2017 Country Operational Plan Approval Meeting

Cambodia

OUTBRIEF
March 2, 2017
Cambodia Has Been Striving for Sustained Elimination by 2025

In 2016:
- 2,182 deaths
- 590 new infections

Source: Estimated from AEM & Spectrum, 2016
Trends in Domestic and Foreign Sources of Spending for HIV, 2009-2015

Total Spending (in million US$)

2009: $4.6, Domestic sources $52.0, Foreign sources $56.6, Total $52.0
2010: $5.4, Domestic sources $55.6, Foreign sources $61.0, Total $55.6
2011: $6.3, Domestic sources $46.6, Foreign sources $52.9, Total $52.9
2012: $6.2, Domestic sources $44.7, Foreign sources $50.9, Total $50.9
2014: $6.4, Domestic sources $42.7, Foreign sources $49.1, Total $49.1
2015: $8.2, Domestic sources $38.7, Foreign sources $46.9, Total $46.9

Source: NASA 2016

Note: USG DOES NOT PAY FOR COMMODITIES OR STAFF
National HIV Impact Cascade (Adult & Pediatric), as of end December 2016

Estimated # undiagnosed PLHIV = 12,403

1st 90 83%

2nd 90 97%

3rd 90 81%

94.0% viral suppression

Sources: PLHIV estimate from NCHADS estimates based on AEM/Spectrum exercise conducted in Feb 2016, PLHIV in care, on ART and VL from NCHADS as of end Dec 2016

*PLHIV diagnosed is calculated as: # of pre-ART + ART patients at end of period, per NCHADS request
Provincial Cascades in PEPFAR Priority Provinces

Source: AEM & NCHADS.
Boosted Integrated Active Case Management (B-IACM) in Cambodia
Client Type of PLHIV Newly Identified through B-IACM (1/2014 to 12/2016 for 14 ODs), N=3,985

Routine B-IACM intake

Total KP = 9%

- TB 3.1%
- EW 3.7%
- Partners 7.3%
- Pregnant women 7.9%
- MSM 3.0%
- TG 1.3%
- PWUD 0.5%
- PWID 0.1%
- STI 0.0%
- Unidentified 73.1%

Unidentified risk in ¾ of newly identified

Preliminary findings of enhanced risk elicitation

- 130 newly diagnosed ART clients profiled: 21% KPs and 79% non-KPs
- Characteristics of non-KPs:
  - Why tested: 13% of men and 21% of women had been a discordant couple; 28% of men and 33% of women were IPD or advised by doctor
  - Occupation in last 10 years: females - garment factory, plantation, construction; males - plantation, drivers, construction
  - Risk behavior: STI (20% men and 27% women); 82% of women - only one sexual partner

Overview of Test & Treat Rollout in Cambodia

By end March 2017, anticipate 99% of pre-ART patients will be moved to treatment.

Source: NCHADS.
Progress in National Program toward Sustained Elimination

- Rapid implementation of Test and Treat
  - 97% of PLHIV in care are on ART
- Adopted differentiated service delivery model (3-6 months) and implementation underway
- Viral load testing scaled up dramatically in past year
- Adoption of WHO HTS guidelines
- Initiation of rapid test quality assurance program in facilities and community sites
PEPFAR COP 2017
## SUSTAINABLE ELIMINATION: CAMBODIAN FRAGILITIES AND PLANNED RESPONSES

### CAMBODIA FRAGILITY

<table>
<thead>
<tr>
<th>COMPONENTS</th>
<th>CAMBODIA FRAGILITY</th>
<th>CAMBODIA BLUEPRINT</th>
<th>RGC</th>
<th>OTHER DONORS</th>
<th>OTHER USG</th>
<th>PEPFAR</th>
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<tbody>
<tr>
<td><strong>EMBRACING ENVIRONMENT</strong></td>
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<tr>
<td>Laos, regulations and policies to promote effective and efficient HIV programming.</td>
<td>Limited impact of decentralization policy.</td>
<td>UNAIDS and WHO-ASSA learns the role and responsibilities of political/policy-making bodies.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td>Strategic planning for prioritized investments and impact.</td>
<td>Limited influence over the private pharmacare.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td><strong>SERVICES</strong></td>
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<tr>
<td>Civil society and community leadership for accountability and problem solving.</td>
<td>Lack of long-term funding transition plan.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td>Structural and Legal barriers for service access of HIV.</td>
<td>No use of financial data to develop efficient programming.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td><strong>SYSTEMS</strong></td>
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<tr>
<td>Inconsistent provision of high-quality, efficient HIV services.</td>
<td>Vulnerable vertical programming with scarce NPECC site.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td>Health care services tailored to demographic and health care needs.</td>
<td>Inadequate risk profiling leading to avoid for strategic test targeting.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td><strong>RESOURCES</strong></td>
<td></td>
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<tr>
<td>Health care systems to deliver most effective high quality and safe services.</td>
<td>Health care systems to deliver most effective high quality and safe services.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td>Flexible data systems that provide goal oriented and transparent information to inform elections.</td>
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<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td>Adequate financial resources to meet needs.</td>
<td>Adequate financial resources to meet needs.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td>Human resources to improve health care delivery.</td>
<td>Human resources to improve health care delivery.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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<tr>
<td>Organizational capacity to run programs.</td>
<td>Organizational capacity to run programs.</td>
<td>UNAIDS, WHO, and other implementing partners.</td>
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**PLANNED RESPONSE**

<table>
<thead>
<tr>
<th>SO1</th>
<th>SO2</th>
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THE PATHWAY TOWARDS

ELIMINATING NEW HIV INFECTIONS
IN CAMBODIA

- Scaled-up ART under CAMBODIA 2.0 Strategy
- Developed Community Testing & Active Case Management
- Started Point of Care (POC) Testing
- Boosted Integrated Active Case Management
- Expended Social Health Protection Insurance to HIV
- Implement of Quality Assurance for POC tests
- Launch and Start
- Integrate Logistic Management Information System (LMIS)
- Introduce a Unique Patient Identifier
- ISO 15189 Lab Accreditation
- Integrate HIV Services into Health System
- Achievement of 90-90-90
- Achievement of EMTCT
- Integration of 95-95-95 & < 500 New Infections
Final COP17 & COP18 Strategic Outcomes

1. Sustainable financing from the Cambodian government that has increased by 100% over 2 years using 2015 NASA as a baseline

2. National systems are able to:
   • Use aggressive case finding to identify 6,000 undiagnosed PLHIV and link to treatment
   • Through the use of real-time granular data, rapidly identify and respond to new infections and programmatic gaps across the cascade to maintain epidemic control
## COP 16 vs COP 17

<table>
<thead>
<tr>
<th>Previous Model</th>
<th>Sustainable Future Directions</th>
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</thead>
<tbody>
<tr>
<td>Targeted impact at specific facility and community sites</td>
<td>National and province-wide impact</td>
</tr>
<tr>
<td>Project-based delivery model</td>
<td>Government ownership and delivery</td>
</tr>
<tr>
<td>Large investments given to specific sites, pilots, and projects</td>
<td>Catalytic assistance, with a focus on leveraging other funds</td>
</tr>
<tr>
<td>Vertical policies developed</td>
<td>Focus on sustainable and efficient multi-sectoral policies</td>
</tr>
<tr>
<td>SOP-specific training and guidance</td>
<td>Crosscutting leadership and financial management capacity building</td>
</tr>
<tr>
<td>Technical assistance directed at facility-based staff</td>
<td>Technical assistance directed at national and provincial leadership</td>
</tr>
<tr>
<td>Piloting innovations, sometimes unlinked to scale-up plans</td>
<td>Aggressive phased implementation</td>
</tr>
</tbody>
</table>

Updated: 2/10/17
Priority Provinces for Aggressive Phased Implementation

Provincial size scaled to estimated number of PLHIV in 2016

Priority Provinces
Number of sites supported by PEPFAR per year, 2014 through 2018
Changes made during COP Meeting:

• **SO1**: Increased government contribution from 25% to 100%
• **SO2**: Increased target for case finding to 6,000 PLHIV
  • Dropped external evaluations
  • Dropped TB interventions
  • No more pilots
  • Dropped pre-service training
• **SO3** was dropped
• Increased focus by reducing number of FOIT activities from 42 to 29
• Dropped all site level work
• Institutionalized NCHADS case finding & rapid response strategy
SO1: Domestic Resources for HIV increased by 100% over 2 years from 2015 NASA baseline

- Strategy and stakeholder engagement around HIV sustainability
- DRM, financing for HIV services, HEF
- Finding efficiencies and decreasing waste
- Leveraging GF
- SFI

SO2 = $2.5 M
23%
SO2 will help to build sustainable systems

SO2 = $3.9 M
35%
Building Strategic Information Systems to Move from Tracking Populations to Individuals

Source: NCHADS 2016
Dashboard for PEPFAR Cambodia FOIT Benchmarks

**VISON 1: HARD TO REACH AND HIDDEN POPULATIONS**

What is the HIV prevalence in Key Populations in Cambodia?

FSW:  
- 2002: 5%  
- 2003: 5%  
- 2004: 2%  
- 2005: 2%  
- 2006: 0%  
- 2007: 0%

MSM:  
- 2002: 5%  
- 2003: 5%  
- 2004: 2%  
- 2005: 2%  
- 2006: 0%  
- 2007: 0%

TG:  
- 2002: 5%  
- 2003: 5%  
- 2004: 2%  
- 2005: 2%  
- 2006: 0%  
- 2007: 0%

PWID:  
- 2002: 25%  
- 2003: 25%  
- 2004: 25%  
- 2005: 25%  
- 2006: 25%  
- 2007: 25%

Are outreach programs reaching Key Populations in PEPFAR supported provinces?

FSW:  
- Estimated: 2500  
- Reached: 1000  
- Targeted: 500

MSM:  
- Estimated: 12,000  
- Reached: 5000  
- Targeted: 1000

TG:  
- Estimated: 2000  
- Reached: 1000  
- Targeted: 500

PWID:  
- Estimated: 1000  
- Reached: 500  
- Targeted: 250

Are PEPFAR community key population programs finding new positives?

RED lines indicate a site saw less than 4 positives per semester. BLUE lines indicate the scale up of POH.

**NO SITE LEVEL TARGETS**
## COP 17 Agency Allocations and Pipeline

<table>
<thead>
<tr>
<th></th>
<th>New FY 2017 Funding (all accounts)</th>
<th>Applied Pipeline</th>
<th>Total Planning Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>DoD</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>HHS/CDC</td>
<td>$5,109,000</td>
<td>$41,207</td>
<td>$5,150,207</td>
</tr>
<tr>
<td>HHS/HRSA</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Peace Corps</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>State</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>USAID</td>
<td>$5,799,429</td>
<td>$50,364</td>
<td>$5,849,793</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$10,908,429</strong></td>
<td><strong>$91,571</strong></td>
<td><strong>$11,000,000</strong></td>
</tr>
</tbody>
</table>
# COP 16 vs COP 17 Budget Code Totals

<table>
<thead>
<tr>
<th>Budget Code</th>
<th>COP16 Amount</th>
<th>COP17 Amount</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTCT</td>
<td>$217,069</td>
<td>$98,639</td>
<td>-54.6%</td>
</tr>
<tr>
<td>HMBL</td>
<td>$18,761</td>
<td>$0</td>
<td>-100%</td>
</tr>
<tr>
<td>HMIN</td>
<td>$122,130</td>
<td>$0</td>
<td>-100%</td>
</tr>
<tr>
<td>HVOP</td>
<td>$772,995</td>
<td>$201,268</td>
<td>-74.0%</td>
</tr>
<tr>
<td>IDUP</td>
<td>$52,142</td>
<td>$5,189</td>
<td>-90.1%</td>
</tr>
<tr>
<td>HVCT</td>
<td>$2,093,986</td>
<td>$2,339,684</td>
<td>11.7%</td>
</tr>
<tr>
<td>HBHC</td>
<td>$796,853</td>
<td>$138,584</td>
<td>-82.6%</td>
</tr>
<tr>
<td>HTXS</td>
<td>$2,191,144</td>
<td>$1,255,407</td>
<td>-42.7%</td>
</tr>
<tr>
<td>HVTB</td>
<td>$347,529</td>
<td>$0</td>
<td>-100%</td>
</tr>
<tr>
<td>PDCS</td>
<td>$78,657</td>
<td>$30,228</td>
<td>-61.6%</td>
</tr>
<tr>
<td>PDTX</td>
<td>$330,441</td>
<td>$105,608</td>
<td>-68.0%</td>
</tr>
<tr>
<td>OHSS</td>
<td>$882,534</td>
<td>$2,341,552</td>
<td>165.3%</td>
</tr>
<tr>
<td>HVSI</td>
<td>$1,392,814</td>
<td>$1,207,059</td>
<td>-13.3%</td>
</tr>
<tr>
<td>HLAB</td>
<td>$427,387</td>
<td>$463,620</td>
<td>8.5%</td>
</tr>
<tr>
<td>HVMS</td>
<td>$2,275,558</td>
<td>$2,721,591</td>
<td>19.6%</td>
</tr>
</tbody>
</table>

**Earmark Allocation:**

- Care & Treatment – Allocation = $1,963,517 (18%), Actual = $2,261,324 (21%)
- GBV – Allocation = $47,000, Actual = $47,000
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Thank you