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Pointers for Discussion

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Senior Minister,

Chairman of the National AIDS Authority of Cambodia

**High-level meeting and comprehensive review of the progress achieved in
realizing the targets set out in the Declaration of Commitment on HIV/AIDS**

Round Table: 4

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Mr. Chairman,
Distinguished Guests,
Ladies and Gentlemen,

It is a great honor and privilege to be here today, in front of a very distinguished panel to present the progress report for Cambodia and simultaneously provide and insight into the Cambodian experience in the Multi Sectoral Response to HIV/AIDS and its Achievements.

Cambodia is a country most affected by HIV/AIDS in the Asia-Pacific region, with 2.8% of the adult population HIV-infected, mainly through unprotected (heterosexual) sexual intercourse. Prevention of mother-to-child transmission has become a major concern in the fight against AIDS. Although some analysts believe HIV/AIDS has been declining since 2001, the epidemic can still pose a major threat to Cambodia's development.

As you maybe already be aware, Cambodia's fight against the HIV/AIDS pandemic commenced in earnest in 1999 with the establishment of the National Aids Authority.

Since its inception, the NAA had adopted the view that the key to success in combating this pandemic was in having better coordination and harmonization among multi-sectoral institutions to have a concerted, coherent and cohesive road-map. Individualist approach was no longer a viable option as there were repetitions, leakage and conflict among donors and donor institutions.

Key to this success is a multi-sectoral approach that brings together the expertise and resources from all levels of government, the private sector, civil society, and academia. These public-private partnerships have proven essential in responding to HIV on local, national and regional levels. Perhaps most important and innovative has been the inclusion of people living with and at-risk of HIV disease.

Their invaluable contributions have served to create policies and programs that can best meet the needs of those affected. The use of partnerships in the response to HIV has pioneered other such collaborative efforts to address public health, human rights, and numerous other issues affecting society.

In addition to this, the NAA is also cognizant of the fact that the reasons for success or failure in this endeavor also depended on civil society as it is the people who will carry out this efforts to stop the rampant spread of the disease which has claimed the lives of more than 100,000 people in the past 15 years, leaving an enormous burden on civil society and the Government.

The NAA has developed two National Strategic Plans for a Comprehensive and Multi-sectoral response to HIV/AIDS; the most recent was officially approved earlier this year. It is aligned with the Royal Government of Cambodia's National Strategic Development 2006-2010.

A number of specific sectors, most notably the Health sector, have also developed sectoral Strategic Plans and are vigorously implementing them under the framework umbrella of the National Strategic Plan.

Financial support for these plans has been made available by the Royal Government and from development partners. The total funding currently is at USD7 million per annum and is managed through various Government channels. In addition to this, USAID has also made available USD10 million a year to ensure civil society and NGO participation and partnership in this response.

The results of Cambodia's Efforts in combating the HIV/AIDS menace are as follows:

- The HIV/AIDS Law, developed by the NAA and ratified in 2002 has created a favorable and enabling legal environment. Consecutively, it has resulted in the following:
- Based on the national surveillance system data from 2003, estimates of national prevalence amongst adults in the 15-49 age bracket has fallen from 3 percent in 1997 to 2.2 percent in 2001 and down further to 1.9 percent in 2003.
- Estimates of all sentinel groups that formed part of the HIV surveillance system has also declined in all aspects.
- Level of awareness about HIV/AIDS has gone up and behavior has changed.
- The prevalence amongst ante-natal care (ANC) attendees declined from 3.2 percent in 1997 to 2.1 percent in 2003.
- Prevalence amongst commercial sex workers has also declined from 40 percent to 20.8 percent during the same period.
- Overall, estimates of incidence amongst the high risk group have declined by 50 percent during the same period.
- Knowledge of HIV/AIDS risks remains high amongst the young people and currently is at 95 percent.
- Condom use on high risk situation is at 90 percent.

Mr. Chairman,

Cambodia has made significant progress in the areas of expanding access to care and treatment through the "Continuum of Care" developed by the National Centre for HIV/AIDS, Dermatology and STD in the Ministry of Health. From a mere 71 people on ARV drugs in 2001, it has increased to an amazing 14,310 people on ART at the end of March, 2006, of which an estimated 1,209 are children. A further 1,152 are being enrolled each month for Opportunistic Infection (OI) prophylaxis and management.

We estimate that more than half of all PLHA in need are now on ART programs. Voluntary testing and counseling clients have also increased dramatically from 1,700 in 1998 to 152,000 in 2005 – of whom 97.5 percent received their test results through post-test counseling.

While these achievements are dramatic, much remains to be done. It is estimated that in 2003, 43 percent of new infections took place from infected men to their wives and 30 percent were from mothers to their children. The PMTCT program is being vigorously expanded to respond to the needs of these women and children.

In addition, responses to specific areas of risk behavior are also being developed. We are aware that drug use may be on the increase and the spread of HIV by needles sharing among injecting drug users need to be urgently addressed. The spread of the disease amongst homosexual men (MSM) and condom use amongst this group remains low when compared to commercial sex workers or sex between men and women.

Though there have been significant results, Cambodia is well aware that it still faces challenges in sustaining and expanding its programs already developed successfully. Being a poor country where priorities are in rebuilding and rehabilitating infrastructure, social welfare and civil society, funding is of utmost importance to keep the momentum in the fight against the pandemic.

Currently, the HIV/AIDS programs are sufficiently funded in the immediate and short term but adopting programs for the long-term prevention tasks to ensure that there is no resurgence is also a critical path in maintaining momentum.

In addition to this, sustaining present treatment and care programs for the life-times of the more than 120,000 PLHA in Cambodia currently are serious issues which we are grappling with.

We are also acutely aware that many problems come from the stigma and discrimination faced by people living with HIV/AIDS. For instance, children of people living with HIV/AIDS are facing discrimination at school and AIDS orphans are rejected and abandoned. The NAA recognizes that reducing stigma and discrimination is a crucial component to maximizing HIV/AIDS prevention strategies, and to promoting an accepting environment.

In this respect, it has adopted the following strategies:

- A Cultural Approach to HIV/AIDS Prevention and Care, has included using traditional Cambodian theatre and graphic arts, and has involved different partners including the Ministry of Culture and Fine Arts, NGOs and students of the Faculty of Plastics Arts.
- Reviews of the existing studies focusing on Cambodian youth sexuality and qualitative studies of Cambodians living with HIV/ AIDS have been undertaken to be familiarize partners (Ministry officials, students, etc) with the project themes and the target populations.
- Project include: knowledge of HIV/AIDS, feelings, attitudes and beliefs regarding being a PLWHA, context of vulnerability, and ways of passing the messages on to their peers and youth in general.

In conclusion, I would like to state that new challenges in fighting HIV are emerging throughout the world, Cambodia is no exception that requires fresh and innovative approaches in order to build successfully on the progress of the past. The challenges to maintain the successes attained, require the development of new and strengthened local, national, and regional partnerships.

The value of public-private partnerships is well documented in the fight against AIDS. As society moves to secure the successes of the past 15 years and meet the new challenges of emerging epidemics, such partnerships provide the central basis for a renewed effort. These partnerships are needed on local, national and regional levels to maximize their effectiveness.

Working together, partnerships that include leadership from the highest levels of government, the resources of the private sector and academia, the expertise of civil society, and the voices of people most affected – those living with and at-risk for HIV in their communities – provide the best hope to meet these challenges, protect the public health, and save lives.

With that, I conclude my remarks and take this opportunity to express my sincere appreciations to the United Nations for having provided me with the opportunity to address this round-table discussion.

Thank you