THE NATIONAL AIDS AUTHORITY
Achievement 1998-2003 and Priorities needs for 2004-2006

1- HIV/AIDS Situation

By the use of the Asian Epidemic Model (AEM) and based on the results of 8 rounds of HIV/AIDS Sentinel Surveillance and 6 Rounds of Behavioral Sentinel Surveillance, the Ministry of Health estimates the that there is a reduction of the Number of people currently living with HIV/AIDS from 175,000 in 1998 to 157,500 in 2003.

Number of people currently living with HIV/AIDS

This means that the prevalence of HIV infection on 15 to 49 years old people has dropped from 3.3% in 1997 to 2.6% in 2003. This clearly demonstrates that the joint efforts of the Royal Government of Cambodia, legislative branch, Civil Society, local authority , private sector and especially the participation of PLWAs enables Cambodia to become one of the five successful countries in the world in the fight against HIV/AIDS.

Prevalence of HIV infection on 15 to 49 years old

On the other hand, this model estimates that the Cumulative AIDS Death had in crease from 30,300 in 1998 to 78,700 in 2002. Moreover, it is known that Cambodia is unevenly attacked by HIV/AIDS epidemic where the west of the country is much more affected by comparison to the central and east parts.

Cumulative AIDS Death

There are a number of concerns that need to be brought into consideration

- HIV/AIDS epidemic is generalized and reaching rural and urban area alike.
- In contrast to High risk Behavior Groups, there is no drop in incidence on housewives and babies. In 2002, 42% of new infection occur through the transmission from husbands to wives. Peri-natal transmission is then ranked as the second highest route of transmission.
- On the other hand , there are emerging there are new groups with increasing risk behavior such as Garment Factories Workers , Migrants (internal and cross border) , young people (in and out of schools) drug users, MSM (Men have sex with Men)
- The burden for Care and Support are increasing with accumulation of new HIV infected and AIDS patients to the current PLWAs. Access to care and treatment services is another concern partly because of the costly drugs both for Opportunistic infection treatment and Antiretroviral Therapy.
- Up to the year 2002, the Ministry of Health estimated that there are around 94,000 deaths due to AIDS leaving behind almost 100,000 children and old people without support (Source AEM). This pauses a serious need for impact mitigation that should go along with prevention, care and support efforts.

2- Achievement 1998-2003

Overall achievement

- Owing to the Ministry of Health's estimates, it was found that the combined effort for about 10 years (from 1991-2002) of government institutions, civil society, local authority along with technical and funding support from United Nations agencies and donors help us to prevent 700,000 people from being HIV infected, almost 100,000 people had undergone Testing and counseling services, 2000 AIDS patients had access to ARVs, and 100 Million condom was sold. During 1998-2003 74 Millions USD (mostly from UNs and donors) have mobilized to the response to HIV/AIDS. Around 80 NGOs have been working on HIV/AIDS.

Laws, Policies and Structure

- In 2003, the National Assembly passed the Law for Prevention and Control of HIV/AIDS enabling an effective prevention and a better environment for the quality of life of those infected and affected by HIV/ AIDS through provision of care and welfare services.

- Since HIV/AIDS is considered as a National Priority it was integrated into the Socio- Economic Development Plan II and The National Poverty Reduction Strategy. (NPRS).

- The creation of the National AIDS Authority as a National body for coordinating and facilitating comprehensive and multi-sectoral response to HIV/AIDS. This mechanism comprises 26 Ministries and 24 Provinces and Municipalities which had extended their respective vertical and horizontal network down to district level.

- In late 2003, the National AIDS Authority- Coordinating Committee (NAA-CC) has been created to coordinate with UN agencies, Donors and major NGOs through regular monthly meeting.

- Special Coordinating body between GOs and NGOs has been created to orchestrate campaigns during World AIDS Day, Water Festival and Candle light Memorial.

Sectoral Policies

- In 2002 The Ministry of Cults and Religions passed the" Policy on Religious Response to the HIV/AIDS Epidemic in Cambodia"
- In 2003: The Ministry of Women and Veteran Affairs passed the Policy on Women, the Girl Child and STI/HIV/AIDS.
- In 2003 with support from donors (USDOL, WVC...), International Labor organization and the Ministry of Ministry of Social Affairs Labor and Youth Rehabilitation launched Code of Practices Regarding HIV/AIDS in the Workplace.

Strategic Plan Development

- In 2001, the NAA launched the National Strategic Plan for Comprehensive and Multi-sectoral response to HIV/AIDS 2001-2005.
- Subsequently, five Ministries had developed their Strategic Plan for the response to HIV/AIDS namely, Ministry of Health, Ministry of National Defense, Ministry of Education Youth and Sport, Ministry of Social Affairs Labor and Youth Rehabilitation and Ministry of Rural Development.
- Besides Battambang and Siam Reap Provinces had succeeded in developing their Comprehensive and Multisectoral Plan for HIV/AIDS Response.

Program Interventions

Based on the implementation of the National Strategic Plan for Comprehensive and Multi-sectoral Response to HIV/AIDS, Cambodia had launched initiatives for a changes in the development of our Prevention, Care

and Support and Mitigation of impact interventions both in the government institutions and Civil Society

Prevention

- The implementation of country wide 100% Condom Use Program succeeds in reducing HIV Prevalence among Direct Sex Workers from 51% in 1998 to 28.8% in 2001. However, this program is also covering indirect sex workers as well.
- With an countrywide 100% Condom use Program addressing brothel based sex work, unsafe sex with direct Sex Workers is remarkably reduced (Rate of consistent condom of men visiting brothels is increased from 43% in 1997 to 87% in 2003).
- Up to 2003, Peer Education Program has been successfully covered 70% of the Military forces and 25% of the Police force.
- The two High Patriarch Monks and the Ministry of Cult and Religion along with support from donors land civil society manage to increase the participation of monks, achars and nuns in HIV/AIDS response. Countrywide, around 50,000 Buddhist monks are integrating HIV/AIDS issues into moral preaching by asking their disciples to adopt safer behavior.
- Ministry of Education Youth and Sport tries hard to give background information and skills on HIV/AIDS aiming to protecting up to 20% of in school students and 70% of teachers countrywide.
- With the support of Ministry of Social Action Labor Vocational Training and Youth Rehabilitation a long with support from United Nations NGOs employers and employees, HIV/AIDS interventions has been undertaken to 30 out of 200 Garment Factories country wide covering approximately 20%.
- In Private sector , efforts has been made to provide HIV/AIDS education to Beer Girls, Hotels , casino staff, Caltex, Coca Cola staff, driving school students.
- Ministry of Rural Development Community infrastructure such as Village Development Committee, Village Health Volunteers and Youth volunteers in 6 provinces to increase community response to HIV/AIDS in 1,000 villages.
- Nowadays, mobile population is attracting the concerns of government NGOs and donors agencies. However, the coverage of the activities with this group is still limited.
- Besides social marketing of condom leads to an incremental sale with 100 Million condoms sold between 1994 and 2004. The annual sale in 2004 alone is about 20 million.

Care and Support

- For care and support there is also a remarkable improvement. The expansion of Voluntary and Confidential Testing services covers 13 provinces and municipalities with 49 VCCT Centers where 18 are

managed by NGOs. The total number of people undergone HIV testing & Counseling from 1998 to 2003 is 90, 318. Up to 2003, 2000 out of 22,000 PLWAs have access to free Anti Retroviral Therapy (ARV). In order to expand care and support services, the Ministry of Health develops policies and strengthens its structure to improve interventions. Friends Help Friends (Modul Mith Chouy Mith MMM) and Home Based Care team have been expanded to operational district and commune levels to encourage the use of services at local level. On the other hand, the Ministry of Health encourages the involvement of private practitioners to observe health care standard for improving the quality of services. Moreover, there were efforts from Blood safety, Tuberculosis, Maternal and Child Heath and Reproductive health to contribute for a join response to HIV/AIDS.

- Besides, the right of People Living with HIV/AIDS (PLWAs) and those who are affected by this epidemic. The Cambodian PLWAs Network (CPN+) work with 1000 members of 24 groups in 10 Provinces to reach 4000 PLWAs in the country to improve their involvement for the response to HIV/AIDS.
- Nowadays, the National AIDS Authority with the support from donors and Non Governmental Organizations is developing the Guidelines for the Implementation of HIV/AIDS Law leading to the training of Commune Councils to reduce stigma and discrimination to PLWAs.

Mitigation of impact

- With the support from WFP and through partnership with Ministry of Health and NGOs (KHANA, WVC and Caritas), 4,000 households living in food insecure areas had receive monthly food rations.
- Some NGOs such as NPC, BFD, PC, SCC, COERR, SCFA, TPO, Tear Fund, SHCH, Marknoll, NYEMO, Caritas... provide some inputs for the mitigation of impact of HIV/AIDS.
- Beyond prevention, care & Support and mitigation of impact, the National AIDS Authority gained a strong support from UNDP to build the capacity for deep response to HIV/AIDS though Leadership for Results Program where 200 participants (2 Groups) coming from different level and different background joined 3 separate sessions On the other hand, 7 Provinces has initiated Community Capacity Enhancement to empower community for a sustainable response at local level.

International Collaboration

Since Cambodia is a developing country, HIV/AIDS Program of both the Government and the civil society is collaborating with United Nations agencies and international donors to mobilize the resources for the response to this epidemic:

Table 1- FINANCIAL CONTRIBUTION TO NATIONAL RESPONSE ON HIV/AIDS								
(Contribution in USD)								
	2001	2002	2003	2004	2005	2006	2007	2008
National budget (NCHADS)	733,071	937,000	945,800	950,000	950,000	950,000	950,000	950,000
National budget (NAA)				378,454				
World Bank Credit	1,093909	500,000						
EXTERNAL								
ADB Grant to (NCHADS)	45,540	711,645	723,244	1,215623				
WB Grant to (NCHADS)				400,000	400,000	400,000	400,000	400,000
French Cooperation Grant	76,000	544,000	544,000	200,000				
DFID Grant to NCHADS			1,308800	1,566283	1,566283	1,566283	1,566283	82,130
DFID Grant to NAA			537,263	778,202	847,118	780,163	752,265	50,430
DFID Grant to MoEYS			743,901	1,209038	1,219141	1,167719	1,195315	53,333
DFID Grant to BBC			800,000	1,197000	1,197000	1,197000	1,197000	
DFID Grant to PSI	1,000000	1,300000	1,300000	1,500000	1,500000			
EU-Grant through ITM				1,500000	1,500000	1,500000	0	0
Research Consortiums (UNSW. etc.)			100,000	600,000	600,000	0	0	0
USCDC-GAP Grant to NCHADS, NIPH		1,400000	1,400000	1,400000	1,400000	1,400000	1,400000	1,400000
USAID Grant to NGOs	4,700000	6,200000	9,164388	10,000000	1,000000	1,000000	1,000000	1,000000
Other NGOs	3,559925	3,714492	4,765000	4,500000	4,500000	4,500000	4,500000	4,500000
UNDP through NAA	1,482050	400,000	129,565	746,985	896,750	3,000		
EU/UNFPA	900,000	760,000	147,069	1,328077	1,200251			
UNFPA		456,151	842,081	198,906	284,578			
WHO	256,300		172,843					
UNICEF	1,493000	1,434000	2,157000	1,970000				
JICA	70,000							
UNAIDS	80,000		366,340	192000	422000			
GRATM (R1+R2+R4)	0	0	8,208155	8,404947	3,249676	5,545308	7,855898	8,805807
TOTAL RESOURCES AVAILABLE	15,489795	18,357288	34,337449	40,235515	31,732797	29,009473	29,816761	26,241610

3- Priorities areas for HIV/AIDS Response

HIV/AIDS epidemic is an emerging public health and development concern. The paradox is that it requires effective attention at this early, less evident stage of the epidemic, and of Cambodia's transitions to modernity and development, if a public health crisis is to be averted.

The vision of the Royal Government of Cambodia for the country's economic development and social well-being is contained in its Rectangular Strategy. The inter-connectedness of the HIV epidemic and development should be able to be shown through this strategic framework as a guide for the priorities areas selection for HIV/AIDS response in the next two years.

The first side of the Rectangular strategy is building Peace, Political Stability, and Social order for the nation and people.

The achievement of peace, security and stability is directly related to the strength of civil society and its organisations, to the emergence of moral leaders and public intellectuals, and to the creation of social capital. Without each of these, Cambodia will not be able to respond effectively to the HIV epidemic.

The second side and third side of the Rectangular strategy is "Cambodia's integration into the region and normalizations of relationships with the international community" and building "Partnership in development"

Cambodia needs to ensure that it negotiates and legislates WTO membership such as to take full advantage of the TRIPS provisions that would enable it to access existing HIV treatment drugs and new HIV treatment drugs and vaccines in the most appropriate and equitable manner.

Cambodia's integration into the region will strengthen its ability to initiate and join in inter-country and sub-regional responses to the shared problems of the HIV epidemic. It will also facilitate Cambodia's ability to enter into effective public-private partnerships to improve accessibility, quality and affordability of HIV drugs and technology.

The fourth side of the Rectangular strategy is to promote "Favorable macroeconomic and financial environment"

To enable capacity building and human resource development, public administration reform has to be decentralized and deconcentrated. HIV/AIDS epidemic requires the principle of subsidiary: that responsibility for action be devolved as close to communities as possible. It requires strong and functioning local and regional government and civil society organizations. Local coordination and collaboration mechanisms need to be supported and financed. On the other hand planning should ensure the continuing capacity to function of the public sector, especially of the health and education sectors.

Methodology

Priorities areas for HIV/AIDS response in Cambodia depends on the situation and response analysis as gathered through passive and active data collection (both quantitative and qualitative data).

For the purpose of this Consultative paper preparation ,the National AIDS Authority had invited relevant partners from the Technical Board (Ministries including the National Center for HIV/AIDS Dermatology and Sexually Transmitted Infections (NCHADS) of Ministry of Health) , from selected NGO (such as FHI, Khana, PSI,CARE , WVC, HACC, RHAC...) and from United Nations and Donors (UNAIDS UNDP,DFID, ILO , CDC - GAP) to two consultative meetings.

In these consultative processes and based on available data (especially the HIV Sentinel Surveillance (HSS), the Behavioral Sentinel Surveillance (BSS) and the Asian Epidemic Model (AEM) developed by NCHADS in 2002) and the HIV/AIDS response from different partners working both at central level and in the fields, it was recommended that:

1- For prevention:

a. Efforts should be made to continue , to expand and to strengthen existing preventive program targeting identified groups with high risk behavior (such as Peer education with Military , Police , Garment factory Workers, Students, Out of School Youth , Sex workers (both direct and indirect), migrants, MSMs…
b. It is an imperative to support interventions aiming to protect Housewives from being infected by their husbands by innovative and decentralized response down to family and community. This aims to empower people to be responsible for themselves as well for their families.
c. With emerging groups at increasing risks interpersonal intervention such as peer education and media approach can enhance an appropriate social norm and an enabling environment for safer practices and positive networking to reduce the vulnerability to HIV/AIDS.

2- For care and support: It is understood that the rational behind Care and support efforts is to lower down the social and economic burden to the whole country on a growing needs of HIV/ AIDS dependants (both children and elderly) and to improve the quality of life of PLWAs enabling them to continue/ to join their jobs and to have a peaceful living within family and community. Efforts should support the Continuum of Care (COC) Strategies of NCHADS/ Ministry of Health encompassing VCCT (Voluntary Confidential Counseling and Testing), Treatment of Opportunistic Infections, Anti-Retroviral Therapy, Treatment of co-infection HIV and TB, Supporting Home based Care and Mondul Mith Chouy Mith (MMM) and the Monitoring and evaluation of COC Program.

3- For the mitigation of impact: Efforts should increase the coverage to address the needs of Orphans and Vulnerable Children and those affected by HIV/AIDS. Besides institutional care, poor PLWAs are lacking of financial support for their regular follow up visit and at list one year food subsidy to recover and to go back to their work.

Budget availability and gap

1- For Continuum of Care package: Since there is a calculation tools for estimating the need and availability of funding for continuum of care ,it is known that:

a. for 2004, there is no gap in funding.
b. for 2005, $1,948,568 are requested to compliment the existing funding including GFATM.
c. for 2006, $1,918,606 are requested to compliment the existing funding including GFATM.
d. for 2007, $1,990,241 are requested to compliment the existing funding including GFATM.
e. for 2008, $1,952,989 are requested to compliment the existing funding including GFATM.

Table 2- Continuum of Care funding: Availability, total cost and Gap

	2004	2005	2006	2007	2008
Available funds	$11,564,430	$12,446,079	$13,862,281	$14,589,378	$19,787,468
Total need/cost	$11,564,430	$14,394,647	$15,780,887	$16,579,620	$21,740,457
Gap	$0	$1,948,568	$1,918,606	$1,990,242	$1,952,989

2- Combined need for Prevention, Surveillance & Research, Coordination and Institutional Strengthening and Impact mitigation With the recommendations as listed above, there are needs to increase different components:

- Prevention: Interventions for family and community at villages' level is becoming heavy due the large size of this target. Moreover, although existing target groups (Military, Police Workers ...) may no longer need costly intervention as compared to the starting point but groups with increasing risks may require substantial funding support such as migrants, Out of school Youth, Drug users... That is why is was suggested to increase by 25% to the prevention budget in 2004 and onwards.
- Small increase budget increase is made for Surveillance & Research and Impact mitigation.

- However, for Coordination and Institutional Strengthening, there is a need to augment support in order to decentralize response down to community level.

Table 3- The subtotal cost for Prevention, Surveillance & Research, Coordination and Institutional Strengthening and Impact mitigation

	2004	**2005**	**2006**	**2007**	**2008**
Available Fund	28,671,085	19,286,718	15,147,192	15,227,383	6,454,142
Prevention, Surveillance & Research, coordination & Institutional Strengthening, and Mitigation	$10,575,504	$13,591,008	$16,988,760	$21,235,950	$26,544,938
	$18,095,581	**$5,695,710**	**- $ 1,841,568**	**- $ 6,008,567**	**- $ 20,090,796**

Due to this estimate and base on the total resource available (from table I and table 2) it was found that:

- in 2004, there no funding gap.
- in 2005 ,there no funding gap
- in 2006, about 1,841,568 USD are needed.
- in 2007, about 6,008,567 USD are needed.
- And in 2008, about 20,090,796 USD are needed

2004 CG Benchmarks:

1. Expansion of prevention programs to cover drug users, men who have sex with men, factory workers and mobile populations, as well as prevention of Mother to Child Transmission (PMCTC), and Voluntarily confidential Counseling and Testing (VCT).
2. A revised and approved National Strategic Plan (2006-2010) with a unified and functioning Monitoring and Evaluation Framework in place by 2005. This plan is implemented at provincial level by the end of 2006.

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