Background
HIV was first detected in Cambodia during serological screening of donated blood in 1991. The first cases of AIDS were diagnosed in late 1993 and early 1994. Between 1995-1998, surveillance data from the National AIDS Program (NAP), showed a significant spread of HIV in several key populations. Cambodia now has a generalized HIV/AIDS epidemic, with 2.8% of population aged between 15 - 49 HIV positive (NCHADS: HSS, 2000).

The predominant mode of transmission of HIV in Cambodia is sexual contact, presumed to be mainly heterosexual. The highest rates of HIV infection have been identified in direct (brothel-based) sex workers, with a national prevalence of 31.1%. A 2,000 household survey found that the HIV prevalence rate among males was 1.8% and females 1.2%, whilst the infection rate among police was 3.1%, and 2.3% for pregnant women tested in ante-natal clinics (HSS 2000). The highest prevalence rates are found in the southeast, central provinces and along the Thai border. The Behavioral Surveillance Survey (BSS) in 2000 found that consistent condom use in commercial sex appears to be rising, although approximately 25% of all Cambodian men recently practiced behavior that puts them at risk for HIV/AIDS.

Strategy
USAID’s Mission in Cambodia supports the country’s response to HIV/AIDS through Special Objective 2: “Reduced transmission of STD/HIV among high risk populations.”

This Special Objective provided the focus when, in 1998, FHI established the Cambodian IMPACT (Implementing Prevention and Care) Project, funded by USAID. FHI/IMPACT Cambodia’s purpose is to strengthen the capacity of Cambodian organizations to respond to the HIV/AIDS epidemic. FHI/IMPACT Cambodia targets the most vulnerable populations, as identified through epidemiological surveillance: sex workers and their clients, and especially members of the uniformed services. Commercial sex work is concentrated in urban areas. Uniformed men are most easily reached in military and police camps.

Program Accomplishments
Since 1998, FHI/IMPACT Cambodia has achieved the following:
- Assisted in providing technical support to the to National Center for HIV/AIDS, Dermatology & STDs (NCHADS) for the design, implementation and data analysis of HIV surveillance survey (HSS), and two National STDs Prevalence and Algorithm Validation Studies.
- Developed a package of coordinated interventions that address HIV/AIDS/STDs prevention and reproductive health and human rights issues related to the sex industry with Oxfam Hong Kong Womyn’s Agenda for Change, and with local partner agencies to facilitate the development of a sex workers’ network under the project “SpeakOut”.
- Worked with the government, the private sector and NGOs to strengthen capacity in STD case management, particularly for sex workers, for other women deemed to be transient, and for highly mobile males, particularly moto drivers and cyclo riders.
Facilitated closer links between sex workers involved in the SpeakOut project and government and NGO who are STD providers to support implementation of the Royal Government of Cambodia’s 100% Condom Use Policy.

Developed an HIV/AIDS/STD peer education program among uniformed service men, implemented in partnership with the Ministry of National Defense, the Ministry of the Interior and the Cambodian Red Cross.

Implemented a pilot HIV/TB project in collaboration with the Gorgas Institute of the University of Alabama in Birmingham and the National Tuberculosis Program (funded by USAID’s Asia Near East Bureau and the Gorgas Institute/UAB).

Piloted innovative projects for children affected by AIDS (CAA).

The Challenges

Improving access to information and to prevention and care services especially for vulnerable and illiterate population.

Decreasing social vulnerability caused by mobility and poverty.

Alleviating the impact of HIV on families and communities.

Planning and coordination of targeted multi-sectoral interventions.

Mobilizing resources and commitment at the provincial level for AIDS prevention and care.

Addressing the gender inequalities fuelling the epidemic.

Future Program Priorities

Policy advocacy and development with National AIDS Authority and selected ministries (Defense, Interior, Education, Social and Women’s Affairs).

Expansion of prevention activities to all key provinces.

Inclusion of mobile populations in surveillance and programs.

Collaboration with key stakeholders to develop model integrated care and support responses.

Strengthening behavior change communication strategies and training.

Interventions in workplaces and for youth.

HIV/TB interventions as entry point for comprehensive package of care, linked to community based care.

Strengthening and replication of model CAA projects nationwide.

Partner Agencies


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