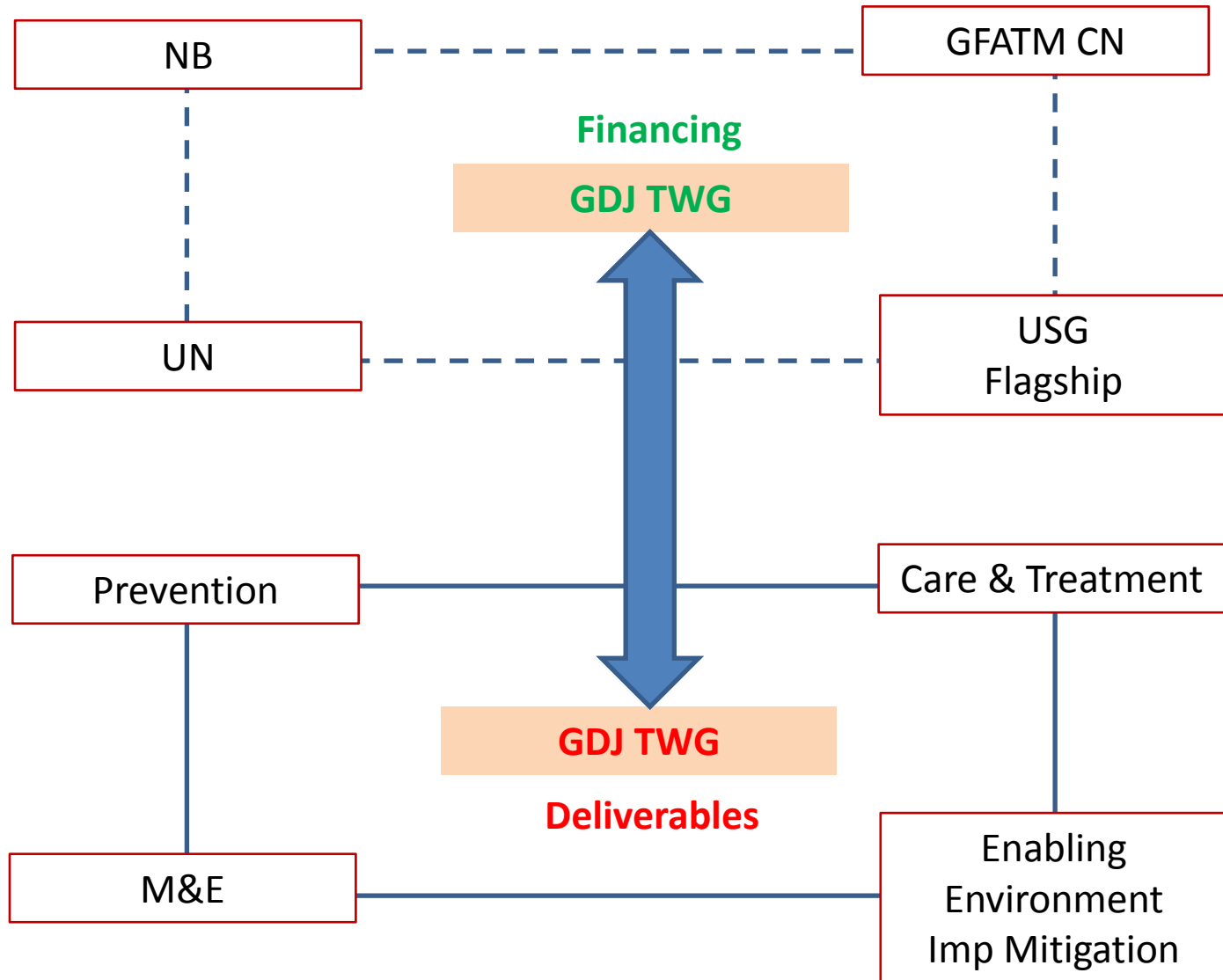
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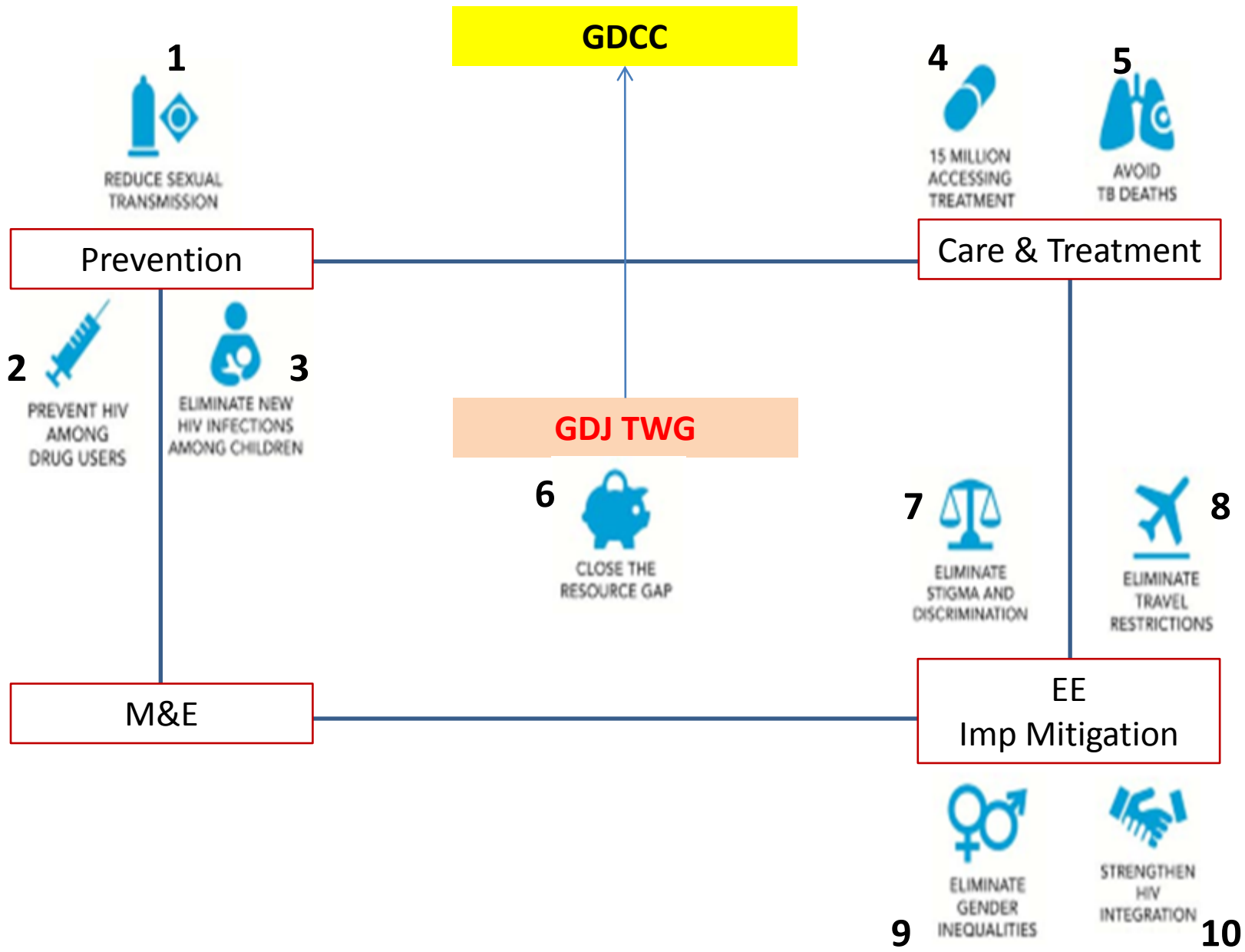
## Indicators

- REDUCE SEXUAL TRANSMISSION
- CLOSE THE RESOURCE GAP
- PREVENT HIV AMONG DRUG USERS
- ELIMINATE STIGMA AND DISCRIMINATION
- ELIMINATE NEW HIV INFECTIONS AMONG CHILDREN
- ELIMINATE TRAVEL RESTRICTIONS
- 15 MILLION ACCESSING TREATMENT
- ELIMINATE GENDER
- AVOID TB DEATHS
- STRENGTHEN HIV INTEGRATION

# Coordination: Revising GDJ TWG and Sub-TWGs



# Who is responsible for what?



# Discussion

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