

# Preliminary Findings of the Multi-Sectoral Prevention Assessment in Cambodia

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**2024 Annual Meeting of The National AIDS Authority**

**November 21<sup>st</sup>, 2024**

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**THE URGENCY  
OF NOW**

**AIDS AT A  
CROSSROADS**

2024 GLOBAL AIDS UPDATE

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## Content

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- Acknowledgement
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# Acknowledgement

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Under financial support from UNAIDS, two consultants were hired:

- **Mr. Ambrosio Catalla, International Consultant**
- **Mr. Nhim Dalen, Local Consultant**

# Acknowledgement

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- **NAA** for the leadership, commitment, and coordination
- **UNAIDS** for the technical and financial support
- **NCHADS** for solid support, engagement, and significant health-related HIV data
- **Line ministries, CRC, and GS-NSPC** for providing significant input and sharing practical experiences
- NGO partners: **FHI360-EpiC, KHANA, RHAC, MHC, MHSS, CWPD, CRS, FI, AHF, and HACC** for all significant inputs
- Community networks, **FONPAM, DFONPAM, BC, CNPUD, EWNNet, WNU & CPN+** for active engagement and fruitful ideas
- The **UN Joint Team** for the insights
- **PASPs and service providers** for participation and sharing useful inputs

# Background

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- In 2017, Cambodia was one of seven countries globally to have achieved the 90-90-90 targets.
- By the end of 2023, 89% of people living with HIV (PLHIV) know their status, of which 99% are on HIV treatment, with 98% of them achieving viral suppression.
- CDHS 2021-2022 indicated that only 23% of young people (15-24) had comprehensive knowledge of HIV, a noticeable decline from 38% in 2014 and 44% in 2010.
- Multi-sectoral HIV response has been guided by the Sixth National Strategic Plan for a Comprehensive and Multisectoral HIV/AIDS Response (NSPVI) 2024-2028
- The National Policy on Ending AIDS and Sustainability of HIV Program 2023-2028 was recently adopted by the Council of Ministers.



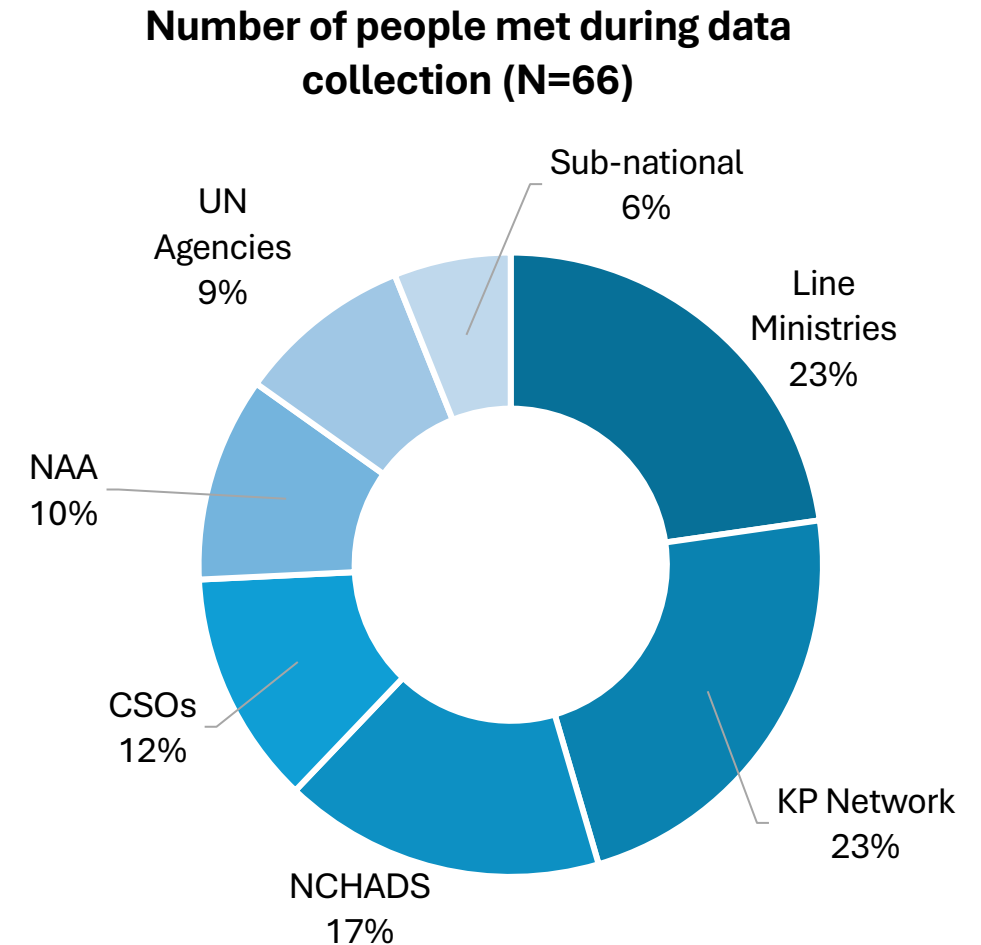
# Objectives

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1. Assess more deeply the coverage and effectiveness of prevention programs in different sectors, **especially non-health sectors**, building on the recent final light review of the National Strategic Plan for a Comprehensive and Multi-sectoral Response 2019-2023 (NSPV)
2. Identify gaps between multisectoral prevention program design and implementation
3. Identify policy and other related barriers that prevent the progress of the HIV prevention program implementation
4. Provide recommendations to address identified gaps and improve program design and implementation
5. Develop a comprehensive multi-sectoral Prevention Plan with strategic activities, clear milestones, timelines, and accountability measures.

# Methodology

- Desk review
- Meeting with the core group on the design and execution of assessment
- Inception Report
- Field data collection
- PSAT exercise with key stakeholders
- Secondary data analysis
- Preliminary findings
- **Consultative meeting with key stakeholders**





# FINDINGS

1. Epidemiology
2. Population estimates of KPs and HIV prevalence
3. Prevention interventions in the health sector
4. Prevention interventions in the non-health sector
5. Financing of prevention interventions
6. Gaps in HIV prevention
7. Effects of gaps in HIV prevention
8. Effectiveness



# 1. Epidemiology

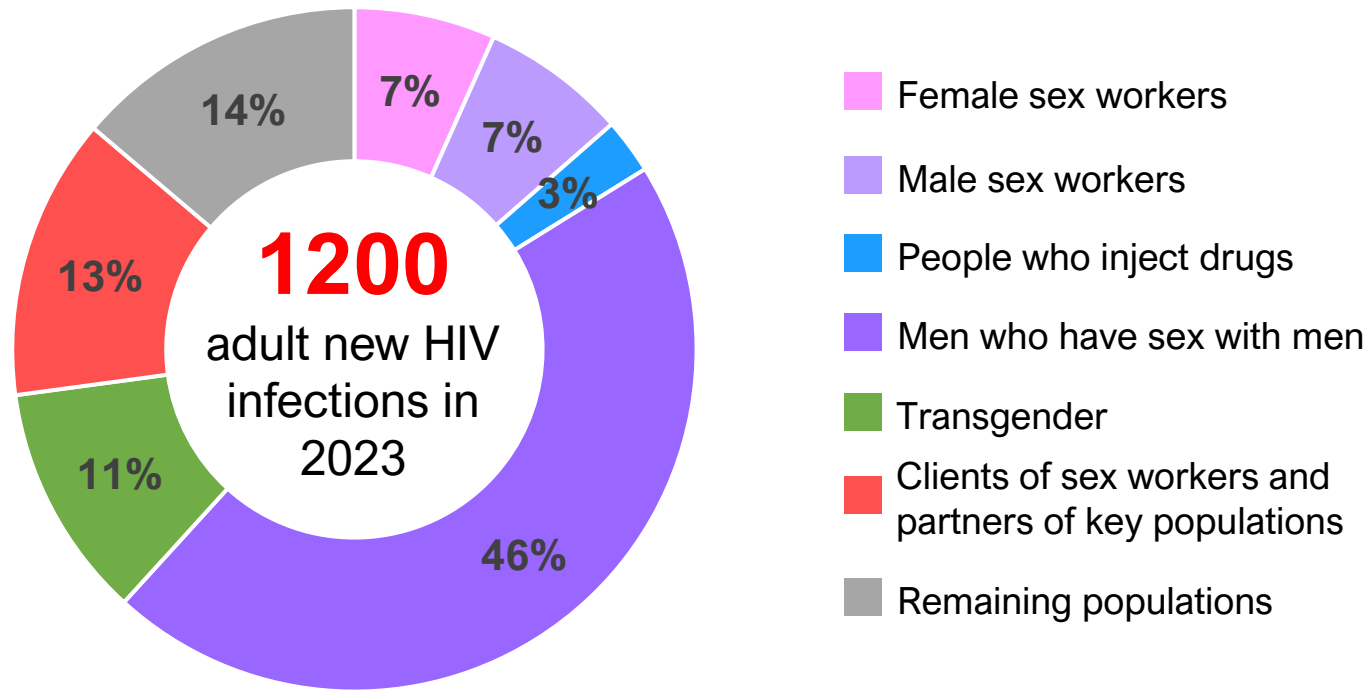
## Snapshot of the HIV epidemic in Cambodia | 2023

People living with HIV	Total	76 000
	Adults (15+years)	74 000
	Women (15+ years)	36 000
	Children (<15 years)	1700
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People newly infected with HIV	Total	1200
	Adults (15+ years)	1200
	Children (<15 years)	<100
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AIDS-related deaths	Total	1100
	Adults (15+ years)	1000
	Children (<15 years)	<100
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People receiving antiretroviral therapy	Total	67 703
	Adults (15+ years)	66 747
	Children (<15 years)	956

# 1. Epidemiology

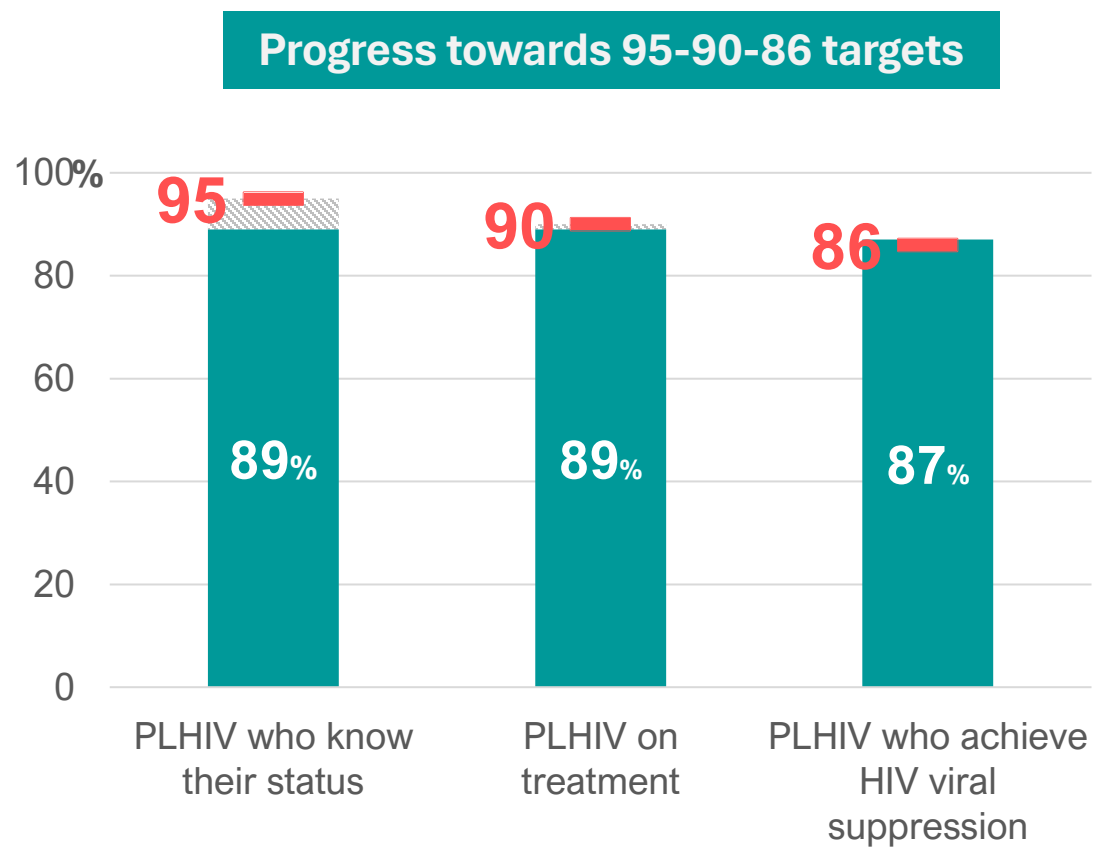
## Distribution of new HIV infections by population, 2023

Distribution of new HIV infections by population, 2023

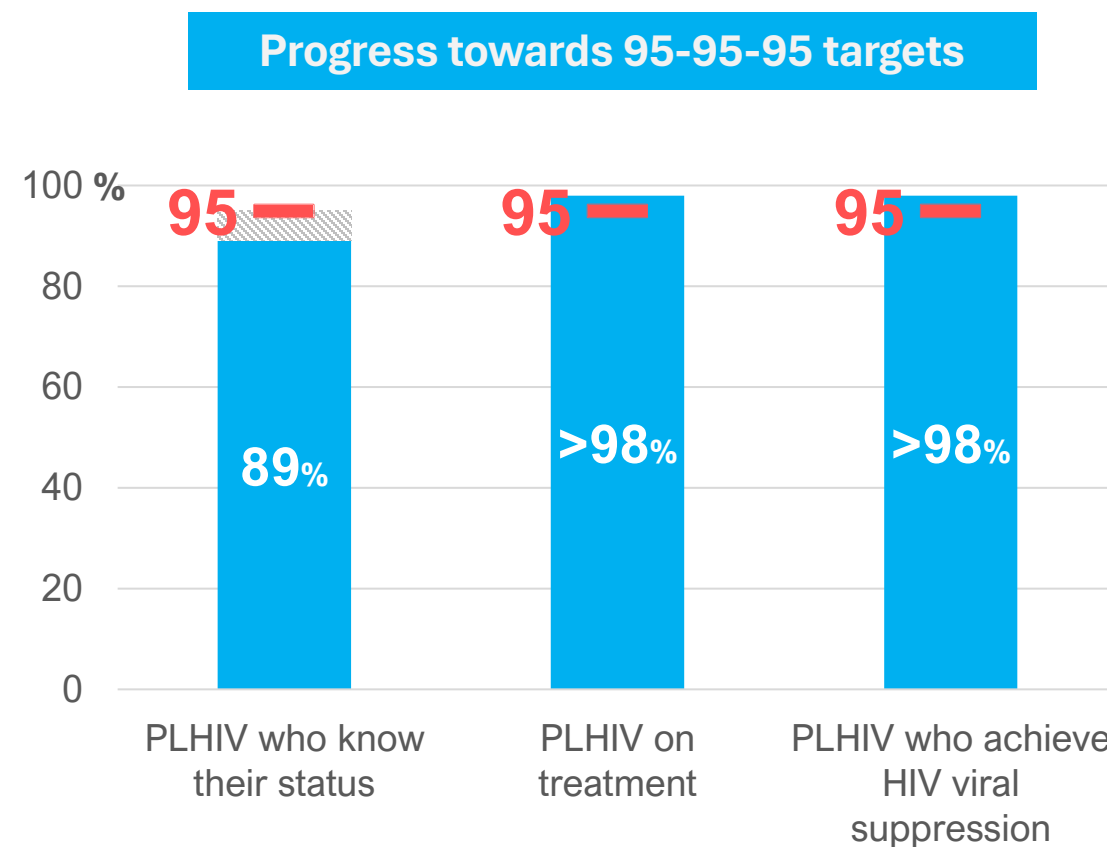


# 1. Epidemiology

## HIV testing and treatment cascade, Cambodia, 2023



■ Progress (%) ■ Gap — Target

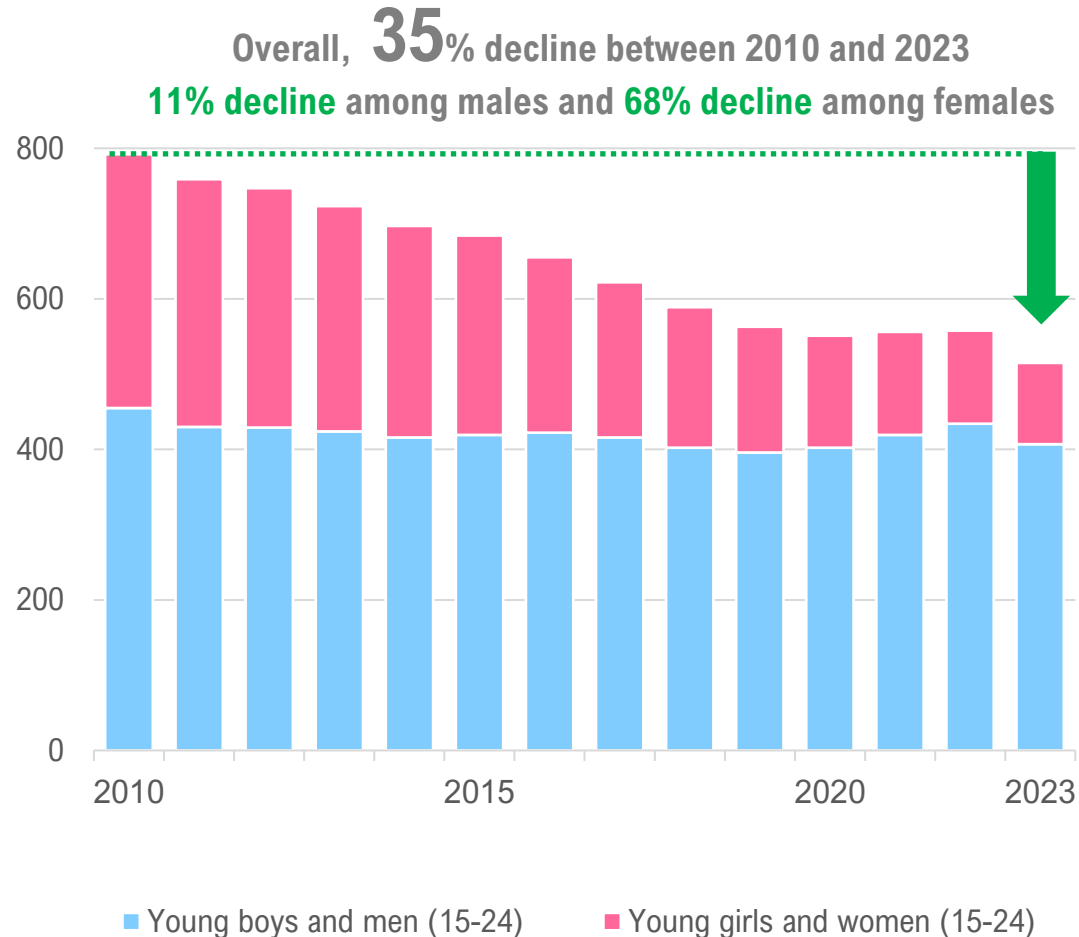


■ Progress (%) ■ Gap — Target

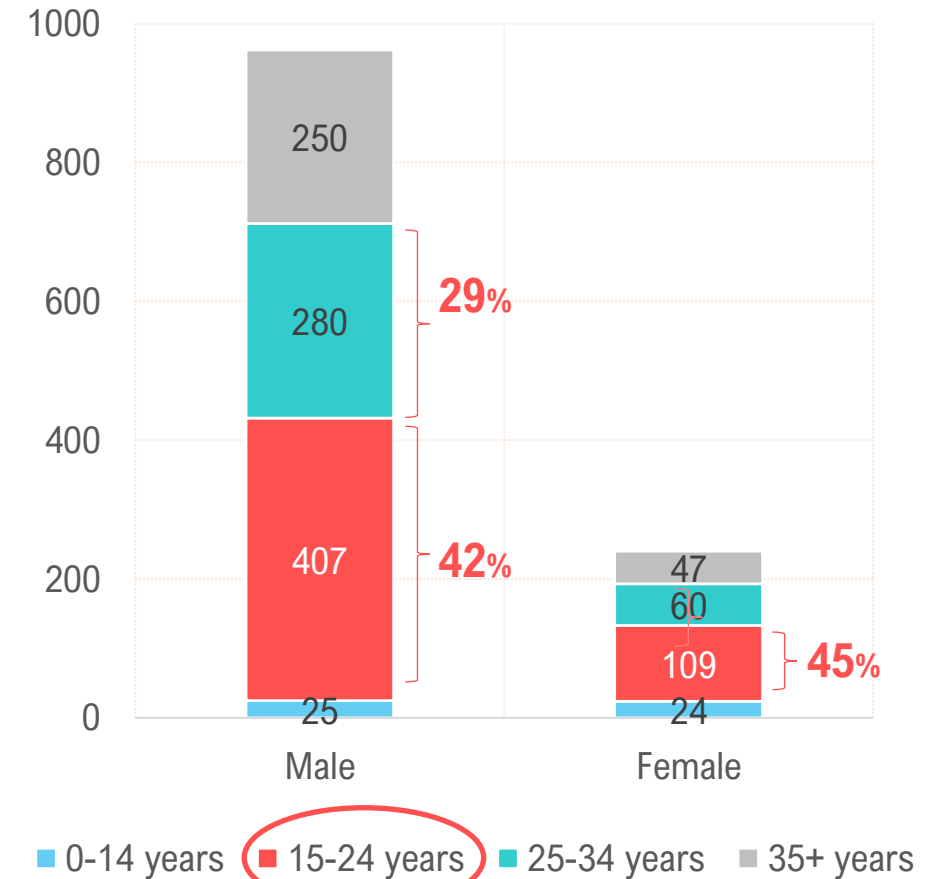
# 1. Epidemiology

## Zooming into new HIV infections: young people

New HIV infections trend among young people (15-24), 2010-2023



New infections distribution by age group and sex, 2023

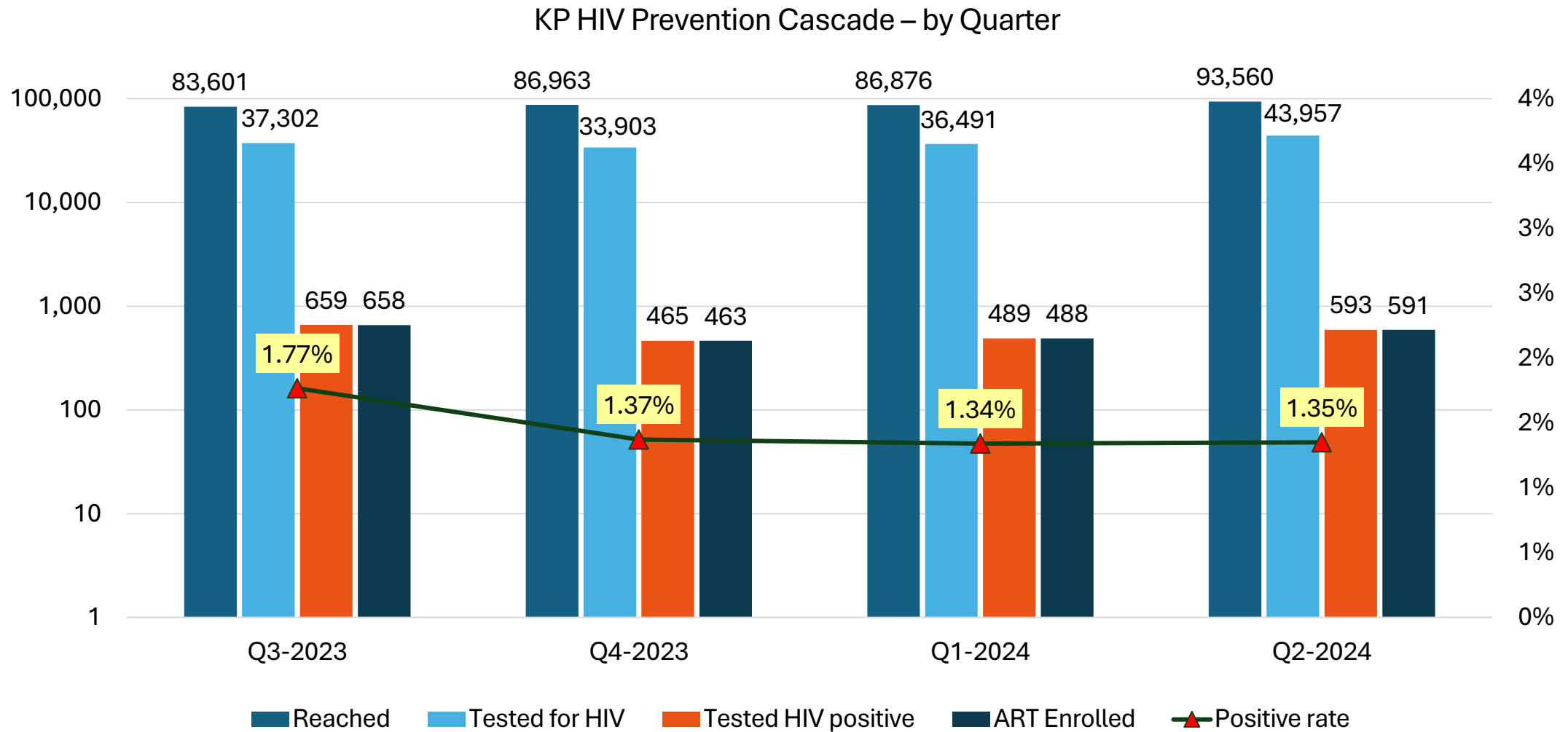


## 2. Population estimates of KPs and HIV prevalence

KPs	Size (2023)	HIV prevalence	STI prevalence
MSM	93,985	5.5% (2023)	45.3% (2023)
TGW	15,660	13.5% (2023)	44.9% (2023)
FEW	52,339	4.9% (2022)	30.4% (2022)
PWID	3,300	15.2% (2017)	5.2% (2017)

### 3. Prevention interventions in the health sector

#### a. Outreach





# 3. Prevention interventions in the health sector

## a. Outreach

Number of KPs by type and outreach workers

Province	Total MSM	OW-MSM	MSM/OW	Total TGW	OW-TG	TGW/OW	Total FEW	OW-FEW	FEW/OW
Banteay Meanchey	7,095	15	473	1,197	3	399	2,870	5	574
Battambang	6,039	12	503	813	2	407	4,134	8	517
Kg Cham	4,428	8	554	715	2	358	2,735	2	1,368
Kg Chhnang	2,589	3	863	418	1	418	1,393	3	464
Kg Speu	4,364	7	623	705	2	353	1,694	1	1,694
Kg Thom	3,394	3	1,131	548	1	548	1,641	4	410
Kampot	2,953	3	984	477	1	477	1,381	1	1,381
Kandal	5,971	12	498	965	5	193	7,224	2	3,612
Kep	216	*		35			158		
Koh Kong	651	*		105			395		
Kratie	1,916	1	1,916	310	-		820	1	820
Mondulhiri	485	-		78	-		211	1	211
Oddor Meanchey	1,431	-		231	-		741		
Pailin	391	3	130	63	-		304	2	152
Phnom Penh	23,895	52	460	4,448	26	171	10,859	38	286
Preah Sihanouk	1,658	4	415	268	2	134	1,378	2	689
Preah Vhear	1,319			213	-		471	1	471
Prey Veng	5,120	6	853	827	1	827	2,271	2	1,136
Pursat	2,096	5	419	339	1	339	1,153	2	577
Rattanakiri	1,129	1	1,129	182			437	1	437
Siem Reap	5,107	11	464	825	3	275	3,556	6	593
Stung Treng	866			140	-		361	1	361
Svay Rieng	2,562	**		414			1,547	2	774
Takeo	4,428	11	403	715	2	358	2,147	2	1,074
Tbong Khum	3,882	9	431	627	1	627	2,458	2	1,229
Total	93,985	166	566	15,658	53	295	52,339	89	588

\* c/o Kampot OW; \*\* c/o AHF

### 3. Prevention interventions in the health sector

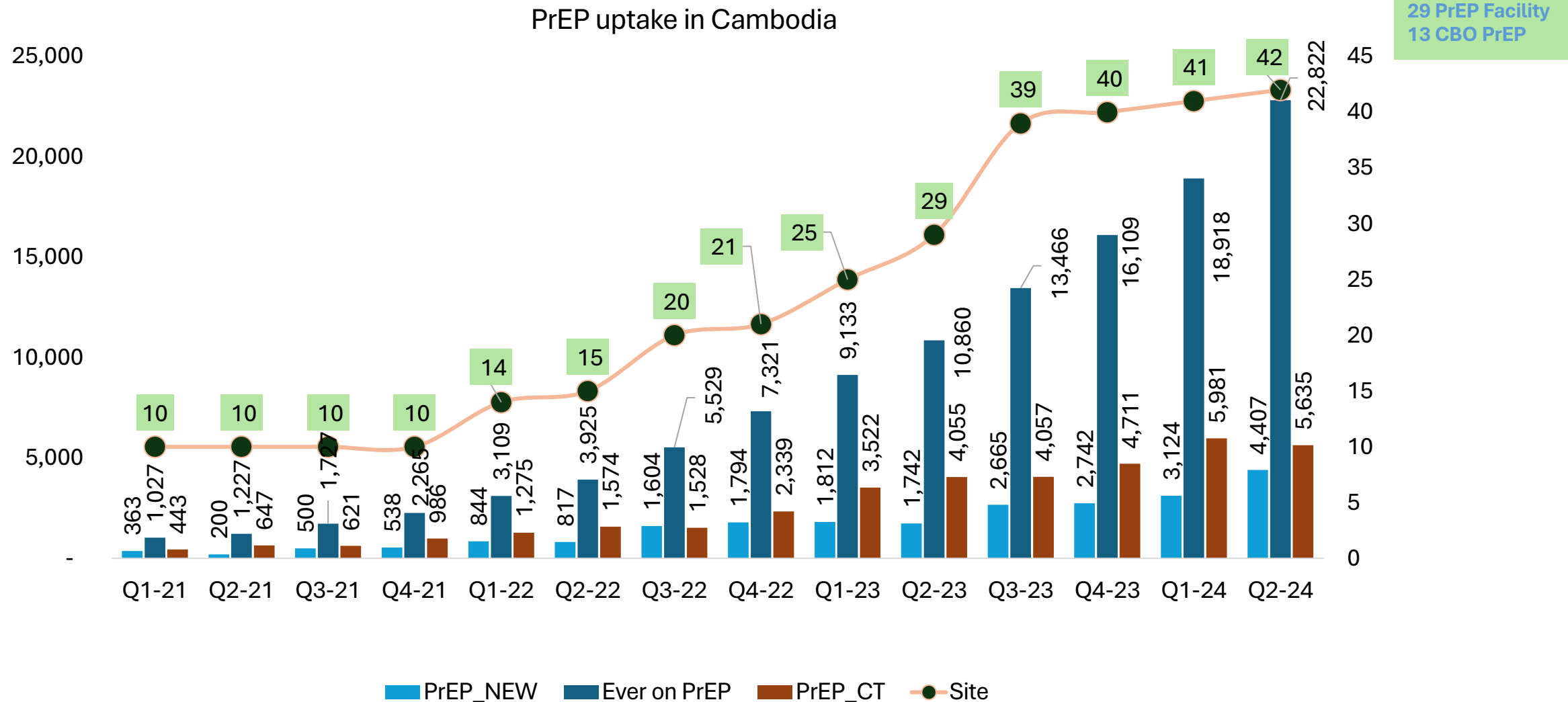
#### a. Outreach

Coverage of current interventions and assumed saturation coverage

Intervention	Current coverage	Assumed saturation coverage
Physical outreach	23% PWID, 69% FEW, 73% MSM and TG	85%
Nighttime or mobile van outreach	4% MSM and TG, 7% FEW	10%
Virtual outreach	6% TG, 9% FEW, 11% MSM Significantly higher in 2021	25% as a conservative estimate, given higher reach in 2021
PDI+	4% MSM and TG	10%
HIV self-testing	1% reported results 2-3% distributed	5% of key populations, who would otherwise not have been tested

### 3. Prevention interventions in the health sector

#### b. PrEP



### 3. Prevention interventions in the health sector

#### c. HIV self-testing (HIVST)

Year	MSM		TGW		FEW		PWID		All KPs	
	15-24	15 & older	15-24	15 & older	15-24	15 & older	15-24	15 & older	15-24	15 & older
2020	60	160	40	94	14	35			114	289
2021	348	1,256	168	535	227	674	15	266	758	2,731
2022	961	2,934	179	508	187	516	3	134	1,330	4,092
2023	2,610	8,223	465	1,539	1,363	3,849	3	247	4,441	13,858
S1 2024	413	1,108	80	247	90	223	1	247	584	1,825

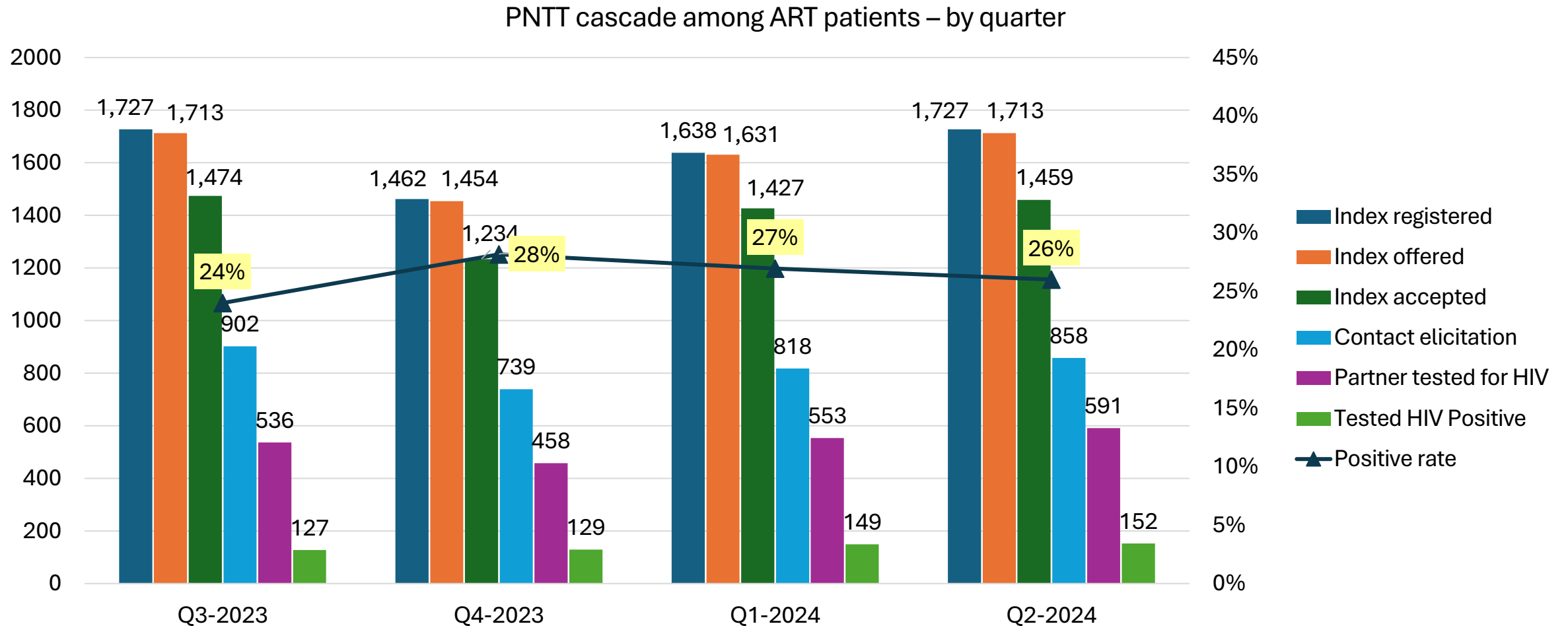
### 3. Prevention interventions in the health sector

#### d. Voluntary and confidential counseling and testing (VCCT)

Year	15-24				15 and older			
	Tested	Tested HIV+	RTRI Recent	% recency to tested +	Tested	Tested HIV+	RTRI Recent	% recency to tested +
2020	5,857	719	47	7%	24,030	2,909	162	6%
2021	6,762	723	46	6%	24,988	3,072	152	5%
2022	6,606	1,081	55	5%	27,466	4,504	165	4%
2023	8,329	1,263	69	5%	32,490	5,005	210	4%
S1 2024	4,129	597	50	8%	16,187	2,445	109	4%

### 3. Prevention interventions in the health sector

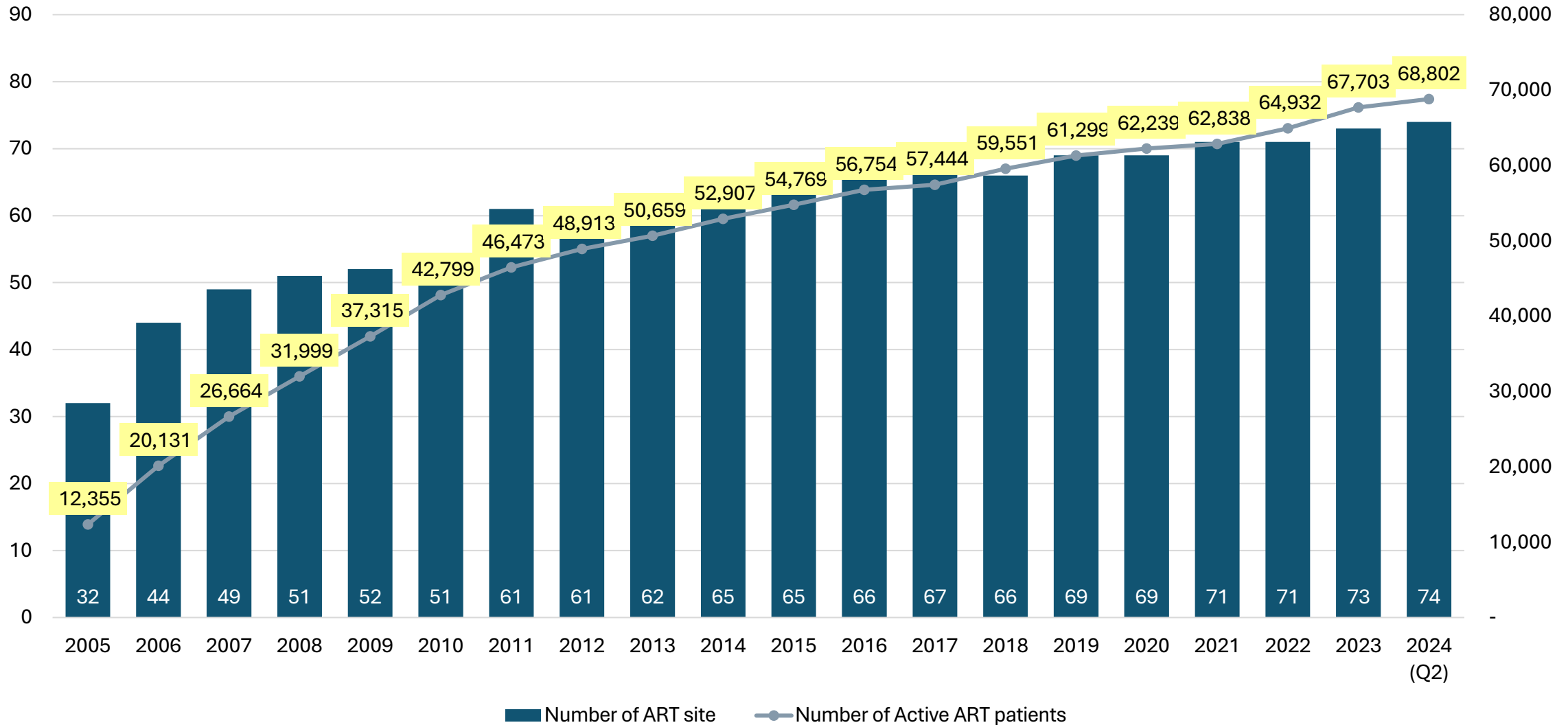
#### e. PNTT Update





### 3. Prevention interventions in the health sector

#### f. Treatment as prevention



## 4. Prevention interventions in the non-health sector

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- Majority of line ministries integrate HIV into their strategic plan; *activities mostly training internally to staff and some clients.*
- Ministry of Education, Youth, and Sport
  - Interdepartmental committee on HIV and AIDS
  - Integrated SRH, including HIV and drug use prevention, as part of CSE
  - Youth mobile app targets youth (in-school and out-of-school)
  - Uploads digital content to website
- Ministry of Interior
  - National action plan incorporating HIV
  - Trained officials and staff at the national level
  - Created a pool of trainers that cascade HIV training at the subnational level
  - Created multi-sectoral committee at subnational level that facilitates HIV work at provincial, district, city/commune/sangkat
  - HIV education exist in prisons; testing and referral to ART done when needed

## 4. Prevention interventions in the non-health sector

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- Ministry of Women's Affairs
  - National action plan includes GBV prevention and legal support and is participated in by 17-line ministries, UN agencies, and NGOs
  - Trainer training at the national and sub-national levels, including at the provincial and the CCWC levels at the district and commune council level
  - Organizes forums to raise awareness in 10 provinces with 200 attendees from MOWA subnational staff and local authorities
- Ministry of Labor and Vocational Training
  - Established a committee that guides HIV prevention-related activities
  - Training provided to workers in the country, pre-departure training for workers aboard, and vocational training students
- Ministry of Posts and Telecommunications
  - Training of staff at national and subnational levels
  - Sends out HIV-related messages crafted by NAA to all phones in Cambodia four times each month

## 4. Prevention interventions in the non-health sector

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- Ministry of Tourism
  - Action plan that incorporates HIV
  - Organizes workshops on HIV prevention education and non-discrimination with tourism industry members
- Ministry of Information
  - Organizes and carries out campaigns about HIV on television, radio, and social media platforms
- Cambodia Red Cross (CRC)
  - Supports peer educators and youth clubs that share information about HIV in universities, high schools, and a few garment factories
  - Provides HIV prevention information as part of migrant workers' pre-departure orientation
  - Encourage HIV testing among pregnant women

## 4. Prevention interventions in the non-health sector

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- General Secretariat-National Social Protection Council/ National Payments Certification Agency
  - Committed to work with the Ministry of Planning to make the IDPoor registration (“Equity Card”) available to all PLHIV, consistent with SCN #213
  - Family package implemented by National Social Assistance Fund since April 2024
  - Health Equity Fund (HEF) aimed towards informal workers employed in entertainment establishments
  - National Social Security Fund (NSSF) aimed towards employed formal workers, including in entertainment establishments

# 5. Financing of prevention interventions

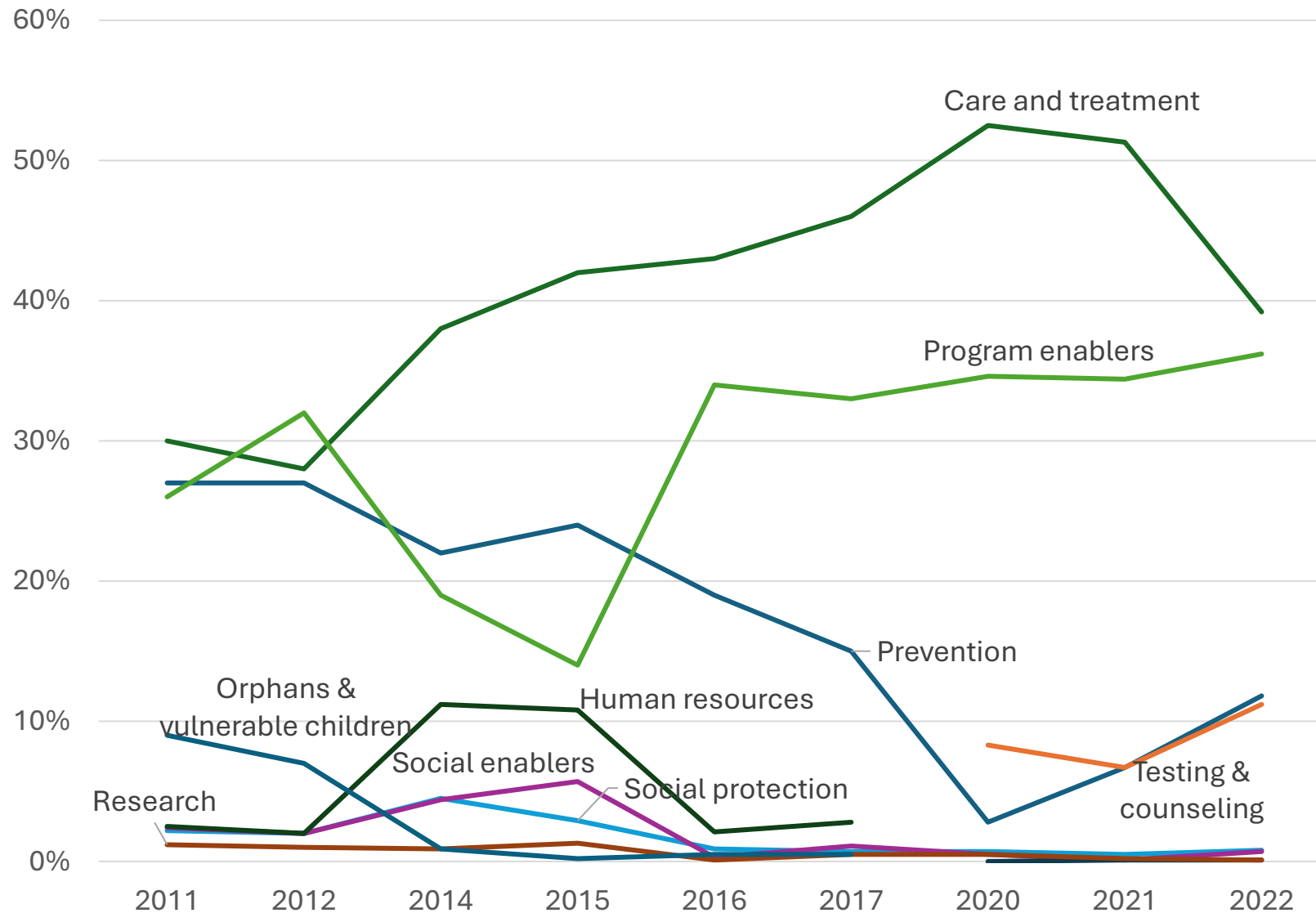
## AIDS spending component, 2011-2022 (US\$ '000)

AIDS Spending Component (ASC)	2011	2012	2014	2015	2016	2017	2020	2021	2022
Prevention	14,272	13,533	10,850	11,194	6,051	5,098	977	2,079	3,719
HIV testing and counseling							2,832	2,057	3,526
HIV Care and Treatment	15,716	14,356	18,722	19,865	13,632	15,904	18,016	15,807	12,360
Social protection/eco support	1,184	899	2,199	1,378	276	255	256	169	238
Social Enablers	1,273	1,140	2,171	2,664	107	373	157	25	220
Programme enablers/systems strengthening	14,100	16,172	8,777	6,015	10,596	11,493	11,873	10,591	11,428
Development synergies							8	25	36
HIV-related research	662	544	451	595	28	189	180	50	40
Human resources	1,345	932	5,496	5,047	664	961			
Orphans and vulnerable children	4,666	3,351	456	106	153	174			
Grand Total	53,219	50,927	49,122	46,864	31,508	34,448	34,299	30,803	31,566



# 5. Financing of prevention interventions

**AIDS  
spending  
component,  
2011-2022  
(% to total)**



# 6. Effects of gaps in HIV prevention

## a. Goal of less than 250 new infections by 2025 not on target

- Infections have leveled off at an estimated 1,200
- New infections rising among KPs and among young people in the 15-24 age group.

## b. Gap in the first 95%

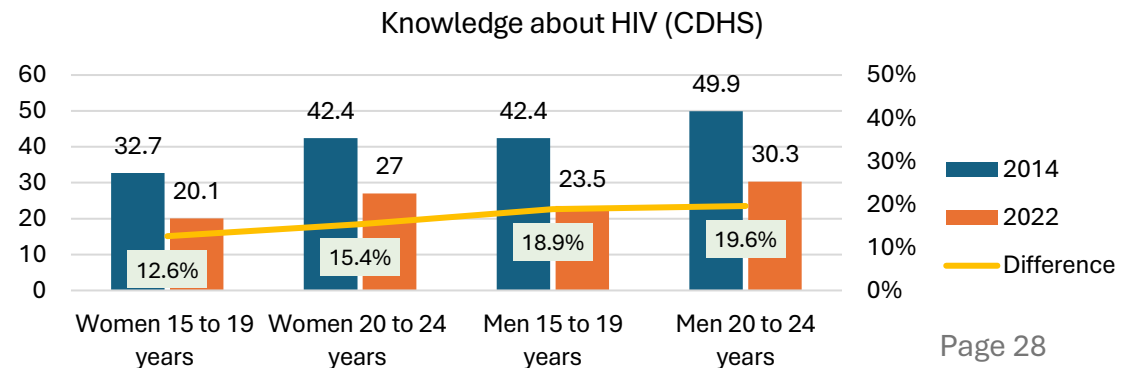
- First 95% at 89% in 2023, an uptick over the 86% estimated for 2022.
- > half of undiagnosed people living with HIV are outside of currently active key populations
- 60% of MSM and TG aged 15-24 are estimated to be undiagnosed,
- > three-quarters of MSM and TG aged 15-19 who are engaged in chemsex may be undiagnosed.

## c. Chemsex and risky behaviors

- Relatively young
- High numbers of sexual partners
- Frequent attendance of chemsex events
- Non-condom use during anal intercourses despite the ready availability of condoms and lubricants
- Low uptake of HIV testing
- Hardly heard/ used PrEP despite recent contact with OW

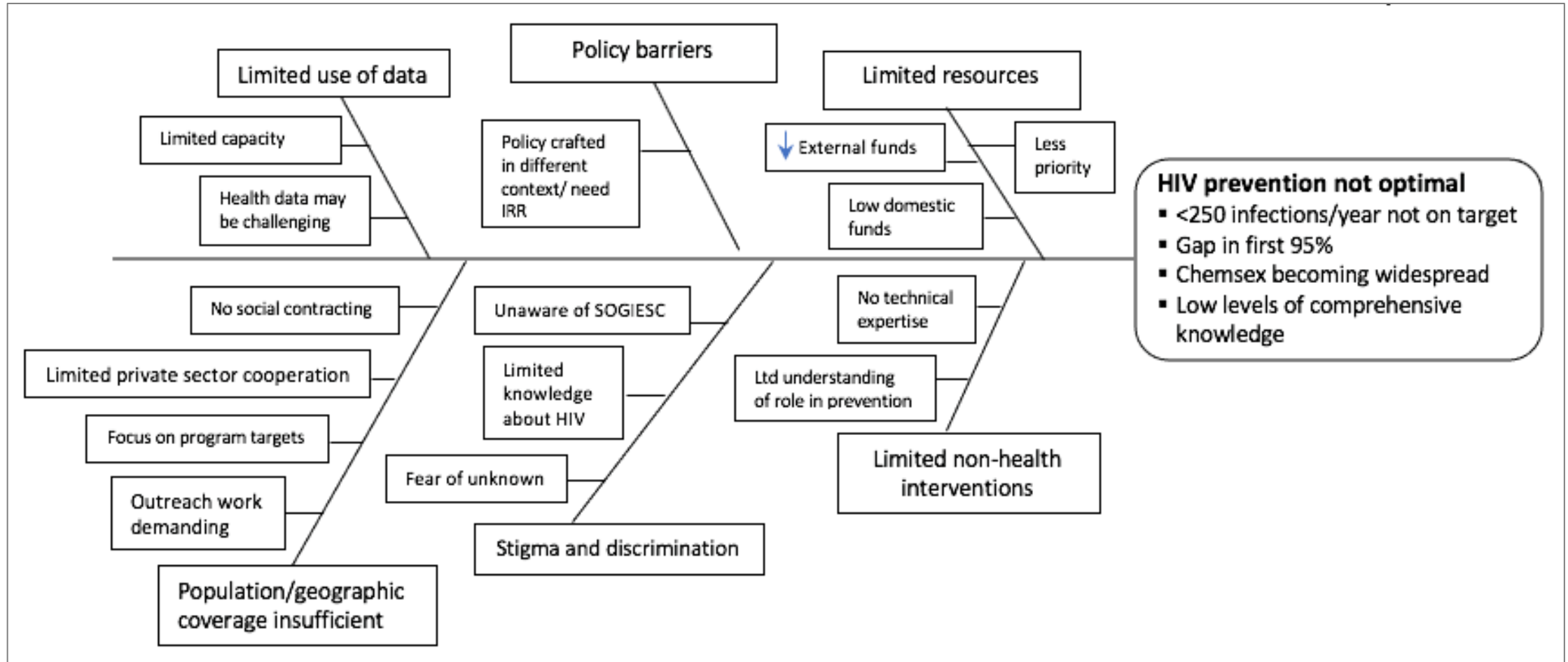
## d. Reduced comprehensive knowledge about HIV

- 23% of young women and 27% of young men have a thorough knowledge of HIV prevention methods



# 6. Gaps in HIV prevention and its effects

## Cause and effect diagram of HIV prevention



# 6. Effectiveness of HIV prevention

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**Overall, combined health interventions can be said to be effective based on the objective of**

- Contributing “to achieving the goal of ending AIDS as a public health threat and the elimination of new HIV infections by 2025 through improving health outcomes/status of key populations”
  - Increasing numbers of KPs and PLHIV reached
  - Increasing uptake in PrEP, HIVST, VCCT, PNTT, ART
  - Non-health prevention activities
- Can be more effective by addressing
  - Population coverage – 58%, 8,297 undiagnosed PLHIV, migrants/mobile pops
  - Geographical coverage – rural areas where hotspots exist not fully covered by mobile outreach
  - Program services/elements – expansion of services, S&D, legal literacy, HIV related rights, monitoring of law enforcement, sensitizing law makers and enforcement agents, post-violence care, etc.
  - Broadening the scope of non-health interventions – population, geographical



# RECOMMENDATIONS

# Recommendations

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- **Target the following population groups to receive tailored prevention interventions:**
  - Undiagnosed PLHIV in 15-49 age group, MSM, and TG, especially those who are engaged in chemsex
  - Migrant workers, especially undocumented workers i.e., those who cross borders to find jobs without work visas
  - Young people 15-24 before they become aware and start exploring their sexuality
  - Young and other key populations, including FEW in rural areas
- **Boost demand for health interventions e.g., PrEP, HIVST, including their sustained use**
  - Make commodities and services more available through online orders and bookings which can address demand in rural areas and in relatively remote locations

# Recommendations

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- **Recruit and train qualified persons as additional outreach workers that will effectively provide HIV prevention education and services.**
  - Outreach workers should be given competitive salaries and adequate support
- **Foster a deeper understanding of the roles of different non-health government agencies in the national HIV response, underscoring their roles in HIV prevention interventions *beyond HIV awareness raising among organizational staff***
  - Workshops, brainstorming sessions, exposure visits, and exploring best practices in other countries or other sectors that can be adapted to HIV

# Recommendations

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- **Improve and reinforce the roles of different sectors in HIV prevention**
  - **In the health sector,**
    - NCHADS/MOH can potentially scale up the delivery of HIV commodities and services to more KPs and geographic areas.
    - CSOs can provide KP clients a quick refresher or reminders on life skills particularly on risk assessment, choosing safe behaviors, and negotiation
  - **In the formal education/youth sector,**
    - MOEYS can provide sustained HIV education through its comprehensive sexual education course. Additionally, the Ministry should continue providing life skills training to students in school.
    - Raise awareness about HIV among out-of-school youth including the promotion and awareness raising about Youth Health Mobile App
    - MoLVT should expand sustained life skills under the TVET program



# Recommendations

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- **In the labor and service sectors**

- MoLVT should ensure that all migrant workers get HIV prevention awareness and information, as well as promoting HIV testing before leaving and returning the country
  - MOT and MoLVT can work together to provide HIV awareness in workplace settings, provide referrals, and help facilitate the access to HIV services as necessary
- The Ministry of Information can broadcast messages (radio, tv, print) about HIV, reaching the general population and reinforcing the knowledge young people and KPs acquire from the school and from outreach.
- The Ministry of Interior can raise awareness about HIV and SOGIESC among local authorities and law enforcement people and contribute to reducing stigma and discrimination.

# Recommendations

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- **Recency data use for public health response (PHR) guidelines approved by NCHADS are in place and all partners should work together to enforce and expand the coverage of PHR implementation with strong voluntary engagement from KP community networks.**
- **Optimize the awareness raising on the U=U concept at both care and community prevention**
- **Build the capacity of FONPAM, DFONPAM and members so that they have a more active and substantial role in**
  - Optimizing the use of CLM data to inform CBOs that deliver HIV services thereby better addressing gaps in prevention in real time
  - Mobilizing communities so that there is greater engagement and higher uptake of HIV services
  - Advocating for HIV related legal services, reducing stigma and discrimination, monitoring law enforcement, and sensitizing law makers and law enforcement agents.

# Recommendations

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- Implement structural interventions to address
  - Stigma and discrimination
  - Improve the legal literacy of KPs and PLHIV
  - Raise awareness about HIV-related legal services
  - Monitor law enforcement, and
  - Sensitize lawmakers and law enforcement agents
- Advocate for action to introduce changes in policies and guidelines e.g., HIV/AIDS law, U=U SOP; additional guidance needed to effectively implement SCN#213
- Reactivate and strengthen the function of key TWG under the NAA on prevention, S&D, and M&E to coordinate multi-sectoral prevention efforts

# Recommendations

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- **Enhance the ability to design and implement HIV prevention programs and activities**
  - Use data in real-time to respond to changing local conditions
  - Provide training, mentoring, short internships/immersion experiences, and other professional development that builds capacity especially at subnational level
- **Sustain the increase in financial support for HIV prevention**
  - Use domestic investments such as the FTC budget and CDP/CIP to address critical gaps in local HIV responses, including HIV prevention gaps
  - Develop a concrete action plan on social contracting to ensure the sustainability of HIV prevention, including obtaining the buy in of other relevant Ministries to make social contracting a priority

THANK YOU!

