

Kingdom of Cambodia
Nation Religion King



Ministry of Health

**Annual Comprehensive Report
of HIV/AIDS and STI Program
Implementation in 2022**



National Center for HIV/AIDS, Dermatology and STD

Acknowledgement

It gives us a great opportunity to review the last year achievements of NCHADS' program. The achievements are the outputs of our teams of dedicated staff working in partnership with all partners and donors in the communities at provincial and national levels to implement and improve the quality of HIV/AIDS & STI Prevention and Care activities for the benefits of people of the Kingdom of Cambodia. Therefore, I would like to thank all partners, donors and policy makers who have been dedicated their commitment towards the success of HIV/AIDS and STI Prevention, Care and Treatment Programme in the country.

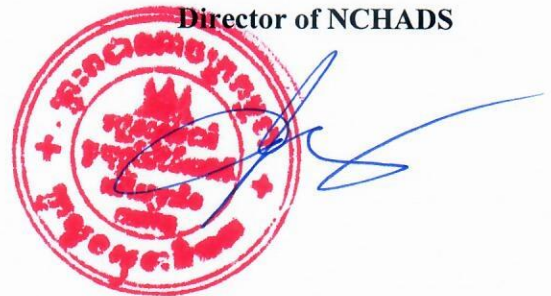
When we reviewed what has been achieved, we are motivated to continue striving, to set the overall goal, objectives, and targets for the next coming year to meet with the various changing needs of people and to deal effectively with changing of the HIV epidemic pattern of different target groups based on the latest research findings in their communities.

We hope that you will understand our last year achievements deeper as you read further of this 2022 report.

Date: 12 January, 2022

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Director of NCHADS



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NCHADS Annual Report for 2022

A. GENERAL REPORT:

1. BACKGROUND:

1.1 Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the year 2022. The report is intended to aggregate data and information collected from all OI/ART, VCCT, Family Health Clinics, Community based care, and PMTCT sites from the whole country to be represented as the National Comprehensive Report for the health sector response to HIV/AIDS and STI in Cambodia. The following sections reported the main programs areas implemented in this year that are including: A) General report related to programme management and implementation; B) Results from health service deliveries; C) Challenges and constraint; D). Lesson Learned; E). Conclusion and recommendation, etc.

1.2 HIV/AIDS Epidemic:

Cambodia appears to have shown what is emerging as a classic Asian pattern for HIV. After HIV was first found in the country in 1991, there was a sharp rise in infection rates, fuelled largely by a booming sex industry, between 1995 and 1998, when prevalence nearly doubled from 1.2% to 2% in 2008. During the last two decades, Cambodia has made significant progress in its HIV response. In 2020, prevalence in adults aged 15+ was 0.6% (0.5% for adult ages 15-49 years) in 2020. Along with the decline in HIV prevalence among the general population, new HIV infection was dropped from 2,000 in 2010 to 1,100 in 2020 with incidence rate per 1000 uninfected population was 0.07, and 75,000 people living with HIV with all ages in 2020 (AEM-Spectrum 2020). In addition, Cambodia achieved the 2020 Fast-Track treatment targets of 90-90-90, with 84% of PLHIV knowing their status, 99% of those who know their status being on treatment, and 97% of those on treatment being virally suppressed (AEM-spectrum 2020). People died from AIDS-related illness were reduced from 4,700 in 2010 to 1,200 in 2020 (AEM-Spectrum 2020). In 2020, pregnant women needing antiretroviral for preventing mother-to-child transmission was 690, which is 86% of PMTCT coverage. Mother-to-child transmission rate was at 11.8% (AEM-Spectrum 2020). It is also noted that most-at-risk populations (MARPS) such as entertainment workers, drug users and men who have sex with men (MSM) are remain the target group that required special attention in the provision of prevention, care and treatment services. According to the results

of NCHADS-IBSS in 2016, the prevalence among female entertainment workers was decreased from 4.6% in 2010 to 3.2% in 2016, and the trend of consistent condom use last sex with clients reported by entertainment workers are remained high at 94.3% in 2013 and condom use with the most recent clients at 91.8% in 2016; however, the consistent condom uses last sex with sweethearts remained low at 52.1% in 2013 and always condom use with sweetheart in past 3 months at 27.2% in 2016. In addition to the result of IBSS in 2017, the HIV prevalence among PWID declined from 24.8% in 2012 to 15.2% in 2017 while HIV prevalence among PWUD increased from 4.0% to 5.7% and the result of IBBS in 2019, the HIV prevalence among men who have sex with men is 4.0% and among transgender population is 9.6%.

2 NCHADS MANAGEMENT SYSTEM

2.1 Planning and Monitoring Cycle in NCHADS:

The planning workshop on “The achievement of HIV/AIDS Implementation in 2021 and Developing Operational Plan for HIV/AIDS and STI Prevention and Care Activities in Health Sector 2022” had been organized in two times on February 2022 which the first time was at Seim Reap Province and the second time was at Mondolkiri Province.

2.2 Signing of LoAs:

During the year 2022, NCHADS signed the Letter of Agreement with the HIV/AIDS implementing partner and provincial health departments for implementation of HIV/AIDS prevention, care and treatment programs. The agreements between NCHADS and partners will regularly post at NCHADS’s websites.

In 2021, NCHADS signed the Letter of Agreement with Implementing Partners especially for Global Fund Grant 2021-2023, there were 09 implementing partners (02 Government Partners: DMHSA and NAA ; 07 NGOs Partners: KHANA, RHAC, FI, HACC, CRS, SCHC and CSC). Moreover, in 2022, NCHADS also signed the Letter of Agreement with provincial health departments for implementation of HIV/AIDS prevention, care and treatment programs particularly for Blood transmission which supported from Global Fund Grant.

2.3 Guidelines, Curriculum and Standard Operating Procedures (SOP):

The guidelines, curriculum and standard operating procedures was prepared and approved in 2022 in order to disseminate and promote efficiency of prevention, care and treatment HIV/AIDS program implementation all level and which those are available on NCHADS website.

- Standard Operating Procedure for implementing Point-of-Care HIV Viral Load Testing for pregnant and breastfeeding women and exposed infants using GeneXpert Machines which approved on December, 02nd, 2022.
- Standard Operation Procedures for the Implementation of Prevention, Care and Treatment of HIV/AIDS, in Closed Setting in Cambodia which approved on August, 31st, 2022.
- Standard Operating Procedure for Key Populations Friendly Services Model in Cambodia which approved on October 07th 2022.
- Standard Operating Procedure of Clinical Management for Adult and Paediatric HIV/AIDS Cares and Treatments which approved on October 12th 2020.
- Standard Operating Procedure for HIV Pre-Exposure Prophylaxis (PrEP) Implementation in Cambodia which approved on January 14th 2022.
- Standard Operating Procedure for Adolescents Living with HIV: Transition and Retention in Care and Treatment Service in Cambodia which approved on August 27th 2021.

2.4 Training/Workshop:

To improve the capacity building and strengthen coordination at the provincial and district levels, initial and refresher trainings, and coordination meetings were conducted to health staff based on the areas of strategic plan components.

2.5 Surveillance:

In 2022, NCHADS had conducted data collection on Integrated HIV Bio-behavioural Surveillance Survey among female entertainment workers (IBBS on EW).

B. RESULTS FROM SEVICES DELIVERIES:

1. STI Prevention, Care and Treatment Services (Family Health Clinics)

In 2022, there are a total of 58 Family Health Clinics (36 Family Health Clinics run by government covering 25 province-cities; and 22 NGO STI clinics (including RHAC: 15; Marie Stop: 6 clinics and Chhouk Sar: 1 clinic). 33 family health clinics under government are upgraded with laboratory support to perform RPR testing and basic microscopy.

153,360 consultations were provided at a total of 58 family health clinics. Among those consultations, 26,789 consultations were provided to male clients, 4,331 to MSM, 114,237 to low-risk women, 6,551 non-brothel entertainment workers and 1,452 consultations for follow up visit.

At the 58 family health clinics (FHC), among the 15,988 male patients who having new cases of STI syndromes reported in this year, 11,138 (69.67%) got urethral discharges, 26 (0.16%) got anal discharges, 3,192 (19.96%) got ano-genital ulcers, 1,221 (7.64%) got ano-genital warts, 45 (0.28%) got scrotum swelling, and 101 (0.63%) were inguinal bubo (LGV) and 265(1.65%) got Syphilis (base on RPR+). Among the 2,174 MSM patients having new cases of STI syndromes, 1,012 (46.55%) suffered from urethral discharges, 42 (1.93%) from anal discharges, and 611 (28.10%) from ano-genital ulcers respectively, 147 (6.76%) from ano-genital warts, 23 (1.05%) from scrotum swelling, 33 (1.51%) from inguinal bubo (LGV) and 306(14.07%) got Syphilis (base on RPR+).

At the 58 family health clinics, among the 88,263 low-risk women having new cases of STI syndromes reported that 28,733 (32.55%) were treated for vaginitis, 38,965 (44.14%) were treated for cervicitis, 15,587(17.65%) were treat with vaginitis and cervicitis, 367(0.41%) were PID, 3,164 (3.58%) were ano-genital ulcers and 1,021 (1.15%) were ano-genital warts, and 426 (0.48%) were syphilis (base on RPR+).

During the year of 2022, of the 4,790 high risk women (all EWs) who attended family health clinics for their first visit having new cases of STI syndromes reported that, 1,101 (22.98%) were diagnosed with vaginitis, 1,130 (23.59%) with cervicitis, 14,37 (30%) with vaginitis and cervicitis, 8 (0.16%) with PID, 216 (4.50%) with ano-genital ulcers, 148 (3.08%) ano-genital warts, and 750 (15.65%) with syphilis (based on RPR+). Among the 1,394 high risk women who attended family health clinics for monthly follow-up visits having new cases of STI syndromes reported that, 280 (20.08%) were diagnosed with vaginitis, 294 (21.10%) with cervicitis, 367 (26.32%) with vaginitis and cervicitis, 185 (13.27%) with PID, 104 (7.46%) with ano-genital ulcers, and 164 (11.76%) ano-genital warts.

2. STI Care and Treatment at Health Centers

234 health canthers (HCs) across 25 provinces are providing STI services with using the STI syndromic approach. In 2022 report from these health canthers, 1,990 consultations for male patients; 17,475 for female patients were reported to the data management unit of NCHADS. There were 1,387 partners were notified and treated (5,792 female partners).

During 2022, among 1,876 men who were notified and treated for new STI cases, 1,546 (82.40%) were diagnosed with urethral discharges, 284 (15.13%) with genital ulcer, and 46 (2.54%) with genital warts. Among 16,931 women, 9,956 (58.80%) were diagnosed

with vaginitis, 6,419 (37.91%) with vaginitis and cervicitis, 493(2.91%) with PID, 54 (0.31%) with genital ulcer, and 9 (0.05%) with genital warts.

3. Comprehensive Care for people living with HIV/ AIDS (PLHA)

3.1. VCCT

The number of VCCT services has increased drastically, from 253 sites by the end of 2013 to 71 sites in 2022. Among of 71 VCCT sites, there are 68 sites run by Public Service at ART Service and 03 sites run by NGOs (Center of Hope 1, Chhouk Sar Clinic 1 and Angkor Hospital for Children 1). There are 66 sites among 71 sites that provide Recency test. Moreover, HIV self-testing was expanded with 1,121 Health Centre.

3.1.1. Referring to HIV Testing and Counselling

In 2022, of 29,006 VCCT clients, 15,087 (52.00%) of them were self-referred, 126 (0.43%) of them were referred by STD clinics, 1,622 (5.59%) of them were referred by TB program, 3,013 (10.38%) of them were referred by HBC/NGO, 320 of them were referred by pediatric care, and 8.840 of them from other services.

3.1.2. Receiving HIV Testing and Counseling

A total of 28,998 clients have been tested for HIV in 2022 and 4,497 of them have HIV positive result.

3.1.3. Clients Receiving Post-HIV Testing and Counseling

In 2022, of 28,998 clients received HIV test and 27,903 (96.22%) of them received Post-HIV counseling.

3.1.4. Clients Receiving Newly HIV Testing

In 2022, of 166 clients received Newly HIV test and 96 of them have HIV positive result.

3.2. OI and ART services

3.2.1 ART Services

End of December 2022, there are 71 health facilities offer OI and ART services in 25 provinces and cities. These 69 OI and ART services are supported by the government and 2

sites by NGOs and partner (Center of Hope 1 and Chhouk Sar Clinic 1). Of the total 68 OI/ART sites, there are 41 sites provide pediatric care.

By the end of year 2022, 64,954 of PLHIV who had known their HIV status (33,004 males and 31,950 female). Of 64,937 active patients (including 63,445 adults and 1,492 children among them there are 32,990 males and 31,947 female) are receiving ART.

There is (59,266/60,693) patients (97.65%) were resulted with the undetectable viral load less than 1000 copies/ml among all active patients on ART (64,937 patients) (data collected from 68 functioning electronic database ART sites).

3.2.2 Drug and logistic support

ARV Regimens Report for Paediatric Patients in 2022

No	Regimens	2022							
		Q1		Q2		Q3		Q4	
1	ABC/3TC+DTG	167	10.71%	213	14.39%	274	18.96%	266	19.01%
2	AZT/3TC+EFV	170	10.90%	143	9.66%	103	7.13%	95	6.79%
3	ABC/3TC+EFV	168	10.78%	140	9.46%	130	9.00%	122	8.72%
4	TDF/3TC/EFV400	180	11.55%	168	11.35%	140	9.69%	119	8.51%
5	TDF/3TC/DTG	350	22.45%	337	22.77%	356	24.64%	362	25.88%
6	AZT/3TC+DTG	63	4.04%	80	5.41%	72	4.98%	56	4.00%
Total 1L-patients		1,098	70.43%	1,081	73.04%	1,075	74.39%	1,020	72.91%
7	AZT/3TC+LPV/r	95	6.09%	87	5.88%	82	5.67%	79	5.65%
8	ABC/3TC+LPV/r	255	16.36%	212	14.32%	194	13.43%	193	13.80%
9	TDF/3TC+LPV/r	39	2.50%	37	2.50%	36	2.49%	31	2.22%
10	AZT/3TC+ABC+LPV/r	-	0.00%	-	0.00%	-	0.00%	-	0.00%
11	AZT/3TC+TDF+LPV/r	-	0.00%	-	0.00%	-	0.00%	-	0.00%
12	AZT/3TC+ATV/r	1	0.06%	-	0.00%	-	0.00%	-	0.00%
13	ABC/3TC+ATV/r	21	1.35%	17	1.15%	17	1.18%	18	1.29%
14	TDF/3TC+ATV/r	41	2.63%	46	3.11%	41	2.84%	37	2.64%
15	AZT/3TC+ABC+ATV/r	9	0.58%	-	0.00%	-	0.00%	21	1.50%
16	TDF+ABC+LPV/r	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Total 2L-patients		461	29.57%	399	26.96%	370	25.61%	379	27.09%
Total 1L & 2L patients		1,559	100%	1,480	100%	1,445	100%	1,399	100%

ARV Regimens Report for Adult Patients in 2022

No.	Regimens	2022							
		Q1		Q2		Q3		Q4	
1	TDF/3TC/EFV400 (MMD)	15,129	24.34%	14,196	22.66%	13,278	20.98%	11,722	18.32%
2	TDF/3TC/DTG (MMD)	16,139	25.97%	19,472	31.09%	24,073	38.03%	27,169	42.47%
3	TDF/3TC/EFV400	9,722	15.64%	7,244	11.56%	5,642	8.91%	3,449	5.39%
4	TDF/3TC/DTG	13,622	21.92%	14,505	23.16%	13,435	21.23%	15,003	23.45%
5	AZT/3TC+EFV	2,250	3.62%	1,950	3.11%	1,738	2.75%	1,517	2.37%
6	AZT/3TC+DTG	711	1.14%	785	1.25%	707	1.12%	678	1.06%
7	AZT/3TC+TDF	3	0.00%	4	0.01%	4	0.01%	4	0.01%
8	ABC/3TC+EFV	275	0.44%	242	0.39%	230	0.36%	236	0.37%
9	ABC/3TC+DTG	538	0.87%	559	0.89%	619	0.98%	671	1.05%
10	AZT/3TC+ABC	5	0.01%	1	0.00%	1	0.00%	1	0.00%
11	ABC/3TC+TDF	1	0.00%	1	0.00%	1	0.00%	1	0.00%
12	ABC+ABC/3TC+DTG	19	0.03%	19	0.03%	19	0.03%	24	0.04%
13	TDF+DTG	14	0.02%	8	0.01%	10	0.02%	18	0.03%
14	3TC+DTG	20	0.03%	17	0.03%	25	0.04%	32	0.05%
15	TDF+ABC+EFV (Kratie)	8	0.01%	-	0.00%	-	0.00%	-	0.00%
16	TDF+ABC+DTG (Kratie)	-	0.00%	6	0.01%	3	0.00%	3	0.00%
Total patients in 1L regimen		58,448	94.05%	59,003	94.20%	59,785	94.45%	60,528	94.62%
16	TDF/3TC+ATV/r	2,473	3.98%	2,441	3.90%	2,337	3.69%	2,319	3.63%
17	TDF/3TC+LPV/r	93	0.15%	83	0.13%	74	0.12%	63	0.10%
18	AZT/3TC+ATV/r	418	0.67%	418	0.67%	404	0.64%	390	0.61%
19	AZT/3TC+LPV/r	41	0.07%	37	0.06%	34	0.05%	29	0.05%
20	ABC/3TC+ATV/r	502	0.81%	483	0.77%	483	0.76%	472	0.74%
21	ABC/3TC+LPV/r	51	0.08%	60	0.10%	60	0.09%	50	0.08%
22	AZT/3TC+TDF+ATV/r	13	0.02%	11	0.02%	9	0.01%	9	0.01%
23	AZT/3TC+TDF+LPV/r	-	0.00%	-	0.00%	-	0.00%	-	0.00%
24	TDF+ABC+ATV/r (Neak Leung)	8	0.01%	11	0.02%	10	0.02%	10	0.02%
25	TDF+ABC+LPV/r	1	0.00%	1	0.00%	-	0.00%	-	0.00%
26	AZT/3TC+ABC+ATV/r	1	0.00%	-	0.00%	-	0.00%	-	0.00%
27	TDF+EFV+ATV/r	3	0.00%	1	0.00%	1	0.00%	1	0.00%
28	3TC+EFV+LPV/r	-	0.00%	-	0.00%	-	0.00%	-	0.00%
29	3TC+EFV+ATV/r	8	0.01%	7	0.01%	7	0.01%	7	0.01%
30	ABC+ABC/3TC+ATV/r	2	0.00%	2	0.00%	1	0.00%	1	0.00%
31	ABC/3TC+TDF+ATV/r	2	0.00%	2	0.00%	2	0.00%	2	0.00%
32	TDF+EFV+LPV/r	-	0.00%	-	0.00%	-	0.00%	-	0.00%
33	TDF/3TC/DTG+ATV/r	1	0.00%	1	0.00%	1	0.00%	1	0.00%
Total patients in 2L regimen		3,617	5.82%	3,558	5.68%	3,423	5.41%	3,354	5.24%
33	DRV600+DTG+TDF+RTV	1	0.00%	-	0.00%	1	0.00%	1	0.00%
34	DRV600+DTG+ABC+RTV	-	0.00%	-	0.00%	-	0.00%	-	0.00%
35	DRV600+DTG+3TC+RTV	26	0.04%	24	0.04%	25	0.04%	26	0.04%
36	DRV600+DTG+AZT+RTV	-	0.00%	-	0.00%	-	0.00%	-	0.00%
37	DRV600+DTG+RTV	7	0.01%	7	0.01%	7	0.01%	8	0.01%
38	DRV600+TDF/3TC/DTG+RTV	42	0.07%	42	0.07%	48	0.08%	49	0.08%
39	DRV600+DTG+ABC/3TC+RTV	-	0.00%	-	0.00%	2	0.00%	1	0.00%
40	DRV600+DTG+AZT/3TC+RTV	2	0.00%	2	0.00%	2	0.00%	1	0.00%
41	DRV400+DTG+TDF+RTV	-	0.00%	-	0.00%	-	0.00%	-	0.00%
42	DRV400+DTG+3TC+RTV	1	0.00%	1	0.00%	-	0.00%	-	0.00%
43	DRV400+TDF+RTV	-	0.00%	-	0.00%	-	0.00%	-	0.00%
45	DRV400+TDF/3TC/DTG+RTV	-	0.00%	-	0.00%	1	0.00%	-	0.00%
46	DRV600+3TC+RTV (Prey Veng)	1	0.00%	1	0.00%	1	0.00%	1	0.00%
48	DRV400+DTG+AZT/3TC+RTV (KCN)	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Total patients in 3L regimen		80	0.13%	77	0.12%	87	0.14%	87	0.14%
Total 1L + 2L & 3L patients		62,145	100.00%	62,638	100.00%	63,295	100.00%	63,969	100.00%
Percentage of Adult Patient			97.55%		97.69%		97.77%		97.86%
Comparison of Adult Patient by Quarter		600		493		657		674	
Grand-Total patients(Adult+Ped.)		63,704	100.00%	64,118	100.00%	64,740	100.00%	65,368	100.00%

3.2.3. TB Screening of new OI Patients

In 2022, there were 4,589 new Pre-ART patients registered at OI-ART Sites (4,508 adults and 81 children). There were 7,400 patients who started IPT during this year, of these 7,176 new adult patients received IPT.

This year, there were 200,561 of patients who have been screened for TB Symptom, for adult TB positive there were 279 and there were 2 children positive.

The number of active patients who diagnosed TB were 555(198 of active patients start TB treatment during year 2022).

3.2.4. Pregnancy and abortion

This year, there were 1,068 new pre-ART female patients registered at OI/ART sites, among these new female patients, 360 became pregnant. Of all 31,947 active female patients on ART by the end of this year, 87 of them got pregnant. 14 women were reported to have spontaneous abortion and 12 women have induced abortion.

3.2.5. Exposed Infant

In the end of year 2022, there were 4,406 exposed infants currently on treatment. 342 exposed infants tested DNA PCR 1 (10 positives, 245 negatives, and 87 not received the result yet). 11 Exposed infants received DNA PCR 1 confirmatory test.

There were 234 exposed infants tested DNA PCR 2 (2 positive, 170 negatives, and 62 not received the result yet).

In 2022, there were 4 exposed infants were dead, 294 lost to follow up.

3.2.6. Achievement of HIV/AIDS Program Implementation in the Global Fund Grant

Progress Update Period: July-December 2022 under the GF Grant for HIV/AIDS program implementation.

The Program Indicators and Achievements from July to December 2022:

No	Coverage Indicator by Module	Target	Result	% Achievement against Target	Remarks
1	KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	80.00%	82.16%	103%	National non-cumulative target. This indicator implemented by SSI-KHANA and SSI-RHAC. Actual result reported 32,779 MSM (82.16% against the target); 103% of achievement - who reached by physical outreach with received condom for 2 times during 6 months. Result indicates an improvement compared to the target (82.16% vs 80%), and also much

					improvement over the baseline too.
2	HTS-3a(M): Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	70.00%	84.76%	120%	National non-cumulative target. Actual result reported 33814 MSM (84.76%) (5.63% received HIV test through initially reached by virtual outreach and 94.37% received HIV test by other HIV test modality); >120% of achievement - who received HIV test once during 6 month. Result indicates an improvement over the baseline value
3	KP-6a: Percentage of eligible men who have sex with men who initiated oral antiretroviral PrEP during the reporting period	2.06%	6.10%	120%	Non-cumulative target. Actual result reported 2286 MSM (6.10%% and >120% of achievement) who were eligible to be initiated oral antiretroviral PrEP during this reporting period. the result indicates and improvement over the baseline value too.
4	KP-1b(M): Percentage of transgender people reached with HIV prevention programs - defined package of services	99.01%	131.02%	120%	National non-cumulative target. This indicator implemented by SSI-KHANA and SSI-RHAC. Actual result reported 6446 TG (131%); >120% of achievement - who reached by physical outreach with received condom for 2 times during 6 months. Result indicates an improvement compared to the target (131% vs. 99%), and also much improvement over the baseline too.
5	HTS-3b(M) Percentage of transgender people that have received an HIV test during the reporting period and know their results	93.00%	125.16%	120%	National non-cumulative target. Actual result reported 6158 TG (125.16%); >120% of achievement - who received HIV test once during 6 month. Result indicates an improvement over the baseline value.
6	KP-6b: Percentage of eligible transgender people who initiated oral antiretroviral PrEP during the reporting period	2.62%	11.98%	120%	Non-cumulative target. Actual result reported 481 TG (11.98%); more than 120% of achievement - who were eligible to be initiated oral antiretroviral PrEP during this reporting period. The results indicate an improvement over the baseline value too
7	KP-1e: Percentage of other vulnerable populations reached with HIV prevention programs- defined package of services	95.94%	112.67%	117%	National non-cumulative target. This indicator implemented by SSI-KHANA and SSI-RHAC. Actual result reported 22938 (112.67%); 117% of achievement - who reached by physical outreach with received condom for 2 times during 6 months. Result indicates an increase compared to the target (112.67% vs 95.94%), and also much improvement over the baseline too.

8	HTS-3e: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	86.34%	116.87%	120%	National non-cumulative target. Actual result reported 23793 FEW (116.87%); >120% of achievement - who received HIV test once during 6 month. Result indicates an improvement over the baseline value.
9	TB/HIV-7 Percentage of PLHIV on ART who initiated TB preventive therapy among those eligible during the reporting period	2.75%	15.45%	120%	National non-cumulative target with actual result reported 4481 (15.45%), and more than 120% of achievement. Result reported 4481 of PLHIV on ART who initiated TB preventive therapy (TPT) among those eligible during the reporting period. The result is higher than the target and indicates an increase compared to the baseline value too.
10	TCS-1.1(M) Percentage of people on ART among all people living with HIV at the end of the reporting period	93.19%	93.77%	101%	National non-cumulative target. The actual result is 93.77% or 101% of achievement against the intend target. The achievement is slightly increased compared to previous reporting period (101% vs 100%). Number of PLHIV on ART is increased by 1379 patients during the reporting period. Data collected from 71 adult and 41 paediatric ART sites and compiled by NCHADS Data Management Unit. During this reporting period, there are 64937 patients on ART (adult: 63,445 and children: 1,492).

C. KEY SUCCESS AND ENABLING FACTOR

- The spread of COVID-19 Virus in the community can affect the implementation of some important activities such as:
 - Direct education for HIV prevention and testing for target groups had been continued implementing, thus increasing the results compared to the previous quarter.
 - The numbers of PLHIVs who receive ART service by appointment and blood transfusion for CD4 count and Viral Load is increasing.
 - Leading surveillance and research for entertainment workers will be suspended and it will conduct in 2022 again.
- Approved budgets in projects, especially the Global Fund are limited for each year which could not reach as target in strategic plan and not adapting to the implementation of new approaches to responding AIDS.

D. CHALLENGES AND CONSTRAINTS

- Good coordination and collaboration with all partners, local authorities, and health staff at provinces, operational districts, health facilities and Communities; are the key success of the program.
- Partnership with the involved national program such as between NCHADS, NMCHC, CENAT, and development partners, are particularly important in the fight against HIV/AIDS and joint collaborative activities have to be strengthened at OD level to reach the ambitious targets set for 2016.
- Education and awareness rising of the community and the target group allows them to undertake the health education, information and health services and reduce stigma and discrimination towards MARP.
- Improved utilization of HIV/AIDS and STI services by MARPs is necessary to ensure universal access for this population group.

E. CONCLUSION AND RECOMMENDATION

Overall, NCHADS and its partners were made great achievements against some target sets in 2022, we can therefore, conclude that working in partnership, the HIV/AIDS prevention, and care and treatment programs in Cambodia is moved towards. However, we should ensure long-term funding and political commitments to run the HIV/AIDS programs. If development partners withdraw assistance for HIV/AIDS programs too quickly, Cambodia could face significant difficulty in sustaining HIV/AIDS efforts.