



UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

UNHCR
UNICEF
WFP
UNDP
UNFPA
UNODC
ILO
UNESCO
WHO
WORLD BANK

Cambodia
July, 2008

Country Situation

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Coordination:

The national response (government, civil society, private sector) is coordinated by the National AIDS Authority and its Secretariat. A Policy Board provides overall policy direction, with a Technical Advisory Board and associated Technical Working Groups providing technical direction. The civil society response is coordinated through an umbrella body, the HIV/AIDS Coordinating Committee (HACC), which has a membership of approximately 90 NGOs. The Cambodia Network of People Living with HIV coordinates the work of PLHIV networks and groups in all provinces of Cambodia and has established the Cambodian Community of Positive Women. Development Partner work is coordinated through a national partnership forum, the Government/Donor Joint Technical Working Group on AIDS whose membership consists of government, NGOs & civil society and reports to the Cambodia Development Cooperation Forum. The UNAIDS CO is secretariat to the Development Partners Forum on AIDS chaired by USAID. The National Response is largely supported by DfID, USAID (through the NGO sector) and most significantly, by 5 successful rounds of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

Trends and Progress:

Ninety-six percent (69%) of brothel-based sexual transactions are protected. Forms of sexual networking, meanwhile, are changing. Men increasingly turn to non brothel-based sex workers, sweethearts & concurrent non-regular partners for sex with whom they are less likely to use a condom (confirmed by the 2005 STI Sentinel survey Reports (SSS) and PSI's 2006 HIV Tracking Survey). Almost half of new infections are among married women. One third of new infections occur from mothers to their new-born infants. IDU (predominately heroin, also ATS) continues to be a serious issue for young people, including emerging links between the IDU, sex work & MSM epidemics (NCHADS is completing an IDU population size estimate and HIV surveillance). A national IDU/DU strategy and budgeted operational plan is in place and resources mobilized from GFATM (Round 7), SIDA & AusAID to meet Universal Access (UA) targets. An MSM Situation & Response Analysis (SRA) undertaken & national framework and budgeted operational plan developed.

USAID and GFATM (Round 7) resources mobilized to meet UA targets. 2007 continued to see rapid scale-up of ART (approximately 76% of all PLHIV in need of treatment are on ART) & VCCT (190 401 adults receiving services in the first 3 quarters of 2007). Integration of HIV, reproductive health, TB and ANC through the "Linked Response" Initiative accelerated. Budgeted plans developed or reviewed in strategic ministries (MOH, MoWA, MoND, MoEYS

and to a lesser degree MoLVT). National M&E guidelines finalized and M&E capacity developed in the NAA, ministries and CS entities.

NSPII reviewed/re-budgeted to address universal access targets. Cambodia Business Coalition on AIDS and National Private Sector Working Group launched.

UNAIDS Support to the National Response

UNAIDS activities at country level during 2007

UNICEF: Scaling VCCT & PMTCT services; expanding pediatric AIDS treatment/care; OVC national strategic planning/budgeting & minimum package of support, Buddhist Leadership Initiative (prevention; psycho-social support); supply management (HIV test kits & consumables); HIV prevention with in-and-out of school youth including work-place, interventions with young IDU/DU and HIV hotline.

WHO: Blood safety; universal precautions & prevention of nosocomial infections; technical support to the continuum of care, including procurement management for ART, HIS/Data Management Systems; technical assistance for IDU/DU including NSP, MMT, strategic plan development; health systems strengthening.

UNESCO: HIV prevention in school settings, TA to development of national strategic plan and impact assessment of school AIDS programme, curriculum and training materials for in-and-out of school HIV prevention including drug use education.

UNFPA: Sexual and reproductive health with a focus on young people, institutional and policy work with Ministry of Women's Affairs to address gender/women and HIV agenda, HIV prevention with vulnerable and at-risk young people.

ILO: workplace policy, social prevention in public sector and engaging private sector through Cambodia Business Coalition on AIDS.

WFP: Nutrition support to people living with HIV and OVC through home-based care as well as nutritional support to TB patients.

UNDP: Leadership programme (parliamentarians, commune leaders, governors) and the community conversations project to address stigma and discrimination.

UNODC: HIV prevention and treatment in closed settings.

World Bank: Support for ART procurement, support to the education sector response & integration of AIDS into health sector planning and SWAp.

UNAIDS: Advocacy for national leadership engagement; civil society partnership strengthening; development partner coordination, harmonization & alignment; support to universal access processes; policy development; resource mobilization (GFATM processes); national planning to scale-up MARPs-SW/IDU/MSM; Strengthening National M&E.

UNAIDS achievements at country level during 2007

Prevention

In 2007, three major contributions were made to build the foundations for reaching universal access for prevention in Cambodia.

1. Through a broad-based consultation process with stakeholders; community organizations (CBO's, NGOs), the national MSM network, INGOs, bilaterals, the UN Joint Team on AIDS, the National AIDS Coordinating Authority, NCHADS & other key government entities, an MSM Situation & Response Analysis, National Strategic Framework and Operational Plan (2008-2011) was developed to be officially launched in March 2008. This will inform on the work of national partners and donors in scaling the national MSM response to meet Cambodia's ambitious but achievable universal access targets (2008 - 60% & 2010 - 90% coverage respectively).

2. The National Drug Use and HIV Working Group developed Cambodia's first National Strategic Plan For Illicit Drug Use Related to HIV/AIDS; National Guidelines for the National Needle and Syringe Programme were endorsed by the National Authority for Combating Drugs (NACD) and the NACD and Ministry of Health registered the first Methadone Maintenance Therapy Centre for Cambodia. Cambodia has met its resource needs to achieve universal access for IDU/DU (2008 -40% & 2010 - 80% coverage respectively).

3. To address the low uptake of PMTCT (18.8% ANC testing for HIV and 10.7% receiving ART prophylaxis for PMTCT, a national multi-stakeholder review of the PMTCT programme was conducted, which framed key recommendations and initiated development of a budgeted national plan of action to address low coverage of PMTCT services. National & international commitment has been made to resourcing & actioning the plan to meet 2008 universal access targets of 25% (testing) and 30% (ART prophylaxis).

4. To address changing behaviours in sexual networking (the sweetheart phenomena between female entertainment workers & their clients) and evidence of low condom use, a national consultation on HIV prevention with Entertainment Workers and Clients in late 2007 developed a Conceptual Framework/Plan of Action to innovate and scale-up HIV prevention.

Resource mobilization and tracking

In 2007 Cambodia mobilized US\$ 53 412 325 (domestic and external), a little over 100% of its 2007 resource needs requirements (estimated at US\$ 53 415 304) for the National Response in 2007. Additionally, US\$ 46 693 980 was successfully mobilized in round 7 of the GFATM for the continuum of care (treatment, care & support), prevention (MSM and IDU/DU), impact mitigation (OVC) and strengthening national coordination for the period 2009-2013. The GFATM round 7 proposal specifically addresses universal access. MSM and IDU/DU sub-components were therefore included for the first time as part of Cambodia's strategy to meet the resource needs for its universal access road map for scaling HIV prevention. Additionally, USAID/DfID committed US\$ 27 million to a social marketing programme including condoms and lubricant.

As part of the 2008 UNGASS Report preparation, a "mini" National AIDS Spending Assessment (NASA) was undertaken.

Plans are underway to build national capacity to undertake a full NASA in 2008 and to build the foundations for a national resource tracking system within the National AIDS Coordinating Authority.

Main challenges / activities for 2008

HIV prevalence in Cambodia is declining. As of June 2007 HIV prevalence among adults (15-49) stood at 0.9%, down from 1.2% in 2003. The number of adults living with HIV is estimated at 67 200 and children, 3800. Prevalence in ANC is 1.1%.

Key challenges in meeting universal access:

- ▶ Rapid increase in non-brothel-based sex work in bars, massage parlours, beer-halls; not self identified as sex workers. Challenge to reach entertainment workers and their clients with HIV prevention services. Conceptual Framework and Action Plan developed in 2007 to address this.
- ▶ Concentrated MSM and IDU/DU epidemics: resources and capacity building required for national scale-up evidence-based MSM and IDU HIV prevention, focusing on de-stigmatizing MSM through interventions that address male sexual health needs and ensuring quality in NSP and MMT programming.
- ▶ In 2007 the PMTCT programme tested 18.8% of Cambodia's pregnant women for HIV and provided prophylaxis for 10.7% of the total number of HIV-exposed neonates. The critical challenge is to meet 2008 UA targets of 25% (testing) & 30% (ART prophylaxis).

Sustaining the treatment & care: Ensuring treatment continuity for 25 353 people currently on treatment and for those in the "pipeline" for OI/ART care & support.