HIV and AIDS in the Kingdom of Cambodia
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I. Background:

What we know about HIV/AIDS in Cambodia today
The HIV Virus - Human Immune Deficiency 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.
What are HIV and AIDS?

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

90% Sexual Contact

Other

Mother-to-child
HIV cannot transmitted through casual contact
HIV Incubation Period (Adults)

- Not Infected
- Infected
- AIDS
- Death

Infectious

- 2-12 years
- 1 year on average
HIV Incubation Period (Infants)

30-40% of HIV positive mothers pass the HIV virus to infants

Infected

---1 - 3 years

AIDS

<1 year (on average)

DEATH
HIV Sentinel Surveillance System
Sentinel Group-based HIV Surveys

- Direct Sex Worker: 31.1%
- Indirect Sex Worker: 16.1%
- Hospital Inpatient: 10.0%
- TB Patient: 6.7%
- Police: 3.1%
- ANC: 2.3%
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)
Behavioral Surveillance Survey (BSS)
Encouraging Signs of Behavioral Change

% condom use

1997 1998 1999

0 10 20 30 40 50 60 70 80 90

Direct Sex Workers
Military
Indirect Sex Workers
Police
Moto

10 29.7 38 65 69.3 78 81
42 54 61.6 61.8 70 70
43 42 99.4
Factors Contributing to the Spread of HIV

- Post Conflict and Poverty
- High Prevalence of Other STDs
- Commercial Sex
- Migration, Social Dislocation
- Low Status of Women
- Misunderstanding, Stigmatism and Blame
II. Projections:

The number of people who might develop AIDS in the future
Projected Number of People with HIV Infections

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>0</td>
</tr>
<tr>
<td>1996</td>
<td>154,210</td>
</tr>
<tr>
<td>2001</td>
<td>192,130</td>
</tr>
<tr>
<td>2006</td>
<td>223,250</td>
</tr>
<tr>
<td>2011</td>
<td>257,550</td>
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</table>
Projected Number of New AIDS Cases Each Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>0</td>
</tr>
<tr>
<td>1996</td>
<td>9810</td>
</tr>
<tr>
<td>2001</td>
<td>23420</td>
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<tr>
<td>2006</td>
<td>23950</td>
</tr>
<tr>
<td>2011</td>
<td>26910</td>
</tr>
</tbody>
</table>
Annual Number of Deaths due to AIDS Among Adults Aged 15 to 49

additional 20,000 cases
Cumulative AIDS Deaths

- 1991: 0
- 1996: 10,460
- 2001: 105,570
- 2006: 226,600
- 2011: 346,210

III. Impacts:

The social and economic impacts of AIDS
The HIV/AIDS Epidemic Impacts All Sectors of Society

- Agriculture
- Mining
- Education
- Military
- Macroeconomic
- Health
- Children
- Women
- Business
- Household
- Security and social safety
Population Impact

Children Becoming Orphans due to AIDS

1991: 0
1996: 8440
2001: 59560
2006: 97300
2011: 108700

135000
90000
45000
0
Projected Deaths from AIDS and Other Causes in Cambodia

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-AIDS</th>
<th>AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>132070</td>
<td>20</td>
</tr>
<tr>
<td>1996</td>
<td>135010</td>
<td>6910</td>
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<tr>
<td>2001</td>
<td>135560</td>
<td>23330</td>
</tr>
<tr>
<td>2006</td>
<td>139700</td>
<td>21520</td>
</tr>
<tr>
<td>2011</td>
<td>140180</td>
<td>22130</td>
</tr>
</tbody>
</table>
The Impact of AIDS on Life Expectancy in Cambodia

- Life expectancy at birth with AIDS and no AIDS from 1991 to 2011.
- The graph shows an increase in life expectancy over the years, with a noticeable difference between those with and without AIDS.
Illustrative Health Care Expenditures due to AIDS

Millions (U.S.)

- 1990: 0.2
- 1995: 1.32
- 2000: 7.58
- 2005: 7.12
- 2010: 7.2
Women can be especially vulnerable to the AIDS epidemic...

...biologically, women are more likely to become infected than men during unprotected contacts

...subordinate position to males can make it difficult to protect selves against HIV

...certain cultural and economic practices can increase the risk of transmission

...burden of care in AIDS-affected households falls on women and children
The Impact on Youth and Education

• Quality of education is reduced because teachers or professors are infected or affected by HIV/AIDS

• Students participate in sex or sex services without knowledge of disease prevention, especially HIV/STI
Waves of Impact

Wave One
Illness, Death
Individual Impact

Wave Two
Community Impact

Wave Three
Social and Economic Impact

Wave Four
Long Term Potential Impact

Epicenter
Spread of the virus
IV. Interventions:

What needs to be done to prevent the spread of HIV/AIDS
Stopping the Spread of HIV...

Neither drugs nor vaccines will likely reduce the heterosexual spread of HIV in Cambodia in the next several years.
HIV Transmission Mechanisms and Interventions

Transfusion

• To increase voluntary blood donor
• To screen all blood donation
• To reduce the blood use
HIV Transmission Mechanisms and Interventions, cont.

Mother-to-child

Counseling for infected couples

Antiretroviral therapy

Formula feeding where appropriate
Sexual transmission

- Reduce the number of sexual partners
- Delay onset of sexual activity
- Promote abstinence and faithfulness
- Promote use and availability of condoms
- Control other sexually transmitted diseases
- Offer voluntary counseling and testing
Effects of Combined Interventions

![Graph showing the effects of combined interventions on adult HIV prevalence from 1990 to 2005. The graph compares different intervention strategies: Base, Faithful Partnerships, Condom, STD Control, and Combined.](image-url)
National Policy

- Human and Material Resources
- Health and Education
- Management Structures
- Research
- Prevention and Care
Priority Strategies for HIV/AIDS Prevention and Care

- BCC & Outreach
- STI Case Management
- 100% CUP
- Hospice

PMTCT
VCT
Blood Safety
Research

Home Based Care

Care & Support for PLWHA

Institutional Care
Political Commitment
The Call for A Multi-sectoral Approach

- The need for more capacity than available in the public health sector
- To leverage additional human and financial resources
- To increase reach and scale of interventions
- To provide multiple messages and reinforce behavior change
Coordinating a Multi-sectoral Response in Cambodia

Step 1: NAA Coordinates government response, TA from NCHADS

Step 2: Donor resources and capacity-building TA

Step 3: Implementation by non-government organizations

Step 4: Private sector response

Step 5: Involvement of persons living with HIV/AIDS
There are five essentials to leadership:

- commitment
- humanity
- clarity
- courage
- and resource mobilization

When all five are present, the community thrives.
The Role of Leaders - To Do the Right Thing

- Share or “diffuse” knowledge
- Support primary prevention, even if controversial
- Engage in policy dialogue
- Participate in strategic planning
- Support NGOs/line ministries
- Oppose discrimination
- Provide legislative and political support
The Role of Religious, NGO and Community Leaders

- Integrate messages and information
- Advocate for vulnerable groups
- Develop messages that stress family and moral values
- Help provide care and support
- Participate in strategic planning
The Role of Provincial Leaders

- Develop province-specific information
- Carry out HIV/AIDS strategic planning
- Encourage local responses
- Encourage involvement of NGOs and local businesses
- Support provincial programs of line ministries
- Resource mobilization
Role of Such Vulnerable Groups as Women Slide

- Involve in HIV and STD strategic planning on every level and across every sector.
- Take an active role in implementation of HIV prevention programs
- Ensure that accurate information, education, and communication services are available.
- Play a major role in the design of care programs for PLWHA
Role of People Living With or Affected by HIV/ AIDS Slide

• PWHAs should be helped to build the necessary skills to help themselves.
• Play an active role in implementing prevention, care, and support activities
• Eliminate stigma and discrimination associated with this disease
• Shape more positive and compassionate images and messages about PWHAs.
Results of Effective Leadership

- Plan systematically and accountably
- Erase stigma and fear -- legally, socially
- Address the needs of those most vulnerable to HIV and its impact
- Support communities and PLWHA in developing solutions
- Strengthen infrastructure
- Translate lessons into improved practices
Cambodia’s Future Response to HIV/AIDS

- Remove stigma in the social environment
- Build a response that addresses the entire continuum of prevention, care, and support
- Strengthen alliances between all segments of society – promote sustainability