KINGDOM OF CAMBODIA
NATION - RELIGION - KING

MINISTRY OF HEALTH

No.....

Phnom Penh, Date: 04 / Feb /2022

Inputs into
Report of the Independent Expert on protection against violence and discrimination Based on sexual orientation and gender identity on the realization of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health in relation to realizing the SDGs?

Introduction: Improving health and well-being of the population

Cambodia has achieved almost all MDGs' health-related targets several years ahead of schedule. Considerable improvement has been made in terms of improving the health outcome of the population through a stronger health system and increased financial risk protection. Improved key social determinants of health, especially economic growth and poverty reduction, played key roles in increasing life expectancy and improving quality of life, hence improved overall health status of the population. Nevertheless, achieving equitable health outcomes across geographical areas (rural vs. urban) and across the population (poor vs. rich) remains a pressing issue to the health system. There has been an impressive gain in providing financial risk protection to the poor through the expansion of Health Equity Fund schemes (HEFs), along with other pro-poor demand-side financing interventions. *Access and coverage*— the gains in terms of access to and utilization of health services resulted from substantial investment in public health infrastructure, extensively expanded road infrastructure, increased households' capacity-to-pay and available private health providers. However, a great challenge is to sustain and further expand the achieved coverage with available resources and within the changing environment, to move towards Universal Health Coverage (source: HSP 2015-2020).

Regarding inputs into Report of the Independent Expert on protection against violence and discrimination, Gender Mainstreaming Working Group of the Ministry of Health, Kingdom of Cambodia has the honor to provide information as follow:

1. **Research: understanding the health care needs of LGTBG and GNC people**
   1.1. Ministry of Health has gathered data on
   - Access to and/or delivery health services:
     - Majority of MSM received HIV prevention information (71.6%), 93.6% of MSM received STI treatment, and 66.6% had test for HIV. [1]
     - Most of transgender women who had sexual intercourse with men had accessed for sexual health services; 71% of TG experience in seeking STI treatment and 44.3% have test for HIV [2].
     - Response from health service providers [3]:
       - Fair treatment for LGBTIQ people
       - Very limited expertise for responding to unique needs of LGBTIQ people
       - Stigmatization and experience of discrimination set barriers for LGBTIQ

[1] National Population Size Estimation, HIV Related Risk Behaviors, and HIV Prevalence Among Men Who Have Sex with Men in Cambodia (NCHADS Jan 2016)
[2] Integrated Biological and Behavioral Survey Among Transgender Women in Cambodia, 2016
[3] Legal and Policy Review LGBTIQ People's Access to HIV, Health, and Social Services in Cambodia, 2019

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to access HIV and health services
    - LGBTIQ's limited understanding about the importance of regular health checkups
    - PMTCT coverage is the proxy for women living with HIV access to ANC and Delivery health service but we don't have the breakdown by KP. In 2020, 86% of estimated pregnant women living with HIV access ANC/delivery services (Source: Cambodia National HIV Estimates 2021)

- The number of new HIV infection per 1,000 uninfected population is about 5 per 1,000 (source: NCHADS- AEM 2021; Source: NCHAD, Cambodia national estimates 2021

- The suicide rates? There were:
- 45.0% of the participants had depressive symptoms, and 21.8% had severe depressive symptoms. *Note: total n=1375* (TG GBV and depression)
- 10.7 % of the respondents (MSM) reported having suicidal thoughts and 6.6 % reported having attempted to commit suicide in the past three months, while 38.8 % had a higher level of psychological distress (GHQ-12 > 3), which indicates poor mental health. *Note: total n=394* (MSM mental health) (4)

- Coverage of treatment intervention for substance use disorders?
  Currently, only a few places in urban areas are providing free medical services for LGBTIQ people, but those free services are for MSM/Gay men and TG Women who are mostly covered as direct beneficiaries by some program, especially HIV program.

  "Trans-men [TGM] have a perception that men don't need health checkups as they are tough. Also, they [TGM] want to be seen like 'real men', they are doing tough and heavy lifting jobs, which can affect their health". A CSO staff member. (5)

- Harmful use of alcohol?
  Answer:
- NCHADS MSM/TG IBBS 2019: A large proportion of MSM (68.2%) used to have binge drink-defined as having six or more drinks on one occasion-in the past 12 months. About 12.8% and 5.0% of MSM had binge drink on monthly and daily basis, respectively. In TGW, 56.3% have had a binge drink in the past 12 months, with 23.3% reported that they used to have it at least once a month.
  HIV, TB and Drug use imposes serious health impacts on LGBTIQ people: "Serious matters concerning LGBTIQ people are HIV/AIDS, STD and TB." Due to depression, or lack of hope for future, some LGBTIQ may start to use drugs. A health education officer for sex workers said, "People who are discriminated by society are vulnerable in many ways, and drug use is a growing concern. Due to depression or hopelessness, many TG Women, TG Men or Bi-sexual who are working as sex workers are using drugs now." (5)
- 88.1 % of the MSM participants reported having drunk at least a full glass of wine or one can of beer in the past three months. The proportion of respondents who reported having smoked at least 100 cigarettes in their lifetime and used any kinds of illicit drugs in the past three months was 19.5 and 5.1 %, respectively. *Note: total n=394* (MSM mental health) (4)
- 75.9% reported drinking at least one can of beer or a glass of wine in the past 3 months. More than half (56.1%) responded that this occurred less than once a month, while 8.1% responded four or more times a week. Of total, 10.1% reported having used some form of amphetamine-type stimulants (Yama, Crystal Ice, Ecstasy), while 0.9% reported having used other drugs (marijuana, heroin, etc.). Of total, 1.5% reported having injected

some form of illicit drugs in the past 3 months. *Note: total n=1375* (TG HIV prevalence and risky behaviors) [6]

- Access to sexual and reproductive health care
  - The majority of MSM participants (71.6%) reported receiving HIV information from outreach workers in the last six months. Approximately two-thirds (66.6%) reported getting tested for HIV, and 49.3% reported having been tested for STI (49.3%) in the last six months. *Note: total n = 838* (MSM in Cambodia, pop size, HIV prev)
    No data can be found among the file u send me for any other high-risk population beside MSM [7]
    There were also sexual and reproductive health care within existing health system in Cambodia. Reproductive and Maternal Health Progress Indicators were:

Indicators	**Last Updated Progress by year**
1- Eliminated Mother-to-Child transmission of HIV, Syphilis and Hepatitis B: a) Mother-to-child transmission of HIV: b) Congenital syphilis incidence: c) Prevalence of HBsAg among children (under 5):	a) 8.75% (2019) b) 63/100,000 live births (2019) c) 0.56% (2017)
2- Reduced Maternal Mortality Ratio per 100,000 live births	141/100,000 live births (Census 2019)
3- Reduced Newborn Mortality Rate per 1,000 live births	18/1,000 live births (Census 2019)
4- Reduced Under-five Mortality Rate per 1,000 live births	28/1,000 live births (Census 2019)
5- Reduced stunting among children (under 5)	32.4% (CDHS 2014)
6- Reduced Teenage pregnancy (15-19)	12% (CDHS 2014)
7- Increased proportion of women in reproductive age (15-49) who have their need for family planning satisfied with modern Methods	57% (CDHS 2014)
8- Unmet need for family planning	11.9% (CDHS 2014)

(Source: National Center for Maternal and Child Health 2022)

- Coverage of essential health services:
  Answer: LGTBG and GNC people use all existing health services at 8 national hospitals, 24 provincial hospitals and 94 district referral hospitals and 1,245 health centers (source: Annual Health Congress Report 2020-2021)

1.2. What steps have been taken to research and understand the health care needs of LGTBI And GNC people of all ages at the national level?
Answer: NCHADS is conducting IBBS for Female Entertainment Worker (FEW) in 2022, IBBS study for MSM and TG in 2023 under Global Fund budget.

1.3. Is this data analyzed through an intersectoral lens, such as by disaggregating data by sexual orientation and/or gender identity, as well as intersecting identities including

social or geographical origin, ethnicity, socio-economic status, nationality or migration status, minority, disability, and indigenous or other identity or status?

Answer: Most of the disaggregation level data is available in the IBBS study among key population (FEW, MSM, TG, PWID/PWUD).

2. **Inclusion: LGTBI and GNC people in the decision-making process**

2.1. What measure have been put in place to consult with and include persons affected by violence and discrimination based on sexual orientation and gender identity on the realization of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health in relation to realizing the SDGs?

Answer:

- LGTBI and GNC people representatives have been included working groups:
  1. Under NAA leadership related to advocacy interventions
  2. Under NCHADS leadership on development of policies, guidelines, SOPs, Concept Notes, etc.
  3. At provincial level
  4. To represent LGTBI and GNC people's voices at community levels

2.2. To what extent are persons affected by violence and discrimination based on sexual orientation and gender identity included in policies, practice around sexual and reproductive health care?

Answer: Affected persons by violence and discrimination based on sexual orientation and gender identity have been included:

- In policy development process related to sexual and reproductive health care service
- And delivery services directly to affected persons That leads to minimize discrimination and exclusion for affected persons

2.3. What support or technical assistance is needed to ensure that the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity people are comprehensively addressed and included in relevant laws, policies and practice?

Answer:

Supports or Technical Assistant (TA) are required on the following:

- Funding and TA supports to revise/update laws and policies
- And funding and TA to development of friendly health service and support the scaling up of health care services to affected persons to provincial levels
- Funding and TA to strengthen monitoring mechanisms of interventions to respond to LGTBI and GNC people needs
- Need funding to supplement to health care providers who provide sexual and reproductive health services to affected persons
- Funding and TA support for conducting assessment of health facilities about SOGIE understanding, and inclusion of LGBTIQ sensitivity in relevant health related guidelines
- More funding for capacity building/training to health care providers on SOGIE sensitive health services, and LGTBI and GNC groups

2.4. What are the main barriers, in laws or practice, for persons affected by violence and

discrimination based on sexual orientation and gender identity to receive care that meets their physical and mental health needs and rights?

Answer:

- Limited understanding on the needs of LGTBI and GNC people among policy makers, healthcare providers and LGTBI and GNC people themselves
- Limitation of friendly health care services for LGTBI and GNC people, especially lack of referral mechanisms to other services needed.
- Very limited availabilities of health services for responding to LGBTIQ people's needs, including mental health and hormone therapy, and limitation of friendly health care services for LGTBI and GNC people, especially lack of referral mechanisms to other services needed.
- Regular coordination among key stakeholders is needed to respond to LGTBI and GNC people needs
- Limited data/ information on LGTBI and GNC people size and needs
- Health Equity Fund (HEF) scheme aims to broadly cover poor population whereas social health insurance scheme under the management of National Social Security Fund (NSSF) is expanding to cover non-poor population, mainly the formal sector. While these schemes do not specify their coverage policy for LGTBI, they may be coverage through their poverty and employment status. However, such coverage may be still limited to support LGTBI and GNC people
- National Actions Plan to prevent violence against women include LBT as one among other vulnerable groups, but all subgroup of LGBTIQ, and the implementation addressing the specific needs of LGBTIQ remains limited.

3. Access; ensuring that LGTBI and GNC people have access to health care

3.1. What measures have been taken to ensure access to affordable non-discriminatory health care services for persons affected by violence and discrimination based on sexual orientation and gender identity?

Answer:

- Health services provision in Cambodia is non-discriminatory health care services.
- Vision of HSP3 2015-2020, Ministry of Health stated that All people in Cambodia have better health and wellbeing, thereby contributing to sustainable socio-economic development
- Friendly health care services for LGTBI and GNC people are available at NCHADS clinic, Chhuok Sar, etc
- Regular training on friendly health care services is integrated into all NCHADS's sessions
- Relevant laws, policies, SOPs and guidelines are in place
- There are coordinating mechanisms in place

3.2. What policies or program exist to address the mental health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity, specifically around depression and anxiety, suicidal ideation, and substance abuse?

Answer:

- There are mental and substance abuse services for PLHIV in Phnom Penh
- Department of Mental Health and Substance Abuse exists under Ministry of Health structure

- Mental health services (for general population) are available in referral hospitals including 2 at National Hospital, 24 at provincial hospitals, 75 at district hospitals and 353 at health centers
- Though mental health service specifically address LGBTIQ/SOGIE remains limited

3.3. What policies or program exist to assist the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity following the experiences of assault or gender-based violence?

Answer:

- Yes, (National Policy and Strategic Plan on Gender Mainstreaming in Health Sector)
- Training Curriculum on Gender Integration in Health Sector
- One Stop Service Center piloted in Kampong Cham and Steung Treng provincial hospitals
- National Guideline for Managing Violence Against Women in the Health System
- The National Protocol on Addressing Violence Against Women
- The Clinical Handbook of Health Care for Women Subjected to Intimated Partner and Sexual Violence. Ministry of health 2016.
- Minimum Standards for Basic Counseling to Survivors of Gender Based Violence Against Women 2015

3.4. Have adequate human and financial resources have been allocated to implement those policies and/or program?

Answer:

- No, Cambodia still needs more funding and TA to support the implementation of those policies/programs

4. Training and Education: health care professional and educational institutions

4.1. Are sexual orientation and gender identity, and the specific health needs of persons affected by violence and discrimination based on sexual orientation and gender identity included in training and education of health care professionals?

Answer:

- Ministry of Health has curriculum on Gender Mainstreaming in Health Sector for Pre- and In-Service Training

4.2. What measures are being taken to provide age-appropriate comprehensive sexuality education inclusive of sexual and gender diversity in educational institutions?

Answer: The teacher and student textbooks for Comprehensive Sexuality Education inclusive of SOGIE for grades 6, 9, and 12 had been completed and teachers training have been conducted.

4.3. Ministry Are evidence based and up to date guidelines that include SOGI issues available? How are they used to influence health related decisions on policies, programing, services including diagnosis manuals, and practices within the health care institutions?

Answer: None

5. Sustainable Development Goals

5.1. Where the state measures its progress SDG3, does it make reference to the health

outcome and needs of persons affected by violence and discrimination based on sexual orientation and gender identity?

Answer: Intervention on violence and discrimination on LGTBI and GNC

5.2. Does the State measure progress against any of the following SDG3 indicators for persons affected by violence and discrimination based on sexual orientation and gender identity? If so, please comment on whether health outcomes are improving or declining:

- Indicators 3.3.1: Number of New HIV infection per 1,000 uninfected population, by sex, age and key populations.
  Answer:
  Both male + female = 0.07
  Female = 0.04
  Male = 0.09
  BY KP:
  Men who have sex with men= 6.1
  Transgender women= 8.9
  Female entertainment workers= 1.8
  People who inject drugs = 9.3 (Source: Cambodia HIV estimates based on AEM-Spectrum 2021)
  A biological survey was conducted on 1646 MSM, the overall HIV prevalence among MSM in this study was 2.3%. The prevalence rates differed greatly by age groups and education levels. Those in the age group of 25 years and older had a much higher HIV prevalence rate 4.6%) than those in the age group of 15-24 years (0.6%). The prevalence was 4.5% among those who had completed 0-6 years of education, compared to 2.0% and 1.2% among those who had completed 7-9 years and > 10 years of education, respectively. (MSM in Cambodia, pop size, HIV risk behavior and prev) (Source: Chuon Pheak, KHANA)

- Indicator 3.4.1: Coverage of treatment interventions (Pharmacological, psycho-social and rehabilitation and after care services) for substance use disorders;

  Answer: There are 2 national hospitals among 8 national hospitals have mental and substance abuse unit; 24 provincial hospitals among 25 have mental and substance abuse unit; 75 district hospital among 94 have mental and substance abuse unit; 353/1245 health centers provide mental health and substance abuse activities (source: department of mental health and substance abuse, Ministry of health 2021)

- Indicator 3.5.2: Harmful use of Alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in liters of pure alcohol?
  Answer: Substance use in general population found 45.5%. For men was 67.2% and in men was 20.2% (Source: Department of preventive medicine, Ministry of health 2016)
  A large proportion of MSM (68.2%) used to have binge drink-defined as having six or more drinks on one occasion-in the past 12 months. About 12.8% and 5.0% of MSM had binge drink on monthly and daily basis, respectively. In TGW, 56.3% have had a binge drink in the past 12 months, with 23.3% reported that they used to have it at least once a month (MSM and TG IBBS 2019).

- Indicator 3.7.1: Proportion of Women of Reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods, including lesbian and bisexual women, and trans person? N

Answer: NMCH data but exclude lesbian. There were 19% (N=Married Women in Productive age = 3,185,772; Used POC, POP IUD, Norplant, Injection…:589,581 (source: department of planning and health information system, Ministry of health 2021)

- Indicator 3.7.2: Adolescent birth rate (aged 10-15 years; aged 15-19 years) per 1,000 women and trans men in that age group, particularly among LBT and GNC young individuals;

  Answer: Based on World Bank, adolescent (15-19) birth rate was 51.26 in 2019. There is no data on adolescent birth rate for age 10-15. There is also no data on LBT and GNC.

- Indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, new born and child health, infectious diseases, non-communicable diseases and services capacity and access, among the general and the most disadvantaged population);

- **Answer:** The latest available data in Global UHC monitoring report 2021 shows that the UHC service coverage index (SDG3.8.1) for Cambodia in 2019 was 61%

- Indicator 3.8.2: Proportion of Population with large household expenditures on health as a share of total household expenditure or income?
- **Answer:** The following financial protection indictors related to SDG3.8.2 were computed by researchers from the National Institute of Public Health (NIPH), using Cambodian Socio-Economic Survey 2019 (CSES 2019) data:
  - % of population with out-of-pocket health expenditure (OOPE) >10% of household expenditure = 17.17%
  - % of population with out-of-pocket health expenditure (OOPE) >25% of household expenditure = 5.71%
  - % of population with out-of-pocket health expenditure (OOPE) ≥40% of household capacity to pay = 6.23%
  - % of population with out-of-pocket health expenditure (OOPE) ≥40% of household capacity to pay by wealth quintile: Q1 = 5.72%; Q2 = 6.82%; Q3 = 6.84%; Q4 = 6.58%; and Q5 = 5.19%. (Source: Dr. Ir Por; National Institute for Public Health)

Please keep this information confidentiality

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