



Mission Accomplished?

Using strategic information to identify and overcome threats to Cambodia's remarkable response to HIV/AIDS

MARPS Meeting
Chennai, India
Feb. 18-20, 2009





This presentation

1. Available data and evidence of success
 2. Using program data to identify opportunities and challenges
 3. Targeted assessments and priorities
1. Available data and evidence of success





Cambodia: background information

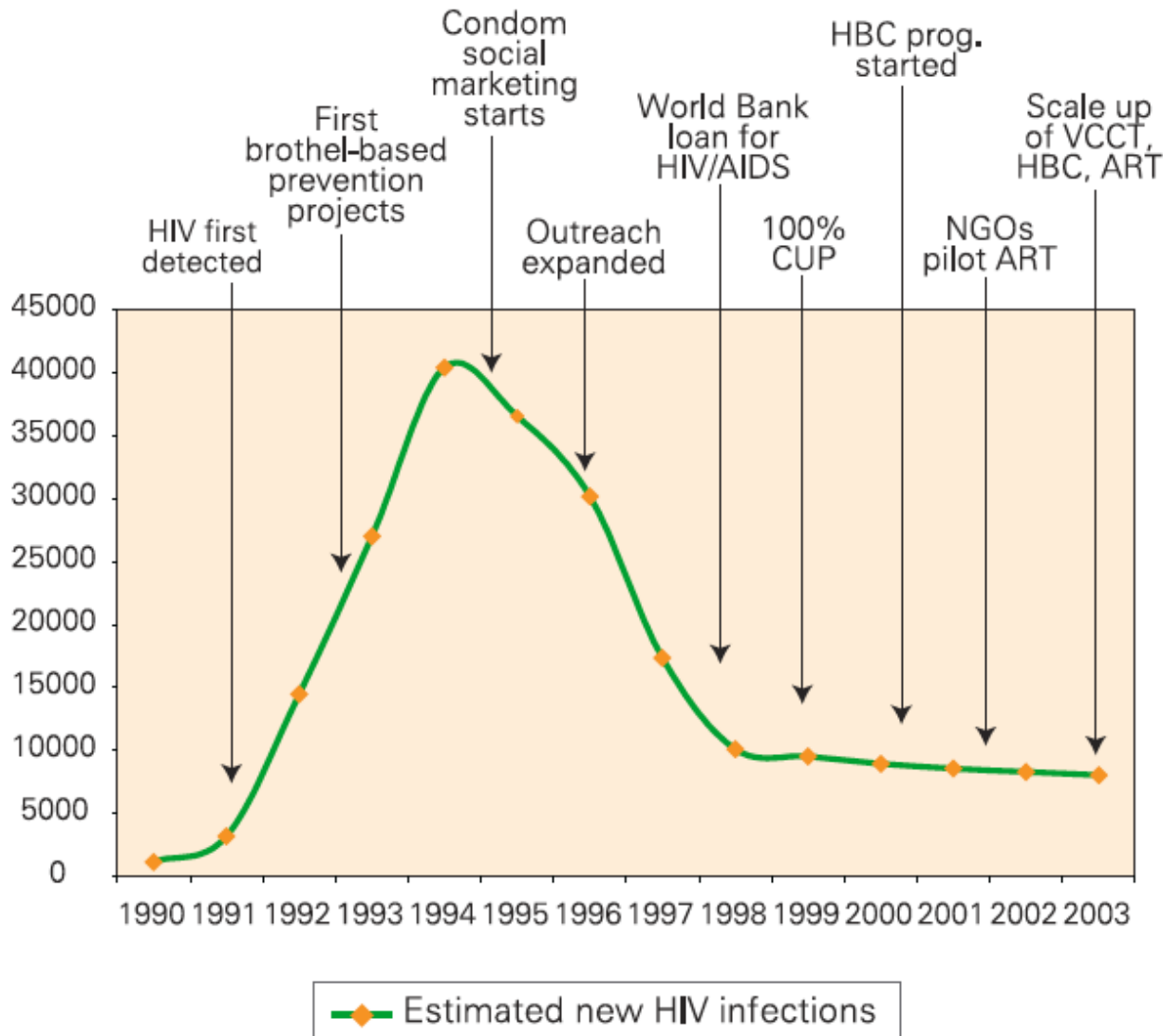
- Population: 13.4 million (2008)
- Median age: 20 years (2006)
- 80% living in rural areas
- GDP is 3rd lowest in Asia
- 30% living below poverty
- Life expectancy at birth: 59 years for men, 65 years for women
- 22% of deliveries in health facilities
- ANC1: 71%, ANC2/3: 44%
- Infant mortality: 66/1,000 live births
- Maternal mortality: 472/100,000 live births
- 0.9% of adults living with HIV in 2006: 35,000 women and 32,200 men
- ~31,000 on ART, ~91% of total need



Sources: Ministry of Planning, Cambodia Demographic and Health Survey 2005, National Center for HIV/AIDS, Dermatology, and STDs (NCHADS), and the World Bank



Cambodia: declines in new infections

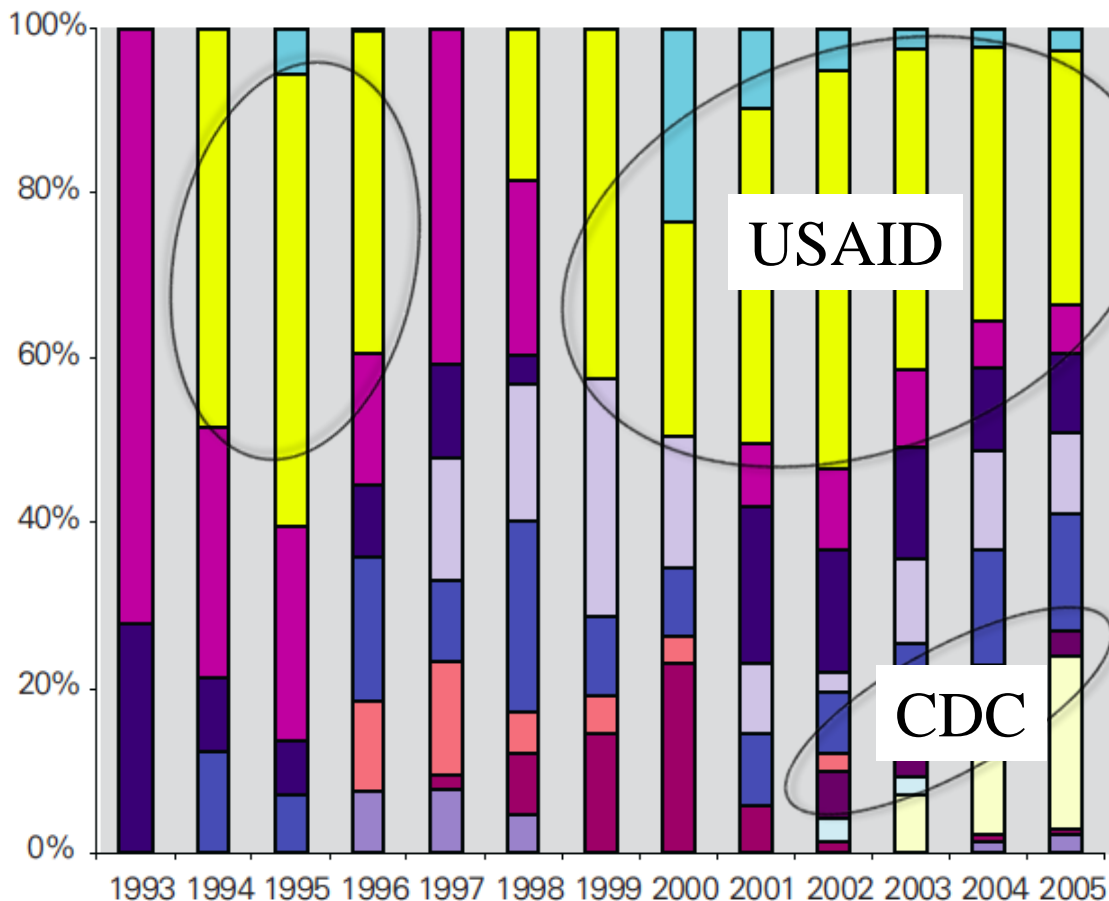


*UNAIDS estimates that adult HIV prevalence declined from **2.0% in 1998** to **0.9% in 2006** in conjunction with multisectoral efforts to address the HIV risks associated with sex work.*





Cambodia: proportional USG contributions to combat HIV



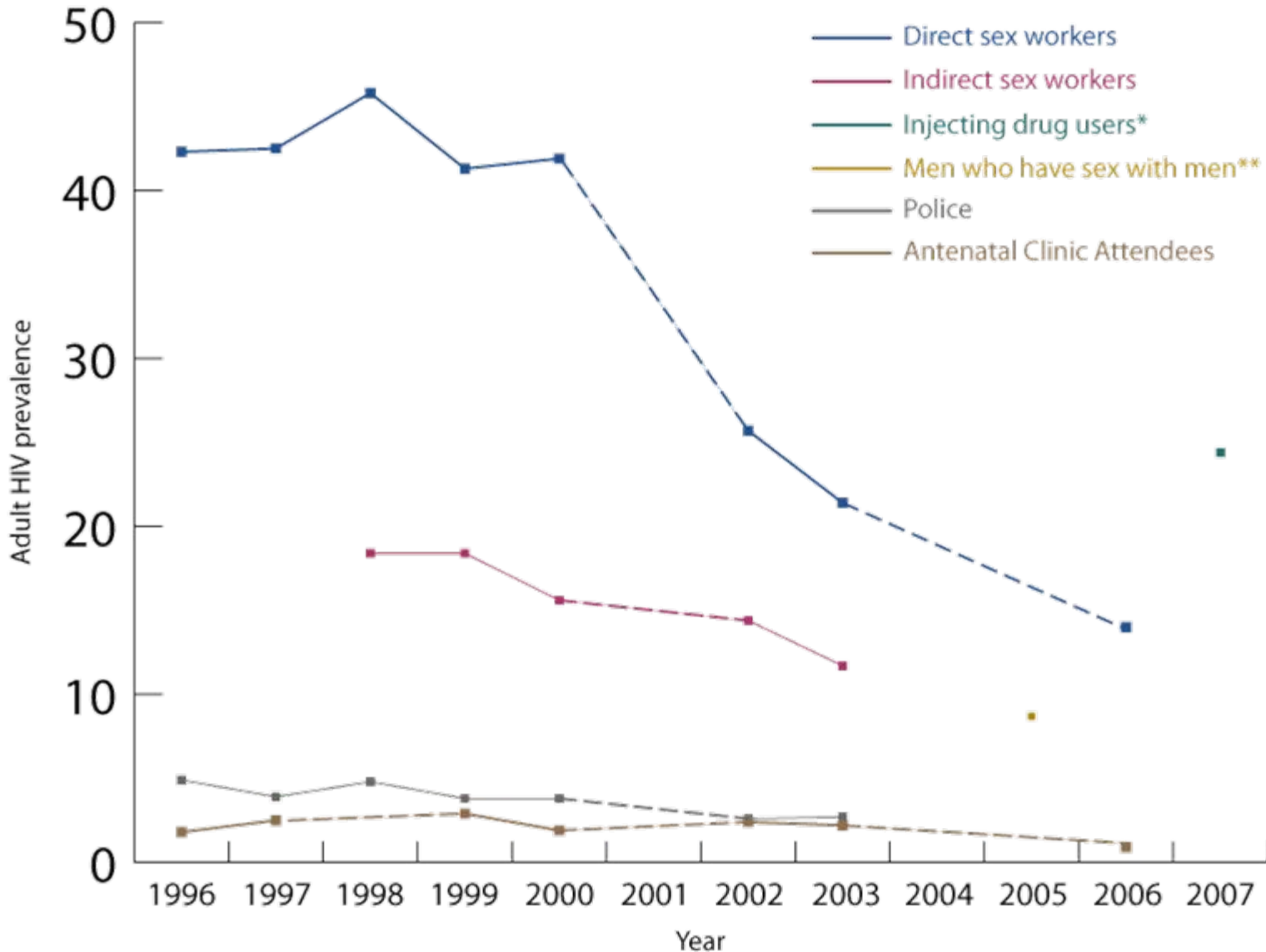
USG has consistently made the largest donor contributions to Cambodia's fight against HIV/AIDS

- Other ■ World Bank □ GFATM □ ADB ■ CDC-GAP ■ French Coop.
- DfID □ EU ■ NGOs ■ UN system ■ USAID □ Government





Cambodia: adult HIV prevalence in sentinel populations, 1996-2007



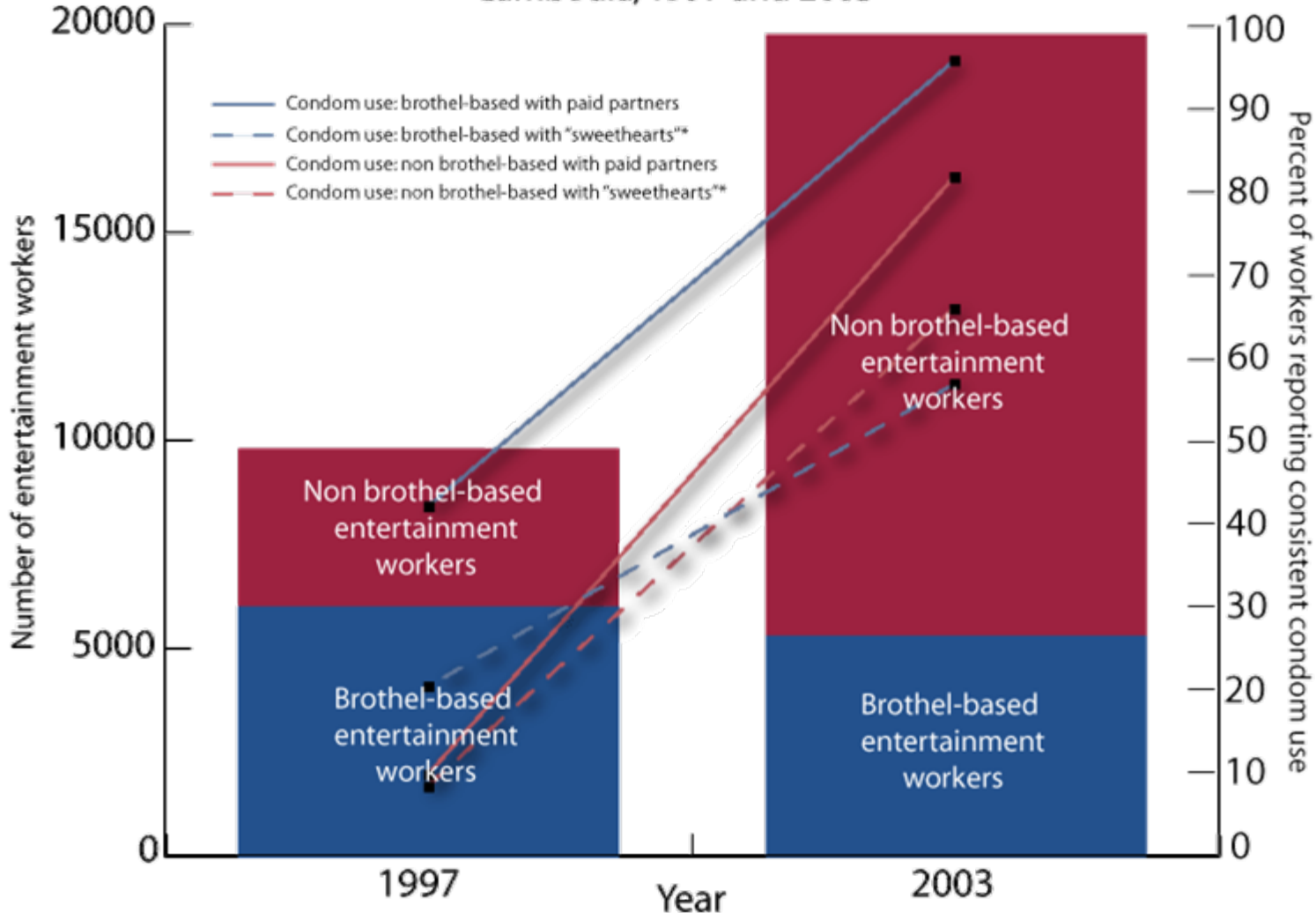
Source: Cambodia HIV Sentinel Surveillance, 2003, 2006; *Cambodia HIV Prevalence Among Drug Users, 2007; **Neal, JJ et al. HIV, Sexually Transmitted Infections, and Related Risk Behavior among Cambodian Men who Have Sex with Men. 8th ICAAP, 2007. (Included data are from Phnom Penh only.)





A shift towards riskier sex with “safer” partners?

Estimated number of female entertainment workers by type, Cambodia, 1997 and 2003



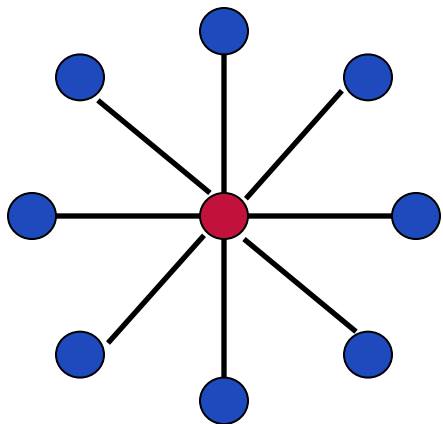
*In the 2003 BSS, 42% of BBEW and 56.2% of NBBEW reported sweethearts in the past year

Source: NCHADS

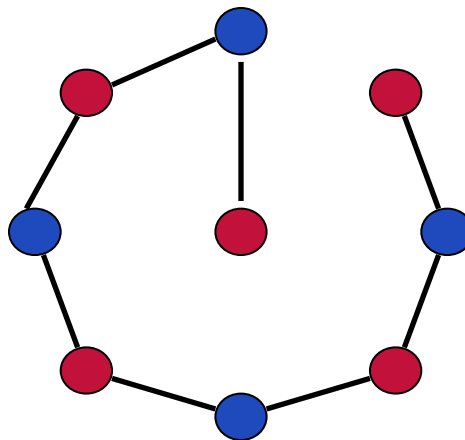




Challenges: matching interventions to an evolving epidemic

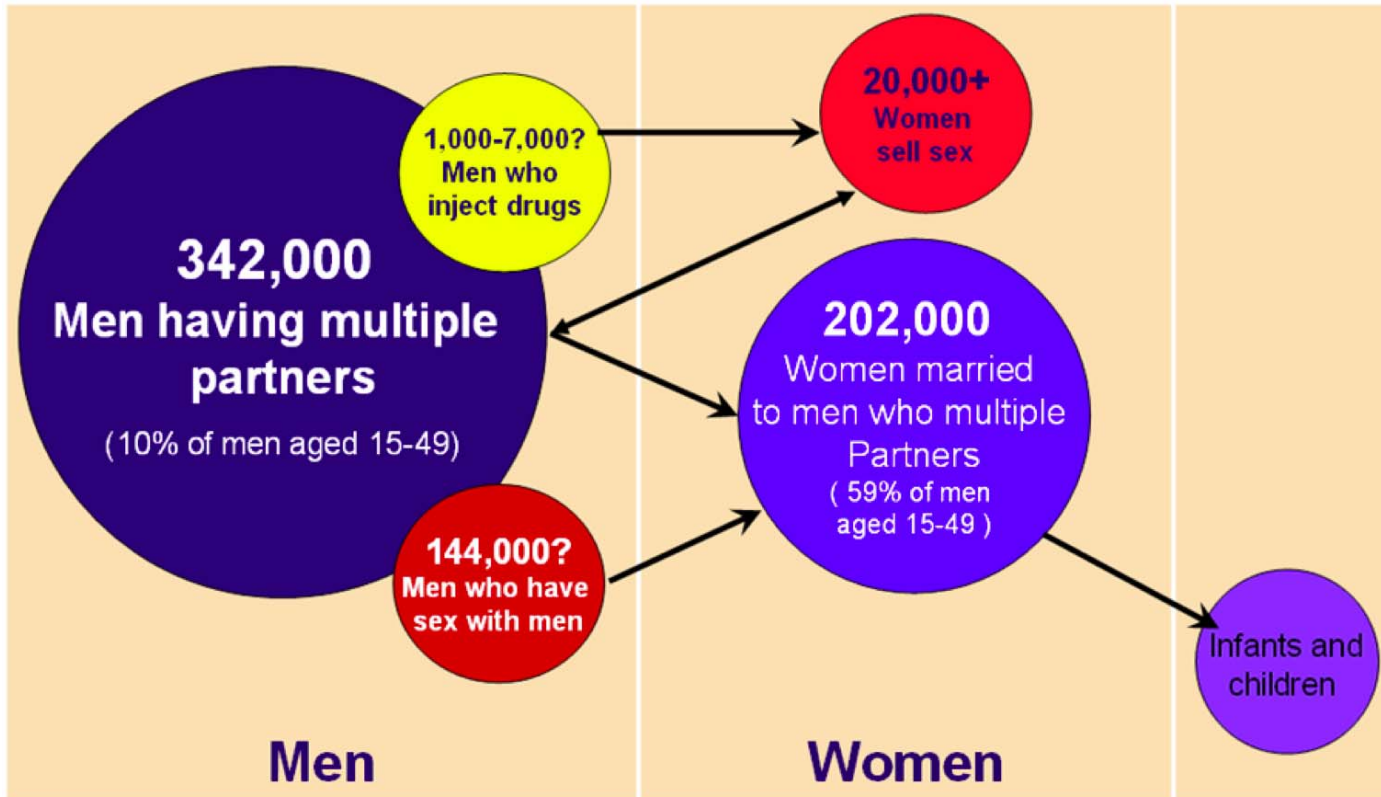


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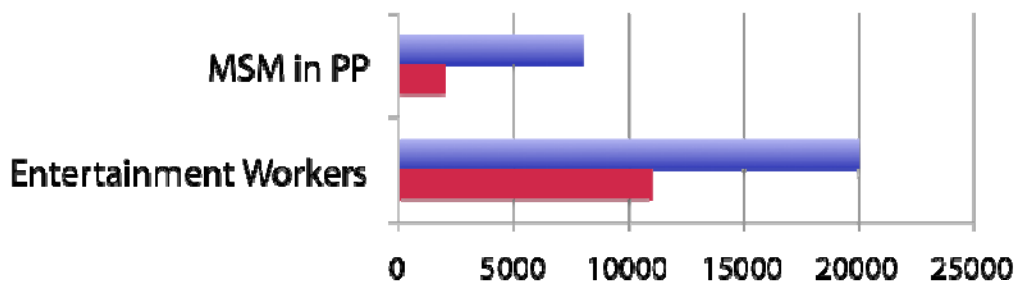




Cambodia: size estimation and program coverage



Source: CDHS 2005, NCHADS, NACD and MSM TWG



■ Size estimate
■ Program reach

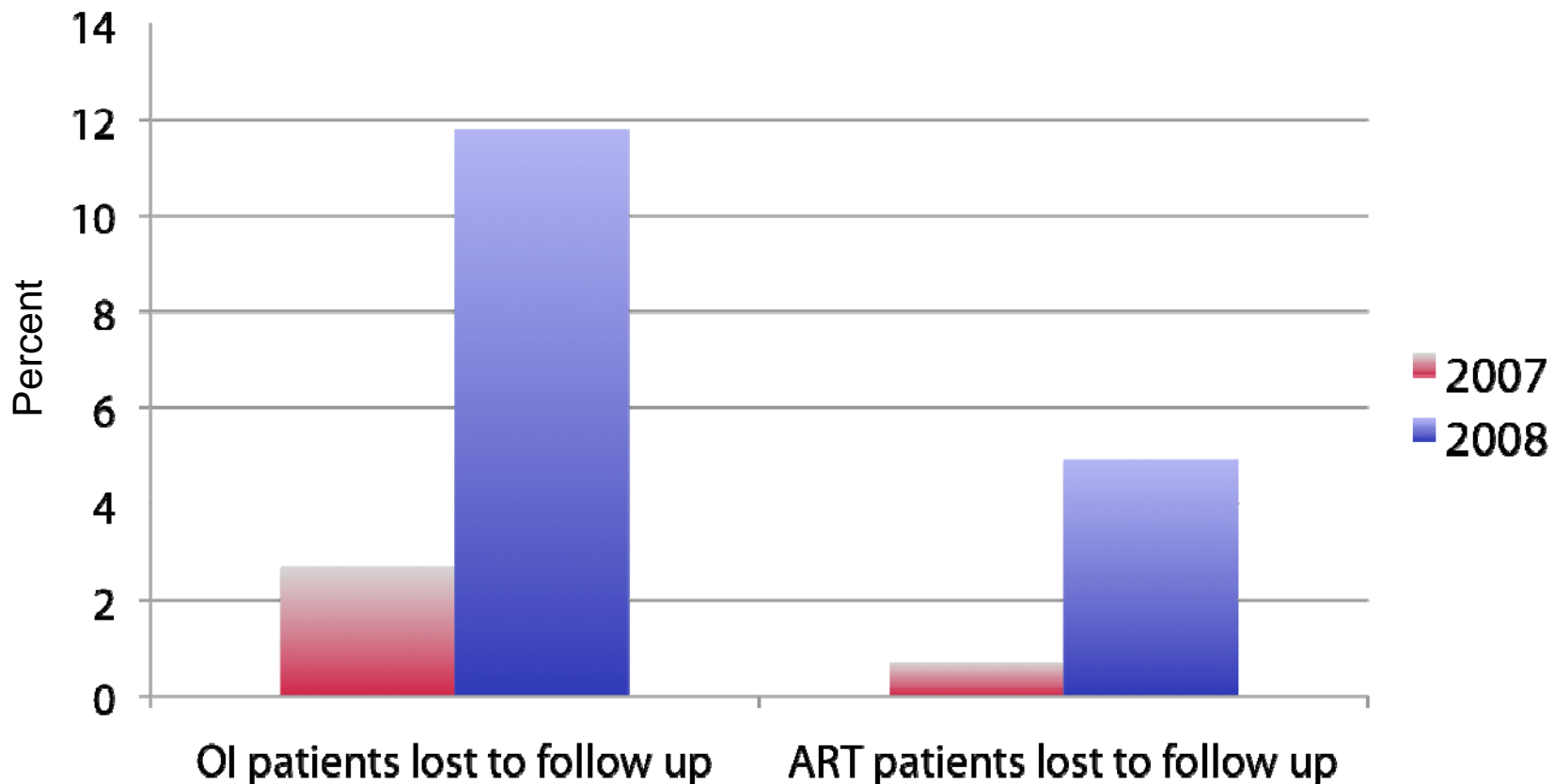
Source: FHI program data, NCHADS





The possible impacts of recent sex trafficking enforcement efforts on service access and uptake

Cambodia: Increases in loss to follow up among care and treatment clients following enforcement-based crackdowns on sex trafficking



Source: FHI Cambodia program data from the Chhouk Sar entertainment worker clinic





Evolving the program to meet evolving needs

Initial focus:

Military and police as
MARPS

100% Condom Use
Program and
interventions for brothel-
based sex workers

Prevention

Evolving focus:

Continue to support as
members of client
population.

Innovative strategies to
increase risk
perceptions and provide
services to
entertainment workers,
their clients, and their
sweethearts.

Continuum of prevention
and care with strong
links to FP, TB and
other services

Targeted interventions
for high-risk MSM

Improving access to
drug treatment and HIV
care and tx for IDU

Examples:

SMARTGirl, You're the
Man, Let's Talk!

Centers of Excellence

M.Style

Korsang



Using qualitative approaches to better understand and address the determinants of risk behavior

Interviewer: *What do you think of a man who doesn't go for sex?*

Respondent: I think that he's good because he can control his urges well. I really admire him.

Interviewer: *What do other men think or say about such men?*

Respondent: They say he's a coward and he doesn't even know how to have sex. [Unmarried, 25-year-old student]

Source: PSI and FHI Cambodia, "Let's Go for a Walk:" Sexual decision-making among clients of female entertainment service workers in Phnom Penh, Cambodia.





Multiple Uses of Routine Data

- Monitoring progress
- Enables programmatic adjustments
- Helps identify changes in epidemic or behaviors which may require further research/investigation
- Early warning of problems
 - Shortages of HIV test kits
- Helps identify missing MARPs
 - Vietnamese female sex workers
- Advocacy and education
 - Impact of implementation of Law on Anti-TIP and Sexual Exploitation
 - Need for mobile VCT for MARPs





Priorities for targeted assessments and additional information

- Understanding evolving sexual networks and the continuum of risk in transactional sex
- Understanding the diversity of risk in the MSM population
- Better targeting prospective male clients of SW
- IDU impact or threats, and opportunities for integration of addiction services into existing programs
- Assessing the impact of current enforcement-oriented approach to trafficking on access to information, commodities and health services
- Assessing the impact of vertical programming on the fragile health system





Have we done all that we can to address the complexity of risk among MARPS?

Wives of clients: 50% of clients married

Clients
25% of some male groups

Regular partners of sex workers: ~60% of SW married or have boyfriend

Female sex workers:
Clients in past week: 15-30

Female sex workers: ~30% had IDU sex partner

Male and TG sex workers:
Clients in past week: 3-4, 25% buy sex from women

Wives of IDU: 38% married

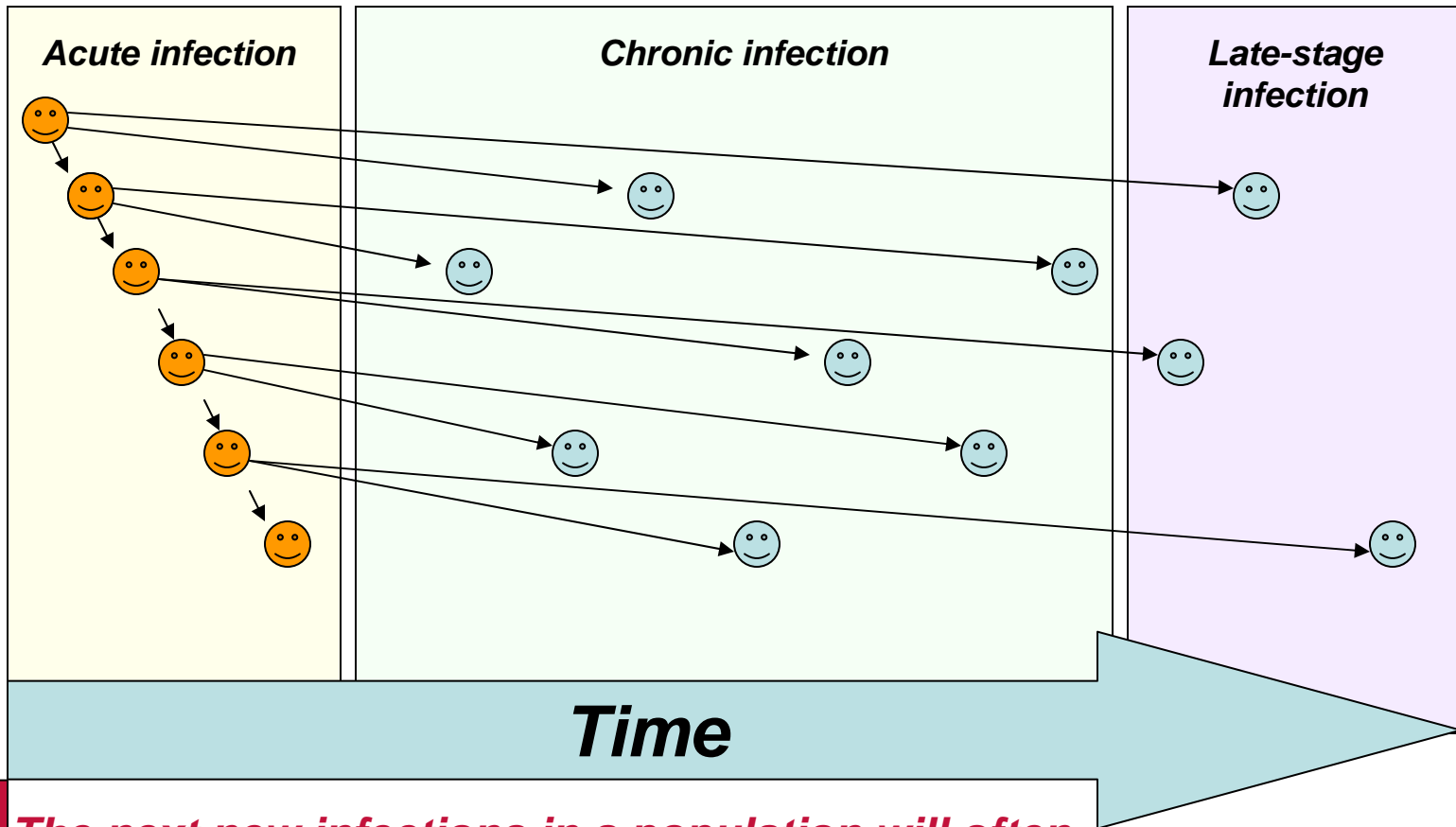
Current IDU: 30% bought sex from women, 4% sold sex to men

Wives of male sex workers: 26% married





Challenges: case finding and acute infection



The next new infections in a population will often come from the individuals most recently infected (and before we can detect infection)



