

# UNAIDS STRATEGY DEVELOPMENT

## **UNAIDS STRATEGY REVIEW: Focus Group Synthesis template**

Country: Cambodia

Organizer: Health Actions Coordinating Committee (HACC), KHANA and UNAIDS Cambodia

Date: 7 October 2020

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## UNAIDS STRATEGY REVIEW: Focus Group Synthesis template

Please use the template to organize your feedback from the session. Please keep responses succinct and as clear as possible to ensure our synthesis is a reflection of the focus groups hosted.

You can enter your report directly into a form on SurveyMonkey:

<https://www.surveymonkey.com/r/3HC9Q6M>

If you are not able to enter it on line you can send us a copy via e-mail [strategyteam@unaid.org](mailto:strategyteam@unaid.org)

Would you accept for UNAIDS to make your report publicly available: **Yes / No**

***Do we want to indicate yes or no by deleting one of the response?***

### SECTION 1: Information about the focus group (to be completed by host of Focus Group)

Organization leading discussion: HACC and KHANA

Date of discussion: 07 October 2020

Theme to be discussed: Comprehensive and Integrated HIV Prevention and SRH services for Young Key Populations

Participants (types of organizations participating):

- Civil Society Organizations/Community-Based Organizations
- PLHIV and Key Population Communities Networks
- Young Female Entertainment Workers
- Young MSM
- Young Transgender Women
- Young PWID

Country, regional or global focus: Country Focus

### Introducing the theme

Please enter the main characteristics of the theme being explored in 5 sentences (please share the presentation if possible by email)

- Current situation of young key populations (YKP) in term of knowledge, behaviors, and vulnerabilities in regard to HIV prevention and SRH
- Current structure that responds to HIV and SRH for YKP in Cambodia
- Challenges and barriers in developing and implementing comprehensive HIV prevention and SRH services for YKP

- Lesson learned and opportunities for comprehensive HIV prevention and SRH services for YKP
- Situation and other contexts beyond HIV e.g. COVID-19, laws and policies, enabling environment, community networks, overall social and economic contexts, decentralization, other emerging issues and priorities in health and other sectors

## SECTION 2: People-centered response to HIV – key emerging messages

Please enter the main messages coming out, up to 5 points maximum per section

<b>REACHING THE PERSON</b>	
How do we see the current situation?	<ul style="list-style-type: none"> <li>○ Limited knowledge among young key populations (YKP) on HIV and SRH information and services, that leads to YKP engagement in risky behaviors</li> <li>○ Inconsistent and incorrect condom use among YKP with their sexual partners. Low condom use particularly with intimate partners as it construed as trust, and gesture of showing love.</li> <li>○ Young people, including YKP are networking and finding their sexual partners through social media e.g. dating app (Grindr, Blued), Facebook, WeChat, Telegram, Line, and others</li> <li>○ Illicit drug uses seems to be increasing in the past years among young population, which lead them to engaging in risky behaviors, and heightened the risk of HIV infection. In addition, young PWID/PWUD do not want to engage in HIV and harm reduction program as they are afraid of getting arrested by the police since drug use is criminalized in Cambodia .</li> </ul>
What concerns us?	<ul style="list-style-type: none"> <li>○ Trust, belief with intimate partners, and having sex for fun among YKP with low condom use are concerns for risk of HIV transmission among YKP.</li> <li>○ Limited HIV education and awareness among YKP and general populations</li> <li>○ YKP use drugs for increasing sexual stimulation (high fun) without risk protection and use condom, make them more at risks to HIV.</li> <li>○ Stigma, including self-stigma makes YKP hidden and hard to reach by HIV prevention programme</li> <li>○ Sexual relations of YKP with HIV high risk groups as a way of exploring new things, e.g. massage parlors, make them at risk</li> <li>○ Livelihood disruption with COVID-19 pandemic, causes income reduction for YKP</li> </ul>
What gives us hope?	<ul style="list-style-type: none"> <li>○ Increased use of social media platform among young people, including YKP is the opportunity to expand the use of social media channel to reach and provide HIV and SRH education and counseling, and inform about HIV and SRH services</li> <li>○ Increased integration of HIV and SRH education in school, reaching YKP working in factory, and some information available on social media to raise more awareness of HIV, SRH, and drugs.</li> <li>○ Increased participation of YKP as social workers through volunteer programmes</li> <li>○ Use of peer networks to promote HIV prevention and ART adherence, which will lead to increase YKP's access to HIV prevention; and improve treatment adherence</li> <li>○ Differentiated and innovative approaches implemented by national HIV programme and CSO</li> </ul>

<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> <li>○ Stigma remains one of key barriers that prevent YKP in accessing HIV testing and treatment services</li> <li>○ Cultural and social norms prevent young people from discussing HIV and SRH related information and accessing HIV and SRH services</li> <li>○ YKP do not have an opportunity to make informed decision on health due to policy, legal and socio-cultural norms</li> <li>○ Limited HIV and SRH awareness raising contextualized to YKP.</li> <li>○ Age of consent for HIV testing in HIV law remains a barrier for young people, including YKP access to HIV testing.</li> </ul>
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<p><b>THE STRUCTURES THAT RESPOND TO HIV</b></p>	
<p>How do we see the current situation?</p>	<ul style="list-style-type: none"> <li>○ Lack of specific integrated HIV and SRH services for YKP</li> <li>○ Quality of HIV and SRH services remains a challenge, including lack of friendliness, long waiting hours, limited flexibility of working hours, in particular public health facilities</li> <li>○ As the current funding is focussed mainly on HIV and not as integrated HIV and SRH, SRH education and counseling for YKP is lacking, especially for female entertainment workers</li> <li>○ Lack of one stop services for HIV, STI and SRH services. The services are provided through parallel systems with limited and ineffective linkages</li> <li>○ Community network exists, but mostly at only national level with limited capacity. Community structure/system for mobilizing and connecting with key populations, including YKP does not exist or not functioning</li> <li>○ Linkage for HIV prevention to treatment exists but needs to be strengthened. However, linkage of HIV prevention to harm reduction services and community drug treatment is currently missing.</li> <li>○ Limited integrated HIV prevention and SRH education in general education system to ensure young people have comprehensive knowledge on HIV and SRH to make informed decision about their behaviors and health.</li> <li>○ PrEP has been introduced as a combination HIV prevention tool, but with limited availability only in Phnom Penh and Siem Reap, and with very limited awareness raising and demand creation.</li> <li>○ Free condom distribution is not sufficient and lack of condom social marketing program to YKP</li> <li>○ YKP's affordability and accessibility to HIV and SRH services, limited coverage of/access to social protection scheme among YKP</li> <li>○ Closure of KTV and some other entertainment venues have led female entertainment workers, including their young cohort to work as freelance sex workers that make increasing risk to HIV, and drug abuse, as well as hard to be reached by HIV prevention programme.</li> <li>○ High class/high economic status YKP are still hard to reach or not reachable through current HIV prevention modalities</li> </ul>
<p>What concerns us?</p>	<ul style="list-style-type: none"> <li>○ Increasing risk behaviors among YKP but there is no specific HIV prevention/awareness raising on HIV and SRH that tailored to the needs of YKP, including through mass or social media</li> </ul>

	<ul style="list-style-type: none"> <li>○ Limited knowledge and information about hotspots and geographic locations where YKP are concentrated to inform HIV and SRH interventions/prioritization</li> <li>○ Lack of full coverage of HIV prevention for YKP, harm reduction service is only focusing in Phnom Penh, and not cover all KP; and lack of hormone therapy for gender affirmations for transgenders</li> <li>○ Loss to follow up of YKP from reactive HIV test to confirmatory testing, and ART initiation</li> <li>○ Noticeable increase of STI among YKP, but lack of comprehensive and quality STI treatment available</li> <li>○ Social norm does not encourage YKP in accessing, discussing, and getting HIV prevention and SRH information and services; with the lack of safe space for YKP to discuss about the issues prevent them from making informed decision about their health that would lead them to engage in risk behaviors</li> <li>○ Stigma attached to key population status, in particular self-stigma; and lack of priority to health-related issues among YKP; prevent and/or delay them from accessing the needed services, including HIV and SRH</li> <li>○ Parental/guardian consents for YKP aged below 18 is required for accessing HIV testing remains a barrier for YKP to access the service</li> </ul>
<p>What gives us hope?</p>	<ul style="list-style-type: none"> <li>○ Ministry of Education, Youth and Sport is rolling out Comprehensive Sexuality Education as part of national general education programme, so it will lead to the increase of knowledge on HIV and SRH among young people in coming years</li> <li>○ PrEP scale up is planned and being implemented, with demand creation attached to the scale up, including through social media. It is expected that PrEP service uptake will increase among KP, including YKP and those who are at high risk</li> <li>○ HIVST SOP has been recently approved by the Ministry of Health, and the implementation is starting, with expected scale up in coming years. It may increase HIV testing uptake of YKP</li> <li>○ Expansion of a mixed approaches of virtual outreach that will reach more YKP in particular hidden and hard to reach sub YKP population</li> <li>○ On demand ID poor roll out that take into consideration of individual ID poor and address stigma and discrimination against KP in the implementation process, so more YKP might be identified and covered by ID poor mechanism. If covered by ID poor YKP will have entitlement to social protection schemes, including but not limited to free access to healthcare in which include STI and SRH services.</li> <li>○ Continued efforts of national HIV programme and Ministry of Health to strengthen quality of service and knowledge of service providers, would increase YKP friendliness and quality leading to increased service uptake of YKP.</li> </ul>
<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> <li>○ Limited funding to support integrated HIV prevention and SRH services, in particular for YKP</li> <li>○ Limited collaboration and coordination, in particular with private sector especially media sector, to support awareness raising on HIV and SRH</li> <li>○ Lack of friendliness and flexible working hours; and specific service for YKP</li> <li>○ Challenge in reaching hidden and hard to reach YKP</li> </ul>

	<ul style="list-style-type: none"> <li>○ Increasing risk of HIV and drug abuse, with lack of integrated HIV and drug treatment services</li> <li>○ Punitive legal and policy environment for KP resulting in arrests, detention in social affairs centers, or prisons without having access to HIV, SRH and needed services,</li> <li>○ Limited legal assistance is provided for KP.</li> <li>○ Mobility of YKP makes them more difficult to be reached by the HIV programme</li> <li>○ Stigma and discrimination related to HIV and KP status remain, which would prevent or delay YKP in accessing services</li> </ul>
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<b>CONTEXTUAL ENVIRONMENT</b>	
How do we see the current situation?	<ul style="list-style-type: none"> <li>○ Government Policy Measures-Sor Chor Nor 213 adopted by Council of Ministers in February 2019 suggested to provide PLHIV with equity cards (ID poor cards) to benefit from social protection schemes, including free healthcare; and few among other measures including national funding for CSO, and integration of HIV into commune development plan and commune investment plan.</li> <li>○ Enabling environment: challenge in getting support from some entertainment establishment owners to access and provide HIV prevention and SRH education and counseling as well as community HIV testing in the venues, closure of some entertainment venues due to COVID-19 make KP more mobile and hard to reach</li> <li>○ Legal and policy environment remain as issues e.g. criminalization of some aspects of sex works, and criminalization of illicit drug uses. Police quite often arrest sex workers, and some aspects of law enforcement is beyond what is stated in laws e.g. using condom as evidence of human trafficking to arrest sex workers.</li> <li>○ Legal services are very limited for KP</li> <li>○ Continued declining of funding for HIV response</li> </ul>
What concerns us?	<ul style="list-style-type: none"> <li>○ Loss of employment of some KP, including YKP might increase their mobility and vulnerability to HIV, STI and other health problems</li> <li>○ Having sex for high fun, unprotected sex and overlapping risk behaviours (using drugs)</li> <li>○ Multiple partners, trust in sexual partners resulting in low consistent condom use with intimate partners</li> <li>○ Limited communications and awareness raising on HIV prevention.</li> <li>○ Criminalization, social and cultural norms, stigma attached to HIV and KP prevent YKP from accessing services</li> </ul>
What gives us hope?	<ul style="list-style-type: none"> <li>○ Continued advocacy on removing legal and policy barriers, especially decriminalization of sex work led by community</li> <li>○ Provision of ID poor and social support for KP</li> <li>○ Dialogue on social contracting with expectation of having allocation of national funding to CSO and community networks</li> <li>○ Availability of PrEP, and HIV self-testing will improve access to combination HIV prevention and testing.</li> </ul>



<p>What constrains our ability to achieve our goals?</p>	<ul style="list-style-type: none"> <li>○ Insufficient funding for implementation of HIV programme, including programmes and interventions for YKP</li> <li>○ COVID-19 pandemic related service disruption and socio-economic impact</li> <li>○ Punitive laws and policies</li> <li>○ Fake information sharing through social media, including HIV and SRH related information</li> </ul>
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**EMERGING PATTERNS:**

- Limited integrated education and awareness on HIV and drug abuse though with assumption of trend of illicit drug use is increasing
- COVID-19 pandemic related impacts on country economy, employment (e.g entertainment workers due to closure of entertainment venue), access to healthcare, and psychological/mental health
- As YKP need to provide financial support to their families, they engage in unprotected sex with clients due to higher payment for such services.
- Decline in external funding and assistance for national HIV response, and possibly steeper decline in coming years due to COVID-19 pandemic

### SECTION 3: RECOMMENDATIONS World Café

Please enter the main messages coming out, up to 5 points maximum per section

What are the key recommendations back to UNAIDS in terms of the strategy specifically?	
<b>CONTINUE</b>	<ul style="list-style-type: none"> <li>○ Combination HIV prevention and SRH education through community and virtual outreach (including through social media and dating apps..)</li> <li>○ Continue advocacy for removing legal and policy barriers, including decriminalization, removing age of consent that prevent YKP from accessing services</li> <li>○ Continue dialogue and advocate for social contracting for CSO for HIV program, especially HIV and SRH programme for YKP</li> <li>○ Expansion of social protection coverage, including support for YKP to be covered by ID poor</li> <li>○ Integrate HIV and AIDS budget in commune investment plan/commune development plan and implementing by local authorities with engagement of CSO and community</li> </ul>
<b>STOP</b>	<ul style="list-style-type: none"> <li>○ STOP reducing funds on HIV/AIDS and SRH programs for CSOs and community</li> <li>○ STOP cutting number of staff and volunteer at community level.</li> <li>○ STOP prioritizing provinces or project sites with low HIV burden or low impacts of the grant implementation.</li> </ul>
<b>START</b>	<ul style="list-style-type: none"> <li>○ Develop youth-friendly and integrated HIV and SRH service for YKP, including hormone therapy for young transgender</li> <li>○ Start to implement HIV self testing and scale up quickly across country especially in provinces where hard to reach KP and YKP are concentrated</li> <li>○ Demand generation for SRH and HIV testing services at entertainment venues and hotspots in addition to HIV prevention and SRH education messaging</li> <li>○ Specific and tailored HIV prevention and SRH education addressing YKP needs- including through mass media and social media</li> <li>○ Develop and build community structure both at grassroot and national level and ensure their linkages</li> <li>○ Government to start allocating national funding for CSO in implementing HIV programme, both prevention and care and support, especially for CBOs</li> <li>○ Ensure participation of YKP in community, commune council and national level</li> <li>○ Develop cloud data system to keep track of geographic locations, hotspots where YKP are concentrated, and monitoring the HIV programme</li> <li>○ Find new approach to reach YKP, in particular those who are hard to reach, including high class</li> <li>○ Develop and implement integrated HIV, mental health and drug treatment services to address overlapping health needs of YKP</li> <li>○ Start working with private sector to better engage them in delivering HIV services and/or mobilizing funding</li> </ul>
What is the one key recommendation	<ul style="list-style-type: none"> <li>- Resource mobilization and technical assistance to national program and CSOs for development and implementation of comprehensive and</li> </ul>

<p>you want to reiterate for strong consideration?</p>	<p>integrated HIV and SRH service for YKP, and support function of community networks</p> <ul style="list-style-type: none"> <li>- Removing legal and policy barriers for YKP, and other KP accessing to service</li> <li>- Develop specific YKP and YPLHIV Initiative Programme</li> <li>- Develop and strengthen community structure of KP and PLHIV at grassroot level.</li> <li>- Continue to improve coverage of ID poor and access to social protection for KP and PLHIV.</li> <li>- Support sustainable financing for CSO and community networks, including exploring options for social contracting with domestic funding support</li> <li>- Support to improve quality of HIV, STI and SRH services provision, especially at public health facilities</li> <li>- Improve awareness on HIV and SRH among general population, especially younger generation.</li> </ul>
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*Please share with us any references you think would be useful for the Strategy Development, such as examples of case studies that illustrate the challenges or recommendations you outlined in the discussion report.*

*Please also share a list of names and email addresses of participants who would wish to continue to be informed of the Strategy development process. Note names and contacts will not be shared publicly or with any third party.*

You can send us additional documents via e-mail [strategyteam@unaidso.org](mailto:strategyteam@unaidso.org)

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