

Implementing
HIV Pre-Exposure Prophylaxis
(PrEP)
CAMBODIA



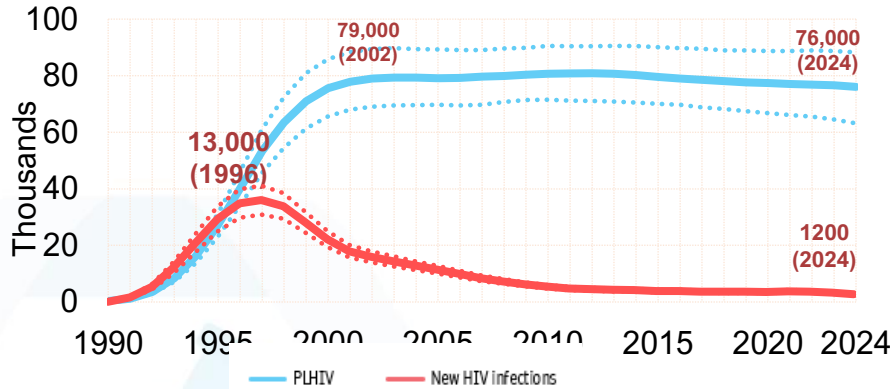
**PrEPARING
ASIA 2025**

By Dr. BORA NGAUV

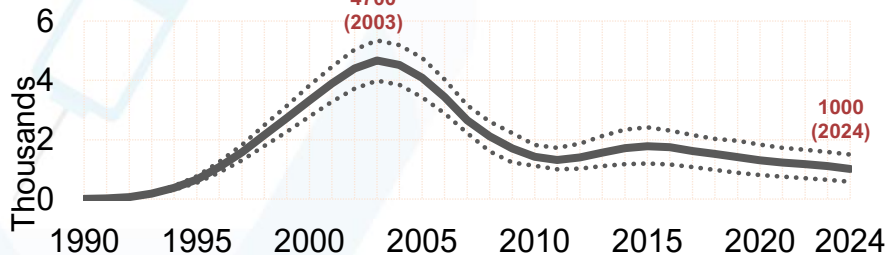
Deputy Director of National Center for HIV/AIDS,
Dermatology and STD (NCHADS), MoH, Cambodia

1. HIV Epidemiology – Snapshot and Trends 2024

Estimated people living with HIV and New Infection, 1990-2024

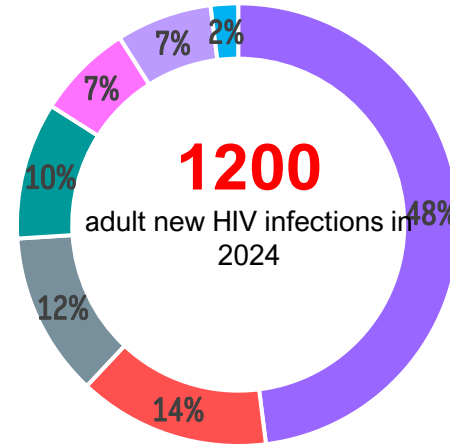


Estimated AIDS related deaths, 1990-2024



Source: 2024 HIV estimates based on AEM and spectrum modelling estimates

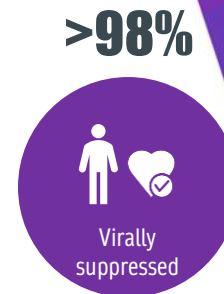
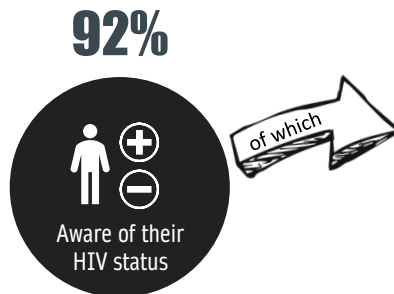
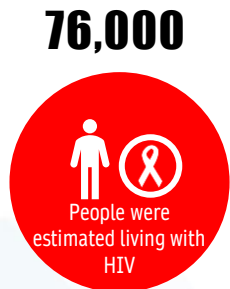
Distribution of new HIV infections by population, 2024



- Gay men and other men who have sex with men
- Clients and sex workers and sex partners of all key population
- Remaining population
- Transgender people
- Female sex workers

88% of new HIV infections are among key populations and their clients/partners.

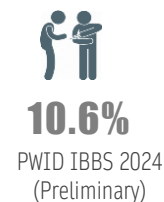
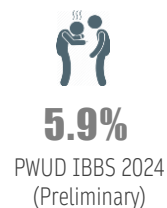
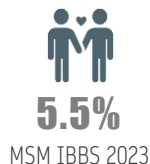
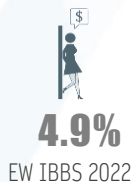
1. Summary of the AIDS Epidemic in Cambodia | 2024



Cambodia HIV Prevalence



Adult population aged 15-49 AEM 2023



2. Key interventions in HIV prevention and testing

Physical Outreach



Community Outreach and Mobile Van

- Education/SBCC
- Condom/Lubricant
- Community HIV/Syphilis Testing
- Referral to STI, PrEP and other services
- Risk Screening

Partner Notification, Tracing and Testing-PNNT



All KP with Positive Results, OW provide counselling to get partners for HIV testing.

PrEP

2 Options: Daily PrEP and Event-Driven (ED)
For KP that HIV tested Non-Reactive result

- Health Facilities (Public and CSO clinics)
- Community-PrEP via CBO DIC



Virtual Outreach

- Online Education/Phone
- Website Promotion / Dating App/Social Media.....
- Condom/Lub Promotion
- HIV testing and STI screening, incl. Online booking service (Toctest)
- Connecting to OW

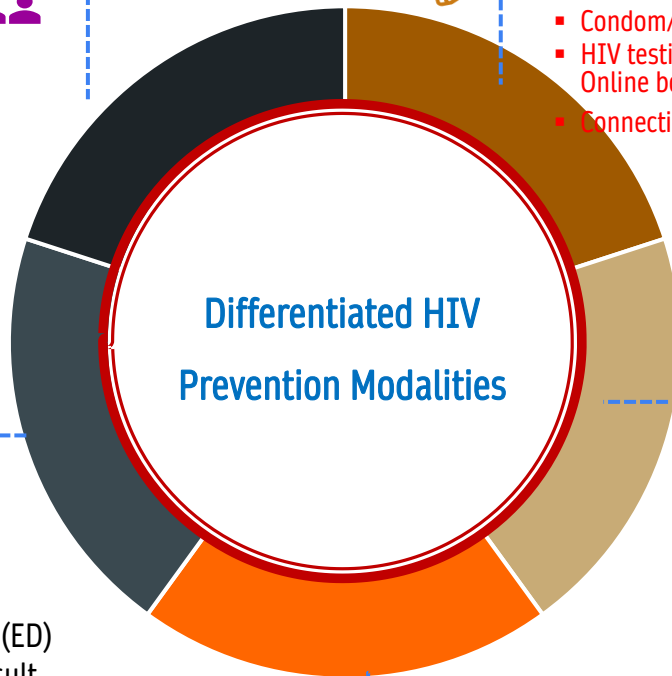
Peer Driven Interventions+ -PDI+

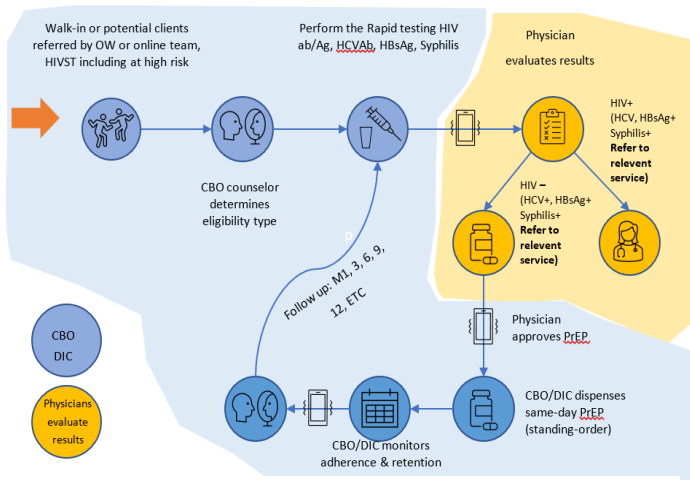


PDI+ is an incentive based, peer-centered, snowballing approach where seeds are provided with coupons to recruit peers within their networks to access risk screening and HIV testing services.

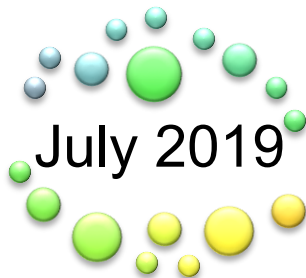
Differentiated HIV testing services

- Facilities (HCs, RHs)
- Communities (outreach, mobile van...)
- HIVST, incl. through pharmacies

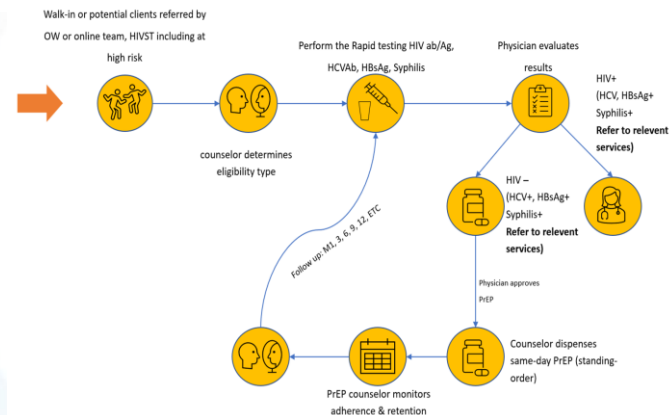




PrEP Introduction and Scaling Up



June 2025

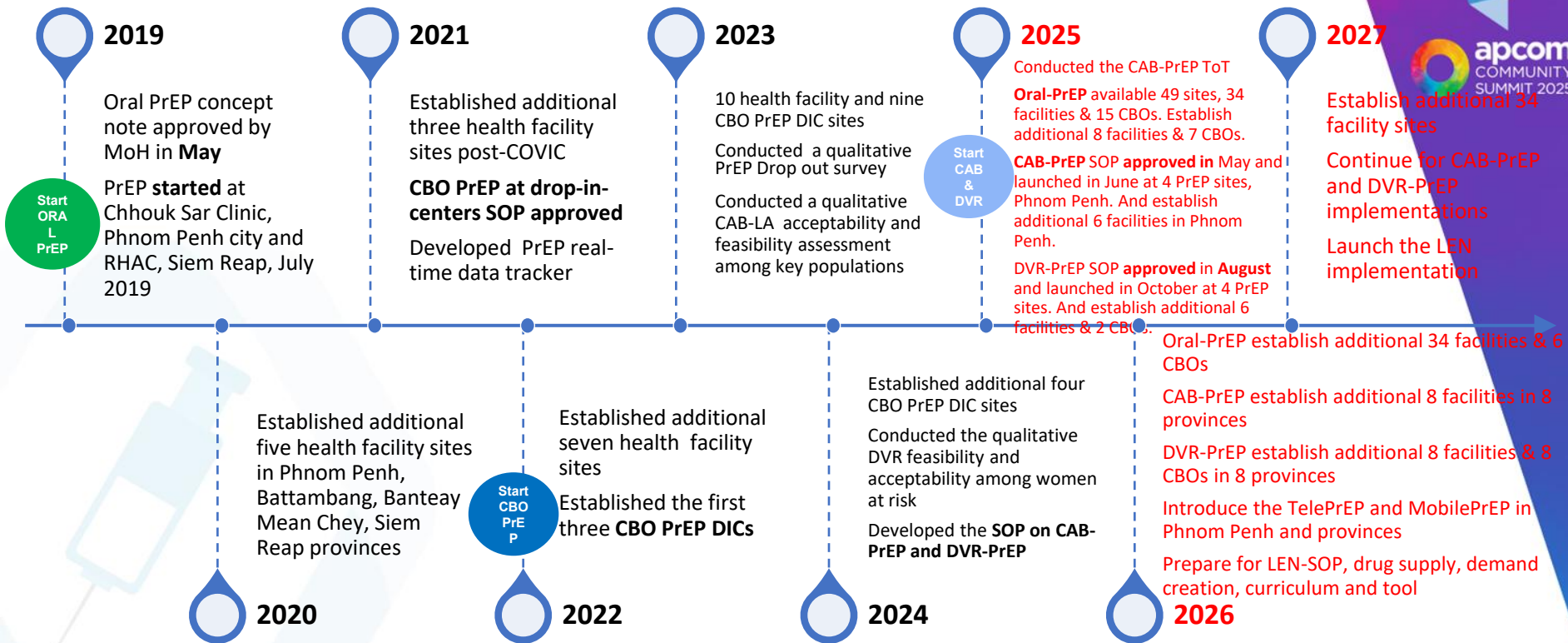


Oral PrEP: Health facility-based implementation started in July 2019. Community-based Drop-in-Center PrEP access began in 2022. Oral PrEP services continue to scale up.

Injectable PrEP (CAB-PrEP): Implementation began in June 2025 in four sites in Phnom Penh—additional sites in Phnom Penh this year and five new provinces in early 2026.

DVR PrEP: Implementation launch in October 2025, and in four sites in Phnom Penh with plans to scale up in additional sites in Phnom Penh.

Evolution of PrEP implementation



Where we are now

Effective Communication

Telegram chat groups at all 49 PrEP sites enable service providers and OW to communicate with each other and share additional information regarding the services and answer questions.

Adaptability in Challenges

With active participation and advocacy from communities, we have added CBO drop-in-center PrEP, CAB-PrEP, and DVR and will soon implement TelePrEP and MobilePrEP.

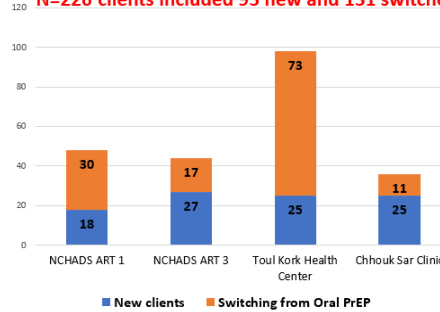
Continuous Feedback and Improvement

Routine quarterly meetings with providers, CBOs and community led monitoring forums provide feedback and guidance for service improvements.

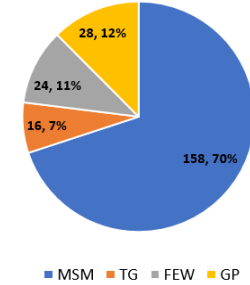
CAB-PrEP enrollment as of August 31, 2025

Number of CAB-PrEP clients enrolled at 4 PrEP clinics

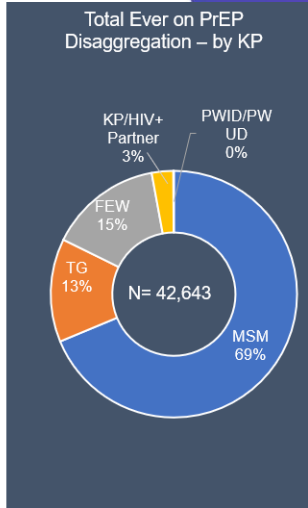
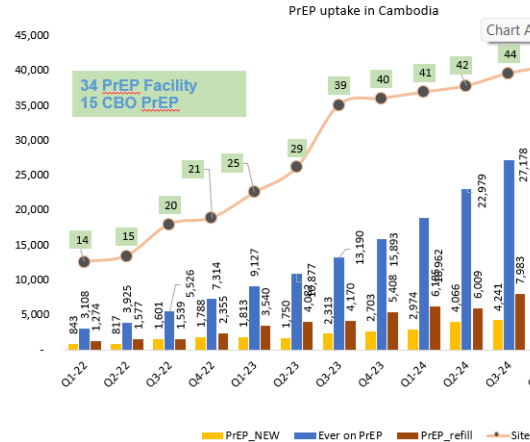
N=226 clients included 95 new and 131 switched



Types of CAB-PrEP clients



PrEP Uptake - all sites 2022-2025



PREPARING FOR AIA 2025



Empowering Community-Led PrEP Demand

'Nothing for Them Without Them'

Community-led PrEP ensures those most affected are at the forefront of decision-making, fostering ownership and inclusivity.

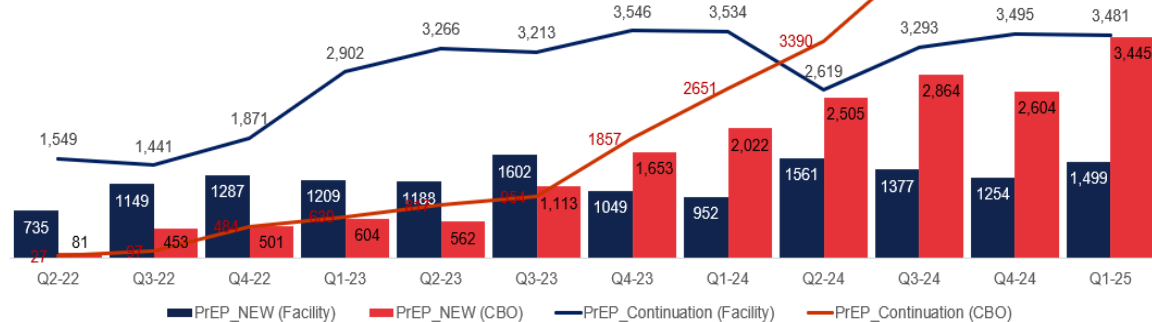
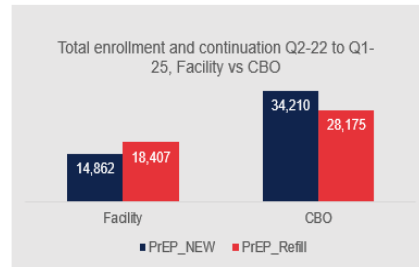
Active Participation Builds Trust

Engagement beyond observation allows for genuine leadership, which increases program relevance and participant trust.

Addressing Unique Needs

Community-driven strategies, as highlighted by WHO, effectively tackle specific challenges and improve health outcomes.

PrEP_NEW and PrEP_Refill - Health Facility vs CBO



» Remaining Challenges«



» Retention

- » HIVST and TeleRefills to reduce clinic and DIC visits.
- » CAB-PrEP and, hopefully, Lenacapavir to further reduce pill taking and clinic visits

» Community Mobilization

- » Establish PrEP as a community standard driven by peers through social media, dating sites and promotion at community gathering sites

» Cost Barriers

- » Make PrEP free of all costs, including clinic registration and access fees, and lab costs, until it is established as a community standard with demonstrable results.

» Resource Limitations

- » Limited resources restrict development, making innovative and sustainable solutions essential for overcoming these challenges.

» Acknowledgments



UNITED STATES *of* AMERICA

