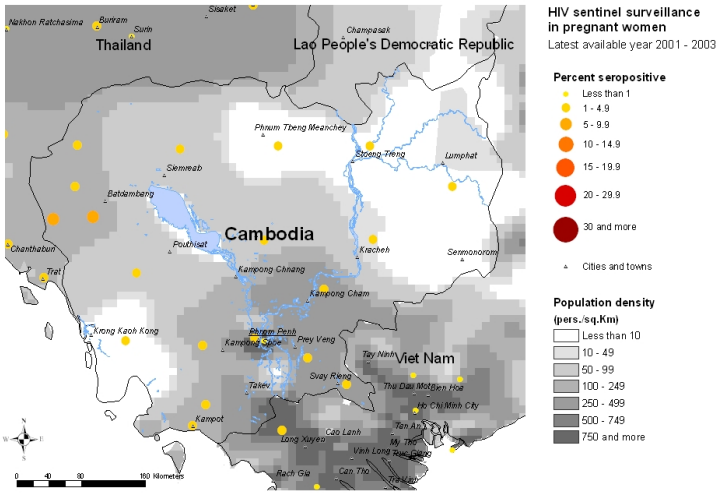
CAMBODIA

June 2005

WHO estimate of number of people requiring treatment - end 2004: 22 000*
Antiretroviral therapy target declared by country: 10 000 by the end of 2005



Map Data Source:
WHO/UNAIDS Epidemiological Fact Sheets
and the United States Census Bureau
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Public Health Mapping & GIS
Communicable Diseases (CDS)
World Health Organization

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SUMMARY COUNTRY PROFILE FOR HIV/AIDS TREATMENT SCALE-UP

1. Demographic and socioeconomic data

	Date	Estimate	Source
Total population (millions)	2004	14.4	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$)	2002	265	United Nations
Government budget spent on health care (%)	2002	18.6	WHO
Per capita expenditure on health (US$)	2002	32	WHO
Human Development Index	2002	0.568	UNDP

2. HIV indicators

	Date	Estimate	Source
Adult prevalence of HIV/AIDS (15-49 years)	2003	1.9%	MOH-NCHADS
Estimated number of people living with HIV/AIDS (0-49 years)	2003	123 100	MOH-NCHADS
Reported number of people receiving antiretroviral therapy (15-49 years)	March 2005	7217	WHO/UNAIDS
Estimated total number needing antiretroviral therapy in 2004	Dec 2004	22 000*	WHO/UNAIDS
HIV testing and counselling sites: number of sites	March 2005	68	MOH-NCHADS
HIV testing and counselling sites: number of people tested at all sites	2004	82 521	NCHADS
Prevalence of HIV among adults with tuberculosis (15-49 years)	2003	11.8%	Cambodia National Tuberculosis Centre

* The Ministry of Health (MOH) and the Cambodia National Center for HIV/AIDS, Dermatology and STD (NCHADS) estimate that at the end of 2003, 19 814 people were in need of antiretroviral therapy.

3. Situation analysis

Epidemic level and trend and gender data
Cambodia has a generalized epidemic and one of the highest prevalence rates in Asia. Following a peak of 3% in 1997, prevalence rates among 15-49 olds declined to 2.1% in 2002 and to 1.9% in 2003 (HIV sentinel surveillance-Ministry of Health/NCHADS). MOH/NCHADS estimate that 123 100 people were living with HIV/AIDS in Cambodia in 2003, with women accounting for almost 50%. The increase in the prevalence rate seems to be slowing, but the number of people with AIDS needing antiretroviral therapy is increasing. MOH/NCHADS estimate that by the end of 2003, an estimated 19 814 people would have been eligible to access antiretroviral therapy. The main route of transmission is heterosexual.

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 29% of female brothel-based sex workers are infected with HIV. Declining trends have been observed among high-risk groups such as brothel-based sex workers (from 42.8% in 1997 to 20.8% in 2003), indirect female sex workers (beer and bar girls) (from 18.4% in 1998 to 11.7% in 2003), and male police officers (from 4.5% in 1998 to 2.7% in 2003). These results are largely credited to the government programme to promote 100% condom use and availability of services for care and treatment of sexually transmitted infections in the commercial sex industry. Children born to infected mothers are also at high risk of HIV transmission. 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 Operational Framework for the Continuum of Care for People Living with HIV/AIDS. By March 2005, 68 licensed sites were offering voluntary and confidential counselling and testing services (there were 56 at the end of 2004), including 52 supported directly by the government, 5 linked to major hospitals, another 10 supported by non governmental organizations, and one private site established in Phnom Penh. This expansion has been supported by the training of 32 new counsellors. The government has set a target to have a voluntary and confidential counselling and testing site linked to each of the 67 referral hospitals and some former district hospitals, to reach a total of 107 sites by the end of 2005. The quality control system for HIV testing and quality assurance for HIV counselling need to be further developed. Scaling up 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, and more recently for paediatric antiretroviral therapy. Technical working groups coordinated by the NCHADS have developed training curricula and materials for the training of Continuum of Care teams. These include a five-month in-service course for clinicians, a three-week course for counsellor nurses, a course for pharmacists, and short training activities for auxiliary staff. To date, 20 clinicians have completed the course, while another 22 are currently on training until July 2005. Increased collaboration between NCHADS and the National Centre for Tuberculosis and Leprosy Control (CENAT) for strengthening joint care and treatment strategies for HIV/AIDS and tuberculosis has been recently formalized through a statement jointly signed and released by the two Programmes on 1 March 2005.

Antiretroviral therapy: first-line drug regimen, cost per person per year
Stavudine + lamivudine + nevirapine: within the range of US$ 180-200; stavudine + lamivudine + efavirenz: US$ 240. Other first-line options, including zidovudine: within the range of US$ 180-240.

Assessment of overall health sector reponse and capacity

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The Ministry of Health and the NCHADS benefit from a strong political commitment, and actively plan, mobilize and coordinate partners for scaling up HIV/AIDS treatment. The Operational Framework for the Continuum of Care for People Living with HIV/AIDS, which provides the basis for scaling up antiretroviral therapy and treatment of opportunistic infections in Cambodia, is a core component of the Health Sector Strategic Plan for HIV/AIDS and STD Prevention and Care for 2004-2007. Prevention activities, services for treating sexually transmitted infections, blood safety programmes and services for preventing mother-to-child transmission have been established and are currently under expansion.

Critical issues and major challenges
The capacity of Cambodia's health sector to sustain the ongoing expansion of Continuum of Care services for people living with HIV/AIDS depends on the continued availability of funds and, more importantly, the capacity for procurement. There is an urgent need to strengthen and link systems for the procurement and supply chain management of all HIV-related supplies. The monitoring and evaluation of the health sector response to the epidemic also needs to be strengthened. In addition to these priorities, access to and distribution of antiretroviral therapy through the private sector will require further regulation and enforcement. As services are being decentralized, there is an urgent need to reinforce the capacity of provincial and district health departments to lead and coordinate the scale-up process, as well as build human resource capacity. Community involvement in scaling up care and treatment should also be strengthened, including the involvement of people living with HIV/AIDS.

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

• 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.
• Cambodia also submitted a successful Global Fund Round 4 proposal for total funding of US$ 36.5 million and two-year approved funding of US$ 8.8 million. The grant agreement has not been signed yet. This proposal focuses on providing care and treatment for people living with HIV/AIDS and reducing the percentage of HIV-infected infants born to mothers living with HIV/AIDS. An estimated US$ 9.3 million is expected to be available from these rounds to support the scaling up of antiretroviral therapy during 2004-2005.
• Bilateral partners are estimated to have committed about US$ 0.6 million to support scaling up treatment during the same period. 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 are also providing financial support for scaling up antiretroviral therapy in Cambodia during 2004-2005.
• NCHADS estimates that the total resources required to implement the Strategic Plan for HIV/AIDS and STI Prevention and Care for 2004-2007, which addresses all components of the Continuum of Care for people living with HIV/AIDS (including treatment for opportunistic infections, antiretroviral drugs, other health facility related costs, laboratory costs, home and community based care services and HIV counselling and testing), is in the range of US$ 15 million for the year 2005. Around US$ 13.1 million is expected to be available to support activities in 2005. The funding gap of US$ 1.9 million in 2005 is expected to be met by a reallocation of resources from within existing programmes, supported by additional resources anticipated to be committed by donors and non governmental organizations.

5. Antiretroviral therapy coverage

• NCHADS estimates that at the end of 2003, 19 814 people in Cambodia needed antiretroviral therapy. A national consensus meeting on HIV estimates held in 2004 estimated that Cambodia's national treatment need was 22 000.
• The government has declared a national target of treating 10 000 people, including 1500 children, by 2005.
• As of January 2005, in Phnom Penh, five centres have started offering antiretroviral therapy for adults (four public hospitals and one hospital run by a nongovernmental organization) and two have begun offering antiretroviral therapy for children. In the provinces, 18 antiretroviral therapy sites are treating adults and 1 provides treatment for children.
• NCHADS estimated that 3389 people were receiving treatment as of April 2004, mainly supported by nongovernmental organizations. As of October 2004, NCHADS reported that 4527 people were receiving antiretroviral therapy, of which 314 were children. As of March 2005, 7217 people were receiving antiretroviral therapy in Cambodia.

6. Implementation partners involved in scaling up antiretroviral therapy

Leadership and management
The National AIDS Authority was created in 1999 and comprises 26 ministries, 24 provinces and representatives of civil society. It 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, 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 Strategic Plan for HIV/AIDS and STD Prevention and Care developed by the NCHADS. WHO provides technical and financial support for planning, programme evaluation and coordination of all partners involved in the national health sector response.

Antiretroviral therapy service delivery
The NCHADS provides leadership in delivering services for the Continuum of Care for people living with HIV/AIDS, including antiretroviral therapy services. Procurement and supply chain management of antiretroviral drugs and other related supplies are undertaken through various mechanisms, including those operated directly by the NCHADS, another through a pool led by the World Bank, a third through non governmental organizations such as Médecins Sans Frontières, and lastly by the Global Fund and other sub-recipients. The National Public Health Institute and NCHADS coordinate laboratory services, supported by Institut Pasteur, ESTHER, Médecins Sans Frontières and the United States Centers for Disease Control and Prevention. The Clinton Foundation has recently committed to providing support for the establishment of CD4 count services. WHO provides support to the NCHADS in capacity-building, including developing curricula and guidelines and site-level training. The 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
The NCHADS coordinates the activities of more than 80 international and national nongovernmental organizations that participate in the health sector response to HIV/AIDS. Umbrella non governmental organizations such as the Khmer HIV AIDS National Association and the Cambodia Network of People Living with HIV/AIDS implement and coordinate functions of affiliated non governmental organizations, community based organizations and an extended network of people living with HIV/AIDS, particularly in home and community based care, including adherence and psychosocial support. More than 10 000 people living with HIV/AIDS are registered members of these networks.

Strategic information
The National AIDS Authority coordinates the monitoring and evaluation of the national multisectoral response to HIV/AIDS. The NCHADS coordinates the monitoring and evaluation of the health sector response. The development of systems to carry out those functions is currently under way. UNAIDS and other partners support the National AIDS Authority for monitoring and evaluation of the multisectoral response. Family Health International and the United States Centers for Disease Control and Prevention - Global AIDS Programme provide support to NCHADS in surveillance activities. Médecins Sans Frontières, the Sihanouk Hospital Centre of Hope, the Institute for Tropical Medicine (Antwerp-Belgium), the University of New South Wales, the Agence Nationale de Recherches sur le SIDA and the University of California at San Francisco among others support the operational research unit at 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 patients receiving antiretroviral therapy and for monitoring antiretroviral therapy programmes
• Supporting the strengthening of voluntary testing and counselling services
• Providing technical support for the development of a procurement and supply management plan covering all commodities related to HIV/AIDS
•Supporting the development of training curricula
•Supporting NCHADS and the Ministry of Health in resource mobilization, including developing the HIV/AIDS proposal to Rounds 4 and 5 of the Global Fund to Fight AIDS, Tuberculosis and Malaria
• Establishing an HIV/AIDS country team to support the government and all partners in scaling up antiretroviral therapy

Key areas for WHO support in the future
• Supporting the coordination of partners involved in the health sector response to HIV/AIDS
• Providing technical assistance for updating and finalizing normative standards and tools
• Providing assistance to strengthen the capacity of NCHADS for procurement and supply management of HIV-related supplies
•Providing assistance to strengthen the capacity of NCHADS for monitoring and evaluation of the health sector response, including development of a patient tracking system for antiretroviral therapy and treatment for opportunistic infections
• Providing assistance to strengthen collaboration between NCAHDS and other public health programmes, including tuberculosis and maternal and child health
• Providing support for the establishment of Continuum of Care services in selected provinces and districts

Staffing input for scaling up antiretroviral therapy and accelerating prevention
• Current WHO country office staff for HIV/AIDS and sexually transmitted infections include one Senior Adviser on HIV/AIDS, one Medical Officer for HIV/AIDS care and treatment, one Medical Officer on Blood Safety and HIV/AIDS, and a short-term consultant working on supply management of HIV related supplies.

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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.

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