

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (31)/12.CRP.1

Issue date: 14 November 2012

THIRTY-FIRST MEETING

DATE: 11-13 December 2012

VENUE: Executive Board Room, WHO, Geneva

Agenda item 3

Case Study: The Royal Government of Cambodia at the forefront in applying new investment approach

CONTEXT

1. The HIV epidemic is on the decline in Cambodia, a low-income country with a population of 14.3 million (1). HIV prevalence among the adult general population is currently estimated to be 0.7%, dramatically lower than the peak of 1.7% in 1998, and projected to decline further to 0.6% by 2015. New infections are also decreasing, with an estimated 1200 new infections in 2012, projected to further decrease to 924 (fewer than three new infections per day) in 2015 (2).
2. The epidemic is concentrated among key populations who are at high risk of HIV infection. The most recent surveillance data indicate an HIV prevalence of 13.9% among high-risk entertainment workers¹ (3), 2.1% among men who have sex with men (4), and 24.4% among people who inject drugs (5). The main mode of transmission is unprotected heterosexual contact, due to commercial sex work and, increasingly, spousal transmission. Use of non-sterile injecting equipment among people who inject drugs continues to be a major contributor (2). (See Figure 1)
3. The total AIDS spending in Cambodia in 2010 was US\$ 58.1 million. Spending trends are shown in Figure 2. The largest financing source is the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund), which covers all treatment needs, followed by bilateral and multilateral donors. Overall, there has been an over-reliance on external donor resources, with the Royal Government of Cambodia contributing only 4% of the total budget (6).

RATIONALE FOR THE APPLICATION OF THE INVESTMENT APPROACH

4. The third National Strategic Plan (NSP-III) for the response to HIV/AIDS was revised in 2010 to cover the five-year period from 2011 to 2015 (7). Led by the National AIDS Authority (NAA), the formulation process involved all relevant stakeholders, including government ministries and institutions, civil society (national and international non-governmental organizations, community networks of people living with and/or affected by HIV, and groups representing key populations at highest risk), development partners, and the private sector.
5. At the time of developing the NSP-III, two strategic assessments had just been completed. Both raised fundamental questions about the suitability and sustainability of the management and programme structure for the national response. The first report, Long run costs and financing of HIV/AIDS, produced by the Ministry of Health's National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) in collaboration with the Results for Development Institute, assessed different scenarios for financing the national response until 2031, 50 years after the discovery of HIV. The study concluded that Cambodia needed to better align its priorities and resources to the most cost-effective interventions, and that periodic reviews and assessments would be required to achieve the best possible outcomes at the lowest

¹ In the wake of the Law on the Suppression of Human Trafficking and Sexual Exploitation 2008 banning brothels in Cambodia, surveys are limited to sampling "entertainment workers" and stratifying risk by reported number of sexual partners per week. Those with >14 clients per week are considered high risk and most closely match previously sampled brothel-based sex workers. The HIV prevalence among entertainment workers with ≤14 clients per week was found to be 4.1%.

cost. It identified an urgent need to improve programme efficiency, better manage external aid flows, and increase domestic allocation of resources to HIV/AIDS (8).

6. The second study, Functional task analysis for the coordinated and harmonized response to HIV and AIDS in Cambodia conducted by the NAA, called for restructuring the national response to AIDS in light of the changing dynamics of the epidemic, which require a more specialized and focused approach. The existing national management structure was designed to support a coordinated, multisectoral response and is aligned with the decentralization policy of the Government (national, district and commune level). This approach, highly effective in the past, has been questioned in the current concentrated epidemic situation and in consideration of the limited funding available (9).
7. However, the reports were not widely distributed before the national strategic consultations and, therefore, did not figure prominently in the formulation of the NSP-III. Despite efforts by facilitators to use available information to prioritize key programme areas and targets, most stakeholders were not yet prepared to forsake the broadly inclusive approach of previous strategic plans, which had been feasible in the earlier stages of the epidemic when resources were abundant. The resulting NSP-III is a comprehensive and multisectoral plan with a total estimated cost of US\$ 516.3 million, nearly double the spending of US\$ 263.3 million over the previous five years (6), and with a projected resource gap of US\$ 244.3 million (10).
8. In 2010, in the context of the downward trend in global HIV funding, Global Fund requirements to introduce cost-sharing and a performance-based approach, and the projected 47% resource gap for the five-year national strategic plan, Cambodia was faced with an urgent need to prioritize its approach to HIV programming with the goal of increasing efficiency and reducing costs.

PROGRESS IN APPLYING THE INVESTMENT APPROACH

9. Drawing on surveillance data, modelling and cost-effectiveness analysis, a participatory review and planning process was begun and is still under way in Cambodia, with the aim of building national commitment and capacity to apply new investment thinking to optimize the national response. Building on a successful track record of using high-quality strategic information to inform an evidence-based response, the country is well equipped to tackle the challenge of adjusting the national HIV response to both the changing dynamics of the epidemic and changes in global resource availability. The 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 the cost-effectiveness analysis. The shift towards evidence-based prioritization, cost-effectiveness, and efficiency is resulting in the revision of the NSP-III to a more feasible and targeted national plan. In addition, planning is underway for the “Cambodia 3.0” initiative, an innovative, forward-thinking strategy to eliminate HIV transmission that is better focused than those adopted in the past.

UNDERSTAND: marshalling the evidence and building consensus

10. To begin the discussion on optimizing the national response, the NAA in collaboration with UNAIDS facilitated a National Ownership Consultation in June 2011. Starting with a literature review and interviews with key informants, this process culminated in a meeting with a broad range of stakeholders, including government ministries, civil society – including communities living with, affected by and vulnerable to HIV – and development partners. They reviewed the recommendations of the aids2031 study on the Long run costs and financing of HIV/AIDS, the Functional Task Analysis, and the NSP-III. Participants became aware that the recently developed NSP-III was out of line with the evidence-based recommendations of the strategic assessments and agreed on the need for the following actions: development of a fiscal management plan to implement a response tailored to a declining epidemic concentrated among key populations; analysis of the cost-effectiveness of interventions; and, reformulation of the NSP-III for a more targeted and cost-effective national response.
11. The next step involved two national consultation workshops organized by NAA to revise Cambodia's Universal Access (UA) indicators and set new targets for 2013 and 2015, as well as to prioritize NSP-III interventions in line with commitments made at the 2011 United Nations General Assembly High Level Meeting on AIDS, and as captured in the Political Declaration on HIV/AIDS emerging from this meeting, and the need for optimal outcomes in a climate of fewer financial resources.
12. A data triangulation and epidemiological exercise was led by NCHADS with an advisory team comprising a panel of experts from other government institutions, development partners and civil society organizations. The epidemiological impact of different intervention scenarios in a concentrated epidemic among key affected populations, and a high burden of treatment and impact mitigation, was modelled over a 10-year period, from 2010 to 2020. Results showed that reaching UA targets among key affected populations and pregnant women while maintaining existing general population interventions would achieve the greatest reduction in new infections. However, reaching 90% of UA targets among key affected populations was also very effective, suggesting that it might be possible to achieve epidemiological goals without the added cost of finding the hardest to reach key affected populations (11).
13. The results of the modelling exercise informed a subsequent cost-effectiveness analysis of prevention interventions among key affected populations (entertainment workers, men who have sex with men, people who inject drugs and transgender persons) to prioritize them. Technical working groups, composed of representatives of government, development partners, and civil society, discussed the findings to determine the most cost-effective mix of priority interventions to achieve the UA targets (12). The NSP-III costing was revised as part of the cost-effectiveness analysis. The four-year cost of prevention interventions has been greatly reduced from US\$ 81.4 million to US\$ 23 million after applying more accurate population-size estimates, revising coverage targets and using a different approach to estimate unit costs (see Table 2).
14. Stakeholder's interest and active engagement in finding ways to "do more with less" to address the epidemic in Cambodia has grown in recent times. KHANA, one of Cambodia's largest NGO involved in the HIV/AIDS sector, has recently conducted

operational research to assess the social return on investment of their integrated care and prevention project in Cambodia (13).

DESIGN: a new programme vision

15. To operationalize the knowledge and understanding gained from carrying out data analysis and interpretation, NCHADS, in consultation with the NAA, other health departments, the National Maternal Child Health Centre and the Ministry of Interior, is leading the development of “Cambodia 3.0”, a new strategy for reaching UA targets and eliminating new HIV infections and congenital syphilis. The conceptual framework is in line with the global “Three Zeros” and “Treatment 2.0” initiatives, and uses evidence available from national strategic information databanks and modelling to prioritize interventions. It builds on previously successful national initiatives, including linking HIV prevention, testing, care and treatment for key populations (Continuum of Prevention to Care and Treatment (CoPCT)); PMTCT with links between HIV and reproductive health services (Linked Response for PMTCT); and the Continuum of Care (CoC) (14) (see Figure 3).
16. “Cambodia 3.0” programmatic strategies for reducing HIV incidence focus on improving case detection through early HIV testing and immediate enrolment in care for key affected populations, pregnant women and partners of people living with HIV; strengthening links between testing and treatment by introducing immediate CD4 testing at voluntary counselling and testing (VCT) centres; enhancing pre-antiretroviral (ART) and ART care and monitoring; improving retention; and incorporating treatment as prevention.
17. The programme details are still being developed by technical working groups (with participants from NCHADS, partner agencies and civil society) in line with the following programme principles: use of modelling to determine optimal strategic approaches and assess achievements; use of strategic information to improve the quality of interventions and advocate for political commitment; aim for continuous innovation and evidence-based adjustments; focus on costing to accomplish more with fewer resources; and plan for sustainability after eliminating HIV transmission.
18. Despite overall reductions in HIV incidence, key affected populations still exhibit high rates of risk behaviours and low coverage of HIV testing, leading to the risk of a resurgent epidemic. The CoPCT strategy for key populations is being revised to develop a “Boosted CoPCT” to increase access by people at high risk of HIV infection to a set of vital prevention services, including information, condoms and lubricant, HIV testing, sexually transmitted infection check-ups and referral to other services. As part of “Cambodia 3.0”, it will promote improved outreach for active HIV case detection through peer-initiated testing, immediate/early enrolment in pre-ART and ART care, and retention for optimal outcomes and greater impact. The service delivery package will be strengthened by introducing new approaches, including counselling for partner involvement and innovative methods to track sexual networks.
19. The approaches for improving CoPCT among key populations are being defined by participants in technical working groups, which include representatives from networks of people living with HIV and key affected populations, and development partners. Service delivery systems and referral mechanisms will also be improved to strengthen links and collaboration between HIV and other services. A new USAID evaluation project will measure the efficacy and impact of technical innovations and

help build the knowledge base for more cost-effective approaches to meet the needs of people at high risk of infection and people living with HIV.

20. In addition, Cambodia is continually striving to improve early enrolment and retention in treatment through its Continuous Quality Improvement (CQI) initiative. As a result, retention at 12 and 60 months is 93% and 78% respectively, substantially higher than the global average (15). Trend data on CQI indicators for one site are shown in Table 3. Currently, the methods to improve retention of patients on ART are being further refined under the “Cambodia 3.0” initiative.

Critical enablers

21. High-level political commitment has been an important factor in Cambodia's success in its response to HIV and AIDS. Both the Prime Minister, Samdech Hun Sen, and the First Lady, Lok Chumtiev Bun Rany Hun Sen, who serves as Chair of the Cambodia Red Cross and National Champion for the Asia Pacific Leadership Forum (APLF), are dedicated to supporting the national response. In 2010, the Royal Government of Cambodia was awarded the Millennium Development Goals Award for national leadership, commitment and progress towards Millennium Development Goal 6, particularly for reducing HIV prevalence (shown in Figure 4) and achieving UA goals for treatment.
22. Community mobilization has been central to Cambodia's successful management of the HIV epidemic. Civil society, including people living with HIV and most-at-risk communities, participate actively in the national response at all levels, from national strategic planning to service delivery. For example, at the national level, civil society organizations were engaged in formulating the NSP-III and the recent cost-effectiveness analysis discussions, and joined advocacy efforts leading to the revised Drug Control Law. They are helping to develop new strategies under “Cambodia 3.0” and contributing to the national dialogue on how best to integrate HIV services with other health (sexual and reproductive health/family planning, tuberculosis, maternal and child health) and social protection services. People living with HIV and most-at-risk communities have been active partners in service delivery and have helped respond to the increasing demand for and uptake of services for prevention, treatment and impact mitigation and to establish links to other services. Civil society organizations have also helped roll out point-of-care testing among key populations (Community-Peer Initiated Testing and Counseling) and have actively supported and participated in surveys among their respective communities.
23. To support civil society in further strengthening its capacity for more meaningful participation in the national response and to better meet the needs of their constituent communities, the NAA with assistance from UNAIDS has developed an institutional core competency framework for people living with HIV and key population networks (16). The framework outlines a systematic approach to assess and monitor network capacity for governance, representation, communication and administration. It has already been used by the network of men who have sex with men to help develop a well-defined strategic plan to strengthen the capacity of its membership in the areas of governance, leadership, representation, human resources and financial management. The competency framework will soon be used by other networks and organizations eager to adopt a systematic and evidence-based approach for capacity-building initiatives.
24. Cambodia has a long history of human rights advocacy to improve the legal and policy environment to maximize key population access to the full spectrum of

services. Revising the Drug Control Law to include harm reduction and other health provisions for people who use drugs has paved the way for the scale-up of needle and syringe exchange programmes and methadone maintenance therapy. However, legal barriers persist. Implementing two laws – the Law on the Suppression of Human Trafficking and Sexual Exploitation of 2008, and the Commune/Sangkat Safety Policy – has limited access to services for those at highest risk of HIV due to frequent arrests and detention. To offset the effects of these laws and improve access, a Police-Community Partnership Initiative has been developed through multisectoral cooperation between government sectors (including NAA, the Ministry of Interior, local authorities and police), development partners and civil society at all levels from the national to the sub-district.

DELIVER: cost-effective and efficient scale-up

25. The exercises of epidemiological modelling (11) and cost-effectiveness analysis (12) have provided technical working groups with much-needed information for improving efficiency as programmes are scaled up to meet UA goals. The “best buys” to improve allocative efficiency for prevention were found to be scaling up interventions among high-risk entertainment workers from 80% to 85% coverage and among people who inject drugs to reach 80% coverage by 2017. Both are cost effective and have the potential to be cost saving as reduced ART costs due to HIV infections averted exceed the cost of prevention interventions. On the other hand, scale-up of current prevention interventions among men who have sex with men and transgender people would be less cost-effective due to the small population size, low HIV prevalence and high cost of interventions. However, there is a need to gather additional evidence in order to better understand the situation of these key affected populations and to more effectively reach those in need of HIV services. Some people argue that focusing on the highest risk men who have sex with men/transgender people and/or reducing the cost of interventions is needed to tip the balance towards becoming cost-effective but this option needs further analysis and discussions (see Table 1). Technical working groups are also discussing the best ways to scale up prevention interventions under the “Boosted CoPCT” component of “Cambodia 3.0”. Implementation teams at district level will coordinate services providers to help align intervention packages and harmonize spending (uniform stipends provided to outreach workers, for example).
26. The cost-effectiveness exercise also highlighted areas where technical efficiency might be improved. Cambodia has higher unit costs than other countries in the region, which lowers the cost-effectiveness of priority interventions. Spending on non-priority interventions² has contributed to the high unit cost. Including synergistic interventions in the HIV/AIDS budget, such as drug treatment programmes, that do not directly prevent HIV infection, is also driving the cost up. The factors behind high unit costs in Cambodia continue to be investigated.

Synergies

27. Progress in HIV/AIDS has positively affected other Millennium Development Goals areas in health, especially Goals 4 and 5 on child mortality and maternal health. Through the mechanism of the PMTCT Linked Response initiative and the Continuum of Care (CoC), HIV programmes have contributed to strengthening the health system through integration with sexual and reproductive health (SRH) and tuberculosis (TB) services. Laboratory services have been upgraded and

improvements are noted in antenatal care, maternal and child health (MCH), and infectious disease management. Home-based care services are being transformed into positive prevention services, with inclusion of SRH and MCH services.

28. To promote the mainstreaming of impact mitigation, UNDP is financing a multi-stakeholder review of the most important social protection schemes and the recently adopted five-year (2011–2015) National Social Protection Strategy for the Poor and Vulnerable. Findings from a large sample survey conducted in 2010 documented the severity of the socioeconomic impact of the epidemic on people living with HIV and their households (18). The current review will identify potential entry points to integrate and/or strengthen HIV-sensitive provisions, identify programming gaps, and make concrete recommendations to promote HIV-sensitive social protection in Cambodia.
29. Information garnered from three National AIDS Spending Assessments has allowed the HIV sector to critically examine resource allocation. Other government sectors, such as the health sector, have seen the value of the assessments firsthand and are considering conducting spending assessments in their own areas.

SUSTAIN: mainstreaming and integration

30. The participatory process has helped a wide range of stakeholders understand the synergies between HIV-related interventions and their own activities. With the shift to a more focused response and reduced availability of donor resources, the HIV activities of other government sectors will necessarily be mainstreamed into their general budgets and activities. Stakeholders are increasingly convinced that a larger government contribution will be required, especially now that Global Fund grants require countries to share the costs.
31. Integrating HIV and related social issues into the Royal Government's decentralization and de-concentration plan would help sustain the national response. The Functional Task Analysis recommended integrating the Provincial AIDS Committees into the Committees for Women and Children in the context of decentralization and de-concentration (9).

CONCLUSION

32. The investment approach is helping Cambodia move towards a more streamlined and cost-effective national response, customized for the national epidemic that is characterized by declining HIV incidence and a high burden of treatment and care. A participatory process with meaningful involvement of stakeholders in evidence-based strategic planning was needed to cultivate buy-in for prioritizing interventions for greater impact at lower cost. Interventions envisioned under the "Cambodia 3.0" strategy will be costed and a financial gap analysis undertaken to produce the evidence required for the mid-term review of the NSP-III and the periodic review of Global Fund-sponsored initiatives. The information will be used also for the prioritization and targeting of interventions, preparation of operational plans and budgets and resource mobilization efforts. It is hoped that application of the investment approach will contribute to sustainability by lowering overall resource requirements.

33. Taking cost-effectiveness into account and “doing more with less” will continue to be a guiding principle over the coming years. A crucial next step is to develop Cambodia’s first Financial Management Plan to ensure predictability and sustainability of HIV resources to maintain the achievements to date and reach the goal of eliminating new HIV infections. Already, the Royal Government of Cambodia has announced plans to increase domestic contributions to HIV resources, an important step towards long-term sustainability.

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