

Approved



Cambodia

Country Operational Plan

FY 2014

Note: Italicized sections of narrative text indicate that the content was not submitted in the Lite COP year, but was derived from the previous Full COP year. This includes data in Technical Area Narratives, and Mechanism Overview and Budget Code narratives from continued mechanisms.



Operating Unit Overview

OU Executive Summary

Country Context

Cambodia has established itself as a global leader in the fight against HIV/AIDS, cutting adult infection rates in the general population by more than half in the past 14 years and providing HIV treatment to 82 percent of eligible individuals since services were established in 2003. The U.S. government contributed substantially to Cambodia's achievements, historically providing almost 40 percent of the financial resources behind the national response and establishing the surveillance, service delivery, and quality-assurance platforms needed for achievement of the Royal Government of Cambodia's national goals, as well as the objectives of investments by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and other donors.

Against the backdrop of falling HIV budgets, a persistent concentration of HIV in high-risk groups, competing health and development priorities, and new evidence-based interventions for HIV prevention, the Cambodian government and its development partners must adapt to a changing resource and epidemiological context in order to further Cambodia's status as a leader in the global fight against HIV.

Epidemiology

Adult HIV prevalence was estimated to be 0.7 percent in 2013, compared to 1.7 percent in 1998. High prevalence is still evident in key sub-populations of persons engaged in high-risk behaviors.

The HIV epidemic in Cambodia continues to be primarily heterosexually driven. In 2012, there were approximately 38,000 female entertainment workers in Cambodia, though not all of them were sexually active. Female entertainment workers with seven or fewer clients per week had an estimated HIV prevalence of 3.1 percent in 2011; however, prevalence was triple that (10.8 percent) among those with eight or more clients per week. Men who have sex with men make up the second largest key at-risk population group in Cambodia, which a 2008 survey found included approximately 20,000 men. A 2010 study in Phnom Penh of men who have sex with men found that the highest prevalence, at 2.2 percent, was among men who had sex with both men and women, indicating a potentially important bridging population. Among transgender women (individuals born as male who self-identify as female), HIV prevalence was found to be 4.1 percent in a 2012 integrated biological and behavioral survey. The size of this group is significantly smaller, estimated at just over 2,800 individuals in 2012. Persons who inject drugs are especially vulnerable to HIV, with prevalence estimated at 26 percent in 2012. The 2012 HIV integrated biological and behavioral survey found Cambodia was home to approximately 1,300 injecting drug users,



the vast majority of whom resided in the urban capital of Phnom Penh.

Status of the National Response

The Cambodian government has responded quickly to evolving international normative guidance by rapidly establishing new or revised local policies and standard operating procedures. This track record of rapidly adopting and scaling up HIV service-delivery innovations suggests that Cambodia is well positioned to serve as a regional model for the introduction of new HIV prevention and treatment approaches, such as peer counseling and testing to reach hidden populations and treatment-as-prevention for individuals at high risk for HIV.

In line with the global “Three Zeros” targets established by UNAIDS (zero new infections, zero deaths, and zero stigma and discrimination) and the PEPFAR Blueprint: Creating an AIDS-free Generation, Cambodia’s Ministry of Health developed a strategy to eliminate new HIV infections and congenital syphilis by 2020, referred to as Cambodia 3.0. The strategy, approved in December 2012, focuses on achieving universal access to HIV and syphilis testing and counseling for most-at-risk populations, people living with HIV and their partners, and pregnant women, and it promotes early access to treatment.

U.S. Government and the National Response

All activities supported by PEPFAR are aligned with Cambodia’s National Strategic Plan for HIV/AIDS, 2011-2015 (NSP III) and Cambodia 3.0. In response to the evolution of the HIV epidemic in Cambodia and to guidance provided by the Office of the Global AIDS Coordinator (S/GAC), over the past two years, PEPFAR Cambodia has been transitioning out of direct service-delivery activities and focusing on providing technical assistance to the Cambodian government and local non-governmental and civil society partners as they deliver prevention, clinical and non-clinical care, and anti-retroviral treatment (ART) services. The Cambodian government has always been the lead implementer of Cambodia’s clinical care and treatment service delivery through the Cambodian public-health sector, and the PEPFAR Cambodia program did not establish a parallel HIV-care and treatment service delivery system. Until 2013, PEPFAR supported approximately 90 percent of the direct service delivery for prevention activities among most-at-risk populations. The transition to a technical-assistance platform has required a moderate shift, primarily in our prevention activities, to focus on enhancing the impact and reducing the cost of Cambodia’s national response to HIV/AIDS.

To reduce Cambodia’s dependence on external funding for HIV service delivery, the PEPFAR Cambodia program works to introduce and evaluate innovative, evidence-based, replicable, cost-effective HIV-prevention, care, and treatment approaches for implementation by Cambodian non-governmental and public-sector health providers. PEPFAR supported activities help to improve the technical and management capacity of healthcare providers, policy makers, organizations, and institutions engaged in



the national HIV/AIDS response. The United States has helped to draft, pilot, revise, and implement every major standard operating procedure related to HIV in Cambodia and, in the process, has established the protocols, systems, and infrastructure that have improved Global Fund grant performance and given the Global Fund Secretariat in Geneva confidence in continuing to fund Cambodia's health programs.

Contribution of Others to the National Response

While the United States is by far the largest bilateral donor to the HIV/AIDS response in Cambodia, the Global Fund is the largest donor in the HIV sector on an annual basis, contributing 40 percent of the overall resources for HIV. In Cambodia, the national HIV/AIDS program uses Global Fund resources to procure all anti-retroviral medications, support facility-level service delivery for the majority of individuals on treatment and in pre-ART care, and undertake a portion of the prevention activities related to HIV/AIDS. Delays in procurement or distribution of pharmaceuticals and other key HIV-related commodities and clinical supplies supported by the Global Fund result in programmatic concerns for all parties engaged in the HIV response. The Global Fund, lacking an in-country technical or management presence, depends upon the Country Coordinating Committee (CCC) that is responsible for oversight and proposal development. The PEPFAR program and team contribute significant assistance to the Global Fund program through active engagement in the CCC and the technical working groups, support to develop and fund pilot programs prior to national scale-up, and assistance in ongoing monitoring of the national program.

During 2013, the World Health Organization (WHO) supported a comprehensive review of the national HIV program, undertaken in collaboration with other bilateral and multilateral donors and the national government. This review resulted in a list of recommendations that the national HIV program has been reviewing for implementation. The United States was heavily engaged in this effort and has continued to follow up with support for the design of appropriate interventions needed to address the recommendations. WHO has also supported consultancies aimed at developing concept notes and agreed procedures for implementing key components of the Cambodia 3.0 strategy. The PEPFAR Cambodia technical team and implementing partners are active participants in the refinement and field testing of the products flowing from this WHO investment.

In addition to the U.S. government, the Global Fund, and UN agencies, the Australian Department of Foreign Affairs and Trade (DFAT) [formerly the Australian Agency for International Development (AusAID)] and the Clinton Health Access Initiative (CHAI) are active in Cambodia's HIV/AIDS sector. DFAT and the Global Fund are funding the "Police Community Partnership Initiative," which seeks to engage the police, high-risk populations, and community members as allies in public health and safety. DFAT is also addressing the HIV service needs of a small, but high-risk, population of injecting drug users concentrated in Phnom Penh, with PEPFAR-funded programs providing technical assistance. CHAI and UNICEF work



to eliminate mother-to-child transmission, improve pediatric AIDS care, and support the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Infections (NCHADS) in anti-retroviral medication forecasting and selection of optimal drug regimens for HIV/AIDS.

Other Contextual Factors

Limited local capacity: To enhance Cambodia's long-term ability to address HIV/AIDS more independently, effectively, efficiently, and sustainably, U.S. technical assistance will need to focus on building technical, management, and leadership capacity among individuals and organizations at the national, provincial, operational district, and community levels. While the Khmer Rouge-led government ended 35 years ago, the legacy of genocide is still evident in the lack of educated, mature professionals. Without donor support to Cambodian civil society organizations and to host-country government at the local level, the Cambodian government's current efforts to disperse and decentralize planning and management throughout the health sector are likely to result in inefficient allocation of limited resources, limited beneficiary engagement in the design and implementation of HIV services, and poor program performance.

Gender inequities and HIV/AIDS: Females comprise 54 percent of people living with HIV in Cambodia. Contributing factors in the increased risk for women include lower educational attainment for girls. Additionally, daughters are expected to make greater financial contributions to their families than sons, with one of the higher paid employment opportunities open to poor, less-educated women being sex work. Transgendered women are particularly vulnerable in Cambodia, with a substantially greater HIV prevalence than the general population.

Policy challenges: The Cambodian government has made significant advances in the legal and policy arena related to most-at-risk and other vulnerable populations. Certain laws and policies, however, have had negative consequences for access to and use of HIV/AIDS outreach activities and prevention, care, and treatment services. For example the Anti-Human Trafficking Law and the Village and Commune Safety Policy, while well intentioned, have had the effect of driving certain high-risk populations underground and made it more difficult to reach them with programs. A major challenge has been to balance the achievement of law enforcement and other policy goals with public health goals, and the preservation of human rights and protection for most-at-risk populations. In the FY 2013 COP, the PEPFAR team was awarded funding through the Key Populations Challenge Fund to help address this issue.

PEPFAR Focus in FY 2014

Key Priorities

In light of the epidemiological priorities and contextual factors described above, the FY 2014 PEPFAR



program will provide technical assistance and support program implementation in the following priority areas:

1. Prevention

- Supporting the operationalization of treatment-as-prevention to sero-discordant couples and high-risk populations;
- Improving the quality and impact of the NCHADS essential package of prevention services for key populations, with studies to assess and improve effectiveness and targeting of interventions;
- Assuring the quality and effectiveness of implementation of the NCHADS boosted continuum of prevention, care, and treatment through intensified case finding and delivery of HIV-prevention and counseling and testing services to key populations at highest risk of HIV infection and/or transmission;
- Enabling reduced costs and more effective implementation of HIV and AIDS intervention programs in Cambodia through collection, interpretation, and use of information regarding population size, overlapping risk behaviors, hotspots, and other venues where key populations are found;
- Promoting “condom plus” (dual protection from HIV infection and unplanned pregnancies) and increasing access of female entertainment workers and other vulnerable populations to an array of contraceptive methods by integrating family planning/reproductive health services into HIV-related services for entertainment workers and other high-risk women through outreach as well as at antenatal clinics, methadone maintenance sites, and adult HIV/AIDS care and treatment clinics;
- Addressing a recent plateau in consistent condom use by entertainment workers by a) increasing condom availability in high-risk venues and clinical sites serving most-at-risk populations and persons living with HIV and b) developing a for-profit condom market and commercial-sector distribution channels to improve national condom sustainability;
- Reducing perinatal HIV infection and loss of pregnant women and HIV-exposed infants from the prevention of mother-to-child transmission service cascade through improved quality of care for life-long ART through technical assistance to the National HIV/AIDS and the Maternal Child Health program; and
- Ensuring safe blood is available to all Cambodians by strengthening the capacity of the National Blood Transfusion Center to lead and implement the national strategy effectively, including developing national policies, improving blood management and quality systems, improving donor recruitment, and coordinating effectively.

2. Care & Treatment

- Improving the quality of HIV care and treatment, in collaboration with NCHADS, through support for quality-improvement systems that use program data to inform changes in clinical practice;
- Improving treatment adherence and retention by:
 - o Supporting the development of new, cost-effective models to improve access, retention, and adherence to ART to reduce both mortality and the spread of HIV, specifically focusing on phasing out stavudine-based regimens and increasing the CD4 eligibility threshold to 500 cells/ mm³;



- o Decreasing loss to follow-up by integrating HIV, reproductive health, psycho-social counseling, and tuberculosis (TB) services provided by healthcare staff in facilities and by community-based prevention, care, and support teams;
- o Supporting a joint evaluation of reasons for poor appointment keeping (an indicator of poor adherence);
- o Providing technical assistance and training for the initial pilots of a new case-management system for tracking all newly diagnosed patients, beginning with their initial positive HIV test through confirmatory HIV testing, enrollment in pre-ART, and treatment initiation if eligible;
 - Supporting, evaluating, and improving the rapid point-of-care counseling and testing model established by the Ministry of Health to identify undiagnosed people living with HIV;
 - Supporting the operationalization of treatment-as-prevention to sero-discordant couples and high-risk populations;
 - Supporting the scale-up of viral-load testing for diagnosis of treatment failure;
 - Supporting the scale-up of TB/HIV activities nationally by:
 - o Focusing on improving capacity for detection of tuberculosis through tuberculosis liquid culture and GeneXpert;
 - o Building the capacity of healthcare workers to diagnose and treat tuberculosis/HIV co-infection;
 - o Scaling up isoniazide preventive therapy (IPT) nationwide;
 - o Piloting new, practical TB infection-control activities;
 - Evaluating and adapting community support groups to ensure sustainability and functionality of the groups in meeting the needs of HIV-positive individuals with evolving stages of infection;
 - Supporting the expansion of pediatric ART services to all 61 ART sites; and
 - Improving the quality of pediatric care services and increasing coverage of ART among eligible children through active case follow-up and the training and mentoring of healthcare providers and public health managers at the local and national levels.
- 3. Governance, Capacity and Systems
 - Improving data systems and the research agenda to guide the national response;
 - Enhancing the management and leadership capacity for the national response;
 - Mapping of key populations and HIV testing and counseling hotspots to look for overlapping risk factors in order to better target interventions;
 - Developing a standardized system and methodology for size estimations for high-risk groups, including entertainment workers, men who have sex with men, and transgender women;
 - Introducing data quality-assurance measures in facilities and within local civil society organizations;
 - Collecting and analyzing baseline data for Cambodia 3.0;
 - Establishing interoperability between information systems belonging to NCHADS and the Ministry of Health;
 - Implementing and evaluating a pilot unique identifier system;



- Supporting the improvement and strengthening of the drug-forecasting, ordering, tracking, and distribution system and advocating for a health systems approach to supply-chain management; and
- Assisting with the development of a sustainable public-health laboratory system for HIV.

Changes in Response to FY 2014 Funding Letter

As articulated in various sections of the Executive Summary, the PEPFAR Cambodia program has continued to shift to a technical-assistance focus. The specific activities undertaken within technical assistance countries can vary; therefore, in order to ensure a harmonized and considered approach, the PEPFAR Cambodia team put together an Implementation Guide. This document is intended to act as a consensus paper that will guide the PEPFAR program over the next two years and ensures a common understanding of the activities which will be undertaken.

The PEPFAR Cambodia team has made changes to the program to ensure responsiveness to the priorities identified in the FY 2014 COP funding memo, alignment with the status of the HIV epidemic and response in Cambodia, and the changing donor landscape. The newly completed Implementation Guide provides the overarching approach for our shift to a technical-assistance platform. Over the past few years, the primary focus of the PEPFAR Cambodia program has shifted away from providing both limited direct service delivery and technical assistance to emphasizing technical assistance. In response to calls for the PEPFAR Cambodia portfolio to have greater depth and a reduced breadth and following discussions related to the Implementation Guide and the interagency portfolio review, several program areas will no longer be supported starting in COP 2014, namely orphans and vulnerable children and food and nutrition support for HIV-positive individuals. Livelihood support for HIV-positive individuals will be phased out by the end of COP 2015. The phase-out of these program areas is being planned and coordinated with our implementing partners, the national program, civil society, affected communities, and the Global Fund to ensure that needed service delivery in these areas will not be disrupted.

While the PEPFAR team did phase out work in several areas, this has not resulted in a significant reduction in the number of budget codes for our work. The PEPFAR Cambodia budget continues to be spread over 12 budget codes, with half of these showing investments of less than five percent of the program budget. This is a product of the budget-code definitions and allocation requirements and is not likely to change in the short term for PEPFAR Cambodia. As a technical assistance country, PEPFAR Cambodia is still responsible for ensuring the overall goals of the PEPFAR Blueprint – reducing the number of new infections and the number of deaths, increasing treatment coverage and quality, and improving sustainability of the national program – which require us to continue to engage in the entirety of the HIV response. The budget-code definitions and allocation requirements, however, necessitate accounting across the 19 different budget codes under PEPFAR. Unless the budget-code definitions or allocation requirements change, it is not likely that PEPFAR Cambodia will see further reductions in the number of budget codes



being utilized.

A staffing assessment was also undertaken during 2013 to ensure the PEPFAR team is appropriately staffed to make the transition to a technical-assistance model and to support the technical assistance needs of the national program. The results of the staffing review are included as a supplemental document to the COP. The number of staff fully dedicated to PEPFAR will be reduced during 2014, and the team will be watchful of how this will impact our ability to both provide direct technical assistance and manage the number of awards with HIV funds effectively. There is no request for additional staff members included in the FY 2014 COP, but the team will revisit the issue again prior to the next COP to ensure there is an adequate level of coverage.

Finally, the PEPFAR Cambodia team conducted interagency portfolio reviews in December 2013, which resulted in interagency dialogue and a critical analysis of the assumptions and technical approaches of our key projects. The recommended improvements, which will be made to our projects during the FY 2014 COP, will result in greater depth and improved outcomes for the programs. In addition, the reviews included financial information for each partner to ensure transparency related to pipelines. As described below, the team followed an interagency approach to reviewing the financial information and setting budget levels and strategic direction.

Interagency Budget Approach

The PEPFAR Cambodia team used an interagency budgeting approach that combined both strategic direction and partner input. The first step was an interagency portfolio review, which included financial information for each implementing mechanism. The PEPFAR budget team then reviewed the pipeline information and the new budget requests. The team put together allocations for each implementing mechanism, along with budget levels for strategic areas (prevention, care and treatment, and governance and systems strengthening), accompanied by programmatic priorities and direction for the FY 2014 COP. The implementing partners then put forward their proposed budget code allocations and activities following the strategic direction provided. Finally, the PEPFAR team reviewed the overall allocations by budget code, with both new resources and applied pipeline levels, to ensure the levels reflected the appropriate strategic focus for the PEPFAR portfolio.

PEPFAR Cambodia has a low pipeline. The total pipeline as of the end of December 2013 was \$13.7 million. This is anticipated to decline to \$7.1 million by the end of September 2014, leaving this amount as applied pipeline to be used during the FY 2014 COP implementation period. Because Cambodia is a special notification country, it has taken longer in recent years for our funds to arrive at post. Therefore, in consultation with the OGAC Country Support Team Lead, the team has worked to ensure partners have sufficient resources and our management and operations budgets have sufficient resources between



applied pipeline and new FY 2014 COP resources in order to sustain activities through the second quarter of FY 2016.

Progress and Future

Country Strategy Monitoring

PEPFAR Cambodia does not have a current Partnership Framework or country strategy. As part of our FY 2014 COP submission, an implementation guide is included. While not a full strategy, this document is intended to ensure a clear, harmonized, and consensus-driven approach to the technical assistance provided by PEPFAR in Cambodia. This document will act as our strategic guidance for the next several years.

Country Ownership Update

U.S. government support for host-country ownership includes:

1. **Political ownership:** The Chief of Mission regularly engages with senior Cambodian government and civil society leadership on policy issues surrounding access to HIV/AIDS services for high-risk populations. In FY 2014, with support from the Key Populations Challenge Fund, PEPFAR Cambodia will work with local civil society organizations and host-government officials to balance the achievement of law enforcement and other policy goals with public health goals and the preservation of human rights and protections for Cambodian high-risk populations.
2. **Institutional and community ownership:** In FY 2014, the United States will continue to take a dynamic role on existing technical working groups and other host-country fora. During 2013, a comprehensive HIV Health Sector review was undertaken, led by WHO, but with significant input from the PEPFAR team. This process emphasized the long-term benefits of transitioning prevention service delivery funding support to the Global Fund and host-country resources so that the PEPFAR program can focus on the provision of technical assistance aimed at reducing service delivery costs and maximizing the impacts of all available funding.
3. **Capabilities:** The U.S. programs will invest in training, mentoring, and supervision to enhance the capacity of local individuals and institutions to collect and apply data to plan, manage, implement, monitor, and evaluate HIV programs. This will include maximizing opportunities provided in technical working groups and other established fora.
4. **Accountability:** A major emphasis of the PEPFAR program in FY 2014 is enhanced use of data for decision making. The U.S. government is working with other donors to monitor progress with respect to efficient resource allocation, increased host government inputs, and reduced donor dependence on the part of the Cambodian government. Additionally, activities in FY 2014 will support better program costing to secure Global Fund resources through the New Funding Model application to be undertaken over the next 18 months and expansion of quality improvement systems to ensure the transparent and relevant use of



available resources.

Program Trajectory in FY 2015 and Future

For the near term, the projected funding trajectory for PEPFAR Cambodia is flat. With the shift to a technical-assistance model, the PEPFAR Cambodia team will continue to pursue the implementation of evidence-based, replicable, cost-effective HIV-prevention, care, and treatment approaches in Cambodia. Having a stable funding level for the next few years will allow PEPFAR Cambodia to support critical building blocks for the achievement of Cambodia 3.0 and work on long-term health system strengthening interventions. As Cambodia comes closer to the achievement of an AIDS-free generation, with the elimination of new HIV infections, PEPFAR resources will likely decline. Following the elimination goal, U.S. government HIV resources remaining would likely be needed to support ongoing drug resistance surveillance and monitoring, as well as supporting the regional and global sharing of lessons learned of such a historic achievement.

Program Overview

Technical Area: Prevention

The HIV epidemic in Cambodia is concentrated in individuals whose behavior places them at high risk for acquiring or transmitting HIV. By focusing limited resources on the greatest impacts, i.e., rapid scale-up of treatment and intensively promoting consistent, correct condom use, Cambodia substantially reduced the burden of HIV among those at greatest infection risk and has reduced prevalence of HIV by half in the general population. In 2013, the health ministry revised HIV guidelines and standard operating procedures to achieve Cambodia's new goal of eliminating new HIV infections by 2020. PEPFAR Cambodia's program supports this goal by building on prior success in evidence-based HIV prevention programming and by introducing and rigorously evaluating high-impact, low-cost prevention services for people facing the greatest HIV infection risks.

Eliminating new infections in Cambodia with limited resources calls for prevention activities tightly focused on most-at-risk populations, including female entertainment workers, men who have sex with men, transgender women, and injecting drug users; however, risks within these populations are highly variable. As a result, many people at relatively low risk are reached and tested frequently, while others at highest risk may not be identified. Therefore, to enhance coverage, improve cost-effectiveness, and achieve impact, the routine implementation of the current core package of interventions is being adjusted to focus more specifically on identifying and reaching populations at highest risk with appropriate and effective interventions based on more refined epidemiological and behavioral targeting.

PEPFAR is working with NCHADS on the development of a sharpened, data-driven boosted continuum of



prevention, care, and treatment that will go beyond the routine implementation of the current prevention packages delivered to key populations. The sharpened interventions will focus on populations at high and overlapping risk and vulnerability. Where reliable data exist, these reported risks correlate with higher HIV infection and/or sexually transmitted infection (STI) rates. Furthermore, recent costing studies strongly support targeting interventions to sub-populations of entertainment workers, drug users, men who have sex with men, and transgender women at highest risk.

The strategy for achieving saturation coverage of these relatively small populations with a proposed set of expanded core prevention service packages is anticipated to lead to a decrease in new HIV and STI infections and accelerate progress towards achieving the goals of Cambodia 3.0.

Technical Area: Governance and Systems

Despite improvements over the last decade, Cambodia faces many challenges in delivering quality public-health services to those in need. [REDACTED] Extremely low host-country government spending threatens the sustainability of already weak health and social services. In 2011, the Cambodian government devoted 11 percent of the annual \$50.9 million health budget to HIV. While the government's percentage of the HIV-sector budget has increased since 2010, this has not been a result of increased spending, which plateaued at \$5.7 million, but rather due to a reduction in UN and PEPFAR contributions.

The health sector features an underpaid and poorly motivated public-sector work force, limited and poor-quality public infrastructure and services, and excessive reliance on foreign donor assistance to carry out critical surveillance and service-delivery functions. There is an acute shortage of adequately trained and experienced mid- and upper-level health professionals. Those who are trained often juggle multiple jobs to supplement their meager civil servant salaries. Substantial donor investments in disease-specific priorities, such as HIV, tuberculosis, and malaria, have achieved remarkable successes in health outcomes, but in the process they have constrained health authorities in setting priorities across the health sector and have not adequately contributed to a strengthening of the public health system as a whole. These pervasive systemic issues spill over and negatively impact the HIV national response. In 2013, a number of stock-outs of essential drugs and laboratory supplies occurred. These stock-outs resulted in reduced numbers of individuals tested and required HIV-positive individuals to visit treatment centers frequently to obtain their medication, overburdening both clients and providers.

PEPFAR is addressing these challenges by investing in more impactful, integrated, and efficient service-delivery systems and building local capacity to use data to improve the strategic allocation of available resources. Without critical PEPFAR investments in a more effective and efficient response to HIV, Cambodia will lack the health-systems infrastructure and technical ability needed to maintain vital coverage of prevention, care, and treatment services, particularly in light of Cambodia's HIV elimination



strategy outlined in Cambodia 3.0.

The Health Strategic Plan 2008-2015 serves as a framework for PEPFAR Cambodia project planning and activity management. In FY 2014, PEPFAR will support cross-cutting elements through the following key activities:

- Building local capacity to use existing and new data to inform resource allocation (health information systems);
- Enhancing local capacity, leadership, and systems to improve quality and sustainability of services (health systems governance; human resources for health);
- Improving program impact for those populations at greatest risk (health service delivery); and
- Reducing program costs through efforts to promote integration and efficiency, reduce financial barriers for marginalized populations, and support performance-based incentive schemes (healthcare financing).

Technical Area: Care & Treatment

HIV prevalence among adults in Cambodia has dropped from a peak of 1.7 percent in 1998 to an estimated 0.7 percent of adults in 2013. Of an estimated 72,159 HIV-infected adults in Cambodia, 57,438 are forecast to be in need of anti-retroviral treatment (ART) in 2014 based on the clinical criterion of having a CD4 cell count of 350 cells/mm³ or less. By the end of September 2013, 46,134 people were receiving ART at 61 HIV-treatment sites across 20 of Cambodia's 24 provinces, accounting for roughly 82 percent of those estimated in need. At PEPFAR-supported sites, 8,767 adult patients were on ART at the end of September 2013, of whom 56 percent were women.

Cambodia has made remarkable progress in providing care and treatment services to people living with HIV. The continuum of prevention, care, and treatment (continuum model), established with U.S. government support, is being implemented nationwide. In 2013, 69 percent of the estimated 73,433 adults living with HIV in Cambodia were receiving facility-based HIV care and support. Home and community-based care services introduced with PEPFAR resources are active nationally. By the end of September 2013, 55,460 HIV-positive individuals were enrolled in clinical care and treatment services, including 50,367 adults and 5,093 children. Only four sites are run by the private sector or non-governmental organization (NGO), but these sites receive anti-retroviral drugs from the Ministry of Health with Global Fund financing. The number and percent in care, but not yet eligible to receive ART based on current clinical criteria, fell by over half after new clinical care guidelines were introduced in 2011, raising the eligibility for treatment to a CD4 count of 350 cells/ mm³ or less.

Part of the Cambodia 3.0 strategy is to provide expanded access to HIV care and treatment. In 2013, the national HIV program, supported by PEPFAR Cambodia, developed comprehensive, "boosted" packages



of services for people living with HIV to address HIV case finding, retention in care, and lifelong adherence to ART. The “Boosted Continuum of Prevention, Care and Treatment” is a network of services coordinated at the district level and delivered in healthcare facilities, communities, and homes. Health services include new point-of-care HIV testing and counseling and new case-management approaches to ensure retention between services such as HIV testing and counseling, TB screening, antenatal care, and ART. Community-based support groups and self-help groups provide counseling, education, and psycho-social support to HIV-infected individuals to improve retention in care and adherence to treatment. These ambitious new models are just now being piloted with funding and technical support from PEPFAR and are expected subsequently to be expanded nationally with funding from other partners, primarily the Global Fund. PEPFAR Cambodia’s technical-assistance model will support Cambodia’s ambitious plans to be implemented in practice with enhanced quality and cost-efficiency.

GHI, Program Integration, Central Initiatives and other Considerations

Many Cambodian government policies, strategies, and delivery systems incorporate Global Health Initiative (GHI) principles, such as building and sustaining a strong health system. The Mission’s GHI strategy reflects a deep commitment to whole-of-U.S. government management of HIV and other health resources in a manner that enhances maternal and newborn health in Cambodia. Under GHI, the U.S. government will track program performance through better use of routine monitoring systems, enhance blood safety monitoring and quality assurance, and integrate family-planning and HIV services at family health clinics for entertainment workers and at ART sites for women with HIV/AIDS.

Program Integration

Given the significant role of the Global Fund in supporting the national HIV program, ensuring the success of Global Fund grants is of critical importance to the PEPFAR program and requires a coordinated team approach. The PEPFAR team is engaged with the Global Fund in multiple ways, including programmatically, managerially, and as a key donor. The participation as a donor, through representation on the CCC, membership on sub-committees, and co-chair of the CCC Oversight Committee, is one important aspect of PEPFAR-team engagement with the Global Fund. Additionally, technical staff work closely with the organizations implementing programs under Global Fund grants, including both the Principle Recipient (NCHADS) and the Sub-Recipients, through technical input into the execution of HIV programs and also collaborative input to ensure that our programs are undertaken in harmony. Finally, PEPFAR staff engage with both the CCC and the Global Fund Principle Recipient to ensure sufficient capacity is built to manage, not just Global Fund grants, but Cambodia’s long-term, sustainable response to HIV.

While there are several other bilateral donors in health, the Australian government is the only other



government directly funding HIV/AIDS activities. The program focuses on harm reduction and our technical staff working in prevention collaborate with the Australians to ensure program complementarity. The PEPFAR team also coordinates efforts with multilateral partners and others working in HIV/AIDS, namely WHO, UNAIDS, UNICEF, and the Clinton HIV/AIDS Initiative, both through efforts around the CCC and through regular direct collaboration.

Central Initiatives

Health Informatics Public-Private Partnership: The Health Informatics Public-Private Partnership (HIPPP) initiative was successfully piloted in Battambang province. Through novel application of information technologies, the project strengthened tracking of patients among HIV testing and counseling services, STI clinics, and HIV treatment clinics. A master patient index was created to link patients among three previously separate databases across all HIV testing, ART treatment, and STI sites in the province. Outcome data are being analyzed to quantify the number of duplicate enrollments within and among services to better understand referral patterns and success of referrals. NCHADS and PEPFAR Cambodia will use the evaluation results to determine future scale-up of the HIPPP.

PEPFAR Global Fund Collaboration: The addition in early FY 2011 of a fulltime Global Fund Liaison position to the PEPFAR team has substantially improved PEPFAR and Global Fund collaboration. The PEPFAR Cambodia Global Fund Liaison has markedly improved the governance and oversight capabilities of the CCC, increased leadership and representation by Cambodia's key affected populations, and improved relations with the Global Fund Geneva Fund Portfolio Manager. In addition, Global Fund Collaboration funds are being used to improve the quality and focus of future Global Fund grant proposals, provide technical assistance in supply-chain management to improve beneficiary access to Global Fund-procured medications, and improve host-country grant management and technical capacity.

Key Populations Challenge Fund: The activities using Key Populations Challenge Fund monies have two goals: identifying and mitigating key legal and policy barriers impeding uptake of HIV-related outreach and health services by high-risk populations and their partners, as well as fostering basic human rights and legal services for Cambodian high-risk populations. It is important to note that this activity does not propose to change laws or policies; rather, the activity seeks to balance the achievement of law enforcement and other policy goals with public health goals, including the preservation of human rights and protections for high-risk populations.

Strategic Information (SI) Central Initiative: The focus of work under the SI Central Initiative is on testing a confidential, unique identifier system for most-at-risk populations.