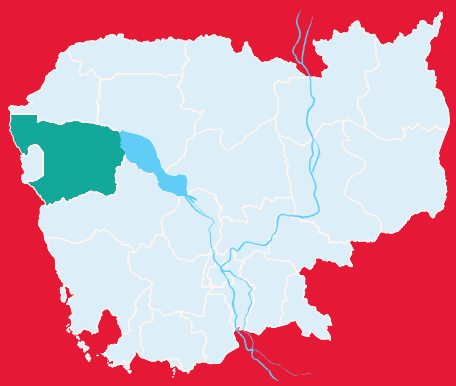
BATTAMBANG CITY HIV FAST TRACK STRATEGIC PLAN 2021-2025

"LEADERSHIP, PARTNERSHIP AND INVESTMENT"



I call on all compatriots to join the Royal Government of Cambodia in a national movement to the end AIDS by 2025.

Samdech Akka Moha Sena Padei Techo Hun Sen,
Prime Minister of the Kingdom of Cambodia

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PREFACE

Although Cambodia has made great progress in controlling the HIV epidemic over the past decades, significant challenges remain in achieving the final goal, which is ending the HIV epidemic as a public health threat.

Royal Government of Cambodia remains highly committed in HIV response which was well reflected in messages of **Samdech Akka Moha Sena Padei Techo Hun Sen, Prime Minister of the Kingdom of Cambodia** in occasion of World AIDS Day 1 December 2020, that 'The Royal Government of Cambodia still considers the fight against HIV and AIDS as a high priority because HIV is a threat to public health, which endangers the lives of people and seriously affects the social and economic development, and called for all citizens to work hard to prevent HIV by joining the government in the national stream towards a successful ending AIDS by 2025'. In his message, he also said that in order to move towards the sustainability of the AIDS program in the future, while international aid is declining, the Royal Government will strive to increase the national budget for the procurement of ARV drugs for HIV treatment for people living with HIV. Expanding the social service budget at the sub-national level in line with the possibility of annual economic growth so that local officials in communes and sangkats can be used for HIV response. The Royal Government's efforts reflect the strong will of all of us to end AIDS by 2025.

The Fast-Track Cities initiative is in line with the Royal Government of Cambodia's policy for decentralization and 'de-concentration', transferring more power and implementation-related decision-making from the central to the provincial and commune/sangkat level. The government has articulated this policy in the country's development objectives; its "Rectangular Strategy for Growth, Employment, Equity, and Efficiency (Phase IV)" places good governance at the center of government policy and prioritizes human resource development, economic diversification, private sector employment, and inclusive and sustainable development.

This Fast-Track City Strategic Plan for Battambang is the first provincial/city-level HIV strategy developed in Cambodia. As a matter of principle, the Fast-Track strategy aimed to be in line with the priorities and targets set out by the National AIDS Authority (NAA) and the National Centre for HIV/AIDS, Dermatology and STD (NCHADS), especially the 95-95-95 targets and the aim to end AIDS as a public health threat by 2025. These targets and priorities were then translated and adapted to the specific situation of Battambang Province in general, and to Battambang City in particular.

This strategic plan will be useful guidance for the HIV response in Battambang, helping to ensure Battambang is reaching the 95-95-95 targets and ending AIDS as a public health threat by 2025 in line with RGC's commitment.

Battambang, 24 May, 2021

Provincial Governor

and Chair of Provincial AIDS Committee

ACKNOWLEDGEMENTS

The Provincial AIDS Committee of Battambang would like to express its gratitude to the National AIDS Authority and Joint United Nations Program on HIV/AIDS (UNAIDS) for supporting the development of this strategic plan. This strategic plan was developed with support from Dr Jan W. de Lind van Wijngaarden, an international consultant. We would like to thank H.E Dr. Phalla Tia, Vice Chair of the National AIDS Authority, Dr Sou Sanith, Deputy Director of Battambang Provincial Health Department and Chair of Secretariat of Battambang Provincial AIDS Committee, and the UNAIDS team (Dr Vladanka Andreeva, Dr Khin Cho Win Htin, and Mr Polin Ung) for their leadership, guidance and support in the development of this strategic plan.

We are grateful to the National AIDS Authority, National Centre for HIV/AIDS Dermatology and STDs, members of provincial AIDS Committee, relevant officials of provincial public institutions, civil society, and people living with HIV and key populations for their participation and inputs as well as their valuable times for developing this HIV Fast Track Strategic Plan which is a guidance document for provincial HIV response in accordance with real situation of Battambang province. For a full list of key stakeholders that provided valuable insights, see Annex 1.

ACRONYMS

AEM	AIDS Epidemic Model
AIDS	Acquired Immuno-Deficiency Syndrome
ART	Antiretroviral Treatment
BCAC	Battambang City AIDS Committee
BCOC	Boosted Continuum of Care
BFD	Buddhists for Development
B-CoPCT	Boosted Continuum of Prevention to Care and Treatment
CAD	Community-based ART Delivery
DAC	District AIDS Committee
DoEYS	Department of Education, Youth and Sport
FTC	Fast Track City (Initiative)
FEW	Female Entertainment worker(s)
FHC	Family Health Clinic(s)
FHI360	Family Health International (NGO)
GF	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HfCCF	Hope for Cambodian Children Foundation
IBBS	Integrated Bio-Behavioural Surveillance
JPR	Joint (HIV) Program Review
HCP	Health Care Provider(s)
HTC	HIV Testing and Counseling
KHANA	Khmer HIV/AIDS NGO Alliance (NGO)
KP	Key population(s)
LTFU	Loss/lost to follow-up (for HIV services)
MHSS	Men's Health Social Services (NGO)
MOH	Ministry of Health
MPI	Master Patient Index
MSM	Men who have Sex with Men
NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NSP	National Strategic Plan (on HIV/AIDS)
OD	Operational District
PAC	Provincial AIDS Committee
PAS	Provincial AIDS Secretariat
PEP	Post-exposure prophylaxis
PHD	Provincial Health Department
PLHIV	Person/people Living with HIV
PMTCT	Prevention of Mother to Child Transmission
PrEP	Pre-exposure prophylaxis
PWID	People who Inject Drugs
PWUD	People who Use Drugs
RHAC	Reproductive Health Association of Cambodia (NGO)
SDG	Sustainable Development Goals
STI	Sexually Transmitted Infection(s)
TB	Tuberculosis
TG	Transgender women
UNAIDS	Joint United Nations Program on HIV/AIDS
VCCT	Voluntary Confidential Counseling and Testing
VL	(HIV) Viral Load

1. INTRODUCTION

Cities play a critical role in both the HIV epidemic and the response. On the one hand, more than half of the world's population currently lives in cities, and in most countries, cities account for a large and growing proportion of the national HIV burden. Risk and vulnerability to HIV is often higher in cities than rural areas due to a range of factors, such as migration, overcrowding, and social and economic inequalities. Urbanization may also bring about cultural and social changes that provide increased opportunities for HIV risk behaviour, and key populations, who are at higher risk of HIV exposure, are often concentrated in urban areas, partly to escape from the social scrutiny and stigma that often prevails in rural areas. Although Cambodia is still only the 178th most urbanized country in the world with 24.5% of its population living in cities[1], its main cities (Phnom Penh, Siem Reap, Sihanoukville, Battambang and Banteay Meanchey) have been growing rapidly. Indeed, in terms of urban growth rate, Cambodia is 42nd in the world[1].

While risk and vulnerability for HIV concentrate in cities, cities also offer unique advantages and important opportunities for efficient and effective programming and innovations to reach Fast Track targets and towards elimination of new HIV infections and ending AIDS as a public health threat by 2030. For these reasons, actions taken by cities are contributing significantly to progress in achieving national prevention and treatment targets. Stronger municipal and city HIV responses will be important to contribute to achieving Cambodia's ambitious target of Elimination of new HIV infections, and Ending AIDS as a public health threat by 2025, which is 5 years ahead of global targets.

The Fast-Track Cities initiative is a global partnership between cities/municipalities around the world and four core partners: The International Association of Providers of AIDS Care (IAPAC), the Joint United Nations Program on HIV/AIDS (UNAIDS), the United Nations Human Settlements Program (UN-Habitat) and the City of Paris (France). The initiative was launched in 2014 when mayors from 26 global cities met and endorsed the Paris Declaration on Fast Track Cities Ending the AIDS Epidemic (the Paris Declaration)[2]. Since then, more than 300 cities and municipalities have endorsed the declaration. The Paris Declaration aims to galvanize cities to achieve critical Fast Track Targets to address disparities in access to health and social services, and to meet the global goal of ending the HIV epidemic by 2030.

A city becomes a 'Fast Track City' if its mayor or municipal government signs the Paris Declaration on Fast Track Cities. The Declaration outlines a set of commitments to achieve the initiative's objectives. The document was recently (2019) updated. Its targets are to embark on a trajectory towards getting to zero new HIV infections, zero discrimination, and zero AIDS-related deaths. By signing the declaration, the mayors or municipal governments commit the signatory city to:

1. End the HIV epidemic in cities and municipalities by 2030;
2. Put people at the center of everything they do;

1 See: https://en.wikipedia.org/wiki/Urbanization_by_country
2 See: https://www.iapac.org/files/2020/09/Paris-Declaration-3.0-December-2019-1.pdf

3. Address the causes of risk, vulnerability and transmission;
4. Use the HIV response for positive social transformation;
5. Build and accelerate an appropriate HIV response, reflecting local needs;
6. Mobilize resources for integrated public health and sustainable development;
7. Unite as leaders.

Four of the most prominent Cambodian cities (i.e. Phnom Penh, Banteay Meanchey, Siem Reap and Battambang) have joined the Fast Track Cities Initiative in December 2019 and have committed to implementing the Paris Declaration. Around 68.2% of Cambodian female entertainment workers, 58.8% of transgender women and 52.4% of MSM live in these four cities[3]. The first step after signing the declaration is the development of a City Strategic or Action Plan to provide comprehensive and holistic strategic guidance to guide a comprehensive and multisectoral municipal or city HIV response. In this regard, the National AIDS Authority, with technical support from UNAIDS, has supported the city of Battambang as the first city to develop such a Fast Track City Strategic Plan. It is expected that the other three cities will develop similar strategic plans at a later stage. Whereas the focus of these strategies will be primarily on cities, implementation, monitoring and evaluation and overall governance will be the responsibility of the Provincial AIDS Committee of Battambang, with involvement of the districts and communes/sangkats where most PLHIV or KP reside.

This document will first outline the overall Cambodian policy environment (section 2), followed by an overview of the HIV situation and response in Battambang (section 3). This is then followed by a description of the Vision, Mission, Goal and Objectives of the strategy (section 4) and its guiding principles (section 5). Strategies for the implementation of each objectives are then described (section 6), followed by core activities for each strategy/ objective (section 7). After this, implementation arrangements will be described (section 8), followed by a

3 Based on 2019 Asia Epidemic Model Data prepared for the development of the NCHADS 2021-2025 NSP.

2. POLICY ENVIRONMENT

By putting provincial/city authorities in the driving seat in the response for HIV, the Fast-Track Cities initiative is in line with the Royal Government of Cambodia's policy for decentralization and 'de-concentration', transferring more power and implementation decision making from the central to the provincial level. The government has articulated this policy in the country's development objectives; its "Rectangular Strategy for Growth, Employment, Equity, and Efficiency (Phase IV)" places good governance at the center of government policy and prioritizes human resource development, economic diversification, private sector employment, and inclusive and sustainable development[4]. This agenda is operationalized through the National Strategic Development Plan, which integrates the Sustainable Development Goals (SDGs) and other long-term development goals articulated in Vision 2030—a roadmap to move toward upper-middle income status—and Vision 2050, which outlines Cambodia's path toward becoming a high-income country[5].

The Royal Government of Cambodia has long been committed to ending AIDS as a public health threat, which is aligned with SDG 3 (Ensuring healthy lives and promoting well-being for all at all ages, including universal access to HIV prevention services, sexual and reproductive health services, and drug dependence treatment and harm reduction services)[6].

The Royal Government of Cambodia has recently expressed even greater political commitment to the HIV response, as evidenced by the issuance of the Sor Chor Nor #213 by the Council of Ministers[7]. This document assigns the National AIDS Authority to collaborate with the Ministry of Interior and the Ministry of Economy and Finance to allocate a specific budget for the implementation of HIV interventions as part of the five-year development plans and three-year rolling investment plans of all communes/sangkat in the country. The Sor Chor Nor #213 also suggested that PLHIV should be classified as a 'vulnerable group', which makes them eligible for the Equity Card that ensures free access to health care and social protection schemes. Furthermore, it orders the Ministry of Health and the Ministry of Economy and Finance to cooperate to amend or develop rules and procedures for allowing health centers and referral hospitals to earmark their own funds for the HIV response. Importantly, the document expresses acknowledgment of the important role for civil society organizations in the national HIV response and pledges continued support from the national budget for civil society-implemented interventions and services, depending on availability of national funding. It also directs the Ministry of Health to continue to strengthen human resources, the procurement system, supply chain management and the health information system to allow for mainstreaming of HIV responses to be more effective and sustainable[7].

4 Royal Government of Cambodia (RGC). 2018. Rectangular Strategy for Growth, Employment, Equity, and Efficiency: Building the Foundation Toward Realizing Cambodia Vision 2050 (Phase IV). Phnom Penh: Royal Government of Cambodia.

5 Royal Government of Cambodia (RGC). 2014. National Strategic Development Plan 2014-2018. Phnom Penh: Royal Government of Cambodia.

6 United Nations Development Program (UNDP). 2019. "Cambodia SDGs Snapshot." Available at https://www.kh.undp.org/content/cambodia/en/home/sustainable-developmentgoals.html

7 Cambodia Council of Ministers. 21 February 2019. Sor Chor Nor 213: Case on the Report on the results of the 2nd Policy Advisory Board meeting of the National AIDS Authority in 2018 and request for authorization from the Royal Government to introduce measures related to the HIV/AIDS Response." Phnom Penh; Council of Ministers.

The National AIDS Authority developed its Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023) (NSP V) in 2019[8]. Its vision is a Cambodia free of HIV/AIDS, with better health and well-being for all people. It is closely aligned with NCHADS' Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector 2021- 2025, i.e. it aims to "reach the 95-95-95 targets and the virtual elimination of new HIV infections in Cambodia by 2025 through high-quality prevention, care, and treatment services for HIV/AIDS and [sexually transmitted infections] within the health sector"[9]. The NAA NSP V contains four main strategies, as follows:

1. Deliver comprehensive prevention, care, treatment and support through a multi-sectoral approach, with as expected outcome less than 250 new HIV infections in 2025 (which constitutes a 90% reduction from 2010), with 95% of PLHIV knowing their HIV status, 95% of diagnosed PLHIV on ART, and 95% of those on ART achieving a suppressed viral load by 2025;
2. Integrate HIV response activities into the health system, relevant ministries, and national coordinating bodies, with as expected outcome the completion of a framework for integration of HIV into the health system, with full engagement of all partners;
3. Expand social protection coverage and improve access to social and legal services, with an expected outcome of 100% coverage of PLHIV with a social protection mechanism by 2023, enabling them to access a variety of health, social and legal support services;
4. Increase government financing to 50% of all HIV expenditures by 2023 (up from 24% in 2017), and allocate a share of the government budget to civil society organizations for delivery of critical HIV services.

The Strategic Plan for HIV and STI Prevention and Control in the Health Sector 2021-20259 was published by NCHADS in January 2020, but was still in draft form at the time of writing (September - December 2020) of this Fast Track City strategic plan. It will be linked to the overall Health Sector Strategic Plan (HSSP-IV) being developed by the Ministry of Health, and is also aligned with the NAA NSP V described above. Its vision is an AIDS-free generation, with a longer, healthier and better life for PLHIV in Cambodia. Its mission is to support the SDG-3 by moving towards ending the HIV epidemic as a public health threat, by achieving zero new HIV infections, zero AIDS-related deaths and zero discrimination by 2025. It has three goals, which are to ensure the highest quality of HIV and STI prevention, treatment and care services within the health sector for all in need, to end AIDS as a public health threat by 2025, and to achieve virtual elimination of mother-to-child transmission of HIV and syphilis by 2025. There are six 'primary objectives', as follows:

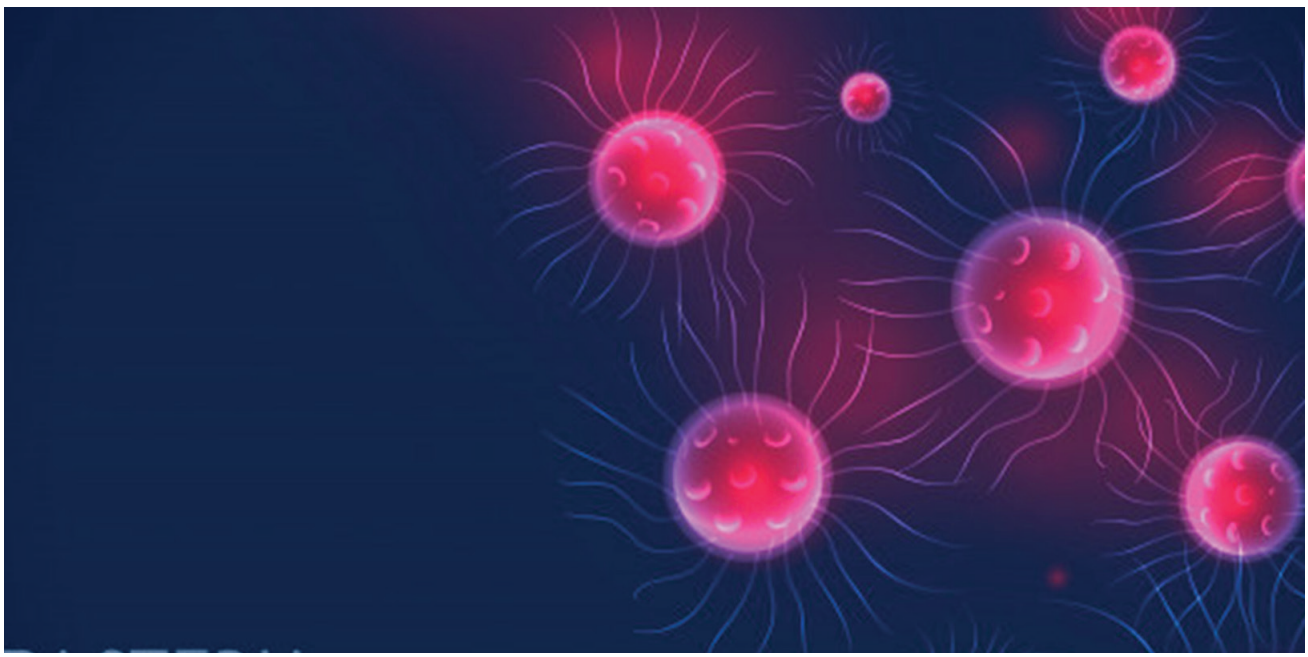
1. To reduce new HIV infections from 2300 (as of 2010) to less than 250 in 2025;
2. To increase coverage of the comprehensive package of HIV/STI prevention services for key populations and other vulnerable populations;
3. To improve case detection and retention across the treatment cascade in order to achieve the 95-95-95 targets;
4. To strengthen laboratory services in order to provide timely, quality, accessible and equitable services to PLHIV and key populations;
5. To strengthen HIV strategic information to effectively monitor the progress across the HIV prevention and treatment cascade;
6. To build sustainable and cost-effective systems for health through integration, and effective linkages between HIV/STI services, other health facilities and communities.

8 National AIDS Authority. November 2019. The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023). Phnom Penh: National AIDS Authority.
9 NCHADS/Ministry of Health. 2020. Strategic Plan for HIV and STI Prevention and Control in the Health Sector, 2021-2025 (draft). Phnom Penh: NCHADS.

The strategy has eight core components in its conceptual framework: HIV prevention, HIV testing, HIV treatment and care, STI prevention and treatment, laboratory services, logistics and supply management, strategic information and program management.

The NCHADS strategic plan acknowledges that significant programmatic challenges remain. These include significant treatment and care gaps, and a lack of information about freelance FEWs, evolving sexual behaviours of MSM and TG (in terms of new risk environments, such as the emergence of 'chemsex'), and a lack of robust outreach on online platforms for dating and sexual networking. Also, outreach workers have high turnover due to the high demands placed on them, combined with their low pay. Outreach workers are generally not able to sufficiently customize prevention messages according to a client's age, class or gender. NCHADS acknowledges that currently, the highly standardized approach to prevention activities undermines its effectiveness, especially in times of conflicting information available on the internet and social media. Prevention-wise, NCHADS worries about the declining knowledge and awareness of HIV in the population, in particular among younger generations. Among other things, the strategy calls for scaling up index testing among key populations, to improve and expand social media-based HIV prevention, awareness and linkage to care, and to expand access to HIV self-testing and PrEP among key populations.

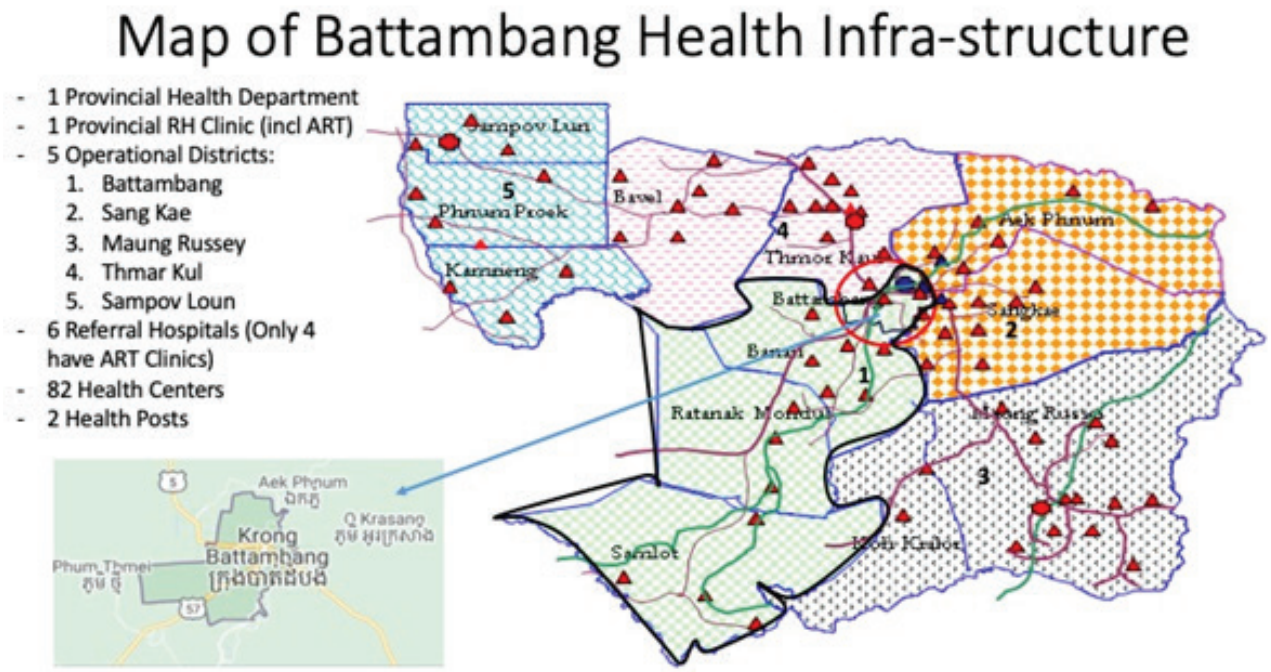
There is a provincial annual health operational plan for Battambang, as required by the Ministry of Health, but it does not contain any mention or guidance on HIV[10].



10 Dr Sou Sanith, personal communication, 6 November 2020

3. SITUATION AND RESPONSE ANALYSIS

Whereas Cambodia had one of the fastest growing HIV epidemics in the 1990s, it has successfully turned around the epidemic since then and is on track to reach the global 95-95-95 targets five years ahead of schedule. In 2019 it was estimated that there were 73,000 PLHIV in Cambodia, of whom 70,000 were adults (aged over 15 years). 52% of PLHIV were female. It was estimated that there were 780 new HIV infections in 2019, with 730 infections among adults[11]. This is down from an estimated 21,000 new infections in the year 1995. Although the total number of new infections has dropped dramatically in the past two decades, new infections among men who have sex with men, male sex workers and transgender women are on the rise: in 2019, 39% of estimated new HIV infections were among MSM, male sex workers and TG, a more than threefold increase since 2010. The number of AIDS-related deaths peaked in 2002 at around 9,900, and has since dropped; in 2019 it was estimated that 1,300 people died of AIDS-related causes[16].



Battambang City is located in one district and consists of 10 communes. It has one provincial hospital including an ART clinic, and has eight health centers, as can be seen from the figure below:

11 2020 HIV estimates based on AEM-spectrum modelling, obtained from Khin Cho Win Htin, UNAIDS Cambodia strategic information advisor, October 2020.

Krong Battambang (Town):
-**10 communes**:
1- Svay por,
2- Rattanak,
3- Toul Ta Aek,
4- Chamkar Samrong,
5- Ou Char,
6- Voat Kor,
7- Prek Preach Sdach,
8- O Mal,
9- Sla Kaet,
10- Kdol Doun Teav,
-**8 Health Centers**:
1-Svay por,
2-Rattanak,
3-Toul Ta Aek,
4-Chamkar Samrong,
5-Voat Kor,
6-O Mal,
7-Slakaet,
8- Kdol DounTeav.
-**1 Provincial Referral Hospital**: VCCT, Family Health Clinic, ART clinic for adults and children.

Map of Battambang Town

Battambang province is the second-most populated province in Cambodia, according to the 2019 census, with a population of around 987,400[12] and an average household size of 4.5 persons. The population has declined significantly since the 2013 census, when it was around 1.2 million[13]. Battambang province also had the lowest sex ratio in Cambodia, with only 86.8 men per 100 women; the report suggests that "it is possible that numerous males moved away to work in factories or other economic sectors elsewhere in Cambodia or abroad" (p.18)[12].

Battambang City is the third-largest city in Cambodia by population, after Phnom Penh and Siem Reap, with an estimated population of 163,000 as of 2017[14]; the operational district in which the city of Battambang is situated had a population of 398,195 as of 2020[15]. The health-related infrastructure of Battambang province is depicted in the below figure:

Battambang City is located in one district and consists of 10 communes. It has one provincial hospital including an ART clinic, and has eight health centers, as can be seen from the figure below:

3.1 HIV SITUATION

As of 2018, Battambang province had an estimated 5,898 people living with HIV, the fourth-highest of Cambodia's 25 provinces. 3,000 out of these 5,898 PLHIV (51%) were women. In terms of new infections, it was estimated that there were 93 new HIV infections in 2018, of whom 44 were male and 8 were children[16]. There were estimated 63 AIDS-related deaths in 2018. Around 92.2% of PLHIV in Battambang province were on ART as of 2018, with child ART coverage at 119% and adult ART coverage at 90.8%[16], which was a higher enrolment rate than the national level (84% (2019))[16].

12 National Institute of Statistics, Ministry of Planning. General Population Census of the Kingdom of Cambodia 2019 – provisional population totals. June 2019. Available from: https://www.nis.gov.kh/nis/Census2019/Provisional%20Population%20Census%202019_English_FINAL.pdf
13 National Institute of Statistics, Ministry of Planning. General Population Census of the Kingdom of Cambodia 2013.
14 See: http://www.mop.gov.kh/en-us/Home/Download/2343492f-548f-4ab9-b05d-2d508268dd04
15 PPT presentation of Dr Sou Sanith, 4 Sept 2020, Provincial HIV Prevention Care and Treatment Program, Battambang Provincial Health Department.

AEM estimates for Cambodia suggest that since 2005 the proportion of MSM among newly infected PLHIV has been growing steadily. Since 2016, MSM have become the largest category of annual new infections. Related to this, the proportion of people under the age of 30 that are newly diagnosed with HIV has been growing too, especially among men (who are mostly MSM)[16].

The 2019 IBBS and population size estimation among MSM and Transgender women included Battambang City. It suggested that there are an estimated 4,373 MSM in Battambang Province (range: 1,329 to 7,416) and an estimated 646 TG (range: 483 to 809)[17]. HIV prevalence among MSM was 4.1% in Battambang in 2019, in line with national prevalence (4%) and among TG it was 5.4%, which was lower than the national HIV prevalence of 9.6%.

A cross-sectional study among 367 MSM from Battambang and Siem Reap was conducted in 2014[18]; it found that 62.3% of respondents reported that they always used condoms over the past three months. The rates varied with types of sexual partners; the proportion of respondents who reported always using condoms was 55.1%, 64.2%, 75.9%, 73.0%, 78.1%, and 70.3%, for sexual partners who were girlfriends, boyfriends, female sex workers, male sex workers, female clients, or male clients, respectively. Inconsistent condom use was significantly associated with age of ≥25, self-rated quality of life as good or very good, self-perception of higher HIV risk compared to the general population, illicit drug use in the past three months, and reported consistent lubricant use when selling anal sex to men in the past three months. The authors concluded that risky sexual behaviors were high among MSM in this study, especially among those who used illicit drugs or were older than 25, and suggest that HIV education and social marketing should be expanded and specifically designed for young MSM and MSM who were using drugs.

A 2019 NCHADS report estimates that there are 3,096 FSW and 250 PWID in Battambang Province16. However, the 2017 IBBS focusing on PWID and PWUD managed to recruit only 12 PWID from Battambang into the study. Among the 173 people who used (but not injected) drugs recruited in the study in Battambang, HIV prevalence was found to be 9.3%, which was second-highest in the country (after Sihanoukville)[19]. A large majority of the cases identified in the IBBS exercise were already aware of their status and were already enrolled into ART services.

The 2016 IBBS focused on female entertainment workers (FEW) in 13 operational districts in 6 provinces/cities, including Battambang. Most of the FEW in the sample (70.6%) worked at karaoke venues[20]. HIV prevalence among FEWs in Battambang was found to be 3.7%, second only to Phnom Penh. Across the country, HIV prevalence was much higher (11.9%) among FEW who worked 'freelance'. An important risk factor was alcohol use, with 43.2% of FEW drinking more than 95 drinks in the past week, showing the need to integrate HIV prevention with alcohol harm reduction programs.

16 National Center for HIV/AIDS, Dermatology and STI/Ministry of Health. Sept. 2019. Technical Note on National and Sub-national HIV Estimates and Projections. Phnom Penh: Ministry of Health

17 IBBS among MSM and TG in Cambodia 2019. Presentation by Dr Mun Phalkun, Chief of Surveillance Unit, NCHADS and FHI360, 20 February 2020. Available from: https://www.nchads.org/Publication/SSS/IBBS_MSM_n_TW_2019_eng.pdf

18 Yi, S., Tuot, S., Chhoun, P., Pal, K., Tith, K. and Brody, C., 2015. Factors associated with inconsistent condom use among men who have sex with men in Cambodia. PloS one, 10(8), p.e0136114.

19 National Population Size Estimation, IBBS and HCV among PWID and PWUD in Cambodia, 2017. Presentation by Dr Mun Phalkun, Yi Siyan, Tuot Sovannary, NCHADS, May 21, 2018. Available from: https://www.nchads.org/Publication/SSS/PWID_PWUD%20IBBS%202017_Eng.pdf

20 IBBS 2016 among Female Entertainment Workers. Presentation by Dr Mun Phalkun, Surveillance Unit, NCHADS. Available from: https://www.nchads.org/Publication/SSS/EW%20IBBS%202017_170417_eng.pdf

Table 1: Overview of HIV prevalence and population size estimates for Battambang province

Key populations	MSM	TG	FSW	PWID	PWUD
Estimated population	4373[17]	646[17]	3096[16]	250[16]	1042[19]
Estimated HIV prevalence	4.1[17]	5.4[17]	3.7[20]	N/A	9.3[19]

3.2 HIV RESPONSE

The Battambang Provincial AIDS and STI program (PASP), part of the Provincial Health Department, coordinates and guides the HIV response in the province. There are 82 HIV testing locations, four VCCT sites, five ART centers and two family health clinics that are providing HIV and STI services across the province. There are 26 HTC, one ART and one FHC located in Battambang OD15. The Global Fund, USAID, US-CDC and AHF are main external donors supporting the HIV response in Battambang and US-CDC, AHF and FHI360 are providers of technical assistance.

Five key implementing NGOs are responsible for implementation of HIV services. RHAC and MHSS implement a standardized package of HIV services referred to as B-CoPCT ("Boosted Continuum of Prevention to Care and Treatment"), the definition of which was recently updated and expanded to move beyond location-based outreach. It aims to expand online efforts, introduce incentive-based testing, and introduce innovative prevention approaches including PrEP and HIV self-testing[21] (see under Section 6). The other NGOs implement BCOC (Care and Treatment) and support PMTCT, respectively.

The implementation of HIV services is divided among the NGOs by key/vulnerable population. RHAC delivers the B-CoPCT package to female entertainment workers (FEW) and MHSS does so to MSM and TG. BFD works to support children affected by HIV, SCC implements care and support services for PLHIV and HfCCF implements PMTCT. The table below shows the number of MSM, TG and FEW reached by the program with prevention and community-based testing (CBT).

Table 2: Reach and HIV testing yield of key populations in Battambang, first 6 months, 2020[22]

Key Populations		Registered	Reached	HTS through Community based testing	Reactive	Confirmed
Female Entertainment workers (FEW)	Q1, 2020	2298	2181	1034	1	1
	Q2, 2020	2158	1716	943	3	3
Men who have Sex with Men (MSM)	Q1, 2020	3194	2868	1499	14	14
	Q2, 2020	3194	2737	1520	20	20
Transgender women (TG)	Q1, 2020	334	319	182	4	4
	Q2, 2020	338	278	133	2	2
			Total	**5311**	**44**	**44**

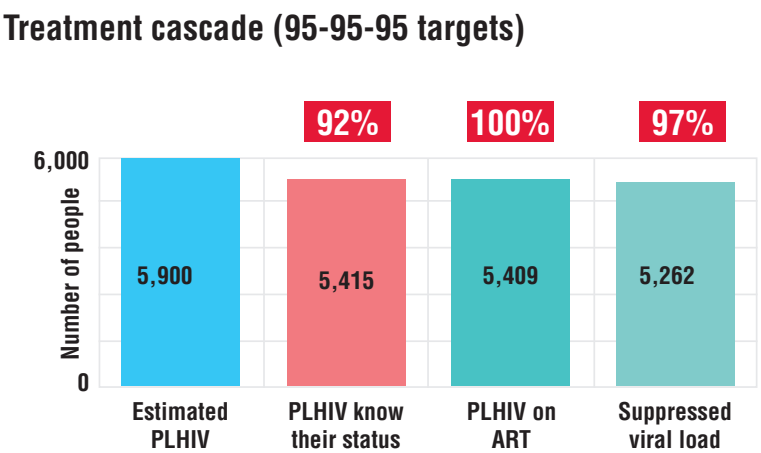
21 NCHADS, Boosted Continuum of Prevention, Care and Treatment Guidelines (draft), 7 August 2020.
22 RHAC/NCHADS data, 2020.

Out of the estimated 5,900 PLHIV in Battambang province, 5,143 adults and 266 children were on ART as of the end of the first half of 2020 (93.2%)15. 3,070 out of these 5,409 PLHIV lived in Battambang OD (56.7%)[15].

In the first six months of 2020, 156 new HIV cases were identified in Battambang province. 103 of the new cases were men, of whom 41 were MSM and 7 TG. 10 were partners of known PLHIV, identified via index testing. 15 were people who inject drugs, 4 were entertainment workers, 5 were TB patients, 3 were STI patients and 1 was a person who used / not injected drugs. The largest group (70) of newly diagnosed PLHIV were not known to be a member of any key population15. Of the 156 new cases, 150 were enrolled on ART by the end of the period. 32 adults were rediscovered and newly enrolled into ART after having previously dropped out[15]. In the first six months of 2020, 89 people on ART were lost to follow-up compared to 210 in the full year of 2018 and 152 in the full year of 2019), whereas 48 PLHIV who were on ART died during the 6M period (compared to 59 in 2018 and 78 in 2019)[15].

Battambang has succeeded in gradually improving its HIV case finding, introducing and improving the practice of index testing/partner tracing. Rapid initiation of ART, to avoid loss to follow-up, has also been ramped up; in the second quarter of 2020, 29.7% of newly diagnosed PLHIV started ART on the same day, and 73% were able to access ART within 3 days[15]. The retention rate has fluctuated in recent years but has some room for improvement, with around 85-91% of PLHIV remaining on ART after 12 months15 between Q1, 2018 and Q2, 2019. 89.1% of PLHIV had access to viral load testing in the past 12 months as of June 2020, up from 72.7% in 2017. Of those who had access to VL testing, 97.1% had a suppressed VL (<1000 copies), up from 95.2% in 2017[15].

The figure below depicts the HIV service cascade as of 30 June, 2020. It shows that Battambang has already achieved the second and third 95 goals and is not far off achieving the first 95.



3.3 BARRIERS TO HIV SERVICES

In 2019, a Joint HIV Program Review was conducted by a team of independent consultants and local stakeholders[23]. It concluded that while Cambodia has been successful in reducing new HIV infections in recent years, the focus of its HIV program has shifted too much to HIV testing and treatment, and funding for primary prevention has

23 Katya Burns, David Hales, Sarah Huffam, Elizabeth Pisani and Donghyok Kwon. Cambodia Joint Programme Review of the Health Sector Response to HIV/AIDS. Final (v3). December 2019. Ministry of Health/NCHADS, 2019.

fallen—including the capacity of the prevention program to respond to new challenges in an innovative and effective manner. As a result, no specific, tailored prevention messages and approaches have yet been developed for some populations at high risk including PWUD, transgender women, MSM who sell sex and freelance FEW. There is also decreasing awareness about HIV among young people, particularly young MSM and TG. The JPR team recommended to move beyond the old 'use a condom' messaging to include critical messages about the importance of viral suppression (i.e. the protective effect of ART treatment—this will also be effective as a stigma reduction measure), the effectiveness of PrEP for preventing HIV, and to expand outreach and information delivery channels to social media and dating apps. The JPR found outreach workers to be 'underpaid and over-worked' which contributed to high turn-over rates; it suggested to 'professionalize' outreach, i.e. creating a well-paid, well-trained and well-motivated cadre of outreach workers who can actively access new pockets of HIV risk. In terms of HIV testing, the JPR found that counselors' ability to conduct risk assessments during pre-test counseling needs to be improved, and post-test counseling skills for people who have sero-converted needs to be improved to avoid loss-to-follow-up (LTFU) before ART enrolment. The team identified a number of factors driving LTFU, including stigma and discrimination in communities and in health facilities, forcing PLHIV to attend services far from home; uneven quality of services across treatment sites; poverty; gaps in treatment literacy; the physical distance between VCCT and ART services – often located in different compounds of the same Referral Hospital, and regulations in some areas that require two confirmatory tests and two counselling sessions which results in gaps of one to two weeks between the time a patient receives confirmation of their HIV status and the time they can start treatment. Available data suggests that treatment outcomes in KPs are comparatively poor: FEWs have disproportionately high rates of LTFU and viral load failure, just 30.8% of HIV-positive PWID in Cambodia access ART, and LTFU among prisoners post-release is reportedly also high. The JPR team therefore recommended to introduce commencing ART on the same day as confirmatory testing, expanding options for accessing confirmation tests in NGO clinics and the private sector, improve the quality of care in poorly performing ART sites, improve ART services for adolescents and people in closed settings, among other measures. Access to viral load testing for people on ART is also lagging behind, with only 75% of PLHIV getting a VL test in 2017 and 72% of PLHIV who had a detectable VL did not receive a repeat VL test within 6 months. The JPR noted that PLHIV need better access to 'enhanced adherence counselling'. In terms of differentiated care, the JPR recommended that doctors continue MMD and appointment spacing, and that NCHADS also consider interim ART collection at Health Center level, community ART delivery (CAD), and family / spousal pick up. The JPR emphasized the importance of resuming regular CD4 testing to inform clinical decisions about opportunistic infections (OI), including ensuring that clinicians at HIV treatment facilities understand that CD4 testing is required for patient management. Finally, the JPR found problems in coordination and cross-referral between HIV, STI, TB and other health services, and recommended integrating Family Health Clinics with other relevant services, notably VCCT, developing a strategy to reach men with STI services such as partnering with the private facilities where men prefer to access STI services, and improve access to STI services for key populations, especially those at elevated risk such as FEW, MSM and transgender women.

The JPR review[23] found that stigma and discrimination are important reasons for loss-to-follow-up for PLHIV across the HIV service cascade. The team found that it inhibits those with reactive test results in community settings from attending confirmatory testing at VCCT, and drives those who are enrolled in ART to seek out treatment facilities far from home, which brings high transportation costs for PLHIV, and results in under-utilization of some ART clinics and over-burdening of others, to the detriment of quality of care (p.20). The JPR team found that an estimated 20-50% of ART clients in Phnom Penh were PLHIV who travelled from the provinces for their care to avoid being recognized by neighbours or community members. The JPR team quoted a representative of the Cambodian PLHIV Network as saying the tendency to travel for treatment was particularly pronounced

among PLHIV who are healthy and in paid employment, while those with late-stage disease tend to attend clinics closer to home. A 2015 study among 1,003 PLHIV in 6 provinces (including Battambang) found low stigma in health settings but significant levels of community-based stigma, including being gossiped about, and high levels of internalized stigma[24]. The 2019 Stigma Index study found that while PLHIV were hesitant to disclose their HIV status to employers and co-workers, a majority disclosed to their husbands/wives and children. Experiences of external/enacted stigma and discrimination were low: 5% of male and 5.6% of female PLHIV said they were 'aware of discriminatory remarks' made by other people; all other forms of external stigma (verbal harassment, exclusion of social gatherings, etc) were experienced by less than 4% of PLHIV.

Specific data from Battambang showed that while seeking HIV-specific health care in the past 12 months, only one out of 183 PLHIV were denied health services, three said their status was involuntarily disclosed by HCP and four experienced HCP taking extra precautions while providing HIV care, because of their HIV status. In the general health services, nobody reported to have been refused health services and no information was involuntarily shared, but six out of 123 PLHIV who answered the question said the HCP took extra precautions when dealing with them[25].

In contrast, levels of internalized stigma were high, with nearly three-quarters of PLHIV finding it difficult to tell people about their HIV status and hiding their HIV status. Over two-thirds of PLHIV said they felt ashamed of their HIV status. Around two-thirds said they felt guilty about it, and slightly over half reported feeling 'dirty' or 'worthless' in relation to their HIV status[26].

A 2019 study looked at the effect of anti-trafficking legislation in Cambodia in 2008, which was ostensibly designed to suppress human trafficking and sexual exploitation. However, the effect of the law was that sex workers reported being displaced to streets and guesthouses, impacting their ability to negotiate safe sex and increasing exposure to violence. Disruption of peer networks and associated mobility also reduced access to outreach, condoms and health care. The authors conclude that the current legal environment has the potential to undermine prevention efforts by promoting stigma and discrimination, impeding prevention uptake and coverage, and increasing infections among FEW, and suggest that legal and policy responses which seek to protect the rights of the sexually exploited should not infringe the right to health of sex workers[27]. Although the above-mentioned study was conducted in Phnom Penh, the effects of the anti-trafficking legislation are felt nation-wide, including in Battambang.

In 2018, a study was published on the vulnerabilities of transgender women involved in sex work. Nearly three quarters (74%) had experienced sexual harassment, 40% cited physical assault in the past 12 months, and 55% said they had been forced to have sex against their will—all forms of gender-based violence (GBV). Several forms of discrimination were reported, including loss of employment (39%) and loss or denial of housing (20%), and to a lesser extent denial of health services (10%) and education opportunities (12%). The police were regarded as a main culprit in stigma and discrimination, as well as in perpetrating physical and sexual assault[28].

24 Yi, S., Chhoun, P., Suong, S., Thin, K., Brody, C. and Tuot, S., 2015. AIDS-related stigma and mental disorders among people living with HIV: a cross-sectional study in Cambodia. PloS one, 10(3), p.e0121461.

25 Data retrieved from the Stigma Index study dataset on 19 Nov 2020)

26 Cambodia PLHIV Network (CPN+), The People Living with HIV Stigma Index 2.0 – A Survey on Stigma and Discrimination among People Living with HIV in Cambodia. Phnom Penh: CPN+, 2019.

27 Maher, L., Dixon, T.C., Phlong, P., Mooney-Somers, J., Stein, E. and Page, K., 2015. Conflicting rights: how the prohibition of human trafficking and sexual exploitation infringes the right to health of female sex workers in Phnom Penh, Cambodia. Health and human rights, 17(1), p.E102.

28 Davis, J.D., Miles G. 2018. "They chase us like dogs": Exploring the vulnerabilities of "Ladyboys" in the Cambodian sex trade. Dignity: A Journal on Sexual Exploitation and Violence. 3(2):Article 1. Available from: 10.23860/dignity.2018.03.02.01

Except from stigma and discrimination, described above, the JPR team found several other barriers that key populations face while accessing HIV services. These include financial barriers, which impacted the ability of those with a reactive test in community settings from attending confirmatory HIV testing and also posed challenges for PLHIV who travel to ART clinics farther away from their homes (discussed above). Barriers cited included the cost of transportation and accommodation, the economic impact of time away from work and the concern that unwanted disclosure of HIV status would impact economic security; this latter posed a particular barrier for FEW whose livelihood would be impacted if their status became known.

Weak treatment literacy among some PLHIV was cited as a reason for loss-to-follow-up between confirmatory testing and initiation of ART, and also among PLHIV enrolled in ART with low viral loads. Newly diagnosed PLHIV who feel healthy may not enrol in ART and those who are enrolled and whose health improves may experience 'attendance fatigue' and interpret feeling stronger and having an undetectable HIV viral load as an indication that they longer require treatment (p. 20).

Regulatory delays and inconsistent adherence to guidelines was also seen as a barrier to ART services leading to loss-to-follow-up, as was lack of adequate support and follow-up of PLHIV between enrolment in care and initiation of ART. Adherence support once enrolled is provided by facility-based workers and community-staff, who often found it difficult to keep track or trace PLHIV who were lost to follow up. PLHIV from key populations are often very mobile and change phone numbers often. A final obstacle was 'uneven quality of care' (p. 21), i.e. treatment and care do not follow uniform standards and guidelines, making the experience of accessing care unduly dependent on individual staff performance[23].

4. GUIDING PRINCIPLES AND PROCESS OF DEVELOPMENT OF THIS STRATEGIC PLAN

The following principles guided the development of this strategic plan:

Community-led: The HIV response will be most successful if it is based on the needs of communities, and if it is designed and implemented with meaningful engagement of these communities. Therefore, the HIV response in Battambang will be community-led, and the design, implementation, and monitoring of HIV interventions will be based on active participation, engagement and inputs of communities of PLHIV and key populations. In addition, where possible, HIV services for PLHIV and key populations will be led, managed and implemented by people who are from, or have strong affinity with, PLHIV and key populations communities.

Human Rights-based: The HIV response in Battambang is designed and implemented according to the principle that the fulfilment of human rights is an essential prerequisite for the successful implementation of any HIV program. The right to health care, the right to access health services in an environment free of stigma and discrimination, and the right to take decisions about one's own health care and treatment are at the basis of the Battambang's HIV response.

Equitable: Inequities in access to health- and HIV services must be reduced in order to achieve the goal of eliminating new HIV infections by 2025. This means that the HIV response must take into account and address gender inequality, and age barriers. Services provision must be gender- and age-sensitive. Health care providers will be trained to enhance and incorporate gender- and age-specific challenges to adopting safer sex behaviors and health-seeking behaviors in their counseling and health care provision practice. This will enable adolescents, women, transgender people and other gender minorities to attain their right to health care in general, and HIV services in particular.

Result-based: This strategy aims to set goals and objectives that can be measured, monitored and evaluated, in line with principles of result-based planning and management and accountability. This will ensure an accountable and efficient use of resources and clearly attributable outputs, outcomes and impacts. A logical framework is described in the final section of this document.

Evidence-based and innovative: The strategies developed will be guided by strategic information, and based on the latest scientific evidence and innovations, in line with principles of result-based management.

Embracing multisectoral partnership: Whereas HIV is often regarded as mainly a health sector problem, it is related and has an impact on many different aspects of society. To effectively respond to HIV, holistic, comprehensive and multi-sectoral approaches are required. The involvement of other sectors, including but not limited to those involved in law enforcement, education and social protection and social welfare, is therefore important.

5. VISION, GOAL, MISSION, OBJECTIVES OF THE STRATEGY

Vision: Battambang as a province with zero new HIV infections, zero AIDS-related deaths and zero discrimination.

Goal: To facilitate the achievement of ending AIDS as a public health threat and the 95-95-95 targets set by the Royal Government of Cambodia by 2025, by enhancing a strong city-level HIV response.

Mission: To facilitate the provision of high-quality, human-rights based, comprehensive HIV services that are friendly, accessible, equitable, sustainable and effective to the population of Battambang in general and to key populations in particular.

Objectives:

1. Increase leadership, local Investment and sustainability of the HIV response at subnational level through a gradual integration of HIV services into the overall health system and into local planning and budgeting, and government funding allocation for HIV at the subnational level.
2. Increase coverage of the boosted comprehensive package of HIV and STI prevention services, including PrEP, for key populations and other vulnerable populations in order to achieve elimination of new HIV infections in Battambang by 2025;
3. Improve HIV case detection, early ART enrollment, and retention across the treatment cascade in Battambang in order to achieve the 95-95-95 targets by 2025;
4. Improve the enabling environment for delivery of HIV services in Battambang by improving the legal and policy environment, and improving coordination among key stakeholders, strengthening links to social protection and enhancing efforts to address stigma and discrimination;
5. Strengthen the subnational M&E system and availability of local HIV strategic information to effectively monitor the progress across HIV prevention and treatment cascade, and to generate guidance for regular improvement of HIV services;

6. STRATEGIES AND ACTIVITIES FOR EACH OBJECTIVE

Objective 1: Leadership, local Investment and sustainability

Strategy 1.1 Increase leadership among Battambang-based authorities (politicians, senior civil servants and popular opinion makers) and key stakeholders for an enhanced and improved city level HIV response

Key activities:

- Led by the PAC and Battambang City AIDS Committee (BCAC), conduct Leadership Seminars for high level politicians and senior civil servants in the city of Battambang in order to promote the objectives and activities of this strategy and increase awareness of the national targets for Ending AIDS as a public health threat, as well as the importance of reducing stigma and discrimination of PLHIV and key populations in order to attain these targets and the need to allocate local resources to the HIV response.
- Build the capacity for leadership among Battambang city authorities, in particular in planning, designing, implementation, monitoring, reporting and evaluation of HIV related interventions, as well as on how to collect, analyze and use local strategic information to inform and guide immediate actions for improvement of the response.
- Build capacity for leadership, community organizing and diplomatic/negotiation skills among key PLHIV and KP community leaders, ensuring they are equipped to fully engage in the design, implementation, monitoring and evaluation of HIV interventions and in efforts to negotiate a better enabling environment.

Strategy 1.2 Advocate for the integration of HIV services into the wider health and social affairs systems

Key activities:

- Explore the possibility for integration of HIV service within overall health services such as NCDs and other general healthcare services.
- Pilot a more comprehensive “healthy lifestyle” approach for KP and PLHIV that includes improving overall general physical and mental health and tackling the adverse health effects of drugs, alcohol and GBV.
- Train outreach workers and other HIV service providers working with PLHIV and key populations on a wider set of health issues that includes so-called ‘non-communicable diseases’ such as diabetes, hypertension, heart disease and the negative effects of alcohol, smoking and using drugs. This will also improve health outcomes for PLHIV on ART.
- Improve linkages between the health sector and social affairs sectors, especially for PLHIV in need of the Equity Card.

Strategy 1.3 Advocate for the allocation of local resources for HIV programming

Key activities:

- NAA, PAC and BCAC will jointly advocate for subnational budget allocation for HIV programming at the pro-

vincial, sangkat and commune level by targeted engagement of policy- and decision makers. In particular, advocacy is needed for allocating funds towards HIV related interventions in commune development plans and commune investment plans.

- Provide support to key community leaders to conduct advocacy and awareness raising activities using the commune- and district budgets or supported by local or foreign donor organizations to allocate part of the development/health budgets for HIV and stigma reduction activities.
- Increase efforts to advocate/raise funds from non-government donor organizations.

Objective 2: Increase HIV prevention coverage

Strategy 2.1 Diversify HIV prevention modalities by providing a wider array of options for HIV prevention to those in need, especially key populations at high risk of HIV infection. This should include ensuring access to PEP after potential HIV exposure, promotion and scale up of PrEP for key populations (in particular young MSM and TG), improving comprehensive knowledge of and about condoms and lubricants among key populations so that their use can become more effective, and knowledge about other ways to reduce HIV risk.

Key activities:

- Strengthen and ensure sufficient coverage of combination prevention services and more targeted HIV prevention to key populations, including the promotion and expansion of PrEP provision especially for key population at higher risk.
- Ensure availability and improve access to PEP for populations who need this service, including but not limited to GBV survivors from key populations.
- Develop more targeted messaging that tailor to the needs of sub key populations through developing a new training manual/curriculum for outreach workers, peer educators and HIV counselors that provides multiple options for HIV risk reduction that can be tailored to individual clients' needs. The curriculum needs to include a series of options for risk reduction that also include risk-reduction methods that do not involve using condoms or PrEP (for example, shifting from unprotected anal sex to unprotected oral sex), and avoid 'sloganistic' messages or one-size-fits-all solutions.
- Strengthen the capacity of outreach workers, peer educators and HIV service providers through the provision of a series of in-depth trainings in motivational counseling for HIV prevention and in develop the skill to better target prevention messages to different individual needs (see above).
- Ensure that the insights of the new curriculum find their ways to online and offline information/education/communication materials to be used by HIV outreach workers and HIV service providers.

Strategy 2.2 Diversify modalities for delivery of HIV prevention education to key populations in particular by developing social media and other internet-based approaches for sharing information about HIV, ways to prevent HIV (including condoms and PrEP) and the importance of HIV testing.

Key activities:

- Identify popular social media platforms and dating apps being used, in particular by different key population in Battambang, by conducting a mapping of social media and Battambang-based Facebook pages and public/closed FB, WhatsApp and Telegram groups that can provide platforms for a social media-based campaign to enhance HIV prevention (and testing) for key populations.
- Design a comprehensive communications/marketing strategy to ensure the population in general, and in particular key populations, are given access to the right messages and information.

- Improve HIV prevention messages and education materials that are sufficiently complex (i.e., not 'one-size-fits-all' and no simple slogans) and provide options for key populations that go beyond only using condoms, including negotiation for safe sex and focusing on PrEP for virtual outreach and social media to address specific needs of sub population, including young MSM and TG). The messages should be carefully tested to ensure they are acceptable and understandable by different segments of key population audiences (i.e. adolescents, people who are illiterate or semi-literate, people from different socio-economic backgrounds etc).
- Identify and work closely with local influencers in Battambang, including social media influencers, to mobilize them to help deliver HIV prevention messages.

Strategy 2.3 Bring new partners into the HIV response, in particular the education sector which can provide support for enhanced HIV awareness efforts among youth in Battambang's schools, as well as medical schools, local policy makers, media and community influencers who can introduce HIV awareness messages in their efforts and activities. This should include the private sector (entertainment establishments) that can be mobilized to distribute condoms and information materials.

Key activities:

- Engage and work closely with the Department of Education, Youth and Sports, which will be part of the Battambang City AIDS Committee, to effectively implement comprehensive sexuality education in schools and to develop and implement an action plan for HIV prevention and awareness raising activities in Battambang's schools. This can be, for example, in the form of a campaign with extracurricular activities leading up to World AIDS Day, or specific sexuality education for young MSM or TG.
- Sensitize and actively engage local policy makers and religious and business leaders, and media/social media influencers in delivering HIV prevention messages (and HIV stigma reduction messages) in their work. These can be via workshops or orientations to inform them about the HIV situation and discuss the roles they can play in the local HIV response.
- Engage influential private sector representatives to become part of the Battambang City AIDS Committee. Enlist entertainment / private businesses who are willing to help in the provision and dissemination of HIV messages and work with them to regularly disseminate HIV prevention messages, condoms and lubricants via their establishments and facilitate access for outreach workers to reach men and women employed in entertainment establishments and promote access to HIV prevention (i.e. PrEP), HIV testing and other HIV services.
- Work with the Nursing and Medical schools/colleges in Battambang city to integrate HIV related subjects, including but not limited to prevention, into the standard curriculum of these tertiary education institutions.

Objective 3: Improve HIV case detection, early ART enrollment and retention

Strategy 3.1 Diversify modalities for HIV testing, including community-based and facility based testing and self-testing as well as options to test in private sector clinics and/or via reliable online channels.

Key activities:

- Conduct a mapping of all HIV testing facilities in Battambang city, including those of the government, NGO/CBO clinics as well as private clinics. Check if all clinics follow national guidelines for HIV testing and if so, include them as options for people looking for a place to test.
- Strengthen the quality and targeting of community-based HIV testing through outreach workers to deliver HIV testing to key populations, especially those who are at high risk, to improve case detection.

- Introduce and implement HIV self-testing, including but not limited to providing access through online channels for key population members by contacting outreach workers or health workers to order an HIV self-test, ensuring they have access to pre-and post-test counseling (see below).
- Strengthen the capacity of outreach worker and health care providers in counseling, including for HIV self-testing, and experiment with counseling via Skype, Facetime, FB messenger, WhatsApp, Telegram or other social media channels, so that clients can be coached 'real-time' when they do their HIV self-test, to ensure no loss-to follow up occurs.
- Provide training to HIV testing personnel (nurses and doctors) to further improve the process for index-testing / partner tracing in a non-threatening and non-stigmatizing way, for example asking for their help in inviting sexual partners for a free general health check-up (which includes an HIV test); this will help protect the confidentiality of recently diagnosed PLHIV in case they are reluctant to disclose their status to their partner(s).

Strategy 3.2 Increase demand for HIV testing, including HIV self-testing through normalization of HIV testing, and public awareness campaigns

Key activities:

- Conduct offline and online public awareness campaigns to promote HIV testing using local resources, inviting commune leaders, other community influencers and social media/entertainment influencers to promote public awareness about HIV testing, including the principle of U=U and the availability of free PEP and PrEP. Such awareness raising activities could be integrated into the organization of existing events around Pchum Ben or Khmer New Year.
- Ensure that the public awareness of the availability of HIV testing is improved by including HIV messages on banners and billboards to be installed across Battambang during the World AIDS Day campaign.
- Develop and use HIV testing messaging through outreach and social media to generate demand for HIV testing among key populations.
- Normalize HIV testing by integration of HIV testing as part of a standard part of any general health checkup. An annual health check-up should be promoted that includes HIV and STI testing for all key populations, ensuring effective referral not only for STI and HIV treatment but also for other health issues that may come to light during these check-ups.

Strategy 3.3 Improve the speed of enrolment into ART

Key activities:

- Strengthen linkages from screening test, including through community-based HIV testing and HIV self-testing, to confirmatory testing at VCCT sites through the development of a clear referral mechanism to avoid loss-to-follow-up.
- Improve early ART enrollment, including reinforcing same-day treatment.

Strategy 3.4 Improve and strengthen ART adherence and retention

Key activities

- Strengthen peer-to-peer psychosocial support to ensure and improve adherence and retention into ART care after enrolment.
- Conduct training of nurses, counselors and doctors involved in providing HIV treatment and care to ensure they are KP-friendly and abreast of the latest science and innovative developments to improve PLHIV wellbeing.

- Strengthen HIV case management focusing on key populations at high risk of becoming lost to follow-up.
- Promote the practice of regular HIV viral load testing among PLHIV who are on HIV treatment, and work towards reducing barriers to accessing viral load testing.

Objective 4: Improve the enabling environment

Strategy 4.1 Strengthen partnership with other sectors, in particular the planning and social affairs sector (to improve access of PLHIV to the Equity Card), law enforcement officers and local authorities (to reduce impediments to HIV service delivery, especially outreach to key populations) and the education sector

Key activities:

- Include Departments of Planning, Social Affairs, Education, Youth and Sports and Police representatives to be members of the Battambang City AIDS Committee.
- Sensitize and reinforce understanding of the key roles of above mentioned departments in the city level HIV response, by regularly conducting dialogues with key partners including members of PLHIV and Key Populations for feedback and on strategies to further improve the enabling environment for the HIV response.
- Establish and strengthen engagement of PLHIV and key populations in social protection and enabling environment mechanisms at the city level to ensure their concerns and needs are heard and addressed, including the issue of gender-based violence (GBV).
- Work closely with the departments of planning and social affairs to address barriers that PLHIV and key populations face in accessing the Equity Card and other social protection benefits, and with law enforcement officers and local authorities to address other legal and policy barriers that prevent PLHIV and key populations from accessing HIV and other related services, including as a result of (temporary) migration.

Strategy 4.2 Sensitize and train local health care providers in the public-, private- and CSO sectors on the specific HIV-, overall health and social support needs of PLHIV and key populations and the ethical ramifications of working with marginalized populations.

Key activities:

- Conduct training workshops with all HIV and STI related health care providers in the city of Battambang to ensure stigma-free and KP-friendly provision of health services.
- Distribute and enforce the importance of maintaining strict ethical guidelines around confidentiality and privacy of PLHIV and key populations to all workers in hospitals and clinics, including guards and receptionists.

Strategy 4.3 Strengthen linkages to social and legal support NGOs to deal with instances of discrimination, stigma and gender-based violence that PLHIV and key populations may encounter, as well as to strengthen social support of newly-diagnosed PLHIV.

Key activities:

- Identify and work closely with legal / social support NGOs and CBOs to ensure PLHIV and key populations are prioritized and included as part of their support program.
- Integrate the availability and mechanisms for accessing and obtaining legal and social support into the training of outreach workers and HIV service providers, ensuring effective referral to such services for PLHIV and key populations affected by stigma, discrimination, violence and other related human rights violations.

- Facilitate training of police officers on human rights and stigma reduction, conducted by legal/social support NGOs and CBOs led by PLHIV and key population representatives.
- Increase awareness about the availability of legal and social support to PLHIV and key population communities during HIV-related events and campaigns.

Strategy 4.4 Increase public awareness to reduce community stigma of PLHIV and key populations

Key activities:

- Use local resources, commune leaders, other community influencers and social media/entertainment influencers for raising awareness to reduce community stigma of PLHIV and of key populations. Such awareness raising activities could be integrated into the organization of existing events around Pchum Ben or Khmer New Year.
- Include stigma-reduction messages on banners and billboards to be installed across Battambang during the World AIDS Day campaign.
- Implement U=U campaign, which should be part of national campaign, to increase awareness around U=U which is likely to lead to reduced stigma and discrimination, including self-stigma.

Objective 5: Strengthen M&E and strategic information

Strategy 5.1 Strengthen generation and use of quality data to track the progress and address bottlenecks to the 95-95-95 targets

Key activities:

- Strengthen existing mechanisms at the site level to improve data collection, analysis and use to track 95-95-95 treatment targets at all levels.
- Support a people-centered data system that captures intervention effects starting from HIV prevention to viral suppression, to ensure that HIV-negative key and vulnerable populations stay negative and identified positive people are linked to care.
- Strengthen granular data collection and analysis to understand differentiated risks disaggregated by age, gender, sub-groups and location/site.
- Strengthen and enhance the analysis and use of prevention and treatment program data to monitor the effectiveness of the HIV program and also to inform program implementers and re-prioritize objectives, if necessary.

Strategy 5.2 Develop a Battambang-specific research agenda for HIV epidemic control.

Key activities:

- Identify research needs on emerging issues in collaboration with the University of Battambang, research-oriented local and foreign NGOs/CBOs such as the Khmer HIV/AIDS NGO Alliance (KHANA), Population Services International (PSI), FHI360 in order to develop a Battambang-specific research agenda.
- Conduct operational research/ in-depth study/assessment to understand current programmatic bottlenecks (e.g. LTFU, adherence) and emerging risks (e.g. ATS use, dating apps and high-risk sex, etc.).
- Track the progress of the research agenda on a regular basis.

Strategy 5.3 Continued capacity building and reduction of turn-over of Strategic Information/M&E workforce

Key activities:

- Conduct trainings and refresher trainings for all data management staff at sub-national and national level.
- Advocate with MoH and relevant authorities to address staff shortages in the field of strategic information and M&E, and ensure appropriate remedial action.
- Support the sustainability and institutionalization of an integrated data system as part of the planned National Master Patient Index (MPI) roll-out

7. IMPLEMENTATION ARRANGEMENTS

Battambang Province has an active Provincial AIDS Committee (see Annex 2). The PAC will oversee and provide overall guidance for the implementation of this Fast-Track City Strategic Plan, led by the Vice-Governor of Battambang. The District AIDS Committee of Battambang City or Battambang City AIDS Committee (BCAC) will lead the implementation, monitoring and evaluation of this Fast-Track City Strategic Plan. In line with a recent guidance note from the National AIDS Authority to all provincial authorities in Cambodia, the membership of AIDS Committees should go beyond government partners and include representatives from NGOs/CBOs and key populations as well as PLHIV. Particular communes/sangkat with large concentrations of key populations and PLHIV will be invited to participate in the District AIDS Committee of Battambang City or Battambang City AIDS Committee meetings permanently or on an as-needed basis.

The District AIDS Committee of Battambang City or Battambang City AIDS Committee will have the following membership:

- Mayor (Chair)
- Deputy mayor in charge of the health sector (vice chair)
- Director of the Operational District Health Department (Permanent Vice Chair)
- Director of the City Administration department
- Representative from the office of social affairs
- Representative from the office for sangkat planning support
- Representative of the Police Department
- Representative of the Cambodian Red Cross (at district/city level)
- Chairs of the Commune AIDS Committees/Councils where PLHIV or KP are concentrated.
- Representative of a CSO providing services to FSW
- Representative of a CSO providing services to MSM/TG
- Representative of a CSO providing services to PWUD/PWID
- Representative of the PLHIV network
- Representative of the KP network(s)
- Representative of the private sector
- NAA and UNAIDS (would attend the meetings when needed)

Secretariat of DAC:

- Director of city administration (Chair)
- Assigned staff in charge of the HIV and STI program; or Case Management Coordinator at OD level
- Representative from the office for sangkat planning support

8. MONITORING AND EVALUATION PLAN

The Monitoring and Evaluation Plan describes the status of monitoring and evaluation of this strategy, but placed in the context of the national HIV response of Cambodia. This strategy will be monitored and evaluated following the existing national M&E structure that is already in place, with a major role for the M&E Unit of the National AIDS Authority (for the overall response) and for the M&E and Surveillance Unit of the National Center for HIV/AIDS, Dermatology and STDs (for the health sector response). The intention is to use existing systems and not to create parallel systems. Battambang should collect additional information to that required in the context of the national response; for instance, on integration, enabling environment, leadership and sustainability.

In line with national priorities, the goal of M&E is to support the generation, analysis and use of strategic information in HIV-related decision making and to achieve optimal resource allocation for effective and efficient HIV interventions.

At the level of the province of Battambang, HIV response priorities are aligned to the current National Strategic Plans of NAA and NCHADS, as well as other policy documents as described in Section 2. These objectives were described in the section above. It is anticipated that effective implementation of these objectives will contribute to the elimination of HIV as a public health threat by 2025 and the achievement of the 95-95-95 targets.

A Battambang-specific Results Framework is presented in the next section.

9. RESULTS FRAMEWORK

Diagram: Battambang Fast Track City HIV Results Framework

In the below indicator matrix, indicators are presented for each of the goals and objectives/ results.

INDICATOR MATRIX

Results	Indicator	Levels (Type of indicator)	Baseline (year)	Target (year)	Frequency of data collection	Data source
Overall goal: To end AIDS as a public health threat and achieve the 95-95-95 targets set by the Royal Government of Cambodia by 2025	Reduction of new HIV infections by 90% from 2010 (estimated 191 new HIV infections), disaggregated by gender, age and key population	Impact	2018: 93	2025: <25	Annual	Modelling estimates
	Reduction in number of people dying from AIDS-related causes by 90% from 2010 baseline (estimated 135 AIDS deaths)	Impact	2018: 63	2025: <10	Annual	Modelling estimates
	Percentage of PLHIV experienced stigma and discrimination	Impact	2020: n/a	2025: <10%	Every 3-5 years	PLHIV Stigma index (NAA/UNAIDS)
Result 1: Improved local Investment of the HIV response and its sustainability	Number of meetings and range of participants (by sector) in the DAC	Output	2020: N/A	2025: 4 meetings/year	Annually	DAC
	Percentage of Battambang local budgets for provincial HIV response Numerator: Battambang local budget for provincial HIV response. Denominator: Total budget for HIV response in Battambang (CSO, DP, local budget, and other sources)	Outcome	2020: N/A	2025: 30%		BCAC

Result 2: Increased HIV prevention coverage for key populations	Coverage of comprehensive HIV prevention disaggregated by KP and by age	Outcome	2020: Programmatic data FEWs: 77.50% (2480/3199) MSM: 65.50% (3466/5287) TG: 100% (383/382)	2025: >95%	Program data: Quarterly Survey: Every 2-3 years	NCHADS prevention database IBBS
	Percentage of KP using condoms/lubricants at last sex, disaggregated by key populations and age	Outcome	2020: n/a (no specific data for Battambang)	2025: FEWs: 90% (with clients or non-regular partners MSM: 95% TG: 95%	Every 2-3 years	IBBS
	Cumulative number of people on PrEP disaggregated by age, gender, KP	Outcome	2020: 20	2025: 800	Program data: Quarterly and Annual	NCHADS prevention database
Result 3: Improved HIV case detection, ART enrolment and ART adherence	Percentage of estimated PLHIV on ART	Outcome	2018: 92.2%	2025: >95%	Continuous	Battambang health department and NCHADS
	Percentage of KP who have tested for HIV in the past 12 months, disaggregated by age, KP and modality of testing	Outcome	2020: Programmatic data FEWs: 73.3% (2344/3199) MSM: 91.4% (3247/5287) TG: 87.4% (334/382)	2025: FEWs >95% MSM>95% TG>95%	Program data: semi-annually Survey: Every 2-3 years	NCHADS Prevention Database IBBS
	Percentage of newly diagnosed PLHIV initiated ART at the same day of their diagnosis	Outcome	2020: 29.7%	2025: >70%	Continuous	Battambang Health Department

	Percentage of PLHIV who are adherent to ART 6-12 months after enrollment	Outcome	2020: 91% (June 2020)	2025: >95%	Continuous	Battambang Health Department
	Percentage of PLHIV who have access to VL testing	Outcome	2020: 89% (June 2020)	2025: >95%	Continuous	Battambang Health Department
	Percentage of PLHIV who have a suppressed VL	Outcome	2019: 97%	2025: >95%	Continuous	Battambang Health Department
Result 4: Improved enabling environment for the HIV response	Percentage of KP and PLHIV who report incidents of stigma and discrimination in the past 12 months in the health sector or elsewhere	Outcome	2020: 5.1% of BTB PLHIV reported general HCP taking extra precautions when dealing with them	2025: <3%	Program data Every 2-3 years	Patient satisfaction feedback (PEPFAR/ EpiC) Stigma index (UNDP /UNAIDS)
	Percentage of PLHIV who have access to the Equity Card	Outcome	2019: 1,541 PLHIV households	2025: All individual PLHIV	Program data Every 3-5 years	ID Poor database, Ministry of Planning PLHIV Stigma index
Result 5: Strengthened M&E and strategic information	Reports of improved collection, analysis and use of locally generated HIV related data (health and non-health)	Output	2020: n/a	2025: Provincial data is available, data is analyzed, disseminated, and used	Quarterly, semi-annually, Annually	DAC
	Number of SI and M&E staff person's capacity strengthened	Output	2020: n/a	2025: SI staff capacitated.	Annually	DAC

ANNEX 1: LIST OF PEOPLE CONSULTED

HE Dr Tia Phalla, HE Dr Ros Seilavath and HE Chhim Khindareth, National AIDS Authority (NAA)

Dr Ly Penh Sun, Dr Ouk Vichea and Dr Lan Vanseng, National Center for HIV/AIDS, Dermatology and STDs (NCHADS)

Dr Sou Sanith, Battambang Provincial Health Department and Provincial AIDS Committee

Choub Sokchamreun, Khmer HIV/AIDS NGO Alliance (KHANA)

Sorn Sothearidd and Seum Sophal, Cambodian Network of PLHIV (CPN+)

Dork Pagna, Men's Health Social Services (MHSS)

Veth Sreng and Prach Sinath, Reproductive Health Association of Cambodia (RHAC)

Seng Sopheap and Steve Wignall, LINKAGES/FHI360

Tim Vora and Khun Rattana, HIV/AIDS Coordination Committee (HACC)

Dr Noy Prophea, Catholic Relief Services (CRS)

Vladanka Andreeva, Khin Cho Win Htin and Polin Ung, UNAIDS

Members of the Provincial AIDS Committee (see Annex 2)

ANNEX 2: MEMBERSHIP OF THE BATTAMBANG PROVINCIAL AIDS COMMITTEE AND PROPOSED MEMBERSHIP OF THE BATTAMBANG CITY AIDS COMMITTEE

UNOFFICIAL TRANSLATION

Membership of Provincial AIDS Committee of Battambang

No	Names	Positions	
1	Her Excellency Som Chenda	Vice Governor	Chair
2	His Excellency Chea Vannak	Head of Provincial Court	Vice Chair
3	Mr Moul Thorn	Chief of Provincial Administration	Vice Chair
4	H.E Sath Kimsan	Commissioner of Provincial Police Commission	Vice Chair
5	Dr Voeung Bunreth	Director of Provincial Health Department	Permanent Vice Chair
6	Governors of 14 City and Districts		Members
7	H.E Meas Sovann	Commander of provincial Military Police Command	Member
8	H.E Houm Khvek	Commander of Military Operations Area	Member
9	Mr Portry Doeun	Director of provincial Economy and Finance Department	Member
10	Mr Yi Songky	Director of provincial Department of Education, Youth and Sports	Member
11	Mr Kim Teng	Director of provincial Department of Social Affairs, Veteran and Youth Rehabilitation	Member
12	Mr Suos Sopheak	Director of provincial Information Department	Member
13	Mr Toch Chhuon Saorith	Director of provincial Department of Industry, Science, Technology and Innovation	Member
14	Mr Ean Meak	Director of provincial Department of Mines and Energy	Member

15	Mrs Phouk Sopheak	Director of provincial Department of Women's Affairs	Member
16	Mr Ou Dary	Director of provincial Department of Land Management, Urban Planning and Construction	Member
17	Mr Chhim Vorchhira	Director of provincial Department of Agriculture Forestry and Fisheries	Member
18	Mr Iv Kosal	Director of provincial Department of Planning	Member
19	Mr Kun Sambathmonyroth	Director of provincial Department of Cult and Religion	Member
20	Mr Kort Boran	Director of provincial Department of Environment	Member
21	Mr Long Phalkun	Director of provincial Department of Water Resource and Meteorology	Member
22	Mr Meas Dara	Director of provincial Department of Labour and Vocational Training	Member
23	Mr Kim Hout	Director of provincial department of Commerce	Member
24	Mr Buth Mak	Director of provincial Department of National Assembly-Senate Relations and Inspection	Member
25	Mr Sek Chan Bon	Director of provincial Department of Posts and Telecommunications	Member
26	Mr Uch Um Phinisara	Director of provincial Department of Tourism	Member
27	Mr Van Thol	Director of provincial Department of Rural Development	Member
28	Mr Chan Sambo	Director of provincial Department of Public Works and Transport	Member
29	Mr Ngoun You	Director of provincial Department of Civil Service	Member
30	Mr Kim Sorphorn	Director of provincial Department of Culture and Fine Arts	Member
31	Mr Sivon Khemarun	Director of provincial Treasury	Member
32	Mr Uth Khoeng	Head of Water Supply Authority	Member
33	Mr Heng Chumnith	Head of Provincial Tax Branch	Member
34	Mr Chea Nang	Head of Electricity Authority	Member
35	Mr Hak Sokrin	Provincial Branch Manager, Consumer Protection, Competition and Anti-Fraud	Member
36	Mr You Heng	Head of Provincial Customs and Excise	Member

37	Mr Pith Phearak	Director of Provincial Forestry Administration	Member
38	Mr Chuong Sophea	Director of Provincial Fisheries Administration	Member
39	Mr Chea Sothorn	Director, National Bank of Cambodia, Battambang Branch	Member
40	Mr Pring Panharith	Chief of Provincial Force for Mine Action	Member
41	Mr Teng Kimsean	Vice Chief of Provincial Administration	Member
42	Mr Lim Y Meng	Acting Director, Inter-sectoral Office	Member
43	Mr Kuy Van Chanthakech	Vice Chief of Office of Economic and social affairs	Member
44	Mr Kosom Sophyneara	Executive Director of provincial branch of Cambodian Red Cross	Member

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