

CAMBODIA

Report prepared by the Joint UN Team on AIDS

JOINT TEAM

UNICEF, WFP, UNDP, UNFPA, UNODC, UN WOMEN, ILO, UNESCO, WHO, UNAIDS SECRETARIAT

JOINT PROGRAMME CONTRIBUTIONS AND RESULTS IN 2020-2021

Despite the COVID-19 pandemic, the Joint Team made progress in expanding HIV services in Cambodia. Facility- and community-led HIV self-testing as well as same day initiation and multimonth dispensing of antiretroviral treatment services were expanded to thousands of people from key populations. Following the results from an online survey on challenges impeding access to HIV services among people living with HIV and key populations, technical support was provided to the Government in updating the national treatment guidelines and training healthcare providers to minimize lost to follow-up cases and boost treatment adherence. The first adolescent and youth situation analysis in Cambodia was completed strengthening evidence for the national HIV response and informing the national out-of-school comprehensive sexuality education strategic plan. The United Nations Youth Advisory Panel was supported to sensitize over 350 000 adolescents and young people on COVID-19 prevention, mental health, and psychosocial support via social media platforms. HIV prevention services were extended to thousands of female entertainment workers, gay men and other men who have sex with men, and transgender persons during the COVID-19 pandemic. The Government was supported to rollout pre-exposure prophylaxis (PrEP) services in 11 sites in priority provinces to reach vulnerable and key populations. A couple of assessments were conducted to identify barriers impeding people living with HIV from accessing HIV services and social protection programmes. Based on the results of the assessments, socioeconomic and psychological support programmes were implemented to empower people living with HIV in the country. The Joint Team worked with national and community partners to develop community-led monitoring tools and mobilize external resources to strengthen evidence and funding for the HIV response.

COMBINATION HIV PREVENTION AMONG YOUNG PEOPLE AND KEY POPULATIONS

The Joint Team supported the Adolescent and Youth Situation Analysis in Cambodia ([link](#))—the first study in the country that included 390 adolescents aged 10-14 years out of 1000 participants from six provinces—which gave insights into their knowledge of HIV. This engagement with adolescents also served as a medium to provide them access to HIV testing services. The study showed that only 14% of adolescents and young people had comprehensive HIV knowledge and almost half of adolescents and young people who ever had sex (including married people) had been tested for HIV. Additionally, less than 3% of the

participants were aware that using condom can prevent sexually transmitted diseases or infection. Following the results and recommendation of the report, the Joint Team supported the development of an Out-of-school Comprehensive Sexuality Education (CSE) Strategic Plan 2022-2026 which was later revised based on the approved National Action Plan on Youth Development 2022-2026. In November 2020, the Minister of Education, Youth and Sports announced the Government's plan to include CSE in the school health education curriculum. In response, the Joint Team provided technical support for the development of CSE syllabuses for grades 5, 6, 8, 11, and 12. Capacity building training was also provided for 825 teachers and school principals from 15 provinces while 12 national core teachers completed a training of trainers (ToT) course.

Technical assistance was provided for the review and documentation of access to HIV and sexual and reproductive health services among young key populations in Cambodia to inform advocacy efforts for the revision of the HIV Law and other related policies towards allowing adolescent and young people to access HIV and sexual and reproductive health services without parental/guardian consent. This resulted in an agreement to develop explanatory note for law on prevention and control of HIV and AIDS to clarify some articles, including ensuring independent access of minor aged below 18 years old to HIV testing.

The United Nations Youth Advisory Panel (UNYAP) received technical and financial support from the Joint Team to strengthen its capacity to plan and execute public events and campaigns aimed at mobilizing broader support for youth priorities. As a result, UNYAP conducted social media campaigns to provide accurate information on COVID-19 prevention and management and access to mental health and psychosocial support reaching more than 372 259 young people. About 9000 people also followed and 'liked' the UNYAP Facebook page.

Cambodia served as a model country for the 'zero to rollout' of pre-exposure prophylaxis (PrEP) services while skipping the pilot phase. Hence, the Joint Team and national partners provided technical support for the development of the standard operating procedures for implementation of PrEP and community-based same-day delivery of PrEP which was adopted by the Ministry of Health. By the end of 2021, PrEP services were expanded to 11 sites in priority provinces reaching a total of 2207 people—1576 gay men and other men who have sex with men, 370 transgender persons, 227 female entertainment workers, and 34 partners of people living with HIV.

The Joint Team and the United States President's Emergency Plan for AIDS Relief (PEPFAR) supported the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Disease (NCHADS) to ensure the continuity of HIV services among key populations through innovative service delivery approaches during the COVID-19 pandemic. This support enabled 43 703 female entertainment workers, 24 499 gay men and other men who have sex with men, and 5314 transgender persons in 2020 to access HIV prevention services, including HIV preventive education, condom/lubricant promotion and distribution. In 2021, a total of 29 827 female entertainment workers, 35 918 gay men and other men who have sex with men, and 7301 transgender persons accessed these services. Additionally, 78 and 66 people who inject drugs were accessing on opioid agonist therapy (OAT) in 2020 and 2021 respectively while 867 and 817 people who inject drugs were reached through needle and syringe exchange programmes during the same period. A total of 1 169 736 needles and syringes were also distributed to the target populations. An estimated 35% of key populations reached through the HIV prevention services in 2020-2021 were young key populations aged 15-24 years.

HIV TESTING AND TREATMENT

In collaboration with key partners, the Joint Team made significant contributions to the development of the national standard operating procedures for HIV self-testing, which was approved by the Ministry of Health in July 2020. Phased implementation of the procedures was subsequently initiated in November 2020. HIV self-testing was adopted by community-based organizations and implemented in 10 provinces reaching 3091 people from key populations by

the end of 2021. A 13% positivity rate was recorded among people from key population groups who took the HIV self-testing services. The highest positivity rate of 21% was observed among transgender women while 17% was recorded for gay men and other men who have sex with men. All people who tested positive through the HIV self-testing were enrolled on antiretroviral treatment. In 2020-2021, the Joint Team also provided technical assistance to community-based HIV screening initiatives reaching a total of 60 603 and 59 491 people from key populations in 2020 and 2021 respectively, of whom 2423 people tested HIV positive and 99% of the people were enrolled on antiretroviral treatment.

In collaboration with civil society organizations, the Joint Team completed baseline and follow-up online surveys among people living with HIV and key population to identify challenges in accessing HIV prevention and treatment services during the COVID-19 pandemic. The surveys highlighted 36% of the people living with HIV resided in the province where pandemic lockdown was imposed at the time of survey. Around 49% of the people in lockdown zones attempted to refill their antiretroviral medication in the last week, of whom 79% received the refill without having difficulties. Around 88% of the people living with HIV responded that “a way to get the HIV medication safely” is crucial for treatment adherence, followed by home delivery of treatment during the lockdown periods at 31%; and 50% of the respondents said they did not receive any support from social protections schemes during the pandemic. Based on these findings and with the support of the Joint Team, the national treatment guidelines were updated and aligned with the latest World Health Organization (WHO) recommendations. Healthcare providers in all 25 provinces were also trained on the latest guidelines to ensure continuity of services, improve treatment adherence, and minimize loss to follow-up among people living with HIV.

Meanwhile, continued monitoring, reporting and analysis of data on service disruptions resulted in evidence-based decision making, and improvement on access to HIV services during the COVID-19 pandemic. For instance, the Joint Team facilitated the implementation of same-day initiation and multimonth dispensing (MMD) of antiretroviral treatment in all treatment sites in Cambodia by early 2021. An estimated 78% of the people living with HIV were enrolled on MMD services by the end of 2021—a substantial increase from 34% in 2020.

SOCIAL PROTECTION, GENDER INEQUALITY, STIGMA, AND DISCRIMINATION

The National AIDS Authority (NAA) was supported to assess social protection mechanisms in the context of HIV. The assessment identified barriers preventing people living with HIV and key populations from accessing social protection programmes, including limited awareness about the benefits of these mechanisms among people living with HIV and key populations; stigma and discrimination, and lack of personal identity documents, such as identification cards, birth certificates, and family books that are required for registering on available programmes. Based on the evidence the Joint Team supported the development of a policy brief on social protection during the COVID-19 pandemic and advocated for inclusion of people living with HIV in the emergency cash transfer programme implemented under the poor households' identification (IDPoor) scheme. As a result, 2542 households of people living with HIV benefited from the emergency cash transfer by December 2020. Sustained advocacy further led to the Government's formal agreement to register all people living with HIV in the IDPoor programme enabling them to register at antiretroviral service site to ensure confidentiality of their HIV status. A total of 7783 people living with HIV (4148 women) were registered in the IDPoor database by the end of 2021.

Furthermore, the Joint Team worked with the Khmer HIV/AIDS Nongovernmental Organization Alliance (KHANA) on a rapid needs assessment among women living with HIV in Roka commune of Battambang Province, in the context of COVID-19 pandemic. Participants revealed critical challenges during the assessment, including anxiety of acquiring COVID-19, tension within households due to losing jobs/incomes which likely to cause gender-based violence, anxiety of limited access to medication and treatment. These findings led to the implementation of focused socioeconomic support initiatives benefiting 265 women living with or affected by

HIV, which included mental health skill building for women living with HIV, women core group members—a small group of 5-7 women affected by HIV who play significant role in mobilizing and supporting their peers in Roka community, and healthcare providers at the referral hospital; and increased seed funding to help women core groups start income generating activities.

The Joint Team led the efforts to strengthen the capacity of LovelsDiversity—a network of the lesbian, gay, bisexual, transgender, transsexual, and intersex (LGBTI) community. The support included the development of a digital platform for a regular talk show entitled *Talk with LovelsDiversity* that promotes discussions on issues affecting the LGBTI community. Since its launch, the show has covered a wide range of topics, including life experiences, employment, and marriage with an average of 2000 views per show.

INVESTMENT AND EFFICIENCY

The Joint Team continued to make a significant contribution to ensure the sustainability of Cambodia's HIV response. Technical support was provided for the development of the Global Fund concept note mobilizing US\$ 41.5 million for the HIV response for the 2021-2023 grant period. US\$ 15.4 was also approved by the Global Fund for programmes proposed under the Prioritized Above Allocation Request (PAAR). Intense advocacy and technical support led to the Government committing US\$ 19.7 million (US\$ 11 million allocated for antiretroviral treatment) from domestic resources for the 2021-2023 allocation period—representing 66% of the Government commitment. With technical assistance from the Joint Team, US\$ 852 773 was mobilized through the Global Fund COVID-19 Response Mechanism to mitigate the impact of COVID-19 pandemic on HIV programmes in the country.

Technical guidance and capacity building was provided to the joint Forum of National Networks of people living with HIV and Most At-Risk Populations (FONPAM) to strengthen community-led data collection, analysis, reporting, and evidence-based advocacy initiatives in Cambodia. The Joint Team in collaboration with national and community partners developed community-led monitoring tools to strengthen quantitative and qualitative data from users of HIV services, including key populations to improve service quality and guide programme planning and decision-making in the HIV response.

The Joint Team led a capacity needs assessment of community networks to inform the design of capacity building package to strengthen community engagement and action in AIDS response. The analysis identified several gaps including a lack of capacity in advocacy and communication skills across all organizations participated in the study. Networks of key populations were also found to lack capacity in financial management, human resource management, governance, data systems, and limited understanding of social contracting mechanisms, which need to be urgently addressed to ensure rapid implementation of social contracting. Following these results, the Joint Team worked with people living with HIV and representatives of key populations for the development and implementation of a participatory and responsive evidence-based advocacy toolkit aimed at scaling up advocacy and communications, with links to community mobilization, data systems and community-led monitoring to improve the quality of HIV services.

CONTRIBUTION TO THE INTEGRATED SDG AGENDA

Technical and financial support was afforded for several social media campaigns aimed at raising awareness and galvanizing discussion around gender equality and the rights of the LGBTI community. Technical assistance was also provided to the Sexual Orientation and Gender Identity and Expression Committee (SOGIE) which is led by the Cambodian Center for Human Rights (CCHR) to promote gender equality and facilitate access to legal assistance and psychosocial support among the LGBTI community. These efforts contributed to the Sustainable Development Goal (SDG) 16 that seeks to ensure equal access to justice for all and SDG 5

which addresses discrimination and promotes gender equality and the inclusion for diverse groups, including people from the LGBTI community, in the affairs of society.

As part of the integrated response towards the attainment of SDG 4 which promotes quality education, the Joint Team supported the Government in the development of the Out-of-School Youth Comprehensive Sexuality Education Strategic Plan 2021-2025 and rollout of Comprehensive Sexuality Education across the country.

The Joint Team also promoted the effective partnership with civil society, donors, technical and development partners to ensure synergy and optimize the impact of the national HIV response. This was in keeping with SDG 17 that seeks to strengthen the means of implementation and revitalize the global partnership for sustainable development.

CHALLENGES AND LESSONS LEARNED

The COVID-19 pandemic created a significant economic slowdown affecting the livelihood of vulnerable and key populations, particularly female entertainment workers in Cambodia exacerbating risks to HIV infection and violence. The pandemic also disrupted access to HIV treatment and care services for people living with HIV and HIV prevention services among key populations. Unforeseen mobility of people living with HIV and key populations during the pandemic also imposed challenges in access and adherence to treatment services. Pandemic-related lockdowns and social restrictions further challenged inclusiveness, participatory approaches, and the trust building processes with the LGBTI community. Lessons learned showed the need to accelerate implementation of innovative services delivery models, such as HIV self-testing, MMD, and other virtual interventions to ensure continuity of services and improve access for hard reach populations with higher risk of acquiring HIV.

National laws and policies, and sociocultural norms continue to prevent young key populations from accessing HIV and sexual and reproductive health services. Criminalization of drug use and government-led campaign against the use of illicit drugs remain barriers to accessing harm reduction and drug treatment services among people who use or inject drugs. Despite continuous advocacy efforts, significant challenges, including stigma and discrimination continue to hinder the scale up the IDPoor scheme for key populations.

Private sector engagement in the HIV response remains low, due to limited compliance to national HIV guidelines, weak reporting mechanisms, poor coordination between private and public sectors, and perceptions that the role of private sector is limited to treatment services.

Limited social contracting implementation frameworks and modalities continue to impede the scale up of community-based HIV programmes aimed at advancing the HIV response. Lessons show the need to further encourage dialogue on social contracting, and promote engagement of civil society organizations in advocacy efforts.

Report available on the
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