

*The HIV/AIDS/STD situation  
and the national response in the  
Kingdom of Cambodia.*

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# **Country Profile**

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**3rd Edition – February 2000.**

This document was developed by UNAIDS Cambodia and members of the UN Theme Group on HIV/AIDS, in collaboration with the National AIDS Authority and the Ministry of Health's National Center for HIV/AIDS, Dermatology and STD.

***Financial support to the National Response has not been detailed in this edition – it is hoped to include this information in following editions.***

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An updated version of the Profile is produced twice a year. Attempts have been made to validate all entries in the document. Apologies are extended if information is incorrect.

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Inclusion in the Country Profile does not indicate endorsement by  
UNAIDS, NAA or NCHADS.

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Joint United Nations Programme on HIV/AIDS

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**Annex A:** Glossary of Abbreviations

**Annex B:** Structure of the National AIDS Authority (NAA)

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**Annex D:** National Policy on AIDS/STD Prevention and Control in the Kingdom of Cambodia

**Annex E:** List of Key Contacts

## **I. Introduction**

The UNAIDS Cambodia Country Profile aims to present a comprehensive overview of the HIV/AIDS epidemic in Cambodia and the status of the response to the epidemic.

It is a reference document, designed to enhance the awareness of partners in the response (Government, International organizations, donors, NGOs) of what others in the response are doing. It does not aim to include all projects and all activities going on in the response to HIV/AIDS. However, by referring the reader to key contacts and key documents he/she should be able to obtain more detailed information relatively easily.

Meanwhile, the process of developing Provincial Profiles on the response to HIV/AIDS has commenced.

Many people have given valuable inputs to improve the Country Profile, and indeed, without the continuous updating and information provided to UNAIDS by users of the Profile (e.g. partners in the response to HIV/AIDS) it would have been impossible to develop the document in the first place. It should be noted that the Country Profile is a working document – which means that it is never 'final' or 'finished'.

If you have any suggestions for improvement, be it corrections, changes of address, updated information, or ideas for structuring the information, please contact UNAIDS Secretariat.

***The 4<sup>th</sup> edition of the profile is due in the third quarter of 2000.***

## I. Geo-political and socio-economic features of Cambodia

### Geography and socio-economic background

• Total population	11,426,223	Cambodian Pop Census 1998
• Urban population	17%	Cambodian Pop Census 1998
• Percentage of women in total population	51.8	Cambodian Pop Census 1998
• Population under 15 years	42.8%	Cambodian Pop Census 1998
• Annual population growth rate	2.5%	Cambodian Pop Census 1998
• Total fertility rate	4.1	National Health Survey 1998
• Infant mortality rate (per 1,000 live births)	89 per 1000	National Health Survey 1998
• Under-five mortality	115 per 1000	National Health Survey 1998
• Maternal mortality rate (per 100,000 live births)	473	National Health Survey 1998
• Morbidity from STD (per 100,000)	197	National Health Survey 1998
• Life expectancy	Male 50.3    Female 58.6	National Institute of Statistics 1998
• Literacy rate	Male 79%    Female 57%	Cambodian Pop Census 1998
• Per capita income (US\$)	249	Asian Development Bank
• Government education expenditure (% GDP)	1.7%	
• Government health expenditure (% GDP)	1%	
• UNDP Human Development Index ranking	137	Cambodian Human Dev. Rpt. 1999

<b>Borders</b>	<ul style="list-style-type: none"> <li>• The Kingdom of Cambodia is situated on the Indochina Peninsula. It shares borders with Thailand in the west and north, Lao PDR in the north, Vietnam in the east and southeast, while to the southwest is the Gulf of Thailand.</li> <li>• Land area 181,000 km<sup>2</sup>, coastline – 440 km</li> </ul>
<b>Admin. Divisions</b>	<ul style="list-style-type: none"> <li>• The country is divided into 23 provinces and 3 municipalities. Capital: Phnom Penh.</li> <li>• The central government's degree of control over the provinces varies greatly. Decentralization and increased autonomy for provincial authorities are key strategies of the present government.</li> <li>• Strengthening the HIV/AIDS response at the provincial level through Provincial AIDS Committees Secretariats (PACs / PASs) is a priority of both Government and UN.</li> </ul>
<b>Gov't</b>	<ul style="list-style-type: none"> <li>• The Kingdom of Cambodia is a constitutional monarchy with a National Assembly and a Senate. Political power is as of present shared between the CPP and FUNCINPEC parties.</li> <li>• Main opposition party is the Sam Rainsy Party.</li> <li>• Head of State: His Majesty King Norodom Sihanouk. Prime Minister: HE Samdech Hun Sen (CPP). President of the National Assembly – HRH Prince Norodom Ranariddh</li> </ul>
<b>Special features</b>	<p>Demographics</p> <ul style="list-style-type: none"> <li>• The country's population is young, with over 40% aged less than 15 years of age.</li> <li>• Almost 40% of Cambodia's population lives below the poverty line.</li> <li>• Statistics show that 90-95% of the people of Cambodia are ethnic Khmer.</li> <li>• Religions include: 95% Theravada Buddhism; 5% Cham Muslims (Khmer Islam), Christians and others</li> <li>• Approximately 1 million people live in Phnom Penh.</li> <li>• In rural areas one in four households are headed by a woman, and in Phnom Penh one in three.</li> <li>• Approximately 50% of the entire population is under the age of 17.</li> </ul>

### Economy

- The economy is small with increasing economic growth and investment rates, and with a large informal sector, resulting in inefficient tax collection.
- Power alliances seem fragile, weak infrastructures, lack of human resources and human development, population movements and competing priorities in health.
- Re-integration of ex-Khmer Rouge cadres and formerly KR-controlled areas is a main concern, in addition to another legacy of the war, the problem of landmines.

### Health

- Leading causes of mortality are malaria, ARI and TB.
- Cambodia has one of the lowest rates of utilization of health services in the world - an average Cambodian has only 0.35 medical contacts with organized health services per year. Only 16% of deliveries take place in hospitals or health centers.
- Much of health care occurs outside of the government system.
- Rehabilitation of health services and improvement of health services remains a key priority of the MoH. However this is constrained by a low national health budget (predominately going to pay staff salaries).
- World Bank and ADB loans are being used to rehabilitate the health system.
- HIV/AIDS response is highly dependent on foreign donors.
- Estimated 80% of foreign donor money is given to NGOs (Source: National Review of the HIV/AIDS Response in Cambodia)

## HIV/AIDS epidemiological situation

### *The background*

- HIV was first detected in Cambodia during serological screening of donated blood in 1991.
- In late 1993 and early 1994, the first cases of AIDS were diagnosed.
- In 1995-1998 surveillance data, conducted by the NAP, showed significant spread of HIV in several key populations.
- Sentinel groups in 1995 included eight different population groups in 9 provinces mainly on the Cambodia/Thailand border.
- In 1996, to increase efficiency and better assess national average prevalence rates, sentinel surveillance coverage was expanded to 18 provinces and was limited to four population groups; these included brothel-based female commercial sex workers, military, police, TB patients and female antenatal clinic attendees.
- Across the country the surveillance data suggests alarmingly high prevalence rates.
- 1999-2000 surveillance data not yet available.

### **HIV/AIDS surveillance data**

#### Summary of data

	Data	Date
Year of first reported case of HIV / AIDS:		1991 / 1993
Estimated Cumulative HIV infections:	240,963	1999
Estimated Cumulative AIDS cases:	21,619 (exact number of deaths unknown)	1999
Est. number of new HIV infections	49,228	2000
Estimated number of new AIDS cases	7,107	1998
Estimated number of new AIDS cases	13,243	2000
Estimated number of new AIDS cases	29,743	2005
Estimated HIV prevalence:	Over 3.75% of sexually active adult population (15-49)	1998

Source: Consensus Workshop on HIV/AIDS in Cambodia Meeting Summary, 24 March 1999

**HIV seroprevalence among sentinel groups in Cambodia, 1998**

	N	Positive (%)
Direct commercial sex workers	2,284	42.6
Indirect commercial sex workers	1,358	19.1
Policemen	2,650	6.2
Married women	8,879	2.4
Hospital in-patients	1,173	12.2

Source: Report on Sentinel Surveillance in Cambodia, NCHADS/MOH, 1998

**Epidemiological factors****Major routes of transmission**

- Predominant mode of transmission is sexual contact, presumably mainly heterosexual
- Limited information available about homosexual/bisexual transmission.
- Highest rates of HIV have been identified in female sex workers
- Data indicates that risk behaviors are widespread among sex workers, their clients and youth/young people.
- Current estimated HIV infection rate - 3.75% of the adult population between the ages of 15 - 49.
- There is evidence of an explosive increase of infections since 1992
- High levels of STD reported
- Limited transmission reported through injecting drug use
- Significant perinatal transmission already reported, higher levels of infection suspected

**Male/female ratio**

- Thought to be approximately 2:1 (Source: Consensus Workshop Meeting Summary, 1999)

**Geographic distribution**

- Highest prevalence rates found in the southeast, central provinces and along the Thai border.
- Rural / urban ratio – to be determined
- HIV infection has been noted in all regions of the country, although HIV infection appears to be concentrated in urbanized areas

**Surveillance system*****The background***

- HIV Sentinel Surveillance (HSS) established in 1994. The format and methodology has changed several times since that time. In 1999, the HSS comprised sites in 19 provinces testing direct and in-direct sex workers, women under 35 years, and hospital in-patients; screening of donated blood; voluntary screening at special clinics and hospitals.
- Behavioral surveillance was begun in 1994/1995.
- A national registry for HIV and AIDS is yet to be established (no accurate figures of HIV or AIDS cases available).
- AIDS deaths are not routinely reported to the Ministry of Health.
- AIDS definition utilized in Cambodia – 1993 CDC definition.
- No accurate figures of the number of HIV tests performed monthly. Number of tests performed in the private sector is not available.

***The responses***

- A Surveillance strategy has been developed recently.

Risk groups with overall HIV prevalence  $\geq 2.4\%$ , highest and lowest prevalence in provinces

Direct female sex workers  
Between 21.4% (Kandal) and 64.1% (Pursat)  
Indirect female sex workers  
Between 6.7% (Takeo) and 34.2% (Kampong Thom)  
Police  
Between 0.7% (Svay Rieng) and 25.8% (Koh Kong)  
Married Women  
Between 0.2% (Banteay Meanchey) and 6.0% (Koh Kong)

Source: Report on Sentinel Surveillance in Cambodia, 1998

Surveillance Working Group	
<b>Chair:</b>	Dr Mean Chhi Vun (NCHADS)
<b>Operational from:</b>	Dec 1998 – regular meetings to be held
<b>Convened by:</b>	NCHADS
<b>Membership:</b>	Technical focal points from the NCHADS, NAA, WHO, FHI, FC, Pasteur Institute and UNAIDS
<b>Functions:</b>	To provide technical support to the HIV and behavioral surveillance systems To review surveillance results and make recommendations to PMER Unit, NCHADS re: possible modifications to the surveillance system To work with international and local technical support to further refine and develop the surveillance system

#### HIV Sentinel Serological Surveillance system (HSS)

- Established in 1994.
- Currently 19 serological surveillance sites established throughout the country undertaking twelve monthly HIV testing of population groups that include military, (direct and indirect) SWs, **patients** and married women.
- Sites located in every province except Preah Vihear, Mondul Kiri, Kep, Oudor Meanchey and Pailin.
- Saliva and finger stick blood testing methods to be explored through pilot surveys
- 1999 serological surveillance round continuing sera collection in early 2000 – results delayed as a result of prolonged collection period.

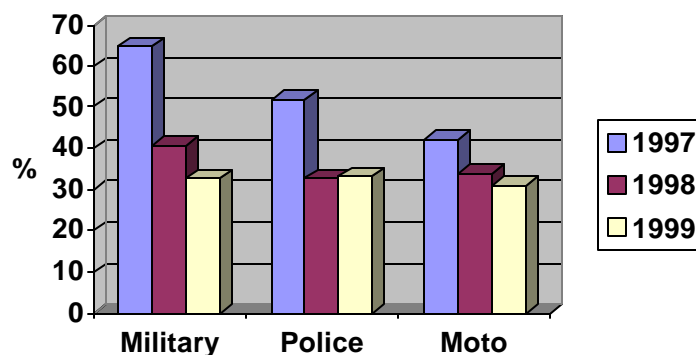
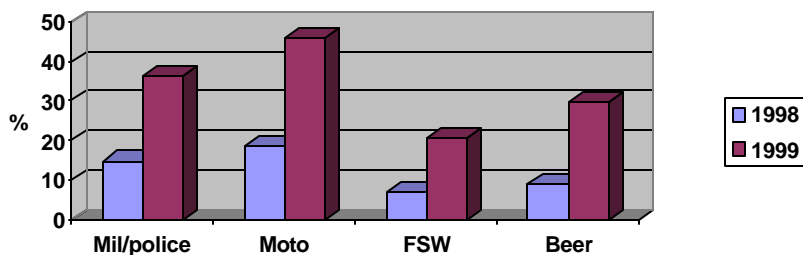
#### Behavioral Surveillance system (BSS)

- Established in 1997, although some behavioral data had been collected before then.
- Currently undertaken in 5 cities: Phnom Penh, Sihanoukville, Kompong Cham, Battambang and Siem Reap
- Third round of behavioral surveillance carried out in 1999.
- Surveillance groups – sex workers, military, police, moto-taxi drivers, and beer promoters (beer-girls).
- Major findings: men's condom use with CSW 53%-63%, lower with 'sweethearts' (non-CSW partners) (5-23.9%). Condom use in CSW contacts appears to be rising. Commercial sex use appears to be decreasing. Big regional differences in condom use.

Always use condom during commercial sex			
Group	1997	1998	1999
Military	42.9	55.3	69.6
Police	65.4	69.3	81.3
Female sex workers	42.0	53.4	78.1
Moto-taxi drivers	53.8	61.8	69.8
Beer girls	9.6	29.7	38.2
Students	71.5	77.4	-

**Purchased commercial sex in the previous month**

Group	1997	1998	1999
Military	64.7	40.8	32.6
Police	52.8	32.8	33.3
Moto-taxi drivers	42.1	33.9	31.1
Students	26.7	17.7	-

**Men's past month commercial sex use****Percentage know someone sick with AIDS**

*Taken from BSS III – 1999, NCHADS/MOH 2000*

- HIV/AIDS Surveillance 1998 Report, Annual Report of the HIV/AIDS Sentinel Surveillance System. Copies available from MOH.
- Syphilis screening is not routinely carried out on sera collected via the National HIV Surveillance System.
- Surveillance reports released annually.

**Challenges**

- Consistency needs to be maintained now the Surveillance Strategy has been agreed upon.
- Personal HIV test authorized for sale in private pharmacies without quality control, counseling and / or reporting of test results. Regulation / training needed.

**Key contacts – call us for more information**

- ☐ National Center for HIV/AIDS, Dermatology and STD, Dr Hor Bun Leng
  - ☐ NCHADS, PMER Unit, Dr Ly Peng Sun
  - ☐ Information on HSS: NCHADS PMER Unit, Dr Chhuon Samrith

- Information on BSS: Dr Heng Sopheap, PMER Unit, NCHADS
  - NAA, H.E. Dr Tia Phalla
  - WHO, Dr Bill Pigott
  - WHO, Dr Annie Macarry

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Report on Sentinel Surveillance in Cambodia 1998, National Center for Dermatology, Venerology and HIV/AIDS Control, MoH</li> <li>• HIV and STD epidemiology, risk behaviours, and prevention and care response in Cambodia. Tia Phalla et al., 1998 (In: AIDS 1998, 12 (suppl B):S11-S18)</li> <li>• STI/HIV, Consensus Report on STI, HIV and AIDS epidemiology, WHO &amp; MoH, 1999</li> <li>• Cambodia Surveillance Strategy 1999</li> </ul>	<b>Key materials</b>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Reaching regional consensus on improved behavioural and sero surveillance for HIV, UNAIDS 1998</li> <li>• Relationships of HIV and STD declines in Thailand to behavioral change, UNAIDS, 1998.</li> <li>• Sexual behavioural change for HIV: Where have theories taken us? UNAIDS, June 1999</li> <li>• Estimates and projections, Presentation Graphics, UNAIDS December 1997.</li> <li>• Epidemiological Fact Sheets on HIV/AIDS and sexually transmitted diseases, UNAIDS and WHO, June 1998</li> <li>• Report on the global HIV/AIDS epidemic, December 1998, UNAIDS and WHO.</li> <li>• Revised recommendation for the selection and use of HIV antibody tests, UNAIDS/WHO, 1998</li> </ul>
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## STD epidemiological situation

### ***The background***

- Limited data is available on the extent of STD in Cambodia. Isolated studies, including resistance patterns have been undertaken.
- During 1998, collection of STD data occurred from 21 STD facilities (results available from the STD Unit, NCHADS)
- No mandatory testing of vulnerable populations is undertaken, except for STD screening of direct sex workers in Sihanoukville as part of the 100% Condom Use Pilot Project, and systematic syphilis testing of pregnant women at National MCH Center.
- No routine screening of antenatal women, except as noted above.
- Most STD patients seem to turn to pharmacies and drug sellers for treatment. A UNICEF/PATH/USG research revealed that only a small number of personnel in these outlets are familiar with common symptoms of STDs and correct treatments. Personnel especially failed to assess women's STD symptoms correctly. Clients were not told to take the full course of treatment and no referrals were made for clients who could not afford to buy the full course of medication.
- A National Policy for STD Case Management has been completed.

***Estimated prevalence of curable STD (percentage of adult population 15 years & above)***  
WPRO/WHO estimate 1997.

- a) Chlamydia trach. - 4%
- b) Gonorrhoea - 3%
- c) Syphilis - 4%

**STD prevalence data by various sources**

<b>Prevalence study on STD among various groups in 4 cities, 1996</b>				
Group	Chlamydia	Gonorrhoea	Syphilis*	Trichomon.
CSW (E) (n=437)	22.4%	35.0%	14.0%	5.4%
Men (n=332)	2.1%	17.0%	6.6%	NA
Repr. Health Care (E) (n=314)	3.1%	3.0%	4.0%	1.0%

Source: Caroline A. Ryan and Pamina M. Gorbach, *HIV and Sexually Transmitted Diseases in Cambodia: Prevalence of Infections, Evaluation of Treatment Flowcharts and Assessment of Risk and Health-seeking Behaviors*. University of Washington, AIDSCAP (FHI), 1998

**The responses**

- No active surveillance being undertaken except for limited syphilis testing of unlinked sera from the HIV surveillance.
- Government facilities are presently unable to provide significant STD management to communities - significant support being provided to the Ministry of Health and Provincial health departments to upgrade all health facilities.
- NGO responses have included establishment of alternative clinics within areas with concentrations of brothels.
- EU supporting a project to improve STD management in Phnom Penh and Sihanoukville. Details available from NCHADS/STD Unit and Dr François Crabbé
- Training on STD case management in public health facilities using syndromic approach provided by UNFPA/WHO and NGOs.
- Training with the military health workers and STD syndromic management completed in 1999 - UNAIDS/WHO.
- Development of three booklets for the military by NCHADS in 1998.
- PATH/UNICEF/USG conducted a survey among drug sellers and pharmacies in Phnom Penh to assess knowledge of STDs and treatment.
- Pasteur Institute involved in STD laboratory quality control and surveillance network for gonorrhoea.
- STD drugs now available in health centers through the Ministry of Health procurement system.
- In-service training on STD case management for service providers focusing on "high-risk" groups by FHI/IMPACT Cambodia
- Training on STD Programme Management for National and Provincial AIDS and MCH programme managers, and for military programme managers established in 1999. MoH, WHO and UNFPA.

**Gaps in our understanding of the RTI situation in Cambodia (taken from the Report of the National Workshop – RTI Programme Guidance Tools, February 2000)**

*Information data gaps identified:*

- Detailed information on health care seeking
- Detailed information on iatrogenic infections, including any information on abortion practices and the incidence of post-abortion sepsis
- Implementation of universal precautions in hospitals
- Women's menstrual hygiene practices
- Coverage of syphilis screening as part of antenatal care
- Any information on viral STIs including hepatitis B prevalence, the contribution of herpes simplex virus to patterns of genital ulcer disease, and the incidence of cervical cancer
- The efficacy of STI/RTI service delivery

**The challenges**

- To change the culture and philosophy of STD management at national and local level to provide affordable, accessible and appropriate STD management to all Cambodians.

- To educate the general public (and national and local government officials) that STD is not just a problem of female sex workers, but of the wider community.
- To ensure that local resources are mobilized for STD management, including the institutionalization of surveillance.
- To develop appropriate STD management guidelines for female sex workers
- To ensure STD management guidelines are continuously improved to consider the Cambodian setting.

**Key contacts – call us for more information**

- ☎ NCHADS, Dr Seng Sut Wantha
- ☎ NCHADS STD Unit, Dr Seng Sopheap
  - ☎ NMCHC, Dr Kum Kanal
  - ☎ MoND, Dr Tan Sokhey
- ☎ Dr François Crabbé, EU/NCHADS
  - ☎ Dr Annie Macarry, WHO
  - ☎ Dr Bernard Fabre-Teste, FC

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• STD Case Management using the syndromic approach – Cambodian Training kit (Khmer and English) 1998, MoH/UNFPA/ WHO</li> <li>• HIV and Sexually Transmitted Diseases in Cambodia: Prevalence of Infections, Evaluation of Treatment Flowcharts and Assessment of Risk and Health seeking Behaviours, Report prepared by Caroline A. Ryan and Pamina M. Gorbach, University of Washington, 1998</li> <li>• HIV and STD epidemiology, risk behaviours, and prevention and care response in Cambodia. Tia Phalla et al., 1998 (In: AIDS 1998, <b>12</b> (suppl B):S11-S18)</li> <li>• Doctor Hansen and the Crouching Mango: STD and HIV/AIDS. Technical discussion document by Maurice Eisenbruch, UNESCO, 1997.</li> <li>• STD Programme Management Training Kit (Khmer and English), 1999, MoH/WHO</li> <li>• Infection Control Manual (Khmer), 1998, MoH/UNFPA/WHO</li> <li>• Trainers’ curricula for STD case management using syndromic approach and STD programme management (Khmer), 1999, MoH/WHO</li> <li>• National Policy and Strategic Plan for STD (Khmer and English), 1999, MoH/WHO.</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• The public health approach to STD control, Technical Update, UNAIDS, 1998.</li> <li>• Sexually transmitted diseases: policies and principles for prevention and care, UNAIDS, 1997.</li> <li>• Sexual health and health care: Sexually transmitted infections, guidelines for prevention and treatment, DFID, June 1998</li> </ul>
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**Issues facing the response in Cambodia**

1. Sustained commitment from provincial governments to AIDS prevention and care.
2. Large military with significant HIV infection levels and varying degrees of awareness.
3. Significant gaps in research particularly relating to the sexual behavior/cultures and construction of gender roles among Cambodians.
4. High prevalence of STD in the population.
5. Significant resistance of STD to common antibiotics.
6. Lack of affordable and accessible STD drugs for “at-risk” populations. Need to devise strategies to ensure availability of STD treatment.
7. Significant commercial sex industry throughout the country – illegal but mostly tolerated and sometimes exploited by local authorities.

8. Casual sex, especially among urban youth, apparently on the rise. Education should be a priority.
9. Condom utilization is improving. Need to maintain condom social marketing philosophy.
10. High tuberculosis prevalence in the community including some multi-drug resistant strains.
11. Blood supply safety is a significant area of concern. Additional resources needed to ensure a safe blood supply.
12. The majority of Cambodians with HIV infection is not aware of their infection.
13. Expected that up to 200,000 cases of AIDS will seek treatment within the health system within the next 5-10 years. Care mechanisms need to be expanded and strengthened.
14. The burden of caring for PLWA and their orphans will place significant stress on extended families and communities over the coming years. Community support systems will need to be strengthened.

## Impact of HIV/AIDS in Cambodia

### *The background*

- An estimated 12,000 people will seek care and support annually by the year 2000 (WHO Representative's semi-annual reports, 1998).
- Many PLHA cannot afford hospital care – significant household expenditure is already health related (without HIV/AIDS present).
- Biggest burden of AIDS will be on households. Need to strengthen community networks.
- Economic costs study completed in 1997 – revised in January 1999 (see key materials).

### *The responses*

- 2nd Study on Economic Costs of AIDS in Cambodia completed by the UN – February 1999. Follow-up to a study conducted in 1997.
- FHI/IMPACT to undertake research on socio-economic impact of HIV/AIDS among several of its target groups in 1999-2000, including police, military, sex workers, youth and men who have sex with men

### *The challenges*

- To ensure that the health care system and communities are prepared for the estimated 12,000 annual cases of AIDS
- To ensure that the health system is prepared to cope with loss of workers
- To ensure that other systems such as the education system is prepared for loss of teachers and students from AIDS.
- To educate health care workers to deal with the needs of people with AIDS
- To ensure services are integrated and that related services such as TB work together cohesively.

### *Key contacts – call us for more information*

- ☎ NCHADS, Dr Sok Bunna
- ☎ UNDP, Ms Dominique McAdams
- ☎ UNAIDS, Mr Geoff Manthey

<b>Cambodia</b> <ul style="list-style-type: none"> <li>Quarterly Reports, NCHADS, 1996-1998</li> <li>Report of the Review of the National Response to AIDS, June 1997</li> <li>Study on Economic Costs of AIDS on Cambodia, Report by Charles Myers and Dr Sok Bunna, February 1999.</li> <li>HIV and STD epidemiology, risk behaviours, and prevention and care response in Cambodia. Tia Phalla et al., 1998 (In: AIDS 1998, 12 (suppl B):S11-S18)</li> </ul>	Key materials	<b>Global</b> <ul style="list-style-type: none"> <li>Expanding the global response to HIV/AIDS through focused action, UNAIDS Key Material, 1998</li> <li>Report of the consultation on the socio-economic impact of HIV/AIDS, UNAIDS 1995</li> <li>China Responds to AIDS: HIV/AIDS situation and needs assessment report, UNAIDS and Ministry of Health, November 1997</li> </ul>
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## II. The Structure of the Response to HIV/AIDS in Cambodia

### The Government's response to HIV/AIDS

Key milestones	
1. National AIDS Program established	1991
2. Two-year plan (1992-1993) on AIDS prevention and control developed	1992
3. National AIDS Council (NAC) and National AIDS Secretariat (NAS) established	1992
3. National AIDS Plan 1993-1998 developed	1993
4. Provincial AIDS Councils (PAC) and Provincial AIDS Secretariats (PAS) established	1994
5. Review of the National AIDS Response 1	1997
6. National Strategic Plan 1998-2000 final draft completed	1998
5. Establishment of the National Center for HIV/AIDS, Dermatology and STD (NCHADS) within the Ministry of Health (See Annex C)	1998
6. Establishment of the National AIDS Authority (See Annex B)	Jan 1999
7. Review of the National AIDS Response 2	2000

#### National AIDS Programme (NAP)

In Cambodia, a Comprehensive National Plan for AIDS Prevention and Control in Cambodia was developed in 1997 – basically a Ministry of Health plan.

#### Goals

- To reduce HIV transmission
- To reduce the morbidity and mortality associated with HIV infection

#### Objectives

- To coordinate policy.
- To collect accurate surveillance data on HIV infection in selected populations.
- To accurately diagnose HIV and STDs in populations at risk.
- To reduce the incidence of sexual transmission of HIV and STDs.
- To provide educational information to coincide with surveillance.
- To prevent transmission through blood products.
- To prevent the spread of HIV infection among drug injectors.
- To prevent the spread of HIV infection by skin-piercing instruments.
- To reduce the transmission of HIV from mother to child.
- To minimize the personal suffering and social stigma associated with AIDS and to provide psychosocial support to those affected by HIV/AIDS.
- To provide the best available medical care for people with AIDS.
- To monitor and evaluate activities of the Medium Term Plan.

## National AIDS Authority (NAA)

### Background

- National AIDS Committee (NAC) and National AIDS Secretariat (NAS) established in 1993.
- The NAA was established in January 1999 by Royal Decree and will now oversee the national response.
- Mission and Function of the NAA are contained in NAA Decree 007, January 1999 (copies available from NAA, NCHADS and UNAIDS)
- NAC and NAS to be replaced by the NAA – their functions, roles and responsibilities to be incorporated into the actions of the NAA.

### Responses

- Terms of Reference for the NAA were completed in January 1999 - Terms of Reference for the Ministries within the NAA and the PACs to be completed. To be reviewed (early 2000).
- The NAA replaced the National AIDS Committee and the National AIDS Secretariat.
- Secretaries of State from each of these Ministries have been appointed to the Policy Board of the NAA - to be directly responsible for the action of their Ministries relative to HIV/AIDS prevention and control.
- Study Tour for the senior members of NAA and NCHADS, as well as governors and provincial health authorities undertaken to Asia and Africa in February-March 1999. A similar study tour was organized in 1995.
- Implementation of the UNAIDS-funded Strategic Planning and Development Funds (SPDF) to strengthen the functioning of the NAA and selected Ministries, as well as expand the PAC project (see below).
- Review of the National AIDS Response to be completed in 2000.

(See Annex B)

<b>Designation</b>		<b>National AIDS Authority – Policy Advisory Board (see Appendix B)</b>
<b>Chair</b>	H.E. Hong Sun Huot, Minister of Health Permanent Vice-Chair H.E. Dr Dy Narong Rith Vice-Chair H.E. Dr Ly Po	
<b>Operational from</b>	Early 1999 – meetings to be held bi-annually	
<b>Convened by:</b>	NAA	
<b>Membership:</b>	<b>Secretaries of State from member Ministries</b>	
<b>Ministry of Health – MoH; Ministry of Interior – Mol; Ministry of Women’s &amp; Veteran Affairs – MWVA; Ministry of National Defence – MoND; Ministry of Education, Youth and Sports – MoEYS; Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation - MoSALVY; Ministry of Rural Development – MoRD; Ministry of Tourism – MoT; Ministry of Information – Moln; Ministry of Culture and Fine Arts– MoC; Ministry of Religious Affairs – MoRA; Ministry of Planning – MoP; and Provincial Governors</b>		
<b>NAA Roles:</b>	<ul style="list-style-type: none"> <li>• Making recommendations to the Prime Minister on matters of national policy relating to HIV/AIDS in Cambodia</li> <li>• Report to the Prime Minister on the status of the HIV/AIDS epidemic in Cambodia</li> <li>• Ensuring that the impact of the HIV epidemic is minimized</li> <li>• Defining the national strategy on HIV/AIDS prevention and control ensuring its relevance to the epidemic and the response</li> <li>• Improvement of the national information exchange and communications</li> <li>• Coordination and facilitation of the line ministries to implement the appropriate HIV/AIDS interventions</li> </ul>	

<b>Designation</b>		<b>National AIDS Authority – Technical Board</b>
<b>Chair</b>	NAA Secretary General – H.E. Dr Tia Phalla	
<b>Operational from</b>	March 1999 – meetings to be held monthly	
<b>Convened by:</b>	NAA	

<b>Membership:</b>	HIV/AIDS focal points from the members of the NAA Policy Advisory Board (see above)
<b>Tasks:</b>	<ul style="list-style-type: none"> <li>• Review policy developed by NAA in response to the National Advisory Board</li> <li>• Recommend national action, where appropriate</li> <li>• Review reports on progress of the epidemic and the national response</li> <li>• Report to NAA on progress made by individual Ministries, relative to the Ministerial Working Plan</li> <li>• Review efforts made to develop improved information exchange mechanisms</li> </ul>

### **Challenges**

- To develop the capacity and capabilities of the NAA as well as PACs to ensure timely responses and implementation of the National Strategic Plan and (future) Provincial Strategic Plans.
- To ensure that all government structures can work together within the strategic plan framework.

### **Key contacts – call us for more information**

- ☞ NAA, H.E. Dr Dy Narong Rith
- ☞ NAA, H.E. Dr Tia Phalla
- ☞ UN Theme Group on HIV/AIDS, Ms Yoshiko Zenda
- ☞ UNDP, Ms Dominique McAdams
- ☞ UNAIDS, Mr Geoff Manthey

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

#### **Background**

- The Ministry of Health established the National AIDS Programme in 1991
- Sero-surveys conducted by the Ministry of Health commenced in 1993
- World Bank approves loan in 1995 to Ministry of Health that includes HIV/AIDS prevention and control component.
- The National AIDS Programme and the National STD Center merged in March 1998 to become the National Center for HIV/AIDS, Dermatology and STD (NCHADS).
- The National Center for HIV/AIDS, Dermatology and STD (NCHADS) established to oversee the response of the Ministry of Health, as well as provide technical support to other government agencies and national partners.
- The Director of the NCHADS is Dr Mean Chhi Vun
- The NCHADS is staffed with 50+ staff, in the following units (**see Annex C**):
  - Program Management, Evaluation and Research (contact Dr Ly Peng Sun)
  - Multisectoral Unit (contact Dr Sok Bunna)
  - STD Control (contact Dr Seng Sopheap)
  - STD & Dermatology Clinic (contact Dr Heng Sin)
  - AIDS Care (contact Dr Nong Kanara)
  - IEC (contact Dr Lan Van Seng)
- The Health Departments at provincial level support the Provincial AIDS Offices (PAO). NCHADS provides direct technical support to the PAOs.

#### **The responses**

- The strategies of the NCHADS are described in the National Strategic Plan 1998-2000.
- HIV/AIDS Coordination Forum convened by the NAP/NCHADS from January 1998 to bring key partners together including donors and NGOs. Forum supposed to meet monthly, however meetings occur irregularly.
- The first national review was undertaken in April-June 1997. Members of the review team included staff from the National AIDS Programme, UN agencies, AIDSCAP/USAID, EU-STD Project and French Cooperation.
- The review report was endorsed by the Minister of Health, the Chairman of the then National AIDS Committee, in June 1997 and presented to the National AIDS Committee in September 1997.
- National Strategic Plan drafted in 1997 – completed in 1999

- Key priorities of strategic plan: implement interventions that have (1) the highest impact on the spread of the virus, (2) address vulnerable populations, and (3) promote community participation and involve PLWA.
  - Minimum package for prevention and care recommended, especially in areas of high prevalence and high population density.
- National Strategic Plan will provide guidance to the provincial planning process.

### ***The challenges***

- To ensure that management structures within the NCHADS function as planned.
- To ensure that information exchange with the partners in the response is strengthened and expanded.

### ***Key contacts – call us for more information***

- ☞ NCHADS, Dr Mean Chhi Vun
- ☞ NCHADS, Dr Seng Sut Wantha
- ☞ NCHADS, Dr Hor Bun Leng
- ☞ UNAIDS, Mr Geoff Manthey

### **Non-health Ministries**

#### ***Background***

- Limited capacity to undertake HIV/AIDS prevention and control activities
- Varying interest from senior levels within ministries

#### ***Responses (indicative listing NOT exhaustive)***

- Ministry of National Defence (MoND) – peer education programs, STD management, condom promotion
- Ministry of Education, Youth and Sports (MoEYS) – life skills training, curricula developed, teacher training undertaken
- Ministry of Rural Development (MoRD) – training of staff
- Ministry of Interior (Mol) – training of staff
- Ministry of Women's and Veteran's Affairs (MoWVA) – pilot activities with women's groups, national policy on women and AIDS
- Ministry of Planning (MoP) – hosted sub-regional meeting of planning ministries in Feb 2000

#### ***Challenges***

- To ensure that government ministries develop appropriate and timely policy.
- To translate to the non-health sector a greater understanding of the impact of the AIDS epidemic, to ensure an expanded multi-sectoral response.

### ***Key contacts – call us for more information***

- ☞ NCHADS, Dr Sok Bunna
- ☞ UNAIDS, Mr Geoff Manthey

### **Provincial AIDS Responses**

#### ***Background***

- The NAP/NCHADS has identified that it was previously too involved in implementation at provincial level. Therefore, decentralization of the response is a key priority.
- Inconsistent capacity at the provincial level to undertake AIDS prevention and care.

#### ***Responses***

- Provincial AIDS Committees (PAC), Provincial AIDS Secretariats (PAS) and Provincial AIDS Offices (PAO) are seen as crucial bodies in implementing the National Strategic Plan on a provincial level. Management mechanisms and overall structure are presently being redefined and need to be strengthened.
- NAA to oversee the results of PACs and evaluate progress against agreed outputs in work plans.
- Pilot projects aimed at strengthening PACs and PASs have been supported through UNICEF, UNAIDS and UNDP/CARERE.
- A team was established in 1997 to support the PAC project – Central Advisory Team (CAT). It consists of staff from six ministries (MoEYS, MoWVA, MoND, MoI, MoSALVY, and MoRD) under the guidance of MoH/NCHADS.
- Presently sixteen (16) provincial responses are receiving UN support.
- Three-monthly national and regional meetings of PAC members commenced in 2000.

Designation Provincial AIDS Committees (PAC)	
<b>Chair</b>	Governor
<b>Operational from</b>	Varies
<b>Convened by:</b>	Provincial AIDS Secretariat (PAS)
<b>Membership:</b>	Varies
<b>Functions:</b>	<ul style="list-style-type: none"> <li>• Coordinate and facilitate the response to the epidemic at the provincial level, especially between local Government, NGO and IO partners</li> <li>• Ensure that the impact of the epidemic in the province is minimized</li> <li>• Design, implement and review a Provincial Strategic Plan on HIV prevention and control, stating province-specific priorities and objectives</li> <li>• Improve flow of information and communication between provincial and national level, as well as the provincial and the district- and commune levels</li> </ul>

**The Challenges**

- To develop the capacity and capabilities of the NAA as well as PACs to ensure timely responses and implementation of the NSP and (future) PSP.
- Translation of national policy into provincial responses for provincial government units
- To ensure that implementation of activities are transferred from the national to the provincial level.

**Key contacts – call us for more information**

- ☎ NCHADS, Dr Sok Bunna
- ☎ UNICEF, Dr Etienne Poirot
- ☎ UNAIDS, Mr Geoff Manthey

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Report of the Review of the National AIDS Response, NCHADS, June 1997</li> <li>• National AIDS Strategic Plan 1998-2000 (Khmer and English versions), NCHADS</li> <li>• Decree creating the PAC and PAS.</li> <li>• NAA Decree 007, January 1999. NAA</li> <li>• Study on Economic Costs of AIDS on Cambodia, Report by Charles Myers and Dr Sok Bunna, February 1999.</li> <li>• HIV and STD epidemiology, risk behaviours, and prevention and care response in Cambodia. Tia Phalla et al., 1998 (In: AIDS 1998, 12 (suppl B):S11-S18)</li> <li>• 4 PAC Project 1998-1999 Final Report, NCHADS Multisectoral Unit, August 1999</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Expanding the global response to HIV/AIDS through focused action, UNAIDS Key Material, 1998</li> <li>• Declaration of the Paris AIDS Summit, 1994</li> <li>• Report of the consultation on the socio-economic impact of HIV/AIDS, UNAIDS 1995</li> <li>• Guide to the Strategic Planning Process for a National Response to HIV/AIDS, June 1998, UNAIDS</li> <li>• Resource Guide for Theme Groups - working together on HIV/AIDS, UNAIDS, 1998</li> </ul>
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## Non-government organizations/community-based organizations role

**For a comprehensive listing of NGOs/CBOs working in AIDS prevention and care in Cambodia, please contact HIV/AIDS Coordinating Committee (HACC) or MEDICAM.**

### *The background*

- NGO/CBO involvement from early in the epidemic in Cambodia. They have played a key role, providing a range of services including education and social support.
- The responses of NGOs have been restricted in their scale due to limited technical and financial resources, as well as weak coordination / information sharing mechanisms.
- NGOs have implemented a number of activities for the government - in particular where they were better positioned in terms of access to target populations and capacity
- International and national NGOs play a very important role in the response. Significant amounts of funds provided by foreign donors are allocated through NGOs.
- Many international and national NGOs in Cambodia are members of the Coordination Committee for Cambodia (CCC).
- Many of the organizations working in the field of health (more than 90 of them) have formed an organization called MEDICAM. MEDICAM has developed a database of NGO activities, which includes geographical location of activities and the type of support being provided.

### *The responses*

- Activities being undertaken include:
  - Interpersonal communications with target audiences
  - Behavior change / empowerment interventions with “high-risk” groups
  - Advocacy with government (and other) officials
  - Counseling, care and support to people with HIV/AIDS
  - Information centers
  - Mass media
  - Resource mobilization
- The International HIV/AIDS Alliance has supported the establishment of the Khmer HIV/AIDS NGO Alliance (KHANA). KHANA is a linking organization for Cambodian NGOs, facilitating financial and technical resources to expand and strengthen their activities. In 2000, supporting 36 projects in 13 provinces
- HIV/AIDS Coordinating Committee (HACC) meets monthly (first Wednesday afternoon of each month) at the CCC office. HACC was established in 1993. Its aims are to update NGO and NCHADS on NGO experiences and activities, to coordinate efforts among NGOs and NCHADS, to promote cooperation, information exchange and to foster linkages, and to work for the benefit of the public in awareness campaigns. The work of HACC is led by the Steering Committee. There are three working groups on Training & Counseling, Care and Support and Mass Media, respectively.
- HACC Secretariat established in late 1999, with resources from UNAIDS.
- Over 25 local and international NGOs distribute Number One condoms to “high-risk” groups
- FHI / IMPACT Cambodia is supporting behavior change interventions for “high-risk” groups through local agencies

### *The challenges*

- To ensure that vulnerable populations (such as sex workers) are adequately represented through the NGOs providing education, information or support activities to them.
- To ensure that the knowledge gained through the activities of NGOs is disseminated, including lessons learned.
- To ensure that the information exchange structures of NGOs are expanded and strengthened.

**Key contacts - call us for more information**

- ☞ Dr Oum Sopheap, Chair, HACC
- ☞ KHANA, Ms Pok Panhavichetr
- ☞ FHI/IMPACT, Ms Francesca Steur
- ☞ MEDICAM

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• National Strategic Plan - STD/HIV/AIDS Prevention and Care in Cambodia 1998-2000</li> <li>• Database of NGO activities, MEDICAM</li> <li>• Database of NGO contacts, CCC</li> </ul>	<b>Key materials</b>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Community mobilization and AIDS, Technical Update, UNAIDS, 1997</li> <li>• A review of household and community responses to the HIV/AIDS epidemic in the rural areas of sub-Saharan Africa, UNAIDS, June 1999</li> <li>• NGO perspectives on access to HIV-related drugs in 13 Latin American and Caribbean countries, UNAIDS 1998</li> </ul>
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## People living with HIV/AIDS

(See also: [Care and Support](#))

### **The background**

- First person with HIV/AIDS to speak out publicly occurred in 1997, when a woman spoke to the media on World AIDS Day (1 December).
- The Ministry of Health has been key in the promotion of people living with HIV/AIDS as having a role in the response to the epidemic.
- NGOs have been providing support, services and a voice for people living with HIV/AIDS.

### **The responses**

- Initial support for people living with HIV/AIDS provided by NGOs.
- Ponleu Chivit (Light of Life) – Club for PLHA. First support group for people with HIV/AIDS established in 1997 by World Vision.
- Hospital accommodation available at Calmette Hospital, Sihanouk Hospital (Center of Hope) and Russian Hospital. Provincial and local hospitals providing care in rural areas.
- Hospital accommodation also available at Kantha Bopha for children with HIV/AIDS, and CENAT for TB/AIDS patients.
- MSF, CRS and other NGOs providing care and support to people with HIV/AIDS.
- NGOs (in Phnom Penh) providing support to those infected and/or affected include: World Vision, Cambodian Women's Development Association, and Sisters of Charity.
- World Vision and Maryknoll are developing PLHA networks on a pilot-project scale.
- World Vision, Center of Hope and KHANA have established 3 Counseling groups for PLWA.
- Pilot project on home based care implemented in 1998 in Phnom Penh with support from DFID and WHO. Home based care teams then taken over by KHANA with support from MoH.
- Joint UNDP/UNV/UNAIDS Pilot project for Greater Involvement of People Affected by HIV/AIDS to start in 2000.
- Limited involvement of people living with HIV/AIDS, although several have appeared in the media.
- Vithei Chivet – CBO of PLHA with 75 members supported by KHANA (from 1999)
- Joint UNDP/UNV/UNAIDS Pilot project for a Greater Involvement of Persons Affected by HIV/AIDS (GIPA) planned for 2000, in cooperation with NAA.

**The challenges**

- To develop and implement strategies for sustainable provision of treatments for people living with HIV/AIDS
- To develop and implement strategies to ensure the provision of services for PLHA in the provinces (under the guidance of the PACs)
- To ensure that the discrimination and stigma that Cambodians living with HIV/AIDS face, is overcome through education and information
- To ensure people with HIV/AIDS have employment opportunities and access to financial/insurance services

**Key contacts - call us for more information\*:**

- ☎ Ponleu Chivit Club, OI Ny
- ☎ AIDS Care Unit, NCHADS, Dr Nong Kanara
  - ☎ Calmette Hospital
- ☎ Sihanouk Hospital, Center of Hope, Dr Navy
  - ☎ KHANA, Henrietta Wells

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• National Strategic Plan 1998-2000, October 1997</li> <li>• Home based care handbook (Khmer), 1999, MoH/KHANA/WHO</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Home based care handbook, 1996, WHO</li> <li>• My experience with....., UNAIDS, May 1997</li> <li>• HIV/AIDS and Human Rights – International Guidelines, UNHCHR &amp; UNAIDS, 1998</li> <li>• Mother-to-child transmission of HIV, UNAIDS Technical Update, November 1997</li> <li>• The UNAIDS Guide to the United Nations Human Rights Machinery, UNAIDS, 1997</li> <li>• Community mobilization and AIDS, Technical Update, UNAIDS 1997</li> <li>• GIPA – Greater involvement of people living with HIV/AIDS, UNAIDS, 1999</li> </ul>
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**Corporate/business sector**

**The background**

- The corporate sector has been slow to respond to the epidemic in Cambodia
- Involvement to date has amounted to limited sponsorship of events or activities
- Limited AIDS in the workplace activities have been undertaken

**The responses**

- CARE provides reproductive health care and support (including HIV/AIDS information and prevention) among garment factory workers as part of the UNFPA/EU umbrella project for adolescents.
- AIDS in the workplace programs commenced in Sunway Hotel and Caltex staff, with support from Impact Cambodia (1999).
- World Vision Highway 4 STAR Project (2000-2002). HIV/AIDS/STD prevention project along highway 4 including 14 factories located along road.

**The challenges**

- To educate and enlist the corporate sector into responding to HIV/AIDS in a manner that is consistent with the National Strategic Plan

- To convince the corporate/business sectors of the priority that AIDS prevention should have, even in the face of the current financial situation

**Key contacts – call us for more information\***

- ☎ CARE Cambodia, Ms Julie Forder
- ☎ Sunway Hotel
- ☎ World Vision, Dr Oum Sopheap
- ☎ FHI/IMPACT, Ms Francesca Steur

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Sewing a better future? A report of discussions with young garment factory workers about life, work and sexual health, CARE International in Cambodia, August 1999</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Putting HIV/AIDS on the business agenda. Point of View, UNAIDS 1998</li> <li>• The Business Response to HIV/AIDS: Innovation &amp; Partnership. UNAIDS &amp; The Prince of Wales Business Leaders Forum, Geneva / London 1997</li> <li>• Business responds to AIDS. CDC, Atlanta, 1992</li> </ul>
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**Religious Organizations**

**The background**

- The Salvation Center Cambodia (SCC), founded in 1994, aims to mobilize and involve Buddhist monks in community health education and human resources development.
- Monks in Phnom Penh and Battambang have been trained to become core trainers for other monks and for people in their communities, supported by UNDP/CARERE and Interchurch Organization for Development Cooperation (ICCO).
- Several other small religious organizations have started or are planning to start activities related to HIV/AIDS, both in prevention, care and counseling, among them Catholic and Muslim groups.
- Religious groups including Center of Hope have been piloting home-based care and counseling with volunteer outreach teams.

**The responses**

- Monks have been involved in distributing IEC materials.
- Monks have been trained to provide care for PLWA and to train villagers to provide home-based care
- Sisters of Charity have started a clinic for people with AIDS
- UNICEF plans to work with Ministry of Religious Affairs to develop a strategic plan for the response to HIV/AIDS of Buddhist Monks
- COERR (Catholic Office for Emergency Relief and Refugees) has started a pilot project involving care for PLWA and Buddhist monks in Phnom Penh in 1999
- COERR has begun the construction of a pagoda based hospice in Takeo province in early 2000.

**The challenges**

- To ensure that the potential of the religious sector to fulfill its role in the response to HIV/AIDS prevention, care and counseling is optimally utilized
- To improve information exchange and cooperation between different religions and religious organizations, so that their activities can be planned in accordance to the National Strategic Plan

**Key contacts – call us for more information**

- ☞ Salvation Center of Cambodia, Mr Mak Sovannhang
  - ☞ Sisters of Charity
- ☞ Center of Hope, Dr Gillian Hall
  - ☞ UNICEF, Dr Etienne Poirot

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Report of HIV/AIDS Study Tour of Khmer Buddhist Monks to Buddhist Temples in Thailand: April – May 1997. COERR</li> <li>• Final Project Report – Monks and HIV/AIDS. SCC, 1997</li> <li>• Catholic agencies in Cambodia respond to the AIDS Crisis. International Cooperation for Development and Solidarity, March 1996.</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• AIDS education through Imams: A spiritually motivated community effort in Uganda. Case Study, UNAIDS 1998</li> </ul>
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**Media**

**The background**

- Media continues to report HIV/AIDS sensationally at times, although generally the situation seems to be improving.

**The responses**

- Fifty journalists and broadcasters participated in media training workshop – October 1999 (list of participants available from NCHADS)

**The challenges**

- To develop guidelines and briefing materials for Cambodian journalists
- To develop legal tools for the prevention of deliberate mis-information by the press.

**Key contacts – call us for more information**

- ☞ NCHADS, Dr Lan Van Seng
  - ☞ Geoff Manthey, UNAIDS

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>
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**IV. HIV/AIDS related policies and local ordinances**

**The background**

- Limited policy development has occurred to date
- National AIDS Authority to review need for legislation and work with individual ministries to develop appropriate policies.
- See **Annex D** for details of National Policy adopted by the National AIDS Committee 15 December 1995.

**The Responses**

- An advocacy booklet on HIV/AIDS, aimed at senior policy- and decision makers, was developed and presented by the UN Theme Group on HIV/AIDS in December 1998.
- National Policy on 100% Condom Use has been adopted by NAA and is being enforced. (See also **Sex Industry**)
- Charter for People Living with HIV/AIDS developed by NAA – Sept 1999
- National Policy development by NAA – Oct 1999

**The challenges**

- To ensure that appropriate policy development is undertaken in support of the national response to HIV/AIDS.
- To ensure that national policies are adhered to, in the implementation of activities at a provincial level.
- To ensure that the National AIDS Authority is able to fulfill its roles and functions as a national policy development body.

**Key contacts – call us for more information**

- ☛ NAA, HE Dr Dy Narong Rith or Dr Tia Phalla
- ☛ UNFPA, Ms Yoshiko Zenda
- ☛ WHO, Dr Bill Pigott
- ☛ UNAIDS, Mr Geoff Manthey

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• National Strategic Plan - STD/HIV/AIDS Prevention and Care in Cambodia 1998-2000</li> <li>• NAA Decree 007 – Mission and Functions of the National AIDS Authority, January 1999.</li> <li>• National Policy on a 100% Condom Use in the Kingdom of Cambodia, NAA 1999</li> <li>• National Policy and Priority Strategies for STD Prevention and Control, NCHADS 1999</li> <li>• AIDS In Cambodia, A briefing Pack for Policy Makers, UN Theme Group on HIV/AIDS, December 1998. <i>(Please note that this document is written in Khmer – no English version available.)</i></li> </ul>	<b>Key materials</b>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Guide to the Strategic Planning Process for a National Response to HIV/AIDS, June 1998, UNAIDS</li> <li>• Handbook for Legislators on HIV/AIDS, Law and Human Rights, UNAIDS/IPU, 1999</li> </ul>
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**V. Education and Prevention****Education, Prevention and Awareness in the general population****The background**

- The PATH review of IEC materials (see below) found that no materials have been distributed on a scale that would make them available to the entire general population
- Focus too much on printed materials, while large numbers of rural people have no access to those or are illiterate.
- Studies have found that rural women who were exposed to radio programs about HIV/AIDS had relatively high knowledge and awareness of HIV/AIDS.

**General responses**

- **BAHAP II** (Border Areas HIV/AIDS Project) by CARE International is targeting Vietnamese-Cambodian border at Bauvet, Svay Rieng and Thai-Cambodian border at Koh Kong. Target audiences include mobile populations and the sex industry.
- UNAIDS APICT, UNICEF EARPRO, UNDCP and FHI conducted a rapid assessment of the HIV/AIDS situation of seafarers, including navy personnel and fishermen in 1999. Involvement of NAP and NGOs. Sihanoukville/Kampong Som, Koh Kong and Phnom Penh have been identified as key locations for future interventions.
- Literature Review conducted by MoH, UNFPA and MSI on key research findings which aid the development of a National IEC Strategy for Reproductive Health 1998/9
- NCHADS and HACC mount significant campaigns during the Khmer New Year, the Water Festival and World AIDS Day, each year
- CWDA educates general public, including police and military.
- New television and radio spots to be developed (MoH, MWVA)
- **IMPACT/Cambodia** is operating with partners including the Institute for Tropical Medicine (ITM), Management Sciences for Health (MSH), Population Services International (PSI), the Program for Appropriate Technology in Health (PATH) and the University of North Carolina (UNC).
  - The project focuses on reducing HIV and STD transmission primarily in CSW and their clients in Phnom Penh, Kompong Cham, Kompong Chhnang, Kompong Thom, Kompong Speu and Kandal.
  - Activities include: promoting condom use in brothels, increasing participation of religious leaders in prevention and care, strengthening NGO networks, behavior change intervention program for high-risk men and women, development of Behavior Change Communication (BCC) materials, and development of STD prevention and care facilities for CSW and clients.
  - Interventions using female condoms for extremely vulnerable sex workers planned for 1999/2000.
- IndraDevi Association (IDA) activities include HIV/AIDS Prevention programs and STD treatment at brothels, among police, military, moto, taxi and cyclo drivers and in rural areas.
- CARE has worked with female factory workers in a pilot project (see **Corporate/business sector**)
- World Vision to work along Highway 4 (see **Corporate/business sector**)
- KHANA is supporting 36 projects in 13 provinces – 2000
- PSI is supporting puppet performances to garment factory workers, high school students and the military
- UNICEF has developed IEC materials including books and videos
- Educational and teaching materials (video, flipchart and CD-ROM) on 100% condom use program have been developed by NAA, NCHADS, UNDP and WHO, 1999.
- Media campaigns have been undertaken by HACC, UNICEF and Women's Media Center

#### IEC Working Group

<b>Chair:</b>	Dr Sothy (IEC Unit)
<b>Operational from:</b>	August 1999
<b>Convened by:</b>	NCHADS
<b>Membership:</b>	Focal points from the NCHADS units
<b>Functions:</b>	To review the role and functioning of the IEC Unit To formulate the role of NCHADS in providing IEC materials to the response To determine needs for capacity To determine gaps in the present supply of IEC materials To prioritize development of IEC materials for specific target groups

#### Research

WHO-funded study by Dr. Chou Meng Tarr (1996) - social research concerning young adult sexuality.

Findings:

- A diverse set of influences, resources and contexts affects Cambodian culture, gender relations and sexuality. As a consequence, different approaches for HIV prevention, tailored to the specific needs of different groups are needed, in particular in relation to young people.
- Sexual relations and behaviors are usually not discussed, especially not between persons of opposite gender.
- The cultural tradition of young women being chaste before marriage is changing, especially in urban areas.

- A significant number of teenage women have boyfriends during their studies and many had engaged in (premarital) sexual intercourse.
- A minority of informants admitted to have engaged in homosexual activity.

**The challenges**

- To ensure that prevention programs reach illiterate people (in particular rural women). This will require special approaches.
- To ensure that vulnerable populations understand transmission modes and how to protect themselves from infection (surveys suggest that awareness of AIDS is rising but that people are less aware about ways of transmission and ways to protect oneself from infection).
- To develop realistic goals for prevention – including the quality of prevention provided to vulnerable population groups.
- To ensure that research is undertaken on how AIDS is culturally ‘translated’ (and possibly misconceived) at the local level.
- To ensure the increased and sustained involvement of religious leaders in prevention.
- To ensure the increased and sustained involvement of political leaders and provincial governors in prevention.

**Key contacts – call us for more information**

- ☎ NCHADS, IEC Unit, Dr Lan Van Seng,
- ☎ KHANA, Ms Pok Panhavichetr
- ☎ Dr Chou Meng Tarr
- ☎ FHI/IMPACT Cambodia, Ms Francesca Steur

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Assessment of HIV/AIDS &amp; STI Behavior Change Communication Materials in Cambodia, PATH, September 1998.</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Microbicides for HIV prevention, UNAIDS Technical Update, April 1997.</li> <li>• Women and AIDS, UNAIDS Point of View, October 1997</li> <li>• Refugees and AIDS, UNAIDS Point of View, April 1997</li> <li>• Refugees and AIDS, UNAIDS Technical Update, September 1997</li> <li>• AIDS and men who have sex with men, Point of View and Technical Update, UNAIDS 1998/97</li> </ul>
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**Condom Supply**

**The background**

- In 1997, the UN Task Force on condom supply evaluated the one-year need for Cambodia.
- Although no comprehensive review of the condom needs of Cambodia has been undertaken, it is estimated that the potential condom market in Cambodia is 25 million units per year.
- Number One, the condom brand social marketed by PSI, is the most widely used and available brand of condom in Cambodia. Other brands include Happy, Romantic, Moods, Kama Sutra, Durex, Playboy and Trojan.
- PSI survey (1998) funded by FHI, found that 99% of informants agreed that 'Number One condoms are affordable for most clients'.
- 12.8 million Number One condoms were sold in all provinces of the country in 1999.
- Female condoms are not available in Cambodia. Pilot interventions to commenced IN 1999.
- A 1999 UNICEF/PATH/USG survey among drug sellers and their clients revealed that most of them view condoms as 'dirty bags belonging to brothels, not among married people.'
- A Draft National Policy on 100% Condom Use in the Kingdom of Cambodia (aimed at the sex industry) was developed in July-August 1999, based on the lessons learned from the WHO/MoH supported pilot project in Sihanoukville.

**The responses**

- Government program – limited provision of condoms.
- Increasing condom use among clients of sex workers, important intervention strategy to curb continued spread of HIV into general community.
- PSI condom social marketing with USAID and DFID as their funding significant partners. Number One condoms launched in December 1994.
- Social marketing campaign by PSI has been quite successful with monthly sales in excess of 1,000,000. A 1998 survey held in Phnom Penh, Kandal and Kampong Cham revealed that 92% of respondents knew PSI's Number One brand. In brothels, hotels and pharmacies, 100% of interviewees knew the brand. Number One condoms were available in 93% of brothels and pharmacies surveyed.
- French Government provided 3 million condoms through WHO and funds for promotion in 1995/6.
- Interventions piloting the use of female condoms for extremely vulnerable sex workers are due to start in 1999/2000. MSF-F, IMPACT, Horizons, PSI and UNAIDS to be involved.
- WHO provided 3.8 million condoms to the Ministry of National Defence for 2000.

**The challenges**

- To increase regular and consistent condom use by Cambodians and decrease their risk exposure via unsafe sex
- To ensure that adequate numbers of condoms are available to the population
- To maintain social marketing approach to condom use and, at the same time, design new strategies for marginalized and vulnerable populations that are not adopting condoms
- To familiarize the use of condoms with sexually active groups outside the sex industry, especially urban youth

**Key contacts – call us for more information**

- ☛ Logistic Unit, NCHADS
- ☛ PSI, Mr John Deidrick
- ☛ IMPACT, Ms Francesca Stuer
- ☛ UNAIDS, Mr Geoff Manthey

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Condom distribution / HIV prevention supply survey of Phnom Penh, Kampong Cham and Kandal 1998. PSI Cambodia, March 1999.</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Social marketing: an effective tool in the global response to HIV/AIDS, UNAIDS 1998</li> <li>• The male latex condom, WHO/UNAIDS, 1998</li> <li>• Cost-effectiveness of the Female Condom in preventing HIV, STDs and pregnancy in urban Sub-Saharan Africa. Dr Elliot Marseille, Dr James Kahn and Dr Joseph Saba, University of California and UNAIDS, 1999</li> <li>• The Female Condom Programming Guide. Female Health Company, 1999 (in development)</li> <li>• Female condom, Point of View, UNAIDS 1997</li> <li>• The female condom: an information pack, WHO/UNAIDS, 1996</li> <li>• Condom promotion for AIDS prevention: A guide for policy makers, managers and communicators, WHO, 1995</li> <li>• Specifications and guidelines for condom procurement, WHO, 1995</li> </ul>
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**IEC material development**

**General background (findings of PATH review “Assessment of HIV/AIDS and STI Behavior Change Communication Materials in Cambodia, September 1998)**

- PATH assessment in 1998 (funded by FHI) – 112 pieces of IEC materials produced during 1997-98 in Cambodia, same number as the period 1995-96
- Identified 38 organizations working on HIV/AIDS/STI issues.
  - 6 government agencies
  - 17 international NGOs
  - 15 local NGOs
- Most focused on HIV/AIDS education, few work on care and counseling for people living with HIV/AIDS
- Review found that materials not necessary relevant to target audience
- Lack of specific audience-targeted material an ongoing weakness of HIV/AIDS and STI materials in Cambodia
- Materials primarily printed
- Limited use of mass media – WMC and Radio BTG are examples of activities
- Majority of IEC materials target general population (62 versus 5 for sex workers)
- Prevention messages tend to stress commercial sex activity as the risk activity leading to HIV risk being associated with “promiscuity” or sex workers
- UNICEF, in collaboration with NCHADS, has developed IEC packages for youth, sex workers and people living with HIV/AIDS

#### **Recommendations of PATH review**

1. Utilize a combination of inter-personal and mass communication strategies
2. Work with non-government and government organizations
3. Identify desired behavior changes
4. Strengthen capacity of partner agencies
5. Produce IEC materials for sex workers and their male clients
6. Monitor and evaluate progress
7. Expand behavior change communication strategy to other target provinces

## **STD prevention and care**

### ***The background***

- STD management, using the syndromic approach, is a core strategy of the NCHADS
- Supported by EU, WHO, UNFPA, UNAIDS, IMPACT, MSF and others
- There is an urgent need to strengthen infrastructure to support interventions
- STD treatment drugs are now included in the essential drugs listing, and are purchased by MoH (since 1999)

### ***The responses***

- STD drugs (US\$230,000 UNFPA) provided to the national response
- Distribution of STD drugs to 22 clinics in 1998
- NCHADS plan to undertake a National STD Prevalence Survey in 2000 in collaboration with FHI/IMPACT
- Plans are being formulated to upgrade the National STD Clinic
- Since 1994, WHO in collaboration with MSF-F, MSF-HBS and MDM have developed STD clinics
- Since 1996, French Cooperation (FC) has worked with NCHADS to develop a network of STD clinics (19) at provincial level and also in some high risk districts
- Since 1996, FC has worked with NCHADS to develop their capacity in relation to STD management
- UNFPA/WHO training project – health center staff trained on syndromic approach to STD management in provinces throughout the country – 1999
- In-service training on STD case management for providers focusing on “high-risk” group by FHI/IMPACT from 1999.
- STD Programme Management for national and provincial AIDS and MCH managers implemented in 1999 by WHO

**The challenges**

- To improve STD surveillance – to gain a better understanding of the prevalence of STD/RTI
- To gain a better understanding of the patterns of antibiotic resistant STD/RTI
- To minimize the increase in drug resistance of STD
- To make available STD/RTI services to adolescents and single women
- To develop effective diagnostic options for asymptomatic women
- To validate the syndromic approach to STD management as an effective strategy in Cambodia.

**Key contacts – call us for more information**

- ☎ STD Unit, NCHADS, Dr Dr Seng Sopheap
- ☎ ITM, Dr François Crabbé
- ☎ WHO, Dr Annie Macarry
- ☎ FC, Dr Bernard Fabre-Teste

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Assessment of HIV/AIDS &amp; STI Behavior Change Communication Materials in Cambodia, PATH, September 1998.</li> <li>• An STD Baseline Assessment on the KAPs of the Urban Poor General Population. UNICEF/PATH/USG, 1999.</li> <li>• National Policy and Priority Strategies for STD Prevention and Control, NCHADS 1999</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Microbicides for HIV prevention, UNAIDS Technical Update, April 1997.</li> <li>• Sexually transmitted diseases: policies and principles for prevention and care, WHO/UNAIDS, 1997</li> <li>• Management of sexually transmitted diseases, WHO/UNAIDS, 1997</li> <li>• STD case management modules (including syndromic management), WPRO/WHO, 1997</li> <li>• STD case management guidelines, WHO, 1995</li> <li>• The public health approach to STD control, Technical Update, UNAIDS</li> <li>• Sexually transmitted diseases: policies and principles for prevention and care, UNAIDS, 1997</li> <li>• Laboratory diagnosis of sexually transmitted diseases, WHO, 1999</li> <li>• Laboratory tests for the detection of reproductive tract infections, WHO, 1999</li> <li>• STD guidelines for the implementation of STI prevalence survey, WHO, 1999</li> <li>• The role of public policy in prevention and control of STD, a guide to laws, regulations and technical guidelines, WHO, 1999</li> <li>• Status and trends of STI, HIV and AIDS at the end of the millennium, WHO, 1999</li> </ul>
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**Blood safety**

**The background**

- Blood donors primarily paid donors or on donor list, limited voluntary donation
- Recent blood collection (Nov/Dec 1998) from military academy showed significant HIV infection among donors (15 out of 50 donors)

**The responses**

- National Blood Coordinating Committee has been formed – monthly meetings
- National Blood Use Policy has been drafted in 1997 – awaiting finalization and translation into Khmer (National Blood Transfusion Center responsible)

- Cambodian Red Cross not involved in blood collection
- Provincial blood centers have been established in 16 sites
- WHO has recruited short-term staff to work with National Blood Transfusion Center Aug-Dec 1999
- World Bank Loan funds to be used to construct new blood centers – potential sites to be reassessed.
- During 1999 – NBTS planned to:
  - Renovate and equip three (3) Provincial Blood Transfusion Laboratories
  - Provide training for the staff of these labs
  - Supervise their activities
  - Provide HIV/AIDS test kits for all blood transfusion labs
- FC equipped laboratories of blood backs in Phnom Penh, Battambang and Sihanoukville with ELISA
- FC has supported the NBTC with capacity development - training in France
- Training materials have been developed; Circular released; technical document on usage of blood completed
- Technical support provided to NBTC in late 1999 and 2000 by WHO. Strategic plan developed.

**The challenges**

- To strengthen the infrastructure in both urban and rural areas to support a non-commercial blood service
- To provide HIV testing to ensure a clean blood supply

**Key contacts – call us for more information**

- ☎ Dr Nem Touk, National Blood Transfusion Center
- ☎ Dr Mean Chhi Vun, Chair, Blood Safety Committee
- ☎ WHO, Dr Oscar Barreneche

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• National Blood Use Policy (to be completed).</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• HIV testing methods, UNAIDS Technical Update, November 1997</li> <li>• Blood safety and HIV, UNAIDS Technical Update, October 1997</li> <li>• Blood safety and HIV, UNAIDS Point of View, October 1997.</li> <li>• Operational characteristics of commercially available assays to determine antibodies to HIV-1 and/or HIV-2 in human sera, UNAIDS/WHO, 1998</li> <li>• Recruiting, educating and retaining safe blood donors. WHO, 1995</li> <li>• Developing a National Policy and Guidelines on the clinical use of blood, WHO 1995</li> <li>• Guidelines for blood donor counseling on HIV, ICRC and WHO, 1994</li> <li>• Safe blood and blood products, distance learning materials, WHO, 1993</li> <li>• Organization of blood transfusion services, WHO, 1995</li> <li>• Safe blood and blood products, indicators and quality of care, WHO, 1995</li> <li>• Management of blood transfusion services, WHO, 1991</li> </ul>
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**HIV/AIDS Education in schools**

**The background**

- Lead agency – Ministry of Education, Youth and Sports (MoEYS)
- Education system is seriously understaffed, underfunded and overloaded.
- Educational standards are low, even when compared to neighboring countries.
- Literacy rates among 15-24 year old people: 85% for males, 75% for females (National Institute of Statistics, 1996) Illiteracy is decreasing.
- Many young people do not go to school due to lack of funds and time. Special need for (HIV/AIDS/sexual) education of out-of-school youth.

**The responses**

- Initial efforts have been made to integrate life skills approach into school AIDS education through the efforts of UNICEF
- UNESCO, in collaboration with MoEYS, is conducting HIV/AIDS/STD Prevention Education for Secondary Schools, funded by World AIDS Foundation. Co-founded by UNFPA.
- UNICEF and MoEYS developing life skills approach.
- Integrating HIV/AIDS/STD education in school curricula will be one of the issues in drafting policies for the Ministry of Education, Youth and Sports.
- CWDA educates school children in grade 10 and 11 as well as University students.
- Inter-departmental Committee on HIV/AIDS re-established in early 2000 – Strategic Planning workshop convened, chaired by H.E. Im Sethy (Secretary of State).
- Several NGOs (partners of KHANA) are working on school-based education.

**Research**

- Cambodian Women's Development Association (1995), *Knowledge, attitudes and behaviour among young males in Phnom Penh, Cambodia* (250 University and college students and 350 non-college students included).
- WHO/GPA Multisite Study - Chou Meng Tarr (1995), *The social and contextual factors affecting risk-related sexual behavior among young people in Cambodia*. 2-year qualitative study among 281 students from a Phnom Penh secondary school and University of Fine Arts.

**The challenges**

- To ensure that adequate resources are available for the printing of materials needed to implement school-based program
- To ensure that the various efforts being undertaken by different agencies are consistent and non-duplicative.
- To ensure that out-of-school youth have access to HIV/AIDS prevention information.
- Ensure appropriate integration of HIV/AIDS education and life skills into the curricula at all levels.
- To ensure that teachers are provided with accurate and timely information and skills about HIV/AIDS.

**Key contacts - call us for more information**

- ☎ MoEYS, Dr Slat Chhan
- ☎ CWDA, Mrs Sverey Phal
- ☎ KHANA, Ms Pok Panhavichetr
- ☎ UNICEF Dr Etienne Poirot
- ☎ UNESCO Mr Fabrice Laurentin
- ☎ BAHAP (CARE) Caroline Francis

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Assessment of HIV/AIDS and STI BCC materials in Cambodia, PATH, 1998</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Integrating HIV/STD prevention in the school setting: a position paper, UNAIDS 1997</li> <li>• Learning and teaching about AIDS at school, Technical Update, UNAIDS 1997</li> <li>• Impact of HIV and sexual health education on the sexual behavior of young people: a review update. UNAIDS 1997.</li> </ul>
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**Sex industry**

**The background**

- The legal status of sex workers, as well as their rights to protection from trafficking and exploitation is somewhat unclear in Cambodia. Some laws exist but are not enforced.
- Since 1997, trends indicate (BSS) that FSW reporting always using condoms with clients is steadily increasing. The increase in 1998 to 1999 was greater than any of previous years.
- Significant HIV infection identified within the sex industry
- Significant debt-bonded sex work occurs – 20-40% of brothel-based SW have to repay debt to brothel owners
- Migrant workers a feature of the industry – including Vietnamese women.
- Involvement of police, local military officers in brothel operations can hinder prevention efforts.
- Homosexual brothels exist in Battambang and Bantey Meanchey. Male sex workers operate in Phnom Penh nightlife as well. However, the sex industry is predominantly catering to heterosexual clients.
- PATH review in 1998 found 18 NGOs working with sex workers, only 5 IEC materials produced
- PSI undertook a census of commercial sex establishments in 1998/99 in Phnom Penh, Kandal and Kompong Cham.
- Estimated that 10-40% of sex workers in Cambodia enter the work involuntarily.
- It is estimated that 20% of brothel-based SW in Cambodia are Vietnamese, however in some work areas the percentage is higher.

### ***The responses***

- NCHADS has been undertaking peer education program with sex workers since 1995.
- NCHADS is presently piloting 100% Condom Use project in Sihanoukville, focusing on the sex industry.
- A Draft National Policy on 100% Condom Use in the Kingdom of Cambodia (aimed at the sex industry) was developed in July-August 1999, based on the lessons learned from the MoH/UNDP/WHO supported pilot project in Sihanoukville. Expansion mechanism remains to be developed.
- Both direct and indirect sex workers are included as groups within the HIV serosurveillance and behavioral surveillance systems
- Cambodian Women's Development Association runs an outreach program for CSW – a support organization for women in the sex industry has been established in Tuol Kork (Phnom Penh)
- Number of NGOs providing STD clinic services in various parts of the country.
- Since August 1998, Agir pour les Femmes en Situation Precaire (AFESIP) - project called SSPS (Society-Sex-Prostitution-Sida) focusing on prevention in military, police, students, CSW and their clients, as well as the general population through radio and TV. Budget provided by ECHO. Activities have started in 1999.
- IMPACT Cambodia – 5-year project (1997-2002) targeting direct and indirect sex workers, including male sex workers, and clients. The project is geographically focused on five provinces (Phnom Penh, Kompong Cham, Kompong Thom, Kompong Chhang and Kompong Speu. Project to focus on:
  - Policy makers are informed about the epidemic in Cambodia
  - Reduced high-risk behavior in epidemiologically, demographically and geographically important provinces
  - Develop model STI/RH health services for high risk populations
  - Monitoring, evaluation and research
  - Local capacity development
- UNICEF has conducted a review of events, projects, programs and organizations involved in combating trafficking in women and children (July 1999)
- Inter-Agency Working Group on Trafficking in women and children in Cambodia established mid-1999
- OHCHR – Developing a strategy on trafficking and forced prostitution, 1999

### ***The challenges***

- To ensure that workers within the sex industry are involved in the prevention and care activities which target the industry
- To ensure that the prevention and care activities do not adversely impact on the men and women in the sex industry
- To improve the working conditions for all workers within the sex industry with attention given to the needs of non-Cambodians in the industry

***Key contacts – call us for more information***

- ☞ CWDA, Mrs Svrey Phal K.
- ☞ NAA, Dr Tia Phalla
- ☞ Ms Francesca Stuer, IMPACT
- ☞ ITM, Dr Francois Crabbe
- ☞ WHO, Dr Annie Macarry

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>▪ HIV and STD epidemiology, risk behaviours, and prevention and care response in Cambodia. Tia Phalla et al., 1998 (In: AIDS 1998, <b>12</b> (suppl B):S11-S18)</li> <li>▪ A Research on Traffic in Women in Cambodia. CWDA 1998</li> <li>▪ Sexual Knowledge, Attitudes and Behavior in Cambodia. CRC/ARC, 1997</li> <li>▪ Phnom Penh AIDS awareness Project - Baseline Survey. World Vision 1994.</li> <li>▪ Trafficking of Cambodian Women and Children to Thailand. IOM, 1997</li> <li>▪ PSI Census of Commercial Sex Establishments Report, 1999</li> <li>▪ Activities against trafficking in women and children in Cambodia (to be finalized), UNICEF 1999</li> </ul>	<b>Key materials</b>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Handbook for Legislators on HIV/AIDS, Law and Human Rights, UNAIDS/IPU, 1999</li> </ul>
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## Youth / young people

(See also: [HIV/AIDS Education in schools](#))

### **The background**

- Research suggests that sex among unmarried youth is becoming more common, especially in urban areas
- Illiterate, out-of-school youth are especially vulnerable to HIV/AIDS, especially homeless youth and orphans
- Number of orphans expected to increase drastically due to AIDS
- World AIDS Campaign observed in Cambodia in 1998 with focus on young people

### **The responses**

- Fish Story – puppet show developed in 1996 with support from PSI. Focused on young people.
  - PSI has broadcast an on-going radio program (since 1996) targeting youth. Program followed by call-in Q&A. PSI also produces an advice column in 2 magazines targeting youth.
  - Australian Red Cross has conducted a peer education project among youth funded by AUSAID in 1995-1996. A large-scale quantitative research project in Kampot, Sihanoukville, Battambang, Kandal and Phnom Penh was part of this project, conducted by Cambodian Red Cross youth volunteers.
  - Mith Samlanh/Friends in cooperation with Operation Enfants de Battambang (OEB) activities include an HIV/AIDS education program for street children, including life skills & RH education and basic health care.
  - Redd Barna has program that targets 15-20 year old, both in and out-of-school
  - UNICEF Community Action for Social Development (CASD) Project targets out-of-school youth
  - EC/UNFPA Youth Reproductive Health initiative, including HIV/AIDS, aimed at increasing knowledge among youth about RH issues as well as HIV/AIDS and sexual health needs. Varied activities including IEC, outreach, clinical services, media productions, life skills training and family reintegration. 7 component projects, started in September 1998. Total budget: approx. 6.6 million US\$.
1. KHANA and its 11 partner NGOs (Young Cambodians in Phnom Penh and 9 provinces)
  2. Memisa and Cambodian Health Committee (Out-of-school youth in Kampot)
  3. Pharmaciens Sans Frontieres, Mith Samlanh/Friends and OEB (Street children in Phnom Penh & Battambang)

4. SCF, WOMEN, SUPF, KWWA (Marginalised youth in Phnom Penh and Kratie)
  5. IPPF, RHAC (Young Cambodians in Phnom Penh, Sihanoukville, Battambang and Kpg Cham)
  6. CARE Deutschland, CHED, RHAC (Young workers in Phnom Penh and Battambang)
  7. Health Unlimited / Cambodian Health Education Media Service (CHEMS), CHED, PADV/RHAC (Radio and media activities in Phnom Penh and Battambang aimed at young Cambodians).
- Care and support program for children affected by HIV/AIDS - FHI/IMPACT
  - CRC working with youth and young people
  - World AIDS Campaign 2000 – Boys and Men - to be expanded throughout the provinces
  - UNAIDS to support an Australian Youth Ambassador for Development (AYAD) to establish a youth advocacy program. Mr Todd Harper to begin 12 month placement in March 2000.

**The challenges**

- To increase resources available for programs focusing on young people and HIV/AIDS
- To overcome stigma and provide a future for young people orphaned by AIDS
- To overcome opposition to sexual health education for young people
- To prioritize children/youth on the local HIV/AIDS agenda

**Key contacts – call us for more information**

- ☞ CARE, Ms Julie Forder or Ros Vantha
  - ☞ Mith Samlanh / Friends
- ☞ Dr Sok Long, Australian Red Cross
  - ☞ UNICEF, Dr Etienne Poirot
  - ☞ PSI, Mr John Deidrick
- ☞ UNFPA, Ms Sarah Knibbs, Project Officer

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Impact of HIV and sexual health education on the sexual behavior of young people: a review update, UNAIDS, October 1997</li> <li>• Teaching modules for basic education in human sexuality, WHO, 1995</li> <li>• Teaching modules for continuing education in human sexuality, Teachers Manual, WHO, 1995</li> </ul>
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**Mother-to Child Transmission of HIV (MTCT)**

**The Background**

- Mother to Child transmission (MTCT) is increasing in Cambodia as more women are getting infected with HIV.
- The direct potential impact of MTCT prevention on infant mortality and the overall epidemic is relatively small.

**The Responses**

- Technical Working Group on Mother to Child Transmission established in 1998, chaired by Dr Koum Kanal (NMCHC).
- A Rapid assessment of MTCT in Cambodia has been completed.
- VTC centers for pregnant women to be piloted in Battambang, NMCHC, Calmette hospitals
- Teams of counselors to be trained
- UNICEF supported MTCT panel in National AIDS Conference.
- A pilot project to be finalized for 2000-2005. Funding possibilities from French Cooperation and UNICEF
- A study tour for policy makers in December 1998 to Thailand focused on MTCT issues.

- Cambodia is a member of the UNAIDS Regional Task Force on MTCT.
- Institut Pasteur du Cambodge has proposed a pilot intervention in Calmette Hospital in 2000.

### The Challenges

- To strengthen pre-natal services throughout Cambodia
- To ensure that the ethical standards are met in trailing of MTCT activities

### MTCT Working Group

<b>Chair:</b>	Dr Koum Kanal (NMCHC)
<b>Operational from:</b>	August 1999
<b>Convened by:</b>	NCHADS
<b>Membership:</b>	NCHADS, Calmette Hospital, Pasteur Institute, MSF, FAC, UNICEF, WHO, UNAIDS
<b>Functions:</b>	To oversee the development of MTCT interventions in Cambodia To provide technical advice to the MoH on MTCT

### Key contacts – call us for more information

- ☞ Chair, Technical Working Group on MTCT, NMCHC, Dr Koum Kanal
  - ☞ Calmette Hospital Dr Kruey Leang Sean
  - ☞ NCHADS, AIDS Care Unit Dr Nong Kanara
    - ☞ FC Dr Bernard Fabre-Teste
    - ☞ UNICEF, Dr Etienne Poirot
    - ☞ WHO, Dr Annie Macarry

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Rapid Assessment of MTCT in Cambodia, TWMTCT, 1999</li> <li>• Study on the cost effectiveness and feasibility of anti-retrovirals for MTCT, WHO, 1999</li> </ul>	<b>Key materials</b>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• HIV in pregnancy, a review, UNAIDS/WHO, 1999</li> <li>• HIV and infant feeding, UNICEF/UNAIDS/WHO, 1998</li> <li>• Guidelines for the implementation of the prevention of mother-to-child transmission of HIV integrated into MCH and primary health care services, UNICEF/UNAIDS/WHO, 1999</li> </ul>
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## Military

### The background

- Project commenced in 1995 (UNDP) to undertake prevention activities in military
- Study tours for military to Thailand completed in 1995 and 2000 (funded by UNDP/WHO)
- HIV surveillance studies have shown significant HIV infection among military
- Recently senior level commitment to battle HIV in military has rapidly increased

### The responses

- Peer education project commenced (UNDP) in Siem Reap and Battambang in 1996/97 with UNDP and CARERE
- Early 1998, Col. Dr Taweesak Nopkesorn reviewed peer education component of project (report available)
- Training of military HCWs on STD case management UNAIDS/WHO in 1998/99
- WHO and MoND (1999) developing plan for condom promotion in the military (Region 5) Oct 1999
- IMPACT Cambodia commenced activities with military in 5 central provinces in 1999
- Cambodian/Australian Red Cross working with military since 1999.
- In late 1999, under the SPDF Project, the MoND organized a workshop on HIV awareness raising involving 120 senior and key staff from the MoND and all provinces.
- MoND and WHO are developing specific IEC materials for the military (2000)

- MoND/WHO is producing a quarterly newsletter.
- With support from WHO, PSI to provide 3.5 million condoms to the military in 2000.
- KHANA partner NGOs working in Kompong Cham and Kompong Thom with the military.

#### **The challenges**

- To determine and explain the picture of vulnerability of the military
- To develop appropriate interventions for the military
- To ensure cooperation and consistency between MoND, MoH, UNDP/CARERE, WHO, IMPACT, MSF, MDM, ARC and other partners in the response specific to the military

#### **Key contacts – call us for more information**

- ☞ Ministry of National Defence, Dr Tan Sokhey
- ☞ Multisectoral Unit, NCHADS Dr Sok Bunna
  - ☞ KHANA Ms Pok Panhavichetr
  - ☞ IMPACT Mr Song Ngak
  - ☞ UNDP, Dr Tea Phauly
- ☞ Medecins du Monde, Dr Pascal Crepin
- ☞ Australian Red Cross, Ms Julie Hoare
  - ☞ Dr Annie Macarry, WHO

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Sectoral Review of the response to HIV/AIDS in the military. UNDP, 1999.</li> </ul>	<b>Key materials</b>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Winning the war against HIV and AIDS, Handbook on planning, monitoring and evaluation for HIV prevention and care in the military, Civil-Military Alliance to Combat HIV and AIDS, 1998</li> <li>• Guidelines for HIV interventions in emergency settings, WHO/UNHCR/UNAIDS, 1996</li> <li>• AIDS and the military, Point of View, UNAIDS 1998</li> </ul>
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## Police

#### **The background**

- To be completed (UNDP undertaking a sectoral review as part of SPDF)
- HIV surveillance studies have shown significant HIV infection among police
- Senior level commitment to battle HIV has not yet been achieved

#### **The responses**

- Peer education project commenced in Banteay Meanchey and Takeo with NCHADS and CHASPPAR
- IMPACT Cambodia to commence activities with police in Phnom Penh in 2000
- In late 1999, under the SPDF Project, the MoI organized a workshop on HIV awareness raising involving 117 senior and key staff from the MoI and all provinces.
- KHANA partners working with police in Banteay Meanchey and Battambang

#### **The challenges**

- To determine and explain the picture of vulnerability of the police
- To develop appropriate interventions for the police
- To ensure cooperation and consistency between MoI, MoH and other partners in the response specific to the police

#### **Key contacts – call us for more information**

- ☞ Ministry of Interior, Dr Ken Phun,
- ☞ Multisectoral Unit, NCHADS Dr Sok Bunna
- ☞ KHANA Ms Pok Panhavichetr
- ☞ IMPACT, Mr Song Ngak

Cambodia	Key materials	Global
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## HIV/AIDS in prisons

### *The responses*

- HIV surveillance survey completed in 1994 – IPC/MDM
- AUSAID- funded Criminal Justice Project is working in 5 jails at present. Some HIV/AIDS prevention education being provided, as well as condoms.

### *The challenges*

- To ensure that prevention and care activities are commenced in the prisons of Cambodia.

### *Key contacts – call us for more information*

- ☞ Criminal Justice Project, Ms Gloria Christie, or Mr Kevin Maguire

<b>Cambodia</b> <ul style="list-style-type: none"> <li>• Health conditions in Cambodia's prisons, April 1995.</li> </ul>	Key materials	<b>Global</b> <ul style="list-style-type: none"> <li>• Prisons and AIDS, UNAIDS Point of View, April 1997</li> <li>• Prisons and AIDS, UNAIDS Technical Update, April 1997</li> <li>• Guidelines on HIV and AIDS in prisons, WHO, 1993</li> </ul>
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## V. Care and Support

### Access to / status of care and support

#### Home and Community Care for People with HIV/AIDS - Home care network, Phnom Penh

Ten (10) home care teams have been visiting PLHA and their families across the Municipality of Phnom Penh since 1998 (pilot project with DFID/WHO support). The teams are based in government health centers but are made up of both government nurses and NGO AIDS workers. One international and 4 local NGOs are involved, coordinated through the AIDS Care Unit of NCHADS. The 7 local NGO teams receive technical and financial support from KHANA, the remaining from World Vision (WVI). The teams offer families help with management of symptoms and referral to hospitals, as well as providing psychosocial support. They have strong links with community leaders, pagodas and some traditional healers, and also aim to raise awareness of HIV issues in their communities. Several support groups have arisen from the home care team activity, and the network is collaborating on strategies for HIV-affected children. The model is undergoing evaluation, the results of which will be used in expanding home care to the provinces. Two rural projects have already begun in Battambang province, supported by KHANA.

## Information provided by KHANA, Jan 2000

**The responses**

- In 1996, FC rehabilitated the infectious diseases ward of the Preah Bat Norodom Sihanouk Hospital (26 beds)
- Since 1996, FC has been supporting capacity development of health workers working in HIV/AIDS care (training in France)
- Joint MoH/WHO pilot project established in 1997 with support from DFID and WHO
- Pilot project continued by KHANA and World Vision with support from MoH (see box above)
- Care and support of children affected by AIDS commenced in 1999 by FHI/IMPACT Cambodia
- Hospice facilities available at Maryknoll
- Provincial hospitals providing some AIDS-specific care

**The challenges**

- To ensure that the health system is strengthened to provide improved care for those who may seek treatment within the system.
- To ensure that community support systems are strengthened, in preparation for caring for those with AIDS.

**Key contacts – call us for more information**

- ☎ AIDS Care Unit, NCHADS Dr Nong Kanara
  - ☎ HACC Chairman, Dr Oum Sopheap
    - ☎ Maryknoll
      - ☎ KHANA Ms Henrietta Wells

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Economic costs of AIDS in Cambodia, Dr Sok Bunna and Charles Myers, February 1999</li> <li>• Resource Directory for STD/HIV/AIDS prevention and care services, HACC, 1999 (English and Khmer)</li> <li>• Home based care handbook (Khmer), 1999, MoH/HACC/WHO</li> </ul>	<b>Key materials</b>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Care and support for people with HIV/AIDS in resource-poor settings, DFID, June 1998</li> <li>• UNAIDS Policy on HIV testing and counseling, UNAIDS, 1997</li> <li>• Counseling and HIV/AIDS, UNAIDS Technical Update, November 1997</li> <li>• HIV testing methods, UNAIDS Technical Update, August 1997</li> <li>• Tuberculosis and AIDS, UNAIDS Point of View, 1997</li> <li>• Source book for HIV/AIDS counseling training, WHO, 1994</li> <li>• Home based care handbook, WHO, 1993</li> </ul>
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## Access to / status of voluntary testing and counseling

**The background**

- Counseling has been identified as a key strategy in HIV prevention and care
- Counseling services are extremely limited.
- Need for more trained staff and volunteers at all levels, particularly at the commune level

**The responses**

- MoH established counseling training in 1994. Training materials were developed.
- FC has been providing support to the AIDS care Unit, NCHADS – capacity development

- Institut Pasteur du Cambodge opened the first VCTC at end of 1995 and since 1997 has provided Since 1996, FC, in collaboration with NCHADS, has developed VCTC network in Phnom Penh and selected provinces (Battambang, Kompong Cham, Siem reap and Sihanoukville)
- World Vision and Maryknoll are developing PLA networks on a pilot-project scale
- World Vision Cambodia has set up two pre-test and post-test counseling center in 1996-97.
- Expanded role of Buddhist monks needs to be explored
- Center of Hope and CARE are also involved in counseling.
- QSA provides short training courses for counselors, but does not provide counseling by itself.
- The HIV/AIDS Coordinating Committee (HACC) has developed a Counseling Directory in English and Khmer.
- Two testing protocols used in country:
  1. ELISA test followed by Rapid Test Multispot if the result of first test positive (cost \$1.38 per person)
  2. 2 rapid tests followed by an ELISA confirmation test for those who test positive on either of the first two tests (cost \$3.40 per person).
- Counseling training of trainers implemented by MOH/WHO in 1999.
- Expert meeting convened by UNAIDS and FHI/IMPACT in Nov 99 to review present situation – report available.
- Technical Working Group established by NCHADS in 2000.

**Key contacts – call us for more information**

- ☎ AIDS Care Unit, NCHADS Dr Nong Kanara
- ☎ HACC Chairman, World Vision Dr Oum Sopheap
- ☎ IPC Dr Philippe Glaziou
- ☎ KHANA Ms Henrietta Wells
- ☎ FC Dr Bernard Fabre-Teste
- ☎ Maryknoll

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Counseling modules, MoH, 1994</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• UNAIDS Policy on HIV testing and counseling, UNAIDS, 1997</li> <li>• Counseling and HIV, Technical Update, UNAIDS, 1997</li> <li>• Guidelines for organizing national external quality assessment schemes for HIV serological testing, UNAIDS, 1996</li> </ul>
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**Access to / status of clinical services**

**The background**

- National Care Guidelines (Adult, children and home) in Khmer finalized in 1999.
- National AIDS Care Strategy to be finalized in 2000

**The responses**

- Since 1996, FC has provided support to Preah Bat Norodom Sihanouk Hospital and Calmette Hospital
- MDM supporting clinical services (both in- and out-patient facilities) at Calmette Hospital
- Missionaries of Charity have opened a hospice as a 'place for a dignified death for those people who are unable to obtain home care'
- MSF-F provides treatment/palliative services to HIV patients – 26 beds in Preah Bat Norodom Sihanouk Hospital, Phnom Penh (presently 100% occupied). Includes 6 doctors, 12 nurses and a social worker (Supported by FC).
- Care training ongoing

- Training of health care workers in Phnom Penh, Battambang, and Kompong Cham in AIDS care management. MoH/WHO.

**The challenges**

- To ensure that the health system is prepared for the estimated 12,000 annual cases of AIDS who may seek treatment within the health system.
- To ensure that community support systems are strengthened, in preparation for caring for those with AIDS.

**Key contacts – call us for more information**

- ☐ Calmette Hospital
- ☐ Maryknoll
- ☐ Salvation Center of Cambodia
- ☐ WHO Dr Annie Macarry

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>• Clinical management of HIV infection in Adults (Khmer), MOH/WHO, 2000</li> <li>• Clinical management of HIV infection in Children (Khmer), MOH/WHO, 2000</li> <li>• Home based care handbook (Khmer), MoH/HACC/WHO, 2000</li> </ul>	<b>Key materials</b>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• HIV testing methods, UNAIDS Technical Update, August 1997</li> <li>• Tuberculosis and AIDS, UNAIDS Point of View, 1997</li> <li>• The implications of antiretroviral treatment, UNAIDS/WHO, 1997</li> <li>• Guidance modules on antiretroviral treatments, UNAIDS/WHO, 1998</li> </ul>
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**Access to / status of TB services****The background**

- TB is steadily growing, partly due to the HIV/AIDS epidemic
- Current detection rate – 50%
- Estimated 24,000 TB patients per year

**The responses**

- National TB Program of MoH
- World Bank loan to Ministry of Health includes TB component. Five year program – initial estimates of \$10 million. Co-financiers include GOKC, WHO, WFP and World Bank.
- Support from Loan includes drugs, laboratory supplies, training, logistics and TA
- Directly observed treatments – short course (DOTS) is being implemented, to be expanded.
- FHI/Gorgas University – Pilot Project to commence in January 2000. Squatter community, Basak, Phnom Penh
- TB & HIV/AIDS committee established in 1999.
- HIV and TB symposium planned for March 2000, with support from Japan and UNAIDS.
- Drug resistance study in 200 supported by JICA.
- Prevalence study to be carried out in 2001
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**The challenges**

- Need to better coordinate HIV/AIDS home based care and home-DOTS-delivery of GENAT.

**Key contacts – call us for more information**

- ☐ GENAT
- ☐ Calmette Hospital

- Medecins Sans Frontieres – France
- Impact Cambodia
- JICA Dr Ikushi Onozaki

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p> <ul style="list-style-type: none"> <li>• Tuberculosis and AIDS, UNAIDS Point of View, 1997</li> <li>• TB and HIV, Clinical management, WHO, 1996</li> </ul>
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## Health Care Worker Training

**The background**

- To be completed

**The responses**

- QSA provides education and training for health workers and community based personnel in HIV/AIDS and community education approaches, including counseling training courses.
- Medecins du Monde – Cambodge is conducting medical training to local hospital staff, funded by World AIDS Foundation.
- Reproductive Health Association of Cambodia provides HIV/AIDS training for CDB workers and related operations research in Cambodia, funded by World AIDS Foundation.

**The challenges**

- To be finalized

**Key contacts – call us for more information**

- QSA – Ms Kasem Kolnary, Country Director
- Reproductive Health Association of Cambodia
- Medecins du Monde – Cambodge

<p><b>Cambodia</b></p> <ul style="list-style-type: none"> <li>•</li> </ul>	<p><b>Key materials</b></p>	<p><b>Global</b></p>
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## Laboratory services

**The background**

- To be completed

**The responses**

- Since 1996, FC has worked with NCHADS to develop VCTC network with laboratories under quality control system – Institut Pasteur du Cambodge

**The challenges**

- To ensure that adequate facilities are equipped and staffed to provide testing and diagnostic services
- To ensure that quality control systems are expanded to maintain laboratory standards

**Key contacts – call us for more information**

- ☎ NCHADS Dr Mean Chhi Vun
- ☎ FC Dr Bernard Fabre-Teste

<b>Cambodia</b>	<b>Key materials</b>	<b>Global</b> <ul style="list-style-type: none"> <li>• HIV testing methods, UNAIDS Technical Update, August 1997</li> <li>• Operational characteristics of commercially available assays to determine antibodies to HIV-1 and/or HIV-2 in human sera, UNAIDS, 1998</li> </ul>
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**Major events – 2000**

- ✓ Second National Conference on AIDS in Cambodia – Dec 2000
- ✓ Meeting of Planning Ministers – 15-16 February 2000
- ✓ Briefing of the National Assembly with National AIDS Authority – 23<sup>rd</sup> February 2000
- ✓ World AIDS Campaign '00 – theme “Boys and Men”
- ✓ 18<sup>th</sup> AIDS Candlelight Memorial – 21<sup>st</sup> May 2000
- ✓ World AIDS Conference Durban, South Africa – 9-14 July 2000
- ✓ PAC National Meeting – Q1, 2000
- ✓ PAC Regional Meetings – Q2 Q3 Q4, 2000
- ✓ World AIDS Day – 1 December 2000

## VII. Financial support

### Multilaterals and Bilaterals

<b>European Union</b>	<ul style="list-style-type: none"> <li>• Support for HIV/AIDS activities in Cambodia</li> <li>• Project</li> <li>• EU focal point –</li> <li>• Project Manager – Dr François Crabbé</li> <li>• Project with ITM extended until Jan 2001</li> </ul>
<b>USAID</b>	<ul style="list-style-type: none"> <li>• IMPACT project buy-in</li> <li>• Up to \$7.5 million 1998-2003</li> <li>• Technical support for surveillance activities (HSS, BSS and STD)</li> <li>• Support for condom social marketing activities</li> <li>• Funds mobilized for children affected by HIV/AIDS</li> <li>• contact person – Dr Jeffrey Ashley</li> </ul>
<b>AusAID</b>	<ul style="list-style-type: none"> <li>• Mekong Project, funding of the First National Conference on AIDS in Cambodia, small grants.</li> <li>• Contact person - Ms Christine Hansen</li> </ul>
<b>JICA</b>	<ul style="list-style-type: none"> <li>•</li> <li>• Focal point – Mr Katsuki Okajima</li> <li>• Project Manager –</li> </ul>
<b>French Cooperation</b>	<ul style="list-style-type: none"> <li>• Support for STD/HIV/AIDS activities in Cambodia</li> <li>• Project Manager – Dr Bernard Fabre-Teste</li> <li>• \$2 million – 1996-2001</li> </ul>
<b>DFID</b>	<ul style="list-style-type: none"> <li>• Contact person – Dr Delna Ghandhi, DFID, Bangkok</li> <li>• \$2 million – 1998-2000 for procurement of condoms, packaging and social marketing activities</li> </ul>

### International NGOs

<b>International HIV/AIDS Alliance</b>	<ul style="list-style-type: none"> <li>• Project – support to KHANA as a linking organization</li> <li>• Khana is providing: support for HIV/AIDS activities in Cambodia, including capacity development of local NGOs for HIV prevention and care</li> <li>• Contact person – Ms Pok Panhavichetr</li> <li>• Technical Advisors – Ms Tilly Sellers &amp; Ms Henrietta Wells</li> </ul>
<b>CHASPPAR</b>	<ul style="list-style-type: none"> <li>• Projects include: Cross Cultural Studies (CCS) in bordertown - Poipet, peer education with the police, school education (in partnership with UNESCO Regional Office Bangkok)</li> <li>• Contact person - Dr Chanuonthorn Tanasugarn (Thailand)</li> </ul>
<b>MSF - France</b>	<ul style="list-style-type: none"> <li>• Support for HIV/AIDS activities in Cambodia</li> <li>• Projects: CUHCA – health center for sex workers in Phnom Penh; 2 STD clinics in Banteay Meanchey; mobile clines in Siem Reap; operational research in collaboration with Horizons</li> <li>• Focal point – Dr Wim Van Damme (Medical Coordinator)</li> </ul>
<b>MSF – Belgium, Holland and Switzerland</b>	<ul style="list-style-type: none"> <li>• Activities include education and care</li> <li>• contact person – Dr Sophie Piais</li> </ul>

## Others

<b>Cambodia Red Cross</b>	<ul style="list-style-type: none"> <li>• Support for HIV/AIDS activities in Cambodia</li> <li>• Focal point – Dr Sok Long</li> </ul>
<b>CARE International</b>	<ul style="list-style-type: none"> <li>• BAHAP II Project</li> <li>• contact person – Ms Caroline Francis</li> </ul>

## UN Response

### UN Theme Group on HIV/AIDS

<b>Membership</b>	<ul style="list-style-type: none"> <li>▪ Heads of Agencies of UN agencies &amp; IOM</li> <li>▪ UNICEF, UNDP, UNFPA, UNDCP, UNESCO, World Bank, WHO, WFP, OHCHR, FAO and UNHCR.</li> </ul>
<b>Chair</b>	United Nations Population Fund – Ms Yoshiko Zenda (Representative) for 2000
<b>Vice-Chair</b>	World Health Organization – Dr Bill Pigott (Representative) for 2000
<b>Terms of reference</b>	Drafted in April 1999.
<b>AIDS Focal Points working group</b>	Focal Points Working Group convened by the UNAIDS CPA. Members include focal points from the agencies represented in the UN Theme Group, and WFP. FPWG also has international and national agencies as members.

<b>UNAIDS</b>	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Resource mobilization</li> <li>• Projects: Identification and promotion of best practices; Information Development; GIPA; ASEAN Summit; Translation.</li> <li>• Project entitled: Expanding the response to HIV/AIDS in Cambodia. Activities include: support to the NCHADS, NAA, PACs and selected government ministries</li> <li>• Mr Geoff Manthey, Country Programme Advisor</li> <li>• Mr Pann Rosdara, Administrative/programme</li> <li>• Mr Todd Harper, AYAD (from 29 March 2000)</li> </ul>
<b>UNDP</b>	<ul style="list-style-type: none"> <li>• 100% condom use program and capacity development of the NCHADS via WHO</li> <li>• contact person – Dr Tea Phauly</li> <li>• National Training Officer (PAC Project) – Mr Chun Bora</li> <li>• International UNV (NAA) and National UNV (NCHADS) in support of provincial responses proposed for 2000.</li> </ul>
<b>UNICEF</b>	<ul style="list-style-type: none"> <li>• Advocacy and capacity development</li> <li>• CASD program; HIV/AIDS project; support to provincial responses; mass media and IEC production; PMTCT</li> <li>• Partners – NAA, MoH, MoRD, MoEYS, MoRA</li> <li>• Contact person – Dr Etienne Poirot &amp; Mr Ly Solim</li> </ul>
<b>UNESCO</b>	<ul style="list-style-type: none"> <li>• Development of learning materials and teachers' guide for secondary schools; mass media activities; support to the First National Conference on AIDS</li> <li>• Contact person – Mr Fabrice Laurentin</li> </ul>

<b>UNFPA</b>	<ul style="list-style-type: none"><li>• Support to the MOWVA activities; youth RH programme; other RH activities</li><li>• Contact person – Ms Yoshiko Zenda</li></ul>
<b>WHO</b>	<ul style="list-style-type: none"><li>• Technical support to NCHADS, 100% condom use program, training of health care workers; STD training; programme management; technical guidelines</li><li>• Contact person – Dr Annie Macarry</li></ul>
<b>World Bank</b>	<ul style="list-style-type: none"><li>• Loan to the Cambodian Ministry of Health</li></ul>
<b>World Food Programme</b>	<ul style="list-style-type: none"><li>• Project with UNDP Regional Project “Mobilization and empowerment of rural communities along the Asian highway (route 5)” [Contact person for this project – Mr Robert Nugent]</li><li>• Contact person – Mr Jean-Yves Le Quime</li></ul>

## Annex A. Glossary of Abbreviations

APICT	Asia-Pacific Inter Country Team (UNAIDS)
BSS	(Sexual) Behavior Sentinel Surveillance
CAT	Central Advisory Team (PAC project)
EU	European Union
FC	French Cooperation
FAO	Food and Agriculture Organization
HSS	HIV/AIDS Sentinel Surveillance
IEC	Information, Education, Communication materials (also NCHADS Unit)
KABP	Knowledge, Attitudes, Behavior, Practices (research)
KHANA	Khmer HIV/AIDS NGO Alliance
MDM	Médecins Du Monde
MoCFA	Ministry of Culture and Fine Arts
MoEYS	Min of Education, Youth and Sports
MoH	Ministry of Health
Mol	Ministry of Interior
MoND	Ministry of National Defence
MoP	Ministry of Planning
MoRA	Ministry of Religious Affairs
MoRD	Ministry of Rural Development
MoSALVY	Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation
MSF (F) (HBS)	Médecins Sans Frontières (France) (Holland/Belgium/Switzerland)
MTCT	Mother to Child Transmission of
MoWVA	Min of Women and Veterans' Affairs
NBTC	National Blood Transfusion Center
NIPH	National Institute for Public Health
OCHCR	United Nations Office of the Commissioner for Human Rights
PMER	Policy, Monitoring, Evaluation and Research Unit (NCHADS)
SW	Sex Worker
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Science and Culture Organization
UNFPA	United Nations Fund for Population
UNHCR	United Nations Office of the High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Aid Agency
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization

## Annex B. Structure of the National AIDS Authority

## **Annex C. Structure of the National Center for HIV/AIDS, Dermatology and STD**

## Annex D - National Policy and Priority Strategies for HIV/AIDS Prevention and Control (NAA, 1999)

### General Policy

To ensure the prevention and control of HIV/AIDS in the Kingdom of Cambodia, the NAA has established the National Policy and Main Strategies for 5 years, from 1999 to 2004.

The NAA endeavours to ensure that :

- HIV transmission into the general population is prevented, by creating a social environment which is conducive to the prevention and control of HIV/AIDS, and supportive to activities aimed at systematic relief of the problem,
- the potential of the individual, the family and the community, as well as the country's economic system for managing and reducing the scope of the problem, is strengthened.

### Policy 1 - AIDS Response Structure

The NAA considers that the HIV/AIDS problem is a relevant issue for many fields of society. Programme management to deal with the problems of HIV/AIDS must therefore be organized and implemented in a multisectoral structure at each level, to deal with the situation and evolution of the epidemic.

### MAIN STRATEGIES

- HIV/AIDS prevention is the most urgent priority to be fully supported by the Government with regard to policy, and by various technical institutions with regard to technical issues of implementation.
- Preventive services to control the spread of HIV/AIDS require cooperation between governmental institutions, international and non-governmental organizations, religious institutions, private organisations and the community.
- The management structure to fight against HIV/AIDS must have a multisectoral and decentralised character.
- The NAA plays a key role :
  - in elaborating National Plans and Main Strategies for Prevention and Alleviation of HIV/AIDS
  - as coordinator leader between public or private and national or international institutions that implement HIV/AIDS programmes.

### Policy 2 - HIV/AIDS Response Structure

The NAA has responsibility for :

- resource mobilisation for HIV/AIDS activities throughout the country by motivating and encouraging the support and active cooperation from national and international communities,
- developing, upgrading the knowledge, and improving the understanding of all government personnel working in the HIV/AIDS programme.

### MAIN STRATEGIES

- Allocate adequate financial support by the Government for HIV/AIDS activities throughout the whole country.
- Endeavour to find support from friendly nations, national and international organizations, public and private enterprises.
- Encourage all concerned public and private sectors in the country to make contributions as donations, or voluntary cooperation.
- Increase the potential of provincial and district authorities for initiating their own efforts to find financial support to deal with HIV/AIDS.
- Promote and strengthen the understanding of government personnel to increase their capacity for implementing the national policy.
- Promote collaboration and synergy of concerned agencies, i.e., associations, NGOs, community organizations, and persons living with HIV/AIDS, in managing HIV/AIDS problems.

### Policy 3 - Health Information and Education

The NAA cooperates with the relevant national and international institutions to promote knowledge and understanding on HIV/AIDS for the general population, focusing on vulnerable populations.

**MAIN STRATEGIES**

- Produce documents for advocacy and awareness on HIV/AIDS to be included in the other education programmes of concerned ministries, in particular in the curriculum of schools at all level.
- Produce education materials to promote education on HIV/AIDS through the media for :
  - a good understanding on HIV/AIDS,
  - a good understanding of the links between HIV and STDs,
  - a good understanding about sexual behaviours,
  - safe sexual practices.
- Establish :
  - an education programme on HIV/AIDS prevention to be broadcast by public or private authorities, in particular in educational establishments,
  - direct education for groups in vulnerable situations, such as youth, women, sex workers, migrant workers, refugees, displaced persons, drug users, gays and their sexual partners.
- Establish the policy of 100% condom use throughout the whole country, focusing on situations of high risk of transmission of HIV, and create conditions so that condom supply is sufficient, easily found and very cheap.
- Promote mobilization of public and private authorities to assure that their personnel have access to information and education related to HIV/AIDS.
- Encourage media in the public and private sectors to cooperate in diffusing information or documentation related to HIV/AIDS.

**Policy 4 - HIV/AIDS Prevention and Care Services**

The NAA seeks to find ways to :

- ensure the population has access to efficient and effective prevention services,
- ensure that persons living with HIV/AIDS have access to cure and care services in an atmosphere of tolerance and respect for human rights.

**MAIN STRATEGIES**

- Ensure equitable access to health care for all individuals without consideration of gender, location, socio-economic or legal situation, or HIV status.
- Institute a tolerant atmosphere, and avoid discrimination and isolation of people living with HIV/AIDS.
- Establish directives that HIV antibody testing must occur only with free and informed consent, and with pre- and post-test counseling.
- Ensure that complete guidelines for the case management of persons living with HIV/AIDS are established. These should operate within the continuum of care, including home care, community care and care in health establishments. This case management must be complete and include clinical care management, nursing care and counseling.
- Distribute technical directives about prevention and case management of people living with HIV/AIDS.
- Establish appropriate strategies for prevention, and care of people living with HIV/AIDS, such as blood safety, prevention of mother-to-child transmission, and prevention and cure of opportunistic diseases, with particular attention to Tuberculosis.

**Policy 5 - HIV/AIDS Research**

The NAA will make every effort to increase and strengthen the national capacity for undertaking epidemiological, clinical, and socio-economic research to collect information :

- on the situation and trends of the HIV/AIDS epidemic in Cambodia,
- to be used for a database to define appropriate approaches in HIV/AIDS prevention and alleviation.

**MAIN STRATEGIES**

- Strengthen health information systems for HIV/AIDS, including routine reporting of HIV/AIDS.
- Promote and set up programmes of research :
  - to evaluate the number and of the persons living with HIV/AIDS in the population according to sex, age and area, and rate of spread of infection
  - to determine the type of HIV in Cambodia,
  - to study the clinical form of HIV/AIDS in Cambodia and appropriate therapeutic responses,
  - to study the sexual behaviour of the Cambodian population,
  - to study the socio-economic impact of the HIV/AIDS epidemic.











