



National Center for HIV/AIDS, Dermatology and STD (NCHADS)

IMPLEMENTING LONG-ACTING PREP IN CAMBODIA: HOW TO GET THERE?

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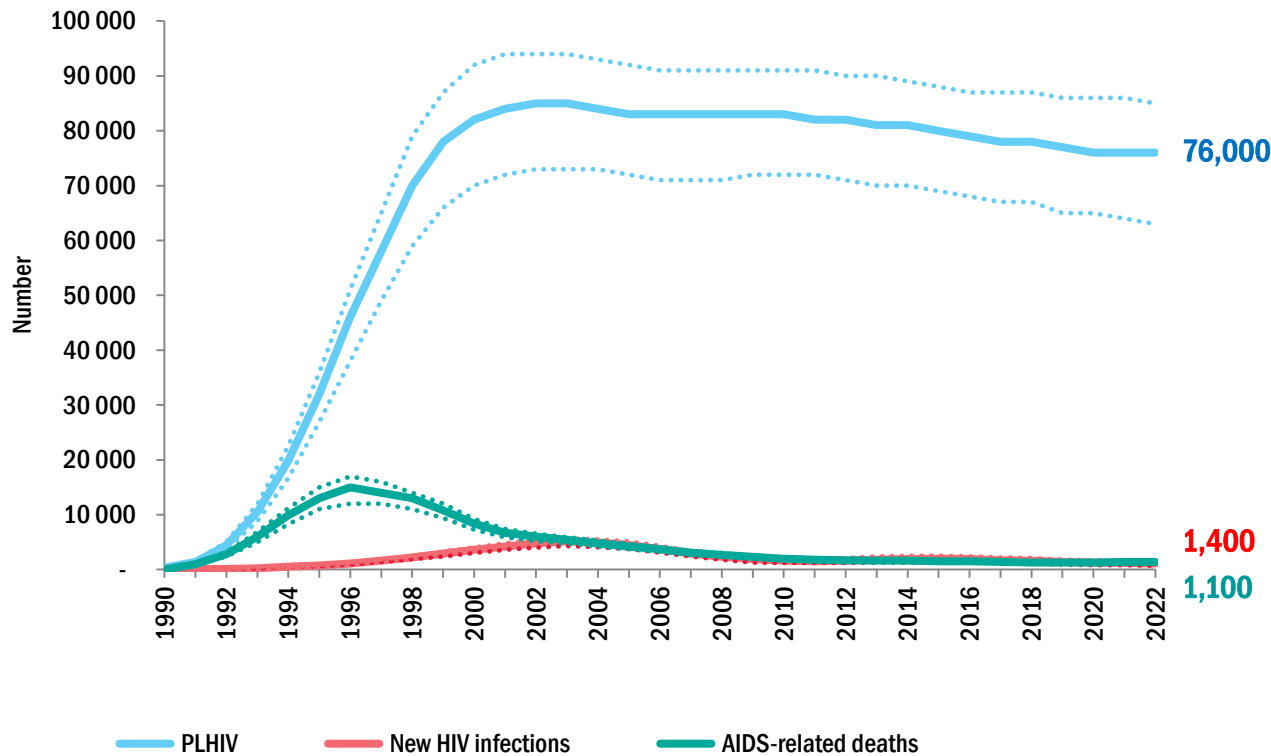


I. HIV Epidemiology in Cambodia

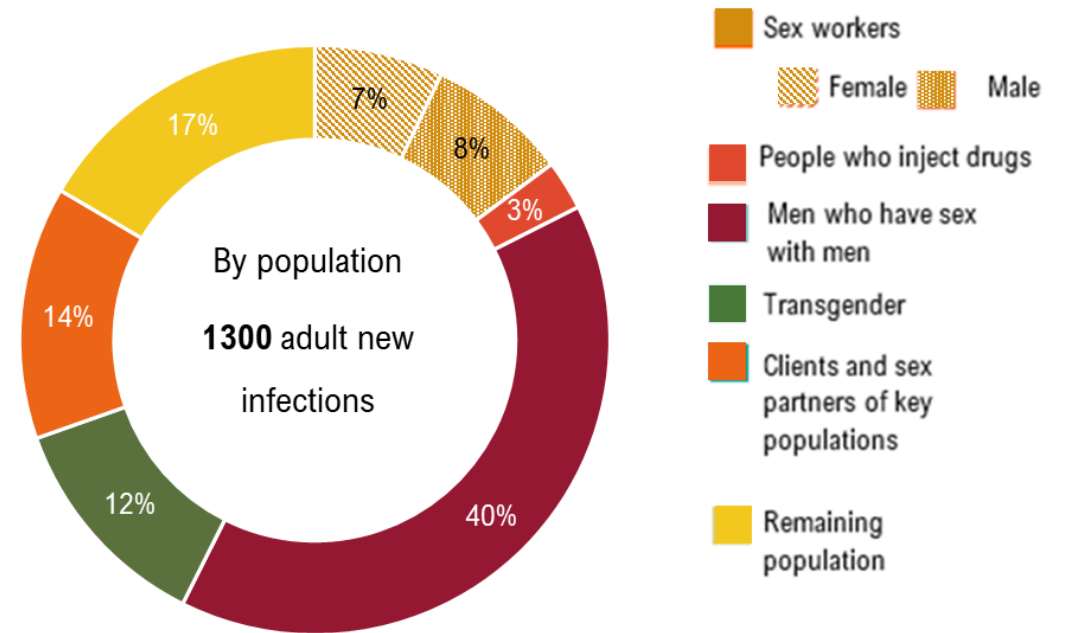


HIV Epidemiology – Snapshot and Trends 2022

Estimated people living with HIV, new HIV infections and AIDS-related deaths, 1990-2022



Distribution of new HIV infections by population, 2022



83% of an estimated 1,300 new adult HIV infections in 2022 are among key populations and their partners/clients



Summary of the AIDS epidemic in Cambodia | 2022

76,000



86%



99%



97%



Cambodia HIV Prevalence

 **0.5%**

Adult population aged 15-49 AEM 2023



4.9%

EW IBBS 2022



5.5%

MSM IBBS 2023
Primary Data



13.5%

TG IBBS 2023
Primary Data



5.7%

PWUD IBBS 2017



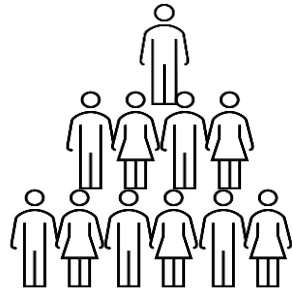
15.2%

PWID IBBS 2017



HIV elimination target by 2025

2022



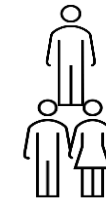
1,400

New adult HIV infections

???



2025



<250

New HIV infection

- * test the right people
- * treat and retain all positives
- * **PrEP** for all sexually active KPs

Estimated KP Population Size (2023) =160,763

53,547 MSM1

35,696 MSM2

15,900 TG

52,338 FEW

3,282 PWID

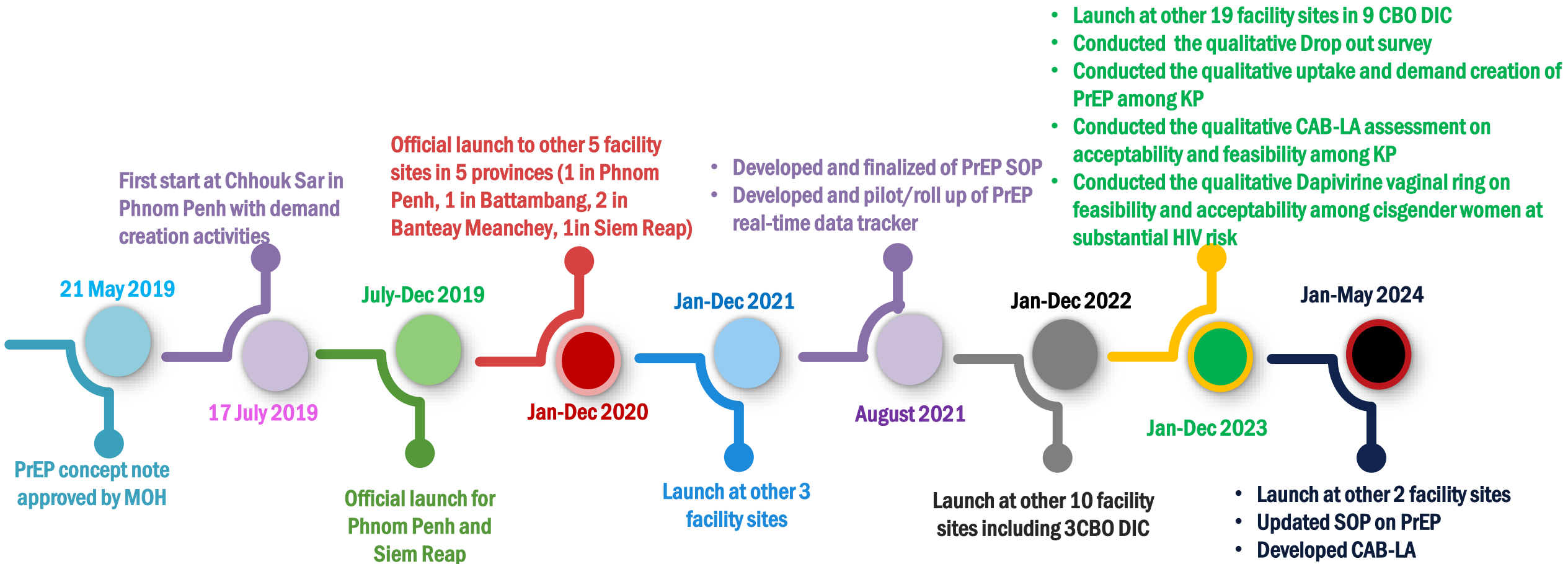
MSM 1: Known risk/high risk and reachable online and physical
MSM 2: Unknown risk/ not known to be reached by programme



II. PrEP implementation and result

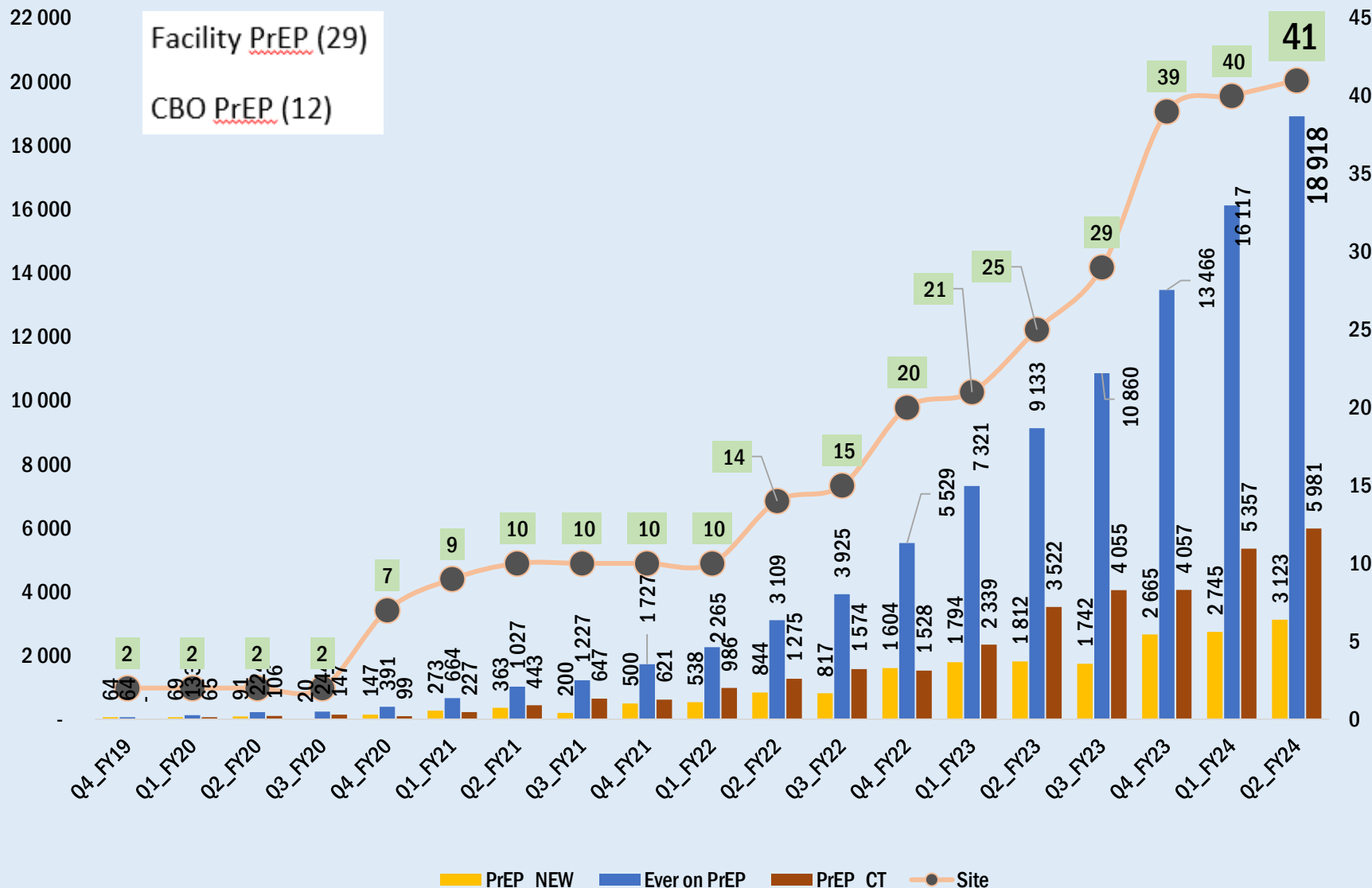


History of PrEP implementation

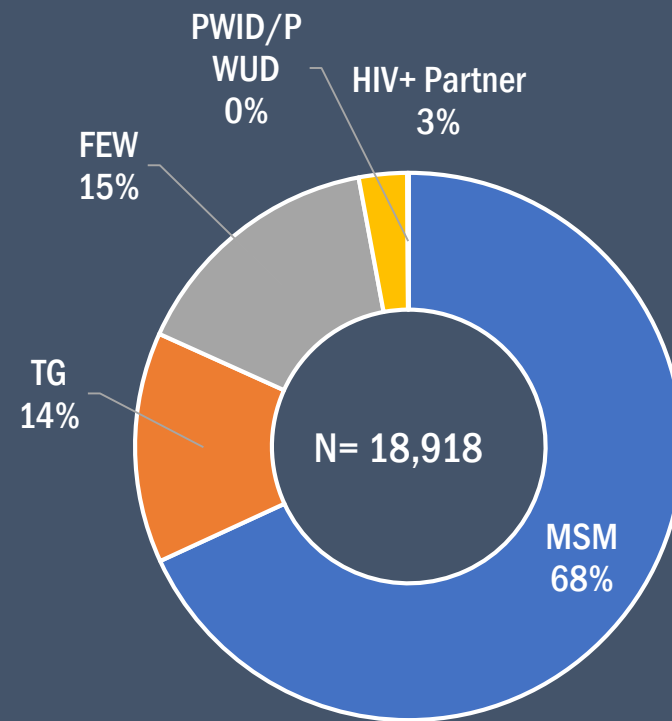


PrEP Uptake July 2019 - March 2024

PrEP uptake in Cambodia



Total Ever on PrEP Disaggregation by KP

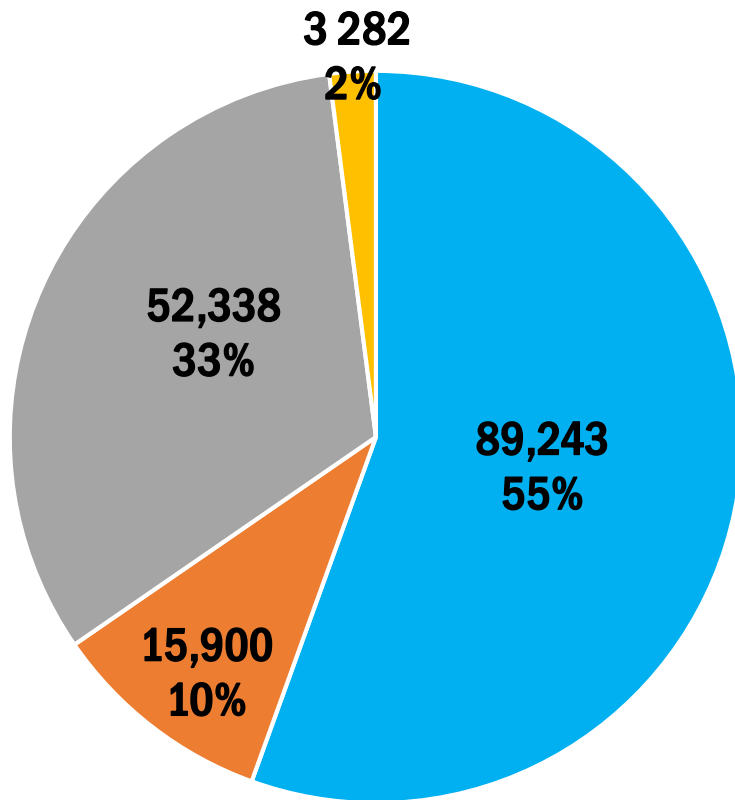


PrEP active rate: 48%



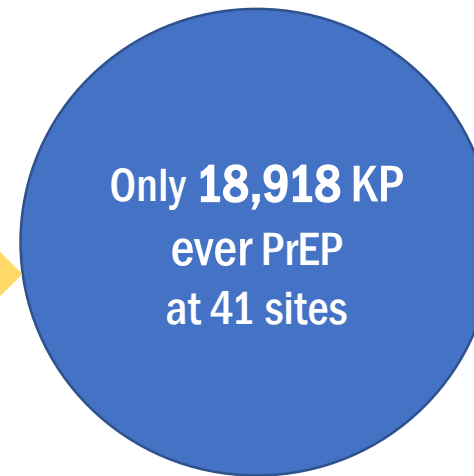
Where we are in terms of KP PSE, target and PrEP enrollment?

KP Population Size Estimation (PSE) in Cambodia, 2022 (N=160,763)

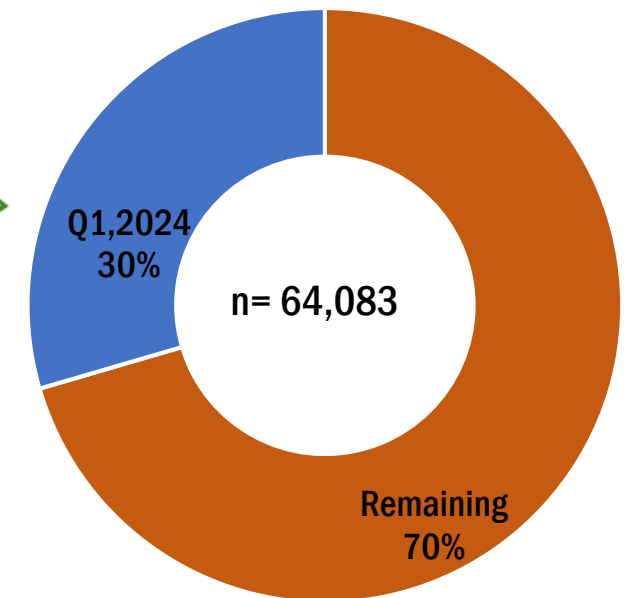


About 12%

PrEP enrollment in Cambodia, March 2024 (n=18,918)



Target new PrEP clients from 2024 to 2026 (n=64,083)



■ MSM ■ TG ■ FEW ■ PWID

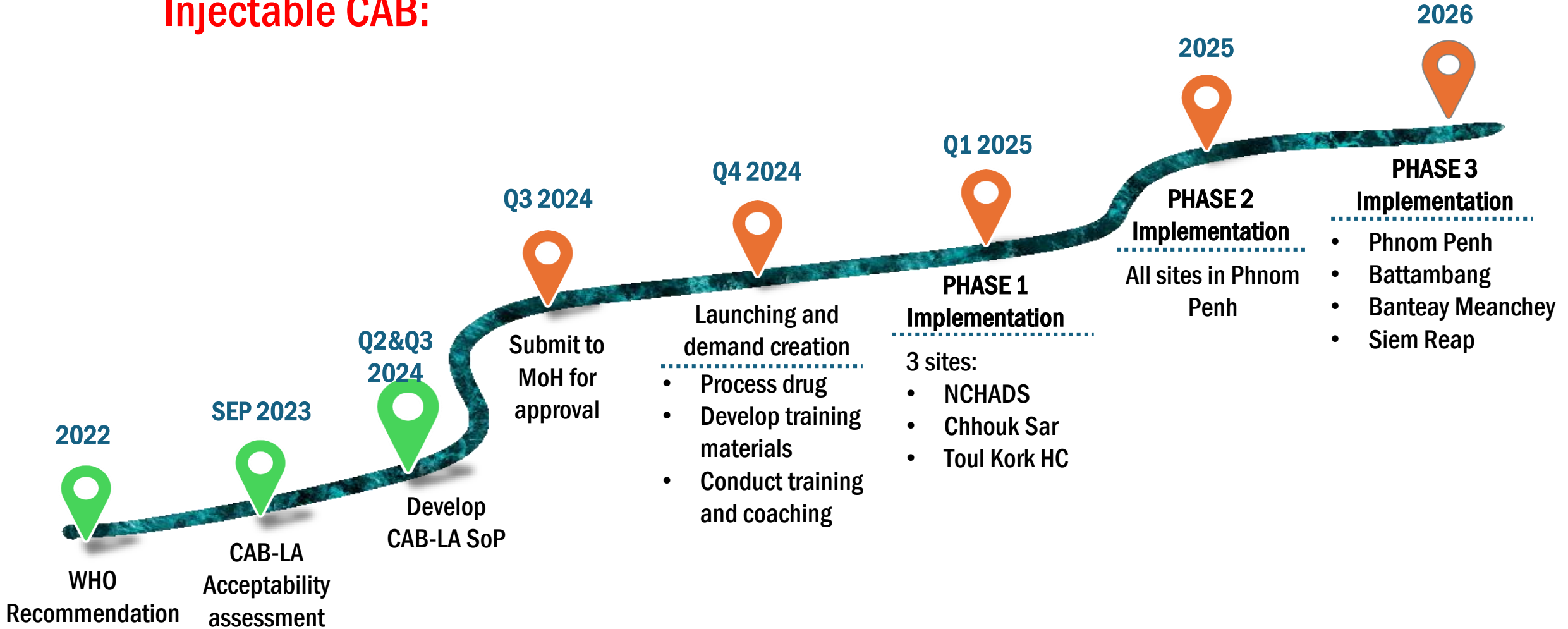


III. Background Long-acting PrEP

- To attain these **ambitious targets**, especially for young KPs, PrEP options (oral and long acting) and delivery modalities must be tailored to both reach and meet the needs of these young people.
 - **Not all are willing or have the time** and availability to attend government or other clinics with traditional working hours¹.
 - Some guard **their privacy** and do not want to attend CBO Drop-in-Center (DIC) PrEP sites¹ nor do they want to have pills that that others might see
 - Others bore quickly of **waits and repeat visits** in clinics and DICs and drop out of care despite continuing need¹.
 - Some **cannot afford** the necessary repeated transport costs¹
 - Some cannot remember to the pills
- **Long-acting PrEP**
 - **Injectable CAB:** Injectable cabotegravir offers solutions to some of these challenges – particularly the issue of privacy related to pill taking and remembering to take the pills. Clinic visits will still be required for injections every two months.
 - **Dapivirine ring:** is a female-initiated option for HIV prevention. The silicone ring is easy to bend and insert inside the vagina. When used as directed, the DVR acts locally within the vagina to reduce the risk of HIV acquisition for the user during vaginal sex. It is worn for 28 days and slowly releases the antiretroviral drug Dapivirine. After 28 days, it should be replaced by a new ring..

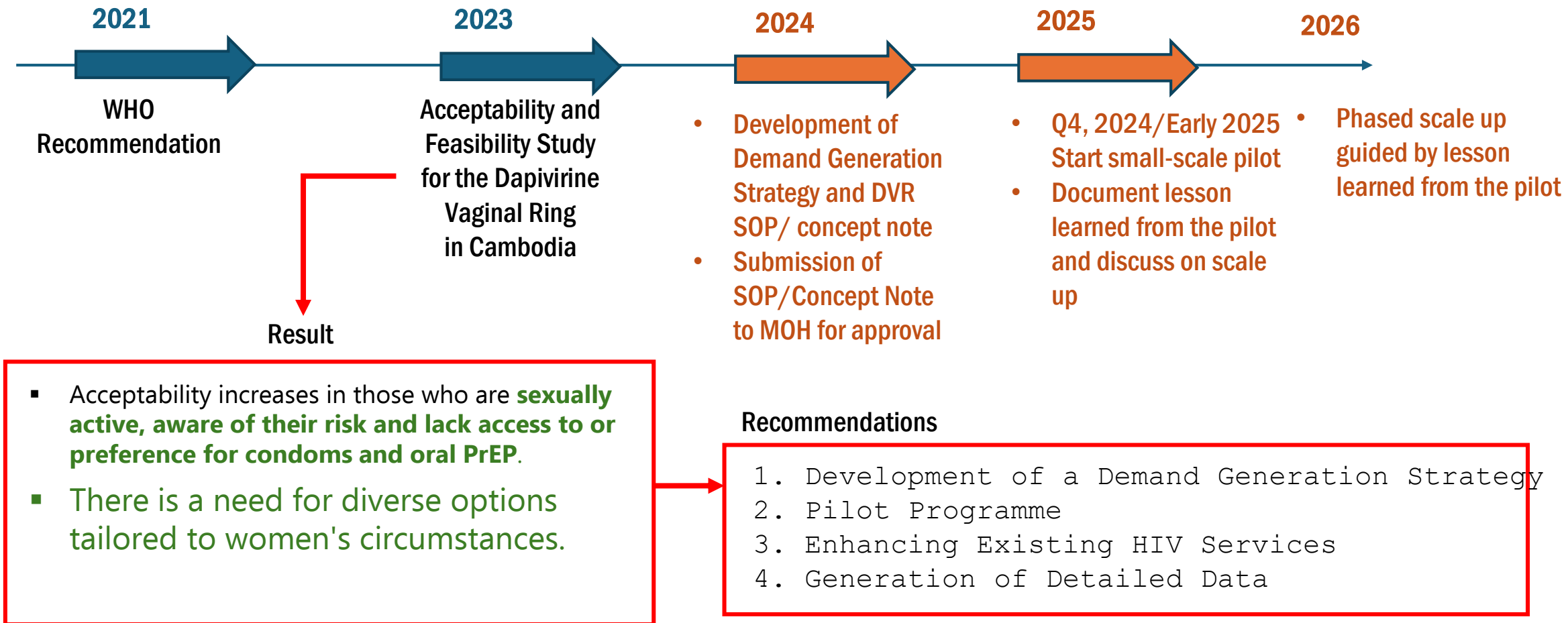
IV. Long-Acting PrEP Roadmap in Cambodia

Injectable CAB:



IV. Long-Acting PrEP Roadmap in Cambodia

Dapivirine vaginal ring:



V. Monitoring and Evaluation

The NCHADS through Prevention Care and Treatment-TWG: will monitor the progress of CAB-PrEP roll out plan, especially long-acting PrEP, ensuring safety, and assessing acceptability and efficacy:

- 1. Safety Monitoring:**
- 2. Implementation effectiveness:**
- 3. Acceptability and user experience:**
- 4. Provider training and support:**
- 5. Data collection and reporting:**
- 6. Adaptive learning and course correction:**
- 7. Quality assurance:**
- 8. Community engagement:**
- 9. Coordination and collaboration**



Thank you