

**Refugee Review Tribunal  
AUSTRALIA**

**RRT RESEARCH RESPONSE**

**Research Response Number:** KHM31314  
**Country:** Cambodia  
**Date:** 9 February 2007

Keywords: Cambodia – HIV/AIDS – State assistance – Societal attitudes – State protection – Medical services – Employment

This response was prepared by the Country Research Section of the Refugee Review Tribunal (RRT) after researching publicly accessible information currently available to the RRT within time constraints. This response is not, and does not purport to be, conclusive as to the merit of any particular claim to refugee status or asylum.

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**Questions**

- 1. Does the State discriminate against persons with HIV in Cambodia?**
- 2. Is the State providing assistance to HIV positive persons in Cambodia?**
- 3. Is there societal discrimination against persons with HIV in Cambodia?**
- 4. If so, what form does it take?**
- 5. If there is societal discrimination in Cambodia against those who are HIV positive, does the State act to protect persons with HIV?**
- 6. Please provide information on the availability of medical and support services in Cambodia to persons who are HIV positive.**
- 7. What is the quality of life for persons with HIV in Cambodia at present?**
- 8. Would persons with HIV in Cambodia face difficulties in gaining employment?**

**RESPONSE**

**1. Does the State discriminate against persons with HIV in Cambodia?**

An article dated 11 August 2006 on the IRIN PlusNews website indicates that Cambodia passed an AIDS law in 2002 that “prohibits discrimination against those living with the virus.” However, “enforcement and implementation of its provisions is not common.” It is stated in the article that:

The country’s AIDS law, passed in 2002, offers strong protection for the estimated 123,000 Cambodians living with the virus. It bans mandatory HIV testing, requires test results to be kept confidential (except under very specific circumstances), and prohibits discrimination against those living with the virus.

The law strictly prohibits people living with HIV/AIDS from any action that could potentially result in the virus’s transmission, with a punishment of up to 15-years’ jail for offenders.

The law has been hailed as a model for other countries but enforcement and implementation of its provisions is not common. Many police, local officials and other authorities do not fully

understand HIV/AIDS-related issues and the inexperienced judiciary is weak ('Cambodia: Court ruling under HIV/AIDS law upholds women's rights' 2006, IRIN PlusNews website, 11 August  
<http://www.plusnews.org/AIDSReport.ASP?ReportID=6250&SelectRegion=Asia&SelectCountry=CAMBODIA> – Accessed 5 February 2007 – Attachment 1).

The US Department of State report on human rights in Cambodia for 2005 indicates that in Cambodia, "There was no official discrimination against those infected with HIV/AIDS" (US Department of State 2006, *Country Reports on Human Rights Practices for 2005 – Cambodia*, March, Section 5 – Attachment 2).

A July 2003 report on HIV and AIDS in Cambodia notes that:

In 2002, Cambodia's National Assembly passed legislation on HIV prevention and control. *The Law on the Prevention and Control of HIV/AIDS* provides for national HIV/AIDS awareness campaigns, epidemiological monitoring, and free primary health care for PWHAs [People with HIV/AIDS]. The law requires the protection of confidentiality of HIV/AIDS information. All forms of discrimination against PWHAs are prohibited, as is discrimination against families of PWHAs and people thought to be HIV-positive. However, to what degree these edicts are being adhered to is unknown (Marseille, Elliot and Garbus, Lisa 2003, 'HIV/AIDS in Cambodia', UCSF website, July, p. 10  
<http://hivinsite.ucsf.edu/pdf/countries/ari-cb.pdf> - Accessed 29 January 2007 – Attachment 3).

A copy of 'The Law on the Prevention and Control of HIV/AIDS' promulgated on 1 August 2002 is attached (Kingdom of Cambodia 2002, 'The Law on the Prevention and Control of HIV/AIDS', World Health Organisation website, 1 August  
<http://www.ilo.org/public/english/protection/trav/aids/laws/cambodia1.pdf> - Accessed 30 January 2007 – Attachment 4). A copy of 'Implementing Guidelines of The Law on the Prevention and Control of HIV/AIDS' published by Cambodia's National AIDS Authority in 2005 is also attached (The National AIDS Authority 2005, 'Implementing Guidelines of The Law on the Prevention and Control of HIV/AIDS', ILO/AIDS website  
<http://www.ilo.org/public/english/protection/trav/aids/publ/countryprofile/cambodia/1-2a.pdf> – Accessed 7 February 2007 – Attachment 5).

## **2. Is the State providing assistance to HIV positive persons in Cambodia?**

A report dated September 2006 from the Population Studies Centre at the University of Michigan Institute for Social Research looks at the impact of AIDS on older-age parents of adult AIDS victims in Cambodia. The report notes that only a fourth of the parents of AIDS victims from the study, which uses data from 2004 and 2005, "report that their ill child received any assistance from a formal sources [sic], most of which was provided by NGOs rather than the government or community... The weak government role in providing formal support to persons with AIDS or their families reflects the general underdevelopment of public services in Cambodia (Coates 2005). The formal assistance that is provided does not appear well targeted in as much as, regardless of source, the poor are less likely than those better off to receive it."

However, the report also notes that Cambodia's "health system's response to the AIDS epidemic, including care and treatment, has been remarkably aggressive and effective, especially since the adoption and implementation of the comprehensive 'Continuum of Care' framework in 2003 (Buehler et al. 2006; UNAIDS 2006; Vun 2006; WHO 2006). Through a

partnership between the Ministry of Health and NGOs home- and community-based care expanded from modest levels a few years ago to much more extensive coverage recently and is continuing to do so. As of June 2006, well over half of persons in need of anti-retroviral treatment are estimated to be receiving it, making Cambodia one of the most successful countries in the developing world in this respect.” The report indicates that “the bulk of these achievements occurred after the most [sic] of the period covered by our study and thus are not reflected in our results” (Knodel, John, Zimmer, Zachary, Kim, Kiry Sovan and Puch, Sina 2006, ‘The Impact of AIDS on Older-age Parents in Cambodia’, Population Studies Centre website, September, pp. 4, 7 & 25

<http://www.psc.isr.umich.edu/pubs/pdf/rr06-594.pdf> – Accessed 31 January 2007 – Attachment 6).

A World Health Organisation report dated December 2005 on HIV/AIDS in Cambodia refers to “The overall response to HIV/AIDS in Cambodia” as being “strong and extensive”. According to the report:

The overall response to HIV/AIDS in Cambodia is strong and extensive, benefiting from a wide range of national and international organizations and donors, including wide participation of civil society. The National AIDS Authority, an interministerial body established in 1999, is responsible for leading the national response to the epidemic. Political commitment is strong, and the Ministry of Health and NCHADS actively plan, mobilize and coordinate partners for scaling up the health sector response. The Operational Framework for the Continuum of Care for People Living with HIV/AIDS launched in 2003 provides the basis for scaling up HIV care, treatment and support in Cambodia and is a core component of the Health Sector Strategic Plan for HIV/AIDS and Sexually Transmitted Infections for 2004–2007. The comprehensive continuum of care is a package of HIV services provided at referral hospitals and in the community in provinces. It includes voluntary and confidential counselling and testing as an entry point for HIV prevention and care; prophylaxis and treatment of HIV-related opportunistic infections for adults and children; TB/HIV care and treatment; postexposure prophylaxis; antiretroviral therapy for children and adults; prevention of mother-to-child transmission; laboratory and X-ray support; and home-based care. It also includes activities undertaken by support groups for people living with HIV/AIDS; and a component called MMM (Mondul Mith Chuoy Mith, or “Friends help friends”), through which hundreds of people living with HIV/AIDS take part in monthly community meetings in collaboration with health care workers at referral hospitals. A successful 100% condom use programme and successful outreach programmes for sex workers and their clients are being implemented and have played an important role in reducing the rates of HIV transmission. 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. A law on the prevention of HIV/AIDS and the protection of people living with HIV/AIDS was adopted in 2002, and a commitment to provide universal access to treatment to all people living with HIV/AIDS was made at the Second National Conference on AIDS in 2002 (‘Summary Country Profile for HIV/AIDS Treatment Scale-Up – Cambodia’ 2005, World Health Organisation website, December

[http://www.who.int/hiv/HIVCP\\_KHM.pdf](http://www.who.int/hiv/HIVCP_KHM.pdf) – Accessed 30 January 2007 – Attachment 7).

The earlier July 2003 report on HIV and AIDS in Cambodia indicates that “Only a small fraction of PWHAs have received limited medical care from government- and NGO-supported health facilities. Although home-based care has been implemented in some places, coverage remains highly inadequate.” However, the report notes that “Cambodia has many of the elements for an effective response to the epidemic in place”, including “high-level commitment to addressing HIV/AIDS”. The report also notes that:

understand HIV/AIDS-related issues and the inexperienced judiciary is weak ('Cambodia: Court ruling under HIV/AIDS law upholds women's rights' 2006, IRIN PlusNews website, 11 August

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Concurrently, Cambodia faces massive challenges, including the socioeconomic, political, and psychological legacy of decades of genocide and civil war and the need to rebuild the country's infrastructure, including the health sector. The country's response is also affected by donors, upon which Cambodia's HIV/AIDS efforts depend heavily. Donors, as well as foreign investors, want to see (sometimes unrealistically) rapid results with regard to control of HIV/AIDS (Marseille, Elliot and Garbus, Lisa 2003, 'HIV/AIDs in Cambodia', UCSF website, July, pp. 52 & 61-62 <http://hivinsite.ucsf.edu/pdf/countries/ari-cb.pdf> - Accessed 29 January 2007 – Attachment 3).

### **3. Is there societal discrimination against persons with HIV in Cambodia?**

#### **4. If so, what form does it take?**

An article in the *Phnom Penh Post* dated 1 – 14 December 2006 indicates that in relation to Cambodia's HIV/AIDS epidemic, "health officials and activists are saying the face of the situation is masking a fragile future marked by discrimination, misinformation and disturbing trends in sexual behavior." The article refers to the comments of Pen Mony, a HIV/AIDS activist, who "told the Post on November 29 that people living with HIV/AIDS (PLHA) bear tremendous social stigmas handed down by a society that is either unwilling discuss [sic] the virus openly, or too eager to assume an infection is karmic retribution for immorality. She admits there have been decline [sic] in new infections, but says the government never includes PLHA in policymaking or "listens to their voice"" (Sokheng, Vong 2006, 'Rosy spin on AIDS hides grim realities', *Phnom Penh Post*, 1 – 14 December <http://www.phnompenhpost.com/TXT/current/stories/1524/rosy.htm> - Accessed 2 February 2007 – Attachment 8).

An article dated October 2006 on the USAID website notes that "In many communities in Cambodia, people living with HIV/AIDS are discriminated against and stigmatized. Isolated and vulnerable, they are deprived of care and support. This has negative impact on both their physical and psychological health." The article also notes that "a USAID-sponsored project" that "organizes community forums, raising awareness and educating people about the disease" was "helping to reduce HIV/AIDS stigma and discrimination" ('Cambodia – Success Story – Reducing Stigma and Discrimination' 2006, USAID website, October [http://www.usaid.gov/stories/cambodia/ss\\_cb\\_stigma.html](http://www.usaid.gov/stories/cambodia/ss_cb_stigma.html) - Accessed 5 February 2007 – Attachment 9).

The previously mentioned report dated September 2006 from the Population Studies Centre at the University of Michigan Institute for Social Research, which includes a survey of the community reaction experienced by the parents of AIDS victims in Cambodia, indicates that "parents of those who die of AIDS are considerably more likely to report positive than negative reactions from their neighbors." According to the report:

As was found in Thailand, parents of those who die of AIDS are considerably more likely to report positive than negative reactions from their neighbors. Overall almost all respondents who lost a child to AIDS reported that neighbors visited and quite a few reported other positive responses with almost half saying that neighbors brought food or medicine. In contrast, far fewer reported any negative reactions. Just under one fourth reported gossip, the most common negative reaction. Less than one in six cases reported that neighbors avoided talking with them or avoided visiting. In general, this pattern of positive and negative reactions differs little by location or marital or poverty status (Knodel, John, Zimmer, Zachary, Kim, Kiry Sovan and Puch, Sina 2006, 'The Impact of AIDS on Older-age Parents in Cambodia', Population Studies Centre website, September, p. 21

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<http://www.psc.isr.umich.edu/pubs/pdf/rr06-594.pdf> - Accessed 31 January 2007 – Attachment 6).

According to the US Department of State report on human rights in Cambodia for 2005, “Societal discrimination against those infected with HIV/AIDS remained a problem in rural areas; however, discrimination was moderated by HIV/AIDS awareness programs. There was no official discrimination against those infected with HIV/AIDS” (US Department of State 2006, *Country Reports on Human Rights Practices for 2005 – Cambodia*, March, Section 5 – Attachment 2).

A media guide on HIV/AIDS dated February 2006 issued by the National AIDS Authority notes that despite “provisions under Cambodian law” prohibiting discrimination against people with HIV/AIDS, “stigma and discrimination persist.” It is stated in the article that:

People with HIV/AIDS are often blamed for getting infected. Many people with HIV/AIDS are shunned by their families, ejected from homes and villages or abandoned at health facilities where they are sometimes left to die. Many people running small businesses also suffer declines in customers, eroding income and sometimes forcing parents to withdraw their children from school. Stigma and discrimination can similarly affect families of people with HIV/AIDS (The National AIDS Authority 2006, ‘HIV/AIDS Media Guide’, UNAIDS Cambodia Country Office website, February, p. 43

[http://www.un.org.kh/un aids/docs/CAM\\_MediaGuide.pdf](http://www.un.org.kh/un aids/docs/CAM_MediaGuide.pdf) – Accessed 8 February 2007 – Attachment 10).

An article dated April 2005 on the USAID website indicates that in Cambodia, people living with HIV/AIDS “are often considered to have brought shame to themselves and to their families. Discrimination makes it difficult for them to obtain adequate health care and support services, and many people with HIV even refuse the visits of village home-care teams because they fear what the neighbors might say.” The article also notes that Buddhist monks, who “are held in the highest regard in Cambodia”, have in recent years, “begun to break down these barriers of stigma and discrimination by helping people living with HIV/AIDS meet their basic needs” (‘Buddhist Monks Provide HIV/AIDS Care’ 2005, USAID website, April – Attachment 11).

An article in the *Journal of Transcultural Nursing* dated January 2005 provides information on a study that looked at the meanings that PLWAs [People living with HIV/AIDS] in Cambodia attached to quality of life and living with HIV/AIDS. The study took place in Siem Reap and Phnom Penh in Cambodia and included comments by PLWAs on “isolation and the desire for connection with others.” It is stated in the article that:

All PLWAs talked about isolation and the desire for connection with others. They spoke at length about incidents of discrimination from family members, friends, neighbors, and society that resulted in feelings of isolation and loneliness. They also spoke of their desire to return to their villages so that they could be with their loved ones...

PLWAs often used the strategy of keeping their secrets by maintaining silence to manage stigma and preserve QoL [Quality of Life]: “I do not want to go to see my parents because I am afraid they will look down on me if they know. I do not want to tell them about this disease because I do not want to upset them. People think you did something bad if you have AIDS.” PLWAs were hesitant to take the risk of disclosure: “I am afraid that if my friends knew I had AIDS, they would detest me and look down on me” (Geurtsen, Babette 2005,



‘Quality of Life and Living With HIV/AIDS in Cambodia’, *Journal of Transcultural Nursing*, Vol. 16, No. 1, January, p. 45

<http://www.un.org.kh/un aids/docs/Quality%20of%20life%20and%20living%20with%20HIV/AIDS%20in%20Cambodia.pdf> – Accessed 2 February 2007 – Attachment 12).

The July 2003 report on HIV and AIDS in Cambodia indicates that “stigma and fear around HIV/AIDS persist at household and community levels, often due to a lack of basic information.” It is stated in the report that:

In Cambodia, stigma and fear around HIV/AIDS persist at household and community levels, often due to a lack of basic information... Stigma and discrimination, in addition to the myriad impacts of AIDS mortality of household members, can lead to trauma in a country already severely traumatized.

According to the 2000 CDHS, 45.9 percent of Cambodian women responded that they would not be willing to care for a relative sick with AIDS; there was little urban-differential on this item (27.5 percent vs. 21.6 percent, respectively). The urban-rural differential was somewhat larger on the issue of whether the respondent believed that a person with AIDS should be allowed to continue working; overall, 64.8 percent of women replied in the negative (urban: 54.5 percent; rural: 67.0 percent). On the question of whether children ages 12-14 should be taught to use condoms, 54.5 percent of women believed that they should (urban: 63.8 percent vs. rural: 52.5 percent). Those with more education were more likely to be willing to care for relative with AIDS, believe that a person with AIDS should be allowed to continue working, and believe that children ages 12-14 should be taught to use condoms (Marseille, Elliot and Garbus, Lisa 2003, ‘HIV/AIDs in Cambodia’, UCSF website, July, p. 46

<http://hivinsite.ucsf.edu/pdf/countries/ari-cb.pdf> - Accessed 29 January 2007 – Attachment 3).

##### **5. If there is societal discrimination in Cambodia against those who are HIV positive, does the State act to protect persons with HIV?**

The previously mentioned article dated 11 August 2006 on the IRIN PlusNews website indicates that Cambodia passed an AIDS law in 2002 that “prohibits discrimination against those living with the virus.” However, the article also notes that “The law has been hailed as a model for other countries but enforcement and implementation of its provisions is not common. Many police, local officials and other authorities do not fully understand HIV/AIDS-related issues and the inexperienced judiciary is weak” (‘Cambodia: Court ruling under HIV/AIDS law upholds women’s rights’ 2006, IRIN PlusNews website, 11 August <http://www.plusnews.org/AIDSReport.ASP?ReportID=6250&SelectRegion=Asia&SelectCountry=CAMBODIA> – Accessed 5 February 2007 – Attachment 1).

As previously mentioned, the US Department of State report on human rights in Cambodia for 2005 indicates that “Societal discrimination against those infected with HIV/AIDS remained a problem in rural areas; however, discrimination was moderated by HIV/AIDS awareness programs. There was no official discrimination against those infected with HIV/AIDS” (US Department of State 2006, *Country Reports on Human Rights Practices for 2005 – Cambodia*, March, Section 5 – Attachment 2).

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**6. Please provide information on the availability of medical and support services in Cambodia to persons who are HIV positive.**

**7. What is the quality of life for persons with HIV in Cambodia at present?**

An *Agence France-Presse* article dated 4 December 2006 indicates that the former US president Bill Clinton had signed an agreement with the Cambodian government “to extend cut-price treatment for children with AIDS to the country.” According to the article, “Cambodia has made strides in battling the disease, and has successfully halted its once-spiraling infection rate,” but “it still has the highest prevalence of the disease in Southeast Asia”, with “Some 1.9 percent of the population of 13.8 million” being “infected with the precursor HIV virus, and relatively few” having “access to treatment.” It is stated in the article that:

Under the agreement, Cambodian children will have access to treatment that costs only 16 US cents a day, or about 60 dollars a year.

In a deal negotiated by the Clinton Foundation and by the former US leader in India last week, Indian drugmakers Cipla and Ranbaxy Laboratories agreed to make 19 different anti-retroviral drugs for children.

They will be distributed in 62 developing countries at a cost that is on average 45 percent lower than the current price (‘Clinton signs deal to expand AIDS treatment in Cambodia’ 2006, *Agence France-Presse*, 4 December – Attachment 13).

The article in the *Phnom Penh Post* dated 1 – 14 December 2006 notes that in relation to HIV/AIDS in Cambodia, “Health organizations have documented massive improvements in testing, counseling, awareness and anti-retroviral treatment (ART). And on November 30 the US Embassy in Phnom Penh released a statement claiming the AIDS rate has dropped to 1.6 percent this year.” However, the article also refers to the comments of Pen Mony, an AIDS activist, who “told the Post on November 29 that people living with HIV/AIDS (PLHA) bear tremendous social stigmas handed down by a society that is either unwilling discuss [sic] the virus openly, or too eager to assume an infection is karmic retribution for immorality. She admits there have been decline [sic] in new infections, but says the government never includes PLHA in policymaking or “listens to their voice.”” It is also stated in the article that:

On November 30 the Cambodian Alliance for Combating HIV/AIDS (CACHA), an alliance of PLHA organizations, presented a letter of appeal to CPP Parliamentarian Hor Naun, vice-chairman of the Committee on Health Care and Women’s Affairs.

“CACHA calls for greater accountability and a more effective approach that targets the basic needs of HIV-positive people such as: access to affordable drugs, employment opportunities, education, healthcare and housing services,” the letter read (Sokheng, Vong 2006, ‘Rosy spin on AIDS hides grim realities’, *Phnom Penh Post*, 1 – 14 December <http://www.phnompenhpost.com/TXT/current/stories/1524/rosy.htm> - Accessed 2 February 2007 – Attachment 8).

An epidemiological fact sheet on HIV/AIDS and sexually transmitted infections in Cambodia dated December 2006 includes statistical information on the estimated number of adults and children living with HIV/AIDS, the estimated number of adults in need of antiretroviral

therapy and the estimated number of people receiving antiretroviral therapy at the end of 2005 (World Health Organisation, UNICEF and UNAIDS 2006, 'Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections, 2006 Update – Cambodia', World Health Organisation website, December [http://www.who.int/GlobalAtlas/predefinedReports/EFS2006/EFS\\_PDFs/EFS2006\\_KH.pdf](http://www.who.int/GlobalAtlas/predefinedReports/EFS2006/EFS_PDFs/EFS2006_KH.pdf) – Accessed 30 January 2007 – Attachment 14).

The previously mentioned report dated September 2006 from the Population Studies Centre at the University of Michigan Institute for Social Research refers to the continuing expansion of home and community-based care for AIDS victims in Cambodia. The report notes that Cambodia's "health system's response to the AIDS epidemic, including care and treatment, has been remarkably aggressive and effective, especially since the adoption and implementation of the comprehensive 'Continuum of Care' framework in 2003 (Buehler et al. 2006; UNAIDS 2006; Vun 2006; WHO 2006). Through a partnership between the Ministry of Health and NGOs home- and community-based care expanded from modest levels a few years ago to much more extensive coverage recently and is continuing to do so. As of June 2006, well over half of persons in need of anti-retroviral treatment are estimated to be receiving it, making Cambodia one of the most successful countries in the developing world in this respect."

The report, which studies the impact of AIDS on older-age parents of adult AIDS victims in Cambodia, indicates that "the bulk of these achievements occurred after the most [sic] of the period covered by our study and thus are not reflected in our results." In the study, "based on survey interviews in 2004 and 2005", only a fourth of the parents of the AIDS victims reported "that their ill child received any assistance from a formal sources [sic], most of which was provided by NGOs rather than the government or community... The weak government role in providing formal support to persons with AIDS or their families reflects the general underdevelopment of public services in Cambodia (Coates 2005). The formal assistance that is provided does not appear well targeted in as much as, regardless of source, the poor are less likely than those better off to receive it." The report also comments on "the major role that older aged parents play in providing living quarters, caregiving, and paying expenses for adult sons and daughters who become ill and die of" AIDS and the "important role" grandparents often play "in taking care of the orphans" of their adult children who die of AIDS (Knodel, John, Zimmer, Zachary, Kim, Kiry Sovan and Puch, Sina 2006, 'The Impact of AIDS on Older-age Parents in Cambodia', Population Studies Centre website, September, pp. 3, 4, 24 & 25 <http://www.psc.isr.umich.edu/pubs/pdf/rr06-594.pdf> - Accessed 31 January 2007 – Attachment 6).

A quarterly progress report for April to June 2006 by Cambodia's National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) includes information on HIV/AIDS prevention activities, availability of services, persons being tested for HIV and patients receiving ART (Ministry of Health of the Kingdom of Cambodia National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) 2006, 'Second Quarterly Progress Report, 2006 HIV/AIDS & STI Prevention and Care Programme', NCHADS website, 6 September <http://www.nchads.org/docs/Report/q2%20Comprehensive%20Report%202006%20En.pdf> – Accessed 2 February 2007 – Attachment 15).

The media guide on HIV/AIDS dated February 2006 issued by the National AIDS Authority, indicates that the Cambodian Human Rights and HIV/AIDS Network (CHRHAN) had reported that "In some cases, health facilities were refusing to provide services for people

with HIV/AIDS. In others, health facilities charged fees that limited access to services – even though the HIV/AIDS law of 2002 states that people with the virus are entitled to free primary care in all public health facilities.” The media guide also notes that:

The National AIDS Authority has stated that home-based and community care needs to be expanded in Cambodia as institutions are unable to cope with the rapid increase in the number of AIDS patients. But it has also noted that many Cambodians have yet to accept the idea of caring for people as many believed that HIV/AIDS is a “well-deserved punishment for those who have had socially-unacceptable sex.” As a result, the authority said “all efforts to encourage people to take good care of AIDS patients should be actively encouraged” (The National AIDS Authority 2006, ‘HIV/AIDS Media Guide’, UNAIDS Cambodia Country Office website, February, pp. 43-44 & 75

[http://www.un.org.kh/un aids/docs/CAM\\_MediaGuide.pdf](http://www.un.org.kh/un aids/docs/CAM_MediaGuide.pdf) – Accessed 8 February 2007 – Attachment 10).

The World Health Organisation report dated December 2005 on HIV/AIDS in Cambodia includes the following information on treatment and prevention coverage:

- NCHADS estimates that 19 814 adults in Cambodia had AIDS at the end of 2003. The government declared a national target of treating 10 000 people, including 1000 children, by 2005.
- Treatment and care services are provided in hospital-based settings as well as through home-based care programmes run by the nongovernmental sector. Selected hospitals are providing antiretroviral therapy free of charge.
- Antiretroviral therapy was started in 2001 at few major hospitals in Phnom Penh (the capital) and in Siem Reap. When the Operational Framework for the Continuum of Care for People Living with HIV/AIDS was launched in August 2003, four sites were providing 2230 people with antiretroviral therapy. Over the past two years, the availability of services for opportunistic infections and antiretroviral therapy has increased dramatically, and by December 2005 32 sites providing antiretroviral therapy and treatment for opportunistic infections have been established across 16 provinces. In 2005, an average of 1152 new people were enrolled for opportunistic infection prophylaxis and management each month and, since July 2005, an average of 765 people being treated for opportunistic infections were enrolled on antiretroviral therapy each month. In December 2005, a total of 12 396 people, including 1071 children, were receiving antiretroviral therapy, achieving the national treatment target of 10 000 people by the end of 2005. Gender equity in antiretroviral therapy was achieved in 2005, as women accounted for 48% of all recipients.
- By December 2005, 28 health facilities were providing services for preventing mother-to-child transmission, some of which were integrated in the continuum of care framework for the referral of mothers living with HIV/AIDS to sites providing antiretroviral therapy and treatment for opportunistic infections. In 2005, of the 32 760 first-visit antenatal clinic attendees seen at antenatal care clinics offering services for preventing mother-to-child transmission, 17 382 (53%) were tested for HIV and 15 696 (48%) received their test result through post-test counselling. Among women tested for HIV, 279 (1.6%) were HIV positive. More than 80% of the women who tested HIV positive and their children received antiretroviral prophylaxis.
- Voluntary and confidential counselling and testing services have expanded significantly in the past years. There were only 12 sites in 2000, mainly of the stand-alone model. By December 2005, 109 licensed sites were offering voluntary and confidential counselling and testing services, including 86 sites directly managed by government, 18 by partner nongovernmental organizations and 5 by the private sector. These achievements are in line with the target set by the government for having at least one voluntary, confidential counselling and testing site linked to each of the referral and district hospitals across the 24 provinces of Cambodia. The number of people tested at licensed sites increased from 1766 in

1997 to 152 147 in 2005. This figure is well above the target of 1.64% of 15- to 49-year-olds set by government. More women (54%) than men undertook voluntary HIV testing in 2005. Almost everyone tested received their results through individual post-test counselling (97.5%). Declining trends of HIV seroprevalence have been observed along with the increase in the uptake of testing and counselling services. National estimates indicate that overall HIV prevalence rates among clients of voluntary, confidential counselling and testing sites were down to 12% in 2005 versus 24% in 2002.

- In parallel to the scaling up of health facility-based services, community- and home-based care networks have also grown exponentially, from 52 teams established in 2001 to 261 groups spread over 17 provinces in September 2005. Likewise, the number of support groups of people living with HIV/AIDS has increased from 24 in 2002 to 466 in December 2005. The support network is primarily (90%) established in provinces and counts 15 533 registered members in December 2005. A key element of the Operational Framework for the Continuum of Care for People Living with HIV/AIDS is the MMM (Mondul Mith Chuoy Mith, or “Friends help friends”) model, through which hundreds of people living with HIV/AIDS take part in monthly community meetings in collaboration with health-care workers at referral hospitals. The MMM programme strengthens synergy between health facilities, homes and communities. Participants receive health education, information, support and counselling and share information and experiences on a range of issues including physical and spiritual support, income generation, stigma, treatment adherence and prevention issues (‘Summary Country Profile for HIV/AIDS Treatment Scale-Up – Cambodia’ 2005, World Health Organisation website, December [http://www.who.int/hiv/HIVCP\\_KHM.pdf](http://www.who.int/hiv/HIVCP_KHM.pdf) – Accessed 30 January 2007 – Attachment 7).

A report dated 31 December 2005 by the National AIDS Authority of Cambodia includes information on Cambodia’s response to the AIDS epidemic. The report also provides an overview of the situation regarding HIV/AIDS in Cambodia and includes the following information:

Access to basic health and social welfare services for most Cambodians is difficult, thus reducing the uptake and potential of new services such as PMTCT [Prevention of Mother to Child Transmission]. The rural poor, who live farthest from health centres and in areas with low service coverage, are significantly disadvantaged. Only one third of the population has access to the minimum package of health services, and only one in ten births takes place in a health facility. Of the estimated 500,000 pregnant Cambodian women per year, only 48.6% ever attend ANC [ante-natal care] at least once, the causes of which may be unacceptability, inaccessibility and/or unavailability of sexual and reproductive health services.

...Every day, more people with HIV become sick and join the ranks of those needing care and support. The number of adults with HIV/AIDS was estimated at 126,000 in 2003. Despite the limited health infrastructure, the Ministry of Health, through the National Centre for HIV/AIDS, Dermatology and STIs [sexually transmitted infections], as [sic] successfully implemented a comprehensive system for the provision of care to people living with and affected by HIV, and AIDS patients, the Continuum of Care (CoC). This includes voluntary counseling and testing, psychosocial support, treatment of opportunistic infections, home based care, antiretroviral therapy, support to households affected by HIV and palliative care. The system is being scaled-up by NCHADS in collaboration with non-governmental partners with funding from a number of donors, most notably the GFATM and DFID, and USAID respectively. The coverage of ART is a good indicator of the successful scaling up of the CoC, with 60% of eligible adults and 40% of children currently enrolled on ART.

Family livelihood is severely affected as more families, spouses and children are left behind due to the death of a breadwinner. Each day, fifty Cambodians die due to the consequences and complications of AIDS. There may be as many as 77,000 orphans and vulnerable children



(OVC) in Cambodia, and thousands of families whose main providers are either ill or dead (National AIDS Authority of Cambodia 2005, 'United Nations General Assembly Special Session on HIV/AIDS – Monitoring the Declaration of Commitment January 2004 – December 2005', UNAIDS website, 31 December, pp. 10-11  
[http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_cambodia\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_cambodia_en.pdf) – Accessed 2 February 2007 – Attachment 16).

A study that looked at the meanings that PLWAs [People living with HIV/AIDS] in Cambodia attached to quality of life and living with HIV/AIDS, referred to in the previously mentioned article in the *Journal of Transcultural Nursing* dated January 2005, indicates that “Being able to work and having enough money to meet basic daily needs significantly affected QoL [Quality of Life] for all PLWAs.” The study also indicates that “All PLWAs talked about isolation and the desire for connection with others. They spoke at length about incidents of discrimination from family members, friends, neighbors, and society that resulted in feelings of isolation and loneliness. They also spoke of their desire to return to their villages so that they could be with their loved ones”. Another finding of the study was that “PLWAs rarely lost sight of their primary goal of maintaining life functioning with a focus on the present and managing their daily lives... Being happy and hopeful, not thinking and worrying about the future, living in the present, and living for a special event were strategies used to preserve a sense of unaltered QoL... PLWAs with children bolstered their QoL with the hope that they would live to see their children grow up, get married, or get educated. As the reality of death becomes imminent in their minds, PLWAs strengthened their QoL by hoping that their children would be cared for in the future” (Geurtsen, Babette 2005, 'Quality of Life and Living With HIV/AIDS in Cambodia', *Journal of Transcultural Nursing*, Vol. 16, No. 1, January  
<http://www.un.org.kh/unaid/docs/Quality%20of%20life%20and%20living%20with%20HIV/AIDS%20in%20Cambodia.pdf> – Accessed 2 February 2007 – Attachment 12).

## **8. Would persons with HIV in Cambodia face difficulties in gaining employment?**

Pursuant to Article 36 of 'The Law on the Prevention and Control of HIV/AIDS', employment-related discrimination against persons with HIV/AIDS is prohibited in Cambodia. It is stated in the Article that:

Discrimination in any form at pre and post employment, including hiring, promotion and assignment, living in society based on the actual, perceived or suspected HIV/AIDS status of an individual or his/her family members is strictly prohibited. Any termination from working based on the actual, perceived or suspected HIV/AIDS status of individual or his/her family members is deemed unlawful.

Under Article 52 of the law, a person who violates Article 36 faces a fine of 100,000 to 1,000,000 Riels and imprisonment for one to six months. In the “case of repeated offences, the punishment shall be double” (Kingdom of Cambodia 2002, 'The Law on the Prevention and Control of HIV/AIDS', World Health Organisation website, 1 August  
<http://www.ilo.org/public/english/protection/trav/aids/laws/cambodia1.pdf> - Accessed 30 January 2007 – Attachment 4). These penalties are confirmed in 'Implementing Guidelines of The Law on the Prevention and Control of HIV/AIDS' published by Cambodia's National AIDS Authority in 2005 (The National AIDS Authority 2005, 'Implementing Guidelines of The Law on the Prevention and Control of HIV/AIDS', ILO/AIDS website, p. 38  
<http://www.ilo.org/public/english/protection/trav/aids/publ/countryprofile/cambodia/1-2a.pdf> – Accessed 7 February 2007 – Attachment 5). However, the media guide on HIV/AIDS dated

February 2006 issued by the National AIDS Authority indicates that “the law does not spell out penalties for discrimination in the workplace” (The National AIDS Authority 2006, ‘HIV/AIDS Media Guide’, UNAIDS Cambodia Country Office website, February, p. 43 [http://www.un.org.kh/un aids/docs/CAM\\_MediaGuide.pdf](http://www.un.org.kh/un aids/docs/CAM_MediaGuide.pdf) – Accessed 8 February 2007 – Attachment 10).

As previously mentioned, the article dated 11 August 2006 on the IRIN PlusNews website indicates that in relation to Cambodia’s AIDS law, “enforcement and implementation of its provisions is not common. Many police, local officials and other authorities do not fully understand HIV/AIDS-related issues and the inexperienced judiciary is weak” (‘Cambodia: Court ruling under HIV/AIDS law upholds women’s rights’ 2006, IRIN PlusNews website, 11 August <http://www.plusnews.org/AIDSReport.ASP?ReportID=6250&SelectRegion=Asia&SelectCountry=CAMBODIA> – Accessed 5 February 2007 – Attachment 1).

The July 2003 report on HIV and AIDS in Cambodia notes that under the law passed in 2002 regarding the prevention and control of HIV/AIDS, “All forms of discrimination against PWHAs are prohibited, as is discrimination against families of PWHAs and people thought to be HIV-positive... HIV screening is prohibited in connection with employment, education, freedom of residence and movement, and access to medical and other services.” However, the report also notes that “to what degree these edicts are being adhered to is unknown” (Marseille, Elliot and Garbus, Lisa 2003, ‘HIV/AIDS in Cambodia’, UCSF website, July, p. 64 <http://hivinsite.ucsf.edu/pdf/countries/ari-cb.pdf> - Accessed 29 January 2007 – Attachment 3).

The report dated 31 December 2005 by the National AIDS Authority of Cambodia indicates that although a workplace survey had not yet been undertaken, it was “estimated that approximately 10% of” large enterprises had workplace HIV policies and programmes in Cambodia (National AIDS Authority of Cambodia 2005, ‘United Nations General Assembly Special Session on HIV/AIDS – Monitoring the Declaration of Commitment January 2004 – December 2005’, UNAIDS website, 31 December, p. 32 [http://data.unaids.org/pub/Report/2006/2006\\_country\\_progress\\_report\\_cambodia\\_en.pdf](http://data.unaids.org/pub/Report/2006/2006_country_progress_report_cambodia_en.pdf) – Accessed 2 February 2007 – Attachment 16).

The article in the *Phnom Penh Post* dated 1 – 14 December 2006 refers to AIDS sufferer Penh Peab, a widowed mother of four, saying that “discrimination keeps her unemployed, and her family has abandoned her in shame.” It is also stated in the article that:

On November 30 the Cambodian Alliance for Combating HIV/AIDS (CACHA), an alliance of PLHA organizations, presented a letter of appeal to CPP Parliamentarian Hor Naun, vice-chairman of the Committee on Health Care and Women’s Affairs.

“CACHA calls for greater accountability and a more effective approach that targets the basic needs of HIV-positive people such as: access to affordable drugs, employment opportunities, education, healthcare and housing services,” the letter read (Sokheng, Vong 2006, ‘Rosy spin on AIDS hides grim realities’, *Phnom Penh Post*, 1 – 14 December <http://www.phnompenhpost.com/TXT/current/stories/1524/rosy.htm> - Accessed 2 February 2007 – Attachment 8).

The article dated October 2006 on the USAID website indicates that community acceptance of a villager in western Cambodia who lived with HIV/AIDS, improved following the

holding of a community forum regarding HIV/AIDS in the village. Because of the villager's "health condition, she" had "found herself unable to make a living: nobody would buy the produce she grew. She was also excluded from community events and was forced to spend most of her time alone." Following the community forum, neighbours of the villager "and other community members are more willing to accept her and are more friendly. People visit her and purchase the produce she sells. No longer are members of the local community afraid to share a meal at her table" ('Cambodia – Success Story – Reducing Stigma and Discrimination' 2006, USAID website, October [http://www.usaid.gov/stories/cambodia/ss\\_cb\\_stigma.html](http://www.usaid.gov/stories/cambodia/ss_cb_stigma.html) - Accessed 5 February 2007 – Attachment 9).

The media guide on HIV/AIDS dated February 2006 issued by the National AIDS Authority notes that despite "provisions under Cambodian law" prohibiting discrimination against people with HIV/AIDS, "stigma and discrimination persist." The article indicates that many people who run small businesses "suffer declines in customers, eroding income and sometimes forcing parents to withdraw their children from school. Stigma and discrimination can similarly affect families of people with HIV/AIDS" (The National AIDS Authority 2006, 'HIV/AIDS Media Guide', UNAIDS Cambodia Country Office website, February, p. 43 [http://www.un.org.kh/un aids/docs/CAM\\_MediaGuide.pdf](http://www.un.org.kh/un aids/docs/CAM_MediaGuide.pdf) – Accessed 8 February 2007 – Attachment 10).

An article dated 9 October 2003 on the International Labour Organisation (ILO) Regional Office for Asia and the Pacific website notes that Cambodia and the ILO had "pledged to jointly raise awareness about HIV/AIDS and prevent related discrimination in the workplace." The article refers to the comments of a specialist on HIV/AIDS at the ILO's subregional office for East Asia, who said that it was "important for managers and workers to understand that people living with HIV can work and pose no risk to their colleagues." He also stressed that companies that implemented HIV/AIDS workplace programmes were increasingly rewarded with a positive public image" ('Cambodia, ILO Forge Agreement to raise HIV/AIDS Awareness in the Workplace' 2003, International Labour Organisation Regional Office for Asia and the Pacific website, 9 October <http://www.ilo.org/public/english/region/asro/bangkok/newsroom/pr0323.htm> - Accessed 7 February 2007 – Attachment 17).

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Population Studies Centre website <http://www.psc.isr.umich.edu/>

HIV InSite website <http://hivinsite.ucsf.edu/InSite>

ILO/AIDS website <http://www.ilo.org/public/english/protection/trav/aids/index.htm>

USAID website <http://www.usaid.gov>

### **Government Information & Reports**

Immigration & Refugee Board of Canada <http://www.irb-cisr.gc.ca/>

UK Home Office <http://www.homeoffice.gov.uk/>

US Department of State <http://www.state.gov/>

### **United Nations (UN)**

UN High Commissioner for Refugees (UNHCR) website

<http://www.unhcr.org/cgi-bin/txis/vtx/rsd>

IRIN PlusNews website <http://www.plusnews.org/>

### **Non-Government Organisations**

Human Rights Watch <http://www.hrw.org/>

Amnesty International <http://www.amnesty.org>

### **International News & Politics**

BBC News <http://news.bbc.co.uk>

### **Region Specific Links**

Ministry of Health of the Kingdom of Cambodia National Centre for HIV/AIDS,

Dermatology and STDs (NCHADS) website <http://www.nchads.org/index.php>

UNAIDS Cambodia Country Office website <http://www.un.org.kh/unaid/default.asp>

International Labour Organisation Regional Office for Asia and the Pacific website

<http://www.ilo.org/public/english/region/asro/bangkok/index.htm>

### **Search Engines**

Copernic <http://www.copernic.com/>

### **Databases:**

FACTIVA (news database)

BACIS (DIMA Country Information database)

REFINFO (IRBDC (Canada) Country Information database)

ISYS (RRT Country Research database, including Amnesty International, Human Rights Watch, US Department of State Reports)

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2. US Department of State 2006, *Country Reports on Human Rights Practices for 2005 – Cambodia*, March.

3. Marseille, Elliot and Garbus, Lisa 2003, 'HIV/AIDs in Cambodia', UCSF website, July <http://hivinsite.ucsf.edu/pdf/countries/ari-cb.pdf> - Accessed 29 January 2007.

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11. 'Buddhist Monks Provide HIV/AIDS Care' 2005, USAID website, April. (CISNET Cambodia CX146330)
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