

HIV and AIDS in the Kingdom of Cambodia



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Expanding the Response to HIV and AIDS in the Kingdom of Cambodia – AIDS Impact Model, 2000

Cover Slide

The HIV/AIDS epidemic has become a serious health and development problem throughout the world, including Asia in which it is estimated that over 6 million persons are living with this disease.

While Cambodia has experienced a shift in the epidemic, it's estimated national HIV seroprevalence is still the highest in all of Asia, and the number of people who are both infected and affected by this disease continues to rise dramatically.

Parallel to the shift in the epidemic, a shift in response to the epidemic is occurring that must be further supported and accelerated. The health prevention and control focus of the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) has now been expanded, through the National AIDS Authority (NAA), to elicit the involvement of every sector, every level of government, and every community in a comprehensive and coordinated holistic development approach. Through an even more greatly expanded approach, together with the needed human and financial resources, it is hoped that changes in individual and social behaviors can be brought about to address prevention, control, and mitigation of the HIV/AIDS epidemic in Cambodia.

This presentation about Cambodia's current and projected experience with the epidemic, and the call for specific action by its leaders is a joint project of NCHADS/Ministry of Health and the NAA.

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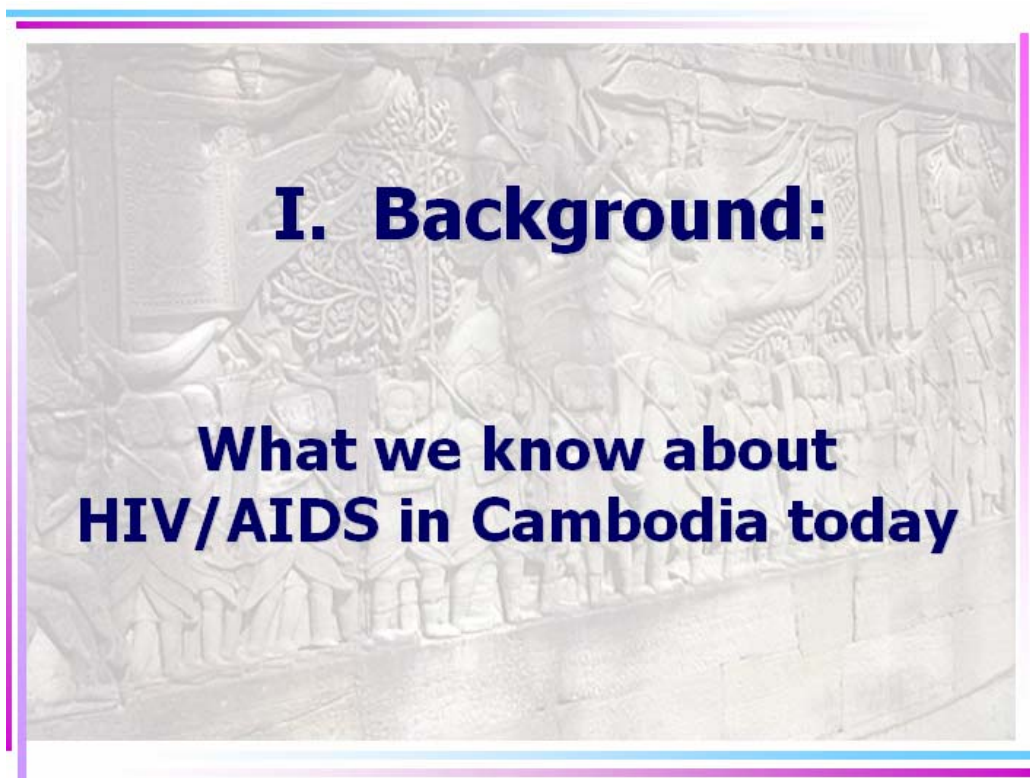
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The information in this briefing is organized into the following four sections:

1. Background – What we know about HIV/AIDS in Cambodia today;
2. Projections – The number of people who might become infected and develop AIDS in the future;
3. The expected Social and Economic Impacts of HIV/AIDS; and
4. What actions are most needed now in order to prevent the further spread of HIV/AIDS and to provide necessary care and support to those affected through the joint efforts of all line ministries and affected persons.



I. Background Slide

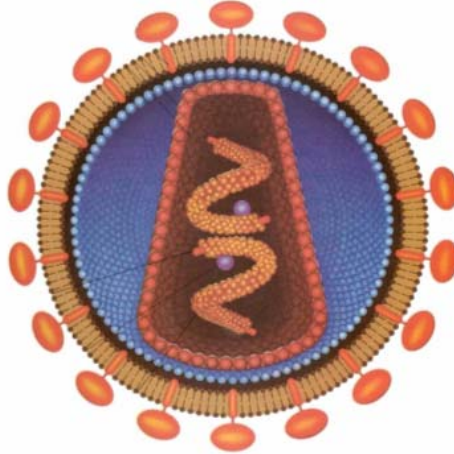
We will start with a brief overview:

- of what is known about HIV and AIDS,
- ways that HIV is spread,
- the incubation period from infection to disease and eventual death,
- how NCHADS currently tracks HIV infections and AIDS cases,
- and the estimate of current HIV/AIDS levels in Cambodia.

It is important to clearly understand the dimensions and scope of this epidemic. Certainly, the level of response will need to match the tremendous scope of this problem.

Of equal importance is an understanding of the factors that contribute to HIV transmission and how changes in specific behaviors can and have reduced the risk of transmission.

The HIV Virus -Human Immune Deficiency Virus



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The HIV Virus – Human Immune Deficiency Virus Slide

Here is a graphic representation of the virus that causes AIDS, a virus for which there is no sure cure or vaccine available presently.

The majority of all people, worldwide, living with HIV/AIDS reside in developing countries where poverty, poor health systems, gender inequality, limited resources, and denial and stigma further fuel the spread of the virus.

What are HIV and AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome.

It is a disease caused by the Human Immunodeficiency Virus or **HIV**

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What are HIV and AIDS? Slide

- ✓ AIDS stands for Acquired Immune Deficiency Syndrome.
- ✓ It is a disease caused by the Human Immunodeficiency Virus, or HIV, and it is defined in terms of how much deterioration of the immune system has taken place. This is evident by the presence of other opportunistic infections, such as tuberculosis (TB).

Virtually all HIV-infected persons die of the disease, AIDS. They do not die from the virus but from the opportunistic infections, such as TB or pneumonia, that invade the body with the breakdown of the immune system.

What are HIV and AIDS ?

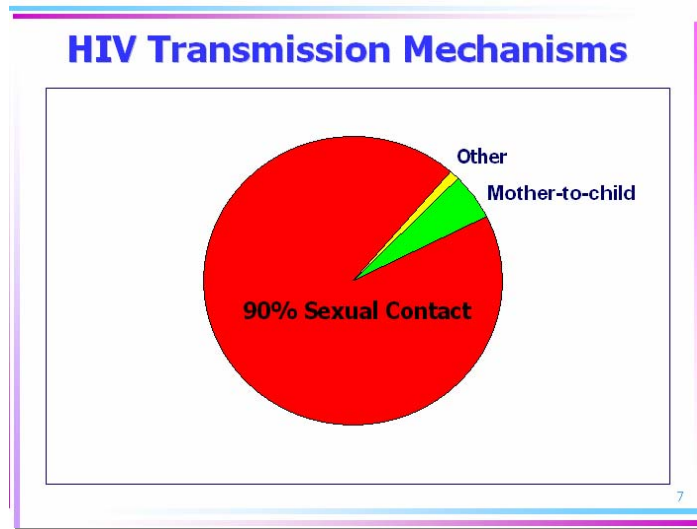
HIV acts by weakening the immune system, making the body susceptible to and unable to recover from other diseases.

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What are HIV and AIDS? Slide

So, by attacking and weakening the human immune system, HIV compromises or neutralizes the body's ability to recover from these other opportunistic infections and diseases.

This also makes it difficult to capture a true picture of the numbers of people with HIV and AIDS; reports do not often include associated opportunistic infections. And some physicians and nurses may not want to record a diagnosis of AIDS because of the stigma attached to the disease.



HIV Transmission Mechanisms Slide

As throughout the rest of Asia, there are two major ways in which HIV is spread in Cambodia:

1. Through mother-to-child transmission, either during pregnancy, at the time of birth, or through breast milk, and
2. Through heterosexual contact, that is, sexual contact without the protection of a condom.

Without prenatal testing and treatment, about 30-40% of infants born to HIV-infected mothers will themselves be infected. Unfortunately, in 2000, 2.3% of all pregnant women at antenatal clinic test sites were found to be HIV positive.

The predominant mode of transmission is through heterosexual contact. In fact, it has been estimated that 90% or more of HIV infections are transmitted through heterosexual contact. The following factors place an individual at increased risk of infection:

- The presence of a STD (such as syphilis or gonorrhea) in either sex partner;
- Multiple sex partners, particularly high-risk sex partners (such as commercial sex workers) who themselves have a large number of sex partners.

As important is the fact that the HIV virus is **not** transmitted through such casual contact as shaking hands or sharing food. There is no medical or moral reason that HIV-infected persons or their families should be shunned or discriminated against.

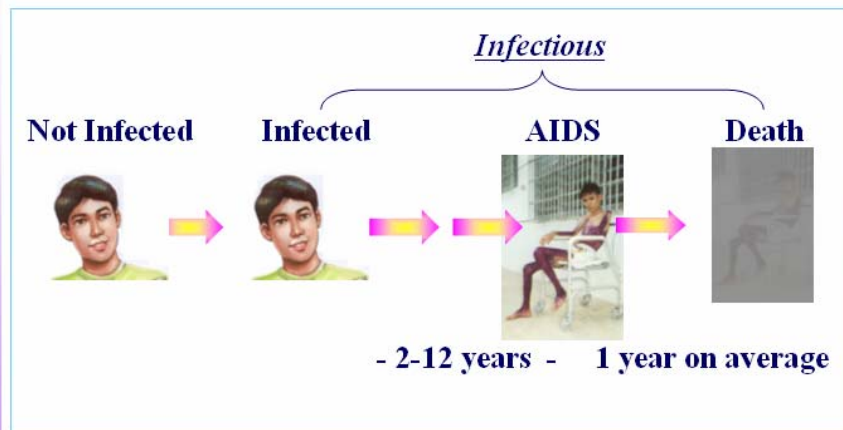
Prevention programs focus on initiating, reinforcing, and sustaining change in these risk-associated behaviors, as well as increasing consistent condom use. In this way, individual behavior change can reduce the spread of HIV.

Longer-term strategies also must address underlying social, cultural, economic and political factors contributing to the spread of HIV/AIDS. In Cambodia, these factors have been further fuelled by decades of civil war, resulting in highly mobile military and migrant populations and increasing commercial sex trade.

HIV cannot be transmitted through casual contact



HIV Incubation Period (Adults)



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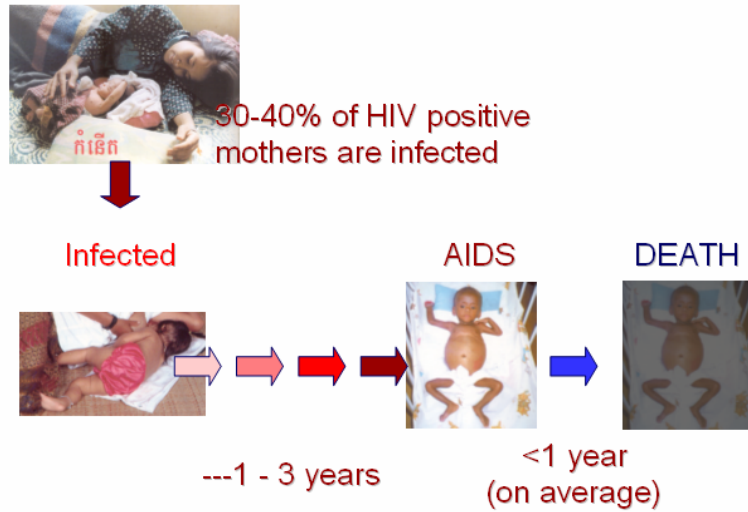
HIV Incubation Period (Adults) Slide

As depicted in this diagram, once infected with HIV, a person may not develop AIDS for 2 to 12 years, or an average of 8 years, though this incubation period is thought to be even somewhat shorter in Cambodia.

Importantly, for most of this period a person may not have any noticeable symptoms and may be unaware that he or she is infected.

This contributes to the spread of HIV, since a person is “infectious”, that is, a person can transmit the virus to others from the first point of infection until death. For this reason, voluntary testing and counseling services are critical components of prevention programs, helping persons to know their HIV status and also what behaviors must be adopted to prevent further spread of the virus.

HIV Incubation Period (Infants)



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HIV Incubation Period (Infants) Slide

For infants, the incubation period from HIV infection to AIDS is much shorter, an average of 1-3 years. This is because their immune systems are not fully developed and are more easily overwhelmed by the virus.

Most infants who are infected at birth develop AIDS within 2 years, and die very soon thereafter, usually within less than a year.

HIV Sentinel Surveillance System



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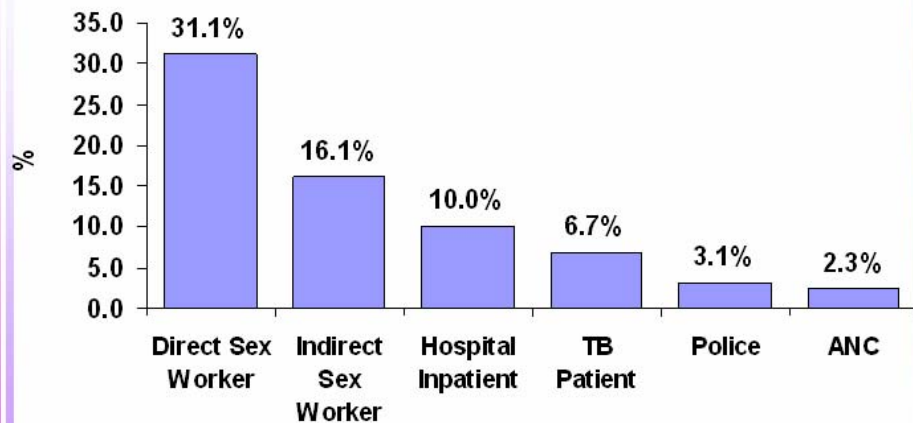
HIV Sentinel Surveillance System Slide

The public health officials at NCHADS/Ministry of Health have operated a system for tracking the epidemic and estimating the extent of HIV infection since 1992. By understanding the trends and patterns of the epidemic, resources can be concentrated, interventions can be designed, and plans for care and support can produce maximum effect. Changes in the epidemic can then be measured or evaluated over time.

This system collects data from those "sentinel" populations most at risk of becoming newly infected -- populations with high levels of risk behavior or young people at the start of their sexual lives. Trends in behavior are monitored as well as trends in HIV infection.

Health workers take blood samples from survey participants in a manner that protects their privacy. The results are used to understand and map the status of the epidemic in Cambodia.

Sentinel Group-based HIV Surveys



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Sentinel Group-based HIV Surveys Slide

In 2000, Cambodia's sentinel surveillance system covered 21 out of 24 provinces and municipalities. It included the following results from six target groups, selected from both provincial capitals and rural districts:

1. direct (female) commercial sex workers -- current HIV infection was highest in this group (31%)
2. indirect sex workers -- including beer promotion girls, bar girls, karaoke workers and masseuses -- current HIV infection was found to be half that of the direct sex workers (16%)
3. hospital inpatients
4. TB patients
5. Police
6. Antenatal clinic attendees -- pregnant women considered at low risk, attending antenatal clinics had an overall seroprevalence rate of 2.3% -- however, some provinces reported rates as high as 4.7%

As important as current seroprevalence rates among these groups are patterns over time. For instance, while declining rates have been noted among most of these groups, the rates among indirect sex workers have plateau'd. And the number of women engaged directly in brothel-based commercial sex and indirectly as bar girls and beer promotion girls has grown.

HIV Prevalence, Ages 15-49, 2000



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HIV Prevalence, Ages 15-49, 2000 Slide

UNAIDS recommends that the best measure of the extent of HIV in a population is by surveying current HIV infection rates among sexually active persons age 15 to 49. Based on the sentinel survey of 2000, HIV prevalence among all 15 to 49 year olds was 2.8%. This means that approximately 169,000 adults are living with HIV in Cambodia.

The 2000 survey also confirms that HIV can also be found in **all** provinces in the country. Together with the figures in the previous slide for the ANC group, this indicates that HIV infection **is** already widely spread in the general population in Cambodia. And sexual networking between the groups with higher infection rates and the general population **are** sufficient to sustain the epidemic.

Though there are some indications that the HIV prevalence rate is stabilising, a rate of 2.8% means that hundreds of thousands of Cambodians have been and will be infected with frightening personal, economic and health costs. It is imperative to adopt rigorous and far-reaching prevention efforts.

The Hidden HIV/AIDS Threat (Among Adults 15-49)

AIDS cases -7%
(12,718)

Reported 2000:

⇒ HIV infected = 13,854

⇒ AIDS Cases = 3,684

⇒ AIDS Death Cases = 533



Additional HIV infections -93%
(169,000)

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The Hidden HIV/AIDS Threat

The actual number of AIDS cases represents a very small, obvious threat relative to the **much** larger, hidden threat of HIV/AIDS.

The danger is very real, though unseen. Though there may be over 12,000 adults age 15-49 diagnosed with AIDS in Cambodia, as many as 169,000 additional HIV infections may constitute the more significant, hidden threat among this same group of adults.

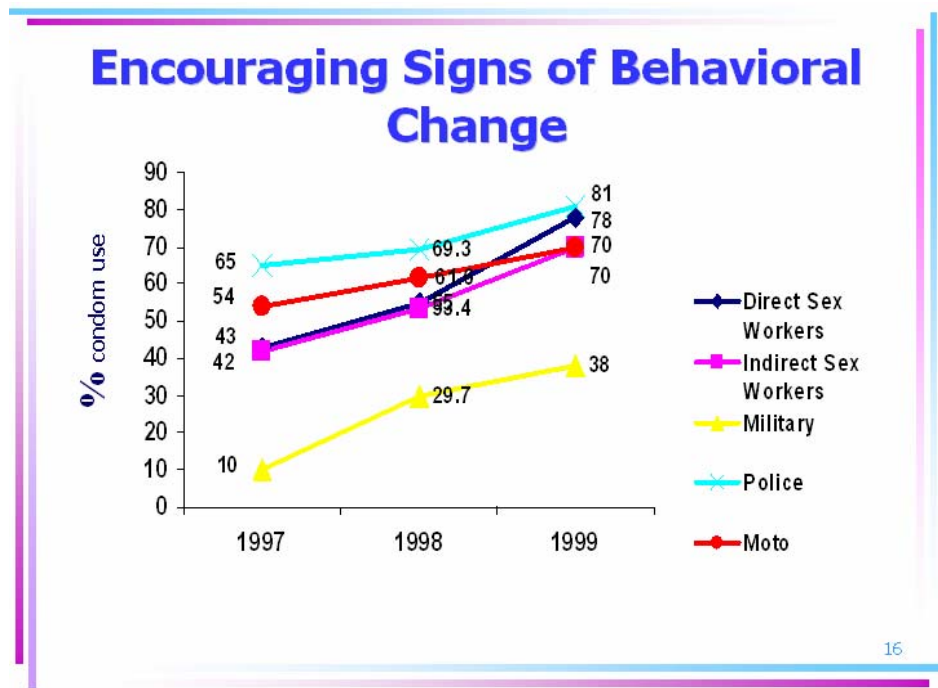
Actual AIDS cases are only the tip of the hidden threat of an even wider spread HIV epidemic in Cambodia.

As much as 93% of all infections may be “hidden” due to:

- the long and variable incubation period, during which symptoms of AIDS may not be apparent, and
- due to underreporting, and
- because most people die quickly after developing AIDS and their deaths may not be attributed to HIV/AIDS.

Behavioral Surveillance Survey (BSS)





Encouraging Signs of Behavioural Change Slide

Ultimately, the course of the epidemic in Cambodia will change because people change individual and social sexual behaviors. And the results of the latest behavioural surveys are encouraging:

- Levels of reported AIDS awareness are very high
- The proportion of men using commercial sex in the month prior to the 2000 survey declined steadily between 1997 and 1999
- The proportion of persons who always use a condom during commercial sex also rose during this same time period (as shown here)

These reports of initial changes in behavior correspond with declines in HIV prevalence among the same high-risk “sentinel” groups.

However, HIV continues to spread through the general population in Cambodia (at the highest rate in Asia). And it is easy for individuals to lapse into high-risk behaviors.

That is why it is so important to continue to implement HIV/AIDS prevention and control programs vigorously and to mobilize entire communities to initiate and support one another in lasting behavior change.

Factors Contributing to the Spread of HIV

- ⇒ Poverty, Political Instability and Post Conflict
- ⇒ High Prevalence of Other STDs
- ⇒ Commercial Sex
- ⇒ Migration, Social Dislocation
- ⇒ Low Status of Women
- ⇒ Misunderstanding, Stigmatism and Blame

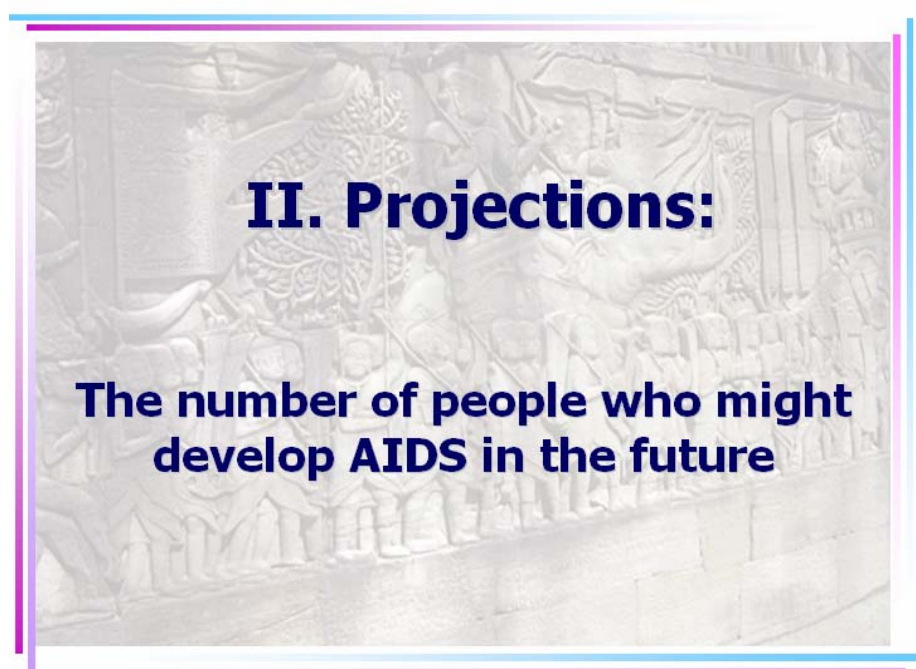
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Factors Contributing to the Spread of HIV Slide

The following key factors are known to contribute to the spread of HIV throughout the country, though other risk practices such as injecting drug use, have not yet been studied thoroughly:

1. Poverty, Political Instability and Post Conflict - 36% of the population lives below the poverty line. Such economic forces as widespread poverty, low incomes, high unemployment and mobile populations in search of work are often associated with high-risk and commercial sexual behaviors as a means of economic survival.
2. High Prevalence of Other STDs - Estimates indicate high levels of such sexually transmitted diseases as syphilis and gonorrhea; the ulcers and sores associated with these diseases facilitate transfer of the HIV virus. Chronic shortages of STD drugs and incomplete treatment further increase risk of HIV transmission.
3. Commercial Sex - commercial sex is relatively common in Cambodia and a recent World Health Report indicates that it is rapidly expanding in many forms -- not just brothel-based -- all over Asia. Behavioural surveys indicate that this social activity increases with such circumstances as being away from home and using alcohol or drugs. Men who do not consistently use condoms risk transmitting HIV from their commercial sex partners to wives, sweethearts, and other casual partners.

4. Migration and Social Dislocation - HIV moves with such mobile groups as refugees, men in the military, and migrant laborers, including fishermen and commercial sex workers.
5. The Low Status of Women – Women represent an increasing proportion of those infected. Social exclusion and violence against women, gender discrimination, social norms perpetuating sexual double standards – all of these increase women's economic vulnerability and their vulnerability to HIV transmission.
6. Misunderstanding, Stigmatism, and Blame – create an environment in which people at risk or infected with HIV are even further isolated from efforts to prevent spread of the disease. The way we respond – with care and compassion – will very much characterize who we are as a nation.



II. Projections Slide

Now we will consider what the future might be – the number of Cambodians who might develop AIDS and the number who are expected to die as a consequence.

Projected Number of People with HIV Infections Slide

If the rate of infection remains at 2.8%, this means that Cambodia could continue to experience one of the worst HIV/AIDS epidemics in all of Asia.

A total of approximately 186,000 persons (of all ages) were HIV-infected in 2000. This means that the number of infected people could increase to:

223,000 in 2006,
and could climb to 258,000 by 2011.

It is sobering to note that these numbers would be even **higher** if it were not for the short time period between infection and death. For this reason, a large number of currently-infected persons will die in the same timeframe, keeping overall numbers of persons infected lower than otherwise expected.

Projected Number of New AIDS Cases Each Year

The number of **new** AIDS cases developing each year among those persons already infected will also climb steeply, reaching as many as 27,000 new AIDS cases in the year 2011.

This would result in a terrible burden of new cases each year as well as a total of over 90,000 new AIDS cases over the course of this next decade.

Annual Number of Deaths Due to AIDS Among Adults Aged 15 to 49 Slide

WHO expects adult death rates throughout all of Asia to rise 40 percent due to AIDS.

Without AIDS, the death rate among adults in the prime working age group was expected to level after 2000.

However, AIDS significantly increased that number by as many as 20,000 deaths every year, starting in the year 2000.

This rapid increase in deaths among the productive age group can have serious consequences for the economic and social development of the entire country.

Cumulative AIDS Deaths Slide

Similarly, based on these projections, the cumulative or total number of deaths due to AIDS over time could be very high.

By 2000, the cumulative number of persons dying of AIDS from the beginning of the epidemic was estimated to be greater than 80,000. Over the next decade, an additional 240,600 Cambodians are likely to die from the disease, under this projection, resulting in a cumulative total approaching 350,000 deaths..

Clearly, the worst impact from the HIV/AIDS epidemic in Cambodia lies in its future, not in its past. Increasing number of people are expected to become ill and die early, making both prevention and the extension of care and support services important priorities.

III. Impacts Slide

In this section we will briefly review only some of the many social and economic impacts to be expected as a result of this spreading epidemic in Cambodia.

Our review will include:

- an understanding of the growing number of orphans due to AIDS,
- the impact on overall death rates,
- the impact on overall life expectancy,
- the impact on health care delivery and the cost of health care,
- the disproportionate impact on women,
- and the impact on youth and the entire education sector.

The HIV Epidemic Impacts All Sectors of Society Slide

The HIV epidemic impacts **all** sectors of society.

Though it is difficult to measure the precise national impact, studies in other countries show that the epidemic has a severe effect on virtually every aspect of social/cultural and economic life – affecting everything from family income to agricultural and business production.

More than a major “health problem”, HIV/AIDS already profoundly impacts the welfare of women and children, household and community resources, young adults in the military, the productivity of the labor force, etc.

The impacts are far-reaching, threatening further development and stability in Cambodia. For this reason, the epidemic can best be counteracted by a response rallied across all sectors.

First let us consider just a few of these serious impacts.

Children Becoming Orphans due to AIDS Slide

One of the consequences of early deaths among large numbers of men and women during their childrearing ages is an increase in the number of orphans. UNICEF defines an AIDS orphan as a child under 15 years old who has lost a mother (or both parents) due to AIDS.

Projections estimate that there could be as many as 60,000 AIDS orphans in 2001, rising to 97,000 in 2006, and reaching a cumulative total of 109,000 in 2011.

There will be a tremendous strain on families, communities, and social systems to provide adequate health, education and social services to such growing numbers of orphans. Some families may be precariously headed by young children struggling to survive. And the number of urban street children is already increasing in Phnom Penh.

Government response is necessary in accordance with the UN Convention on the Rights of the Child which states: "A child temporarily or permanently deprived of his or her family environment...is entitled to special protection and assistance provided by the state."

Community-based programs need to be scaled up. And special assistance should be provided to households caring for orphans.

Projected Deaths from AIDS and Other Causes in Cambodia Slide

Cambodia faces many serious health problems – yet escalating mortality from HIV/AIDS makes it stand out as a particularly lethal epidemic, one that will need more than the limited resources of only the health sector to address.

Immediate, scaled up action is required as evident from this bar graph which shows that:

Whereas in 1996 AIDS accounted for 17,000 additional deaths in Cambodia, by 2001, AIDS will account for more than 20,000 additional deaths – an increase of 17%.

The Impact of AIDS on Life Expectancy in Cambodia Slide

As dramatic as these increased mortality rates is the decline in life expectancy due to the impact of AIDS.

As depicted in this graph, in 1991 the average life expectancy in Cambodia was almost 55 years. After 1996, AIDS deaths began to have an impact and life expectancy actually decreased before climbing slightly.

In the next ten years, by 2011, projected life expectancy will be reduced by 5 years (to 58) due to AIDS.

Illustrative Health Care Expenditures due to AIDS Slide

The treatment of opportunistic infections resulting from AIDS, such as TB and pneumonia, is expensive and will place considerable strain on delivery of health services in Cambodia.

Recent inpatient and outpatient care estimates in Cambodia indicate that the annual cost of treating a person with HIV/AIDS, including opportunistic infections, is about \$291. Though this figure does **not** include costs for HIV screening, anti-retroviral therapy, or any indirect and social costs, this still exceeds the per capita income (\$263/year) and is more than 10 times current health expenditures per person.

Assuming the government continues spending at this same level, expenditures will rise rapidly to over \$7.5M in 2000 and every year thereafter, diverting funds from other important health care and developmental needs. Yet both the formal and informal health care systems will require even larger investments for everything from managing the nation's blood supply to expanding programs for home-based care.

Women and AIDS Slide

There is a disproportionate impact on women:

- ✓ 1. Research shows that women are 2 – 4 times more vulnerable to HIV (and to other sexually transmitted diseases that increase risk of HIV infection) than are men during unprotected intercourse. And up to 50% of STDs exist without symptoms in women, making treatment a challenge.
- ✓ 2. Gender inequities and gender discrimination keep women's position subordinate to men. They also limit their ability to protect themselves from HIV or other sexually transmitted infections.
- ✓ 3. Cultural norms restrict the majority of Cambodian women from premarital or extramarital sex, yet condone men – even married men – having outside sexual partners. According to the behavioural survey of 2000, Cambodian men almost never use condoms with their wives or girlfriends. So married women may be made unknowingly vulnerable to HIV infection.

Traditional values also keep women in the home, even though about a third of all households in Cambodia are now headed by women, as a result of decades of war, political and economic instability, and massive dislocation of people. The combination of few economic opportunities for women and tremendous household debt resulting from health expenditures can force women into the sex industry, greatly increasing their risk of HIV infection.

- ✓ 4. Women are also the primary caregivers, so the burden of care for HIV family members significantly reduces their time for productive work and child care.

The Impact on Youth and Education Slide

The impact of HIV/AIDS will affect both the supply and demand for educational services.

The supply of skilled teachers is already decreasing because of absenteeism and death due to AIDS. Training costs for teachers and other education administrators will rise to replace those lost to the epidemic. Less public finance will be available for schools, and quality of education will suffer which in turn affects national development, income growth and productivity.

On the demand side, gender inequities are also apparent in illiteracy rates, which are twice as high for girls as boys, and lower school enrollment rates among girls. One half of all girl children age 14 – 17 work as child laborers, the worst form of which includes child trafficking for prostitution. And girl children are more commonly required to leave school to care for sick or dying family members or to replace lost family income.

The education sector must play a key role in responding to HIV/AIDS in Cambodia, as education creates economic opportunity and can convey social norms to determine the status of women, to support HIV and STD prevention, and to encourage compassionate treatment of people living with HIV/AIDS.

IV. Interventions Slide

In this section we will consider what needs to be done to prevent the spread of HIV/AIDS. We will note what actions need to be taken, based on the lessons learned from other countries' responses to the epidemic, and what true leaders can do to carry out critical prevention and care initiatives.

Stopping the Spread of HIV Slide

Read: “Neither drugs nor vaccines are likely to be available to help reduce the spread of HIV in Cambodia in the next several years”.

Nonetheless, much **can** be done to reduce prevalence and to lessen the impact of the disease.

HIV Transmission Mechanisms and Interventions

As shown on this pie chart, different interventions can be adopted to address the transmission mechanisms of HIV, and collectively they can slow the spread of HIV and the toll of AIDS.

1. Transfusions and blood supply can be kept safe by screening potential blood donors and testing blood through laboratory tests.
2. Various approaches can be used to reduce mother-to-child transmission, including:
 - Providing voluntary counseling and testing; where one or both couples are HIV-positive, they should have access to family planning services to avoid pregnancies.
 - The use of certain anti-retroviral therapies, such as AZT or possibly nevirapine, can reduce transmission rates by 50 percent or more. However, such treatments are expensive and AZT requires long-term use.
 - Because about 1/3 of mother-to-child transmission occurs during breastfeeding, counseling should be provided to encourage formula feeding where appropriate.
3. So, while medical interventions are not the answer to the epidemic, what is needed are programs to promote and sustain extensive behavior change.

Limiting Heterosexual Transmission Slide

Public health measures to prevent sexual transmission of HIV through changed behavior include:

- ✓
- Reduce the number of sexual partners, especially concurrent or overlapping partners. Reduce the number of men who have unprotected sexual contact with sex workers and beer girls in order to limit spread of HIV from groups with higher current rates of infection to those with lower rates.

The types of behavior change that need to be achieved include:

- increased condom use
- reduced number of visits to sex workers, and
- reduced number of commercial and casual partners.

Prevention efforts need to ensure that women have information about sexual health and their own bodies, and the skills to say no to unwanted or unsafe sex.

- ✓
- Intervene early in order to quickly reduce the number of new infections. Delay in onset of sexual activity among young adults can have a significant impact on the epidemic.
- ✓
- Focus on individuals and social norms to encourage abstinence from sex before marriage, and to remain faithful to a single partner. This requires the combined use of mass media, education, counseling and peer education programming.

✓ (continues on next slide)

Limiting Heterosexual Transmission Slide (continued)

- ✓
 - Promote condom use and engage the private sector to expand public distribution of condoms through workplace programs. Special initiatives to promote 100% condom use among high-risk populations such as sex workers and their clients may already be impacting the epidemic in Cambodia and must be expanded.
- ✓
 - Promote services to detect and treat STDs such as syphilis, gonorrhea and chancroid, which greatly facilitate HIV transmission.
- ✓
 - Finally, make voluntary counseling and testing services widely available so that people can know their HIV status and adjust their behavior to reduce the chance of infecting others.

Effect of Combined Interventions Slide

This graph presents a computer simulation of the relative effects of each of the individual intervention packages we've discussed compared to the "base line" which shows the steady rise of adult HIV prevalence in the absence of any of these.

The simulations suggest that a much larger effect can be achieved by implementing **all** the interventions together in a broad attack on the epidemic. When all three interventions are implemented at the same time in combined fashion, the projected prevalence is about 35% less in 2005 than it would have been in the absence of interventions.

This is a message of HOPE, that with a concerted effort it **is** possible for Cambodia to bring the epidemic under further control.

Strategic Priorities in the National Policy Slide

We now turn to the role of government and the vision of the current National Policy and Priority Strategies for HIV/AIDS Prevention and Control in the Kingdom of Cambodia.

Leading the expanded response to the epidemic, the National AIDS Authority is working with many other line ministries, international groups and the private sector to decrease vulnerability to HIV at individual, community and societal levels. Just recently, Cambodia joined four other countries in East Asia to coordinate prevention programs for cross-border mobile populations as well.

The following 5 priority strategic areas have been identified:

1. Mobilize human and material resources to combat the epidemic nationally; this includes promoting collaboration between all sectors and agencies and building capacity at provincial and district levels so that affected communities can participate in solving the many problems associated with the impact of AIDS.
2. Develop and disseminate health information and education materials. This includes advocacy and awareness messages within school curricula, the media, and through direct education efforts.
3. Develop functional, decentralized management structures to respond expansively. Public-private partnerships are also critical.
4. Promote and support research to understand the status and trends of the epidemic and to design the most effective intervention strategies.
5. Provide prevention services for the entire population and care and treatment for those persons living with HIV/AIDS. Ensure these services are provided in a climate of tolerance and respect for human rights.

Waves of Impact Slide

With increasing numbers of people infected and affected, the effects of the HIV/AIDS epidemic spread through society in “waves”. As the epidemic becomes more “generalized”, or widespread through the population, its impact is felt in these “waves” across all sectors and at all levels of society. These effects require a large scale multi-sectoral approach and carefully-planned strategic alliances between public and private sectors.

Ten years from now historians and public health professionals will write about the HIV/AIDS epidemic in Cambodia in the way that they now write about the experience – and the response – in Thailand. Unfortunately, AIDS is now the leading cause of death in Thailand, where over 1 million of Thailand's 60 million people have already been infected.

One might ask:

- Will they write that Cambodia responded with vigorous, well-financed, coordinated **short-term and long-term** programs involving participation from top levels of government as well as community organizations?
- Will they write about effective interventions where:
 - a **range** of responses were **combined** to maximally reduce HIV transmission;
 - a strategic program was carried out to **broaden** the response through all sectors and at all levels;
 - issues of HIV/AIDS were incorporated into poverty reduction and national development strategies; and
 - leaders were **actively engaged**.

The Call for a Multisectoral Approach Slide

What can be achieved through a multi-sector approach?

The general answer is to increase the magnitude and effectiveness of programs across the entire continuum of need from prevention to treatment, support and care. This is possible in four key ways:

- ✓ 1. by increasing capacity beyond what is currently available in the public health sector,
- ✓ 2. by leveraging increased human and financial resources,
- ✓ 3. by increasing the reach and scale of coverage of intervention programs, and
- ✓ 4. by increasing the number of messages that promote initial behavior change and reinforce sustained, long-term change across larger numbers of people

The commitment to a greatly accelerated and integrated response to HIV/AIDS has also been made in such resolutions as ESCAP's April 2001 "Regional Call for Action to Fight HIV/AIDS in Asia and the Pacific" and The United Nations General Assembly's comprehensive "Declaration of Commitment on HIV/AIDS" in June 2001.

Coordinating a Multisectoral Response in Cambodia Slide

In addition to forming AIDS Secretariats, many prominent line ministries in Cambodia have already begun to lead a number of initiatives to combat AIDS, with technical assistance from the health authorities (NCHADS). A number of non-government organizations and private businesses have also spearheaded activities building the multisectoral response.

The NAA plays a key role in developing national plans and strategies for prevention and alleviation of HIV/AIDS (Step 1). It also leads efforts to coordinate public, private, national and international institutions implementing HIV/AIDS programs. This is no small task. Without adequate funds and coordination, the patchwork of HIV/AIDS projects leads to very incomplete national coverage – and reduced impact on spread of HIV disease.

Human and financial resources are needed to strengthen the capacity of the NAA and all its major partners. And technical and management capacity must be built throughout the newly decentralized structure of Provincial AIDS Committees (PAC), Provincial AIDS Secretariats (PAS), and District AIDS Committees (Step 2).

Partnerships might be further expanded to include people living with HIV/AIDS and vulnerable groups, more of the business sector, trade unions, media, foundations, community organizations, faith-based organizations and traditional healers (Step 4,5).

Essentials of Leadership Slide

Political, health and other leaders – including governmental, non-governmental, religious, business, education, and other regional leaders -- need to be directly involved in HIV/AIDS program implementation.

Their charge is enormous, for there are three essentials to genuine leadership:

Humanity

Clarity

Courage

When all three of these are present, the community thrives.

The Role of Leaders – To Do the Right Thing Slide

“Managers do the right thing; leaders do things right” (Warren Dennis, President, ITT)

“The right thing” is really a list of immediate actions that leaders can undertake now. So, what must a political leader do now to help control the spread of HIV in Cambodia?

(Present the 6 point list on this slide for discussion.)

- ✓ Share or “diffuse” knowledge
- ✓ Support primary prevention, even if discussion of such subjects as sexual behaviors is controversial
- ✓ Engage in policy dialogue to keep HIV/AIDS and related issues high as priorities
- ✓ Participate in strategic planning that is inclusive of affected communities
- ✓ Support NGOs and line ministries in their coordination of AIDS programs
- ✓ Actively oppose discrimination
- ✓ Provide legislative and political support to promote anti-discrimination and the full array of services from prevention to care and support

The Role of Religious, NGO and Community Leaders Slide

AIDS affects all aspects of society. The way we respond to it is a mark of the true evolution of our entire society. For that reason, now is also the time for religious leaders to reinforce such Buddhist principles as self-awareness, compassion, acceptance, patience and hope to rally the entire society in a supportive response. Joining NGO and community leaders, they can uphold the human rights of people living with HIV/AIDS and vulnerable groups. And they can combat fear and discrimination resulting from the stigma associated with the disease.

So, what can religious, NGO, and community leaders do **now** to help control the spread of HIV in Cambodia?

(Present the 5 point list on this slide for discussion.)

- ✓ Integrate messages and information about HIV/AIDS at every opportunity
- ✓ Advocate for vulnerable groups – youth, women, migrants, sex workers, refugees and displaced persons, others
- ✓ Develop messages that stress family and moral values – compassion, acceptance, respect for others
- ✓ Help provide care and support to those affected by this disease
- ✓ Participate in strategic planning and help to mobilize resources for expanded HIV programs

The Role of Provincial Leaders Slide

Similarly, provincial and district leaders can work together on the following immediate actions.

(Present the 5 point list on this slide for discussion.)

- ✓ Develop province-specific information for communities about HIV risk, risk reduction, and available support services
- ✓ Carry out HIV/AIDS strategic planning with other government and civic authorities on the provincial and community levels
- ✓ Encourage local responses
- ✓ Encourage involvement of local NGOs and local businesses, faith-based organizations, etc.
- ✓ Support provincial programs of line ministries as they integrate HIV messages and activities

Results of Effective Leadership

How then will we know that as leaders we are doing the “right thing”?

Effective national and international leaders are addressing issues of HIV/AIDS as they relate to development, poverty reduction, and human rights. They are ensuring that resources are mobilized to implement strategic plans and that policies and laws are created to outlaw discrimination against those living with HIV/AIDS.

Very recently Cambodia took the lead in developing a five-country agreement to collaboration in the implementation of the Greater Mekong Subregional Joint Action Programme on reducing HIV vulnerability among mobile populations.

Some of the results we can expect from effective, collective leadership efforts are presented on this slide:

(Present 6 point list from this slide for discussion.)

- ✓ Plan systematically and plan in evaluation systems for accountability and to measure success
- ✓ Erase stigma and fear – legally, socially, and as individual role models
- ✓ Address the needs of those most vulnerable to HIV and its impact, by carefully planning outreach, prevention, and support services within each community’s context
- ✓ Support communities and persons living with HIV/AIDS in clarifying their own problems and needs, and in developing solutions to those problems
- ✓ Strengthen the infrastructure of information and service delivery on every level so that messages are consistent and can be reinforced
- ✓ Translate lessons into improved practices – continue to learn from failures as well as from successes

Cambodia's Future Response to HIV/AIDS slide

Cambodia has been publicly applauded in recent months for its initial and rapid response to HIV/AIDS. As we have examined, decreases in HIV infection rates among sentinel groups and in reported risk-associated behaviors indicate that such focused measures as “100% condom use only” programs are beginning to be effective within specific sub-populations.

Now is the time to increase our effort and build on our successes. And now is the time to mount a larger scale, broad-based approach as well -- to reach bridging populations and the general population.

On behalf of NCHADS and the NAA, thank you for considering this presentation of an AIDS Impact Model in Cambodia. As we move forward to shape Cambodia's future response together, let us remember to incorporate the following three key elements:

- ✓ Challenging and removing stigma and discrimination in our social environment. It is key to remove these barriers from all contexts, including the family and immediate community, workplace, health services, religion, and the media.
- ✓ Providing sufficient resources for a comprehensive response that links the entire cycle of prevention and care activities – using a holistic approach so that people can seek HIV counseling and testing, can be encouraged to change their behaviors and to protect others from infection, and so that people living with HIV/AIDS can receive needed care and support.
- ✓ Strengthening partnerships and alliances at all levels and across all sectors of society – specifically creating strategies to involve civil society and people living with HIV/AIDS -- to meet the targets of the national strategy and of the Declaration of Commitment on HIV/AIDS.

Such a comprehensive approach will promote sustainability and will continue to expand everyone's contributions to the response in Cambodia.

Thank you. At this time I/we will take any questions from the audience.