



SENATE



NATIONAL
ASSEMBLY

Cambodian Parliament

**Parliamentary
Handbook on HIV
and AIDS**

FOREWORD

The Cambodian Parliament, through the specialized Commissions of the two Houses of the Senate and the National Assembly has played an important role in the efforts to combat HIV/AIDS in Cambodia. The two Commissions on Public Health¹ have disseminated information on HIV/AIDS to the public, disseminated important information regarding the Law on the Prevention and Control of HIV and AIDS, and continue to provide important advocacy vis-à-vis prevention, care and treatment.

Cambodia is known throughout the world as having halved the rate of HIV in its population. The Royal Government of Cambodia under the leadership of Samdech Akka Moha Sena Padei Techo Hun Sen, Prime Minister of the Kingdom of Cambodia, has been instrumental in causing the more than halving of HIV in Cambodian adults from a HIV prevalence rate of 2.3% to under 0.9%. The new estimates show that HIV prevalence among adults aged 15 to 49 decreased to an estimated 0.7% in 2009 from 2% in 1998. Furthermore, nearly everyone who is HIV positive is receiving the AIDS treatment they need due to the efforts of the Royal Government of Cambodia and its partners. The commitment and efforts of the Government, in collaboration and with the support of the donor community and civil society who have been instrumental allies have achieved the successful fight against HIV. Yet the epidemic is far from over and entertainment workers and their male clients, men who have sex with men and drug users/intravenous drug users are still at high risk for getting HIV and spreading it to the general population.

This handbook is another tool in the fight against HIV/AIDS in Cambodia. It is hoped that the Parliamentarians, their staff and their constituents can benefit from its description of

1 Commission 8 on Public Health, Social Work, Veterans, Youth, Rehabilitation, Labor, Vocational Training and Women's Affairs

HIV/AIDS as a disease, how it is transmitted and the success that Cambodians have had in containing HIV/AIDS. Most importantly, the handbook describes what Parliamentarians can do to assist in the combating of HIV/AIDS.

The Parliament of Cambodia recognizes that the task cannot be achieved through the specialized commissions alone, rather all Cambodian Legislators should be charged with disseminating information, providing leadership and advocacy to the Cambodian people on HIV/AIDS. I hope this Handbook will enable each and every Member of the National Assembly and the Senate to participate in the battle to keep HIV/AIDS at bay.

Phnom Penh, 11th November 2009



H.E. Mrs. Khloth Tongphka
Chairwoman, Commission 8
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Finally, the Cambodian Parliament would like to acknowledge that the production of this Handbook was a joint effort between the Parliament and its partners and to thank the UNDP Legislative Assistance Project and UNAIDS for their financial support of this project and their continued commitment to supporting the capacity building of the Parliament of Cambodia.

Phnom Penh, 10th November 2009



H.E. Leng Peng Long
Secretary General of
the National Assembly



H.E. Oum Sareth
Secretary General of
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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
ANC	Ante Natal Care
ART	Anti-retroviral Therapy
ARV	Anti-retrovirals
BSS	Behavioral Surveillance Survey
CBO	Community-Based Organization
CMDG	Cambodian Millennium Development Goal
CoC	Continuum of Care
CSO	Civil Society Organization
CPN+	Cambodian People Living with HIV Network
DFSW	Direct Female Sex Worker
DOTS	Directly Observable Treatment – Short Course
DU	Drug User
EW	Entertainment Worker
FBO	Faith-Based Organization
FHI	Family Health International
FSW	Female Sex Worker
HACC	HIV/AIDS Coordinating Committee
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
IDFSW	Indirect Female Sex Worker
IDP	Internally Displaced People
IDU	Intravenous Drug User
IEC	Information, Education and Communication
IPU	Inter-Parliamentary Union

KHANA	Khmer HIV/AIDS NGO Alliance
MARP	Most at Risk Population
MP	Member of Parliament
MSM	Men who have Sex with Men
NAA	National AIDS Authority
NCHADS	National Center for HIV/AIDS, Dermatology and STDs
NGO	Non-Governmental Organization
OI	Opportunistic Infection
OVC	Orphans and Vulnerable Children
PLHIV	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
VCCT	Voluntary Confidential Counselling and Testing

Why do we need Parliamentary Action on HIV and AIDS?

The success of the Cambodian HIV and AIDS response is well documented and most certainly deserves the praise it has received. However, it is also well known that the Cambodian epidemic is evolving and placing new and progressively more complicated demands on the country. In light of these trends and those that are yet to emerge, Parliamentarians must play a central role in the Cambodian response by showing strong and determined leadership.

Leaders and all Parliamentarians, not solely those within the **Commission on Health, Social Affairs, Veteran, Rehabilitation, Vocational Training, Labor, and Women Affairs**, known as **Commission 8**, have a responsibility to the Cambodian public to demonstrate that speaking out about AIDS should be a point of pride. As leaders, they must abandon rhetoric and begin to take responsibility and act to promote rights-based and evidence-informed responses to HIV and AIDS to achieve universal access to prevention, treatment, care and support for all. There is nothing more effective in capturing public opinion than leaders demonstrating that they are engaged in the response.

As leaders, Parliamentarians can do the following:

Strengthen the Parliamentary focal point for HIV and AIDS; i.e. Commission 8;

Advocate for supportive HIV and AIDS legislation, policies and budgetary allocations that protects human rights and advances effective prevention and care initiatives;

Give top priority to protecting the people most vulnerable to HIV and people living with HIV and AIDS;

Advocate for effective HIV and AIDS services: VCCT, PMTCT, ART, education and prevention;

Arm constituents with up to date prevention information and disseminate where to access HIV and AIDS services.

Unlike any other contemporary pandemic, HIV and AIDS cannot be seen as merely a health concern for a population. Governments must recognize the complex economic, social and humanitarian pressures that come with a maturing and evolving epidemic. Without this recognition Cambodia may see the successes of the past quickly erode.

Without leadership, achieving access to accurate and culturally appropriate information, mobilizing communities, and improving the enabling environment will be more difficult. Parliamentary oversight can yield dividends not only in reaching out to constituents to raise awareness about HIV and AIDS and awareness-raising about the relevant law, but also in their oversight capacity to ensure drugs, services and education are reaching their intended recipients. Cambodians with direct experience with HIV - that is, living with or caring for someone with HIV and AIDS – are an excellent resource for Members of Parliament and should be included in all aspects of the national response.

This handbook will reinforce the work, outlined below, of the Cambodia National Assembly and Senate in response to the epidemic, in which they have been engaged since 2006 with the support of UNAIDS and UNDP.



Members of Parliament distribute the HIV and AIDS Law leaflet to people in Svay Rieng Province during their oversight visit in October 2006.

Members of the National Assembly and Senate Commissions on Health, Social Affairs, Veterans', Rehabilitation, Vocational Training, Labor, and Women's Affairs, that is, Commission No.8, have disseminated The Law on the Prevention and Control of HIV and AIDS, passed in 2002, during provincial oversight visits. Through these visits, Parliamentarians have provided input to the adaptation of the Law that has been widely disseminated to constituents. In addition, they have participated in dialogues and discussions with provincial leaders and communities giving insight on emerging issues, such as stigma and discrimination, universal access to treatment and prevention services, and implementation of the HIV and AIDS Law.

It is vital, as the epidemic evolves and new laws emerge and older ones become amended, that Members of Parliament continue educating their constituents and become advocates

for the intended meaning and impact of the laws. Leaders must lead by example. By becoming engaged in fostering public participation and working with people living with HIV, with networks concerned with HIV and AIDS, and with members of key populations, they can improve democracy and oversight of the response to the epidemic.



The First Lady Madame Bun Rany Hun Sen (right) receives a letter of recognition at the Asia Pacific Leadership Forum (APLF) Champion from UNAIDS Regional Support Team and APLF in November 2006.

Parliamentarians who wish to initiate work on HIV should begin by reviewing their national policy and procedures to ensure that they protect and promote the HIV-related human rights of their constituents. Reviews of policy documents and discussions with all beneficiaries to this process with PLWHA networks, NGOs and multilateral organizations like the Cambodian People Living with HIV Network (CPN+), the National MSM Network, Women's Network for Unity, Khmer HIV/AIDS NGO Alliance (KHANA), Cambodia Community of Women Living with HIV/AIDS (CCW) and HIV/AIDS Coordinating Committee (HACC), are all beneficial to this process. *For a list of relevant HIV and AIDS policies and legislation, please see Annex B.

Development of the HIV and AIDS Handbook

Since 2006, with support from UNAIDS, UNDP, and others Parliamentarians have increased their understanding of the HIV response and of their role in supporting the scaling up of the response. While Cambodia has achieved enormous success in reducing HIV prevalence to 0.9 percent, it is still important for Members of Parliament to understand the epidemic, the scale up towards achieving universal access to prevention, care and treatment, and the role of Parliament in the changing epidemic. It is necessary to support the capacity and knowledge of Parliamentarians and their role as leaders in their communities in general.

It is important that Parliamentarians have a basic understanding of HIV so that they can have greater ability to provide effective oversight. They should understand that they have a responsibility to strategically increase governmental and donor resources dedicated to the epidemic. As these resources increase, so does their role and that of the National Assembly in providing effective oversight.

The overall objective of the handbook is to increase Parliamentarians' understanding of the Cambodian epidemic, enabling them to respond more effectively through their work at the national policy and legislative levels. Additionally, it will enhance MPs' ability to respond more effectively at the constituency level, as they will play a more effective representational and oversight role and respond to the needs of their constituents by delivering key messages and associated information and ensuring the availability of services.

In particular, the handbook hopes to do the following:

Provide political leaders with a working knowledge of the main HIV and AIDS issues and interventions in Cambodia to facilitate informed, open, non-prejudiced and non-discriminating communication concerning the epidemic;

Engage MPs from all branches of government to expand their active participation in the national response;

Help political leaders confront silence, stigma and denial;

Help political leaders make prevention interventions as fundamental as treatment and care for people with HIV and AIDS;

Assist political leaders to monitor and evaluate HIV and AIDS interventions,

Members of the Cambodian Parliament will be provided with this user-friendly resource that will present a snapshot of information that the Members need to know about the epidemic, its causes, the responses and their roles and responsibilities. It will capitalize on their important leadership role and engage Parliament in the response to the HIV epidemic in Cambodia.

Parliamentarians, as the main users of the handbook, should recognize the dynamic nature of HIV, and the similarly dynamic nature of the programmes and activities that are being devised to combat it. They should not, therefore, consider the contents of the handbook as static, but should realize that the handbook requires regular updates, especially with respect to the statistics presented.

Facts about HIV and AIDS²

What is HIV?

HIV stands for **H**uman **I**mmunodeficiency **V**irus.

It is the virus that causes AIDS.

Are some people at greater risk of HIV infection than others?

HIV does not discriminate. It is not who you are, but what you do, that determines whether you can become infected with HIV.

How do I know if I'm infected?

Immediately after infection, some people may develop mild, temporary flu-like symptoms or persistently swollen glands. You may be infected even if you look and feel healthy. The only way to know your HIV status for sure is to be tested for HIV antibodies. These are proteins that the body produces in an effort to fight off infection. This usually requires a blood sample. If a person's blood has HIV antibodies, it means the person is infected.

Is there a vaccine to prevent HIV infection?

Despite continued intensive research, experts believe it will be at least a decade before we have a safe, effective, and affordable AIDS vaccine. And even after a vaccine is developed, it will take many years before the millions of people at risk of HIV infection worldwide can be immunized. Until then, other HIV prevention methods, such as practicing safer sex and using sterile syringes, will remain critical.

2 The following facts were taken directly from The Body: The complete HIV/AIDS resource, available at; <http://www.thebody.com/index/whatis/basics.html>

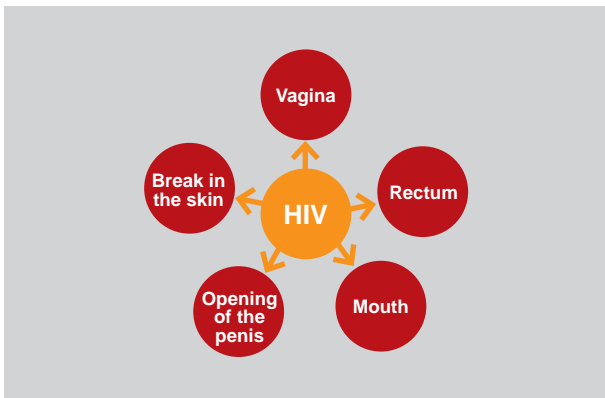
Can you tell whether someone has HIV or AIDS?

You cannot tell by looking at someone whether he or she is infected with HIV or has AIDS. An infected person can appear completely healthy. But anyone infected with HIV can infect other people, even if they have no symptoms.

How is HIV transmitted?

A person who has HIV carries the virus in certain body fluids, including blood, semen, vaginal secretions, and breast milk. The virus can be transmitted only if such HIV-infected fluids enter the bloodstream of another person.

This kind of direct entry can occur through:



HIV is usually transmitted through:

Unprotected sexual intercourse, vaginal or anal, with someone who has HIV.

Women are at greater risk of HIV infection through vaginal sex than men. Anal sex, whether male-male or male-female, poses a high risk mainly to the receptive partner, because the lining of the anus is extremely thin and filled with small blood vessels that can be easily injured during intercourse.

Intravenous injection with a syringe.

Heroin use is on the rise in Cambodia, with the majority of users administering it through injection.

Mother-to-child transmission

Through breast-feeding, infection during pregnancy or as a result of childbirth.

How is HIV not transmitted?

The virus is not spread through air, water or casual contact or in the course of any of the following activities:

Shaking Hands

Hugging

Coughing

Sneezing

Sharing toilets or latrines

Sharing food

Insect bites

Using public swimming pools

What is AIDS?

AIDS stands for **Acquired Immune Deficiency Syndrome**:

- Acquired means you can get infected with it.
- Immune Deficiency means a weakness in the body's system that fights diseases.
- Syndrome means a group of health problems that make up a disease.

What are Opportunistic Infections?

Opportunistic infections (OI) are bacterial, viral and fungal infections that HIV-positive people can get, including tuberculosis, pneumonia, meningitis, herpes, thrush and chronic diarrhea³.

Differences between HIV and AIDS

HIV

Virus

One may not know that they have HIV until an HIV antibody test

It affects the white blood cells thus reducing immunity in the human body

Many people have HIV, who look and feel healthy, without AIDS

Can be avoided

Is not treatable

AIDS

Group of diseases as a result of HIV infection

Can suspect to have AIDS on the basis of the major and minor symptoms

Reduced immunity causes common opportunistic infections

One must have HIV in order to develop AIDS

Cannot be avoided once infected with HIV

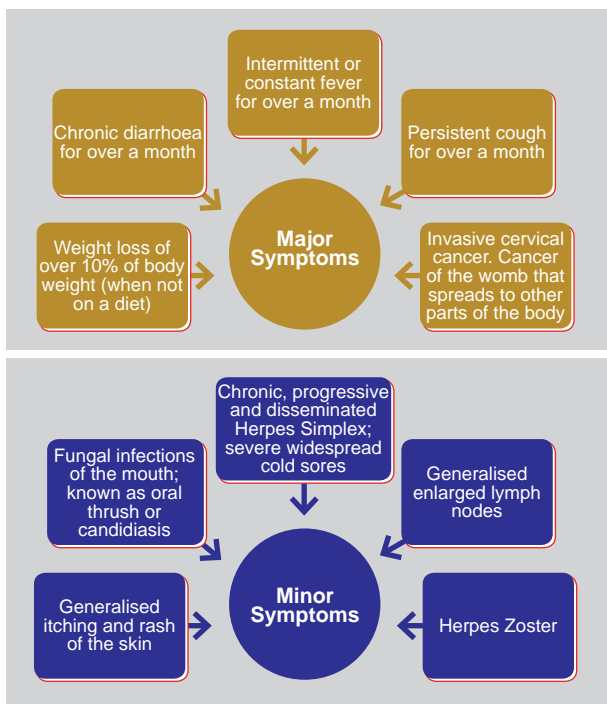
Opportunistic infections can be treated with or without anti-retroviral drugs

High level of stigmatisation when signs and symptoms emerge

How quickly do people infected with HIV develop AIDS?

A person is diagnosed as having AIDS when the immune system eventually collapses due to HIV. Infected persons without anti-retroviral therapy may remain healthy for a period ranging from two to 15 years or longer depending on their health status and body immunity. As with most diseases, early medical care can help prolong a person's life.

Signs and symptoms of AIDS for adults



Is there treatment for HIV infection and AIDS?

For many years, there was no effective treatment for AIDS. Today, a number of drugs are available to treat HIV infection and AIDS. Some of these are designed to treat the opportunistic infections and illnesses that affect people with HIV and AIDS.

There are several types of drugs that seek to prevent HIV itself from reproducing and destroying the body's immune system. Many HIV patients take these drugs in combination. This regimen is known as Highly Active Anti-retroviral Therapy (HAART), or as Anti-retroviral Therapy (ART) or as Anti-Retrovirals (ARVs). When taken as directed, treatment can reduce the amount of HIV in the bloodstream to very low levels and sometimes enable the body's immune cells to rebound to normal levels.

Is it true that people can be HIV-positive and not develop AIDS?

Speculation that HIV does not cause AIDS has in part been fueled by the existence of groups of individuals who have been HIV-positive for many years without progressing to AIDS. In fact, the course of HIV infection and the development of AIDS varies among individuals. About 5 percent to 10 percent of HIV-positive individuals develop AIDS symptoms very rapidly during the first years of infection, and about the same proportion remain infected with HIV for 15 years or more without progressing to AIDS. But on average, AIDS symptoms develop approximately eight to 10 years after initial HIV infection in people who do not receive Anti-retroviral Therapy (ART).

HIV, AIDS and Sexually Transmitted Infections (STIs)

Having an STI can increase your risk of acquiring and transmitting HIV. It is precisely because of this strong mutual relationship between the HIV/AIDS epidemic and STIs that

all patients with STIs should be encouraged to attend HIV Voluntary Confidential Counselling and Testing (VCCT). STIs are predominantly transmitted through sexual intercourse via the mucous membranes and secretions of the sexual organs, throat and rectum. STIs can also be transmitted vertically from an infected mother to the newborn baby, for example HIV, syphilis and gonorrhoea.

Where there are breaks in the skin, HIV can enter and exit the bloodstream more easily. But even when there are no breaks in the skin, STIs can cause biological changes, such as the swelling of tissues, which may make HIV transmission more likely.

HIV-infected persons are more susceptible to infection with other STIs and, if co-infected, may experience them in an unusually severe manner over a protracted period of time.

Overview of the Epidemic

Current Estimates: Global⁴

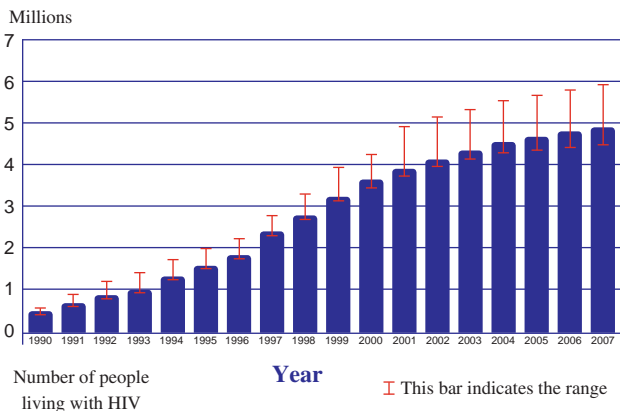
Globally, there were an estimated 33 million people living with HIV in 2007.
Adults – 30.8 million
Women – 15.4 million
Children under 15 years – 2.1 million
The annual number of new HIV infections declined from 3 million in 2001 to 2.7 million in 2007.
Adults – 2.1 million
Children under 15 years – 420,000
Overall, 2 million people died due to AIDS in 2007, compared with an estimated 1.7 million in 2001.
Adults – 1.7 million
Children under 15 years – 290,000
Women account for half of all people living with HIV worldwide. Young people aged 15–24 account for an estimated 45 percent of new HIV infections worldwide.
An estimated 370,000 children younger than 15 years became infected with HIV in 2007.
Globally, the number of children younger than 15 years living with HIV increased from 1.6 million in 2001 to 2 million in 2007.

Asia

In Asia, an estimated 5 million people were living with HIV in 2007, including the 380,000 people who were newly infected.

⁴ UNAIDS, Report on the Global AIDS Epidemic, 2008.

Estimated number of people living with HIV in Asia, 1990–2007⁵

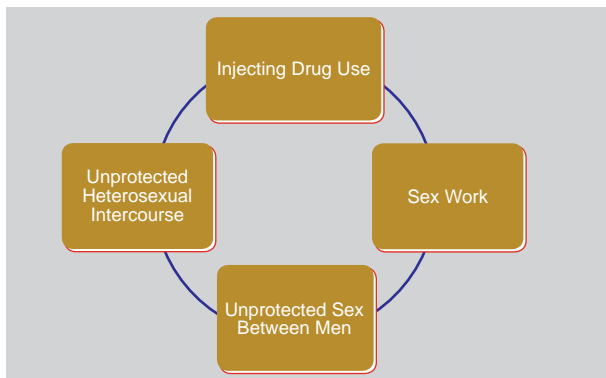


An estimated 9 million Asians have been infected with HIV since it first appeared in the region more than 20 years ago. Approximately 2.6 million men, nearly 1 million women and almost 330,000 children have died of AIDS-related diseases⁶. Within Asia, Southeast Asia has the highest national HIV infection levels, where there are diverse epidemic trends. The modes of HIV transmission summarized below make Asia's epidemic one of the most diverse in the world.

⁵ UNAIDS, Epidemiologic Slides, 2007.

⁶ Report of the Commission on AIDS in Asia, 2008. Redefining AIDS in Asia; Crafting an Effective Response, Oxford University Press, New Delhi.

High Risk Modes of Transmission in Asia



As few Asian women have sex with more than one partner, the cycle of infection usually ends with this group, with the exception of mother-to-child transmission. Therefore it is very unlikely the epidemic will sustain itself among the general population if these trends of transmission - namely commercial sex, injecting drug use and sex between men – are adequately addressed. If prevention efforts are effectively targeted towards these trends, Asia could reduce its HIV transmission and in time control the epidemic⁷.

The Cambodian Context

“Cambodia provides evidence that well focused and sustained prevention efforts can help reverse an HIV epidemic”⁸.

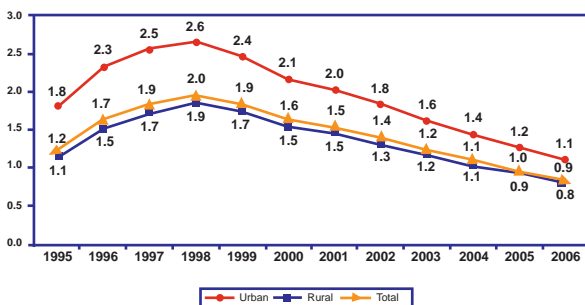
So far the handbook has explained the HIV and AIDS epidemic globally and within Asia, but what of the Cambodian context?

7 Report of the Commission on AIDS in Asia, 2008. Redefining AIDS in Asia; Crafting an Effective Response, Oxford University Press, New Delhi.

8 UNAIDS, AIDS Epidemic Update Asia Regional Summary, 2007.

Cambodia is what is described as a mature and concentrated epidemic. Nationally, HIV prevalence (the percent of people in a specified age group currently infected with HIV) fell to an estimated 0.9 percent among the adult (15–49 years) population in 2006, down from the revised estimates of 1.2 percent in 2003 and the peak of 2 percent in 1998. This means that almost 1 in 100 Cambodians is living with HIV. Among ASEAN countries, Cambodia has the third highest prevalence, behind Thailand and Myanmar⁹.

Estimated HIV Prevalence among General Population aged 15-49 years old¹⁰.



The fall in HIV prevalence can be attributed to AIDS-related mortality (loss of life), combined with a suspected drop in the incidence (number of new HIV infections), that is estimated to have begun in the late 1990s. Prevention programs put in place by the Royal Government of Cambodia and its partners have ensured that there has been no resurgence of infection rates. Especially important have been those prevention initiatives aimed at reducing HIV transmission during transactional sex. Over the past decade, through initiatives like the 100 percent

9 UNAIDS, AIDS Epidemic Update Asia Regional Summary, 2007.

10 National Center for HIV/AIDS Dermatology and STD, HIV Sentinel Surveillance (HSS) 2006 slides, 2008.

condom use programme (CUP), condom use during paid sex in brothels has increased significantly¹¹.

HIV and AIDS Demographics in Cambodia, 2008¹²

HIV Prevalence Rate	0.9%
People with HIV	71,000
Adults	67,200
Women	34,944
Children	3,900
New Infections	1,350
AIDS Deaths	16,000
Services:	
Government Specialised Sexually Transmitted Infection Clinics	32 (in 21 provinces)
NGO Specialised Sexually Transmitted Infection Clinics	22
Government Voluntary & Confidential Counselling and Testing Sites	190
NGO Voluntary & Confidential Counselling and Testing Sites	22
ART and Opportunistic Infection Health Facilities	51 (in 20 provinces)
HIV Support Groups	912 (in 15 provinces)
People receiving Anti-Retroviral Therapy (ART):	
Adults	28,932
Children	3,067

11 UNAIDS, AIDS Epidemic Update Asia Regional Summary, 2007.

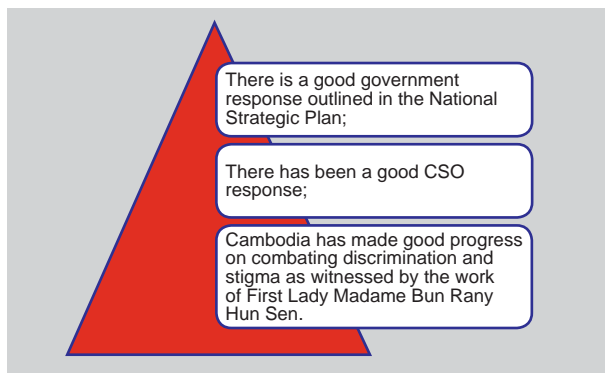
12 National AIDS Authority Cambodia, 2008. HIV/AIDS Media Guide & National Center for HIV/AIDS Dermatology and STD, Fourth Quarterly Comprehensive Report, 2008. HIV/AIDS & STI Prevention and Care Programme.

If current initiatives are sustained, projections indicate that HIV prevalence will further decline and perhaps stabilize at 0.6 percent by 2011. However, a resurgence of the epidemic cannot be ruled out, as there is a risk of a second-wave of HIV infections among most at risk populations (MARPs), including female sex workers (FSW), their clients and other sexual partners, as well as men who have sex with men (MSM) and intravenous drug users (IDU)¹³.

As the data above demonstrates, Cambodia is one of few countries that have made progressively positive steps in combating the epidemic. But what are the major reasons why Cambodia has been successful in reducing the impact of HIV and AIDS?

Reasons For Cambodia's Success

There are three primary reasons for the Cambodia's success:



¹³ National AIDS Authority Cambodia, 2008. UNGASS Country Progress Report; January 2006 – December 2007.

National Strategic Plan

In 2005 Cambodia conducted the Situation and Response Analysis (SRA), to inform the development of the second National Strategic Plan for a multi-sector response to HIV and AIDS for 2006-2010 (NSP II). The NSP II is the single overarching document containing the Royal Government's priority goals and strategies to reduce new infections of HIV; provide care and support to people living with and affected by HIV/AIDS; and alleviate the socio-economic and human impact of AIDS on the individual, family, community and society.

Civil Society Organizations (CSO) and the fight against HIV/AIDS in Cambodia

Partnerships with civil society organizations are essential in the multi-dimensional response for Cambodia. With limited resources available for administrative and technical support in research that builds the body of HIV and AIDS knowledge in Cambodia, Parliamentarians can partner with civil society organizations and HIV service providers who are in a better position to dispense targeted and insightful data from the ground level. When CSOs are involved in the HIV response, as is the case in Cambodia, national response and community involvement are much stronger.



Chairperson of Commission 8 of the National Assembly, H.E Ho Noun (left), presents an award to the winner of the First Cambodia Media and HIV Competition in 2006.

Two priority objectives can be achieved through this collaboration:

Provide greater information and knowledge to these groups on governments policies and programmes; and

Provide feedback on government policies and programmes from these groups to members of parliament, thereby improving oversight of the response to HIV.

The following recommendations can help Parliamentarians establish effective partnerships with civil society¹⁴.

Parliamentary committees can request civil society organizations to testify in budget hearings.

Members of parliament can work with other organizations such as: AIDS service organizations, groups of person living with HIV, women's groups, groups representing key populations such as sex workers, men who have sex with men, people who use drugs prisoners, traditional healers, trade unions, human rights commissions and faith-based organizations.

¹⁴ Inter-Parliamentary Union, UNAIDS and UNDP, 2007. Taking Action Against HIV: A Handbook for Parliamentarians.

Members of parliament can request that a non-partisan NGO assist with the coordination of a parliamentary network/association on HIV in order to ensure non-partisanship in its work.

Members of parliament can identify relevant CSO that can assist committees and individual members of parliament with analyzing bills, motions and draft laws with an HIV lens in order to make relevant amendments.

***Note to Parliamentarians:**

For a comprehensive list of organizations involved in the national HIV and AIDS response please refer to the HIV/AIDS Coordinating Committee (HACC), Khmer HIV/AIDS NGO Alliance (KHANA) and the National AIDS Authority (NAA) HIV/AIDS Media Guide for detailed contact and programme information.

Defeating Stigma and Discrimination

Stigma, silence, discrimination and denial, as well as the lack of confidentiality, undermine HIV prevention, care and treatment, and increase the impact on individuals, families and communities. Stigma devalues and discredits people, generating shame and insecurity. In the context of AIDS, it can fuel the urge to blame and punish certain people or groups, in the process distracting attention from the fact that everyone is at risk.

Stigma and discrimination are harmful because they persuade people to act in ways that directly harm others and further marginalize people who might already be vulnerable to HIV. Together, they are one of the greatest barriers to fighting the epidemic.



First Lady, Madame Bun Rany Hun Sen, on home visit to families of people living with HIV families in the provinces.

It should now be evident that leadership, the use of evidence and a concrete strategy are central components of a successful national response. The following sections of the handbook will provide an explanation of how the epidemic interfaces with men and women differently and what sort of initiatives Parliament should support.

HOW HIV AFFECTS MEN AND WOMEN

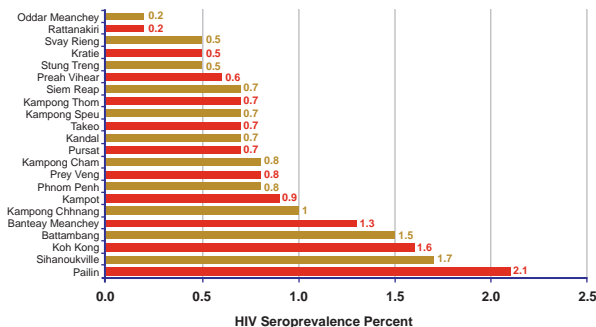
Women

The evidence on the spread and impact of the epidemic indicates that women are disproportionately exposed to risks of HIV infection. Globally, HIV infection rates are growing fastest among women due to a variety of factors, including biological and socio-economic circumstances.

National responses to HIV generally gather data of sentinel groups to gauge the HIV incidence and prevalence within the country. The data allows for national HIV and AIDS authorities

to target their response where it is most needed.

The following chart describes the HIV seroprevalence, by province, among women receiving Ante Natal Care (ANC) in Cambodia¹⁵.



In 2006, 52 percent of infected people in Cambodia were female. In 2001, the Ministry of Health stated that HIV transmission in Cambodia was fueled by large numbers of both married and single men who engaged in purchasing commercial sex. The National AIDS Authority estimated that nearly 20,000 men buy sex every day in Cambodia¹⁶.

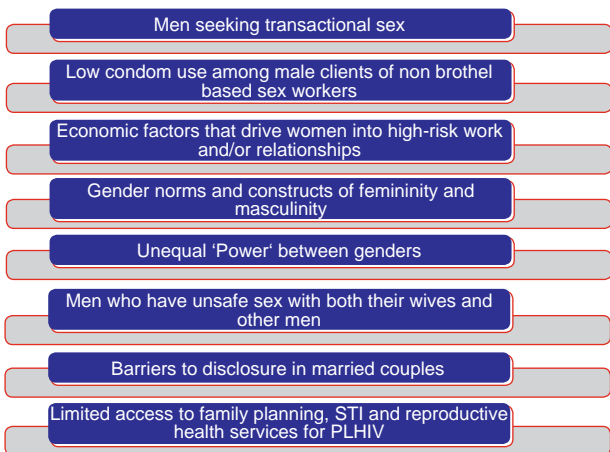
Additionally, in 2006 and 2007, Family Health International (FHI) and Population Services International (PSI) began to implement targeted research projects among high-risk men, entertainment workers and their clients. These informative studies shed light on how men's social behaviour and sexual decision-making victimizes women. As a consequence of their behaviour, these men are responsible for the spousal transmission that resulted in today's high HIV rates among non-high risk women.

¹⁵ National Center for HIV/AIDS Dermatology and STD, HIV Sentinel Surveillance (HSS) 2006 slides, 2008.

¹⁶ National AIDS Authority Cambodia, 2008. HIV/AIDS Media Guide.

Key findings include the variety of sexual partners among men and their lack of consistent condom use with sweethearts and spouses. The line between who is deemed a commercial partner and who is a sweetheart is often not clear, with commercial partners becoming sweethearts as the relationship matures. Condom use amongst commercial partners is nearly universal and demonstrates the success of past programming¹⁷.

Spousal transmission is driven by¹⁸



17 Family Health International and Population Services International, Informed Decisions; Recent Evidence Provides Programmatic Guidance for HIV Prevention Interventions in Cambodia, 2008.

18 UNAIDS, Preventing Spousal Transmission of HIV in Cambodia: A Rapid Assessment and Recommendations for Action, 2009.

What can Parliamentarians do?

Help people understand how gender-based inequality, poverty and discrimination put women at greater risk to HIV;

Emphasize throughout your constituents the crucial role of men and adolescent boys in fighting gender inequalities and changing how they view and treat women and girls;

Utilize your influence to advance policies, laws and budgetary allocations for women-friendly health, social and HIV support services for themselves and their children, including: Voluntary and confidential counselling and testing, family planning, reproductive health, ART and PMTCT;

Influence legislation towards strategies and programmes that promote economic and educational opportunities for girls and women are core components of all national HIV prevention and mitigation strategies, including: microcredit, skills training, literacy, secondary and vocational education;

Increase the representation of women as MPs and women's issues in parliament.

Men

To date, Cambodia has had little direct data on sero-prevalence among men apart from policemen, who have been the constant within the national surveys. In 2003, NCHADS estimated that 2.7 percent of Cambodian policemen were HIV positive nationwide. An additional behavioral surveillance survey found that 25 percent of men between the ages of 20 and 25 years had visited a sex worker over the previous year. Within this group, 20 percent did not use a condom. The survey, covering five provinces, found that 40 percent of men in their early thirties did not use condoms with sex workers¹⁹.

Behavioral Sentinel Surveillance of NCHADS (2006) and Tracking Surveys among Karaoke Women with Sweethearts &

¹⁹ National AIDS Authority Cambodia, 2008. HIV/AIDS Media Guide.

Sexually Active Men with Sweethearts (SAMS), by PSI (2007) reveal that high risk men continue to act as a bridge in HIV transmission to their wives and other partners. PSI found that only 48 percent of SAMS reported always using condoms with sweethearts in the previous three months.

Gender inequities continue to fuel sexual transmission. A study in 2005 by CARE on Workplace Harassment of Beer Promoters found that 1000 beer promotion girls suffer from unwanted sexual touching every day in Cambodia.

The major impediment to prevention of spousal transmission is the difficulty of achieving significant levels of condom use in marriage. For this reason, prevention programmes have concentrated on making extra-marital sex safer through prevention programmes targeting sex workers. There is a growing recognition of the need to address responsible male sexual behavior and the issue of gender power imbalances.²⁰

What can men do in the fight against HIV and AIDS?

Because in most societies men play a vital role in the social, economic and political structures, engaging men in the fight against HIV and AIDS is the surest way to change the course of the epidemic at household and community levels.

20 National AIDS Authority Cambodia, 2008. Constraints and Bottlenecks to Reaching Cambodia's Universal Access Targets and Mitigation Measures Framework.

Men in their various roles should be encouraged and supported to:

Talk about sex, alcohol and drug use and AIDS with each other and with their partners and children;

Re-examine the ways in which boys are brought up, how boys should relate to girls, and how men are expected to behave in relation to AIDS;

Reconsider the potential impact of their sexual behavior on their partner and their dependants, including the possibility of introducing HIV into the family and leaving children behind as AIDS orphans;

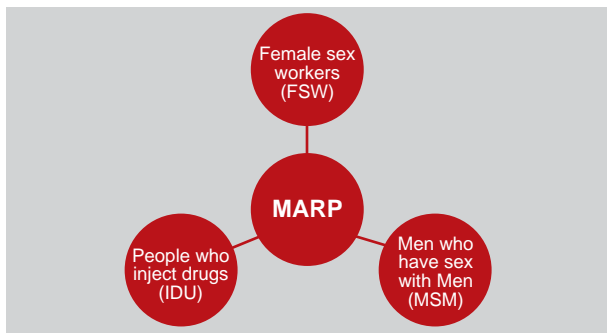
Adopt positive behaviors and to play a much greater part in caring for their partners and families;

Act as role models for their sons and daughters and to talk to them about HIV prevention;

Protect themselves and their partner from HIV infection by having safer sex, through correct and consistent condom use with any sexual partner whose HIV status they do not know.

MOST AT RISK POPULATIONS (MARP)

In Cambodia there are three main Most At Risk Populations.



Female Sex workers are generally categorized in two ways:

Direct Female Sex Worker (DFSW)

Those who are establishment based, i.e. brothels, and provide sex as their primary service.

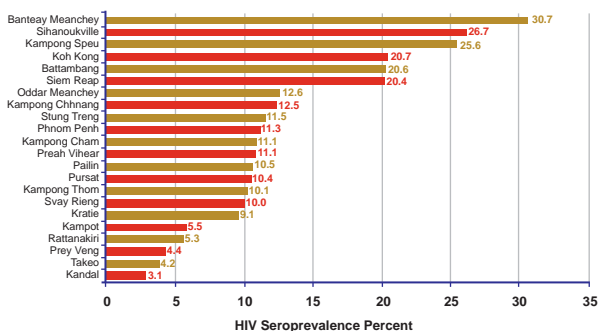
Indirect Female Sex Worker (IDFSW)

Those who MAY provide sexual services and who work generally in the entertainment industry, such as: Karaoke, Massage Parlours, Beer gardens, Restaurants and Night-clubs.

As female sex workers and their clients are one of the main drivers of the HIV epidemic, a significant amount of research has been undertaken in Cambodia on risk behaviour and estimating prevalence rates. The table below, from the HIV Sentinel Surveillance Survey in 2006, demonstrates the HIV prevalence rate among Female Sex Workers (FSW), by province²¹.

21 National Center for HIV/AIDS Dermatology and STD, HIV Sentinel Surveillance (HSS) 2006 slides, 2008.

Provincial Prevalence Rates among Female Sex Workers, Cambodia



The 2007 Behavioural Surveillance Survey (BSS), found that brothel-based and non brothel-based female sex workers are very mobile, with significant overlap between the two groups.

- About 21 percent of Direct Female Sex Workers reported working previously as karaoke workers, while about 8 percent worked as beer girls;
- About 15 percent of beer promoters, beer garden workers and karaoke women reported previously working in brothels.

As discussed above, condom use is generally high with clients of brothel-based workers and beer promoters at 94 percent and 83 percent respectively. With sweethearts, the condom use rate drops to 52 percent for DFSW and 54 percent for beer promoters. Another concern was raised by an FHI survey which revealed that drug use - that is, Yama - was increasing among direct female sex workers (18.6 percent). Use of drugs can significantly impair one's judgement and lead to risky behaviour, that is, lack of condom use.

A notable phenomenon of the Cambodian sex industry is the steady move of brothel-based sex workers to non brothel-based settings, making outreach and targeted prevention programs more complicated. This is especially true today as local authorities and police are implementing the new law on Suppression of Human Trafficking and Sexual Exploitation.

The Law has had an adverse effect on outreach and access of public health services to sex workers, including distribution of condoms, VCCT and treatment of sexually transmitted infections. In addition, service providers have indicated that implementation of the Law has led to the abuse of sex workers and violation of the health rights of other Most At Risk Populations²².

What can Parliamentarians do²³?

Support evidence-informed programmes for sex workers;

Review and reform legal frameworks with the aim of removing all barriers to prevention, treatment, care and support;

Promote the prime HIV prevention message to Entertainment Workers that consistent condom use is the simplest and most effective way to prevent the transmission of HIV between themselves and their clients and regular partners such as boyfriends, sweethearts and husbands;

Advocate for HIV prevention, treatment, care and support programmes for sex workers, by sex workers, as these are proven to be most effective;

Help empower sex workers by controlling their work environment. Sex workers who do not live in fear of police or violent clients have reduced vulnerability to HIV;

22 National AIDS Authority Cambodia, 2008. Constraints and Bottlenecks to Reaching Cambodia's Universal Access Targets and Mitigation Measures Framework.

23 Inter-Parliamentary Union, UNAIDS and UNDP, 2007. Taking Action Against HIV: A Handbook for Parliamentarians.

Speak out against all forms of violence directed at sex workers. Governments have a responsibility to protect their human rights in the context of HIV and AIDS. As members of the populace they must be targeted with the full range of HIV and AIDS services;

Consult meaningfully with sex workers on policy and programmes decisions.

Men who have Sex with Men (MSM)

In Asia, the needs of Men who have Sex with Men (MSM) for the most part have been ignored due to stigma and the reluctance of governments to address and fund targeted risk reduction programming.

What does the term ‘Men who have Sex with Men’ describe?

The term ‘Men who have Sex with Men’ describes a social and behavioral phenomenon rather than a specific group of people. It includes not only self-identified gay and bisexual men, but also men who engage in male-male sex and self-identify as heterosexual, as well as transgender males.

Many men in Cambodia who have sex with men do not regard themselves as homosexual, and many MSM also have sex with women. Complex gender issues, social and legal marginalization and lack of access to HIV information affect how many of these men perceive, or do not perceive, their HIV-related risks. Traditional gender norms of masculinity and femininity contribute strongly to homophobia and the related stigmatization of and discrimination against men who have sex with men and transgender people.

MSM occur in every society and come from all socioeconomic groups. Stigma, discrimination and an unwillingness to categorize themselves as MSM makes it difficult to create programmes that reach this population. These factors also make

it difficult to accurately estimate how many MSM there are in Cambodia. The estimates of MSM in Cambodia range from at least 20,000 men who have identified themselves as MSM to another 140,000 who are “hidden”.

As in other Asian countries, many MSM in Cambodia will take a wife and have children and engage in sex with both males and females. In fact, a KHANA survey found that 56 percent of MSM had sex with both men and women and although the exchange of money or gifts was frequent, only 21 percent saw their sexual encounters as sex work²⁴.

What can Parliamentarians do?

Parliamentarians can support prevention measures for men who have sex with men by ensuring public support for a range of responses aimed at reducing the risk behaviors and vulnerability to HIV of MSM, such as²⁵:

Review laws, policies and practices to assess whether they have been used to harass MSM or to prevent crucial public health information from reaching them;

Repeal laws that criminalize same-sex acts and enact anti-discrimination or protective laws to reduce human rights violations based on sexual orientation;

Demonstrate public commitment for non-discriminatory treatment of MSM by asking governments, national AIDS commissions, community organizations and donors to include MSM in HIV programming and funding;

Demand that national AIDS action frameworks include specific prevention, treatment and care plans for MSM, in particular:

24 National AIDS Authority Cambodia, 2008. HIV/AIDS Media Guide.

25 Inter-Parliamentary Union, UNAIDS and UNDP, 2007. Taking Action Against HIV: A Handbook for Parliamentarians.

- * Training and sensitization of health-care provider, police and military personnel to avoid discrimination against MSM;
- * Development of friendly and supportive health care and social services for MSM providing access to condoms and water-based lubricants;
- * Peer education among MSM, along with outreach programmes by volunteers or professional social or health workers;
- * Safer-sex campaigns and skills training;
- * Provision of education and outreach to female partners of MSM;
- * Programmes tailored to particular subpopulations, such as male sex workers and transgenders.

Drug Users (DU)

Drug abuse is a predisposing factor in HIV transmission because it impairs judgment, often leading to risky sexual behavior. Injecting drug use involving the use of needles and syringes carries even greater risks.

HIV and AIDS control programmes take “harm reduction” and “demand reduction” approaches. They do not condone drug and substance abuse but rather aim primarily at lessening the harm in health, social and economic terms and dissuading people from using drugs in the first place. Where injecting drug use exists, the prime message for safe behaviour before quitting is to avoid sharing syringes.

Estimates of the number of drug users and injecting drugs users in Cambodia are limited by a lack of data. Reports from 2007 state that existing estimates of users range from 6,000 to 40,000, with 600 to 10,000 being injectors.

There is no official estimate of the HIV rate in drug users. Surveys and routine surveillance indicate prevalence rates between 14 percent and 31 percent in injecting drug users (IDU) and 3 percent and 18 percent in non-injecting drug users²⁶.

26 HIV/AIDS Coordinating Committee, DU/IDU and HIV/AIDS Brochure. Year: 01, Vol: 03, July 2008.

At present, there are no government-operated needle/syringe programmes. The only such programme is operated by two small NGOs that are severely under-funded and have restrictive operating hours. Opiate substitution is not available in Cambodia, although pilot programs were slated to begin in late 2009²⁷.

A survey of HIV prevalence among Drug Users by the National Center for HIV/AIDS, Dermatology and STD, was conducted in 2007. The main findings are as follows²⁸:

Drug use has become common in Cambodia since 2000;

One third of IDU reported sharing needles and syringes last time they injected drugs;

One fourth of IDU reported injecting drugs that were dissolved in someone else's blood in the past month;

Needles and syringes exchange program & NGO drop-in centers were second to pharmacies in terms of places where IDU can get clean needles and syringes;

About 50% and 60% of IDU and non-IDU reported having sex right after using drugs, respectively. Among those who had reported having sex, the majority acknowledge that the effect of drugs led to an increase in sexual desire;

Consistent condom use in the past year with regular and non-paid partners remained less than 65%. However, consistent condom use with paid-sexual partners rose to 70%;

About 20% to 30% of DU did not seek care for their last reported STI symptom. For those who sought treatment, pharmacies and NGO clinics were frequently used;

Majority of study participants knew the main modes of HIV transmission. However, less than 50% knew about the availability of ART.

27 National AIDS Authority Cambodia, 2008. HIV/AIDS Media Guide.

28 National Center for HIV/AIDS Dermatology and STD, HIV Prevalence among Drug Users slides, 2007.

What can Parliamentarians do?

Parliamentarians can support a number of measures that provides an environment for reducing the harmful effects of drugs including the reduction of HIV transmission among drug users.

Support prevention and treatment, care and support measures for people who use drugs;

Facilitate access to quality, non-coercive drug treatment programmes, especially opiate substitution therapy with methadone and buprenorphine. Substitution treatment should be available without discrimination based on age, sex, economic status, social circumstances or other similar criteria, including HIV status;

Provide training of health providers to increase familiarity and effective work with people who use drugs;

Train law enforcement personnel to reduce and eliminate harassment of drug users attending programmes;

Provide peer education among people who use drugs, along with outreach programmes by social and health professionals;

Ensure easy access to sterile needles and syringes. In order for needle and syringe programmes to be effective, laws need to endure that all of those involved are protected from arrest. Programmes will fail if users fear that attending programmes activities will lead to their arrest;

Support community action and consult with people who use drugs, support them in claiming their rights to prevention and care, and actively involve them in initiatives related to AIDS and drug use;

Advocate for balanced spending in the national HIV response, ensuring that effective approaches to reducing the spread of HIV through injecting drug use are met.

Major HIV and AIDS Prevention Initiatives

Simply stated, prevention, treatment, care and support for people living with HIV are essential for the success of national programmes. Parliamentarians must support these various initiatives for the continued success of the Cambodian HIV and AIDS response. The following section will explain primary programming and why these approaches are effective in reducing the impact of HIV and AIDS.

Condoms and reducing HIV transmission

Quality-assured condoms are the only products currently available to protect against sexual infection by HIV and other STIs. When used properly, condoms are a proven and effective means for preventing HIV infection in women and men. The success of the 100 percent condom use program (CUP) among sex workers in Cambodia is by far the best example of how effective condoms can be in reducing the risk of HIV transmission among high risk populations

Common condom related questions are as follows:

Can HIV pass through a condom?

Condoms provide an impermeable barrier to viruses such as HIV and sperm. Condoms undergo rigorous testing for holes before they are distributed or sold. If any holes or perforations are found, the condoms are discarded.

Why does UNAIDS promote condom use?

UNAIDS is a strong advocate for condom promotion and distribution because it is a proven fact that condoms can prevent HIV infection during vaginal, anal, or oral sex. There is no other product on the market that can provide such protection.

Are condoms enough?

No. It is essential that all people, including young people, women and girls, have access to the information, education and life skills that enable them to have safe and responsible sexual relationships.

Prevention of Mother-to-Child HIV Transmission (PMTCT)

HIV can pass from the mother to her unborn baby during pregnancy or delivery and can be transferred to the baby by the mother's breast milk. This is usually called mother-to-child transmission of HIV (MTCT)²⁹.

PMTCT is a programme that offers a package of services, including provision of Anti-retroviral Treatment to HIV-positive pregnant women and their babies, to reduce by approximately 70 percent the chances of HIV transmission from the mother to the child. The Cambodian policy on preventing mother-to-child transmission was adopted in 2001³⁰.



Baby being tested as part of the Prevention of Mother To Child Transmission (PMTCT) programme. Picture from FHI.

29 UNAIDS, Fast facts about HIV treatment, 2008.

30 National AIDS Authority Cambodia, 2008. HIV/AIDS Media Guide.

In December 2008, 66 out of 76 Operational Districts had at least one centre providing PMTCT services. A total of 633 HIV-infected pregnant women delivered their babies at PMTCT maternity sites between January and December 2008. Of these mothers, 614 (94.2 percent) accessed ARV drugs. Of 635 infants born to HIV-infected mothers at PMTCT maternity sites from January to December 2008, 622 (98 percent) received ARV prophylaxis³¹.

For newborns, the mother must consider if replacement feeding is a safe, feasible and acceptable long-term option for her and the family. All mothers need access to clear information, support and counseling when making these difficult choices. Of the HIV-infected mothers who delivered at PMTCT maternity sites in 2008, 175 (28 percent) said that they intended to use exclusive breastfeeding and 448 (71.9 percent) said that they planned to use replacement feeding³².

Though the services are relatively inexpensive, several factors can lead to low usage, including lack of trust in the counselors; potential stigma and discrimination from partners, family and society; and distance to the nearest service point³³.

Voluntary Confidential Counselling and Testing (VCCT)

The usual test for HIV is performed on serum, a liquid component of blood. The results can be positive (containing HIV antibodies), or negative (without antibodies). Seroconversion, the development of detectable levels of antibodies following exposure to the virus, can take up to three months, and is known as the window period³⁴. Scaling up access to HIV testing and counseling is paramount as those testing positive can benefit

31 National Center for HIV AND AIDS Dermatology and STD, Annual Report 2008, March 2009.

32 National Center for HIV AND AIDS Dermatology and STD, Annual Report 2008, March 2009.

33 National AIDS Authority Cambodia, 2007. Cambodia Country Profile on AIDS 2006 – 2007; Taking Stock, Looking Forward.

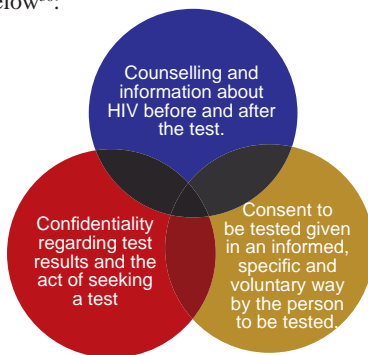
34 National AIDS Authority Cambodia, 2008. HIV/AIDS Media Guide.

from treatment and outreach programs aimed at helping them cope with stigma and discrimination and reducing the risk of transmission to their partners³⁵.



Health Care staff providing Voluntary Confidential Counselling and Testing to a pregnant woman. Picture from FHI.

Three core principles of HIV testing have been established as norms of ethical and sound practice and are outlined in the diagram below³⁶:



35 Inter-Parliamentary Union, UNAIDS and UNDP, 2007. Taking Action Against HIV: A Handbook for Parliamentarians.

36 Inter-Parliamentary Union, UNAIDS and UNDP, 2007. Taking Action Against HIV: A Handbook for Parliamentarians.

The Steps of HIV Testing:

Pre-test HIV counseling is a mandatory and confidential dialogue between a client and a health worker about the HIV test and the possible implications for the client of knowing his/her HIV status.

Post-test HIV counseling is a mandatory and confidential dialogue between a client and the health worker after the test is carried out at which the health worker does the following:

- Discloses and discusses the HIV test result
- Helps clients cope with stress, if they are found to be HIV positive
- Provides appropriate information, support and referral
- Provides HIV positive people with information about the stages of the infection and other opportunistic infections in order to raise clients' awareness of their options for treatment.



Health staff providing Voluntary Confidential Counselling and Testing to a Person Living with HIV/AIDS. Picture from Jim Daniels.

VCCT service providers, counselors and health authorities are duty bound not to disclose an individual's HIV status without their consent. The guidelines for testing in Cambodia can be found in Chapter IV of the Law on the Prevention and Control of HIV and AIDS adopted in 2002. Provisions on confidentiality in relation to testing are located in Chapter VII³⁷.

Treatment: Anti-Retroviral Treatment (ART)

Contemporary drug regimens do not cure HIV infection but they do prevent the development of AIDS. They can stop the virus being made in the body and this stops the virus from damaging the immune system. However, these drugs cannot eliminate HIV from the body, and this is why people with HIV must take antiretroviral drugs continuously.

Current treatments of Anti-retroviral Therapy (ART), which is a combination of various anti-retroviral drugs, can control virus replication in most patients, reducing their HIV virus load in blood. These treatments are not capable of eradicating the virus. Combination ART prevents the HIV virus from multiplying inside a person. If this growth stops, then the body's immune cells – most notably the CD4 cells – are able to live longer and provide the body with protection from infections³⁸.

Once a person starts using ART, he or she must not stop!

The current Cambodian model is based on the Continuum of Care (CoC) programme that reaches out with a full package of care to PLHIV. These CoC have been established in Operational Districts (OD) throughout the provinces that have Opportunistic Infections (OI)/ART sites. To date, 39 ODs have at least one facility that provides ART services³⁹.

37 National AIDS Authority Cambodia, 2007. Cambodia Country Profile on AIDS 2006-2007; Taking Stock, Looking Forward

38 UNAIDS, Fast facts about HIV treatment, 2008.

39 National AIDS Authority Cambodia, 2007. Cambodia Country Profile on AIDS 2006 – 2007; Taking Stock, Looking Forward.

*A person
living
with HIV/
AIDS (PLHA)
receives
Anti-retroviral
Therapy
(ART) as
part of the
Continuum of
Care (CoC)
program.
Picture from
FHI.*



At the end of 2008, a total of 31,999 active patients, including 28,932 adults and 3,067 children, were receiving ART. Of the estimated 30,500 adults in need of ART in 2008 28,932 (90.91 percent) were actually on ART from December 2008.

At the end of 2008, 51 health facilities were offering Opportunistic Infections (OI) and ART services in 20 provinces. These 51 OI and ART services are supported by the Government and by partner NGOs. Adult female patients accounted for 51.82 percent of all active patients on ART. A total of 2,062 OI adult patients and 259 child patients were eligible for ART, though not yet on ART at the end of December 2008⁴⁰.

40 National Center for HIV AND AIDS Dermatology and STD, Annual Report 2008, March 2009.

Although anti-retroviral therapy is not a cure, it reduces and prevents many opportunistic infections and prolongs life. It is recommended to those patients who have reached the clinical stage of AIDS with a CD4 lymphocyte cell count below 200 per mm³ of blood, compared to the normal level of immunity with a CD4 cell count of between 500 and 1500.

Another very important benefit of anti-retroviral therapy is that the amount of HIV virus in a person's body decreases when they are on anti-retrovirals, making the risk of transmission lower. It must be remembered that the virus never goes away even if the patient is being treated and can still be transmitted while the patient is on anti-retrovirals.

The issue with the future of HIV and AIDS care and treatment in Cambodia is the cost of long-term provision of medicines, if there was an absence or a reduction of aid from donors. As the epidemic continues to mature, the Cambodian Government's role will be to ensure long-term funding and political commitments to run the HIV and AIDS programmes⁴¹.

Another issue surrounding treatment is that many Cambodians have yet to accept the idea of caring for people with HIV/AIDS, as many believe that HIV and AIDS are a well deserved punishment for those who have had socially unacceptable sex.

One response to this negative belief is the Home-Based Care (HBC) model, which is designed to provide symptomatic relief to comfort and support patients with life threatening illnesses such as the advanced stages of AIDS. HBC is a critical component of the Cambodian Continuum of Care (CoC) model of AIDS treatment. Home-based and community care are currently being expanded in Cambodia to cope with the increase in the number of AIDS patients. The links between providing HBC and patients staying on their HIV/AIDS treatment are

41 National Center for HIV AND AIDS Dermatology and STD, Annual Report 2008, March 2009.

well established. Basically, good HBC equals good treatment outcomes.



Person living with HIV/AIDS receive Anti-retroviral Treatment as part of the Home-Based Care programme. Picture from FHI.

Impressively, there are 343 Home-Based Care teams in Cambodia. A total of 675 health centers and one health post are linked to HBC teams in 20 provinces within the Continuum of Care. These HBC teams are currently supporting a total of 27,280 people living with HIV⁴².

42 National Center for HIV AND AIDS Dermatology and STD, Annual Report 2008, March 2009.



Community-based worker teaches orphans and vulnerable children about nutrition. Picture from FHI.

Other kinds of care needed by people living with HIV are good nutrition, safe water, basic hygiene and psychosocial support and counseling. If provided together, all of these activities can help maintain a high quality of life for a person living with HIV and also help patients stay on their treatment⁴³.

43 UNAIDS, Fast Facts about HIV Treatment, 2008

APPENDICES

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B: HIV and AIDS Policy and Legislation

The following are the relevant international and national legislation and policies that pertain to the HIV and AIDS epidemic in Cambodia.

International declarations

The UN Millennium Declaration was adopted at the UN Millennium Summit, 6-8 September 2000, in New York. The summit agreed on the Millennium Development Goals (MDG), to be achieved by 2015 in developing countries.

Millennium Development Goals:

- Eradicate extreme poverty and hunger
- Achieve universal primary education
- Promote gender equality and empower women
- Reduce child mortality
- Improve maternal health
- Combat HIV/AIDS, malaria and other diseases
- Ensure environmental sustainability

- Develop a global partnership for development

It is Parliament's duty to ensure achievement of these goals by:

- Allocating adequate resources for prioritized socio-economic development programmes
- Carrying out effective oversight and scrutiny of Government policies to ensure they are pro-poor
- Developing appropriate enabling laws

The *UN Declaration of Commitment on HIV/AIDS* outlines what needs to be done to combat HIV and AIDS. The Declaration, adopted at the **United Nations General Assembly Special Session (UNGASS)** dedicated to HIV and AIDS, 25-27 June 2001, describes, among other things, agreed commitments to combat the epidemic and goals to be achieved within specific time frames. It thus serves as a benchmark for global action, and is useful in guiding and securing action, commitment, support and resources.

- Establishment of national orphan policies
- Voluntary Counselling and Testing accessibility and affordability
- Prevention of mother-to-child HIV transmission
- Legislation to prevent discrimination against people living with HIV and AIDS
- Diagnosis, counselling and treatment of patients with other STI

National Policy

Several very important policies have been established in Cambodia since 2004 that have greatly assisted in shaping

the response to the HIV epidemic. In late 2006, the NAA commissioned the National Policy Assessment and Audit with the intention of ensuring that the national response is guided by appropriate policy. The following policies were taken directly from Cambodia Country Profile on AIDS 2006-2007; Taking Stock, Looking Forward.

Drug Control Master Plan 2005-2010; NACD; Issued in 2005

Joint Statement on Strengthening Care and Treatment Strategies for HIV/AIDS & TB; NCHADS, CENAT, MoH; Issued in March 2005

National Guidelines for the Use of Antiretroviral Therapy in Adults and Adolescents; NCHADS, MoH; Issued in April 2005

National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010; NAA; released in November 2005

Guidelines on the Implementation of the Policy on Religious Response to the HIV/AIDS Epidemic in Cambodia; MoCR; Issued in January 2006

Guidelines for the Management of Occupational Exposure to HIV; NCHADS, MoH; Issued in January 2006

National Strategy for Reproductive and Sexual Health in Cambodia 2006-2010; NRHP, MoH; Issued in February 2006

National Health Policies and Strategies for Tuberculosis Control in the Kingdom of Cambodia 2006-2010; CENAT, MoH; Issued in March 2006

Policy on Alternative Care for Children; MoSVY; Issued in March 2006

Prakas on the Creation of the HIV/AIDS Committee in Enterprises and Establishments and Managing HIV/AIDS in the Workplace; MoLVT; Issued in May 2006

Prakas on Educating Cambodian Workers Going Abroad and their families on HIV/AIDS, Safe Migration, and Labour Rights; MoLVT; Issued in May 2006

School Health Policy; MoEYS; Issued in August 2006

Policies on HIV/AIDS and Prevention in Response to Activities of Public Works and Transport Sectors in the Kingdom of Cambodia; MoPWT, NAA; Issued in August 2006

HACC Strategic Plan 2007-2010; HACC; completed in January 2007

Ministry of National Defense HIV/AIDS Strategic Plan 2007-2010; MoND; Issued in April 2007

MoEYS Workplace Policy on AIDS, Issued in August 2007

Revised Policies

National Policy on Prevention of Mother-to-Child Transmission of HIV; NMCHC, NCHADS, MoH; revised in August 2005

Guidelines for the Prevention of Mother-to-Child Transmission of HIV; NMCHC, NCHADS, MoH; second edition issued September 2005

Policy and legislation for the national response to HIV and AIDS in achieving Universal Access:

- The Technical Need Assessment and Technical Support Plan developed in October 2007.

- The HIV/AIDS Joint Support Program with Operational Plan and Budget 2007-2010.
- In November 2007, the revision of the National Strategic Plan for Multisectoral and Comprehensive response to HIV/AIDS 2006-2010 (NSP II); an update of the Situation and Response Analysis and the revision of the plan for 2007-2010, including the revision of targets for the seven strategic objectives.
- The revised, costed Operational Plan for 2008 for the NSP II.
- The National AIDS Authority started the first dissemination of the National HIV/AIDS Monitoring and Evaluation Guidelines to key counterparts at central level in January 2008.
- The submission of the proposal for the GFATM Round 8 in 2008.
- The participation of Cambodian delegates to UNGASS in June 2008 with the updated Country progress report (January 2006-December 2007) including the National AIDS Spending Assessment (NASA) in 2006; from the contribution of government, civil society organizations, PLHIV and private sector.

Source: National AIDS Authority Cambodia, 2008. Constraints and Bottlenecks to Reaching Cambodia's Universal Access Targets and Mitigation Measures Framework.

Based on the policy assessment carried out in 2007, new policies have been created and old policies are being updated.

National Cambodian Youth Policy; MoEYS

Life Skills Education Policy: MoEYS

National Policy and Priority Strategies for STD Prevention and Control 2006-2010; NCHADS

Guidelines and Policies for Operation of Needle and Syringe Programs in Cambodia; NACD

Clinical Guidelines and Protocols for Methadone Maintenance Services in Cambodia; NACD; in development for completion in mid 2009

National OVC Framework, Standard Operating Procedures and Costed Operational Plan; NOVCTF

MoWA Strategic Plan 2007-2010 and costed Operational Plan; in development for completion in mid 2007

MoLVT Strategic Plan 2007-2011 and costed Operational Plan; MoLVT

National MSM Framework and costed Operational Plan; NAA

Update and costing of MoH HIV/AIDS Strategic Plan 2007-2011; MOH

Update and costing of MoEYS Strategic Plan 2007-2011; MOEYS

National Drug Treatment and Rehabilitation Policy; NACD

Minimum Standards for Residential Drug Treatment and Rehabilitation Centers; NACD

