



Map data sources: WHO/UNAIDS Epidemiological Fact Sheets and the United States Census Bureau
Map production: WHO



1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	14.5	United Nations
Population in urban areas (%)	2003	18.3	United Nations
Life expectancy at birth (years)	2002	54.6	WHO
Gross domestic product per capita (US\$)	2001	253	United Nations
Government budget spent on health care (%)	2001	16	WHO
Per capita expenditure on health (US\$)	2001	30	WHO
Human Development Index	2001	0.556	UNDP

3. Situation analysis

- **Epidemic level and trend and gender data.** Cambodia has a generalized epidemic and one of the highest prevalence rates in Asia, estimated to be 2.6% in 2002 (HIV sentinel survey). Whereas the increase in the prevalence rate seems to be slowing, the number of people with AIDS needing antiretroviral therapy is increasing. In 2002, an estimated 3% of men and 2% of women were living with HIV.
- **Major vulnerable and affected groups.** Major vulnerable and affected groups include sex workers, male police officers, garment factory workers, mobile populations (cross-border and road construction workers), clients of sex workers and the clients' partners, and men who have sex with men. Estimates indicate that 28.8% of sex workers have HIV. One of the most exposed groups is children born to infected mothers. Injecting drug users are an emerging vulnerable group.
- **Policy on HIV testing and treatment.** The Ministry of Health regards voluntary and confidential counselling and testing as an important intervention to reduce HIV risk behaviour and an integral part of ongoing prevention and care strategies. The Ministry of Health published a document on policy, strategy and guidelines in December 2002, and Cambodia's National Center for HIV/AIDS, Dermatology and STD (NCHADS) provided an updated implementation guide in January 2004. The strategy is based on anonymous, confidential services for counselling and testing. In the national health sector, the strategy tends to promote institutionalized voluntary and confidential counselling and testing rather than stand-alone services. New voluntary and confidential counselling and testing centres are linked and integrated into public health services within the continuum of care strategy. By the

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15–49 years)	2003	1.5 – 4.4%	WHO/UNAIDS
Estimated number of people living with HIV/AIDS (0–49 years)	2004 2003	157 500 170 000 ¹	NCHADS WHO/UNAIDS
Cumulative number of reported AIDS cases	2001	9318	WHO/UNAIDS
Reported number of people receiving antiretroviral therapy (15–49 years)	April 2004	3389	WHO
Estimated total number needing antiretroviral therapy in 2005	2003	28 000 ²	WHO/UNAIDS
HIV testing and counselling sites: number of sites	2004	58	NCHADS
HIV testing and counselling sites: number of people tested at all sites	2002	51 613	NCHADS
Prevalence of HIV among adults with tuberculosis (15–49 years)	2003	11%	Cambodia National Tuberculosis Centre

end of 2004, 70 government voluntary and confidential counselling and testing centres will be operating throughout Cambodia. The government target is to have a voluntary and confidential counselling and testing centre linked to each of the 67 referral hospitals and some former district hospitals by the end of 2005. A few centres in private clinics will also be part of the NCHADS programme for expanding voluntary and confidential counselling and testing. Meanwhile, many private sites provide testing but are not presently licensed. The quality control system for HIV testing and quality assurance for HIV counselling need to be developed further. The scaling up of antiretroviral therapy is included in the Operational Framework for the Continuum of Care for People Living with HIV/AIDS. The approach is phased-in and physician-led. The NCHADS has produced and updated national guidelines for the use of antiretroviral therapy in adults and adolescents.

- **Antiretroviral therapy: first-line drug regimen, cost per person per year.** Stavudine + lamivudine + nevirapine: US\$ 240; stavudine + lamivudine + efavirenz: US\$ 465.
- **Assessment of overall health sector response and capacity.** The Ministry of Health and the NCHADS have a strong political commitment, actively planning, mobilizing and coordinating partners for scaling up HIV/AIDS treatment. The Operational Framework for the Continuum of Care for People Living with HIV/AIDS, which will provide the basis for scaling up antiretroviral therapy in Cambodia, is a core component of the Strategic Plan for HIV/AIDS and STD Prevention and Care developed by the NCHADS. The Operational Framework was reviewed recently and updated to cover the period 2004–2007 and falls within the health service delivery core strategy of



¹ WHO/UNAIDS estimate that the number of people living with HIV/AIDS (0–49 years) is between 100 000 and 290 000 (2003).
² NCHADS (the National Center for HIV/AIDS, Dermatology and STD) estimated that the antiretroviral therapy need for 2002 was 22 000.

the Ministry of Health Strategic Plan for 2003–2007. The comprehensive continuum of care framework provides a strategy for the care of people living with HIV/AIDS and builds a basis for antiretroviral therapy with a comprehensive and integrated approach. Prevention activities, services for treating sexually transmitted infections, blood safety programmes and services for preventing mother-to-child transmission are developed. A training programme for physicians has been established and curricula developed for nurses and auxiliary health workers.

- *Critical issues and major challenges.* The capacity of Cambodia's health sector to respond to the foreseen expansion of antiretroviral therapy depends on the availability of funds and the capacity for procurement. Systems for drug procurement and supply chain management will need strengthening, and the distribution of antiretroviral drugs in the private sector will require specific regulation. The capacity of the provincial and district health departments to lead and coordinate the scale-up process will need reinforcement as will human resource capacity. Community involvement, including the involvement of people living with HIV/AIDS, in scaling up care and treatment should also be strengthened.

4. Resource requirements and funds committed for scaling up antiretroviral therapy in 2004–2005

- WHO estimates that the total funding required to support scaling up antiretroviral therapy to reach the government-declared target of 12 800, which is in accordance with the WHO "3 by 5" treatment target of 14 000 people for the end of 2005, is between US\$ 12 million and US\$ 28 million.
- The government has committed an estimated US\$ 1 million for scaling up antiretroviral therapy during 2004–2005.
- Bilateral partners including the United States Centers for Disease Control and Prevention, the United Kingdom Department for International Development and the Asian Development Bank have committed an estimated US\$ 1 million for scaling up treatment during the same period.
- Cambodia submitted successful Round 1 and 2 proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria, focused on reducing the burden of HIV/AIDS among vulnerable populations and providing care and treatment for people living with HIV/AIDS, including limited antiretroviral therapy. An estimated US\$ 6 million is anticipated to be available from these rounds for scaling up antiretroviral therapy.
- The Country Coordinating Mechanism has submitted a Round 4 proposal to the Global Fund, with a focus on providing care and treatment for people living with HIV/AIDS and reducing the percentage of HIV-infected infants born to HIV-infected mothers.
- Nongovernmental organizations and charity foundations, including Médecins Sans Frontières, the French project ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau), Center of Hope, CARE, Douleurs Sans Frontières and Family Health International have committed an additional estimated US\$ 10.3 million to scaling up antiretroviral therapy in Cambodia during 2004–2005.
- Taking into account the funds committed to date, WHO estimates that the total funding gap for Cambodia to reach 14 000 people by the end of 2005 is up to US\$ 9.8 million.

5. Antiretroviral therapy coverage

- NCHADS estimates that the antiretroviral therapy need for 2002 was 22 000.
- It is estimated that Cambodia's total treatment need for 2005 is 28 000 people.
- The national target of treating 12 800 people by 2005 is in accordance with the WHO "3 by 5" treatment target of 14 000 by 2005 (based on 50% of estimated need).
- NCHADS estimates that 3389 people are receiving treatment as of April 2004, mainly supported by nongovernmental organizations. In the public sector, 11 centres in four provinces have started offering antiretroviral therapy.

6. Implementation partners involved in scaling up antiretroviral therapy

- *Leadership and management.* The National AIDS Authority, created in 1999 and composed of 26 ministries, 24 provinces and representatives of civil society, coordinates the multisectoral response to the epidemic, provides the legal and policy framework and strengthens partnerships among all stakeholders. It is chaired by the Secretary of State for Health. The Ministry of Health and the NCHADS provide leadership for the health sector response to HIV/AIDS. The United Kingdom Department for International Development, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States Centers for Disease Control and Prevention, the Asian Development Bank, the World Bank and a consortium led by the University of New South Wales are supporting the NCHADS Strategic Plan for HIV/AIDS and STD Prevention and Care. WHO provides technical assistance in planning, programme evaluation and strengthening health systems.
- *Antiretroviral therapy service delivery.* The NCHADS provides leadership in delivering antiretroviral therapy services. The NCHADS and the Central Medical

Stores of the Ministry of Health coordinate procurement and supply chain management supported by UNICEF, the French project ESTHER (Ensemble pour une Solidarité Thérapeutique Hospitalière En Réseau), Médecins Sans Frontières and the World Bank. The National Public Health Institute, NCHADS and the Ministry of Health coordinate strengthening laboratory services, supported by Institut Pasteur, ESTHER and Médecins Sans Frontières. WHO provides support to the NCHADS in capacity-building, including developing curricula and guidelines and site-level training. NCHADS coordinates testing and counselling activities with support from UNICEF, the United Kingdom Department for International Development, World Vision, Family Health International and the Reproductive Health Association of Cambodia. Private sites also provide some testing and counselling services.

- *Community mobilization.* More than 80 international and national nongovernmental organizations work with the NCHADS on HIV/AIDS. The National AIDS Authority coordinates the activities of civil society partners in collaboration with NCHADS. Groups of people living with HIV/AIDS, such as the Khmer HIV/AIDS NGO Alliance and the Cambodia People Living with HIV/AIDS Network, are very active and provide adherence and psychosocial support together with other community-based groups such as Cambodian HIV/AIDS Education and Care.
- *Strategic information.* The National AIDS Authority coordinates monitoring and evaluation activities. There is a high level of commitment to realize a unified monitoring and evaluation system, bringing together various partners. The United States Centers for Disease Control and Prevention, the United States Agency for International Development and UNAIDS support the National AIDS Authority and the NCHADS in developing a multisectoral approach to monitoring systems. Family Health International and the United States Centers for Disease Control and Prevention provide support for surveillance activities, including drug resistance surveillance. Médecins Sans Frontières, the Sihanouk Hospital Center of HOPE, the Institute of Tropical Medicine (Antwerp, Belgium), the University of New South Wales and the University of California at San Francisco support the operations research unit of the NCHADS.

7. WHO support for scaling up antiretroviral therapy

WHO's response so far

- Conducting a scoping mission in January 2004 to assess the situation of antiretroviral therapy in Cambodia and to identify opportunities and challenges for scaling up antiretroviral therapy and areas for WHO support
- Supporting the NCHADS in developing a national operational plan for scaling up antiretroviral therapy
- Supporting NCHADS in developing systems for monitoring people receiving antiretroviral therapy and for monitoring antiretroviral therapy programmes
- Supporting the strengthening of voluntary testing and counselling services

Key areas for WHO support in the future

- Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy
- Supporting the NCHADS in developing and implementing a national system for procuring, supplying and distributing antiretroviral drugs linked to monitoring of people receiving antiretroviral therapy
- Supporting the NCHADS in building capacity
- Supporting strengthening health systems

Staffing input for scaling up antiretroviral therapy and accelerating prevention

- Current WHO country office staff for HIV/AIDS and sexually transmitted infections include one Medical Officer for HIV/AIDS, and the recruitment of an international Country Officer for treatment scale-up is underway.
- Additional staffing needs identified include one international staff member to support the NCHADS on HIV/AIDS care and treatment, one administrative staff member and one support staff member.

For further information, please contact:

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This country profile was developed in collaboration with national authorities, the WHO Country Office for Cambodia and the WHO Regional Office for the Western Pacific.

