សេចក្តីព្រៀង ផែនការយុទ្ធសាស្ត្រសម្រាប់បង្ការ ថែទាំនិងព្យាបាលជំងឺអេដស៍ និងការមកេត នៅក្នុងវិស័យសុខាភិបាល 2026–2030

25 June 2026

Presentation Overview

Duration: 60 minutes

- Epidemiological snapshot
  - Key Achievement (NSP 2021-2025)
  - Key Gaps and Challenges
- Strategic vision, Mission, Goals and Objectives (NSP 2026-2030)
  - Core components
  - Implementation arrangements
  - Monitoring and evaluation
  - Key Principle
  - Risk Management and Mitigation

Epidemiological Snapshot

2024 Data

76,000

PLHIV (2024)

Range: 63,000-88,000

↓ 5% from 2023

1,200

New Infections

Per year estimate

↓ 45% since 2010

1,000

AIDS Deaths

Range: 590-1,500

↑ 5% from 2023

88%

KP Infections

Among key populations

↑ 2% from 2023

Key Insights

- **Concentrated epidemic:** 88% of new infections occur among key populations and their partners
- **Youth impact:** 44% of new infections in 2024 were among young people aged 15-24
- **Treatment success:** 98% viral suppression rate achieved nationwide

Source: UNAIDS. (2025). HIV Estimates 2025: Cambodia.

Key Achievements (NSP 2021-2025)

Strong Performance

High Treatment Performance

98% suppression rate

Near-universal linkage to ART,
Widespread same-day initiation
Strong retention and differentiated care

PrEP Scale-up

43,000+ cumulative clients

Expanded PrEP services to 59 sites across 16 provinces

Targeted Prevention

93% coverage among KP

HIV testing coverage increased,
Effective network-based, and digital outreach

Community Services

148,300 outreach contacts

Expanded community-led services and peer outreach

PMTCT Outcomes

95% test coverage

Improved PMTCT outcomes with high testing coverage

HIV Care Cascade

92-100-98 cascade

Achieved high treatment cascade performance

Key Gaps & Challenges

Requires Attention

Persistent Transmission in KP Networks

88% of new infections occur among key populations and their partners. Young people (15-24) account for 44% of new infections.

88% KP infections

High Priority

Late Diagnosis & AHD

43% of newly enrolled clients present with Advanced HIV Disease (CD4 <200 or clinical stage 3/4).

43% AHD prevalence

Critical

Uneven STI/NCD Integration

Integration of HIV services with NCDs, mental health, hepatitis, and HPV management remains uneven.

17% Hep B screening

Medium Priority

Fragmented Data Systems

Legacy ART databases operate offline, and MCH/PMTCT data is largely aggregate-based, limiting longitudinal tracking.

60% Data completeness

Medium Priority

High Donor Dependency

64% of total HIV expenditure comes from external sources (Global Fund 35.6%, USG 15.2%).

64% External funding

High Priority

Service Delivery Gaps

Limited coverage of harm reduction services (NSP and OST) for PWID remains geographically constrained.

42% Service coverage

Medium Priority

Vision Statement

Strategic Direction

A **sustainable AIDS-free generation** in Cambodia, where people live **longer, healthier, and better lives** free from HIV-related stigma and discrimination, under strong **Royal Government of Cambodia** leadership and response.

Health & Wellbeing

Longer, healthier lives for all Cambodians

Stigma Free

No discrimination against PLHIV

Sustainability

Sustainable national response

Equity

Universal access to services

Mission Statement

Strategic Direction

End AIDS as a public health threat by 2028, working collectively towards zero new HIV infections, zero deaths, and zero discrimination, ensuring equitable access to quality services for all.

End AIDS by 2028

Advance Cambodia's progress toward achieving SDG-3

Triple Zero

Zero new infections and zero AIDS-related deaths

Zero Discrimination

Eradicate stigma and ensure human rights for all

Equitable Access

Quality prevention, treatment, and care services for all

Strategic Goals (2026–2030)

3 Primary Goals

GOAL 1

Universal Access to Quality Services

Ensure equitable access to high-quality HIV and STI prevention, treatment, and care services for all people in need within the health sector.

95% coverage | Quality care

Current: 92% Target: 95%

GOAL 2

Sustain Epidemic Control

Sustain progress toward ending AIDS as a public health threat by 2028 through strengthened prevention, early diagnosis, effective treatment, and long-term care.

1,200 new infections | 98% suppression

Current: 88% Target: 95%

GOAL 3

Triple Elimination

Achieve and sustain elimination of mother-to-child transmission of HIV, syphilis, and hepatitis B in Cambodia.

EMTCT | HBV vaccine

Current: 75% Target: 95%

Strategic Objectives Summary

7 Objectives

OBJECTIVE 1

Prevention

Reduce new infections through integrated combination prevention.

OBJECTIVE 2

Testing

Strengthen case identification and early diagnosis.

OBJECTIVE 3

Treatment

Reduce AIDS deaths through sustained viral suppression.

OBJECTIVE 4

Triple Elimination

Strengthen SRH/maternal health integration.

OBJECTIVE 5

Strategic Info

Enhance data systems and evidence-based decisions.

OBJECTIVE 6

Health Systems

Sustain laboratory and supply chain operations.

OBJECTIVE 7

Governance

Strengthen coordination and domestic financing.

Overview of 7 Core Components

7 Components

COMPONENT 1

Prevention

Integrated HIV/STI prevention and comprehensive combination strategies.

COMPONENT 2

Testing

Strengthened case identification and early diagnosis approaches.

COMPONENT 3

Treatment

Sustained viral suppression and high-quality, continuous care.

COMPONENT 4

Triple Elim & SRH

Maternal health integration and elimination of vertical transmission.

COMPONENT 5

Strategic Info

Comprehensive data systems, reporting, and tracking.

COMPONENT 6

Health Systems

Robust laboratory networks and resilient supply chain.

COMPONENT 7

Governance & Sustainability

Multi-sector coordination and domestic financing.

HIV and STI Prevention

Core Component 1

Objective: Reduce new HIV infections through integrated, combination HIV and STI prevention for key and vulnerable populations

Core Strategies

1. Community-led, integrated prevention
    - Expand KP-friendly, one-stop services integrating HIV, STI, and related services

2. Scale up biomedical prevention
    - Expand PrEP (oral & long-acting) and PEP through differentiated, client-centred delivery

3. Target hidden and high-risk populations
    - Strengthen digital, network-based, and hotspot-informed outreach

4. Strengthen harm reduction
    - Scale up comprehensive services for PWID/PWUD, beyond urban areas

5. Address structural barriers
    - Reduce stigma, legal barriers, and access constraints, and strengthen enabling environment

Testing & Case Identification

Core Component 2

Objective: Strengthen HIV testing and case identification through targeted, differentiated approaches and STI integration to ensure early diagnosis and timely linkage to prevention and treatment

Core Strategies

1. Expand differentiated testing approaches
    - Maintain a balanced mix of facility, community, HIVST, and network-based testing
2. Strengthen targeted case finding
    - Use hotspot-informed, digital, and network-based approaches to reach hidden and underserved populations
3. Improve quality and integration
    - Strengthen quality assurance, confirmatory testing, and private sector engagement
    - Integrate HIV testing within STI and clinical services (PITC)
4. Strengthen linkage and referral systems
    - Ensure rapid linkage to ART and prevention services (PrEP, PEP, STI care)
    - Strengthen HIV–STI bidirectional referral pathways
5. Use data for targeted decision-making
    - Strengthen use of testing data, recency data, and programme intelligence for case detection and prioritization

Treatment & Viral Suppression

Core Component 3

Objective: Reduce AIDS-related deaths through high-quality treatment coverage and sustained viral suppression, supported by people-centred care, strong retention, and integrated management of advanced HIV disease and comorbidities

Core Strategies

1. Ensure high-quality treatment and viral suppression
    - Strengthen clinical management, AHD care, and viral load monitoring

2. Optimize differentiated service delivery
    - Expand people-centred, risk-stratified models to improve retention and adherence

3. Strengthen community systems for continuity of care
    - Enhance community-based adherence, retention, and follow-up support

4. Strengthen case-based digital systems and data use
    - Implement unique identifiers, patient tracking, and data-driven programme management

5. Deliver integrated, life-course HIV care
    - Integrate HIV services with TB, STI, hepatitis, NCDs, SRH, and mental health

Triple Elimination & SRH

Core Component 4

Objective: Strengthen integrated maternal and sexual and reproductive health services within PHC to achieve and sustain triple elimination of mother-to-child transmission of HIV, syphilis, and hepatitis B

Core Strategies

1. Strengthen governance and validation systems
    - Enhance EMTCT coordination, case-based monitoring, and validation readiness

2. Accelerate prevention of congenital syphilis
    - Expand screening, timely treatment, and private sector engagement

3. Expand integrated triple elimination services
    - Strengthen services across ANC, delivery, and postnatal care
    - Scale up multiplex testing and hepatitis B interventions

4. Integrate SRH within PHC platforms
    - Strengthen family planning, STI services, and maternal care integration
    - Ensure people-centred, stigma-free services and continuity of care

Strategic Information

Component 5

Objective: Enhance national ownership and effective use of HIV strategic information systems through integrated, interoperable data systems (including STI) to strengthen monitoring, accountability, and evidence-based decision-making

Core Strategies

1. Strengthen integrated, case-based data systems
    - Implement interoperable, person-centred systems with unique identifiers across all service platforms

2. Institutionalize data use for decision-making
    - Promote routine data use, equity analysis, and feedback-to-action mechanisms at all levels

3. Strengthen national capacity and ownership
    - Build government-led analytics, modelling, and research capacity
    - Strengthen partnerships with academic institutions and communities

Health Systems Strengthening

System Resilience

Objective: Sustain high-quality laboratory and supply chain systems through strengthened workforce capacity and integration with PHC and UHC, ensuring timely diagnostics and uninterrupted availability of HIV and STI commodities

Core Strategies

1. Strengthen laboratory and diagnostic systems
    - Ensure quality-assured, accessible diagnostics for HIV, STI, and co-infections

2. Strengthen resilient supply chain systems
    - Ensure continuous availability of essential commodities through improved forecasting, procurement, and distribution

3. Modernize systems through digitalization
    - Implement integrated, real-time laboratory and logistics information systems

4. Strengthen workforce and integrated service delivery
    - Build capacity, coordination, and people-centred services aligned with PHC and UHC

Governance & Sustainability

Strategic Leadership

Objective: Strengthen governance, coordination, and sustainable financing of the HIV response through improved accountability, increased domestic investment, and sustained support for community-based services

Core Strategies

1. Strengthen governance and coordination systems
    - Institutionalize national and subnational coordination platforms with clear accountability

2. Improve efficiency and accountability of financing
    - Strengthen prioritization, costing, and performance-based resource allocation aligned with UHC and PHC

3. Strengthen sustainability and country ownership
    - Increase domestic financing and transition from donor dependence
    - Institutionalize social contracting and community-led services

Implementation Arrangements

Multi-sector coordination, integrated service delivery, and sustianbale financing mechanisms for effective program implementation

Planning → Execution → Monitoring → Evaluation

Leadership

MOH/NCHADS coordination with multi-sector engagement

Sub-national

Provincial AIDS Committees for decentralized implementation

Partners

Multi-sector coordination with civil society engagement

Financing

Domestic financing transition and sustainable funding

Implementation Arrangements

Multi-sector Coordination

Leadership & Governance Structure

MOH/NCHADS → PAC/PHDs → Health Facilities

MOH Leadership

NCHADS provides strategic leadership, technical direction, and performance oversight across all core components

Sub-national Implementation

PACs coordinate multisectoral response, PHDs manage operational delivery at provincial level

Partner Engagement

Civil Society

Private Sector

International

- Community-based organizations (CBOs) for KP outreach
- Private clinics for service delivery
- International partners for technical support

Multi-sector Coordination

- **National AIDS Authority (NAA):** Coordination across ministries and sectors
- **Technical Working Groups (TWGs):** Specialized expertise and guidance
- **Policy Advisory Board (PAB):** High-level oversight and strategic direction

Service Delivery Model

Integrated Approach: Community + facility + private sector

Referral Systems: Digital tracking and linkage

Decentralization: Authority to Provincial Health Departments

Monitoring Framework

Results-Based Framework

Key Performance Indicators

Testing Coverage
84%
Target: 95% by 2030

Treatment Retention
98%
Maintain & address disparities

Viral Suppression
98%
Maintain 98%

PMTCT Coverage
95%
Target >95% by 2030

Monitoring Components

1. **Routine Data Collection:** DHIS2, MPI, case-based surveillance
2. **IBBS & Surveillance:** Key population tracking, recency testing
3. **Disaggregated Data:** By age, sex, KP status, geography
4. **Quality Assurance:** Data validation, audit mechanisms
5. **Community Monitoring:** CLM, patient feedback systems

Community-Led Monitoring (CLM)

Patient Satisfaction Feedback (PSF): Regular feedback collection from PLHIV and key populations to inform service improvements and identify gaps.

Data Sources & Collection

Routine data | IBBS | Surveillance | CLM | Surveys

Indicators

- ✓ **aligned and disaggregated;**
- ✓ **additional indicators added for:**
  - CLM
  - AHD & integrated service delivery
  - Governance, financing & sustainability

Key Principle - Data to Decisions

Monitoring & Adaptive Management

Turning Data into Decisions for Better Outcomes

Transforming strategic information systems to support evidence-based decision-making, continuous quality improvement, and adaptive program management for improved HIV program performance and better health outcomes.

1

Data Collection

Routine data, IBBS, surveillance, and community-led monitoring systems

2

Analysis & Review

Data analysis, triangulation, and performance review at all levels

3

Decision Making

Evidence-based decisions and priority setting for interventions

4

Action & Implementation

Corrective actions and adaptive management implementation

Improved Outcomes

Better health outcomes through data-driven interventions

Enhanced Performance

Optimized program efficiency and effectiveness

Community Engagement

Stronger community involvement in monitoring

Risk Management & Mitigation

1. Unsustainable Financing:

Despite increasing domestic contributions, the HIV programme continues to face risks related to reliance on external funding. Transitioning toward sustainable domestic financing, including integration into UHC frameworks (HEF, NSSF), expansion of social contracting, and private sector engagement remains essential to ensure continuity of services, particularly for key populations and community-based interventions.

3. Fragmented data systems and limited information use

Fragmented data systems, data quality issues, and limited use of data for decision-making may hinder effective programme management. The NSP emphasizes strengthening interoperable digital systems, case-based surveillance, and data-to-action approaches to support timely decision-making and programme adjustment.

2. Risks in service integration and coordination

As services become more integrated across HIV, TB, STI, NCD, and SRH, there is a risk of inconsistent implementation, uneven service quality, and coordination challenges across programmes and providers. Differences in capacity, referral systems, and service delivery approaches may affect continuity and quality of care. Strengthening standardized integrated service delivery models, referral systems, and supportive supervision will be essential to ensure effective coordination and quality services, through systematic addressing of stigma and discrimination in the health system.

4. Community engagement and enabling environment barriers

Stigma, discrimination, gender-based violence, and legal or regulatory barriers continue to pose risks to effective service access, particularly for key populations. Strengthening community-led approaches, community monitoring, and rights-based programming will be essential to mitigate these risks.

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