

# Country progress report - Cambodia

Global AIDS Monitoring 2018





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# HIV testing and treatment cascade

**Ensure that 30 million people living with HIV have access to treatment through meeting the 90-90-90 targets by 2020**

## **Progress summary**

The Government of Cambodia has been a global leader in addressing HIV/AIDS for the past 25 years. In 2013, Cambodia announced its intent to eliminate new HIV infections by achieving the 90-90-90 targets by 2020 and going further to achieve 95-95-95 (and fewer than 300 new HIV infections annually) by 2025 – coming close to achieving an AIDS Free Generation. The provision of Care and Treatment services have been revised and redesigned to effectively eliminate new HIV infection by 2025. Human Resource and logistic support especially ART have been given as the top priorities to enable the implementation and the expansion of the Boosted Integrated Active Case Management (BIACM). As of December 2017, Cambodia had diagnosed approximately 85% of the estimated population of PLHIV, placed all diagnosed PLHIV on ART, and has documented significant viral load suppression of PLHIV on ART.

## **Policy questions (2017)**

Is there a law, regulation or policy specifying that HIV testing:

**a) Is solely performed based on voluntary and informed consent**

Yes

**b) Is mandatory before marriage**

No

**c) Is mandatory to obtain a work or residence permit**

No

**d) Is mandatory for certain groups**

No

**What is the recommended CD4 threshold for initiating antiretroviral therapy in adults and adolescents who are asymptomatic, as per MoH guidelines or directive, and what is the implementation status?**

No threshold; TREAT ALL regardless of CD4 count; Implemented countrywide

**Does your country have a current national policy on routine viral load testing for monitoring antiretroviral therapy and to what extent is it implemented?**

**a) For adults and adolescents**

Yes, fully implemented

**b) For children**

Yes, fully implemented

# Prevention of mother-to-child transmission

**Eliminate new HIV infections among children by 2020 while ensuring that 1.6 million children have access to HIV treatment by 2018**

## **Progress summary**

Cambodia HIV response has achieved significant progress in expanding coverage of PMTCT services standing at a coverage of 81% at the end of 2017 and have markedly reduced mother to child transmission of HIV. In 2017 an assessment of the PMTCT program was undertaken by MNCHC program in collaboration with NCHADS and partners taking into consideration the global WHO EMTCT requirements. Based on the assessment, a road map with a plan of action needed is being finalized to strengthen PMTCT program towards the EMTCT national targets and global requirement.

## **Policy questions (2016)**

**Does your country have a national plan for the elimination of mother-to-child transmission of HIV?**

Yes

Target(s) for the mother-to-child transmission rate and year: <5%; 2020

Elimination target(s) (such as the number of cases/population) and year: <400; 2025

**Do the national guidelines recommend treating all infants and children living with HIV irrespective of symptoms and if so, what is the implementation status of the cut-off?**

Treat All; Implemented countrywide

# HIV prevention; Key populations

**Ensure access to combination prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90%% of people by 2020, especially young women and adolescent girls in high-prevalence countries and key populations—gay men and other men who have sex with men, transgender people, sex workers and their clients, people who inject drugs and prisoners**

## **Progress summary**

The National HIV Strategic Plan includes targets set at 90% for all prevention services for key populations including female entertainment workers/female sex workers, MSM, TG and PWID. In 2017, under the overall framework of community action approach, prevention and treatment and care services delivery model all have been modified/updated to make them efficient and effective and at the same time ensure equitable access to prevention and treatment services in an enabling environment. In the current Global Fund grant program implementation, yearly targets have been set to achieve national targets set for 2020.

## **Policy questions: Key populations (2016)**

### **Criminalization and/or prosecution of key populations**

#### **Transgender people**

Neither criminalized nor prosecuted

#### **Sex workers**

Other punitive regulation of sex work

#### **Men who have sex with men**

No specific legislation

**Is drug use or possession for personal use an offence in your country?**

Drug use or consumption is a specific offence in law

**Legal protections for key populations**

**Transgender people**

Constitutional prohibition of discrimination based on gender diversity

**Sex workers**

No

**Men who have sex with men**

Constitutional prohibition of discrimination based on sexual orientation

**People who inject drugs**

No

**Policy questions: PrEP (2017)**

**Has the WHO recommendation on oral PrEP been adopted in your country's national guidelines?**

No, guidelines have not been developed



# Gender; Stigma and discrimination

## **Eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by 2020**

### **Progress summary**

- Currently, with strong advocacy support, Ministry of Interior agrees to include HIV and AIDS as the 10th item of the Village Commune Safety Policy.
- To follow up with the efforts made in the New Funding Model grant, the GFATM Funding for 2018-2020 plans a set of interventions to strengthen the capacity of law makers/ law enforcement officers and improve the legal literacy of KPs related to HIV and AIDS. Sequential meetings from central to sub-national level have been done for Phnom Penh and other 4 hot spot provinces to create an positive working atmosphere between “duty bearers” and “right holders” to locally resolve all forms of violence and discrimination against women and girls, people living with HIV and key populations
- Besides, efforts will be made to mainstream gender-responsiveness aspect into community programming and HIV activities managed by PAC/PAS/GoC in the upcoming grant.

### **Policy questions (2016)**

**Does your country have a national plan or strategy to address gender-based violence and violence against women that includes HIV**

Yes

**Does your country have legislation on domestic violence\*?**

Yes

**What protections, if any, does your country have for key populations and people living with HIV from violence?**

General criminal laws prohibiting violence

Specific legal provisions prohibiting violence against people based on their HIV status or belonging to a key population

Programmes to address intimate partner violence\*

Programmes to address workplace violence

Interventions to address police abuse

Interventions to address torture and ill-treatment in prisons

**Does your country have policies in place requiring healthcare settings to provide timely and quality health care regardless of gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socio-economic status, HIV or other health status, or because of selling sex, using drugs, living in prison or any other grounds?**

Yes, policies exists and are consistently implemented

# Knowledge of HIV and access to sexual reproductive health services

**Ensure that 90%% of young people have the skills, knowledge and capacity to protect themselves from HIV and have access to sexual and reproductive health services by 2020, in order to reduce the number of new HIV infections among adolescent girls and young women to below 100 000 per year**

## **Progress summary**

Cambodia has significantly reduced new HIV infection to less than 1000 since last few years and the epidemic currently is concentrated among key population mainly. However, prevention effort do focus on youth to empower them with the knowledge and skills and to access HIV prevention and sexual and reproductive health services.

## **Policy questions (2016)**

**Does your country have education policies that guide the delivery of life skills-based HIV and sexuality education, according to international standards, in:**

**a) Primary school**

Yes

**b) Secondary school**

Yes

**c) Teacher training**

Yes

# Social protection

## **Ensure that 75%% of people living with, at risk of and affected by HIV benefit from HIV-sensitive social protection by 2020**

### **Progress summary**

- Over the past decades, efforts have been made to ensure that people living with, at risk of and affected by HIV in Cambodia benefit from HIV-sensitive social protection.
- National AIDS Authority, Ministry of Health and Ministry of Planning along with partners have ensured that PLHIV and KPs are included in social protection scheme and program including ID Poor and Health Equity Fund (HEF) package.

### **Policy questions (2016/2017)**

Yes and it is being implemented

#### **a) Does it refer to HIV?**

Yes

#### **b) Does it recognize people living with HIV as key beneficiaries?**

No

#### **c) Does it recognize key populations (sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people, prisoners) as key beneficiaries?**

No

#### **d) Does it recognize adolescent girls and young women as key beneficiaries?**

Yes

#### **e) Does it recognize people affected by HIV (children and families) as key beneficiaries?**

No

#### **f) Does it address the issue of unpaid care work in the context of HIV?**

No

**What barriers, if any, limit access to social protection programmes in your country?**

Lack of information available on the programmes  
Complicated procedures  
Fear of stigma and discrimination  
Lack of documentation that confers eligibility, such as national identity cards  
High out-of-pocket expenses

# Community-led service delivery

## Ensure that at least 30%% of all service delivery is community-led by 2020

### Progress summary

Breakdown of Spending by Service Provider of the National AIDS Spending Assessment 2014-2015 shows that National NGOs spent 37% of the total AIDS funding in 2014 and 38% in 2015.

- Following the implementation of Integrated Active Case Management (IACM) under operational district (OD) leadership to maximize patient retention across HIV cascades, a streamlined Boosted-IACM (B-IACM) approach is now being implemented in 12 priority provinces. This approach is being expanded and implemented under the overall community action approach developed in 2017. Community action approach includes full involvement of community groups and civil society organisations in provision of prevention and treatment services and serves as a bridge between community and service sites.

### Policy questions (2017)

**Does your country have a national policy promoting community delivery of antiretroviral therapy?**

No

**What safeguards in laws, regulations and policies, if any, provide for the operation of CSOs/CBOs in your country?**

Registration of HIV CSOs is possible

Registration of CSOs/CBOs working with key populations is possible

HIV services can be provided by CSOs/CBOs

Services to key populations can be provided by CSOs/CBOs

Reporting requirements for CSOs/CBOs delivering HIV services are streamlined

**Number of condoms and lubricants distributed by NGOs in the previous year**

**a) Male condoms:**

-

**b) Female condoms:**

-

**c) Lubricants:**

-

# HIV expenditure

**Ensure that HIV investments increase to US\$ 26 billion by 2020, including a quarter for HIV prevention and 6%% for social enablers**

## **Progress summary**

Cambodia has reached this point as a result of strong political commitment, community engagement and high levels of support, over more than two decades, from donors. However, the overall donor funding envelope for the HIV response is shrinking, and there is concern that Cambodia's growing economy, reflected in its new lower middle income status, will make it increasingly less eligible for ODA. In recognition of this, the country has committed to a more strategic use of available resources while preparing to assume an increasing share of the financial burden of the response. Already, targeted strategies, more efficient service delivery models and greater synergies within and between public and community health systems have contributed to an overall decline in AIDS expenditure since 2010.

- Cambodia had developed strategic investment priorities towards achieving this goal while strengthening the foundations for a transition to increasing domestic financing of a sustainable response. During this transition period, however, continued, predictable funding will be needed to sustain and build on the gains made to date.
- From October 2015 to December 2017, the Royal Government of Cambodia contributed 3.7 million USD for ART Drugs. Besides, Cambodia decided to contribute 0.47 million for contracted staff for the period 2018-2020 and also will contribute 1.5 million USD per year for ARV procurement.
- National AIDS Authority with the support of UNAIDS conducted transition readiness assessment in 2017 to identify major risk areas for transition from external to domestic financing and sustainability of the national HIV response in the medium and long term. In 2018, the transition readiness assessment will be used to develop the sustainability road map with the support of UNAIDS in collaboration with other partners.



# Empowerment and access to justice

**Empower people living with, at risk of and affected by HIV to know their rights and to access justice and legal services to prevent and challenge violations of human rights**

## **Progress summary**

- NAA along with partners including civil society organizations and community groups is working towards creating an enabling environment and empowering PLHIV and KPs for their meaningful participation in the national HIV response planning, implementation, monitoring and reporting processes.
- One of NAA activities focus is ensuring that KPs are fully aware of their rights, knowledgeable about the availability of services, and also no longer fearful of any threat or abuse which might be created by either their clients (especially for EWs) or local authority. To this end, capacity building sessions and training on basic rights, gender sensitivity/ responsiveness will be organized for networks leaders, KPs, volunteers, members of CCWC( Commune Council for Women and Child) , and relevant stakeholders in the hotspot provinces.

## **Policy questions (2016)**

**In the past two years have there been training and/or capacity building programmes for people living with HIV and key populations to educate them and raise their awareness concerning their rights (in the context of HIV) in your country?**

Yes, at scale, at the sub-national level

**Are there mechanisms in place to record and address cases of HIV-related discrimination (based on perceived HIV status and/or belonging to any key population)?**

No

**What accountability mechanisms in relation to discrimination and violations of human rights in healthcare settings does your country have, if any?**

Complaints procedure

Procedures or systems to protect and respect patient privacy or confidentiality

**What barriers in accessing accountability mechanisms does your country have, if any?**

Mechanisms do not function

Mechanisms are not sensitive to HIV

Affordability constraints for people from marginalized and affected groups

Awareness or knowledge of how to use such mechanisms is limited

# AIDS out of isolation

**Commit to taking AIDS out of isolation through people-centred systems to improve universal health coverage, including treatment for tuberculosis, cervical cancer and hepatitis B and C**

## **Progress summary**

The sustainability road map being developed in 2018 based on the TRA conducted in 2017, will address integrating HIV response elements into the relevant health and non-health sectors program and mechanism including in Universal Health Coverage and national social protection strategy and programs for medium and long term sustainability HIV response.

## **Policy questions (2016)**

**Is cervical cancer screening and treatment for women living with HIV recommended in:**

**a) The national strategy, policy, plan or guidelines for cancer, cervical cancer or the broader response to non-communicable diseases (NCDs)**

No

**b) The national strategic plan governing the AIDS response**

No

**c) National HIV-treatment guidelines**

No

**What coinfection policies are in place in the country for adults, adolescents and children?**

Isoniazid preventive therapy (IPT) or latent TB infection (LTBI) prophylaxis for people living with HIV

Intensified TB case finding among people living with HIV

TB infection control in HIV health-care settings

Co-trimoxazole prophylaxis

Hepatitis B screening and management in antiretroviral therapy clinics