



## National Center for HIV/AIDS, Dermatology and STD (NCHADS)

# INTEGRATED HIV BIO-BEHAVIORAL SURVEILLANCE SURVEY (IBBS) AMONG PEOPLE WHO INJECT DRUG (PWID) AND PEOPLE WHO USING DRUG (PWUD) IN CAMBODIA, 2024

**Dr. CHANN NAVY**

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# PWID-PWUD IBBS Survey

Dr. CHANN Navy |

Dr. Tobi Saidel | Mr. Chhim Srean

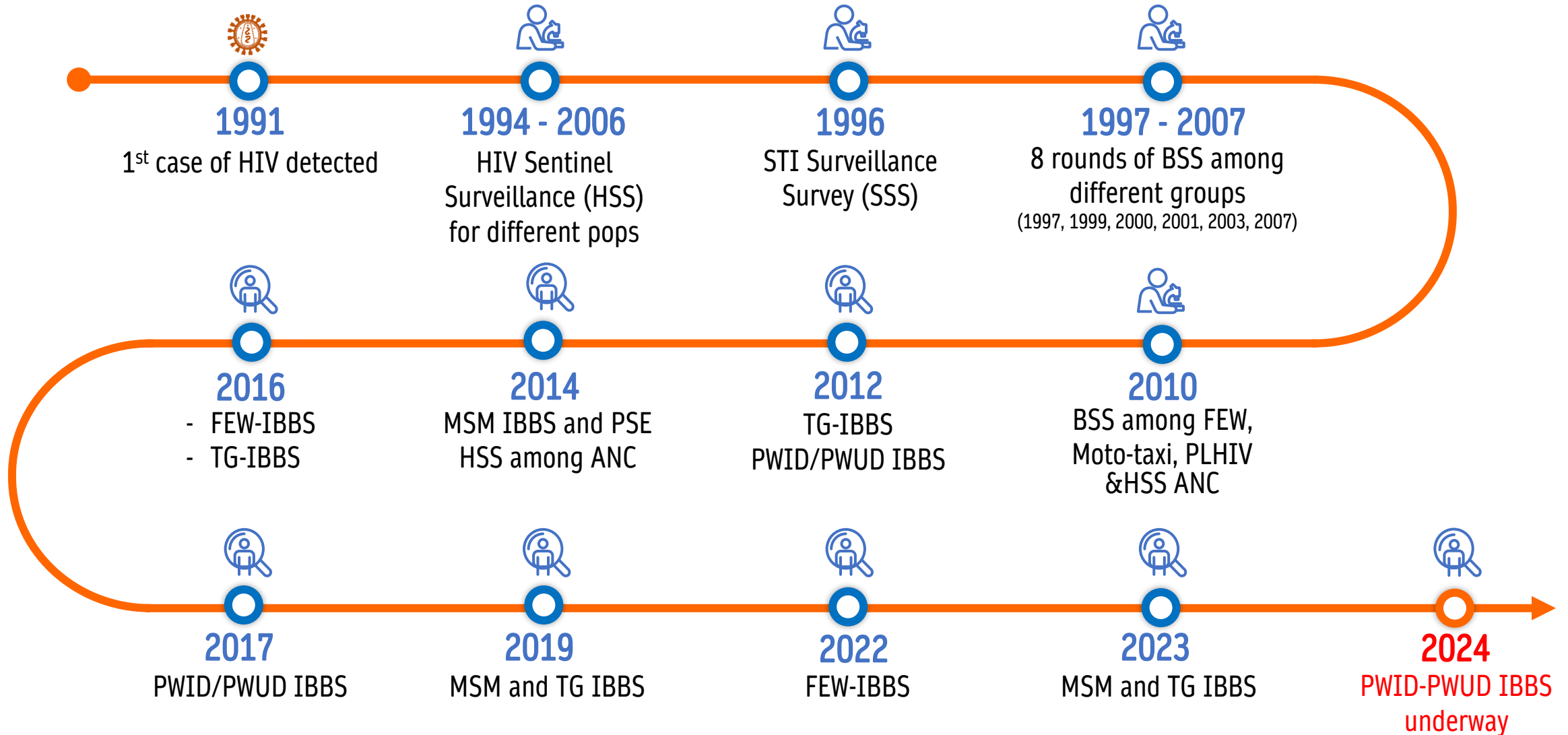


## Content

1. Study background (history)
2. Objectives, Population and Study Sites
3. Study Timeline
4. Methodology
5. Findings

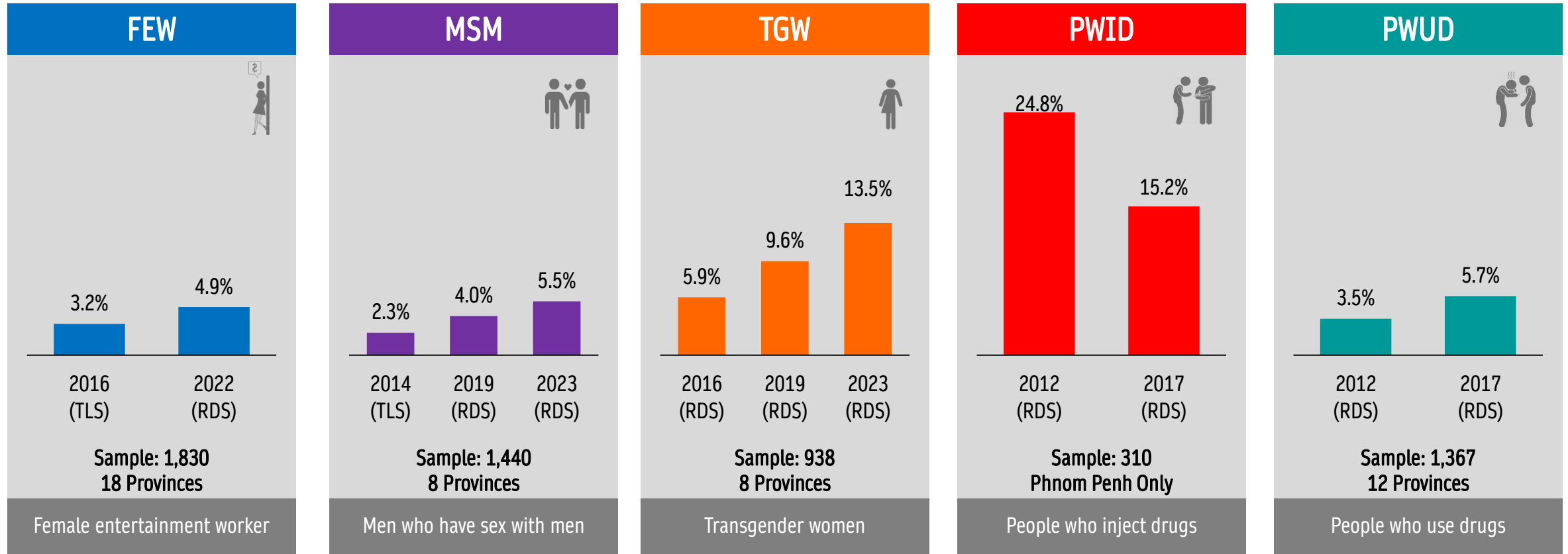


# 1. Study Background: The journey of HIV surveillance activities



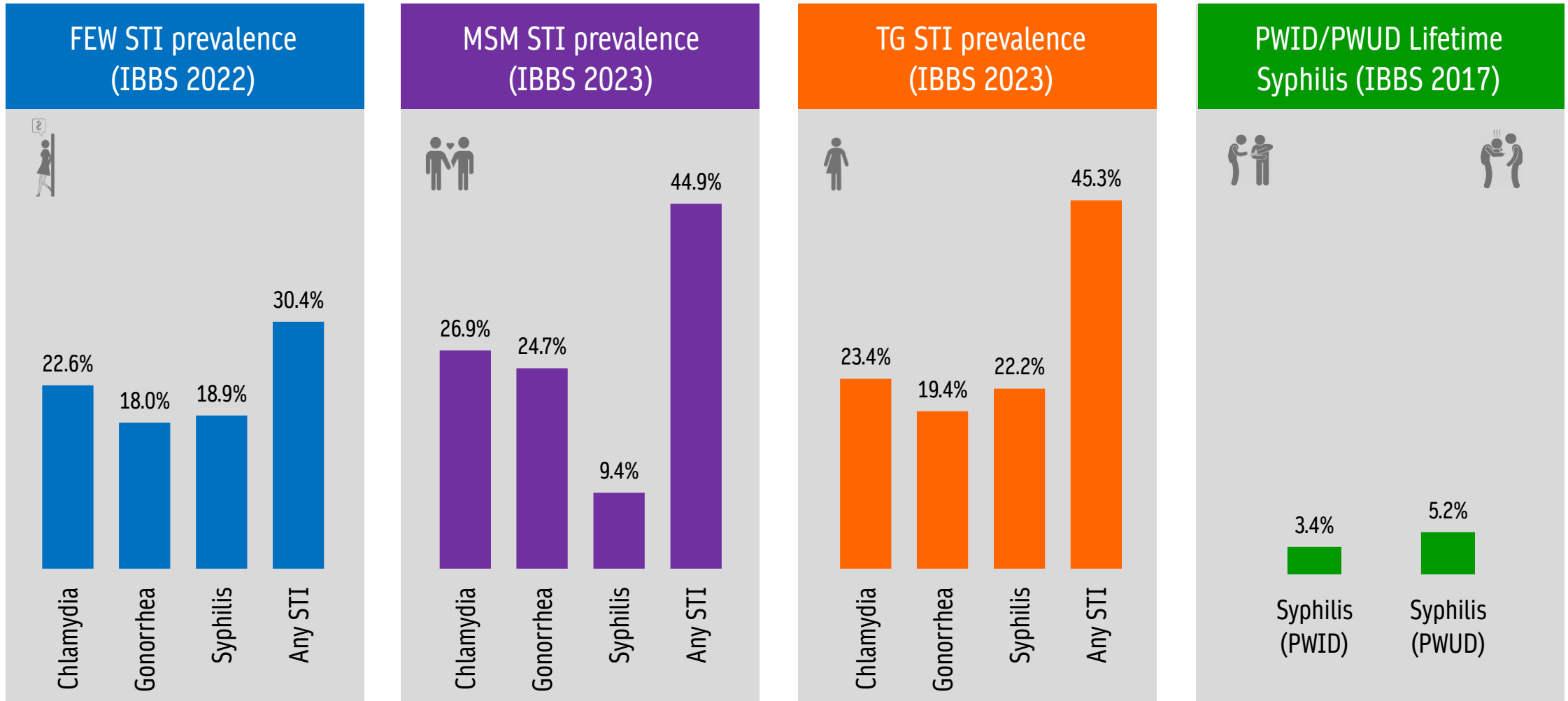


# 1. Study Background: The HIV prevalence among KPs





# 1. Study Background: The STI-Related prevalence among KPs



Syphilis: Rapid treponemal test reactive - includes but not limited to “active” syphilis”  
PCR for CT/NG using self-collected vaginal (FEW) or anal (MSM/TGW) swabs and venipuncture TPHA for syphilis

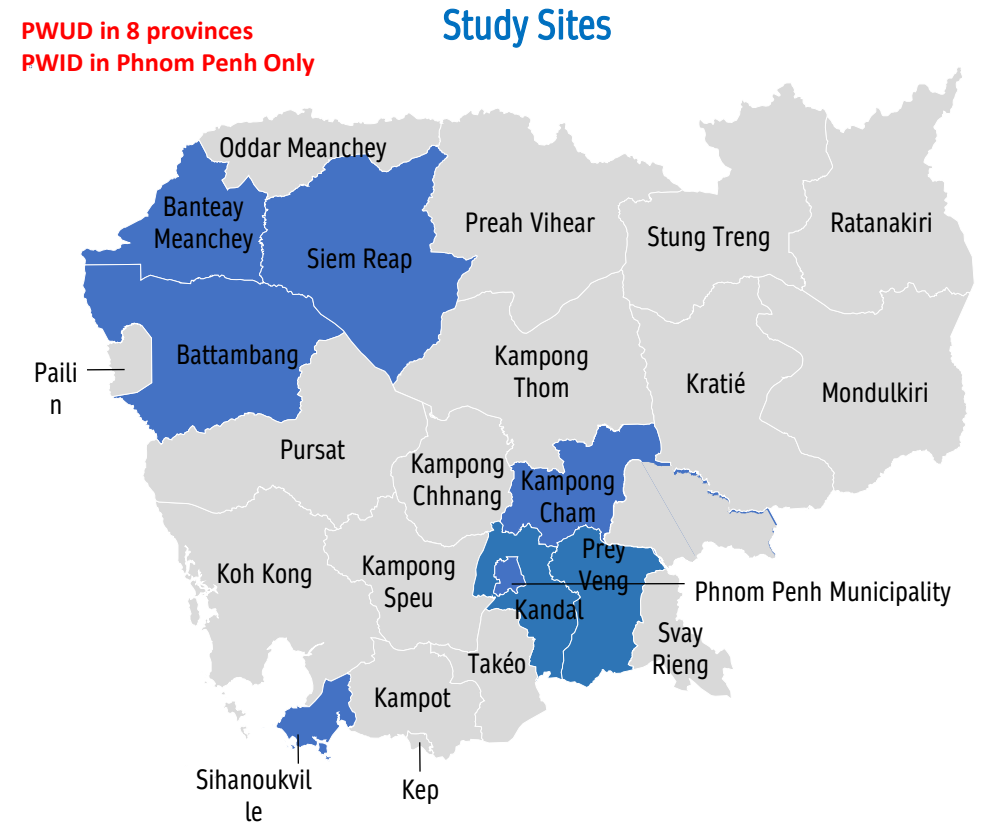


## 2. Objectives, eligibility criteria and study sites

**Objective:** To gather in-depth information on HIV and STI prevalence, HIV risk behaviors and practices, access to HIV prevention services and estimate the population size of PWUD and PWID

### Eligibility criteria

- Male or Female
- Used drugs in the last 12 months (PWUD)
- Injected drugs in the last 12 months (PWID – subset of PWUD)
- 15 years of age or older
- Able to communicate in Khmer
- Able to give oral consent
- In possession of a valid recruitment coupon will be eligible for this survey




People who use drugs (PWUD): People who have used any type of illicit drug, defined by the Cambodian Law on Control of Drugs, in any routes of administration other than injection in the past 12 months (United Nations High Commissioner for Human Rights, 1996).

People who inject drugs (PWID): In this study, PWID are the subset of PWUD who have injected any types of illicit drug, defined by the Cambodian Law on Control of Drugs, in the past 12 months (United Nations High Commissioner for Human Rights, 1996).



### 3. Survey timeline

- Prepared the protocol and questionnaires in November 2023 and received the approval letter from NECHR on April 25, 2024
- Data collection period – Jul to Dec 2024
- Data analysis and report writing –Dec 2024



**ក្រសួងសុខាភិបាល**  
MINISTRY OF HEALTH  
គណៈកម្មាធិការជាតិរៀបចំស្រាវជ្រាវ  
National Ethics Committee for Health Research

№.....០៨០.....NECHR

**ព្រះរាជាណាចក្រកម្ពុជា**  
KINGDOM OF CAMBODIA  
**ជាតិ សាសនា ព្រះមហាក្សត្រ**  
NATION RELIGION KING

ថ្ងៃចេញស្នងការ (២៣៤) ខែ ៤៤៤ ឆ្នាំពលស័ក ៤៧២៥ ២៥៤៤  
Phnom Penh, April 25, 2024

**Dr. Mun Phalkun**

**Project:** Modification letter of study protocol entitled “National Population Size Estimation and Biological and Behavioral Survey and among People Who Inject Drugs and People Who Use Drugs in Cambodia, 2024. Version N° 1, dated 22<sup>nd</sup> December 2023” to “Integrated Bi-Behavioral Survey and among People Who Inject Drugs and People Who Use Drugs in Cambodia, 2024. Version N° 2, dated 14<sup>th</sup> March 2024.

**Reference:** - Your letter on 14<sup>th</sup> March 2024  
- Report of NECHR’s secretaries on 09<sup>th</sup> April 2024  
- 28<sup>th</sup> February 2024 NECHR meeting minutes

Dear Dr. Mun Phalkun,

I am pleased to notify you that your modification letter of study protocol entitled “National Population Size Estimation and Biological and Behavioral Survey and among People Who Inject Drugs and People Who Use Drugs in Cambodia, 2024. Version N° 1, dated 22<sup>nd</sup> December 2023” to “Integrated Bi-Behavioral Survey and among People Who Inject Drugs and People Who Use Drugs in Cambodia, 2024. Version N° 1, dated 22<sup>nd</sup> December 2023” has been approved by National Ethics Committee for Health Research (NECHR) in the meeting on 14<sup>th</sup> March 2024. This approval is valid for twelve months after the approval date.


NECHR also wish to remind the Principal Investigator that all research activities to be conducted during the COVID-19 pandemic must strictly follow the latest prevention measures set by the MOH and the relevant local authorities.

The Principal Investigator of the project shall submit following document to the committee’s secretariat at the National Institute of Public Health at #80, Samdach Penn North Blvd (289), Sangkat Boeungkok 2, Khan Tuol Kork, Phnom Penh. (Tel: 012 528 789, 086 762 113, 012 203 382. Email: [nouthsarida@gmail.com](mailto:nouthsarida@gmail.com), [cheatasoft27@gmail.com](mailto:cheatasoft27@gmail.com) ):

- Annual progress report
- Final scientific report
- Patient/participant feedback (if any)
- Analyzing serious adverse events report (if applicable)

The Principal Investigator should be aware that there might be site monitoring visits at any time from NECHR team during the project implementation and should provide full cooperation to the team.

Regards,  
Chairman



Prof. Lem Dara

National Ethics Committee  
for Health Research  
(NECHR)

ខ្ញុំអំណរគុណ, វិធីសាស្ត្រ វិទ្យា (២៥៤) សង្កាត់បឹងកក់ ២, ខណ្ឌ ទួលគោក, រាជធានីភ្នំពេញ, ចុងស័ក(៤៤៤-០១២) ៤៧២ ៥៤៤, (៤៤៤-០១២) ៥២៨ ៧៨៩, (៤៤៤-០១២) ២០៣ ៣៨២  
Lot #80, Samdach Penn North Blvd (289), Sangkat Boeungkok 2, Khan Tuol Kork, Phnom Penh, Cambodia. Tel: (855-012) 842 442, (855-012) 528 789, (855-012) 203 382



## 4. Methodology: Sample Size

The sample size was calculated for each province separately resulting in a total sample size of PWUD=2,075 across the 8 provinces and PWID=511 in Phnom Penh only

- The sample size calculation formula for all survey locations was:

### Survey Sample Size

$$n = DEFF \times \frac{Z_{1-\alpha/2}^2 p(1-p)}{d^2 P} (d) \times fpc$$

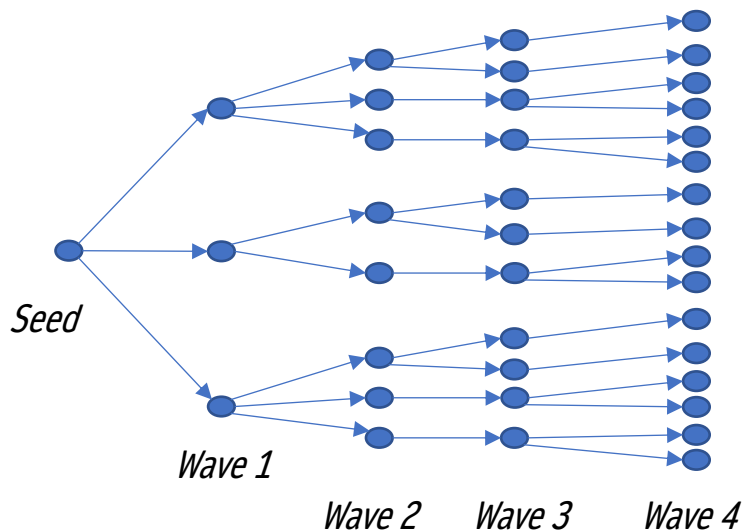
Where:

- $n$  is the minimum target sample size (rounded up),
- $Z_{(1-\alpha/2)}$  is the Z-value corresponding to 95% level of confidence (i.e, 1.96),
- $d$  is the  $\frac{1}{2}$  the width of the desired confidence interval, i.e., the margin of error,
- DEFF is the design effect (DEFF = 2),
- $P$  is the prevalence of HIV at each survey site, and
- $fpc = \sqrt{(N-n)/(N-1)}$  where  $N$  is the estimated size of the source population



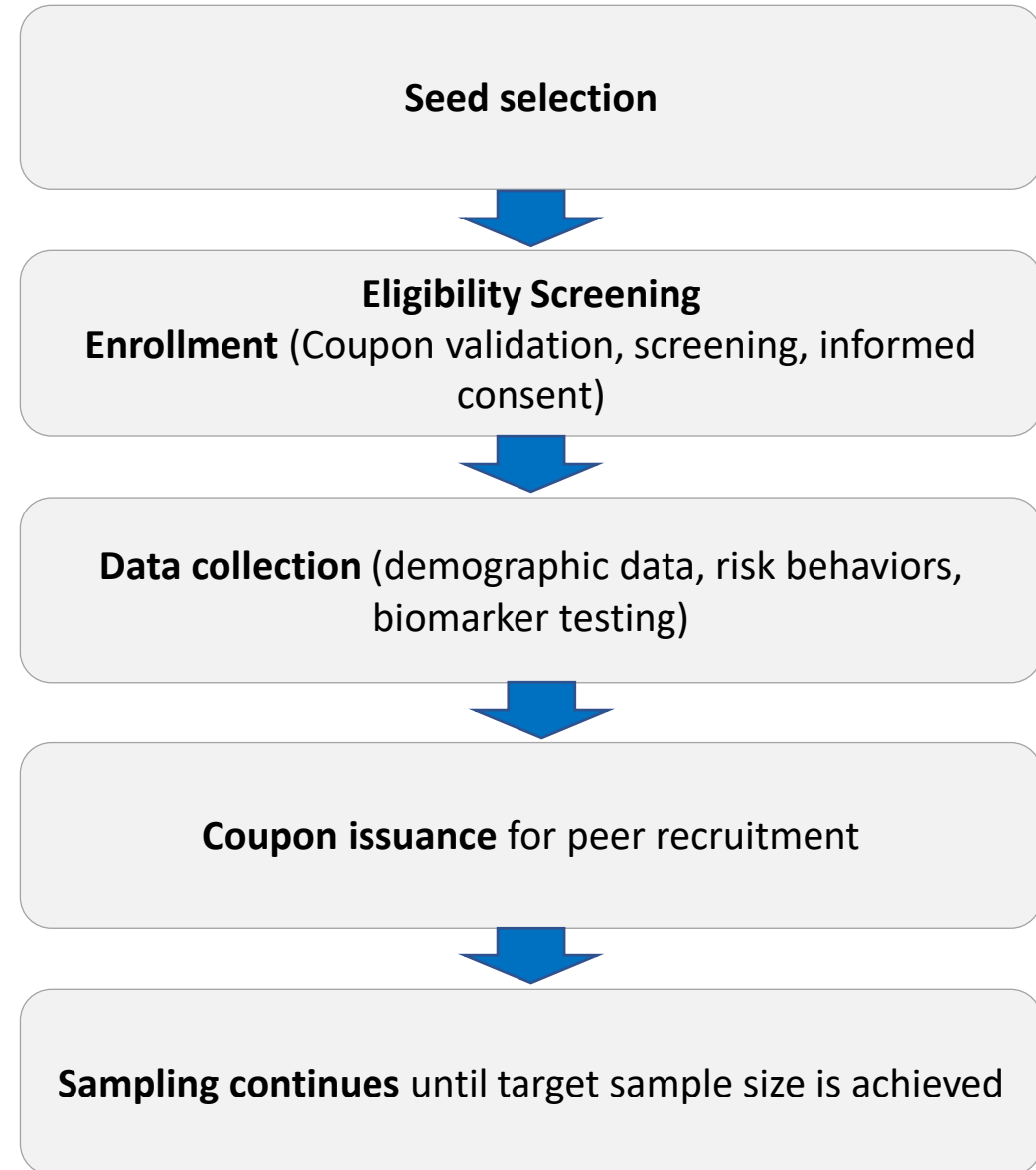
## 4. Methodology: Participant Recruitment and Flow

- Respondent driven sampling was used
- There were 2-6 PWUD seeds per province and 6 PWID seeds in PP only
- There were three recruits per participant
- Sampling for Banteay Meanchey occurred in two separate networks (provincial capital and Poipet).



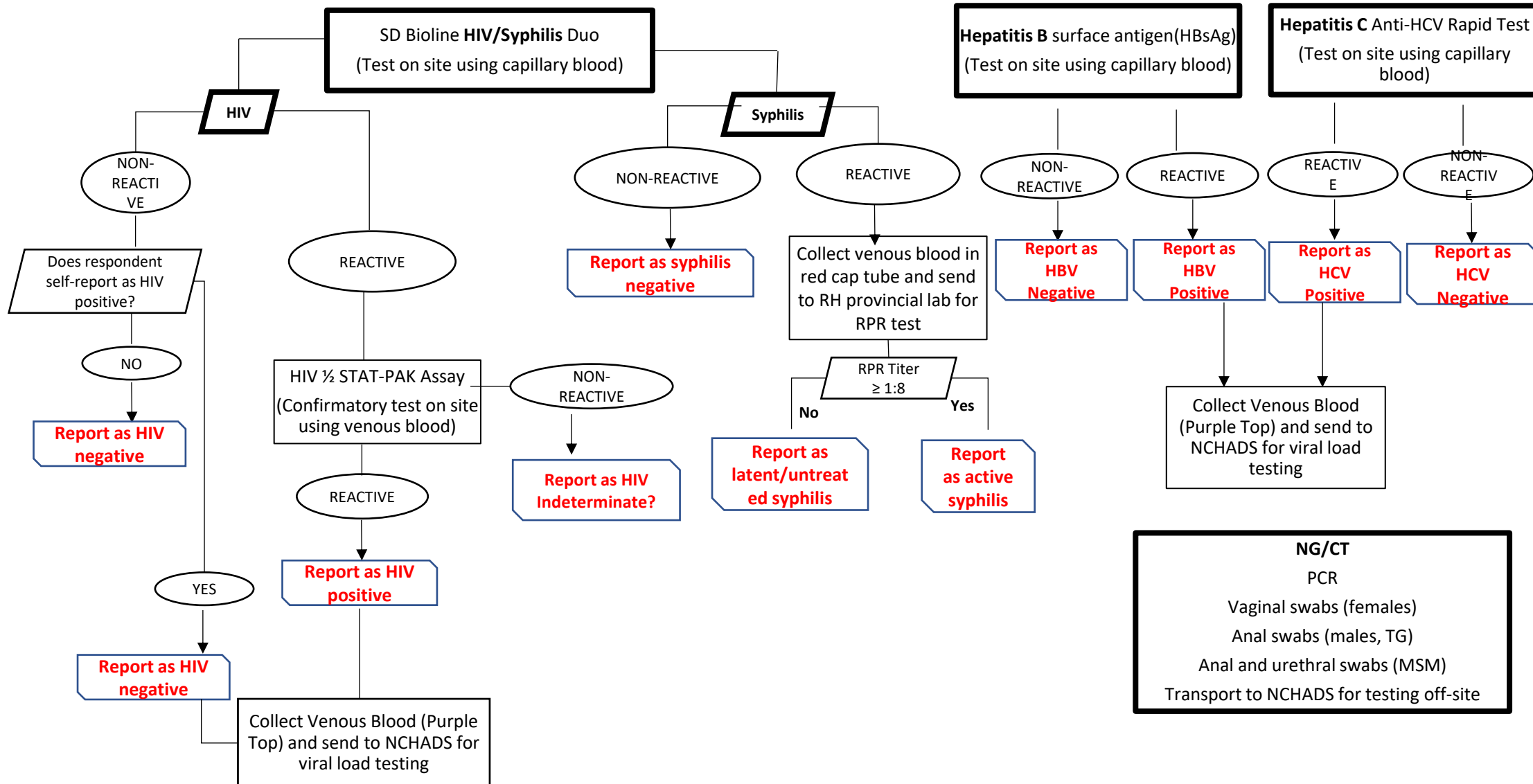
### Collection System

ត្រូវប្រើប្រាស់ (Coupon Code)





# 4. Methodology: Biological Component

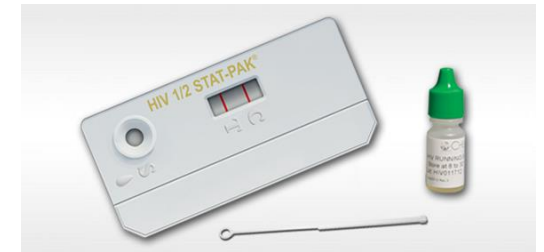




## 4. Methodology: Biological component (HIV and STI testing)

### *HIV & SYPHILIS TEST:*

- SD Bioline HIV/Syphilis Duo test was used
- HIV reactive result was followed by confirmatory test on site using HIV 1/2 STAT-PAK® Assay
- Confirmed HIV positive were followed by HIV viral load test
- Reactive syphilis was confirmed with rapid plasma regain (RPR) titer test
- HCV rapid test



### *NEISSERIA GONORRHOEAE (NG) AND CHLAMYDIA TRACHOMATIS (CT) TESTING:*

Self administered anal and urethral swabs (for male) and vaginal specimens (for females) were used to collect specimens for CT and NG testing.

Nucleic acid amplification tests for the detection of CT/NG used Abbott m2000 system Real-Time polymerase chain reaction (PCR).

Participants in Phnom Penh received presumptive treatment for CT and NG during the provision of HIV and syphilis test results.

*Results are preliminary and subject to change*



## 4. Methodology: Population Size Estimation (PSE)

### 1. Unique Object Multiplier Method

- This method involved distributing a “unique object” or token to members of the population shortly before data collection begins, and then asking BBS survey respondents whether they received the object

### 2. RDS Successive Sampling

- Successive sampling PSE (SS-PSE) utilizes personal network size data collected from the RDS survey to model the total number of persons in the target population using a Bayesian approach.
- Population members must be all be part of a single component network and be able to accurately report their network sizes for this method to work. Violations to these assumptions may result in inaccurate size estimates

Picture of token (yellow background for PWIDS)





## 4. Methodology: Data management and data analysis

### Data Management:

- Three separate databases were used to support data collection: 1) behavioral data; 2) biological data; and 3) coupon management and recruitment. These databases were linked with a unique random QR code and a unique coupon number. QR codes were pre-printed on labels to prevent human errors that can occur with hand-written codes.



### Data Analysis:

- Population parameters (proportions and means) were analyzed separately for each province using RDS-Analyst and R using with:
  - Giles estimator
  - 500 iterations
  - 1000 bootstraps
- Aggregated estimates for PWUDs across provinces were weighted by previously existing province specific PWUD size estimates.





# ASSIST TOOL

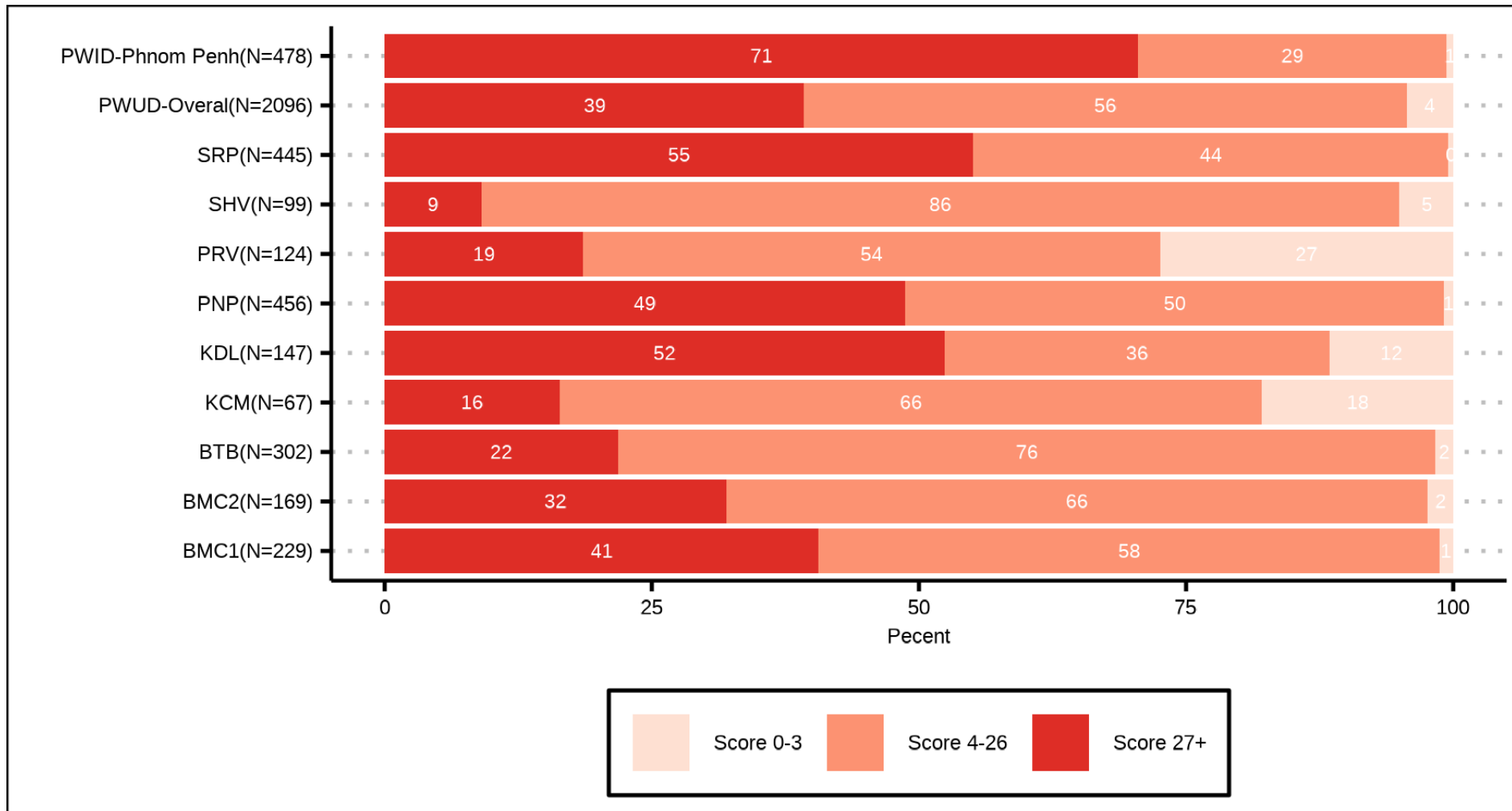
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# ASSIST TOOL: The overall level of risk from using drugs (PWID/PWUD)

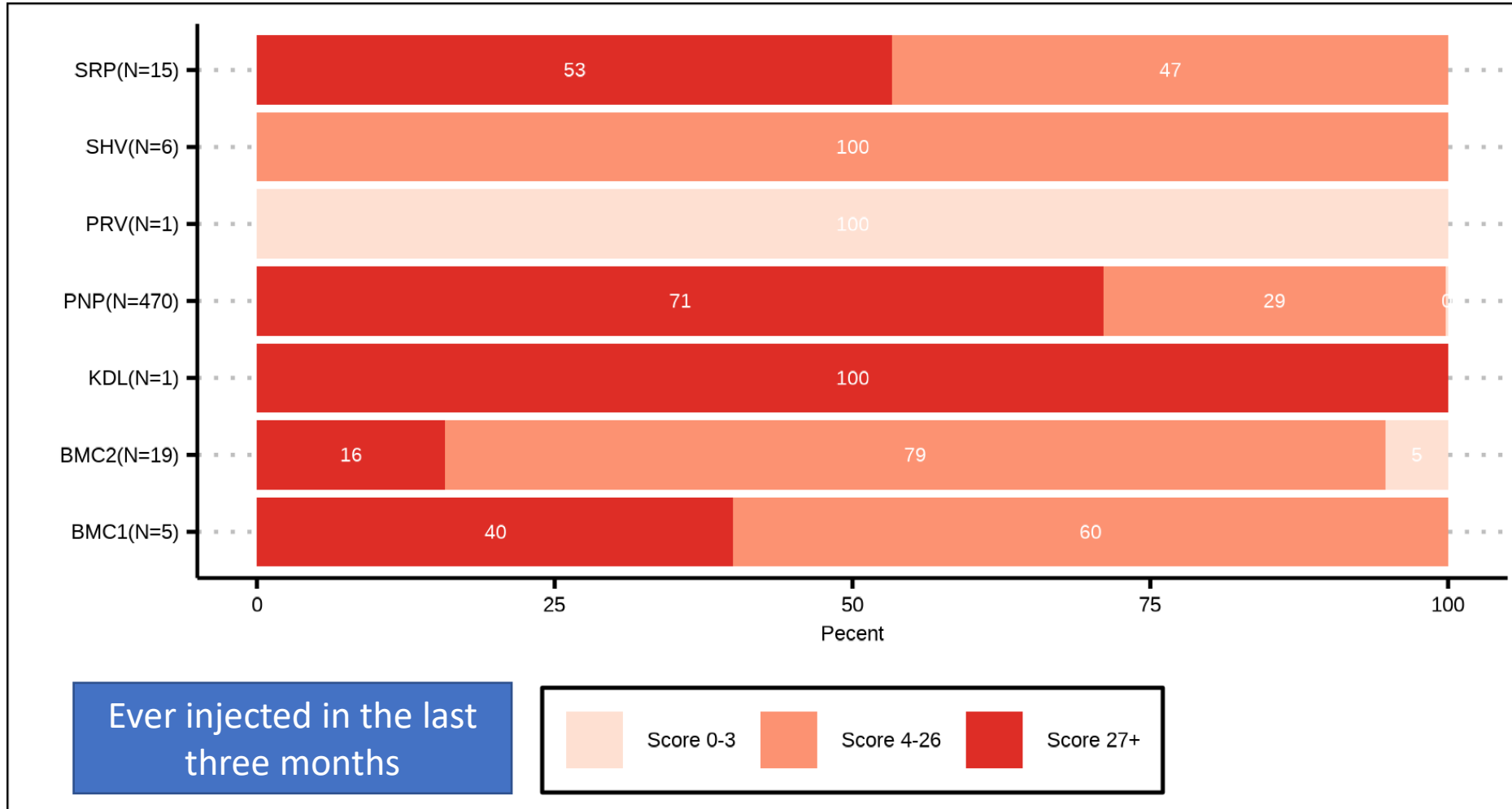


**Source:** ASSIST (Alcohol, Smoking, Substance Involvement Screening Tool), [Low: 0-3 for Drugs, 1-10 for Alcohol | Moderate: 4-26 for Drugs, 11-26 for Alcohol | High: 27 or above]

*The results are preliminary and subject to change*



# ASSIST TOOL: The overall level of risk from using drugs (PWID only by provinces)

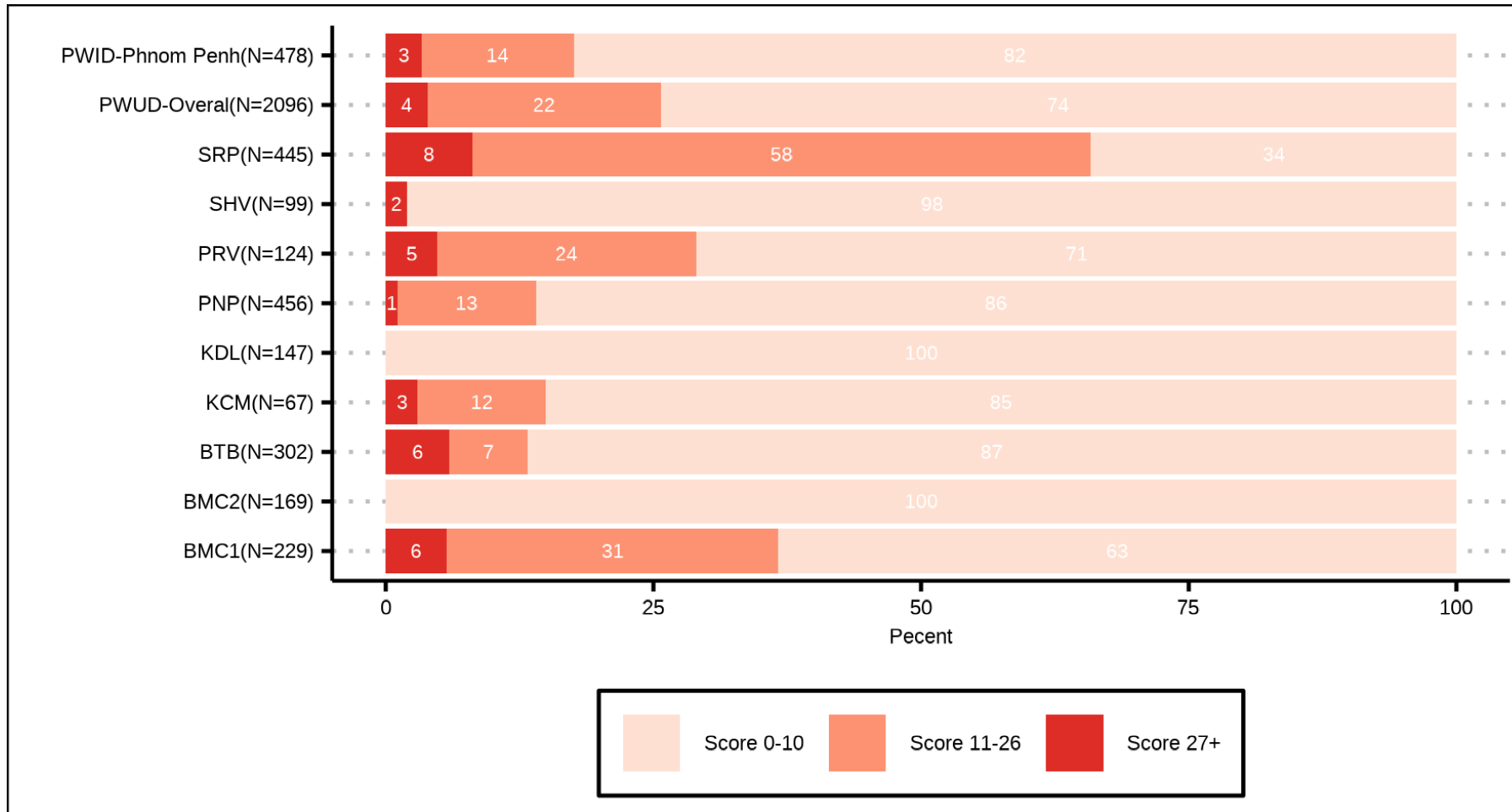


**Source:** ASSIST (Alcohol, Smoking, Substance Involvement Screening Tool), [Low: 0-3 for Drugs, 1-10 for Alcohol | Moderate: 4-26 for Drugs, 11-26 for Alcohol | High: 27 or above]

*The results are preliminary and subject to change*



# ASSIST TOOL: The overall level of risk of KP using alcohol (PWID/PWUD)



**Source:** ASSIST (Alcohol, Smoking, Substance Involvement Screening Tool), [Low: 0-3 for Drugs, 1-10 for Alcohol | Moderate: 4-26 for Drugs, 11-26 for Alcohol | High: 27 or above]

*The results are preliminary and subject to change*



# SUMMARY FINDINGS

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# 5. Findings: Summary Result of PWUD IBBS 2024

## Demographic

### Age group



45.8%	<25Ys
27.4%	25-34Ys
22.4%	35-44Ys
4.4%	45+Ys

### Any education



46.7%	Primary
24.8%	Secondary
28.5%	High school+

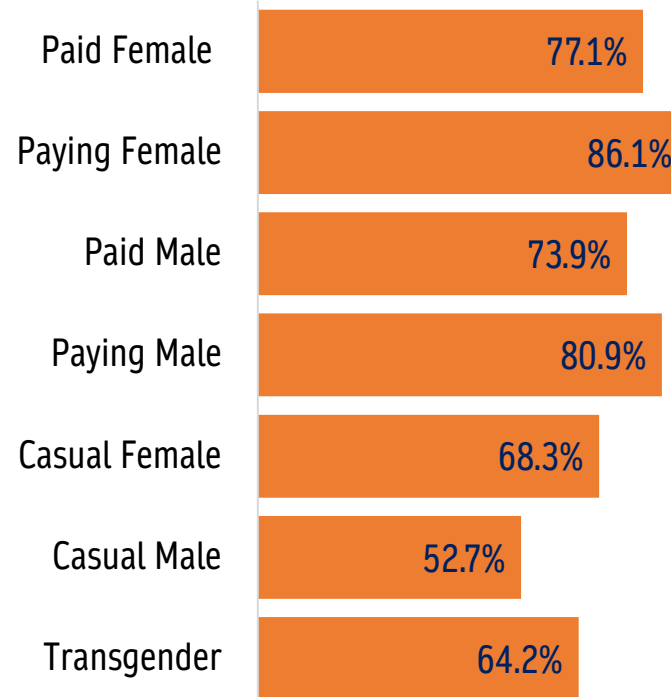
### Marital status



26.1%	Married
14.9%	Widowed
59.1%	Never Married



## Risk behavior: Condom Use Last Sex With



## Prevalence



HIV = 5.9%



Syphilis\* = 8.2%

*\*Active Syphilis*



CT = 13.4%



NG = 16.0%



HCV = 1.4%


*Sample size = 2,020*




# 5. Findings: Summary Result of PWID IBBS 2024

## Demographic


### Age group

	11.1%	<25Ys
	33.0%	25-34Ys
	44.5%	35-44Ys
	11.5%	45+Ys

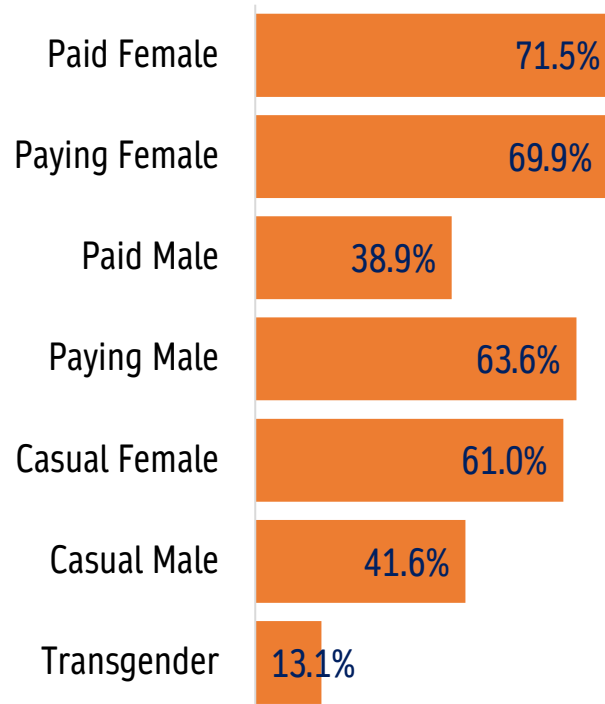
### Any education

	63.1%	Primary
	20.2%	Secondary
	16.7%	High school+

### Marital status

	34.5%	Married
	25.2%	Widowed
	40.3%	Never Married

## Risk behavior: Condom Use Last Sex With



## Prevalence



HIV = 10.6%



Syphilis = 20.7%

*\*Active Syphilis*



CT = 16.9%



NG = 22.1%



HCV = 12.6%

*Sample size = 478*

*The results are preliminary and subject to change*



# The Comparison

PWUD = 2,020 | PWID=478



## Demographic

### Age group

Age	PWID	PWUD
<25Ys	45.8%	11.1%
25-34Ys	27.4%	33.0%
35-44Ys	22.4%	44.5%
45+Ys	4.4%	11.5%

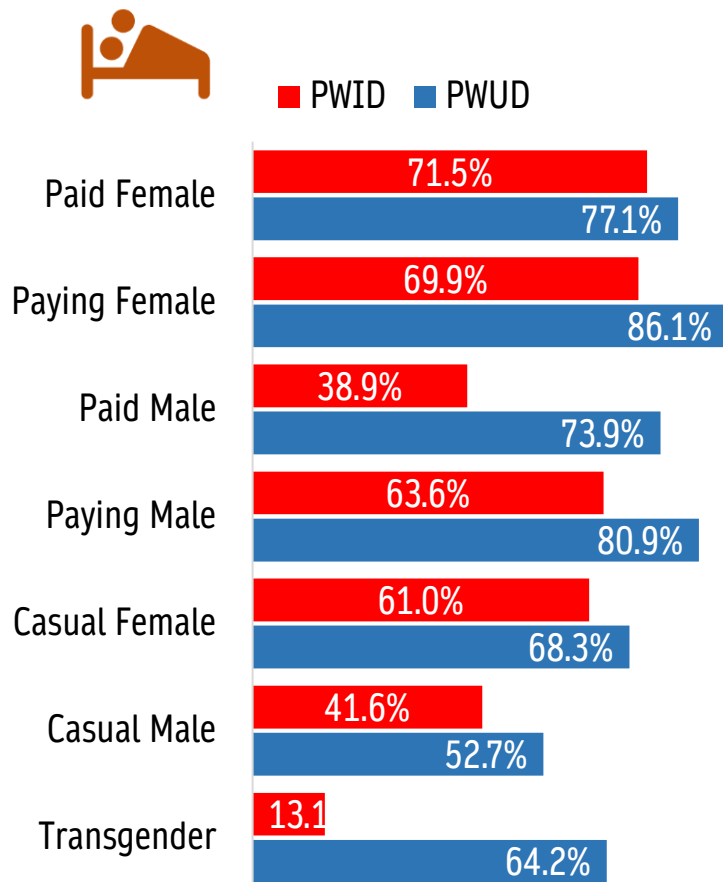
### Any education

Education	PWID	PWUD
Primary	46.7%	63.1%
Secondary	24.8%	20.2%
High school+	28.5%	16.7%

### Marital status

Marital status	PWID	PWUD
Married	26.1%	34.5%
Widowed	14.9%	25.2%
Never Married	59.1%	40.3%

## Risk behavior: Condom Use With



Last twelve months

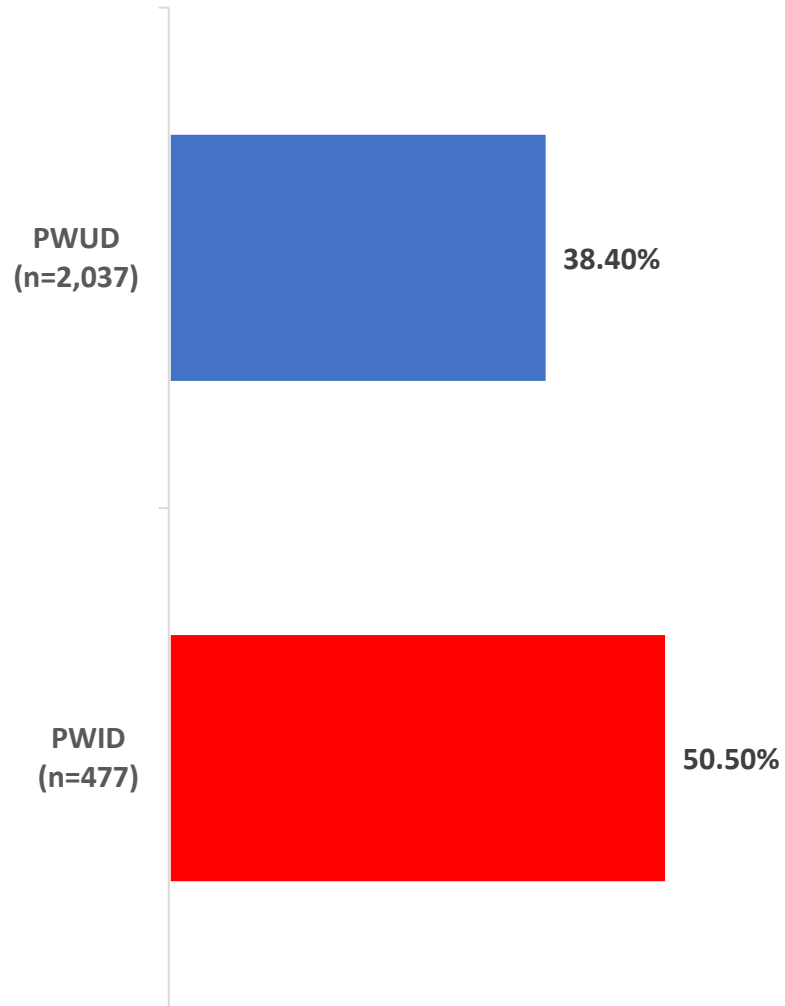
## Prevalence

HIV	5.9%	10.6%
Syphilis	8.2%	20.7%
CT	13.4%	16.9%
NG	16.0%	22.1%
HCV	1.4%	12.6%

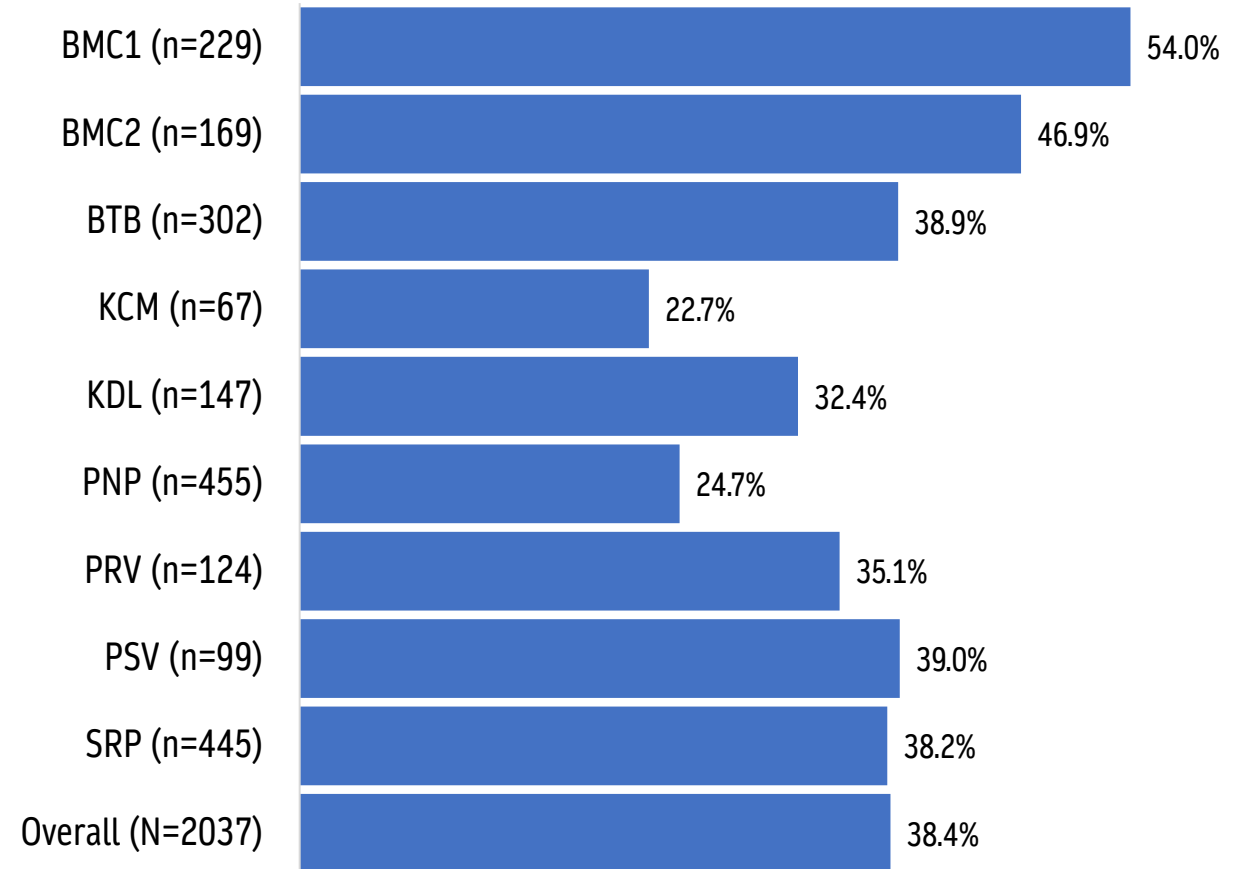
The results are preliminary and subject to change



# Know Status (Positive or Negative) in the past 12 months



## PWUD: Disaggregated by province

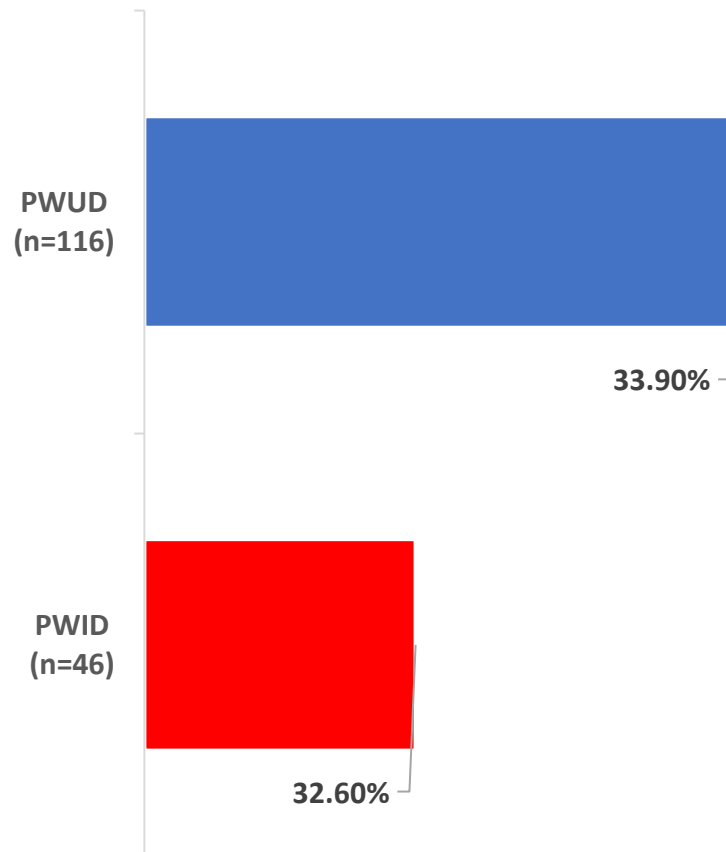


*The results are preliminary and subject to change*

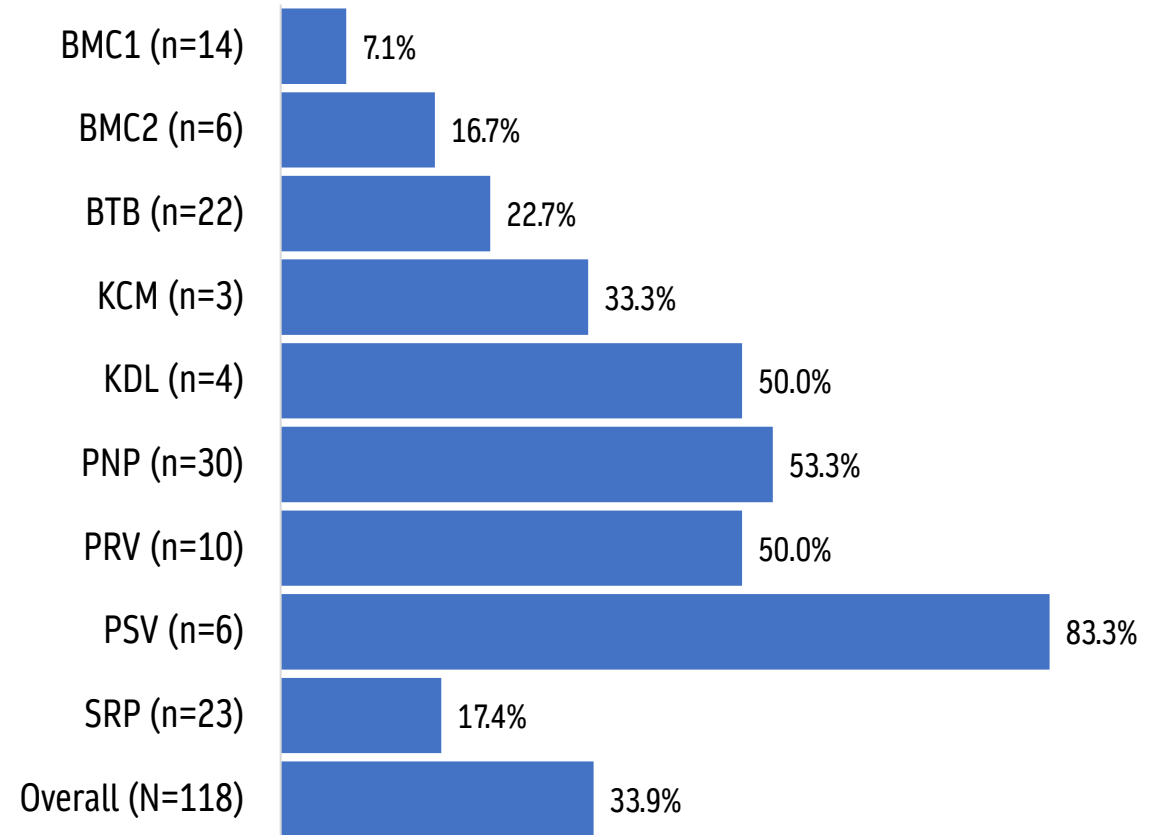


# Proportion of PLHIV newly identified as HIV positive during survey

## Proportion of PLHIV newly identified



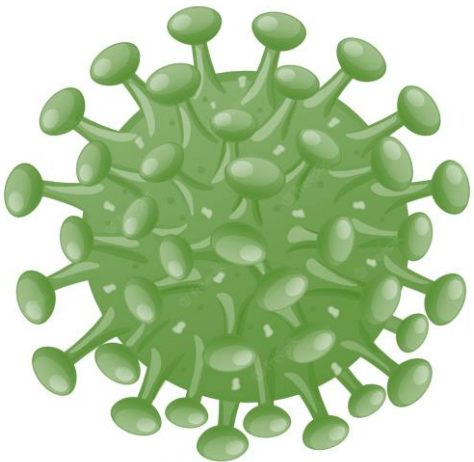
## PWUD: Proportion of PLHIV newly identified, by provinces



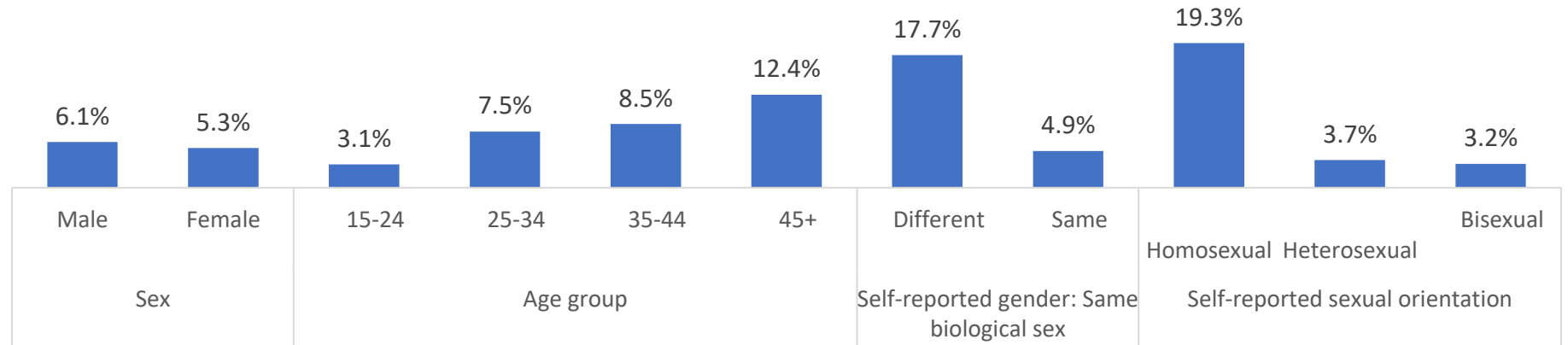
*The results are preliminary and subject to change*



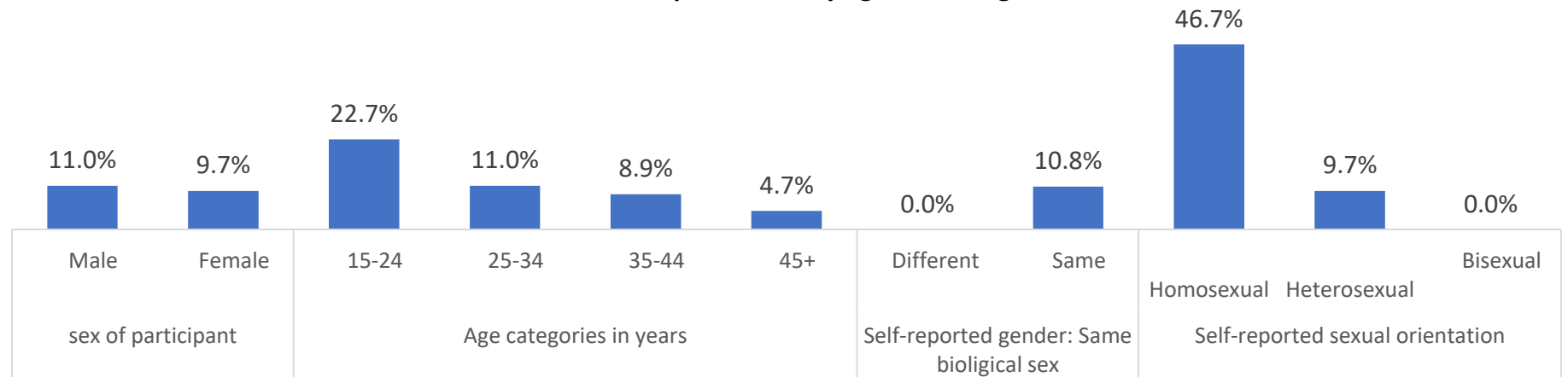
# HIV Prevalence by key demographic characteristics



**PWUD: HIV prevalence by age, sex and gender**



**PWID: The HIV prevalence by age, sex and gender**



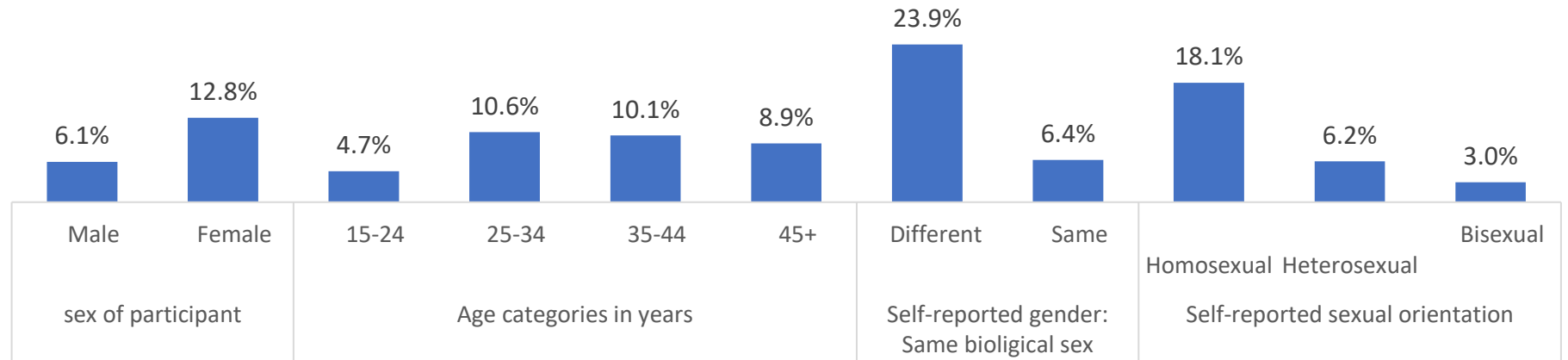
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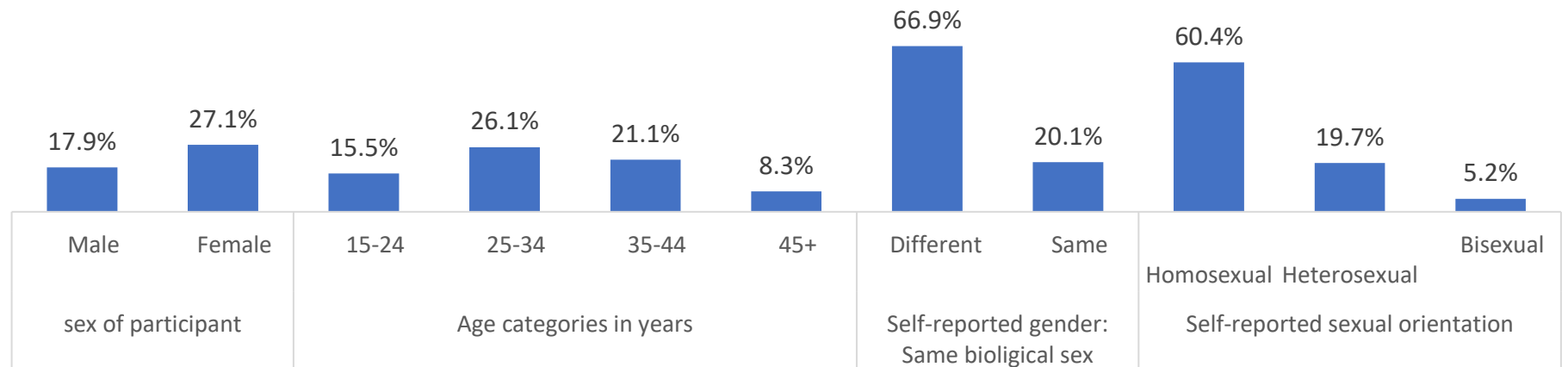
# Active Syphilis Prevalence by key demographic characteristics



**PWUD: Active Syphilis prevalence by age, sex and gender**



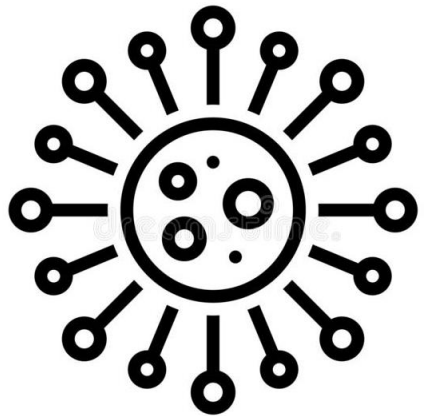
**PWID: Active Syphilis prevalence by age, sex and gender**



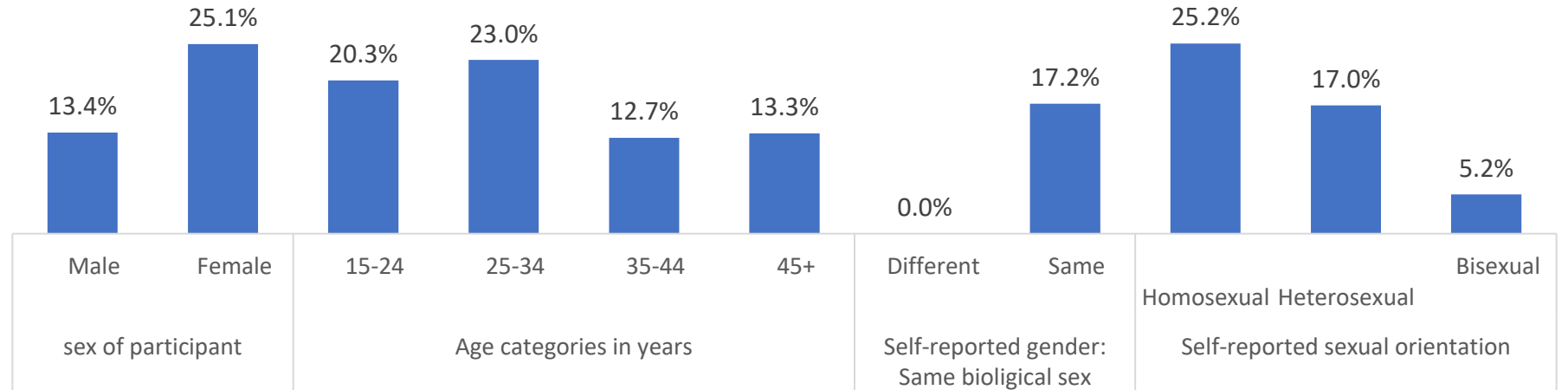
*The results are preliminary and subject to change*



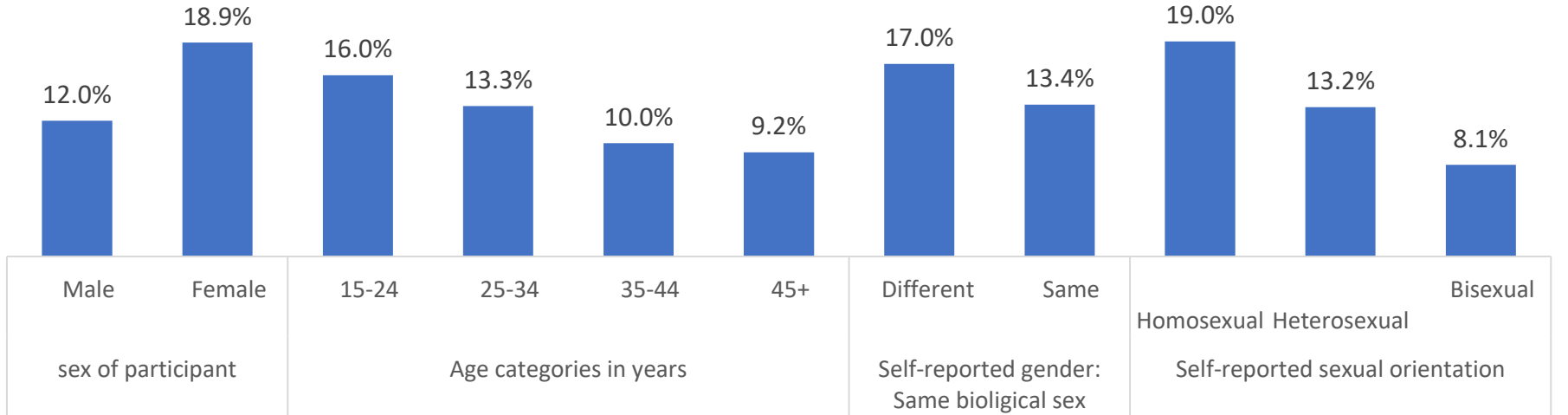
# Chlamydia Prevalence by key demographic characteristics



PWUD: Chlamydia prevalence by age, sex and gender



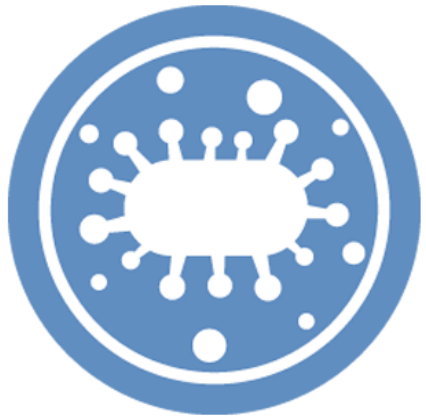
PWID: Chlamydia prevalence by age, sex and gender



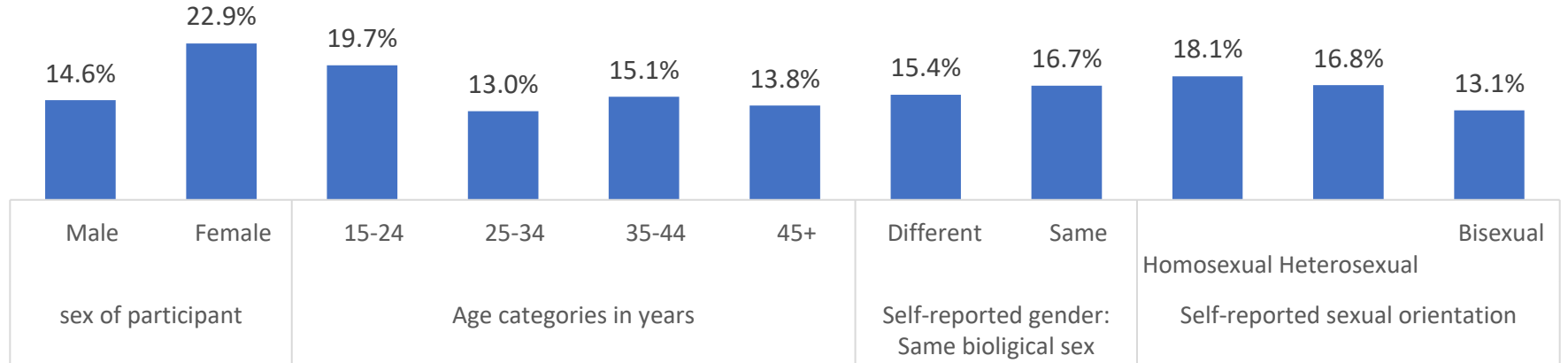
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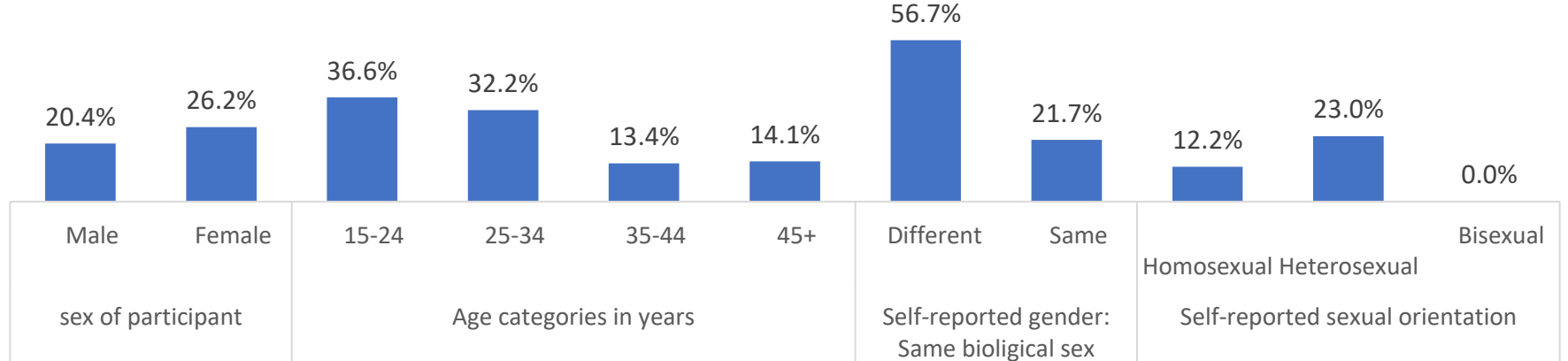
# Gonorrhea Prevalence by key demographic characteristics



**PWUD: Gonorrhea prevalence by age, sex and gender**



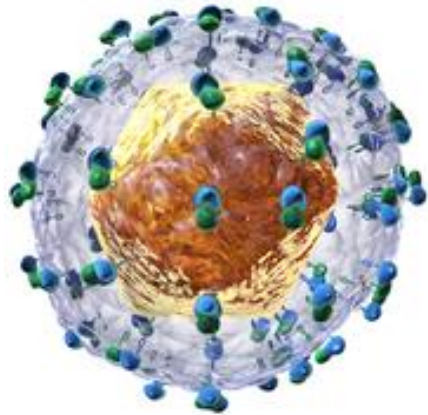
**PWID: Gonorrhea prevalence by age, sex and gender**



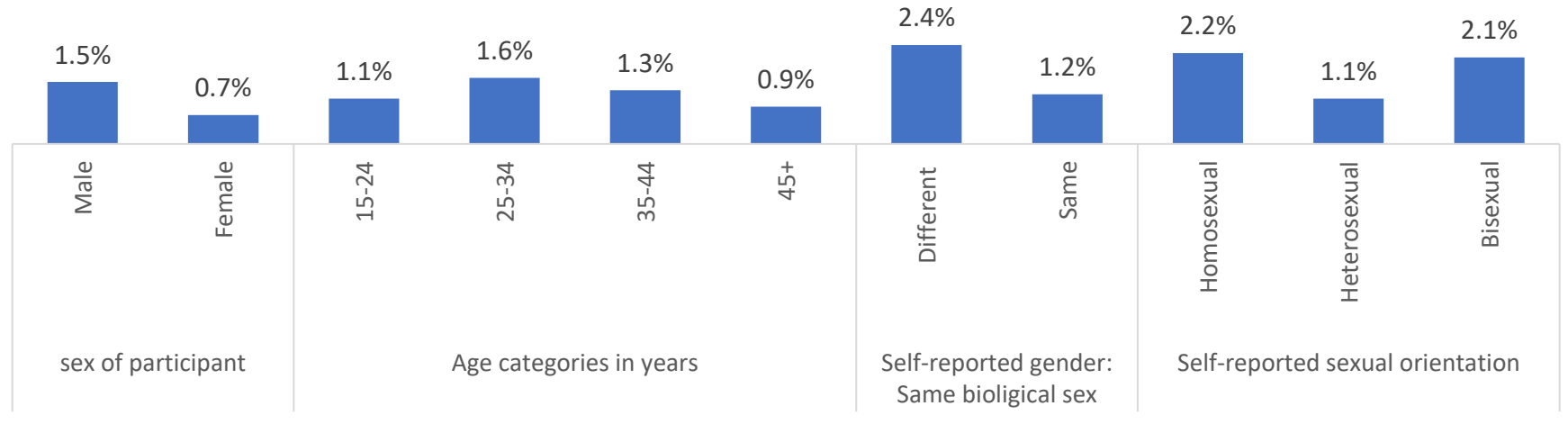
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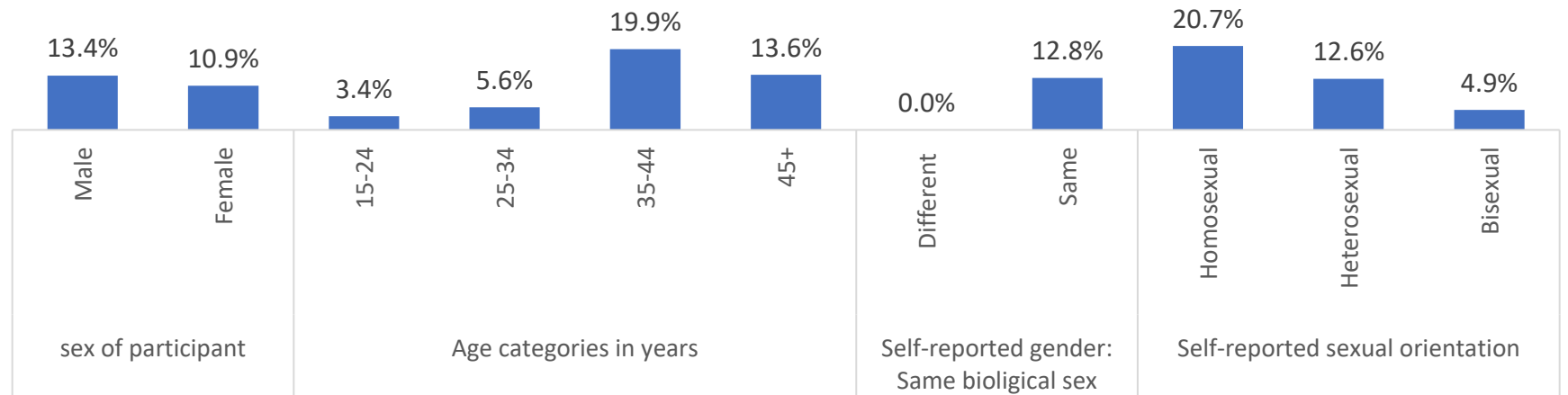
# HCV Prevalence by key demographic characteristics



PWUD: HCV prevalence by age, sex and gender



PWID: HCV prevalence by age, sex and gender

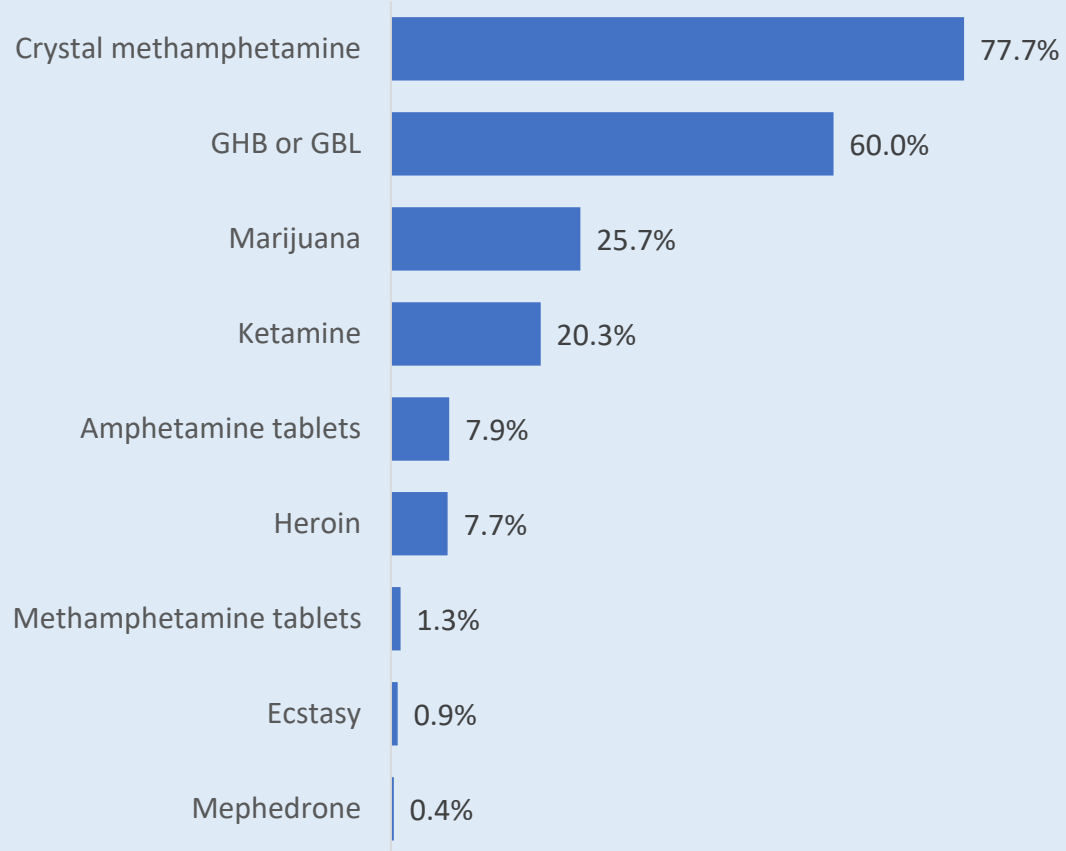


*The results are preliminary and subject to change*

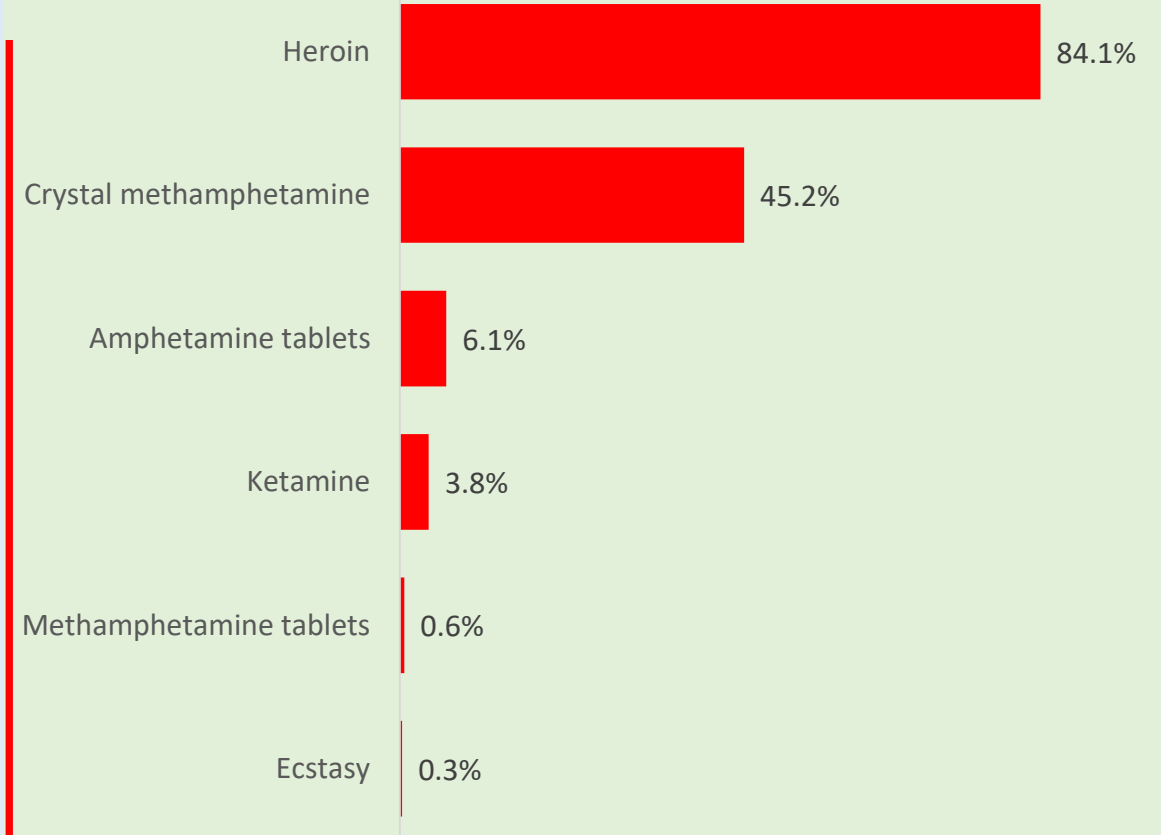


# Types of drugs NON-INJECTED and INJECTED Drugs used in the past three months

### % using each drugs by non-injection mode



### % using each drug by injecting mode





## Ever had Chemsex in the past 12 months

Location	Yes	No	N
<b>PWUDs</b>			
BMC1	1.5 [0.3, 2.6]	98.5 [97.4, 99.7]	230
BMC2	0.8 [-0.2, 1.9]	99.2 [98.1, 100.2]	169
BTB	0.5 [-0.1, 1.0]	99.5 [99.0, 100.1]	302
KCM	0	100	67
KDL	2.3 [0.5, 4.1]	97.7 [95.9, 99.5]	148
PNP	2.5 [1.5, 3.6]	97.5 [96.4, 98.5]	456
PRV	9.0 [4.7, 13.5]	91.0 [86.5, 95.3]	124
PSV	2.9 [0.2, 5.4]	97.1 [94.6, 99.8]	99
SRP	6.6 [4.4, 8.7]	93.4 [91.3, 95.6]	450
<b>Summary</b>	<b>3.2 [2.6, 3.8]</b>	<b>96.8 [96.2, 97.4]</b>	<b>2045</b>
<b>PWIDs</b>			
<b>Phnom Penh</b>	<b>2.8 [1.2, 4.4]</b>	<b>97.2 [95.6, 98.8]</b>	<b>478</b>

*The results are preliminary and subject to change*



## Frequency of using a condom during Chemsex in the last 12 months [PWIUDs and PWIDs combined]

Characteristic	Always	Not always
	n (%)	n (%)
BMC1	0 (0.0)	4 (100.0)
BMC2	0 (0.0)	1 (100.0)
BTB	0 (0.0)	1 (100.0)
KCM2	0 (NA)	0 (NA)
KDL	0 (0.0)	5 (100.0)
PNP	3 (13.6)	19 (86.4)
PRV	1 (14.3)	6 (85.7)
SHV	0 (0.0)	1 (100.0)
SRP	0 (0.0)	33 (100.0)
<b>Summary</b>	<b>4 (5.4)</b>	<b>70 (94.6)</b>

*The results are preliminary and subject to change*



## Proportion who have used PrEP in the past 12 months

Location	Yes	No	N
<b>PWUDS</b>			
BMC1	14.8 [4.7, 24.8]	85.2 [75.2, 95.3]	229
BMC2	19.3 [11.9, 26.7]	80.7 [73.3, 88.1]	169
BTB	10.7 [5.5, 15.9]	89.3 [84.1, 94.5]	301
KCM	0%	100%	67
KDL	22.6 [14.1, 31.1]	77.4 [68.9, 85.9]	147
<b>PNP</b>	<b>1.0 [0.2, 1.9]</b>	<b>99.0 [98.1, 99.8]</b>	<b>456</b>
PRV	6.6 [4.8, 8.5]	93.4 [91.5, 95.2]	123
PSV	21.8 [13.0, 30.9]	78.2 [69.1, 87.0]	99
SRP	15.2 [8.3, 22.1]	84.8 [77.9, 91.7]	445
<b>Summary</b>	<b>13.2 [10.5, 15.9]</b>	<b>86.8 [84.1, 89.5]</b>	<b>2036</b>
<b>PWIDs</b>			
<b>Phnom Penh</b>	<b>1.5 [0.7, 2.3]</b>	<b>98.5 [97.7, 99.3]</b>	<b>478</b>

*The results are preliminary and subject to change*



## GAM 1.16 HIV knowledge among aged 15-24 years (Able to answer all five questions correctly)

Location	Good HIV knowledge	Poor HIV knowledge	N
<b>PWUDs</b>			
BMC1	8.8 [3.4, 14.4]	91.2 [85.6, 96.6]	129
BMC2	5.0 [-1.2, 11.4]	95.0 [88.6, 101.2]	55
BTB	2.8 [0.1, 5.4]	97.2 [94.6, 99.9]	65
KCM	17.9 [-1.2, 37.1]	82.1 [62.9, 101.2]	35
KDL	68.4 [58.5, 78.5]	31.6 [21.5, 41.5]	85
PNP	37.2 [26.6, 48.8]	62.8 [51.2, 73.4]	110
PRV	43.0 [32.9, 53.0]	57.0 [47.0, 67.1]	91
PSV	27.7 [16.0, 40.4]	72.3 [59.6, 84.0]	35
SRP	38.9 [31.9, 46.2]	61.1 [53.8, 68.1]	298
<b>Summary</b>	<b>24.4 [21.5, 27.3]</b>	<b>75.6 [72.7, 78.5]</b>	<b>928</b>
<b>PWIDs</b>			
<b>Phnom Penh</b>	<b>35.5 [20.1, 48.3]</b>	<b>64.5 [51.7, 79.9]</b>	<b>45</b>

Yes – 1) a healthy looking person can have HIV, 2) using a condom every time reduces transmission, 3) being faithful to one uninfected partner reduces transmission

No - 4) a person get infected from mosquito bites, 5) a person can get infected by sharing food/utensils with an infected person

*The results are preliminary and subject to change*



## Percentage of people who inject drugs who are living with HIV

	15-24		25+		
Characteristic	Female N = 9 <sup>1</sup>	Male N = 36 <sup>1</sup>	Female N = 113 <sup>1</sup>	Male N = 315 <sup>1</sup>	TG N = 5 <sup>1</sup>
Confirmed HIV positive					
Pos	2 (22.4)	6 (22.8)	11 (8.6)	27 (9.6)	0 (0.0)
Neg	7 (77.6)	30 (77.2)	102 (91.4)	288 (90.4)	5 (100.0)
<sup>1</sup> n (unweighted) (%)					



# Used sterile injecting equipment and condoms with high partners

	15-24		25-34			35-44			45+	
	Female N = 9 <sup>1</sup>	Male N = 36 <sup>1</sup>	Female N = 37 <sup>1</sup>	Male N = 112 <sup>1</sup>	TG N = 3 <sup>1</sup>	Female N = 54 <sup>1</sup>	Male N = 167 <sup>1</sup>	TG N = 2 <sup>1</sup>	Female N = 22 <sup>1</sup>	Male N = 36 <sup>1</sup>
Percentage of PWIDs reporting using <b>sterile injecting equipment</b> the last time they injected										
Yes	6 (73.9)	30 (85.5)	30 (82.1)	100 (91.9)	2 (80.0)	48 (87.7)	159 (95.9)	2 (100.0)	20 (92.6)	32 (96.3)
Percentage of PWIDs reporting using a condom the last time they had sexual intercourse with high-risk partners										
Not used	3 (69.0)	3 (25.6)	1 (13.5)	20 (36.2)	2 (100.0)	6 (25.3)	26 (40.3)	0 (0.0)	1 (3.4)	2 (11.8)
Used	1 (31.0)	12 (74.4)	8 (86.5)	30 (63.8)	0 (0.0)	12 (74.7)	42 (59.7)	1 (100.0)	12 (96.6)	13 (88.2)
<sup>1</sup> n (unweighted) (%)										



# Syphilis and HIV prevalence association

Characteristic	PWUDs		PWIDs	
	Pos N = 116 <sup>1</sup>	Neg N = 1891 <sup>1</sup>	Pos N = 46 <sup>1</sup>	Neg N = 432 <sup>1</sup>
Ever syphilis (including active)				
Ever	65 (31.1)	190 (68.9)	17 (20.6)	82 (79.4)
Never had	51 (2.8)	1,701 (97.2)	29 (7.6)	350 (92.4)
<sup>1</sup> n (unweighted) (%)				



# PWID-PWUD SIZE ESTIMATION

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# PWUD and PWID size estimation

- **Two methods used:** Object multiplier and RDS Successive Sampling
- **Estimating in 9 cities only** – it is not national estimate
- **Estimates are subject to biases** – under or over-estimate



# Object multiplier data requirements

- Data collection teams distributed **objects– a card– a week before the IBBS** data collection started
- During IBBS data collection, they asked respondents, “Did you receive a card (showing the picture of the card)?”
- We then use two parameters
  - **Weighted proportion and 95% CI of those who received the special card from the IBBS survey**
  - **Number of cards distributed a week before data collection recorded by data collection team**
- **Formula**
  - Point estimate=  $n/p$ , where  $n$ =# of cards distributed,  $p$ =estimated point proportion
  - Lower bound =  $n/p_1$ , where  $n$ =# of cards distributed,  $p_1$ =estimated upper bound proportion
  - Upper bound =  $n/p_2$ , where  $n$ =# of cards distributed,  $p_2$ =estimated lower bound proportion



# SS-PSE Data Requirements

- Network size (degree), self-reported by participants
- Date of survey enrollment (to estimate “time to recruit”)
- Mean, Standard deviation of network size
- Maximum number of coupons distributed per recruit
- Prior estimate of population size (Size estimation from previous round, PWUDS/PWIDS IBBS in 2017)
- Must use RDSANALYST or R’s SSPSE packages







# 3. Results

Location	UO Multiplier	SS RDS	Final
BMC1	104 (102,107)	1040 (397,1792)	1040 (397,1792)
BMC2	1389 (840,3846)	433 (333,597)	1389 (840,3846)
BTB	550 (445,718)	685 (477,1099)	685 (477,1099)
KCM	92 (64,164)	260 (116,627)	260 (116,627)
KDL	171 (133,237)	797 (252,1718)	797 (252,1718)
PNP	4659 (3727,6212)	2501 (1790,3643)	4659 (3727,6212)
PRV	55 (52,58)	595 (168,1378)	595 (168,1378)
PSV	282 (211,429)	428 (143,1028)	428 (143,1028)
SRP	335 (283,412)	3453 (1419,5190)	3453 (1419,5190)
<b>Total</b>	<b>7637 (5857,12183)</b>	<b>9655 (5095,17072)</b>	<b>13306 (7539,22890)</b>

**OVERALL  
SIZE ESTIMATION**  
for 8 Provinces (PWUD), and

 **13,306**

**PWID Phnom Penh Only**

 **1,313**

*The results are preliminary and subject to change*



## Compared to the previous round (PWUD/PWID IBBS 2017)

Location	PSE in IBBS 2017	PSI IBBS 2024
BMC-Serei Soaphoan	1999 (1600 ,2397)	1040 (397,1792)
BMC-Piopet		1389 (840,3846)
BTB	1042 (808 ,1276)	685 (477,1099)
KCM	395 (162 ,627)	260 (116,627)
KDL	425 (338 ,513)	797 (252,1718)
PNP	2112 (1853 ,2371)	4659 (3727,6212)
PRV	401 (222 ,580)	595 (168,1378)
PSV	315 (172, 459)	428 (143,1028)
SRP	1663 (974 ,2351)	3453 (1419,5190)
Total	8,352 (6129 , 10574)	13,306 (7539,22890)

*The results are preliminary and subject to change*



# CONCLUSION

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# Key Findings – Prevalence of disease

PWID in PP only, PWUD in 8 provinces

- HIV infection remains a significant concern, particularly among younger PWID (ages 15-24) and homosexual PWID/PWUD
  - Overall HIV prevalence has remained stable at approximately 6% for PWUDs and declined from 15% to 10% among PWIDs in Phnom Penh.
  - However, significantly higher rates among younger PWIDs (age 15-24) and homosexual men point to continued high HIV incidence among these sub-groups
    - ❖ **PWID AGE 15-24: 23% HIV positive** (n=45)
    - ❖ **HOMOSEXUAL PWID AND PWUD: 19% of PWUD** (n= 302) **and 47% of PWID** (n=17)
- Prevalence of active syphilis, gonorrhea, and chlamydia among both male and female PWIDs and PWUDs is very high
  - ❖ **MALE: 18%** of PWIDs and **6%** of PWUDs had active syphilis and **13-23%** of PWIDs and **12-15%** of PWUDs had NG, CT or both
  - ❖ **FEMALE**: More than **25%** of PWIDs had active syphilis, NG, CT or all three, and **20-25%** of PWUDs had NG, CT or both

*The results are preliminary and subject to change*



## Key Findings – HIV testing and newly identified rate

- Low HIV testing rate and high newly identified HIV-positive rate
  - The proportion of PWUDs and PWIDs who either know that they are HIV positive or have had a negative HIV test in the past 12 months is low:
    - ❖ 38% among PWUDs and
    - ❖ 50.5% among PWIDs in PP
  - Approximately one-third of new HIV infections detected in the study were among PWIDs and PWUDs who did not know they were infected
    - ❖ 34.5% newly identified HIV positive among PWUDs
    - ❖ 32.6% newly identified HIV positive among PWIDs



## Key Findings – Sexual risk and HIV knowledge

- High-risk sexual behaviors are prevalent among PWUDs and PWIDs
  - A significant proportion engage in transactional sex or have multiple partners.
  - Condom use with high-risk partners is inconsistent:
    - ❖ Only 55% of PWUDs reported condom use during their last sexual encounter with a high-risk partner.
    - ❖ 68% of PWIDs reported condom use during their last sexual encounter with a high-risk partner.
  - Emerging concern: While the proportion is currently low, "chemsex" (sex under the influence of drugs) requires attention.
    - ❖ 3.2% of PWUDs and 2.8% of PWIDs reported engaging in chemsex.
  - Condom use remains low overall.
    - ❖ Only around 5% of PWIDs and PWUDs report always using condoms.
  - Low levels of HIV prevention knowledge.
    - ❖ 75.6% of PWUDs and 64.5% of PWIDs were found to have incomplete prevention knowledge.



## Key Findings – Accessing HIV prevention program

- Limited access to comprehensive HIV prevention programs.
  - Only 28% of PWUDs and 49% of PWIDs accessed HIV prevention packages, including needles/syringes, condom use training, and condoms/lubricants in the past three months.
- Low PrEP usage.
  - PrEP use in the past 12 months remains low, with only 13.2% of PWUDs and 1.5% of PWIDs reporting use.
- High rate of healthcare avoidance due to stigma and discrimination.
  - 43.5% of PWUDs and 45.6% of PWIDs reported avoiding healthcare services.



# Recommendations

- **Need for Targeted Interventions:** The high HIV prevalence among younger PWID and homosexual PWID/PWUD highlights the need for targeted interventions for these groups.
- **Focus on STI Prevention and Control:** The increasing prevalence of other STIs necessitates a renewed focus on STI prevention and control measures.
- **Enhance HIV Testing and Diagnosis:** Efforts to increase HIV testing and diagnosis remain crucial in the population, especially among young people.
- **Promote Safer Sexual Practices:** Interventions promoting consistent condom use and addressing high-risk sexual behaviors should be intensified.
- **Strengthen HIV Prevention Education:** There is a critical need for improved HIV prevention education and awareness campaigns, especially among young people who are more likely to have poor knowledge.
- **Improve Access to Prevention Programs:** Strategies are needed to increase access to comprehensive HIV prevention programs, including PrEP.
- **Address Stigma and Discrimination:** Efforts to reduce stigma and discrimination in healthcare settings are essential to ensure access to services for PWUD and PWID.



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