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

Mean Chhi Vun, MD, MPH
National Center for HIV, Dermatology and STI Control (NCHADS), MoH of Cambodia
Email: mchhivun@nchads.org
Website: www.nchads.org

31st Meeting of
UNAIDS Programme Coordinating Board
11-13 December 2012, Geneva, Switzerland
Current Situation in the HIV Epidemic

• 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:
NCHADS (2010) HIV Sentinel Surveillance
NCHADS (2010) Behavioural Sentinel Surveillance
Trends in the HIV Epidemic in Cambodia

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

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)

Rationale for the Prioritization of HIV Services

- 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

- 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)


- 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

- 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

- **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

- e-MTCT (Boosted LR)
  Pregnant Women and Partners

- MARP Prevention and Links to Health Service (Boosted COPCT)
  MARPs and Partners

- STI case management

- VCCT, HPITC (TB, ANC) CPITC

- Early ART (CD4≤500)

- ART as Prevention

- Partners of PLHIV on Pre-ART and ART

- PLHIV on Pre-ART
Immediate Next Steps and Way Forward

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