

# Cambodia

## Snapshot (2019-2023)

### Executive Summary

#### Overview

The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023) (NSP V) has the following objectives:

1. Ensure inclusive delivery of evidence-based HIV interventions through a coordinated, multi-sectoral approach.
2. Integrate prevention, care and treatment within the health system for a more efficient and sustainable HIV response.
3. Improve access to social protection mechanisms and social services for people living with HIV (PLHIV).
4. Increase government funding and support delivery of critical services by civil society organizations to strengthen the sustainability of the HIV response.

#### Key Populations

Key populations (KPs) are identified as including female entertainment workers (FEW), men who have sex with men (MSM), transgender people, and people who inject drugs (PWID).

#### HIV Epidemic and Behavioural Data

Cambodia has substantially reduced the prevalence of HIV in adults (ages 15 to 49 years), from 1.7% in 1998 to 0.8% in 2010 to 0.5% in 2019. There were an estimated 880 new infections in 2018—a 62% decline since 2010— and AIDS-related deaths declined by 48% between 2010 and 2018.

The AIDS Epidemic Model estimated in 2020 that almost 60% of new infections were among KPs, with MSM accounting for 32%, FEWs and their male clients 20%, transgender people 4% and PWID about 2%.

#### Program Coverage

It is estimated that around 83% of all people living with HIV in Cambodia had been diagnosed and were on Anti-Retroviral Treatment (ART) as of 2019. Of those on treatment, more than 88% are virally suppressed.

In 2019 it was estimated that 72% of MSM, 69% of PWID, 24% of transgender people and 8% of female entertainment workers were not receiving a defined package of services. It is projected that in 2023, 61% of MSM, 58% of PWID, 22% of transgender people and 60% of female entertainment workers will not receive a defined package of services.

#### National Strategy Funding

In 2021, USD 35,669,388 will be required to fully implement the national strategy. 20.5% will be sourced through government revenues, 56.4% from external sources, thus leaving a funding gap of 23.1%. It is projected that in 2023, USD 37,322,219 will be required of which 18.6% will be from government revenues and 44.7% from external sources, with a funding gap of 36.7% (USD 13,714,772).

#### Policy Environment in relation to HIV, SOGIE and Sexual Behaviour

Punitive laws related to drug use and sex work contribute to stigma and discrimination against PWID and sex workers. They also create service access barriers for PWID because of the risk of detention.

Reported stigma experienced by PLHIV in Cambodia is relatively low.

For LGBTI, while there is no explicit criminalization or discrimination against homosexuality in existing domestic laws and policies, LGBTI Cambodians face discrimination, abuse and other rights violations due to their sexual orientation and gender identity and expression (SOGIE).

#### Meaningful involvement of the Community

KPs participate in key governance platforms. The national strategy states: “CSOs have proven their capacity to reach KPs and therefore should be prioritized for funding to implement prevention interventions”.



## Overview of the National Strategic Plan

The vision of this Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023) - NSP V - is a Cambodia free of HIV/AIDS, with better health and well-being for all people <sup>1</sup>.

The four specific objectives of the NSP are as follows <sup>2</sup>:

1. Ensure inclusive delivery of evidence-based HIV interventions through a coordinated, multi-sectoral approach
2. Integrate prevention, care, and treatment within the health system for a more efficient and sustainable HIV response
3. Improve access to social protection mechanisms and social services for people living with HIV (PLHIV)
4. Increase government funding and support delivery of critical services by civil society organizations to strengthen the sustainability of the HIV response

The outcomes to be achieved through these strategies are <sup>3</sup>:

- By 2025, new infections will be reduced from 880 per year (in 2018) to less than 250 per year (UNAIDS, 2018).
- Ninety-five percent of all estimated PLHIV will know their HIV status; 95% of those who know their status will be on treatment; and 95% of those on treatment will have a suppressed viral load. If achieved, this would meet the UNAIDS fast track target prior to 2030.
- By 2023, an initial assessment and suggested framework for integration of HIV into the health system will be developed with full engagement of all partners.
- By 2023, 100% of PLHIV will be covered by a social protection mechanism and will have increased access to health, social and legal support services.
- Fifty percent of the HIV response in Cambodia will be domestically financed (up from 24% in 2017, and civil society organizations will be co-financed by public funding (Population Council, Unpublished).



## Key Populations

Key populations are identified as including female entertainment workers, men who have sex with men, transgender people, and people who inject drugs <sup>4</sup>.

The National Strategy identifies the need to increase domestic funding for CSOs to reach KPs. Other measures identified to improve the response for KPs include:

- Improved use of strategic information (e.g. reducing delays in releasing surveillance findings and the generation and use of KP specific cascade data for both prevention and treatment) <sup>5</sup>
- more robust and rapid progress in delivering evidence-based interventions that improve KPs' access to and uptake of HIV services across the cascade.<sup>6</sup>
- Mobilize local resources (e.g., entertainment establishments) to support the continuum of prevention, care, and support effort for KPs <sup>7</sup>
- Increased service provision by the private sector <sup>8</sup>
- Involvement of CSOs to ensure that services are designed in a manner that responds to needs and facilitates retention across the HIV care continuum
- Coordinate with other authorities to include HIV interventions in policies and programs. For example, the National Authority for Combating Drugs allows CSOs to carry out harm reduction services (outreach and distribution of clean needles) in specified settings. <sup>9</sup>
- Expand social protection coverage and improve access to health, social, and legal services for PLHIV and KPs <sup>10</sup>
- advocate for an enabling environment for the HIV response by training police and local authorities in hotspot provinces to ensure better implementation of the Community Action Approach, government initiatives and prevention among KPs <sup>11</sup>
- Create a legal and policy framework that is more inclusive for access to services for all KPs and lesbian, gay, bisexual, and transgender people, especially young people <sup>12</sup>

## HIV Epidemic and Behavioural Data

Cambodia has substantially reduced the prevalence of HIV in adults (15 to 49 years), from 1.7% in 1998 to 0.8% in 2010 to 0.5% in 2019 (NCHADS, 2016; UNAIDS, 2018). There were an estimated 880 new infections within the population in 2018—a 62% decline since 2010—and AIDS-related deaths declined by 48% between 2010 and 2018 to an estimated 1,300 <sup>13</sup>.

Geographically, PLHIV are concentrated in Cambodia's capital, Phnom Penh and major cities, while 70% of new HIV infections occur in six provinces (Phnom Penh, Battambang, Siem Reap, Kampong Cham, Banteay Meanchey, and Takeo), with Phnom Penh accounting for one in every three of all new infections <sup>14</sup>.

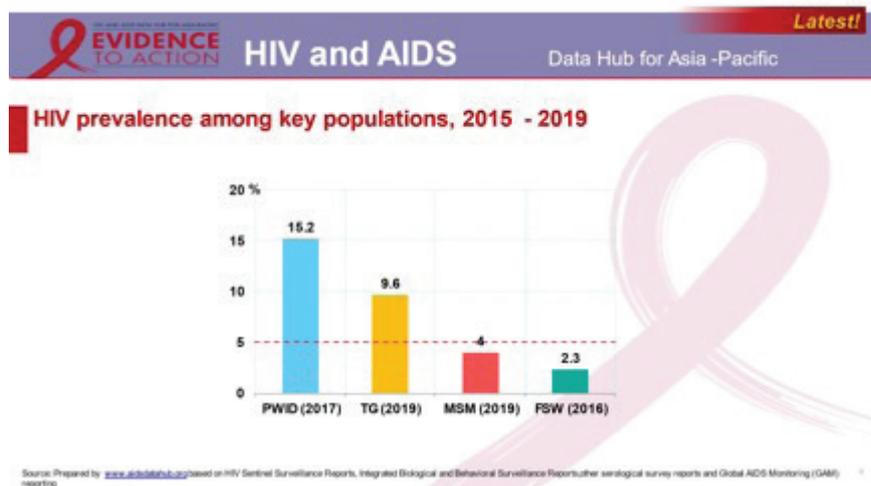
In 2020 the AIDS Epidemic Model estimated that almost 60% of new infections were among KPs with MSM accounting for 32%, female entertainment workers (FEWs) and their male clients 20%, transgender people 4% people who inject drugs (PWID) about 2%. <sup>15</sup>

Men who have sex with Men and Female Entertainment Workers are the largest key populations.



Key Population Size Estimates <sup>16</sup>					
Key Population Characteristics	Men who have Sex with Men (2019)	Transgender Women (2019)	Female Entertainment Workers (2016)	People who Inject Drugs (2017)	People who Use Drugs (2017)
Size Estimate (2019)	87,817	6,300	51,213	3,202	22,374

In KPs, HIV prevalence is highest among PWID. However, based on population size estimates, MSM living with HIV is the largest group among KPs.



	Population Size	HIV Prevalence (%)	Number PLHIV
PWID	3202 (Estimate for PWID who use regularly (2+ times/month) = 2225 (IBBS 2017))	15.2	487
Transgender Women (TWG)	6300	9.6	604
MSM	87817	4	3513
FSW	51213	2.3	1178

The following table provides data reported to UNAIDS for condom use, safe injecting practices, ART coverage and HIV testing; and status awareness for key populations <sup>17</sup>.

Population	Condom Use	Safe Injecting	ART Coverage	HIV status awareness
Men who have sex with Men	76.2%		95.5% (2019)	51.9% (2019)
Transgender people	83.8% (2019)		100%	66.8% (2019)
Sex workers	88.8% (2016)		82.8%	100%
People who inject drugs	8.7% (2017)	93.5% (2017)	30.8%	Data not reported

**Cambodia:**

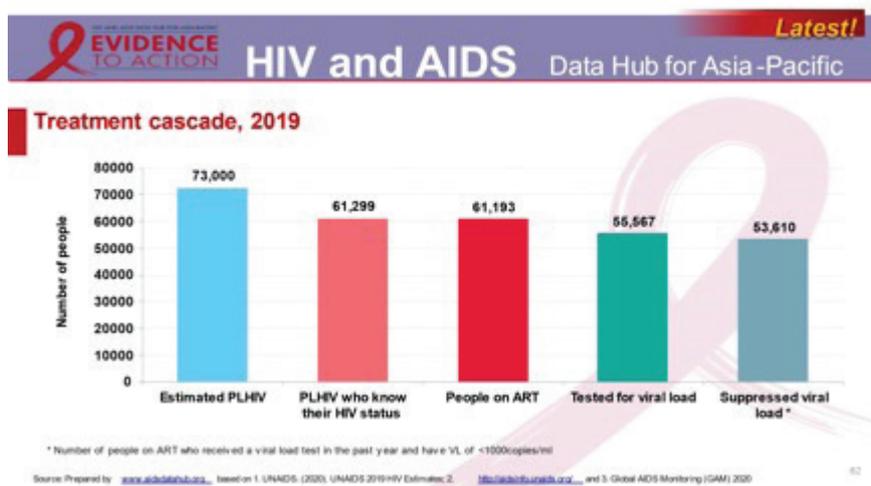
The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023).  
Moving Toward Ending AIDS as a Public Health Threat by 2025  
Key Populations Snapshot



## Program Coverage

Cambodia have been diagnosed and are on Anti-Retroviral Treatment (ART) as of 2019. Of those on treatment, more than 88% are virally suppressed<sup>18</sup>.

Only 30.8% of HIV positive PWID are on ART. HIV status awareness among MSM is estimated at 51.9%. Therefore, it is likely that less than 50% of MSM who are HIV positive are on ART. It is likely that the proportion of KPs who are HIV positive and on ART is significantly lower than across the overall population.



Prevention strategies include tailored core and extended packages of services primarily delivered by NGO implementers via physical and virtual outreach. There are three modes for HIV testing: self-testing, community-based testing through outreach workers (OW) and facility-based testing at NGOs, public health facilities, and via 69 government voluntary confidential counselling and testing (VCCT) sites. HIV treatment services are provided at 69 ART sites.<sup>19</sup>

The 2019 HIV Joint Program Review (JPR) highlighted that Cambodia's national response has been primarily focused on testing, which is "supplemented" with prevention activities. This focus on testing is motivated by the strategy of case finding and reaching the 1st 90, rather than a strategy of preventing new infections. As a result, outreach workers have been incentivized to identify and test cases, limiting resources to develop and scale up more innovative prevention approaches. The results are reflected in the KP IBBS survey studies, which found that more than a third of MSM, FEW and PWID were not reached with prevention programs and of those that were, at least half did not receive counselling on HIV risks or condoms. Coverage of prevention services was even lower for PWID.<sup>20</sup>

PrEP (Pre exposure prophylaxis) coverage is low. This has been attributed to low demand creation activities and somewhat lengthy and complicated process to initiate such activities.

The table below identifies current service coverage, coverage targets and projected gaps in service coverage taking account of domestic budget allocations and other funding sources.

**Cambodia:**

The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023).  
Moving Toward Ending AIDS as a Public Health Threat by 2025  
Key Populations Snapshot



Population group	Target Population Size	Baseline Coverage	Target for 2023 from all funding sources (domestic and external) and % of target population	Coverage % of target	Gap in coverage target
------------------	------------------------	-------------------	---	----------------------	------------------------

### Percentage of Key Populations reached with prevention programs- defined package of services

People who inject drugs and their partners	2,225	31%	939	42%	58%
men who have sex with men	87817	24259 (28%)	33,911	(39%)	61%
Transgender People	6300	4774 (76%)	4926	78%	22%
Female Entertainment Workers	51213	47030 (92%)	412	20,738 (40%)	60%

### Percentage of the key population that have received an HIV test during the reporting period and who know their results

men who have sex with men	87817	21283 (24%)	31,916	36%	64%
---------------------------	-------	-------------	--------	-----	-----

### Number of needles and syringes distributed

	Target Population Size	Number of Needles needed (3/day/PWID)	Estimated PWID in Phnom Penh	Number of Needles needed (3/day/PWID) in Phnom Penh	Number of Needles to be distributed in Phnom Penh in 2023	Gap (%)
People who inject drugs and their partners	4,136 (estimated number of PWID from 2017 IBBS)	4,528,920	1565	1,216,709	1,028,205	15%

### Percentage of eligible key populations who initiated oral antiretroviral PrEP in the last 12 months

	Population Size	Target Population (included in 15 provinces based on risk assessment tool)	Baseline	Number and % to be reached in 2023 from all funding sources	% Gap in coverage
MSM and Transgender People who are not HIV positive	47,935	12,820	114	5,114 (40%)	60%

### Number of male condoms distributed by the program for KPs

Country Target	Target met through all funding sources	Number provided	Number not provided	%	
19,521,110 FEW: 2023: 82% MSM: 2023: 80% TG: 2023: 90% PWID: 60% 2023: 71% of PWID injecting 2+ times in Phnom Penh	4,740,487	4,740,487	14,780,623	81%	



## National Strategy Funding

Cambodia is largely dependent on external funding to implement the national strategy. In 2021 approximately 56.4% of funds required to implement the national strategy will be from external sources. External funding is expected to decline significantly between 2021 and 2023. In 2023 there is an anticipated funding gap of 36.7% of funds available from domestic and external sources and funds required to implement the national strategy. Most funding for key population targeted programs is from external sources. Given that external funding is expected to decline, key population targeted programs are likely to be most impacted.

Funding required and anticipated funding and sources <sup>21</sup>				
	2021		2023	
Total Funding needs for the National Strategic Plan	35,669,388		37,322,219	
Domestic source: Government revenues	7,300,700	20.5%	6,950,824	18.6%
External Resources	20,110,698	56.4%	16,656,623	44.7%
Total anticipated resources (annual amounts)	27,411,208		23,607,447	
Annual anticipated funding gap	8,258,180	23.2%	13,714,772	36.7%

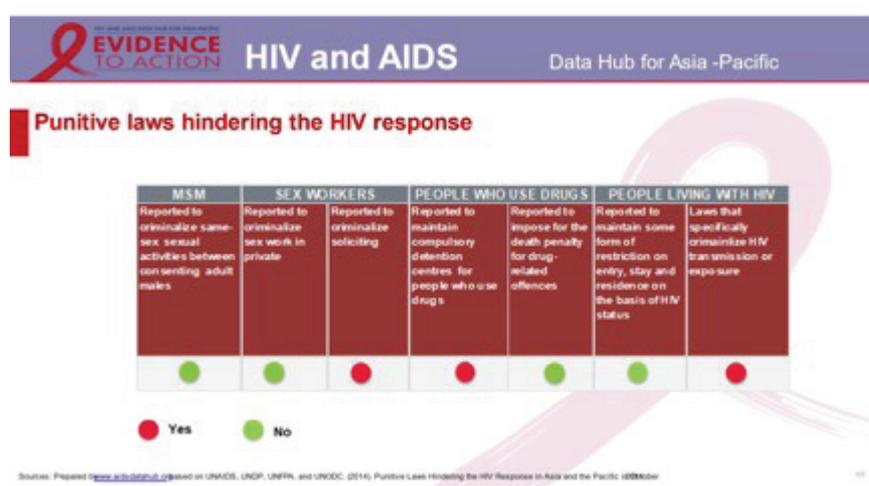
Policy circular Sor Chor Nor (SCN) #213, issued in February 2019, instructs the NAA and relevant ministries to adopt six new policy measures (Annex 1). These include the use of local budgets to support the HIV response and CSOs; social protection, including the Health Equity Fund (HEF), for PLHIV; budget packages for operational districts; supporting referral hospitals and health centers to implement the HIV response; conducting fiscal space for HIV; and increasing the MOH’s efficiency by strengthening human resources, procurement, and information systems <sup>22</sup>

Despite strategy support for domestic funding for KP services and given the increasing funding gap, this may be unlikely. In 2019 less than 10% of service delivery for KPs was government provided. <sup>23</sup>



## Policy Environment in relation to HIV, SOGI and Sexual Behaviour

Expand social protection coverage and improve access to social and legal services is one of four strategies included in the National Strategy. The strategy states: “Legal and other barriers—notably stigma, discrimination, and all forms of criminalization— must be reduced to increase access to HIV services. This is especially true for young people and key populations such as female entertainment workers, men who have sex with men, transgender people, and people who inject drugs.”<sup>24</sup>



Punitive laws related to drug use and sex work contribute to stigma and discrimination against PWID and sex workers. They also create service access barriers for PWID because of the risk of detention.

Reported stigma experienced by PLHIV in Cambodia is relatively low. In a recent study less than 6% of the 1,222 PLHIV who responded to the survey reported experiencing discrimination<sup>25</sup>. Despite the 2011 Ministry of Interior’s Directive stating condoms could not be used as evidence of human trafficking and sexual exploitation to make arrests, police continue to use the possession of condoms as evidence of sex work and regularly raid entertainment venues to harass or arrest FEWs for selling sex.<sup>26</sup>

For LGBTI, while there is no explicit criminalization or discrimination against homosexuality in existing domestic laws and policies, LGBTI Cambodians face discrimination, and abuse and other rights violation due to their sexual orientation and gender identity and expression (SOGIE).<sup>27</sup>



## Meaningful involvement of the Community

Partnership is an underlying principle of the national strategy. “the success of the implementation of the NSP V depends on good coordination between government institutions in active partnerships with nongovernmental/civil society organizations and key populations.”<sup>28</sup> “PLHIV and KPs should participate in key platforms, such as the Country Coordinating Committee of the Global Fund to Fight AIDS, Tuberculosis and Malaria”<sup>29</sup>

The NSP recognises that Civil Society Organisations (CSOs) are necessary service providers to reach KPs (as the government has limited access to KPs), and that “funding reductions in external funding have led many CSOs to scale down activities, which has reduced outreach activities, prevention work with KPs, and follow-up of PLHIV on treatment”<sup>30</sup>. The NSP identifies the need to increase domestic funding to reverse this trend.

1. National AIDS Authority Cambodia (2019). The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023). Moving Toward Ending AIDS as a Public Health Threat by 2025. P9  
2. Ibid. p10  
3. Ibid. p11  
4. Ibid. p21  
5. Ibid. p23  
6. Ibid. p23  
7. Ibid. p27  
8. Ibid. p29  
9. Ibid. p32  
10. Ibid. p33  
11. Ibid. p37  
12. Ibid. p50  
13. Ibid. p9  
14. Cambodia CCM. Funding Request Form Allocation Period 2020-2022 p4  
15. Cambodia CCM. Funding Request Form Allocation Period 2020-2022 p6  
16. Ibid. p7  
17. UNAIDS 'AIDSinfo' <https://kpatlas.unaids.org/dashboard> (accessed June 2021)  
18. <https://www.aidsdatahub.org/country-profiles/Cambodia> (accessed May 2021)

19. Cambodia CCM. Funding Request Form Allocation Period 2020-2022 p11  
20. Ibid. p19  
21. Ibid.  
22. Royal Government of Cambodia (RGC). 2019b. Sor Chor Nor (Circular #213). Phnom Penh: Council of Ministers, Royal Government of Cambodia  
23. Cambodia CCM. Funding Request Form Allocation Period 2020-2022 p13  
24. National AIDS Authority Cambodia (2019). The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023). Moving Toward Ending AIDS as a Public Health Threat by 2025 p11  
25. National AIDS Authority Cambodia (2019). The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023). Moving Toward Ending AIDS as a Public Health Threat by 2025 p36  
26. Cambodia CCM. Funding Request Form Allocation Period 2020-2022 p18  
27. Ibid. p19  
28. National AIDS Authority Cambodia (2019). The Fifth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (2019-2023). Moving Toward Ending AIDS as a Public Health Threat by 2025 pV  
29. Ibid. p17  
30. Ibid. p18