



## Preparing for Transition: Financing Cambodia's HIV Response

### Progress on HIV Targets

The Royal Government of Cambodia was recognized by UNAIDS as one of seven countries to achieve its 90-90-90 targets to suppress HIV transmission by the end of 2016.<sup>1</sup> A joint UNAIDS and Cambodia Ministry of Health press statement announced that Cambodia has the highest HIV treatment rate in Asia, and by December 2017, treatment coverage had increased to 85 percent, with 58,516 people living with HIV receiving antiretroviral therapy (ART). Cambodia's government has ambitious plans to reach 95-95-95 targets by 2025. UNAIDS' draft Transition Readiness Assessment and 2017 *Case for Investing in Cambodia's HIV and AIDS Response* indicate that with frontloaded investments in high-impact, cost-efficient interventions, HIV transmission could be virtually eliminated in the country (to fewer than 300 new infections per year) by 2025.

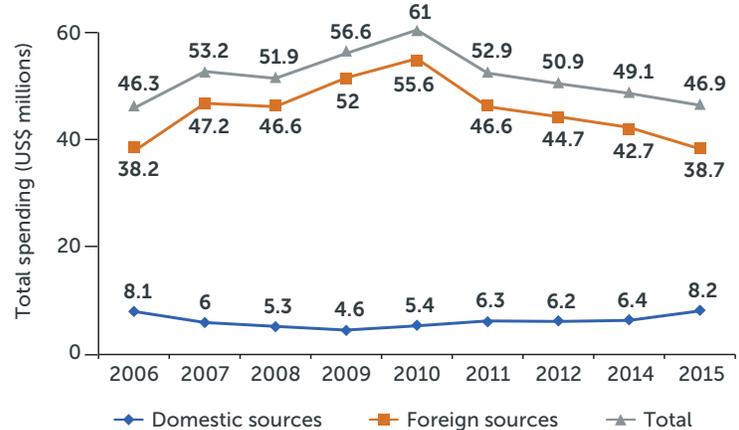
### HIV Financing

Estimates on HIV financing gaps project that without increased funding from the government of Cambodia, the country's elimination goals and achievements to date will be at risk. Data from *Cambodia's Fifth National AIDS Spending Assessment, 2014-15* shows that, overall, HIV expenditure has declined in recent years from US\$53 million in 2011 to \$47 million in 2015 as foreign

aid decreased faster than domestic financing increased (see Figure 1).

The gap in resources is expected to become acute after 2020, when Global Fund resources are expected to decline by 25 percent in each subsequent three-year funding cycle. The UNAIDS draft Transition Readiness Assessment has estimated that the National Center for HIV/AIDS, Dermatology and STD budget for direct HIV

**Figure 1. Total HIV Spending from 2006–2015**



Note: Domestic sources include all government expenditures attributed to HIV and direct budget to the National Center for HIV/AIDS, Dermatology and STD; 2013 data not available. Source: HFG et al., 2017

<sup>1</sup> Fully achieving the 90-90-90 targets translates to 73 percent of all people living with HIV being virally suppressed. Data from the viral load lab database was used to extrapolate total people living with HIV who were virally suppressed from those who had received a viral load test (UNAIDS, 2017b).

services will need to be increased from \$3.8 million in 2018 to \$7.0 million in 2020, and \$11.2 million in 2028.

Figure 2 shows the evolution of funding for antiretroviral drugs (ARVs) from 2015–2017 and planned funding from 2018–2020. In 2017, the Cambodian government committed to increasing its Global Fund cost share for ARV procurement to \$1.7 million per year for 2018 to 2020. This, in addition to the Global Fund contribution, is expected to cover ARV procurement costs through 2020. However, only 80 percent of the government's committed resources for ARVs were expended in 2015, highlighting the need for more efficient domestic procurement of ARVs.

**Figure 2. ARV Financing Trends**



Source: Global Fund 2018–2020 funding request, detailed budget, pp. 41–42, and subsequent commitments

The challenge for the government of Cambodia is twofold: first, define a reliable projection of the resource gap for ARV procurement post-2020, and second, develop effective strategies to increase the allocation and expenditure of domestic resources for sustained HIV service delivery.

## Approaches for Moving Forward

Cambodia is now entering a transition phase in its HIV response, requiring an increased financial commitment from the government. To close the HIV financing gap in Cambodia, HP+ is providing technical support to the government of Cambodia for strategy development, quantitative analysis, and advocacy, in close collaboration with key stakeholders including UNAIDS and the Global Fund. HP+ is focusing on addressing the following needs:

- Increased domestic resources for diagnostic and treatment commodities and logistics:** This requires reliable estimates of the financing need and projected resources available, and a mix of feasible, costed financing strategies to ensure dependable access to ART services. HP+ is projecting the resource needs and gaps for ART services (2021–2025), conducting budget mapping to identify opportunities to advocate for increased resources; supporting the development of the HIV National Strategy Plan (2019–2023); and carrying out a funds flow analysis to improve efficient release of HIV resources.
- Integration of HIV financing into broader health financing reforms:** Access to care for people living with HIV and key populations should leverage integrated systems of care, including the Health Equity Fund.<sup>2</sup> A 2017 URC study found that 49 percent of people living with HIV surveyed had IDPoor cards and thus were eligible for the fund. However, it is unknown how many are accessing care through the fund, or may be poor but without IDPoor cards. It is necessary to understand current coverage

<sup>2</sup> Key populations include female entertainment workers, people who inject drugs, men who have sex with men, transgender, and emigrant workers.

levels of people living with HIV and the feasibility of extending coverage to all who are eligible.

HP+ is therefore carrying out an analysis of coverage by the fund of people living with HIV and key populations and the extent to which benefits packages can be expanded to deliver necessary HIV services. HP+ will provide cost estimates for HIV service expansion to high-risk groups and work with the Cambodian government to ensure all people living with HIV who are eligible are accessing care through the fund.

- **Sustainable civil society organization (CSO) financing for improved outreach, prevention, and support services:** In 2018, donor funding for CSOs reduced significantly—only 10 CSOs received funding, half the previous amount. The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) has discontinued funding to CSOs for direct services. As a result, HIV prevention, care, and support services face significant challenges. HP+ is advocating for increased government resources for CSOs and is also supporting CSO self-financing strategies to enable the continued provision of essential prevention services.
- **Tracking HIV resource gaps and opportunities for increased resource mobilization:** Tracking resources will be critical to identify opportunities to improve the allocation of resources, minimize waste, and inform investment cases for increased domestic resources for HIV. Institutionalization of financial tracking of HIV spending within the government of Cambodia is needed.

## References

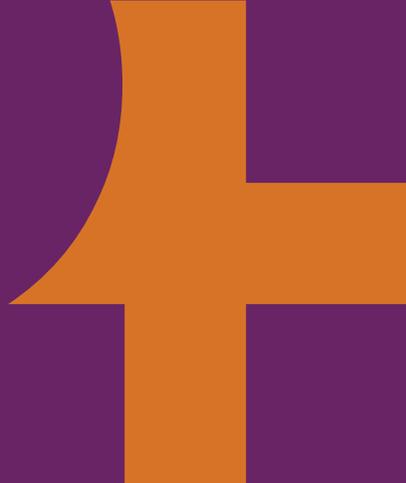
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