

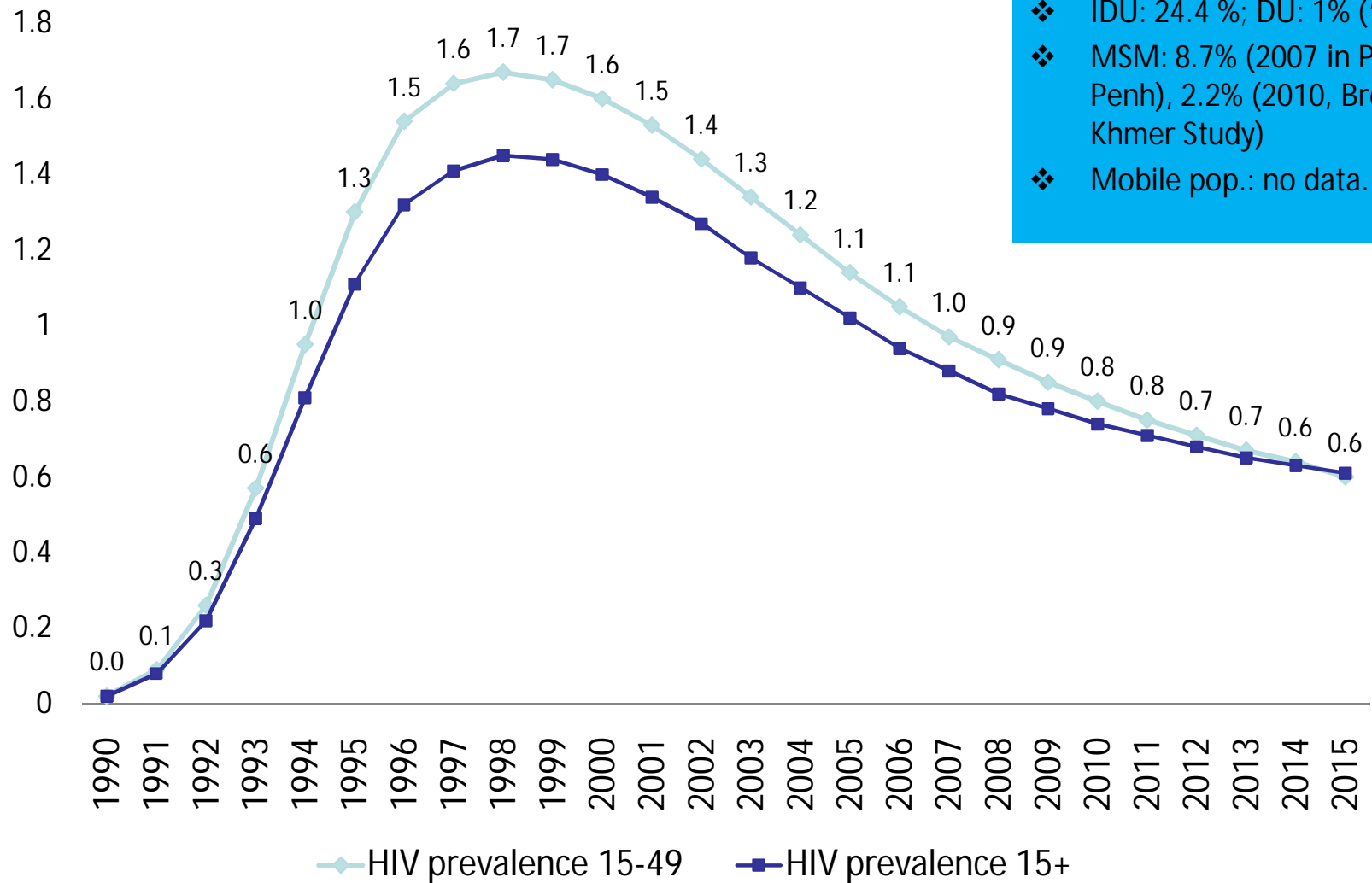
Kingdom of Cambodia

Country Situation; Policy Initiatives
and Proposed Action for HIV/AIDS
and Mobility

Bangkok, July 11-13th, 2012

HIV/AIDS Situation

HIV Prevalence among Pop aged 15+ Vs 15-49



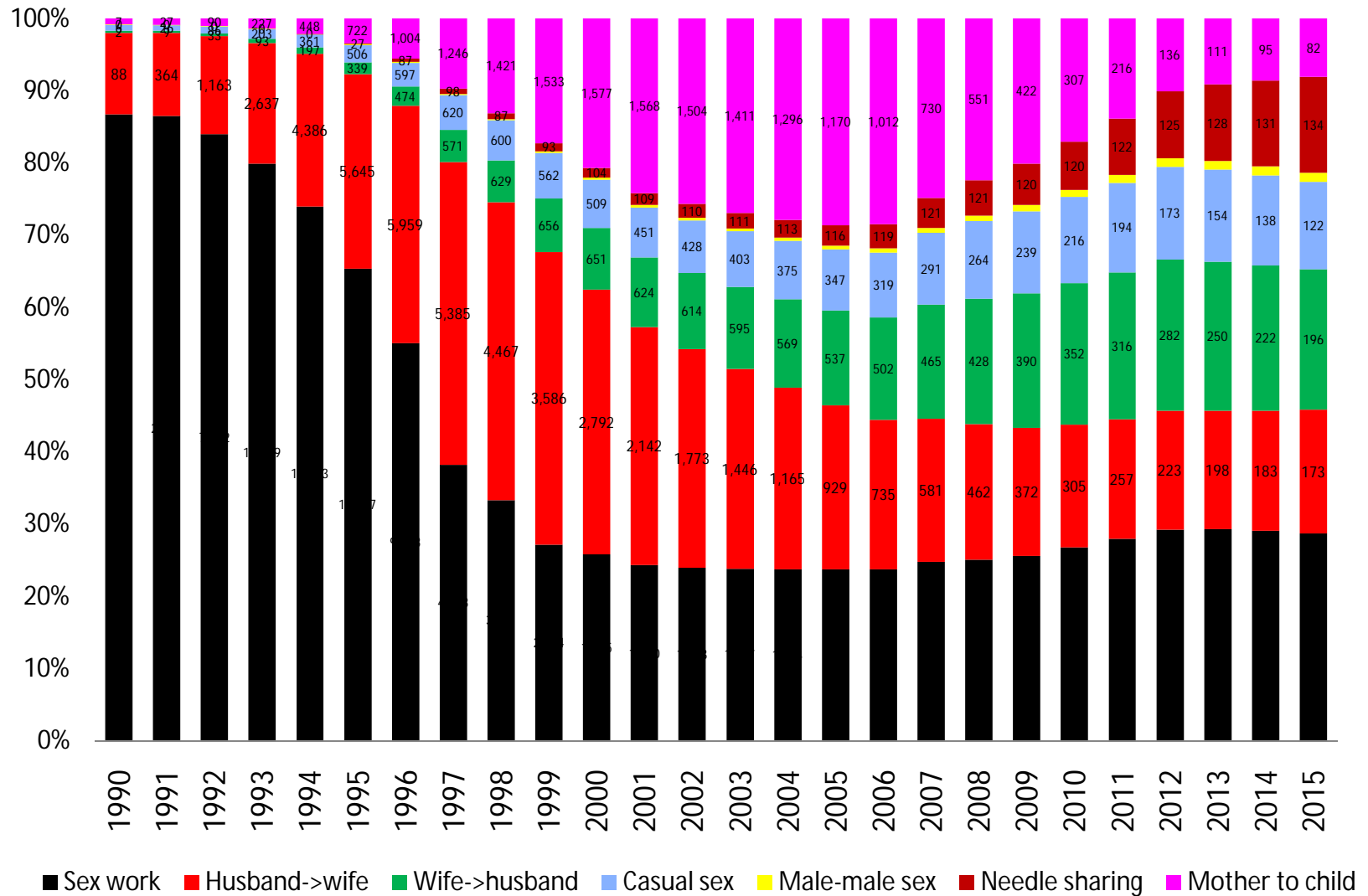
- ❖ EW : 14.4 % in 2010
- ❖ IDU: 24.4 %; DU: 1% (' 07)
- ❖ MSM: 8.7% (2007 in Phnom Penh), 2.2% (2010, Bros Khmer Study)
- ❖ Mobile pop.: no data.

Source: NCHADS and Partners, HIV estimation and projection 2011; Bros Khmer 2012.

HIV/AIDS Situation

Mode of Transmission (3)

Almost 80 %, sexual transmission



Source: NCHADS and Partners, HIV estimation and projection 2011

Situation Assessment: Cross-Border Mobility

- Foreign migrant workers in Cambodia: no data.
- Cambodian migrant workers to Asian countries (no clear data):
 - Thailand: (2005, Thai Mol)
 - 181.579 registered workers
 - Estimated 180.000 other undocumented workers
 - Malaysia: around 20.000 workers (2010)
 - South Korea: 9.000 workers (2010)
 - Saudi Arabia, Katar and Kuwait.
- Actual number currently may be much more than the above, but no update data.

Situation Assessment: Cross-Border Mobility and HIV/AIDS

- No data on HIV prevalence or on sexual behavior among Cambodian migrant workers in nearby countries, neither data on HIV prevalence among migrant workers in Cambodia.
- Estimated 2-3% of PLHIV on ART were reported as migrants in nearby countries. There's report on HIV (+) migrants who misses their treatment follow up.

Situation Assessment

Current access to medical interventions and ARV regimes for people living with HIV

1. Who is eligible and how to access ARVs,
2. ARV regimen in the country
3. Who buys and who produces the ARVs

1. - All HIV positive people living in Cambodia including migrants are eligible for ARVs.
 - HIV-VCCT exist at almost all health centers and referral hospitals all over the country, if tested positive, they will be referred to ART treatment.
 - By the end of 2011: 57 ART sites; 46473 PLHIV are active patients on ART.
 - ART coverage in 2010 is 92 % (UN MDG Award 2010)

Situation Assessment

Current access to medical interventions and ARV regimes for people living with HIV

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2. ARV Regimen in Cambodia

–First Line regimen

- ❖ Zidovudine + Lamivudine (AZT + 3TC)
- ❖ Stavudine + Lamivudine (d4T + 3TC)
- ❖ Zidovudine + Lamivudine + Nevirapine (AZT + 3TC + NVP)
- ❖ Stavudine + Lamivudine + Nevirapine (d4T + 3TC + NVP)

–Second line regimen

- ❖ TDF + 3TC + LPV/r
- ❖ TDF + 3TC + ATV/r

–Alternative with

- ❖ ABC + 3TC + LPV/r
- ❖ ABC + 3TC + ATV/r

3. Cambodia cannot produce ARVs, ARVs are bought from WHO-pre-qualified pharmaceutical companies by Principle Recipient of GF.

Policies & Regulations on HIV/AIDS and Migrant & Mobile Populations (MMPs) at Cross-Border Areas

- Migrant & Mobile Population is one of focused areas in National Strategic Plan for Comprehensive and Multi-sectoral response to HIV/AIDS (III) 2011-2015
- National Strategic Plan for Migrant & Mobile Population & HIV/AIDS 2010-2014 established:
 - Cross-border collaboration is encouraged but lack of clear joint strategies and financial supports.
- Pre-departure policy for registered workers:
 - Enforces **the pre-departure HIV education** for registered migrants through the ministry of labor and vocational training.
 - Undocumented migrants are out of its coverage, some NGOs provide community forums.
- No policy to ban foreign workers from access to ART services in Cambodia.

Proposed Joint Actions for effective health services support system for MMPs

Short-term Priority Actions (2011-2012)

Outcome	Strategies	Actions/Activities
Cross-border coordination body established and working	Strengthen bilateral and regional collaboration in the response to HIV/AIDS among MMPs	<ul style="list-style-type: none"> -cross border coordination mechanism established -regular meeting -develop joint plan and mobilize resource to provide HIV intervention among MMP at least preventive education and referral to existing health services
	Strengthen existing healthcare services esp. along the border to be ready to response to the MMP's or returnees' needs	<ul style="list-style-type: none"> -train healthcare providers

No formal mechanism established yet.

Proposed Joint Actions for effective health services support system for MMPs

Medium-term Priority Actions (2011-2015)

Outcome	Strategies	Actions/Activities
Stigma and discrimination reduced	Reduce stigma and discrimination towards MMPs	<ul style="list-style-type: none"> -Conduct campaign -Media
	Receiving countries or NGOs develop HIV preventive and care program for migrant and mobile population	<ul style="list-style-type: none"> -conduct regular HIV preventive education forums to migrant and mobile population -refer them to health services (VCT, STI, OI/ART...)
Risk and vulnerability of migration fully informed to population	Raising awareness at pre-departure	<ul style="list-style-type: none"> -mass media -community forums -facilitate pre-departure registration -pre-departure counseling