

# **Cambodia at the Forefront in Applying a Strategic Investment Approach to its AIDS Response**

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31<sup>st</sup> Meeting of  
UNAIDS Programme Coordinating Board  
11-13 December 2012, Geneva, Switzerland

# Current Situation in the HIV Epidemic

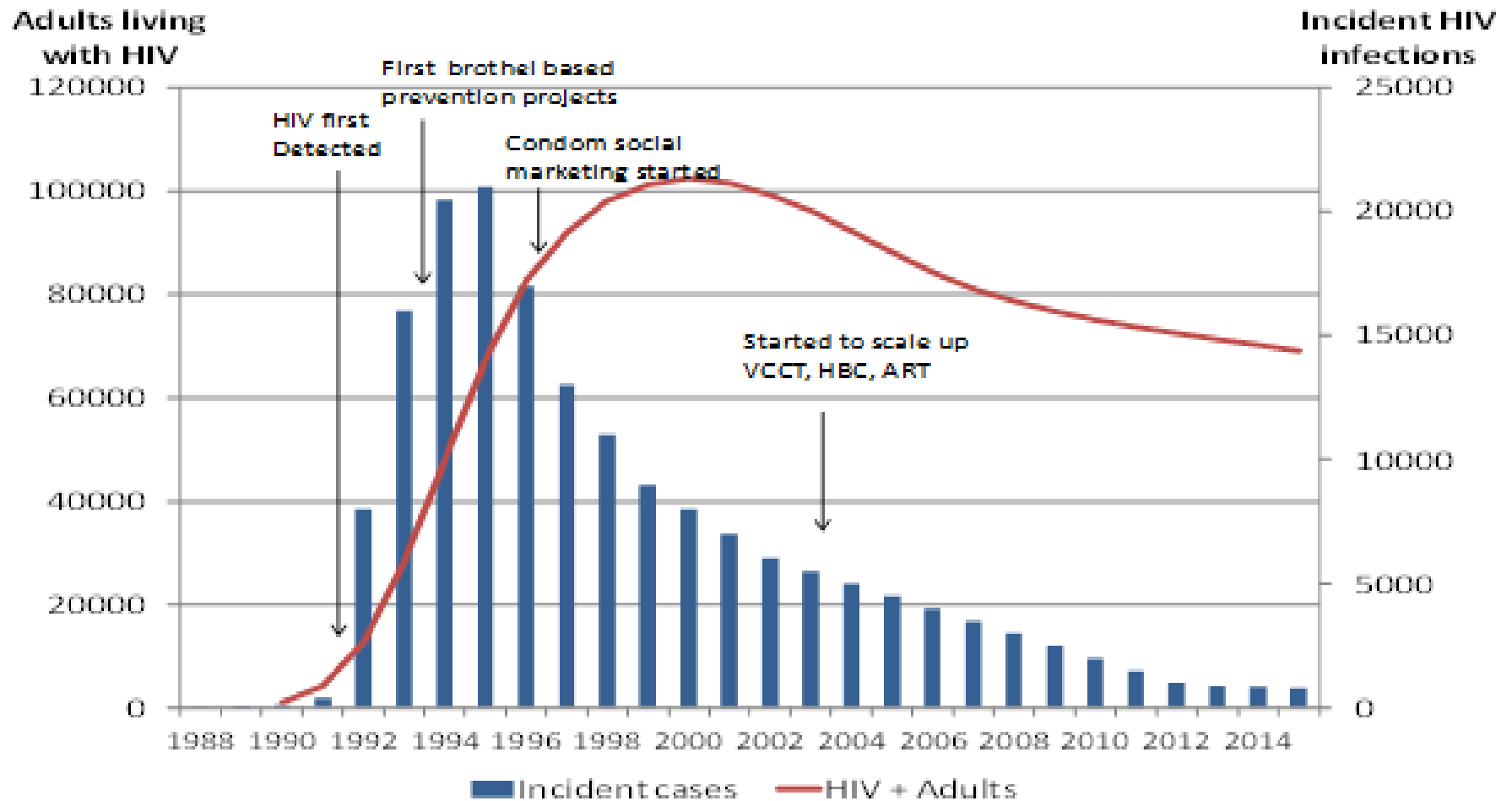
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- 0.7% HIV prevalence in general population aged 15-49 years
- HIV concentrated among key affected populations:
  - 24.4% among People who Inject Drugs (DUS 2008)
  - 13.9% among high-risk Female Entertainment Workers (HSS 2010)
  - 2.1% Men who Have Sex With Men (4.9% in Siem Reap; 3.4% in Phnom Penh) (Bros Khmer Study 2010)
- Annual new infections among adults 15+ years estimated at 1,202
- AIDS related deaths estimated at 1,917

## Sources:

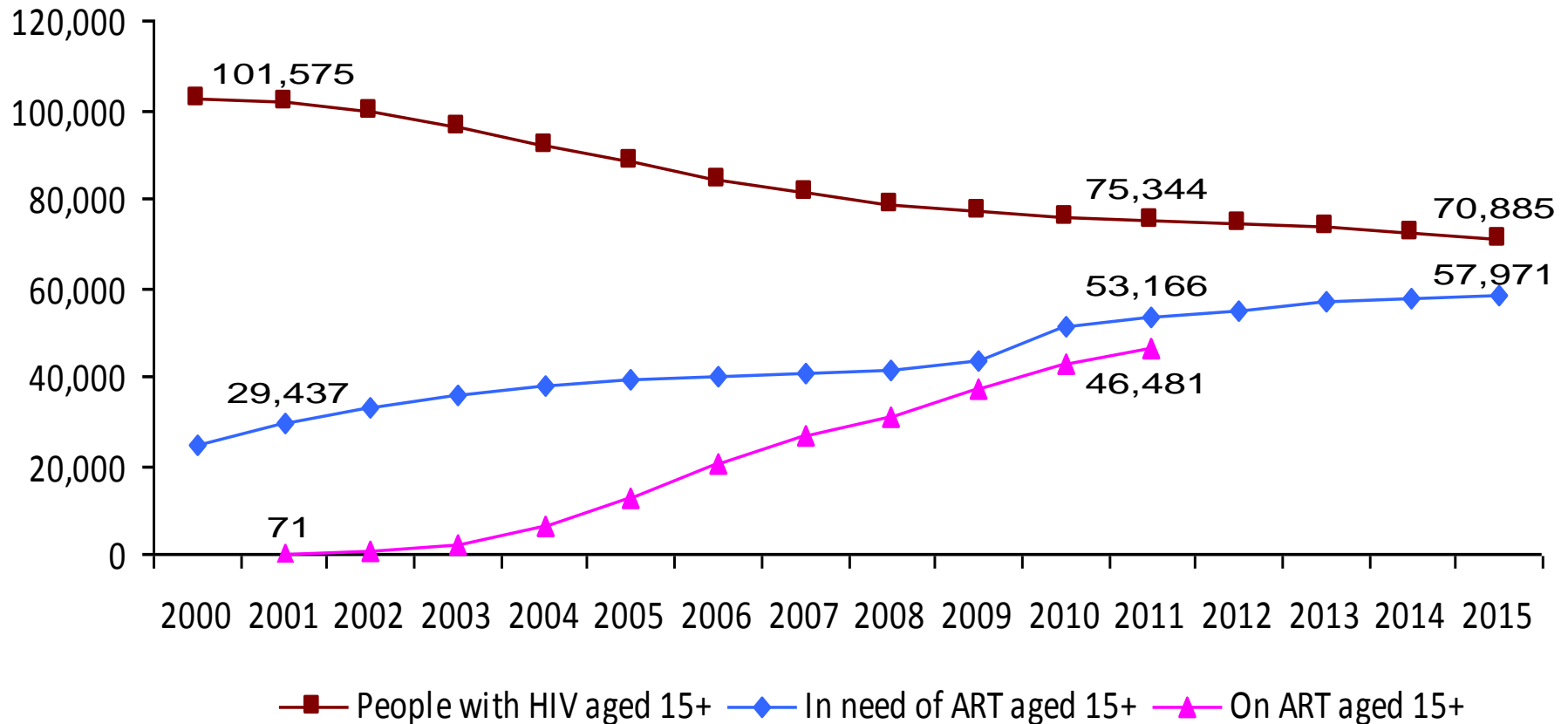
Chhea, C. and Saphonn, V. (2011) Report Estimations and Projections of HIV/AIDS in Cambodia 2010-2015  
NCHADS (2008) Prevalence Study among Drug Users (DUS)  
NCHADS (2010) HIV Sentinel Surveillance  
NCHADS (2010) Behavioural Sentinel Surveillance

# Trends in the HIV Epidemic in Cambodia



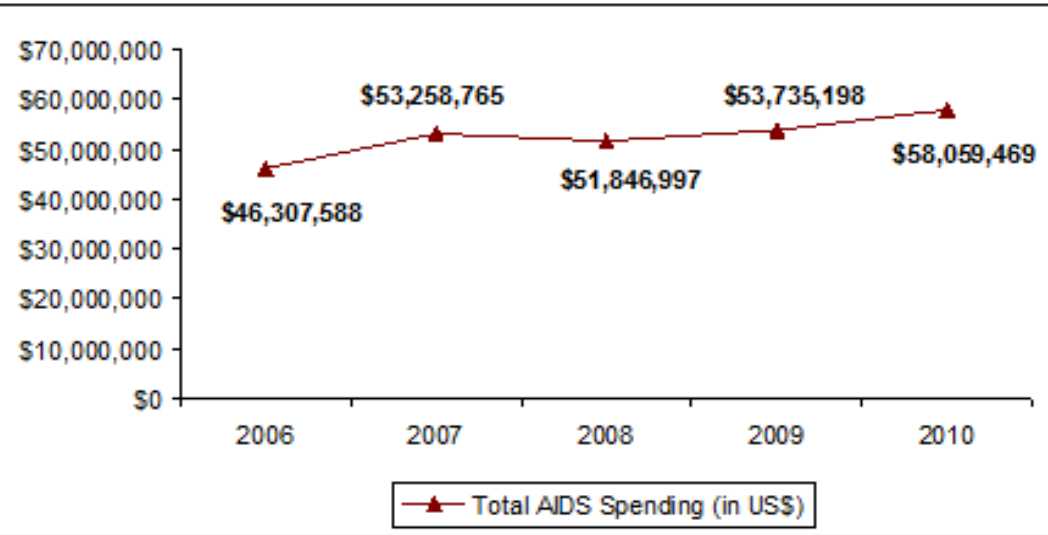
Source: Conceptual Framework for Elimination of New HIV Infections in Cambodia by 2020 (NCHADS, 2012)

# Number of people with HIV, in need of ART and on ART aged 15+ (2000-2015)



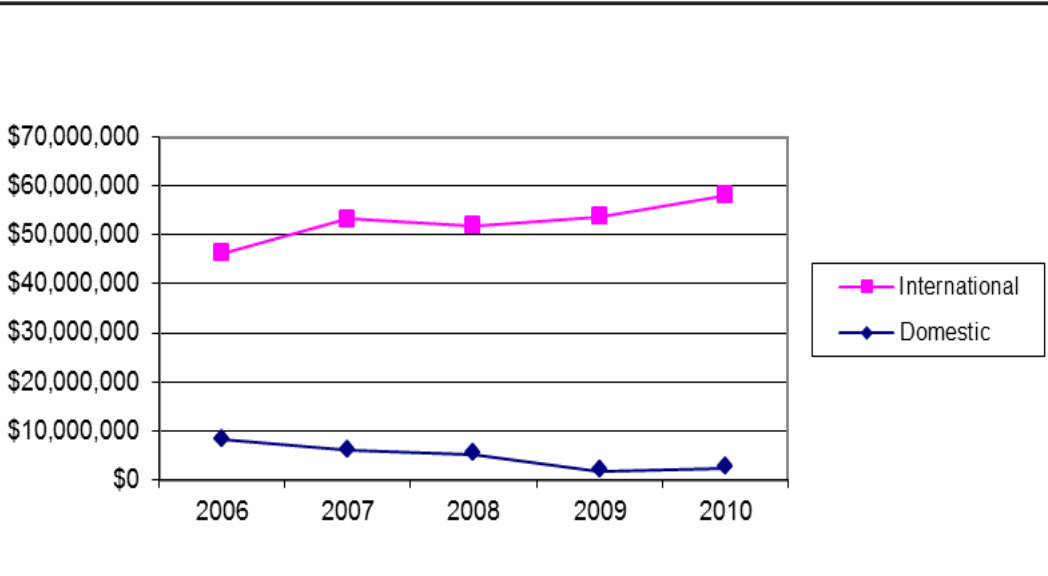
Source: Conceptual Framework for Elimination of New HIV Infections in Cambodia by 2020 (NCHADS, 2012)

# Total Spending on HIV/AIDS by Financing Sources



**Total spending on HIV/AIDS:**

**Gradual increase** over past 5 years, but may drop because of the global financial crisis and other emerging priorities



**Sources of funds for HIV/AIDS**

**Issues of sustainability with more than 96% of total spending sourced from external sources (especially GFATM, USA, UN)**

Source: Third National AIDS Spending Assessment 2009/2010 (NAA, 2011)

# Rationale for the Prioritization of HIV Services

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- Cost of current 5-year National Strategic Plan for HIV/AIDS (2011-2015)(NSP III) was estimated at US\$ 516.3 million in 2010
- Cambodia's three National AIDS Spending Assessments show that this is almost double the spending in 2006-2010, resulting in a resource gap of US\$ 263.3 million
- In 2011, with flat-lining of HIV funding and the cost-sharing approach required by GFATM, stakeholders decided to revisit the NSP III to prioritize and reduce the cost of the national response and its various components
- Initial reluctance of stakeholders to abandon the long-standing comprehensive approach was overcome by a thorough review of the estimated future resource gaps and active participation in a cost-effectiveness analysis
- Agreed shift towards evidence-informed prioritization (based on cost-effectiveness and efficiency analyses) has led to the revision of strategic plans and standard operational procedures (on-going)

# Practical Steps towards a Strategic Investment Approach

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- Aids 2031 study established the long-term costs, financing and epidemiological outcomes of investments (2010)
- Functional Task Analysis recommended reforms in the architecture of the national response to be fit for purpose in a concentrated epidemic (2010)
- Review of progress against Universal Access indicators and targets (2011)
- New HIV/AIDS estimations and projections for 2011-2015 (2011)
- Data triangulation and epidemiological modeling exercises (2011-12)
- HIV expenditure assessment, cost-effectiveness analysis and re-costing of NSP III (2011-12 and continuing in 2013)
- Evidence of social return on investment from community-based service delivery (KHANA)

# Value of community-based models of service delivery: doing more with less

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- Based on method from International HIV/AIDS Alliance, KHANA calculated the Social Return on Investment from a EU and WFP supported Integrated Care and Prevention project was **96%**
- Every US\$1 invested generated a return of US\$2 of social, health and economic value (adjusted for Purchasing Power Parity)
- This clearly established the excellent 'value for money' of community based service delivery models to inform policy and programme decisions

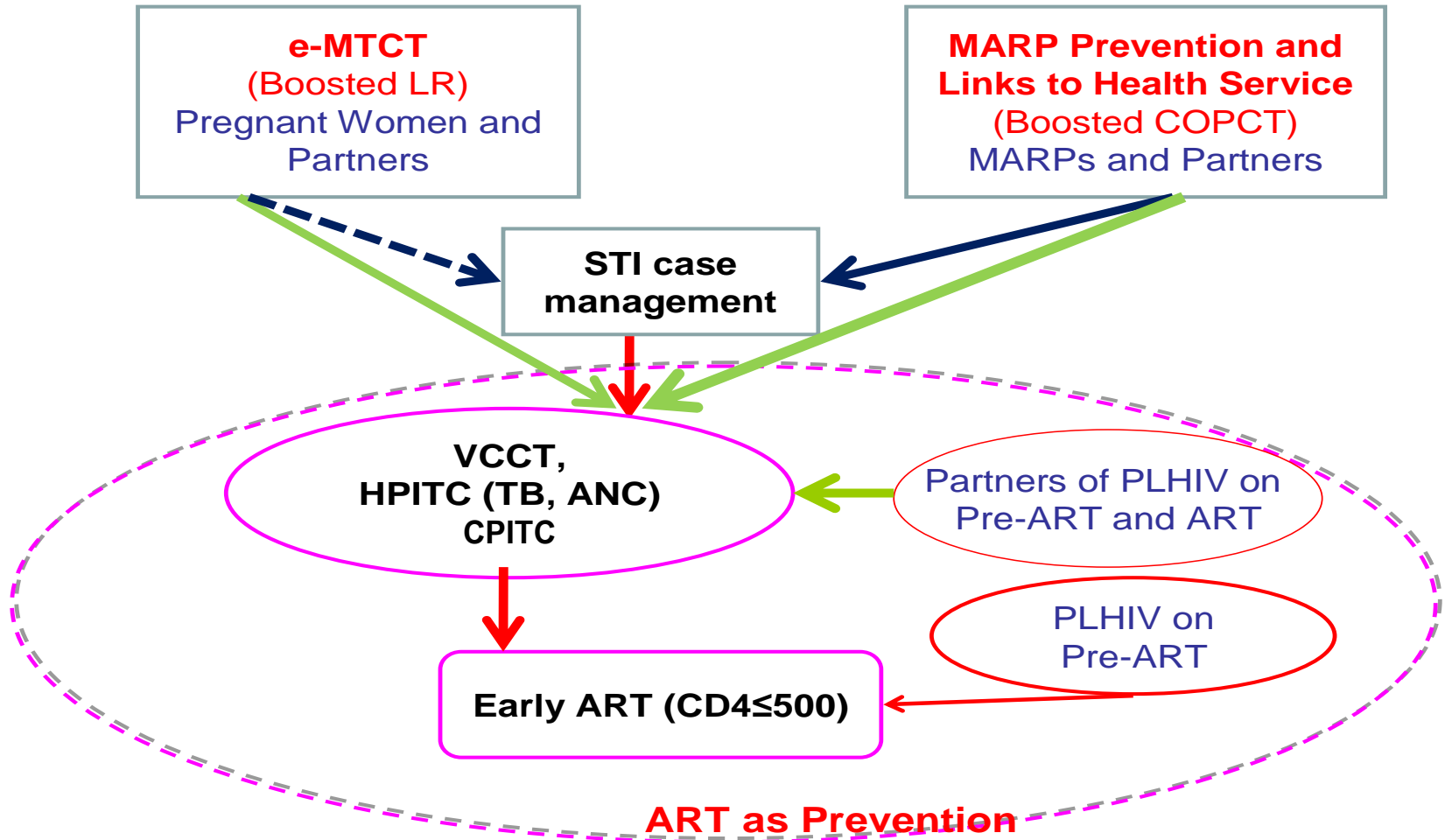


# A New Vision: Cambodia 3.0

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- Background: strong national commitment to meet targets set at high-level meeting on HIV/AIDS in New York in June 2011
  
- Purpose: generate new impetus to achieve the **2020 national targets**:
  - Reduction of HIV incidence in population 15+ from 18/100,000 to 3/100,000 or less
  - Reduction of HIV transmission from mothers to children from 13% in 2010 to 2% or less
  - Increase of coverage of screening/treatment for syphilis among pregnant women to 95%
  
- Rationale:
  - **“Doing more and better with less”**
  - Sustain high-level political commitment including increasing domestic funding
  
- Strategies:
  - Boost **priority interventions** and adopting **innovations**
  - Strengthen **critical enablers** – political commitment, meaningful involvement of communities of PLHIV and key affected populations
  - Improve generation and use of **strategic information** (including expenditure) to improve quality, efficiency and effectiveness of interventions

# Strategic Framework for the Elimination of New HIV Infections in Cambodia



# Immediate Next Steps and Way Forward

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## ➤ In the short term (next 6 months)

- Launch and pilot Cambodia 3.0 strategy in 6 High Burden Operational Districts
- Update priority programme components through a mid-term review of NSP III to reflect innovations in prevention, care & treatment, impact mitigation and to promote a better enabling environment
- Cost Cambodia 3.0 and other key components of the NSP III (i.e., enabling environment)
- Carry out periodic review and submit the phase II proposal under the GFATM HIV Single Stream Funding grant

## ➤ In the medium term (next 12 months)

- Review of progress, draw lessons and adjust strategies to scale up Cambodia 3.0 strategy
- Finalize revision of NSP III with active involvement of all stakeholders
- Develop a Five Year Resource Mobilization Plan
- Adjust architecture of the national response to fit a concentrated epidemic context

## ➤ In the longer term (2-5 years)

- National expansion of Cambodia 3.0 Strategy to 32 High Burden Operational Districts
- Periodically review NSP and HIV/SSF progress and lessons learned to revisit prioritization, assess efficiency and effectiveness, re-calibrate targets, update resource needs
- Diversify funding sources for HIV/AIDS to reduce risks and ensure sustainability
- Increase national resources for HIV/AIDS