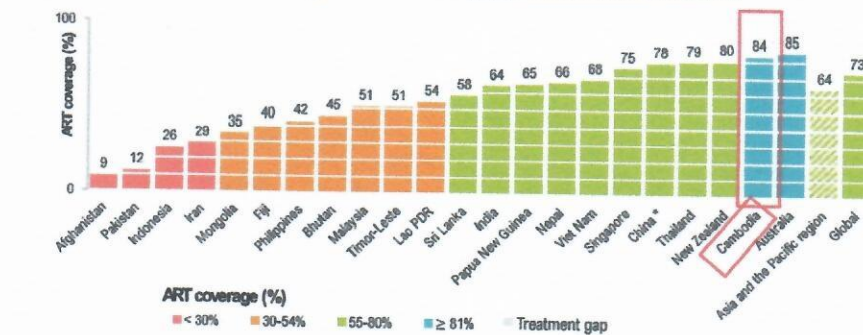


Cambodia: highest treatment coverage among low-middle income countries in Asia Pacific

ART coverage and treatment gap, Asia and the Pacific, 2020

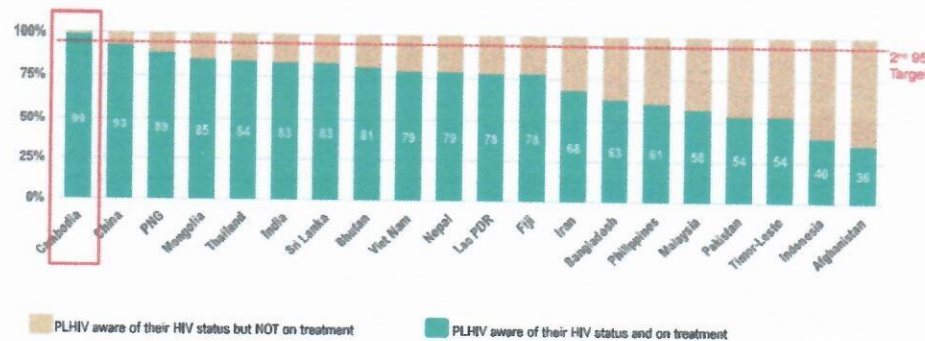


Prepared by [UNAIDS](#) based on UNAIDS, (2021). UNAIDS HIV Estimates 1990–2020

*ART coverage for China is calculated based on number of people on ART reported in GAM and country endorsed estimate of PLHIV

UNAIDS

Cambodia: highest linkage to care with very minimal service delivery gap between 1st and 2nd 95

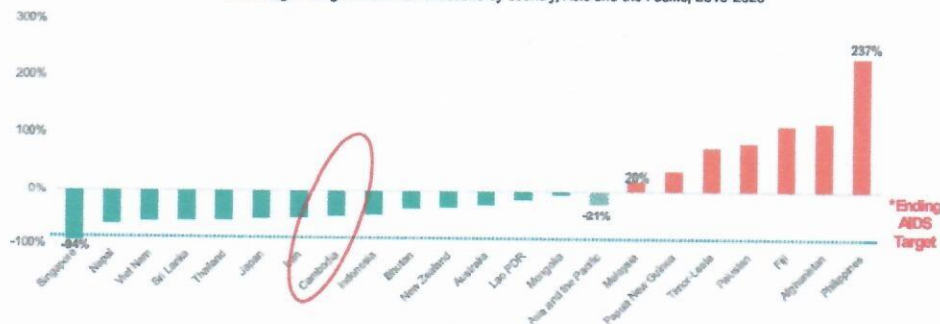


Source: [UNAIDS](#) based on National Communications and Policies Instrument 2019, 2020, and UNAIDS, WHO, Laws and Policies Analysis (Laws and Policies Analysis) and Global AIDS Monitoring (GAM)

UNAIDS

Cambodia: Not among the top when it comes to ending AIDS new HIV infection target

Percentage change in new HIV infections by country, Asia and the Pacific, 2010-2020

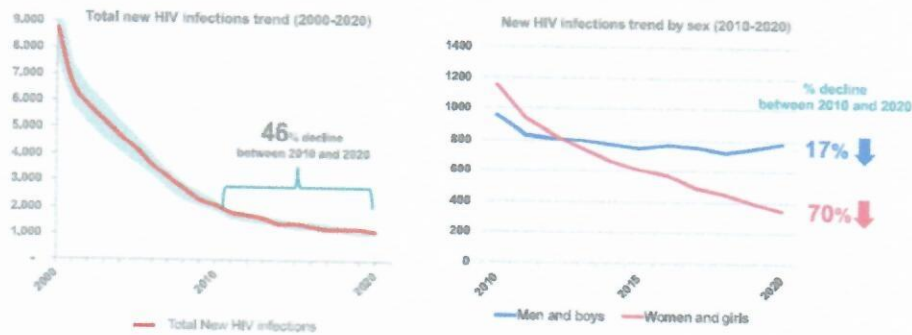


Source: Prepared by [UNAIDS](#) based on UNAIDS 2021 HIV Estimates

*ending AIDS" is used to refer to the full term "ending AIDS as public health threat by 2030", which is defined as a 90% reduction in new HIV infections and AIDS related deaths by 2030, compared to a 2010 baseline

UNAIDS

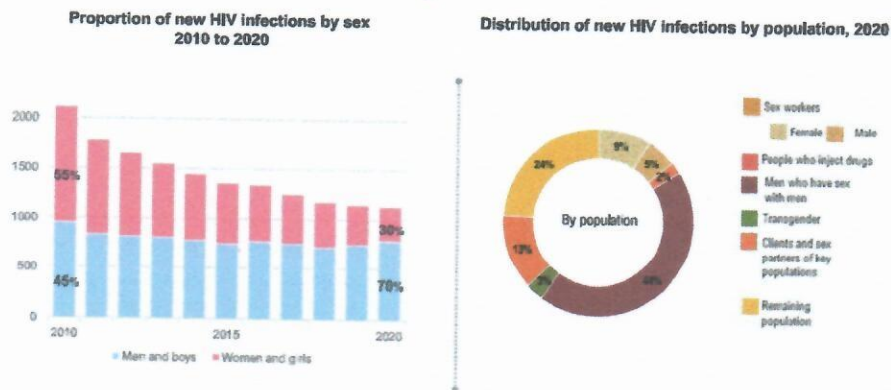
Pace of decline in new infections has slowed down in recent years, particularly among males



Source: Cambodia HIV Estimates 2021 based on AEM-spectrum

UNAIDS

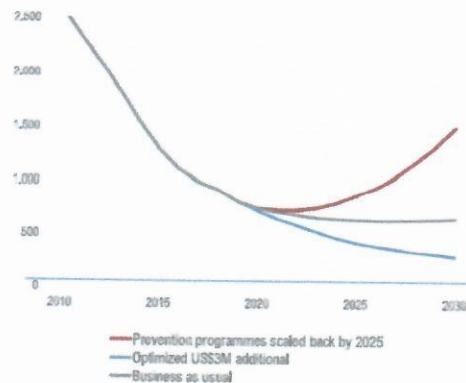
Zooming into new HIV infections: stable at the expense of fewer new infections among females



Source: Cambodia HIV Estimates 2021 based on AEM-spectrum

UNAIDS

Optima investment scenario analysis: resurgence of new HIV infections if prevention programmes scaled back



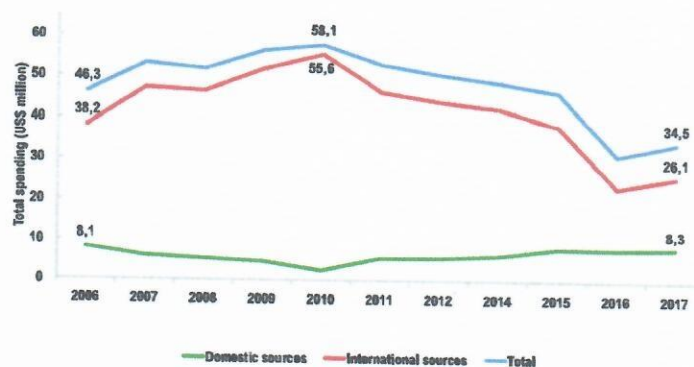
Source: Optima HIV model 2020

US\$3M expansion of current programmes with last reported efficacies would prioritise:

- \$500,000 for enhanced HIV outreach programmes for key populations
- \$500,000 - \$1M HIV prevention programmes for MSM and TG
- \$1M - \$1.5M PrEP including demand creation
- \$200,000 HIV prevention programmes for FEW
- \$200,000 enhanced VL monitoring

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Trend of HIV and AIDS expenditure in Cambodia by funding source, 2006-2017

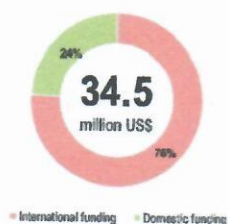


Source: National AIDS Spending Assessment (NAsA) 2006-2017

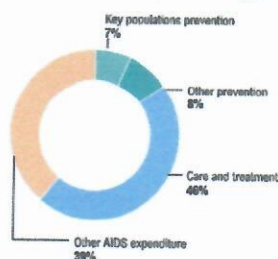
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AIDS financing in Cambodia, 2017

AIDS spending by financing source



AIDS spending by service category



Source: National AIDS Spending Assessment (NAsA) 2016-2017

UNAIDS

Heavy and continued reliance on international funding source particularly on prevention in Cambodia

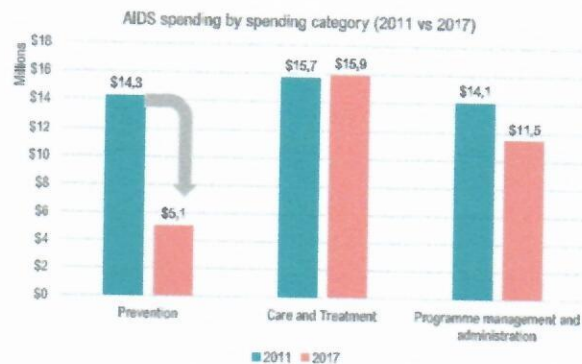
Prevention and treatment spending by financing source



Source: National AIDS Spending Assessment (NAsA) 2016-2017

UNAIDS

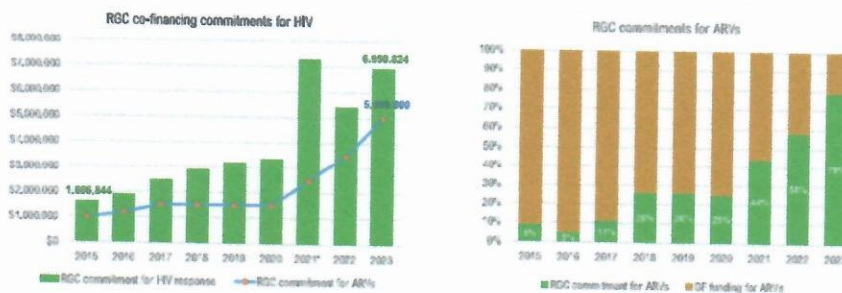
Prevention spending decline is more significant than other major AIDS spending categories



Source: National AIDS Spending Assessment (NASA) 2016-2017



RGC domestic co-financing commitments for HIV



Programme	Government co-financing overview (USD)					
	2018	2019	2020	2021*	2022	2023
HIV	2,901,613	3,194,198	3,361,482	7,300,700	5,414,156	6,950,824
TB	2,000,571	2,467,292	3,483,670	4,908,710	3,485,333	3,523,959
Malaria	1,739,214	1,489,262	1,495,468	1,957,686	1,981,508	2,005,807
RSSH	2,361,816	2,784,521	3,019,116	2,263,737	2,308,069	2,353,287
TOTAL	9,003,214	9,935,273	11,360,736	16,430,833	13,189,066	14,833,878

* Includes 2,922,493 COVID-19 loan from the World Bank



Reflections

- Need to maintain the achievements made in treatment coverage with remarkable linkage to care
- Falling short of ending AIDS new infections target
- There is a risk of resurgence of new infections if prevention programmes scaled back/ interrupted/unfunded
- Commendable increase in RGC financial commitment for HIV response (particularly for ARV drugs)
- But prevention spending is almost entirely reliant on international funding sources