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HIV and men who have sex with men

I. RESPONSE HIGHLIGHTS

- Cambodia's National Strategic Plan III for a Comprehensive & Multi-Sectoral Response to HIV and AIDS 2011-2015 includes a clear HIV prevention strategy targeted to men who have sex with men (MSM) and transgender people.⁵
- The 'Continuum of Prevention to Care and Treatment' (Boosted CoPCT) for MSM, transgender people, and other key affected populations is being implemented across priority areas, strengthening HIV prevention and linkages to other health and social services. Final implementation is expected in the first quarter of 2013.³
- Community participation was key in the development of a new 'National Guideline for STI and HIV/AIDS Response Among MSM, Transgender People.' The guidelines were developed in partnership with the National AIDS Authority.¹²
- Since 2006, Cambodia's National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) has produced quality behavioural research, including Behavioural Sentinel Surveillance concerning MSM.¹³
- Community building and HIV education were conducted at the fourth Lesbian, Gay, Bisexual, and Transgender (LGBT) Pride celebration for the first time in 2010. It has since become an annual event.¹⁴

II. PRIORITIES FOR "GETTING TO ZERO"

- Prioritize the meaningful involvement of MSM and transgender people in key decision-making processes, particularly during the development of future National Strategic Plans and Frameworks.
- Include cost estimations for a comprehensive response to HIV among MSM outlined in the 'National Guideline for STI and HIV/AIDS Response Among MSM, Transgender and Transsexual People.'
- Ensure higher involvement of MSM and transgender people in the 'MARPs Community Partnership Initiative' (MCPI) and the 'Rapid Response Teams,' both activities that form key parts of the Boosted CoPCT Standard Operating Procedures.

III. THE CURRENT SITUATION

Sex between men continues to represent an important driver of Cambodia's HIV epidemic. Recent HIV surveillance performed in Phnom Penh and two rural provinces indicate a disproportionately high risk faced by MSM in urban centres.⁵ While, officially, sex between men accounts for an estimated 0.5 percent of cumulative reported infections, the true value is expected to be higher since sex between men may be inadvertently grouped into other modes of transmission categories such as 'casual sex' or 'sex work.'²

As in most countries, MSM are stigmatized and socially marginalized in Cambodia. Relatively little is understood

DATA SUMMARY

Indicator	Estimate	Year
Epidemiology		
Estimated no. of MSM ¹	21,300	'09
% of all new cases that are among MSM ^{*2}	1.0%	'11
HIV prevalence among MSM (national) ^{*3}	2.1%	'10
No. of times higher than among general ^{†3}	3.5	'10
HIV prevalence among youth MSM ^{*3}	1.1%	'10
No. of HIV-positive MSM needing ART ^{†3}	313	'11
Syphilis prevalence among MSM ⁴	0.9%	'05
Behavioural data		
Condom use during last encounter, MSM ^{*3}	66.4%	'10
HIV test in last year, MSM ^{*3}	34.0%	'10
Prevention knowledge	-	-
Reported vaginal sex in past month, MSM ⁵	59.0%	'10
Programmatic situation		
Prevention spending on MSM, US\$ ^{*6}	931,979	'10
Spending as % of total prevention spending ^{*6}	8.4%	'10
Cost for full service coverage, US\$ ^{‡7}	404,700	'10
Reporting on UNGASS indicators ^{*3}	4 of 4	'12
HIV prevention coverage, MSM ⁵	69.5%	'10
Existence of national network of MSM ³	Yes	'12
MSM-specific programme line in NSP ⁸	Yes	'12
Specific MSM and HIV strategy ⁸	Yes	'12
Inclusion in ongoing HIV surveillance ³	Yes	'12
Legal environment		
Male-male sex ⁹	Legal	'12
Sex work in private ¹⁰	Legal	'12
Soliciting for sex ¹⁰	Illegal	'12
Laws that pose obstacles for MSM ¹¹	No	'12

* This figure is the latest figure reported via UNGASS/Global AIDS Progress Reports.

† This figure is calculated by multiplying the estimated number of MSM in the country by the low-range estimate of HIV prevalence and then multiplying this number by 0.7, assuming that approximately 70 percent of HIV-positive MSM are clinically eligible to receive anti-retroviral therapy.

‡ This figure is calculated by multiplying the estimated cost of full coverage of HIV prevention interventions per MSM by the estimated number of MSM. See corresponding reference for costing information.

about sex between men in Cambodia and its relationship to identity. Experts argue that this lack of understanding is responsible for constraints to the consistent and meaningful involvement of MSM in national HIV policymaking.¹⁵

Over the past few years, Cambodia went from having exceptionally limited data on sexual behaviour and HIV epidemiology of MSM to being among the region's most informed. Cambodia's National AIDS Authority, National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases, KHANA, as well as international partners have all demonstrated high levels of engagement in reducing HIV risk among MSM and transgender people.

Since 2005, MSM have been included in the National Strategic Plan on HIV and AIDS and are now the subject of routine epidemiological and behavioural data collection by NCHADS.¹⁶ The National MSM Technical Working Group, the Strategic Framework and Operational Plan for MSM, and MCPI are promising indications of political commitment to strengthening the response.

Despite commendable engagement since 2005, recent MSM-related strategies, partnerships and reporting mechanisms have struggled to meet performance targets. Meanwhile, national expenditure on HIV services for MSM is expected to be disproportionate to the HIV burden borne by MSM. Given recent progress, however, Cambodia is poised to improve the management and coordination of existing programmes and ultimately increase HIV service coverage and reduce new infections.

IV. ADDITIONAL EPIDEMIOLOGIC INFORMATION

- The official estimate of 21,300 MSM does not take into account half of the country's provinces or 'hidden' MSM.¹⁷
- Cambodia's 2005 STI Prevalence Survey (SSS) found an HIV prevalence of 5 percent among MSM in Phnom Penh and 0.8 percent among MSM in Battambang and Siem Reap.¹⁸ The 2010 BROS Khmer study found an HIV prevalence of 3.4 percent among MSM in Phnom Penh and 4.9 percent in Siem Reap.⁵
- In the BROS Khmer Report from 2010, 45.2 percent of MSM reported experiencing an STI symptom in the previous 12 months. The rate was higher for men who have sex with both men and women than for men have sex only with men or only with women.⁵
- The 2005 SSS found syphilis prevalence to be 0.9 percent, significantly lower than the 5.5 percent estimate from a 2000 survey.^{18,19}

V. ADDITIONAL BEHAVIOURAL INFORMATION

- The 2005 SSS found that in Phnom Penh, 31 percent of MSM had unprotected sex. Behavioural surveillance data from 2007 showed that 38 percent of MSM had unprotected anal sex in the past month.^{2,14,20} Of those who did not use a condom during their last sexual encounter in the past six months, 26.9 percent reported 'in a relationship' as the reason for not using one.⁵
- In the 2010 BROS Khmer Report, 77.8 percent of overall MSM reported having their first sexual experience with a woman. Among 'men who have sex with men only,' 24.5 percent reported the same. The former was likely elevated due to respondents who are male sex workers (MSW); of whom 92.1 percent reported having their first sexual experience with a women.⁵

rience with a women.⁵

- In 2005, 68 percent of MSM in Phnom Penh and 75 percent in the provinces reported having never been tested for HIV.¹⁸ In 2007, 44 percent of MSM had never had an STI test.²¹ And in 2010, 34 percent reported not having been tested in the last 12 months.⁵
- The 2005 SSS found that 19 percent of the MSM in Phnom Penh and 13 percent in the provinces report having more than five male partners in the past month, with 25 percent having multiple partners in the last week.¹⁸ The 2010 BROS Khmer study reports the median number of male-non-paid partners in the last six months to be 5.4.⁵ Among men who have sex with men and women, this number is 4.8 and among men who have sex with men only, it is 6.2.⁵
- Many MSM in Cambodia also have sex with women. In 2007, 50 percent of MSM had sex with a female sex worker in the last year, and 31 percent had sex with multiple female sex workers.²¹ This is an increase from the 22 percent reported in 2005 in Phnom Penh and 29 percent in the provinces, with 73 percent in Phnom Penh and 32 percent in the provinces reporting consistent condom use with these workers.¹⁸
- Being paid for sex is common among MSM in Cambodia. In 2010, 40.6 percent of MSM had been paid for sex in the past six months.⁵ In 2005, 57 percent of MSM in Phnom Penh and 41 percent at the provincial level had been paid for sex in the last month, with 63 percent in Phnom Penh and 18 percent in other provinces reporting consistent condom use. However, only six percent in Phnom Penh and 2 percent in the provinces in 2007 reported 'working as a male sex worker.'¹⁸ An earlier FHI 360 study of 1,306 MSM found that 20 percent of *pros saat* (masculine-identifying MSM who have sex with one another) were paid for sex and 41 percent occasionally.²²
- In the 2010 BROS Khmer Study, drug use was found to be higher among men who have sex with men and women than among men who have sex with men only (42.4 and 19.6 percent, respectively).⁵ The drug *ice* was reportedly used by 38.8 percent of the latter and 33.9 percent of former.⁵

VI. ADDITIONAL PROGRAMMATIC INFORMATION

Community-based responses

- MSM are formally and informally organized, with community-based organizations (CBOs) and networks.²³
- There appear to be at least two main CBOs working with MSM: Men's Health Cambodia (MHC) and Men's Health Social Services (MHSS). These and other MSM-focused CBOs are implementing community based outreach activities, distribute condoms and condom-compatible lubricant, and run safe spaces and drop-in centres for MSM and transgender people.²⁴
- NCHADS and its partners recently launched a Community Peer Initiative to encourage MSM and other most at risk populations to seek counselling and testing services.²⁵

National and regional MSM networks

- The national MSM and transgender network started in 2006, called 'Bandanh Chaktomuk' (BC). The network maintains a strong focus on the human rights of MSM and

transgender people. After a capacity review was conducted in 2012, it is presently engaged in drafting a new strategic framework and operational plan in response to the assessment's findings.^{26,27}

- Cambodia is represented in the Purple Sky Network (PSN), a sub-regional community-based network in the Greater Mekong Sub-Region. The primary purposes of PSN are: information-sharing, advocacy, and strengthening the capacity of national networks and community organizations in the Greater Mekong Subregion.²⁸

International support

- Cambodia has received funds from the Global Fund to Fight AIDS, TB and Malaria (GFATM). Round 5 mentioned 'men selling sex to men,' and one of the six explicit goals in Round 7 was to provide services to MSM through NGOs and expand special sexually transmitted infections (STI) clinics. The successful Round 9 proposal aims to reach 12,000-14,000 MSM.²⁹
- International and local NGOs support MSM programmes in Cambodia. These include but are not limited to: KHANA, FHI 360, Population Services International (PSI/TOPS), U.S. Agency for International Development, Corporation for Social Services and Development (CSSD), Reproductive Health Association of Cambodia (RHAC), Médecine de l'Espoir Cambodia (MEC), and Khemara.^{23,25}
- UNDP and UNAIDS provide both funding and technical support for national and city level advocacy initiatives.

National health system

- There are at least thirteen MSM-friendly sexual health clinics (referred to as *Family Health Clinics*) in Phnom Penh run by NCHADS, RHAC, MEC, Marie Stopes International, ACTED-PSF, and the Chhouk Sar II Clinic opened in 2007.³⁰
- Rectal examinations are performed at about 50 specialized STI clinics across Cambodia though there are no large-scale campaigns to increase service usage among MSM.³¹
- A nationwide survey completed in 2011 found that voluntary counselling and testing and specialized STI services are available in every province in Cambodia.³²
- Health clinics rarely differentiate between MSM and transgender people in how it promotes and performs sexual health services.³¹
- There were reported to be 253 HIV testing and counselling facilities across Cambodia.¹³

VII. ADDITIONAL LEGAL INFORMATION

- Following the introduction of Cambodia's 'Law on the Suppression of Human Trafficking and Sexual Exploitation' in 2008, there has been an increase in cases of harassment and assaults on male, transgender and female sex workers. Typically, harassment results in extortion of payments in exchange for release from detention. From a practical point of view, operating sex work in the country is nearly impossible due to very strict conditions imposed by the law.³³
- In a 2008 survey of 1,000 female and transgender sex workers in Phnom Penh, approximately half reported being physically assaulted by police. Nearly 42 percent reported being raped by police in the past year.³⁴
- The Law on the Prevention & Control of HIV/AIDS (2002)

protects against discrimination on the basis of HIV status.³⁵

- In 2006 and 2012, it was reported that MSM HIV programme staff do not face problems with law enforcement authorities.^{11,23} There are reports, however, of MSM having had condoms confiscated as evidence of sex work.^{33,36}
- The National Strategic Framework and Operational Plan on HIV/AIDS and STI for MSM 2008-2011 recommended that the Royal Government of Cambodia consider legislation to make discrimination against MSM unlawful in specified areas of public life such as employment, education, housing, and the provision of services.⁸ More is not known about the progress of this proposed legislation.³³

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