

Human Rights in the context of HIV and AIDS in Cambodia

(Human Rights Council resolution 47/17)

1. Country context:

- Since 2019, Cambodia has been implementing the 5th National Strategic Plan for comprehensive and multisectoral response to HIV and AIDS (NSPV) with the engagement of key stakeholders in health and non-health sectors to get involved on AIDS response. With the call of **Samdach Prime Minister Hun Sen** to all compatriots to join the Royal Government of Cambodia in a national movement to end AIDS by 2025, the plan was developed with inclusive, people-centered approach and human rights-based development, particularly in reducing inequalities, promoting gender equality, fulfilling rights in accessing health services as well as improving access to social protection and enabling environment support, thereby advancing progress towards the Cambodian Sustainable Development Goals (CSDGs) and promoting human rights.
- Cambodia is one of only seven countries globally to have achieved UNAIDS' 90-90-90 targets in 2017. In 2021, Cambodia has achieved 84%, 100% and 97% of the three targets 95-95-95. However, in the last phase of the battle, stronger leadership, closer partnership and smarter investment are required to enable the country to attain the 95-95-95 targets in 2025 and to move from dependency to sustainability. Cambodia needs to adopt System Strengthening approach to support programmatic interventions and maximize the impacts.

2. UN Political Declaration and Commitment

- From the National AIDS Authority (NAA)'s Policy Advisory Board (PAB) Meeting and the Annual National AIDS Conference in December 2021, the Royal Government of Cambodia is committed to adopt the UN Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030.
- Cambodia is committed to increase the proportion of HIV services delivered by communities (80% on Prevention, 60% on Enabling Environment and 30% on Care and Treatment), including by ensuring that, by 2025, community-led organizations deliver, as appropriate in the context of national programmes.
- Cambodia has been decentralizing the response to sub-national level to ensure local ownership at province, district and commune for contributing to AIDS response.
- Along with the UN Political Declaration, the National AIDS Authority has been advocating for a moving away from a command-and-control planning process towards a process focused on dialogue and debate, and from a more static planning cycle towards a dynamic, flexible, open and pluralist planning process, owned by the community of stakeholders.
- Leadership, Partnership and Investment are the three guiding areas of focus of institutional strengthening for decentralizing the response to sub-national level to ensure local ownership at province, district and commune AIDS response.

3. The ongoing efforts for Human Rights in the context of HIV and AIDS in Cambodia

Over the past three years, Cambodia has been coordinating with key stakeholders including to review laws and policies, adopt and implement reforms to remove legal and structural barriers that hinder an effective HIV response with a focus in 3 important areas (see the Annex).

1. Cultivating champions

- In the last Policy Advisory Board (PAB) meeting of NAA in December 2021, the Triangle concept has been adopted to allow smooth cooperation and communication between 1) Health care providers, 2) Beneficiaries/ clients /patients and 3) Policy makers at all levels to address inequalities to end AIDS. To ensure consistency and coherence of on policy formulation/ reform and implementation, key stakeholders at national, provincial, district and commune need to be aligned and linked to each other in a national movement to support programmatic interventions.
- National AIDS Authority strongly supports the '80-30-60 goals of the Political Declaration of the United Nations in June 2021, so that KP and PLHIV can fully play 'acting and leading' roles in the HIV response and not just as beneficiaries of the programmes. In this regard, considering the current situation, the National AIDS Authority wishes the Development Partners to continue assisting our response both on programmatic and institutional strengthening for ending AIDS in Cambodia.
- Every month, the Technical Advisory Board (TAB) meets to observe the progress toward the outcomes of each strategic area of NSPV. This platform allows a wide range of professionals in different sector including the judiciary, legal, and medical professionals, the media and law enforcement officers to challenge and change harmful practices by some police and public security agencies that tolerate or turn a blind eye towards abuses of key populations.
- Since December 2016, HIV and AIDS have been included in the Village Commune Safety Policy of the Ministry of Interior. From 2018 to 2020, under the support of GFATM, 705 participants (with participation of key affected population (KP), Policemen, Local Authority officers) have been trained in Most-At-Risk Populations Community Partnership Initiative to create an enabling environment and addressing GBV to support Programmatic response of Government and CSOs in 8 priority provinces. Significant progress against key indicators of the End line Evaluation (2020) especially on service utilization and experience of arrest, violence, or harassment as compared to Baseline study (2017).
- All key stakeholders, governments, UNs agencies, CSOs and KP networks have fully participated in all levels of country mechanism such as in Country Coordinating Committee (CCC) for GFATM, PAB, TAB, Government and Donors Joint Technical Working Group (GDJ) on HIV, Provincial AIDS Committee and Commune AIDS Committee). Representatives of PLHIV and KP networks have regularly participated in existing national and sub-national mechanisms and also were selected to attend international meetings of the UNs at regional and global level.
- Owing to the fact that significant increase of new infections among young MSM and TG, their greater involvement in designing and expanding the uptake of self-

testing, PrEP, differentiated prevention, care and harm reduction services has been considered as an important for expanding friendly services.

- During the COVID-19 pandemic in the first half of 2021, Community Workers has been contributing to turn crisis into opportunity while quadrupling the same-day ART initiation as compared to the same period in 2019 with almost 1100 newly diagnosed PLHIV. Similarly, MMD coverage among eligible PLHIV has risen from 29% in 2019 June to 52% in 2021 June. Besides the Outreach Workers have been minimizing prevention service disruption by expanding virtual outreach in time of COVID-19 pandemic reaching 18,640 MSMs in first 6 months of 2021 as compared to only 641 in the first month of 2020.

2. Empowerment, participatory approaches and meaningful inclusion

- Community-based responses have been paramount to the successful delivery of services along the HIV prevention to treatment continuum and KPs and PLHIV have been highly engaged in the HIV response.
- The Cambodian People Living with HIV Network (CPN+), the ARV Users Association (AUA) and Joint Forum of Networks of PLHIV and MARPs (FONPAM) represent the interests of PLHIV and KPs in policy decisions, playing integral roles in community support and advocacy, including on stigma and discrimination and PLHIV human rights issues, as well as implementation of and engagement in community-based interventions.
- Representatives of KP and PLHIV networks have been selected to represent their peers in CCC/GFATM and work with provincial/district Networks to voice out their concern to policy makers and key stakeholders to ensure that community voices can continue to advocate for action to end discrimination, violence and other human rights violations and participate in reform processes.
- Prior to CCC meeting, pre-consultations designed for KP and PLHIV to ensure a good understanding of the issues to be discussed and to encourage their participation so that their voice are heard.
- To complete the 'Triangles', in July 2020, the NAA ordered provinces, districts and communes to include representatives of KP and PLHIV network in their respective AIDS Committees to allow them to discuss and find solutions to address sensitive issues such as sexual orientation, gender identity, gender equality, drug use issues and inequalities in accessing health and non-health services.

3. Increased focus on location and population

- Cambodia has been implementing Fast Track Cities Initiatives (FTCI) in Phnom Penh, Battambang, Siem Reap and Banteay Meanchey which account 68% of KP and 48% of PLHIV. This approach requires focusing resources on high-impact programmes in the geographical areas and among the populations in greatest need.
- Those four provinces will be the first to implement the Government Order 213 to generate domestic resources allocation in health and non-health sector to complement the gaps of the current program.

- In Battambang from 2021, representatives of KP and PLHIV network, who are coordinating with Outreach Workers and Community Workers at ART sites, report their Community-Led-Monitoring (CLM) and Patient Satisfaction Feedback (PSF) reports to Provincial AIDS Committees for addressing barriers in accessing health and non-health services at local level.
- The Ministry of Economic and Finance (MEF) allocated national budget in the amount of 20,000\$/year to enable Provincial AIDS Committee to accelerate the HIV response in those FTCL Provinces to reach 95-95-95 target by 2025.
- The Government's Order 213 issued in February 2019 requested as in the policy measure number 1 that the Ministry of Interior (MoI) and MEF allocate specific HIV/AIDS budget package in Commune Development Plan and Commune Investment Plan (CDP/CIP); and as in the policy measure number 2 that social protection be provided to all PLHIV individuals.
- Ministry of Health (MoH) developed ART guideline that consists of U=U guideline for all PLHIV without discrimination. Health facilities have been set up for eliminating discrimination and harassment against PLHIV and KPs.
- To eliminate all form of stigma and discrimination, Cambodian Red Cross (CRC) has also implemented a program on social support, and social and psychology rehabilitation across the country.

4. Integration of legal and human rights issues into planning, budgeting, programming, monitoring and evaluation

- Cambodia provides full right and meaningful participation of PLHIV and KPs in all levels of coordination mechanism from policy, strategy, program and monitoring and evaluation in respecting the principle of "No One Left Behind" and "People Centered Approach".
- Representatives of KP and PLHIV network have been actively involved in the process of GFATM's Fund Request Application (FRA) and PEPFAR's Country/Regional Operation Plan.
- Representatives of KP and PLHIV network in CCC/GFATM meet on quarterly basis and participate in the CCM Oversight visit to observe the implementation of GFATM's program and legal and human rights issues.
- Community-led monitoring (CLM) has been implemented by local community-based organizations and other civil society groups including KP networks working on prevention area in 7 priority provinces and initiated actions for change for local authority, health care workers and police.
- Patient Satisfaction Feedback (PSF) has been implemented with PLHIV in 50 out of 70 ART sites throughout provinces to improve the quality-of-AIDS care services.
- Legal and policy barriers in programming and in institutional strengthening have been brought to routine technical and policy level meetings with participation of KP and PLHIV for improving law enforcement on health and non-health sectors.
- The Policy measure number 4 of the Government's Order 213 request funding support to CSOs working on HIV and AIDS from domestic resources.

Annex on Human Right in the context of HIV response in Cambodia (2021)

These tables were updated in 9 Feb 2022 by representatives of Government institutions such as NAA, NCHADS, NACD, MOWA, MOSVY, UNAIDS, CSOs (KHANA, RHAC, CRS, FHI-Epic, HACC), representatives of Key populations (FONPAMs), representative of PLHIV such as CPN+, AUA....

Source: Legal and policy trends Impacting people living with HIV and key populations in Asia and the Pacific 2014–2019, UNAIDS 2021.

1. Punitive laws affecting people living with HIV and key populations (Status 2019 Vs 2021)			
PLHIV and KP	HIV travel or migration restriction	Green	No HIV-specific travel or migration restrictions; no requirement to undergo HIV test as condition of visa or entry permit.
	Offence for HIV transmission, exposure or non-disclosure	Red	Very few cases on this offence for HIV as The Law on HIV Prevention and Control, 2002 has been publicly disseminated and educated.
	Consensual sex between adult men illegal	Green	No comment
	Sex work in private illegal	Orange	Cambodia's laws, sex work is in gray status. However, prostitution in Cambodia is illegal, but prevalent. The comprehensive Law on Suppression of Human Trafficking and Sexual Exploitation, which was enacted in 2008, punishes the trafficking of people, the managing of prostitutes and the maintaining of brothels, as well as soliciting in public and distributing pornography. The mere act of exchanging sex for money is not outlawed.
	Soliciting for sex work illegal	Red	The Comprehensive Law on Suppression of Human Trafficking and Sexual Exploitation 2008 punishes the soliciting in public and distributing pornography.
	Corporal or capital punishment for drug offences	Green	No comments
	Compulsory centers for people who use drugs	Red	Comment for change to Orange: Compulsory treatment centers still exist in Cambodia. However, at the same time Cambodia has introduced

		<p>and scaled up community-based drug treatment (CBTx) program at health facilities across the country, since 2012. However, the CBTx service uptake remains challenge and numbers of clients accessing the services are still low</p> <p>Drugs Control Law, 2012- Chapter 6 on Treatment and Rehabilitation Measures from Article 100- 104, is existed and promote the CBTx services. Harm Reduction and Needle Syringe Exchange Program have been operated and licensed by NACD to NGOs, since 2004 for all drug users. The draft CBTx Guideline has been developed, but has not yet officially endorsed, although some parts of it were introduced for implementation, under the National Anti-Drug Campaign, under the leadership of the Minister of Health.</p> <p>Efforts made for Drug victim: Community Base Drug Treatment, SOP on CBTX in 2012 all over the country and harm reduction HIV in close setting</p> <p>The National AIDS Authority implemented a project: Most at Risks Community Partnership Initiative (MCPI) to create enabling environment for HIV response in 8 targeted city-provinces (2018-2020)</p> <p>Suggestion for Police training to apply SOP CBTX (police as facilitators) and harm reduction policies</p> <p>Fast Track Cities Initiative is developed in implementing in hot spots cities-province. This project coordinate Police and local authorities to work closely with KP/PLHIV representatives.</p> <p>HAARP Project (2012-2015) – developed the National Harm</p>
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			<p>Reduction Training Curriculum for Police and many policemen were trained under this project.</p> <p>Asia Harm reduction program (2017-2020)- all in aim to promote the greater partnership between most at risk community, police, law enforcement officials for the sake of HIV prevention and controls. But more works required including the training to police and law enforcement officials across the country to achieve this wonderful partnership.</p>
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