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# UNAIDS engagement with civil society

## Case study 1: Cambodia

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## INTRODUCTION

This case study discusses engagement by the Joint United Nations Programme on HIV/AIDS (UNAIDS)<sup>1</sup> with civil society in Cambodia. It is one of three case studies<sup>2</sup> in a series of documents responding to a request from UNAIDS Programme Coordinating Board (PCB) for more explicit reporting on resourcing and engagement of civil society [decision 9.6 of the 28th PCB meeting, June 2011].

In 2013, UNAIDS prepared an initial working paper to highlight examples of how the Joint Programme engages with civil society<sup>3</sup>. The document facilitated ongoing dialogue with civil society, including at a UNAIDS multi-stakeholder consultation in October 2013, at which it was agreed to prepare a more in-depth review of UNAIDS engagement with civil society as part of the Mid-term review of the Unified Budget, Results and Accountability Framework (UBRAF) that was presented to the 34<sup>th</sup> PCB meeting in July 2014 as a conference room paper<sup>4</sup>. Another conference room paper, *Concrete actions to address the Programme Coordinating Board decision points related to civil society 2010-2014* was presented to the PCB at its 35<sup>th</sup> meeting in December 2014.

The present document uses the definitions of communities and civil society<sup>5</sup> and partnership principles<sup>6</sup> provided in *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*<sup>7</sup>. It is based on a broad understanding of engagement, that incorporates UNAIDS providing, facilitating and/or mobilizing different types of support (financial, political, technical, etc.) to benefit the role, resources and work of civil society, including groups by and/or for people living with HIV and key populations, including sex workers, gay men and other men who have sex with men, transgender people and people who inject drugs<sup>8</sup>.

The case study focuses on work that took place in Cambodia during 2014. It does not intend to describe the full range of civil society engagement taking place by the UNAIDS Country Office and

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<sup>1</sup> Throughout this case study, the terms 'Joint Programme' and 'UNAIDS' refer to the UNAIDS Secretariat and UN Cosponsor Organizations.

<sup>2</sup> The two other case studies are Zambia and the Middle East and North Africa Region. The synthesis report of UNAIDS engagement with civil society in Cambodia, Zambia and the Middle East and North Africa Region was presented as a Conference Room Paper to the 36<sup>th</sup> meeting of the PCB

<sup>3</sup> [http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/ubraf/20130624\\_UNAIDS\\_WorkingPaper\\_C\\_Sengagement.pdf](http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/ubraf/20130624_UNAIDS_WorkingPaper_C_Sengagement.pdf)

<sup>4</sup> [http://www.unaids.org/sites/default/files/media\\_asset/20140612\\_CS\\_Engagement\\_EN.pdf](http://www.unaids.org/sites/default/files/media_asset/20140612_CS_Engagement_EN.pdf)

<sup>5</sup> The term 'communities and civil society', henceforth referred to as 'civil society', refers to people living with HIV and affected by it, as well as their organizations and networks. It also includes the organizations and networks of: key populations (gay men and other men who have sex with men, people who inject drugs, sex workers and transgender people); migrants and mobile populations; people affected by emergencies, conflicts and other humanitarian events and environments of concern; prisoners and other incarcerated populations; women and girls; young people; people living with disabilities; nongovernmental advocates for human rights; nongovernmental actors in other health and development fields; community-based organizations, networks and coalitions; nongovernmental organizations; nongovernmental civic organizations; trade unions, labour organizations and other worker groups; and faith-based organizations and groups. *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*, Geneva, UNAIDS, 2011.

<sup>6</sup> The principles include: human rights; evidence-informed and ethical responses; people living with HIV as leaders; genuine partnership; equality; country ownership; responsibility of the entire Joint UN Programme on HIV/AIDS; strategic impact; mutual respect, cooperation, transparency and accountability; recognition of the autonomy and diversity of civil society; and complementarity and cost-effectiveness. *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*, Geneva, UNAIDS, 2011.

<sup>7</sup> [UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations, UNAIDS, 2011.](#)

<sup>8</sup> Examples of activities include UNAIDS: funding activities; mobilizing resources for the sector; facilitating meaningful involvement of the sector in decision-making; providing technical support and capacity building; advocating for communities' needs; leveraging resources for community-based services; supporting communication and consultation mechanisms for the sector; promoting the collection and use of community data; and advocating for a rights-based environment. Adapted from: *UNAIDS guidance for partnerships with civil society, including people living with HIV and key populations*, UNAIDS, 2011.

Cosponsors, or the full extent of related challenges and opportunities. Rather, it focuses on key approaches to engagement of particular relevance to the changing environment and of particular use for learning across countries and regions.

The case study was prepared with guidance from the working group on civil society of the UNAIDS Cosponsor Evaluation Working Group (CEWG), which included representatives of the Nongovernmental Organization (NGO) Delegation to the PCB<sup>9</sup>. The case study is informed by the annual reports submitted to the PCB by the NGO Delegation addressing such issues as the impact of reduced funding for civil society<sup>10</sup> and unequal access to treatment for key populations<sup>11</sup>. It also draws on initiatives and reports relevant to UNAIDS engagement with civil society organizations, including: the Fast-Track initiative<sup>12</sup>; the Gap Report; the process to update and extend UNAIDS Strategy for 2016–2021; and the roll-out of the new funding model and development of the new strategy for the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund).

## CONTEXT

Cambodia has been cited as a success in the AIDS response. In September 2010, The Kingdom of Cambodia was presented with the Millennium Development Goals (MDG) Award in the “Government” category for its outstanding national leadership, commitment and progress towards achievement of Goal 6 and particularly in working towards halting and reversing the spread of HIV. Its remarkable achievements include a decline in HIV prevalence (from 2% to 0.7% among adults from 1998 to 2013<sup>13</sup>) and incidence (a 67% reduction between 2005 and 2013<sup>14</sup>). More than two thirds of the country’s 75 000 people living with HIV receive antiretroviral therapy (ART), the highest proportion in the region.<sup>15</sup>

However, the HIV epidemic in Cambodia has not yet ended. New infections still occur, while people living with HIV still have significant unmet needs, especially those from key populations with highest risk of infection, among whom the epidemic remains concentrated. Accordingly, high HIV prevalence is reported among: entertainment workers (14% in 2010); men who have sex with men (2.16% in 2010); transgender people (2.6% in 2010); and people who inject drugs (24.8% in 2012).<sup>16</sup>

The national AIDS response has benefited from strong government leadership and multisectoral partnership as well as strong community engagement. However, it now faces unprecedented and major challenges to its sustainability. International funding has reduced dramatically. The only

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<sup>9</sup> The case study was drafted by an independent consultant. Subsequent additions, modifications and editing was carried out by the UNAIDS Secretariat based on review processes among national and global stakeholders, including the CEWG. The case study was informed by a desk review combined with interviews and focus group discussions carried out with more than 50 stakeholders (from communities, civil society, Cosponsors, UNAIDS Secretariat, international development partners and the Government) during a mission to Cambodia in December 2014.

<sup>10</sup> Report by the NGO Representative, 30th Meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 5–7 June 2012.

<sup>11</sup> Report by the NGO Delegation to the PCB, 33rd Meeting of the UNAIDS Programme Coordinating Board, Geneva, Switzerland, 17–19 December 2013.

<sup>12</sup> *Fast track – ending the AIDS epidemic by 2030*, UNAIDS, 2014.

<sup>13</sup> <https://results.unaids.org/countries/cambodia>

<sup>14</sup> Cambodia commits to stopping new HIV infections by 2020, UNAIDS, 9 December 2014.

<sup>15</sup> Cambodia commits to stopping new HIV infections by 2020, UNAIDS, 9 December 2014.

<sup>16</sup> Cambodia AIDS epidemic model: impact modelling and analysis. Cambodia case study, Khieu Kimlee (national consultant) for National Center for HIV/AIDS and STD, July–October 2014.

remaining large-scale international development partners by the end of 2014 were: the Government of the United States (President’s Emergency Fund for AIDS Relief or PEPFAR), which focuses its support on innovation and technical assistance in the national AIDS response; and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), which covers ART and much of service delivery.

Since 2012, the national HIV health response has been framed by the Cambodia 3.0 Conceptual Framework for Elimination of New HIV

Infections in Cambodia by 2020. This ambitious framework for the third phase of the national response contributes to the goals of the third National Strategic Plan (NSP-III)<sup>17</sup> and the NSP-IV, which is under development in 2015. It emphasizes: improved targeting of HIV prevention services for key populations and for the prevention of mother-to-child transmission (PMTCT); increased access to treatment for all people living with HIV; and strengthened and innovative community-based services through enhanced strategies and approaches (namely the Boosted Continuum of Prevention, Care and Treatment; Boosted Continuum of Care; and Boosted Linked Response). Interventions to improve the enabling environment and mitigate the impact of HIV also remain critical.

In 2014, under the new funding model, Cambodia’s Global Fund contribution for HIV was assessed to be over-allocated. In the absence of new international funding and an expected decrease in existing international development partner contributions, this required funding that was planned for 2014–2015 to be reallocated over four years, until the end of 2017. This implied a need to strictly prioritize interventions, reduce management costs and urgently mobilize domestic funding. In December 2014, the Government of Cambodia made its first domestic allocation to treatment funding, some US\$ 3.7 million for 2015–2017, in addition to its past annual contribution to the national response to HIV of about US\$ 5 million.<sup>18</sup>

#### **Responding to a changed environment**

*“The Government will not allow any successful programme to go bankrupt. The key to the nation’s success against HIV is a concerted effort by everyone, especially people infected and affected by HIV.”*

– Hun Sen, Prime Minister of Cambodia

*“The response has reached a new complex era. Everyone involved in HIV needs to consolidate and sustain the gains, but with much less resources. But it’s also a time of opportunity. All of us, including civil society, need to find ways to work more effectively and efficiently for further impact.”*

– Marie-Odile Emond, UNAIDS country director

<sup>17</sup> The national strategic plan for comprehensive and multisectoral response to HIV/AIDS III (2011–2015) in Cambodia, National AIDS Authority, Kingdom of Cambodia, September 2010.

<sup>18</sup> Cambodia commits to stopping new HIV infections by 2020, UNAIDS, 9 December 2014.

In 2014, Cambodia’s Joint UN Team on AIDS brought together the UNAIDS Secretariat and nine<sup>19</sup> Cosponsors that maintain technical staff with at least partial responsibility for HIV.<sup>20</sup> These are: United Nations Children’s Fund (UNICEF); World Food Programme (WFP); United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); United Nations Office on Drugs and Crime (UNODC); United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); International

<b>Fast Facts: Cambodia's Joint Programme on AIDS</b>	
<b>Joint Programme Expenditure on AIDS in 2014</b>	
Total core UBRAF expenditure:	US\$ 1,704,007
Other Joint UN Programme on AIDS expenditure:	<u>US\$ 6,768,368</u>
<b>Total 2014 AIDS expenditure</b>	<b>US\$ 8,472,375</b>
<b>Total number of staff in the Joint UN Team on AIDS</b>	
18 Staff from Cosponsoring organizations and UNAIDS Secretariat working at 50%-100% on HIV and AIDS	

Labour Organization (ILO); United Nations Educational, Scientific and Cultural Organization (UNESCO); and World Health Organization (WHO). The Joint UN Team on AIDS is operationalised through a Joint Support Programme (2011–2015), which outlines seven joint outcomes<sup>21</sup>, a division of labour, accountability framework and operational plan/budget.<sup>22</sup> The Joint UN Team on AIDS maintains an important role, that of maximizing agencies’ expertise and remaining resources within a coordinated contribution to the national response, looking towards the post-2015 era.

In Cambodia, civil society includes both communities (groups and networks formed by and for people living with HIV and key populations) and national and international nongovernmental organizations (NGOs). All have played and continue to play a critical role in the AIDS response, the former often leading on community mobilization and advocacy and the latter on programme design and implementation. Civil society has pioneered good practice models, such as those for prevention, community-based care for people living with HIV, peer support for key populations and community-led HIV testing. It has also, however, faced persistent challenges, both internal (such as capacity) and external (human rights violations against key populations, including gender based violence). These are exacerbated within the current context: the viability of many groups is severely threatened by dependence on Global Fund resources and demands to ‘do more with less’ while building the sustainability of services.

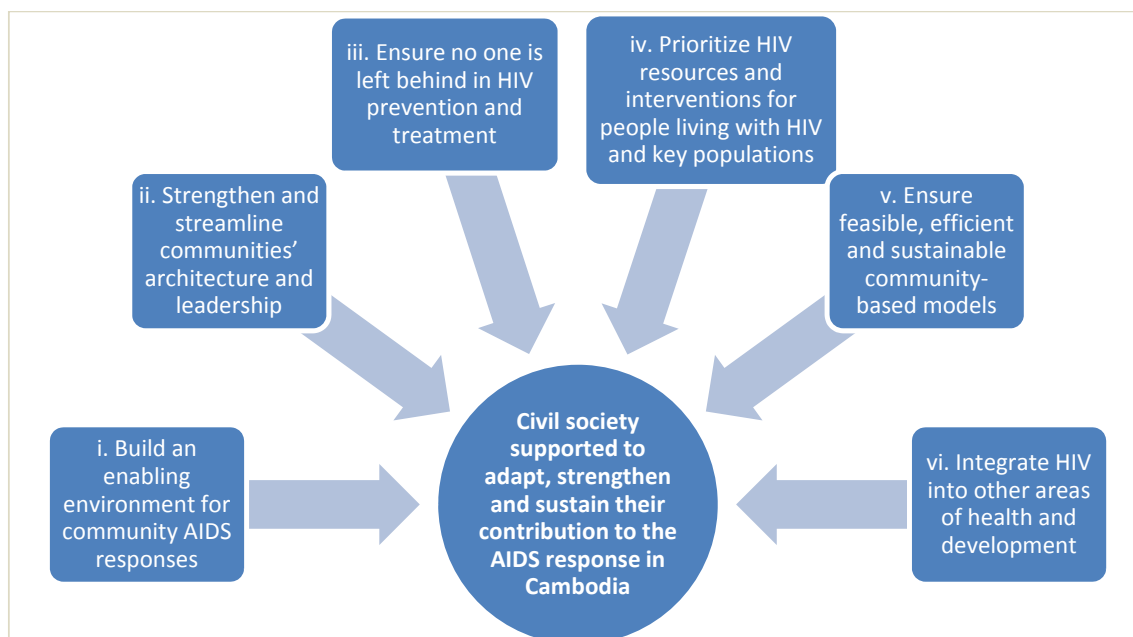
<sup>19</sup> Nine of the 11 Cosponsors have country presence

<sup>20</sup> Fact sheet: Joint United Nations Programme of Support and Team on HIV/AIDS: Cambodia, United Nations in Cambodia, October 2013.

<sup>21</sup> The joint outcomes are: 1 Sexual transmission of HIV reduced, including among entertainment workers, men who have sex with men, and transgender people, including younger cohorts; 2 New HIV infections substantially reduced among people who use drugs; 3 Mother-to-child transmission of HIV virtually eliminated, and AIDS-related maternal mortality reduced; 4 People living with HIV have universal access and utilize a quality HIV treatment and care package, including tuberculosis services; 5 National social protection systems are adapted and strengthened to address the needs of people living with HIV, orphans and vulnerable children, and families affected by HIV; 6 Laws, policies and practices are improved and applied to maximize an effective HIV response, respecting the rights of individuals and communities, especially key populations at risk and people living with HIV; 7 Gender norms, including gender-based violence, are addressed so that the HIV-specific needs of women, girls and transgender people are met.

<sup>22</sup> HIV/AIDS joint support programme and operational plan and budget 2011–2015: Cambodia, United Nations, 2011.

## KEY APPROACHES TO ENGAGE WITH CIVIL SOCIETY



This section focuses on six approaches used by UNAIDS in Cambodia during 2014 to actively engage with and support civil society in the changing AIDS environment:

- i. Build an enabling environment for community AIDS responses
- ii. Strengthen and streamline communities' architecture and leadership
- iii. Ensure no one is left behind in HIV prevention and treatment
- iv. Prioritize HIV resources and interventions for people living with HIV and key populations
- v. Ensure feasible, efficient and sustainable community-based models
- vi. Integrate HIV into other areas of health and development

### **i. Build an enabling environment for community AIDS responses**

The Joint Programme engages with civil society to build an enabling environment for the AIDS response, one that promotes and protects human rights and gender equality for people living with HIV and key populations.

A key example is the work of the ILO on Prakas (proclamation) 194, covering the working conditions, occupational safety and health rules of entertainment service enterprises, establishments and companies endorsed by the Ministry of Labour and Vocational Training in August 2014.<sup>23</sup> This landmark regulation, the first of its kind in the Asia Pacific region, resulted from a partnership fostered by the ILO with its tripartite partners (the ministry, worker and employer organizations, trade unions and community/civil society organizations, including those formed by and/or for entertainment workers). It clarifies the labour law for entertainment workers, providing a tool to

<sup>23</sup> Prakas on working conditions, occupational safety and health rules of entertainment service enterprises, establishment and companies, Ministry of Labour and Vocational Training, Cambodia, August 2014.

alert them to their rights and improve relations with employers. The proclamation addresses a broad range of issues, emphasizing some, that are of particular relevance to HIV, such as gender-based violence (“no individual can commit violence or sexual assault on entertainment workers”) and access to services, including those for occupational safety and health (“an employer or the employer’s representatives in the entertainment service industry shall allow their entertainment workers to receive education and training on health and access to occupational safety and health services”).

The proclamation will be rolled-out by the Ministry and relevant stakeholders and will be used to train the Ministry’s labour inspectors, managers of entertainment establishments and the entertainment worker peer educators for their outreach work.

The UNAIDS Secretariat has continued to engage with civil society on human rights. In 2014, the work built on a previous review of the legal and policy context in Cambodia and improvements to ensure a supportive environment for people living with HIV and key populations. It included developing a toolkit on legal services in the context of HIV, providing a training workshop on human and legal rights and promoting a tool to document human rights violations. The Joint Programme has supported civil society to raise concerns about rights and confidentiality, such as when applying the unique identification code. The ILO maintains a hotline to enable entertainment and sex workers to access legal services and information provided by the Women’s Network for Unity.

Cambodia’s first ever national consultation on lesbian, gay, bisexual and transgender (LGBT) issues was held in 2014. This was hosted by the Office of the High Commissioner for Human Rights, as part of the Being LGBT in Asia project funded regionally by UNDP and USAID. This eight-country project aims to encourage networking between LGBT people across the Asia and the Pacific, building a knowledge and evidence baseline, developing an understanding of the capacity of LGBT organizations to engage in policy dialogue, and community mobilization. The Cambodia consultation provided an opportunity for the LGBT community to voice its concerns, including those about the legal and social environment.<sup>24</sup>

UNDP and UNAIDS Secretariat engaged with civil society on Trade Related Aspects of Intellectual Property Rights (TRIPS) to provide a more enabling environment for access to affordable treatment. In 2014, this included a community/civil society workshop to build understanding of how, for example, intellectual property rights relate to human rights, and to identify the next steps for advocacy. The workshop was attended by people living with HIV, key populations and other community representatives working in health and development, including people affected by malaria and tuberculosis, farmers’ associations and garment factory workers. The Joint Programme provided technical expertise to draft a law on compulsory licensing for public health that will enable Cambodia to continue to access generic drugs. This draft is being reviewed by the Council of Ministers. Future plans include establishing a community watchdog group to monitor the development of a free trade agreement and holding a national workshop on TRIPS and access to medicines.

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<sup>24</sup> *Being LGBT in Asia: Cambodia country report: a participatory review and analysis of the legal and social environment for lesbian, gay, bisexual and transgender (LGBT) persons and civil society*, UNDP, USAID and OHCHR 2014.



Several communities asked for the Joint Programme to pursue a more proactive role, to advocate for the Government to address the most sensitive legal and social issues for key populations who are left behind or discriminated against, and to ensure the Government remains accountable. There are also concerns whether the Joint Programme will maintain its commitment for the long-haul, to support, for example, the implementation and monitoring of national initiatives and policies, such as the Prakas (proclamation) 194 mentioned above, and their translation into actions to address the human rights violations experienced by some communities.

## ii. Strengthen and streamline communities' architecture and leadership

UNAIDS has taken steps to support civil society become 'fit for purpose' for the next era of the AIDS response by helping to strengthen and streamline organisational structures and leadership. Such efforts have been made amid fragmented community structures with a limited voice in national forums, an increasingly concentrated epidemic among key populations and pressure for impact and value for money.

### Coordination among communities

*"FoNPAMs has helped us all to coordinate. Before, we worked separately and communities' issues were neglected at a high level. Now, we have a way to contribute and we are listened to."*

– Keo Tha, Women's Network for Unity

An example is the UNAIDS Secretariat bringing together community networks, and providing technical guidance and financial support, to establish the Forum of Networks of People Living with HIV and Most-at-Risk Populations in 2011. The Forum provides a shared platform for networks of people living with HIV and key populations, which previously worked in isolation. Its members represent: people living with HIV, through the Cambodian People Living with HIV Network (CPN+), ARV Users Association and Cambodian Community of Women Living with HIV; sex workers, through the Women's Network for Unity and SmartGirl programme; men who have sex with men and transgender people, through Bandanh Chatomuk; and people who inject drugs, through Korsang, in the absence of a network for people who inject drugs. The Joint Programme and other partners, including the Khmer HIV/AIDS NGO Alliance (KHANA), provide ongoing technical support.

In 2014, the Forum increasingly provided a means for members to discuss the urgent, cross-cutting issues affecting their communities. Examples include harassment by law enforcement officers, gender-based violence, access to social protection and Trade Related Aspects of Intellectual Property Rights or TRIPs. In turn, members worked together, , developing shared messages for capacity building and advocacy thereby serving as an increasingly united voice. The Forum provided inputs to a range of national processes, including those related to the Global Fund and the post-2015 agenda. UNAIDS Secretariat assisted the forum to develop a community mobilization plan to expand beyond the national level. This involved building local peer-support groups and subnational forums in support of the Ministry of Health's Standard Operating Procedures for the Boosted Continuum of Prevention to Care and Treatment, which emphasizes the role of the key population community in a sustainable response. The Forum, with UNAIDS Secretariat funding and support, formed 20 peer support groups of people who live with HIV and key populations, plus forums in four communes/sangkats and one in an operational district in Phnom Penh.

Overall, civil society organizations welcome the existence and potential of the Forum. They,

however, cite concerns about its role and sustainability. For example, representatives emphasize that while building a joint voice, Forum members should not feel pressured to discontinue advocacy on the specific issues that affect their communities. Also, while the Forum should become increasingly financially independent from the UNAIDS Secretariat, support is needed to secure a realistic, sustainable level of long-term core resourcing to adequately cover the costs of running such a mechanism. While in the past the Joint Programme allocated resources to several community members, including the Forum, shrinking resources are now allocated only for joint Forum activities benefiting several community groups and fostering information sharing and other synergies. In addition, accountability within the Forum needs to be addressed, including how members consult, inform and represent their constituencies.

Another example of civil society engagement is YouthLEAD-Cambodia (through the YouthLead Asia-Pacific Regional Network of Young Key Populations), which, with UNESCO's support, implemented a NewGen training programme in August 2014. The five-day workshop, which involved 35 participants, including young members of the Forum, was the first in Cambodia to focus on and engage young leaders from key populations, including young men who have sex with men and transgender people. The participants built leadership skills and developed workplans, and were able to train peers in their own organizations with some subsequent training. A critical challenge is how to sustain the benefits of YouthLEAD-Cambodia training, ensuring often neglected young key populations can continue to make their voices heard and be meaningfully engaged.

Forum members in Phnom Penh and key population network representatives at subnational levels in Battambang and Sihanoukville developed with UN Women support and through a consultative process joint communication messages and materials on key gender and HIV experiences among community members. Such a process involved training at subnational level on human rights, with a focus on communicating gender issues and developing advocacy skills among community members to help reformulate the Ministry of Women's Affairs policy on women, the girl child and HIV/AIDS/STIs and the NSP IV process. UN Women supports young women, young women and girls living with HIV, and lesbian, gay, bisexual and transgender (LGBT) representatives in joint advocacy efforts and in developing communication skills and a better understanding of key human rights and policy frameworks.

### **iii. Ensure no one is left behind in HIV prevention and treatment**

In achieving the national goal of eliminating new infections by 2020 and the broader Three Zeros (zero new HIV infections, zero AIDS-related deaths and zero discrimination), it is imperative no one is left behind. Prevention, treatment, care and support services need to reach all those who need them, including those who have not been reached by previous interventions, in a conducive, enabling environment.

The Joint Programme has recognized the unique role of civil society in this pursuit and engaged with the sector in a rights-based manner to identify, reach and provide support to highly marginalized community members. This has included using the sector's information and expertise on key populations and outreach to develop new policy guidance, led by National Centre for HIV/AIDS, Dermatology and STDs efforts to identify and provide intensified service packages and retention support along the cascade, especially for those populations at higher risk of HIV infection. For example, the Forum of Networks of People Living with HIV and Most-at-Risk Populations

opened a dialogue with implementing nongovernmental organizations to build operational collaboration to reach and address key populations.

A key example in this area is provided by UNFPA's support to SmartGirl, a holistic HIV prevention, sexual reproductive health (SRH) and empowerment programme for entertainment workers. It was originally developed by Family Health International (FHI) 360 under the Project for HIV and AIDS Strategic Technical Assistance funding of the United States Agency for International Development (USAID). The Cambodian Women for Peace and Development (CWPD) is an implementing partner among other civil society organizations. SmartGirl is the brand name of the programme that uses peer-supported outreach activities and drop-in centres to offer information and referral to address HIV and SRH needs in line with the strategic guidance on prevention from the National Centre for HIV/AIDS, Dermatology and STDs. The programme operates in 14 provinces, providing integrated support to more than 13 000 entertainment workers. In 2014, UNFPA complemented its existing work in eight of the provinces by supporting SmartGirl to implement a programme targeting hard to reach entertainment workers, such as those that are freelance or street-based. For example, it helped design a tool for peer outreach workers to categorize risk level among entertainment workers. The tool features four key questions, including drug use and the number of sexual partners per week in the previous month. The answers trigger different levels of support, with the most intensive support made available to those at highest risk.

In geographical locations where UNFPA supports CWPD's work, where high abortion rates and unmet contraception needs were reported among entertainment workers, there have been significant increases in referrals to SRH services and uptake of contraception, especially dual protection methods. UNFPA and CWPD have supported this work through national advocacy to the National Maternal and Child Health Centre to ensure the availability of a full range of contraceptive methods to enable informed choices.

UNFPA has also supported CWPD to implement finger-prick testing for HIV and syphilis screening, a new approach and protocol introduced by the National Centre for HIV/AIDS, Dermatology and STDs and implemented by several civil society organizations for key populations, including entertainment workers, through the SmartGirl programme. Tests are carried out by peer outreach workers and give rapid results, reducing the social and practical barriers to marginalized workers knowing their status.<sup>25</sup> The approach, which is also supported by WHO and UNAIDS Secretariat, enabled more than 24 000 people from key populations to know their status in its first year of implementation, starting in September 2013. Similarly, UNFPA has supported SmartGirl to implement the national active case management approach and to reduce loss to follow-up of entertainment workers who test positive for HIV by enabling them to receive and adhere to antiretroviral therapy. The strategies include using a unique identifier code to maintain confidentiality, clearer data collection; and strengthening coordination among service providers in different provinces to build continuous care for entertainment workers who migrate.

UNFPA and UNODC have also worked with SmartGirl to develop specific peer support strategies for entertainment workers who inject drugs, who face high levels of stigma and vulnerability. There

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<sup>25</sup> *Peer-provided HIV counselling and testing for key populations in Cambodia: lessons learned and ways forward: results of a rapid qualitative documentation*, Jan Willem de Lind van Wijngaarden, Mony Srey, Sovannary Tuot, Les Ong and Siyan Yi, June 2014.

have also been broader engagement efforts by WHO, UNAIDS Secretariat and UNODC to guide policy for better outreach to the most vulnerable people who inject drugs, who, due to their criminalized status, remain especially hard to reach. For example, WHO collaborated with organizations supporting people who inject drugs on rapid assessments of the barriers to services and options for solutions. Harm reduction is being implemented on a small scale but in 2014 a needle and syringe policy was adopted and the first national strategic plan for harm reduction was drafted with WHO and UNAIDS Secretariat support.

The ILO funded the Cambodia Business Coalition on AIDS to implement an outreach programme to improve the knowledge of entertainment workers on HIV, gender, occupational safety, health and sexual harassment at work, as well as referral services to appropriate health services. This programme targeted 12 selected entertainment establishments, including 'beer promotion' girls from the Cambodia Food Service Workers' Federation. The ILO-Tripartite Coordination Committee (TCC), which is the main information-sharing mechanism for the AIDS response in the workplace, also played a critical role in VCT@Work. This is an ILOAIDS and Joint Programme global initiative promoting HIV testing for workers, and focusing in Cambodia on entertainment workers finger prick testing and referral for HIV and health services by nongovernmental organizations.

Expanding the good practices of programmes such as SmartGirl, with an increasing focus on entertainment workers and other key populations who are at higher risk of HIV infection, remains a key challenge, especially given the requirement for community/civil society organizations to drive the expansion with an efficient use of resources and quality monitoring. Ensuring that innovative practices, such as the unique identifier code maintain confidentiality and the anonymity of marginalized community members is another challenge.

#### **iv. Prioritize HIV resources and interventions for people living with HIV and key populations**

Cambodia has experienced an accelerated reduction in international funding for HIV, requiring rapid and difficult decisions about how the remaining, limited resources should be allocated. Various interventions demand consideration for investment, such as those focused on biomedical approaches (including ART), capacity building and critical enablers (building a more enabling and rights-based environment, for example, one that promotes gender equality and women's empowerment). Within this context, UNAIDS has supported civil society to be meaningfully involved and contribute to prioritization, advocating for people-centred and evidence-informed interventions that, within the country's concentrated epidemic, will have the greatest impact on those most affected.

UNAIDS Secretariat in 2014 ensured a 'seat at the table' for civil society, including members of the Forum of Networks of People Living with HIV and Most-at-Risk Populations and the Cambodian People Living with HIV Network (CPN+), in the multiple consultative processes to refocus the country's response and Global Fund grant.<sup>26</sup> Such efforts included over 10 focus group discussions

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<sup>26</sup> In the Cambodia GFATM Country Coordinating Committee (equivalent of Country Coordinating Mechanism), the Cambodian People Living with HIV Network (CPN+) represents (among others) the constituency of Person Living with the diseases. The constituency of Person representing key affected population is represented by the following (elected through the Forum of Networks of People Living with HIV and Most-at-Risk Populations): an entertainment worker representative (Women's Network for Unity) with alternate role by a People who inject drugs/people who use drugs representative (KORSANG), a men who has sex with men representative (Youth Voice Count) with alternate role by a Transgender representative (Women's Network for

with people living with HIV and key populations in different regions of the country, a meeting with civil society involving 150 representatives from 20 provinces and interviews with people living with HIV and key population leaders. These talks updated participants on opportunities and challenges and enabled them to present their needs and priorities for the future within the new national strategic plan and concept note. Such exchanges of information included articulating why human rights will remain critical to the effectiveness of HIV programmes and why, given shifts to community-based interventions, a strong proportion of resources should be allocated to community/civil society organizations.

UNAIDS Secretariat regularly negotiated space for and provided technical support to representatives of civil society on the national decision-making bodies for HIV, Global Fund committees and technical working groups (for the Cambodia 3.0 Framework, for example). Such mechanisms provided UNAIDS and civil society with a critical opportunity to advocate to the Government to increase domestic funding for HIV and ensure the priority needs of people living with HIV and key populations are addressed.

Representatives of civil society expressed concerns about the degree to which UNAIDS can ensure civil societies' involvement in national processes is genuine (not tokenistic) and fully respected by other national stakeholders. Another concern raised is the extent to which such involvement translates into significantly more resources and supportive policies, particularly for key populations. For example, in relation to the Global Fund, some representatives felt there was a high attrition rate between the interventions cited as priorities by civil society within the consultation process and those that were included in the final concept note, especially as the reduced budget left little margin for non-treatment interventions.

Another significant concern expressed by civil society representatives was whether more domestic funding, if secured, would provide resources for key population prevention, community-based programming, monitoring and addressing human rights issues, and for community organizations. Those elements are critical for civil society to implement evidence-based programmes for a successful national response and to maintain civil society's advocacy role to hold the Government accountable.

#### **v. Ensure feasible, efficient and sustainable community-based models**

Within a national response that has ambitious targets yet faces dramatically reduced funding, the Joint Programme has engaged with the national AIDS programme and civil society to revisit key community-based models. This work includes exploring how to increase the effectiveness, efficiency and sustainability of such models while adapting to the evolving needs of their clients and maintaining their quality. It also involves ensuring community groups, to whom much of the responsibility for service delivery is shifting, receive an appropriate level of financial and technical resources.

One such example is the technical input provided by WHO and UNAIDS Secretariat to the National Centre for HIV/AIDS, Dermatology and STDs, KHANA and USAID to streamline the Community-Based HIV Prevention, Care and Support Model.<sup>27</sup> This model has evolved over many years and,

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<sup>27</sup> Draft concept paper: Streamlining the community-based prevention, care and support (CBPCS) model for people living with HIV in Cambodia, 2014.

although heralded as good practice, it was assessed to be resource-intensive and not sustainable. For greater efficiency, the model is now being adapted to focus on the approximately 30% of people living with HIV who are in greatest need, for example those of a key population or in treatment for under 24 months, providing them with more specific services and active case management. The approximately 70% of stabilized people living with HIV will receive minimal routine care and support, and their medical needs will be integrated into the wider health and social protection system. The main responsibility for supporting people living with HIV will be shifted away from nongovernmental organizations to Mondul Mith Chouy Mith (MMMs), peer support groups of trained people living with HIV based in pre-ART or ART clinics. This will be not only more cost effective and sustainable but further place people living with HIV, through their network, at the heart of care and support services in close proximity to opportunistic infection/ART sites. To support this process, the Joint Programme has a vital role to play in advocating for the government to adopt the model, provide funding and work with CNP+ for adequate financial and technical support for the MMM peer groups.

Of particular concern among civil society is that provincial networks of people living with HIV and MMM peer groups require increased support to understand and address the specific needs of key populations living with HIV, such as entertainment workers, men who have sex with men, transgender people and people who inject drugs.

A further example of the Joint Programme engaging with the national programme and civil society is WHO and UNAIDS Secretariat's work with the Mental Health and Substance Abuse Department, the Ministry of Health and harm reduction nongovernmental organizations to identify more effective and cost-efficient models for needle and syringe services and to expand the availability of methadone. Options being explored include distributing needles and syringes through local pharmacies and street vendors, and setting up satellite sites for delivering methadone services (currently only available in one hospital in the country). Even if these programmes are adopted, however, their impact will remain limited while some people who inject drugs and people who use drugs continue to face harassment and human rights violations. Such barriers to progress highlight the need for the Government, civil society and the Joint UN Team to provide an enabling environment and pursue a public-health approach.

Another persistent challenge is the unrealistic expectation among some national stakeholders that community members could or should provide their services within more efficient models free of charge. Civil society and the Joint UN Team on AIDS share a vital role to strongly articulate why such groups must receive an appropriate level of financial and technical support to fulfil and sustain their role.

## **vi. Integrate HIV into other areas of health and development**

To enhance the effectiveness and sustainability of the response in Cambodia, the Joint Programme has engaged with civil society to integrate HIV (and related issues) into policies, programmes and mechanisms related to other areas of health and development.

Work on social protection carried out by UNICEF, UNDP, ILO and UNAIDS Secretariat in 2014 was a prime example of engaging civil society in integration efforts. This work sought to ensure Cambodia's social protection schemes were HIV-sensitive, providing a more sustainable approach than stand-alone schemes for people living with HIV and key populations, and opening access for

the poorest groups to other free health and social services. Community/civil society organizations were encouraged to provide input and mobilize their constituents to use the available support and advocate for better access.

This engagement built on a 2013 review –led by the National AIDS Authority and the Council of Agriculture and Rural Development and supported technically and financially by UNDP and UNAIDS Secretariat – of the major HIV-related barriers and entry points within Cambodia’s social protection schemes. The review emphasized the Health Equity Fund (HEF), which provides free health care and covers the related costs for impoverished community members assessed at hospitals or those who hold an identification of impoverished households (ID Poor) card. ID Poor cards are allocated to household members in rural areas who meet specific criteria and provide access to HEF and other social protection schemes. The work was carried out in partnership with the Cambodian Network of people living with HIV (CPN+), prioritizing the needs of people living with HIV. The review built on a HIV socioeconomic impact study conducted in 2010 that showed people living with HIV experienced disproportionate levels of poverty (30% compared with the 19% national average) and often lack access to wider health and social support. Social protection mechanisms — such as transportation benefits, free health care, nutrition and livelihood programmes— if made HIV-sensitive and extended throughout the country, could provide a means to address such gaps and improve ART retention and health outcomes for people living with HIV and key populations .

In October 2014, the Joint Programme supported a national workshop on HIV-sensitive social protection. The first day focused on civil society. The workshop, led by CPN+ and the Forum of Networks of People Living with HIV and Most-at-Risk Populations, brought together 60 representatives of people living with HIV and key populations to develop joint advocacy requests and supporting evidence, which were then introduced to government officials and other stakeholders. For example, a rapid survey by CPN+ and the ARV Users Association of

253 people living with HIV in hospitals documented how fewer than 15% of people living with HIV had an ID Poor or HEF card. This work, which was mobilized by the Joint Programme, triggered new interest and opportunities. The Government is highly committed to HIV-sensitive social protection, including it in the ‘removing legal barriers’ section of the country’s concept note for the Global Fund, as well as the Health Sector Strategic Plan for HIV. Ongoing work includes support for developing an urban version of ID Poor, addressing challenges relating to key populations, such as high levels of migration, and further training with the Forum of Networks of People Living with HIV and Most-at-Risk Populations to mobilize its members to increase and monitor access to social protection schemes, particularly ID Poor. People living with HIV and key populations also requested legal aid support to improve access to social protection mechanisms.

The ILO has also joined the Council of Agriculture and Rural Development and other partners to conduct feasibility study on a social service delivery mechanism as a means to implement the national social protection strategy at the subnational level. Launched in mid-2014, the study was piloted in two districts of Siem Reap using a one-window service office to link social protection and employment services for poor and vulnerable community members, including people living with

#### **Mobilizing communities about social protection**

*“The UNAIDS workshop built our knowledge about social protection. It also gave us an opportunity to share the specific needs of transgender people and the many barriers that they face to accessing the help that, in theory, is available to them.”*

– Pich Sochea, transgender representative,  
Women’s Network for Unity

HIV. If expanded, such a service would enable people living with HIV to access existing health services identified by the mechanism in their local areas

In another example of integration, UNDP, UN Women and UNAIDS Secretariat engaged with the Gender and Development Network (GADNet) and other community/civil society organizations to incorporate HIV into the gender and gender-based violence agenda. For example, to mark Beijing +20 (the 20th anniversary of the Beijing Platform for Action), UNAIDS Secretariat and UN Women supported GADNet, the Committee to

Promote Women in Politics (CPWP), the Cambodian Women's Caucus and the Cambodian NGO Committee on the Convention on the Elimination of All Forms of Discrimination against Women (NGO-CEDAW) to produce an advocacy tool. This tool focused on four priority areas, including

#### **Integrating HIV into gender agendas**

*"Before HIV issues were just among HIV organizations – in a vacuum away from issues like violence against women. Now, the links are being made and they're becoming more integrated."*

– Ros Sopheap, Gender and Development Network

the rights of lesbian, gay, bisexual and transgender (LGBT) communities and women living with HIV.<sup>28</sup> The tool helped shape Cambodia's contributions to the Asia and Pacific Conference on Gender Equality and Women's Empowerment: Beijing +20, the region's largest ever intergovernmental meeting on women's rights, which was held in November 2014.<sup>29</sup> This started with a civil society forum involving 480 representatives of women's rights groups, which, due largely to advocacy by Cambodia representatives, referenced the rights of LGBT communities and women living with HIV in its statement.<sup>30</sup> Subsequently at the conference, the Cambodian civil society representatives joined those from the Country's Ministry of Women's Affairs to form the country's delegation, with both using the tool for joint advocacy. While LGBT issues were not included in the conference statement, a number of countries indicated a willingness to affirm non-discrimination as a core principle of development.

Thanks to continued advocacy by UN Women, UNAIDS Secretariat and civil society organizations, HIV and key population issues are reflected in the Cambodia Gender Assessment and the National Strategic Plan for Gender Equality and Women Empowerment for 2014–2018.

UNESCO and UNFPA promoted the integration of HIV issues within sexuality education in schools, supporting the roll-out of the approved Life Skills Curriculum on Sexuality and HIV Education within the national curriculum and as part of the government's Education Strategic Plan (2014–2018). The curriculum was developed under the leadership of the Inter-Departmental Committee on HIV/AIDS and Drugs of the Ministry of Education, Youth and Sport, with significant contributions from the Khmer HIV/AIDS NGO Alliance (KHANA), other nongovernmental organizations and community groups, and piloted in collaboration with teachers, parents and students. It has been implemented by many civil society organizations, including the Reproductive Health Association of Cambodia, the INTHANOU Association, which provides an AIDS counselling hotline, the People Health Development Association, OneWorld UK and Child Fund

<sup>28</sup> Key messages from civil society in Cambodia: Beijing + 20 Review.

<sup>29</sup> Civil Society Steering Committee statement on the Asian and Pacific ministerial declaration on advancing gender equality and women's empowerment, Asia Pacific Civil Society Forum on Beijing + 20, 15-16 November 2014.

<sup>30</sup> Asia Pacific Beijing +20 Civil Society Forum Statement, Asia Pacific Civil Society Forum on Beijing + 20, 15-16 November 2014.



Cambodia, and within different educational platforms to reach in-school and out-of-school young people.

WFP worked to integrate HIV-related nutrition counselling into the work of home-based care workers and HIV counsellors in government referral hospitals. Such integration efforts used the Good Food Toolkit, developed in partnership with the National Core Group on HIV Nutrition, including the National Centre for HIV/AIDS, Dermatology and STDs, the National Maternal and Child Health Center, CPN+, FHI 360, Catholic Relief Services and the Khmer HIV/AIDS NGO Alliance or KHANA.

UNAIDS Secretariat and UNFPA continued in 2014 to facilitate contributions from people living with HIV and key population representatives to national and youth consultations on the post-2015 agenda.

Representatives of civil society call on the Joint UN Team on AIDS to do more to support their organizations adapt to the changing, post-2015 environment by integrating their HIV work into other areas and identifying diverse sources of funding and other opportunities. Increasingly, the Joint UN Team can take on a supporting role, leaving community voices at the forefront of the response. Such a division in roles, however, requires community representatives to be more confident in voicing concerns on sensitive issues, and to be well organized for powerful advocacy and negotiation to keep HIV and community issues high on the agenda.

## CONCLUSIONS

As noted in the introduction, this case study does not aim to provide a comprehensive overview of UNAIDS engagement with civil society in Cambodia, listing the work of each Cosponsor or achievements according to the UNAIDS Strategy. Rather, it focuses on selected examples of approaches, results and challenges of particular relevance to the changing environment for AIDS responses. The case study identified a number of conclusions about how the Joint Programme can successfully engage with civil society to build a politically, financially and programmatically sustainable response to HIV in Cambodia.

- a. While the Joint Programme provides important support to civil society, this case study bears witness to the key contributions from a range of other stakeholders. Much of the national momentum comes from within civil society, with the sector continuing to take the lead, mobilize action and carry out critical and life-saving work, despite an increasing sense of crisis and emergency.
- b. In a concentrated epidemic amid ambitious national targets for 2020, engaging civil society, especially communities, is more important than ever to ensure no one is left behind and that revised interventions are cost-efficient, effective, sustainable and appropriately resourced. Joint Programme support needs to reflect this to ensure civil society has a strong voice in national processes and meaningful

### Ensuring an enabling environment

*“Innovative services – such as for people who inject drugs – are really important. But they’re not everything that’s needed. A great service is useless if the police arrest people who are trying to use it.”*

– Florence Chatot, Friends International

opportunities to influence decision-making and resource allocation at all levels. The Joint Programme plays a unique and critical role as a bridge between community and government.

- c. Despite the challenges posed by reduced international funding, Joint Programme engagement must continue to champion the critical role of civil society and ensure an enabling environment on the ground. For example, while supporting innovative approaches and streamlined models, UNAIDS should continue to work with civil society to build and advocate government-led changes for a more enabling environment free of stigma and discrimination and promoting and protecting the human rights of all people living with HIV and key populations. It should also continue to act as a broker, advocating and monitoring the implementation of recommendations from the legal review framework conducted in 2013 and mobilizing action by key stakeholders, such as law enforcement officials, who are central to the daily challenges faced by some people living with HIV and key populations. The Joint Programme should continue to support the establishment of legal support services demanded by such communities.
- d. UNAIDS remains deeply committed to supporting civil society engagement as a Joint Programme, with work by individual organisations (in line with the Division of Labour) complemented by collaboration on specific themes. While significant progress has been made through UNAIDS support to civil society engagement, civil society stakeholders have also underscored the importance of all Cosponsors being fully engaged.
- e. UNAIDS Secretariat and Cosponsors face their own budget constraints, and the subsequent need to prioritize work to do more with less. UNAIDS continues to invest significantly in leveraging and influencing evidence-informed allocation of resources for civil society, for example through the Global Fund, bilateral programmes and foundations.

#### **Maintaining momentum on HIV**

*“Our commitment to HIV remains strong, although our resources have decreased. Being part of UNAIDS is vital – so that we can continue to play our role and bring an end to this epidemic.”*

– Nimol Soth, UNESCO

## **WAY FORWARD**

Based on the conclusions, the following actions are suggested to further strengthen the impact and accountability of the Joint Programme’s engagement with civil society in Cambodia.

- a. Hold open and frank dialogues with leaders of key populations and civil society to more clearly identify the types and levels of financial, technical and political support needed for them to play a full role in eliminating new HIV infections, and, in turn, to determine the level of Joint Programme engagement required in the next few years and beyond, especially to develop its new Joint Programme of Support.
- b. Prioritize a strategy and advocacy approach for sustainable funding for the civil society response to HIV. Actions could include: advocating to national stakeholders for appropriate allocations of existing (international and domestic) resources to effective community/civil society organizations and evidence-informed community-led programmes; exploring new and

innovative sources of funding; promoting more integrated programme and funding models; and building related capacity among civil society, such as strategies to mobilize resources.

- c. Champion the role and build the capacity of key population organizations in the next era of the AIDS response. For example, reassess strategies to build the capacities of organizations rather than individuals, which would also require that community organizations have clear and solid governance and representation systems; support such groups to strengthen their consultation and communication platforms, both within Cambodia and with regional-level organizations; and use key population organizations as the lead resource people in efforts to sensitize other sectors.
- d. Commit to maintaining, and where feasible and needed, increasing its engagement to ensure an enabling environment, particularly for people living with HIV, key populations and young people, while also engaging with civil society on technical and financial issues. For example, the Joint Programme should advocate for civil society to play a watchdog role, monitoring the quality of revised models of service delivery and ensuring human rights and access to services for people living with HIV, key populations and young people are not sacrificed in the drive for cost-efficiency and the move to national funding for the AIDS response.
- e. Collaborate with civil society to more systematically document and promote innovative, rights-based and cost-effective community-led models that increase demand for services, ensure access for those most in need and are sustainable, such as through the task-shifting of service delivery; and use these models within advocacy to ensure the role of civil society in the country's future response to HIV is appropriately recognized and resourced.

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