FOIA Number: 2007-1550-F

FOIA MARKER

This is not a textual record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

Collection/Record Group: Clinton Presidential Records

Subgroup/Office of Origin: National AIDS Policy Office

Series/Staff Member:

Subseries:

OA/ID Number: 19401

FolderID:

Folder Title:
[World Health Organization Reports - Cambodia, 1993-98]

Stack:	Row:	Section:	Shelf:	Position:
S	66	7	1	1

Ministry of Health
National AIDS Committee

KINGDOM OF CAMBODIA

COMPREHENSIVE NATIONAL PLAN

FOR

AIDS PREVENTION AND CONTROL

IN CAMBODIA

1993 - 1998

EXECUTIVE SUMMARY

Cambodia has prepared this Five-Year Plan in order to contribute with other nations of the world in the global fight against the Acquired Immunodeficiency Syndrome commonly known as AIDS, a disease which is caused by the human immunodeficiency virus (HIV).

In May 1991, a one year Short-Term Plan (STP) was formulated and an AIDS Prevention and Control Program established in Phnom Penh in collaboration with the World Health Organization (WHO). This plan has been successfully completed with much knowledge gained about the prevention and control of HIV in Cambodia providing priorities and direction to the development of the Comprehensive Plan.

Available data indicate that the predominant transmission modality of HIV in Cambodia is sexual. Therefore, priority in the Comprehensive Plan has been given to the prevention of sexual transmission of HIV and of sexually transmitted diseases (STDs) which can facilitate the transmission of HIV. Special attention will be given to the care and treatment of groups most prone to STDs (commercial sex workers (CSWs), their clients, STD patients) as they are at increased risk of HIV infection and can be reached through clinical care. This attention will extend to the health personnel and the facilities responsible for care provision. Surveillance of HIV infection will play an important role in this program area.

Since the effects of HIV/AIDS are far reaching, many other groups will receive attention as well. These are, in particular, women (improvement of their socioeconomic status), mothers (perinatal transmission), out of school youth and students. While presently not a serious problem in Cambodia, intravenous drug injectors are also included. Interventions will be carried out in the community, the work place, clinics and schools. As a result, the general public and population within it that are susceptible to the transmission of HIV/AIDS will be reached.

The preference in Cambodia for injections as a form of treatment is recognized in the Plan as a potentially significant route of HIV transmission. Needles and syringes are in short supply, often necessitating usage between patients without sterilization. Barrier protection for health care workers (HCWs) is also lacking, thereby increasing the potential for hospital-acquired infections in either the patient or the health worker.

Given a ten-fold increase in the numbers of HIV-seropositive blood donors seen at the National Blood Transfusion Center (NBTC), from 1991 to 1992, the prevention of transmission through infected blood is an important part of the Plan. A key to this program area is the provision of a safe blood supply.

The care and management of people with HIV is a response to the needs of the infected individual and those around them. Psychosocial support given through counselling, addressing the economic and clinical needs of the AIDS patient, as well as issues of confidentiality, job security and non-discrimination, are central to the Plan.

With regard to program management, a broad-based multisectoral response is needed to address the complex social, medical and educational aspects of the impact of AIDS. These aspects as well as those of the economy, the labour force and administrative support are represented in the National AIDS Committee (NAC). Serving in an advisory capacity to the Committee is the Committee Secretariat, which addresses technical issues and directs the National AIDS Program Office (NAPO). The Office is

responsible for carrying out the day-to-day implementation and coordination of the Plan and is composed of technical, administrative, advisory and support staff.

The Comprehensive Plan is written as a document that provides the NAC with the direction and coordination of a nation-wide effort to prevent and control HIV/AIDS. As well, it provides specific target areas of implementation that are essential to the reduction of HIV transmission and to the associated morbidity and mortality of HIV infection. These provisions come at a unique time in Cambodia and can therefore be utilized for mobilizing the large community of intergovernmental and nongovernmental organizations (NGOs) present throughout the country. There is great potential for a far-reaching and well-coordinated Cambodian AIDS Prevention and Control Program.

CONTENTS

page

page

page

1. INTRODUCTION and OBJECTIVES

1.1 Introduction

Available data indicate that the predominant transmission modality of HIV in Cambodia is sexual. The pattern of transmission of HIV presumably falls under Pattern III. This pattern of transmission indicates that infection originated from Pattern I and Pattern II countries, and the infection possibly introduced into the country through three routes: returning nationals, foreign nationals and commercial sex workers (CSWs) coming from high prevalence countries. From these routes, the spread of HIV would be to wives and other sexual partners of infected nationals, to other CSWs patronized by returning national and foreign clients, and to local males patronizing commercial sex workers coming from high prevalence countries. Often this spread will manifest itself through signs and symptoms of STD, and, if appropriate surveillance is in place, HIV detection may be possible through STD care providers. For those who are asymptomatic, HIV detection may be possible only through screening of donated blood for those wishing to donate.

The dynamics of HIV infection in Cambodia suggests possible targets for intervention and potential constraints and facilitating factors:

Targets	Constraints/facilitators	Intervention
Commercial sex workers workers (CSWs)	Easier venue	Targeted
STD attendees	Easier venue	Targeted
Sex partners	Widespread general awareness	Increased
Local males	Widespread	
Foreign males	Widespread	

It is important to note that large-scale population movements occur across the Thai-Cambodian border. The human traffic between Phnom Penh and the western border regions will increase the incidence of STDs, including HIV between different populations. Coupled with recent epidemiological findings which demonstrate an alarming increase of HIV infection incidence in the Thai provinces along the western Cambodian border, this steady, shifting movement of people provides a venue for disseminating HIV infection throughout Cambodia.

The increasing rate of STD among personnel of the United Nations Transitional Authority in Cambodia (UNTAC) suggests a concomitant increase as well among CSWs and their partners. This favors further transmission of HIV to the rest of the population.

The preference in Cambodia for injections in the treatment of illnesses should be recognized as a potentially significant route of transmission of HIV. Injections are widely available for requests, ranging from antibiotics to vitamins and are often administered by individuals with little or no medical training. Needles and syringes are in short supply, often necessitating usage between patients without sterilization. Barrier

protection for health care workers is also lacking in clinics and hospitals increasing the risk of infection through exposure to blood and body fluids.

1.2 Overall program objectives

The overall program objectives for the comprehensive National Plan (CNP) for AIDS Prevention and Control in Cambodia are:

(1) To reduce HIV transmission and

(2) To reduce the morbidity and mortality associated with HIV infection

To achieve these objectives, it is necessary:

- To coordinate policy, provide technical expertise and implement activities of the AIDS Prevention and Control Programme;

- To collect accurate surveillance data on HIV infection in selected populations;

- To accurately diagnose HIV and STDs (indicators of HIV infection) in populations at risk;

- To reduce the incidence of sexual transmission of HIV and STDs;

- To provide educational information to coincide with surveillance plus program development activities;

- To prevent transmission through blood products;

- To prevent the spread of HIV infection among drug injectors;

- To prevent the spread of HIV infection by skin-piercing instruments;

- To reduce the transmission of HIV from mother to child;

- To minimize the personal suffering and social stigma associated with AIDS and to provide psychosocial support to those affected by HIV/AIDS;

- To provide the best available medical care for people with AIDS; and

- To monitor and evaluate activities of the MTP.

2. COUNTRY PROFILE AND SUMMARY OF HEALTH CARE IN CAMBODIA

(Partially excerpted from the State of Cambodia Transitional Health Plan, Part One; Health Situation Analysis, July 1992; and from Dr Han Tun, WHO Liaison Officer, Report, 19 March 1991)

2.1 Introduction

Cambodia is a tropical country covering 181 040 square kilometers in the south-western part of the Indo-China peninsula. The country is bordered by Thailand in the west and north, Laos to the north and Vietnam to the east. The climate is monsoonal and has marked wet and dry seasons of relatively equal length. The greatest portion of the country (75%) lies in the Tonlé Sap Basin and the Mekong Lowlands, both of which are surrounded by the Cardamom Mountains, the Elephant Range and the Danhrek Mountains.

In 1992, Cambodia's population was estimated at 8.64 million, with approximately 1 million (11.9%) living in the capital of Phnom Penh. In addition, there are another 350 000 Cambodians which will have completed repatriation in mid 1993 from Thailand. About 95% of the population are of Khmer origin. The remaining 5% is made up of over 30 minority ethnic groups inhabiting the mountainous north and north-eastern areas. The largest ethnic minority is the Islamic Cham, who numbered about 200 000 in 1988. Prior to 1970, there were large numbers of Vietnamese and Chinese living in Cambodia; however, their numbers have decreased considerably since 1975. As trading and building industries increase their activities in Cambodia, Chinese and Vietnamese skilled tradesmen are arriving to work in these areas of the Cambodian economy.

2.2 Socioeconomic indicators

While Cambodia's economy made some recovery from the worst effects of the late 1970s, its productive capacity remains far below the levels achieved in the 1960s. With low outputs from industry and mining, the country is essentially sustained by subsistence agriculture and external aid. Food production and availability remain vulnerable to drought and flooding. The principal crop is rice; secondary agriculture products are maize, cassava, sweet potatoes, beans and rubber.

Until 1990, the Union of Soviet Socialist Republics (USSR) and other Eastern Block countries were significant donors to Cambodia. Recent economic and political events in those countries, as well as in China and in Vietnam have changed this scenario for external aid.

The United Nations Children's Fund (UNICEF) estimates the GNP at US$160 per capita income, ranking Cambodia 195 out of 203 countries. Other surveys indicate a per capita income considerably lower. Government workers and physicians are no exception with average professional salaries equivalent to US$10-20 per month, and annual inflation averaging at some 120-140%, forcing nearly all to find additional sources of income.

2.3 Education

During the first part of the 1970s, much of the educational infrastructure was destroyed by war and the mass movement of refugees in Phnom Penh. During the Khmer Rouge period, there was a policy of destruction of educational materials and buildings. By 1979, only about one quarter of the country's 20 000 teachers (1975 estimates) were

alive or remained in the country. Some 25% of the adult population were believed to be illiterate, with a rate as high as 65% among adult women.

Through two successive three year literacy campaigns, 1980 through 1986, a literacy rate of 93% among adult men and women was indicated in an evaluation performed in 1988. According to UNICEF, a functional literacy rate of around 70% would be more accurate. At present, there is compulsory free schooling for five years, followed by three years of lower secondary school and three years of upper secondary school, for both of which there is a charge. Drop-out and repeater rates are high, especially for girls, and only about 60% of children complete primary education. Currently, 1.3 million children (about 85% of the child population) are in grades 1-5, about 200 000 in grades 6-8 and 47 000 in grades 9-11.

2.4 Summary of health care

Reported in 1992, the life expectancy at birth was 49.9 years for men and 47 years for women. The average annual rate of population growth was reported to be 2.8%. About 53% of the adult population are women and 20% of households are headed by women. Approximately 50% of Cambodian population are less than 15 years and about 20% under 4 years old.

In Cambodia, there is currently no effective registration of births and deaths, nor causes of death. Therefore, in the absence of accurate data, indicators of mortality can only be used as estimates. In 1989, UNICEF estimated the infant mortality rate (IMR) to be 120 deaths per 1000 live births and the child mortality rate (CMR) to be 210 deaths per 1000 live births. While there is an improvement from the rates in previous years, they are still among the highest in the world.

2.5 Health facilities and services

The redevelopment of Cambodia's health services and system, which was almost totally destroyed during the period of 1975-1979 has been a major task of the Ministry of Health to date. The structure of the health system reaches from the ministry level through provincial, municipal and district levels to the commune level of one health facility for each commune consisting of five to ten villages.

Central health programs in preventive health consist of maternal and child health; expanded program on immunization; malaria control, tuberculosis control; ARI, CDD, AIDS and others; rural water supply and sanitation.

In 1979, the choice to concentrate efforts on training the greatest possible number of personnel very quickly was made. Categories of health personnel being trained in Cambodia are doctors, dentists, pharmacists, medical assistants, assistant pharmacists, laboratory technicians, nurses, midwives and general health workers. In 1991, health personnel in Cambodia totalled 15 884 people. Graduates from the training centres numbered 2769 in 1991.

In 1991, the Ministry of Health had identified planning as a priority and requested WHO collaboration. Since then, the Organization has taken an active part in the rehabilitation and reconstruction of the national health infrastructure. This, ultimately, will be within the context of a Master Health Pan and will include the Comprehensive AIDS Prevention and Control Program outlined in this Plan.

3. CURRENT SITUATION of HIV INFECTION AND SEXUALLY TRANSMITTED DISEASES (STDs)

In 1991, antibodies of HIV were first detected in Cambodia. At that time, the major source of information regarding HIV seropositivity in Cambodia was through the screening of voluntary blood donations at the National Blood Transfusion Center (NBTC) (in collaboration with the International Committee of the Red Cross (ICRC)). Testing prior to 1991 was limited and performed at the Institute Pasteur (IP) in 1987 and 1991. Three blood donors out of 3965 donations were found to be HIV-positive in the last ten months of 1991, providing a rate of 0.076%.

In 1992, testing for HIV expanded to include three locations of the Center National de Transfusion Saguine (CNTS) for screening of donated blood (particle agglutination) and at the IP, Phnom Penh (particle agglutination and ELISA). Western Blot confirmation was performed at the IP, Paris and Phnom Penh, as well as at the Mahidol University in Bangkok.

In addition to the ongoing screening of blood donors, the National AIDS Program, with support from WHO, performed an unlinked and anonymous serologic survey of larger groups in Phnom Penh in June 1992. Testing was performed at the IP. HIV surveillance results for 1992 are included in the following table. A summary of the surveillance results shows that: of 1017 specimens collected, 22 were found to be positive for antibodies to HIV, or 2.16% of the total survey population; of those testing positive were 19 female CSWs, or 9.17% of the CSW population, and three STD patients or 4.16% of the STD patients tested.

Additionally, samples collected for syphilis testing from female CSWs, laborers and beggars were also tested for HIV after unlinking the name from the specimen. Of the total 55 CSWs tested, six or 10.90% were found positive for antibodies to HIV. No other group showed HIV-positive test results.

HIV SURVEILLANCE FOR 1992

Target Group	Total collected	Total positive
Commercial sex workers (CSWs)	207	19
STD patients	72	3
Tuberculosis patients	103	0
Police	240	0
Military	200	0
Antenatal clinic attendees	195	0
TOTAL	1 017	22

During 1992, the NBTC in Phnom Penh identified 30 people with antibodies to HIV out of 3584 donors tested, or 0.84% of the total donor population. When compared to the rate for HIV seropositivity seen in blood donors in 1991, 0.076%, an over ten-fold increase was seen.

In the first two months of 1993, the CNTS continued to identify HIV-positive donors. The rate during that period was 0.80% of total donors tested, indicating no essential change from the level of seropositivity among blood donors with that seen in 1992.

With the data available, risk behavior can be characterized as primarily sexual. With economic liberalization, the influx of foreign business, tourism, relief and development personnel and the arrival of the United Nations Peace-Keeping Forces of UNTAC, the commercial sex trade has grown rapidly since late 1991. In one commercial sex area of Phnom Penh, it was estimated recently that there were 2000 workers. There are many more areas readily identified in Phnom Penh, in addition to less obvious locations such as bars, dance halls and massage parlors. Outside Phnom Penh, the pattern is repeated with commercial sex work growing in economic centres, most notably in the western provinces, and around UNTAC encampments throughout the country.

Information on STD prevalence is limited, with most STDs being diagnosed clinically, and, generally, care coming from pharmacists and private physicians who do not report their diagnoses. In the first eight months of 1992, the IP reported: from 70 patients presenting with urethritis, 14 cases of gonorrhea were diagnosed; of 1497 sera tested for syphilis by VDRL-carbon testing, 53 were found positive; from 142 specimens collected from female CSWs, 67 tested positive for syphilis by TPHA method; in 310 specimens tested for hepatitis B virus surface antigen (HBsAG), 71 were found to be positive. Experts at the IP and the National STD Center (NSTDC) saw an increase in the number of patients being diagnosed with STD throughout 1992. From a few patients a week in late 1991, the IP is providing testing for at least 10 per day in early 1993.

In addition, data received from UNTAC for late 1992 indicated a dramatic increase in the number of personnel diagnosed as having an STD. From 161 cases reported in September, the number rose to 666 cases reported in December. Diseases most commonly reported for November and December were gonorrhea, non-gonorrheal urethritis, chancroid and venereal warts.

Although a United Nations International Drug Control Program Mission to Cambodia in December 1992 found no firm evidence of a serious drug problem in Cambodia, they did express concern, given the proximity of Cambodia to opium-producing countries, for development trends that could increase drug problems in the future (urban migration, limited urban infrastructure and job market to absorb increases in population).

The preference among Cambodians for injections in the treatment of illnesses should be noted as a potentially significant route of transmission of HIV. Injections varying from antibiotics to vitamins are widely available in hospitals, in the private practitioners offices and in the market. However, the availability of sterile needles and syringes, which are in short supply, does not match their use. It is common practice in the hospitals of Cambodia for syringes to be used between patients and needles to be changed infrequently before sterilization. The same situation exists for clinical practice outside the health system where the majority of Cambodians receive their health care. Additionally, lack of barrier protection for HCWs also increases their risk of being infected through blood and body fluids. Gloves, gowns and goggles are all in very short supply, and surgery often takes place without their use.

4. REVIEW OF THE SHORT-TERM PLAN (STP)

4.1 Review

The National AIDS Committee (NAC) and the Technical Working Group comprised of Ministry of Health officials was established in May 1991, and activities in the AIDS prevention and control program began later that year. In November 1992, the NAC was restructured to include ministries other than health, and a Secretariat formed which is responsible for the implementation of the AIDS Program. In addition to the formation of the Committee and the Secretariat, activities accomplished to date are listed below by program area.

Program management

- Program Manager (PM) designated and assigned to carry out the implementation of the AIDS prevention and control activities.

- Orientation of political, community and religious leaders to HIV/AIDS issues, including basic concepts, socioeconomic impact and non-discrimination of people with HIV.

- Promotion and coordination of AIDS prevention and control activities among governmental, international and non-governmental agencies.

Surveillance and testing for HIV

- HIV test kits provided to the IP.

- Serologic survey conducted among CSWs, STD patients, antenatal clinic attendees, police, military and tuberculosis patients.

- Procedure initiated to provide for Western Blot testing in Bangkok.

- Material and supplies provided to the IP and the NSTDC to improve their capability to diagnose STDs.

- Guide-lines, protocols and forms for the confidential testing of HIV developed.

Prevention of sexual transmission

- Production and distribution of health education materials for the general public, CSWs and their clients.

- Training for focus group discussions. Discussions held with CSWs, HCWs and students.

- Rapid assessment survey on AIDS knowledge, awareness and beliefs of the general public and high risk groups performed.

- Condoms supplies given to municipal and provincial health departments (PHDs) and distributed to CSWs and their clients.

Prevention of transmission through infected blood

- A blood safety sub-committee formed.

- All units of blood screened positive for HIV referred to the IP for confirmatory testing.

- A training course on basic AIDS concepts, signs and symptoms of HIV infection and use of universal precautions held for provincial and Phnom Penh HCWs.

Prevention of transmission from mother to child

- Awareness and infection control messages integrated into maternal and child health training courses for provincial and Phnom Penh HCWs.

Care of people with HIV

- Khmer-Soviet hospital designated for the care of people with HIV.

- Centres for HIV/AIDS counselling identified in the provinces and in Phnom Penh.

- A training course on preventive and supportive counselling for provincial and Phnom Penh HCWs held.

- Manual and materials for HIV/AIDS counsellors adapted to Cambodia and prepared in Khmer.

Program monitoring and evaluation

- A mission report for the initial 12 months of the STP program implementation filed.

- STP evaluated and used to direct approaches and activities for the MTP.

- An MTP drafted to provide a comprehensive national plan to direct AIDS prevention and control activities of governmental, international and nongovernmental agencies.

4.2 Conclusions and recommendations

Since the beginning of HIV/AIDs prevention and control activities in 1991, significant progress has been made by the Cambodia AIDS Program (CAP). The program has received the full support of the Ministry of Health and the National AIDS Committee (NAC). Limited human resources available for carrying out activities, however, constrained their implementation and program development. Based on the evaluation of the STP, the following recommendations are made to assist in the direction and implementation of the MTP.

(1) A National AIDS Program Office (NAPO), with full-time staff responsible for AIDS activities, should be created by the Ministry of Health and the NAC.

(2) Health education activities should be increased significantly on an ongoing basis, particularly with CSWs and their clients, including condom promotion and distribution.

(3) Program activities should be expanded to include provinces bordering Thailand and containing seaports and tourist areas.

(4) Support to the program for health education activities through a long-term consultant or volunteer position with social marketing experience should be sought.

(5) Surveillance for HIV should be repeated at least on an annual basis.

(6) Centres for preventive and supportive counselling should be established with the support of the Ministry of Health and the NAC.

(7) Positions for HIV counsellors should be created within the health care and social welfare systems with individuals designated for training in preventive and supportive counselling.

5. PREVENTION OF SEXUAL TRANSMISSION

5.1 Interventions for commercial sex workers (CSWs)

The number of CSWs in Cambodia is not known. Estimates run as high as 10 000. In one kilometer-and-a-half stretch in Toul Kork, Phnom Penh, there were at least 300 commercial sex establishments, with two to ten CSWs in each. In some CSW populations, the prevalence of HIV is as high as 10%. Any meaningful program for the prevention of HIV transmission will require priority interventions for CSWs. In Cambodia, the task is made difficult not only by the sheer numbers of the target population, but also by problems of accessibility and communication. A large number of CSWs in Phnom Penh, for example, are transients and non-Cambodians. Their duration of stay in one area is sometimes no more than two weeks at a time, moving elsewhere in Cambodia or heading towards neighboring countries. Developing sustainable program activities therefore will require consideration of these factors.

Ignorance, lack of awareness of basic disease prevention practices, poverty, limited choices in gaining a livelihood, and the status of women in society further aggravate the situation. Intervention strategies will have to take into consideration these factors and provide solutions, if any impact is to be made. The following activities attempt to provide a comprehensive effort to deal with this priority.

5.1.1 Improving the social status of CSWs

Empowerment of women to alleviate sub-standard working conditions through training towards better negotiating skills with establishment proprietors and with clients. This will involve recruitment of staff for social and outreach work.

5.1.1.1 Improving social status (ISS) activity in Toul Kork

Implementing agency:

Supporting agency:

5.1.1.2 ISS activity in Dong Kor

Implementing agency:

Supporting agency:

5.1.1.3 ISS activity in Beng Saleng

Implementing agency:

Supporting agency:

5.1.1.4 ISS activity in Battambang Province

Implementing agency: Various nongovernmental organizations (NGOs)

Supporting agency: UNICEF

5.1.1 5 ISS activity in Kampon Som Province

Implement agency:

Supporting agency:

5.1.1.6 ISS activity in Banteay Meanchey Province

Implementing agency:

Supporting agency:

5.1.1.7 Expanding to other areas with substantial CSW activity to be explored and identifying resources

Implementing agency:

Supporting agency:

5.1.2 Enhancing health knowledge for disease prevention, health education and promotion provided by peer education and counselling, with special emphasis on STDs and HIV

This includes skills training in safer sex practices. Recruitment of CSWs as outreach peer educators and interventionists will be encouraged. Special consideration to recruit non-Cambodians will be made, where necessary.

5.1.2.1 Health and disease prevention (HDP) activity in Toul Kork

Implementing agency: MWA

Supporting agency: World Vision International (WVI)

5.1.2.2 HDP activity in Dong Kor

Implementing agency: NSTDC

Supporting agency: Pharmaciens Sans Frontières (PSF)

5.1.2.3 HDP activity in Beng Saleng

Implementing agency: NSTDC

Supporting agency: PSF

5.1.2.4 HDP activity in Battambang Province

Implementing agency: Hygiene Station

Supporting agency: PHD

5.1.2.5 HDP activity in Kampong Som Province

Implementing agency: Hygiene Station

Supporting agency: PHD

5.1.2.6 HDP activity in Banteay Meanchey Province

Implementing agency: Hygiene Station

Supporting agency: PHD

5.1.2.7 Expanding to other areas with substantial CSW activity to be explored and identifying resources

Implementing agency: PHDs, NWA

Supporting agency: NAC, NAC Secretariat

5.1.3 Providing diagnostic and therapeutic services

Easy access to a health facility where treatment and follow-up for STD in a caring and compassionate atmosphere is available. This facility will offer ancillary services such as counselling and health education.

5.1.3.1 STD services in Toul Kork

Implementing agency: MHD, MWA

Supporting agency: Voluntary Service Overseas (VSO), WHO

5.1.3.2 Mobile STD services in Dong Kor

Implementing agency: MHD

Supporting agency: PSF

5.1.3.3 Mobile STD Services in Beng Saleng

Implementing agency: NSTDC

Supporting agency: PSF

5.1.3.4 STD services in Battambang Province

Implementing agency: Hygiene Station

5.1.3.5 STD services in Kampong Som Province

Implementing agency: Hygiene Station

5.1.3.6 STD services in Banteay Meanchey Province

Implementing agency: Hygiene Station

5.1.3.7 Providing and/or upgrading of STD services in areas with substantial CSW activity to be explored and resources identified

Implementing agency: PHDs, Provincial AIDS Committees (PAC)

Supporting agency: NAC, NAC Secretariat

5.1.4 Promoting health and counselling training

Training for health care and social services providers with special focus on STD and HIV.

Implementing agency: NAC Secretariat

Supporting agency: WHO

5.1.5 Developing and producing health promotional material targeted towards CSWs

Implementing agency: Center National d'Hygiène et d'Epidémiologie (CNHE), MWA

Supporting agency: Redd Barna

5.1.6 Focus group studies and in-depth interviews

Specialized qualitative studies on sexual behaviors and attitudes of CSWs and their clients to determine appropriate intervention strategies.

Implementing agency: Local NGOs, MWA

Supporting agency: CARE International, Redd Barna

Project Proposal: CARE International, Redd Barna

5.1.7 Outreach to establishment owners and managers

Person to person intervention to negotiate safer sex practices for CSWs.

Implementing agency: NSTDC, MWA

Supporting agency: MHD, WVI, CARE International, NAC

5.1.8 Promoting and providing condoms

Establishing a distribution network for easier availability, accessibility and affordability of condoms. This would include surveys on prices, suitability and availability of condoms.

Implementing agency: Ministry of Health, PHD, MHD

Supporting agency: Various NGOs

5.1.9 Involving municipal authorities

Negotiations with appropriate authorities to avoid harassment of CSWs and to cooperate in negotiations with establishment owners and managers.

Implementing agency: Municipal Government

Supporting agency: NAC

5.1.10 Alternative livelihood program

Provide skills training for CSWs wishing to seek a different mode of employment and for those CSWs unable to pursue their profession due to HIV.

Implementing agency: Various local and international NGOs

Supporting agency: Caritas International, MSF/HB, UNICEF

5.1.11 Exchanging information and networking with neighboring countries

Regular and frequent collaboration with programs in neighboring countries should be explored to develop complementary strategies for mutual benefit.

Implementing agency: NAC Secretariat

Supporting agency: WHO

5.2 Upgrading STD services

High rates of STD are a precursor to increasing rates of HIV transmission. Risk factors are present in Cambodia that predispose to this situation. Providing appropriate STD services is also important for interventions for CSWs. Admittedly, most STD patients do not come to public STD facilities. It is therefore essential that these centres are promoted properly, and services offered there are provided in a caring and compassionate manner. It is also of importance to enlist private practitioner cooperation so that care and management of STDs are delivered at a uniform high level.

5.2.1 Developing a national policy and protocol for the care and management of STDs

A policy is necessary that will address the main factors involved in STD prevention and control, such as the level of knowledge and understanding of STD of populations at risk, the degree to which asymptomatic infections and infections of those who do not seek health care exist, the effectiveness of the care and management of STD clients and the degree to which contacts and partners of those affected are reached. A protocol for the care and management of STD prepared by a multidisciplinary committee needs to be developed and distributed to all facilities treating STD and to private practitioners as well.

Implementing agency: NSTDC

Supporting agency: NAC, NAC Secretariat, WHO

5.2.2 Providing and/or upgrading facilities for the care and management of STDs

Accessible facilities where affordable services are available by those most at risk for STD and HIV are necessary. These facilities should also provide ancillary services like health promotion and counselling. It can also serve as a site to carry out or originate outreach activities to the community.

5.2.2.1 Upgrading the municipal dispensary at Toul Kork

This requires rehabilitation of the physical plant, provision of furniture, diagnostic supplies and equipment, appropriate staffing of the facility and training of the service providers.

Implementing agency: MHD

Supporting agency: VSO, WHO, WVI

5.2.2.2 Upgrading the NSTDC

This center has the added responsibility of providing high risk areas in Phnom Penh with mobile STD services.

Implementing agency: NSTDC

Supporting agency: PSF, Quaker Service Australia (QSA)

5.2.2.3 Upgrading STD services in Battambang Province

Implementing agency: Hygiene Station

Supporting agency: NAC, Ministry of Health, PHD

5.2.2.4 Upgrading STD services in Kampong Som Province

Implementing agency: Hygiene Station

Supporting agency: NAC, Ministry of Health, PHD

5.2.2.5 Upgrading STD services in Banteay Meanchey Province

Implementing agency: Hygiene Station

Supporting agency: NAC, Ministry of Health, PHD

5.2.2.6 Upgrading STD services in other areas with substantial high risk activity

Implementing agency: Hygiene Station, PHD

Supporting agency: NAC, Ministry of Health, various NGOs

5.2.3 Providing training in the care and management of STDs

A training program for health care providers in primary and secondary health care facilities. This will make use of algorithmic syndrome-based care and management of STDs

Implementing agency: Ministry of Health

Supporting agency: WHO

5.2.4 Upgrading diagnostic capabilities of the NSTDC

As the national referral center for STDs, it is essential that necessary studies are undertaken to determine proper treatment protocols for STDs.

Implementing agency: NSTDC

Supporting agency: WHO

5.2.5 Providing training in health promotion and counselling for STDs and HIV

Training health care and other providers in risk assessment, pre-test, post-test and supportive counselling. Emphasis will be in short workshops that can be built upon in stages. Consultants will undertake training the trainers activities and in developing easily replicable courses, workshops and materials culturally sensitive and applicable.

Implementing agency: Ministry of Health, NGOs

Supporting agency: WHO, WVI, Redd Barna, PSF

5.2.6 Providing appropriate drugs for treatment of STDs

A survey of needed drugs will be necessary and provisions made for their acquisition. Distribution of supplies will also be provided for.

Implementing agency: MHD, PHD, Ministry of Health

Supporting agency: PSF, VSO, various NGOs

5.2.7 Providing condoms

Condom promotion and distribution will be a major component of STD services in all facilities. Bulk purchase and channels of distribution will be devised. Social marketing technologies will also be explored.

Implementing agency: Ministry of Health, PHD, MHD

Supporting agency: Various NGOs, NAC Sec.

5.2.8 Enlisting private practitioners in the proper care and management of STDs

This includes the timely and proper reporting of confidential and anonymous STD data to the provincial or national health authorities. The use of a national protocol for the management and care of STDs should also be encouraged.

Implementing agency: NSTDC, PHD, MHD, Ministry of Health

Supporting agency: NAC Sec.

5.2.9 Promoting STD services

To maximize the utilization of STD services, these have to be promoted adequately to the user community. Incentives may have to be provided to attract participation of specific target groups in the activities of the facilities.

Implementing agency: NSTDC, Hygiene Stations, Ministry of Health, NAC Secretariat

Supporting agency: Media, various NGOs

5.2.10 Promoting qualitative behavioral studies

Studies are required to better determine specific strategies for STD prevention and control. Also included would be studies on health facilities avoidance behavior.

Implementing agency: Local NGOs, local university

Supporting agency: CARE International, other NGOS

5.2.11 Providing for the proper collection and analysis of information on STDS

The proper collection of information, including reporting from service facilities and private practitioners, is an important aspect of any control and prevention program on STDs. Legislative provisions may be necessary. It is essential that reporting be carried out under confidential, anonymous circumstances.

Implementing agency: All STD facilities and private practitioners

Supporting agency: PHD,MHD, Ministry of Health, Legislative Body

5.2.12 Enlisting local pharmacies in referring STD complaints to the proper facility or training pharmacy personnel in algorithmic-based management of STDs

Implementing agency: NSTDC, PHD, MHD

Supporting agency: Ministry of Health, NAC Secretariat

5.3 Increasing general awareness

Available data collected in Phnom Penh in early 1992 show that while 80% of those surveyed had heard of AIDS, 72% thought AIDS could be transmitted through causal contact; 77% did not know that condoms could prevent transmission of HIV; 60% thought that AIDS could be cured; and 44% felt that those infected with HIV should be isolated from the public. It is considered that the level of knowledge in the countryside of Cambodia is far less than that of Phnom Penh.

Education of the public in issues central to the prevention of sexual transmission is necessary to have any long-term impact on the spread of HIV and development of attitudes of care, understanding and non-discrimination for individuals infected with HIV and their families. Existing media infrastructures, as well as avenues of communication, will be utilized through the following activities.

5.3.1 Knowledge, attitude, beliefs, practices (KABP) survey of the general public, urban and rural

Implementing agency: WVI, Redd Barna

Supporting agency: WVI, NAC Secretariat

Project Proposal: Redd Barna, WVI

5.3.2 Producing awareness raising materials (posters, pamphlets, videos, radio)

Implementing agency: NAC Secretariat, UNICEF, WVI, Redd Barna

Supporting agency: UNICEF, NAC Secretariat, WVI, Redd Barna

Project Proposal: WVI, Redd Barna

5.3.3 Raising awareness in specific target groups (women, CSWs, students, out-of-school youth)

Implementing agency: MWA, NWA, local NGOs

Supporting agency: United Nations Educational, Scientific and Cultural Organization (UNESCO), Redd Barna, WVI, PSF, UNICEF

Project proposal: Redd Barna, WVI, PSF

5.3.4 Liaising with media sources (television, radio, film and newspapers)

Implementing agency: Ministry of Information, NAC Secretariat

Supporting agency: NAC

5.3.5 Educating officials on social, economic, health and other aspects of HIV and AIDS

Implementing agency: NAC Secretariat

Supporting agency: United Nations Development Program (UNDP)

Project proposal: Cambodian HIV/AIDS training scheme (CHATS) Annex

5.3.6 Informing travellers

Provision of HIV/AIDS information materials in all ports of the country.

Implementing agency:

Supporting agency:

5.3.7 Raising awareness through traditional cultural sources

Implementing agency: Buddhist monasteries

Supporting agency: UNESCO, UNDP

Project proposal: CHATS Annex

5.3.8 Training a cadre of individuals to educate the population on all aspects of HIV and AIDS.

Implementing agency: CHATS

Supporting agency: UNDP

Project proposal: CHATS Annex

5.3.9 Providing assistance to community-based organizations and individuals involved in HIV/AIDS education activities

Implementing agency: CHATS

Supporting agency: UNDP

Project proposal: CHATS Annex

5.4 Social and economic interventions for women

While the economy of Cambodia is experiencing growth, most significantly from 1989, due to government adoption of free market forces, it is likely that the distribution of new income is not even. The GNP was estimated at US$160 per person in 1992. According to government data, approximately 40% of children do not complete primary school, of which a significant portion are girls.

Given the combination of low income and low levels of education, girls and women are being drawn to the option of commercial sex. Estimates of the number of women CSW is as high as 10 000. Provision for alternative options of livelihood, empowerment in self determination and skills training for women will affect the number of women in, or entering, the sex trade which will have a direct effect on the current situation of HIV sexual transmission through sex workers and their clients.

As well, while the woman is seen as the nurturer in many societies, she is often the least nurtured. Increased access to health education and health care for women has shown to decrease risk factors for the transmission of HIV.

5.4.1 Empowerment of women

Implementing Agency: NWA, MWA

Supporting Agency: UNICEF

5.4.2 Training in small enterprise development and providing loans for income generation

Implementing agency: NWA

Supporting agency: UNICEF, International Labour Organization (ILO)

5.4.3 Skills training

Implementing agency: NWA

Supporting agency: UNICEF

5.4.4 Promoting community-based health education

Implementing Agency: NWA, MWA

Supporting Agency: UNICEF, UNDP

5.4.5 Improving family planning services and condom distribution

Implementing agency: Protection Maternelle et Infantile (PMI), NWA

Supporting agency: Family Planning International Agency (FPIA), NAC, United Nations Fund for Population Activities (UNFPA), UNICEF

5.5 Interventions for the youth

Approaches to young people regarding HIV/AIDS, particularly the sexual transmission of HIV, play an important role in the prevention and control of AIDS. Young people are impressionable and sensitive to societal norms that will direct their lives as they enter adulthood. While behavior practised for years in adults is generally difficult to change, the effort to provide young people with information about HIV sexual transmission and AIDS will help to direct them towards safe sexual behavior and acceptance of non-discriminatory attitudes towards those affected by AIDS.

While the school system provides a readily accessible conduit to reach the youth of Cambodia, it is limited. Information available indicates drop-out rates from primary school are as high as 40% with many of those completing primary school not going on to secondary school. Efforts to educate young people in Cambodia about HIV and AIDS must take into account both those in school and out of school and are detailed below.

5.5.1 Training of teacher trainers in human sexuality and AIDS

Implementing agency: Ministry of Education

Supporting agency: WHO, UNICEF

5.5.2 Developing school curriculum for human sexuality and AIDS

Implementing Agency: Ministry of Education

Supporting agency: WHO, UNICEF

5.5.3 Promoting a survey on KABP of youth regarding health, sex and HIV/AIDS

Implementing agency: Ministry of Education

Supporting agency: UNICEF

5.5.4 Developing and promoting health education materials for students

Implementing agency: Ministry of Education

Supporting agency: UNICEF, WHO

5.5.5 Developing and promoting health education materials for out-of-school youth

This includes interventions for street children.

Implementing agency: Youth Association (YA)

Supporting agency: UNICEF, WVI

5.5.6 Designing outreach activities for out-of-school youth through traditional venues (temples, village leaders)

Implementing agency: YA, local NGOs

Supporting agency: UNESCO, NAC, UNICEF

5.5.7 Providing support to YAs in health education and promotion regarding sexual transmission of HIV and STDs

Implementing agency: YA

Supporting agency: NAC

5.5.8 Developing condom distribution infrastructure for students and out-of-school youth

Implementing agency: YA, Ministry of Education

Supporting agency: NAC

5.5.9 Providing condom supply to students and out-of-school youth

Implementing agency:

Supporting agency:

5.5.10 Providing AIDS information for students travelling abroad

Implementing agency: Ministry of Education

Supporting agency: General Direction of Tourism

5.6 Interventions in the workplace

The unabated spread of HIV eventually results in severe socioeconomic impact in the workforce of the country. Although this is not forecasted in the near future for Cambodia, to keep this situation at bay requires initiatives that address all possible target audiences. In the workplace, several issues can arise as a result of consequences of HIV or its perception. Even in the absence of a substantial burden of HIV in the country, the absence of appropriate policies in the workplace may have its effect on productivity and individual creativity because of discriminatory practices based on ignorance of the many aspects of HIV. Interventions are therefore necessary to prevent these unwanted corollary of HIV infection by developing policies based on fact and implementing activities to increase the knowledge and understanding of the working men and women on HIV and AIDS.

5.6.1 Developing policies of non-discrimination in the workplace for HIV-infected individuals

Implementing agency: NAC, Ministry of Labor and Social Action

Supporting agency: ILO, WHO

5.6.2 Providing alternative livelihood for those unable to carry out their usual occupations as a consequence of HIV infection

Implementing agency: Ministry of Labour and Social Action

Supporting agency:

5.6.3 Providing health education and promotion activities on HIV and AIDS in the workplace

Implementing agency: Ministry of Labour and Social Action, Syndicate

Supporting agency: ILO, Private sector

5.6.4 Providing counselling services in the workplace for HIV-infected individuals

Implementing agency:

Supporting agency:

5.6.5 Promoting the use of condoms in the workplace

Suitable and affordable condoms can be made available in the workplace as a means of avoiding embarrassment in acquiring these in commercial or health establishments.

Implementing agency: Syndicate, Private sector

Supporting agency: NAC

5.7 HIV counselling

HIV/AIDS counselling is an ongoing dialogue and relationship between the client or patient and the counsellor, aimed at: (1) preventing transmission of HIV infection and (2) providing psychosocial support to those already affected. In order to achieve these objectives, counselling seeks to help infected people make decisions about their life, boost

their self-confidence, and improve family and community relationships and the quality of life. HIV/AIDS counselling also provides support to the families and loved ones of infected people, so that they, in turn, can provide encouragement and care for those with HIV infection.

Prevention and support are complementary processes. In HIV counselling, efforts to prevent transmission that are not accompanied by some type of support are unlikely to be effective. Messages regarding prevention are always more readily accepted when they are made personally relevant to the individual's needs and life-style. The way in which messages are provided in a counselling context should also promote a feeling of trust and understanding that helps the person to make, and sustain, appropriate changes in behavior.

WHO guide-lines on HIV counselling strongly recommend that wherever HIV testing is offered, qualified counsellors who can conduct voluntary, pre- and post-HIV test counselling are essential. It has been demonstrated that counselling, both preventive and supportive, are necessary adjuncts to the success of any AIDS prevention program. To this end, counselling - independent of HIV testing - is a key component in the national AIDS prevention program.

Activities essential to the development, implementation and evaluation of HIV/AIDS counselling are described below:

5.7.1 Developing policy, protocol and guide-lines for all aspects of HIV/AIDS counselling services

Implementing Agency: Ministry of Health, NAC

Supporting Agency: WHO

5.7.2 Establishing counselling centres

Implementing agency: MCH, NGOs

Supporting agency: WHO

5.7.2.1 MCH Center

Implementing agency: Ministry of Health

Supporting agency: NAC

5.7.2.2 Phnom Penh Municipal Women's Association (MWA)

Implementing agency: MWA

Supporting agency: WVI

5.7.2.3 Institute Pasteur (IP)

Implementing agency: IP

Supporting agency: NAC

Project proposal:

5.7.2.4 Tuol Kuork Dike Community Clinic

Implementing agency: Tuol Kuork Dike Community Clinic

Supporting agency: MWA

5.7.2.5 The NSTDC

Implementing agency: The NSTDC

Supporting agency: PSF

5.7.2.6 The Battambang STD Center

Implementing agency: Battambang Provincial STD Center

Supporting agency: NAC

5.7.2.7 The Battambang Provincial Hospital

Implementing agency: Battambang Provincial Hospital and MSF/F Provincial Hospital

Supporting agency: MSF/F

5.7.2.8 Mongkol Borei District Hospital, Banteay Meanchey Province

Implementing agency: Mongkol Borei District Hospital

Supporting agency: NAC

5.7.2.9 Poi Pet District Hospital, Banteay Meanchey Province

Implementing agency: Poi pet District Hospital

Supporting agency: NAC

5.7.3 Providing training of counsellors

Implementing agency: NAC, Ministry of Health

Supporting agency: WHO

5.7.4 Providing training for trainers

Implementing agency: Ministry of Health, NAC

Supporting agency: WHO

5.7.5 Instituting regular network and inservice training for trainers

Implementing agency: NAC, Ministry of Health

Supporting agency: WHO

5.7.6 Creating monitoring and evaluation structures for counselling centres (including, but not limited, to quality control mechanisms/studies, KAP and other quantitative or qualitativestudies for needs assessment and program management)

Implementing agency: NAC, Ministry of Health

Supporting agency: WHO

5.7.7 Developing counsellor training materials and curricula

Implementing agency: NAC, Ministry of Health

Supporting agency: WHO

5.7.8 Developing supervision model for counsellors

Implementing agency: NAC, Ministry of Health

Supporting agency: WHO

5.8 Condom promotion

The use of the condom is the only effective means of avoiding HIV by people who have multiple and varied sex partners. It does not completely eliminate the risk of acquiring HIV, but if used properly, it is highly effective. Its promotion therefore remains one of the most important interventions for the prevention of the sexual transmission of HIV.

5.8.1 Providing a policy for condom promotion, distribution and proper utilization

This policy should make important consideration for the availability, accessibility and affordability of condoms for those who require them.

Implementing agency: NAC, Ministry of Health

Supporting agency: WHO

5.8.2 Providing a network for the distribution of condoms at affordable prices

Implementing agency: PAC, NAC, MAC

Supporting agency: Various NGOs

5.8.3 Providing printed and graphic materials on the proper use of condoms and making them readily available to those who require

Implementing agency: NAC Secretariat

Supporting agency: Various NGOs, WVI

5.8.4 Providing free or inexpensively-priced condoms in STD clinics, FP/MCH clinics, hygiene stations

Implementing agency: Ministry of Health

Supporting agency: NAC, Various NGOs

5.8.5 Promoting outreach to CSW establishments, hotels, and drinking establishments to provide inexpensively-priced condoms for the use of their clients

Implementing agency: General Direction of Tourism, MHD, PHD

Supporting agency: NAC

5.8.6 Providing condom testing for quality control

Implementing agency: Ministry of Health

Supporting agency: NAC

6. PREVENTION OF TRANSMISSION THROUGH BLOOD

6.1 Provision of a safe blood supply

HIV has already been detected in donor blood. This indicates that some spread of the virus to the general population has already occurred. The further spread of the virus through the use of blood and blood products is almost completely avoidable with the proper screening of donor blood, the effective implementation of donor self-deferral, the observance of universal precautions in all invasive procedures and the adoption of policies for the rational use of blood and blood products.

The provision of blood for Phnom Penh and Battambang Province has been through the auspices of the CNTS, supported by the ICRC. Free blood is provided screened for HIV, HBV, malaria and syphilis. Approximately 1000 units of blood are provided monthly. How much paid donor blood is used is not known. In other than the two cities, this probably accounts for the major source of blood.

6.1.1 Establishing a national blood transfusion policy

A policy to provide a non-remunerative, safe blood supply is necessary. A consultant will be provided to determine the appropriate means of developing such a policy and to help establish a national blood transfusion program.

Implementing agency: NAC, Legislature

Supporting agency: WHO

6.1.2 Establishing a National Blood Transfusion Committee (NBTC)

This committee will execute policies developed and supervise the provision of donor blood where and when needed.

Implementing agency: NAC, Ministry of Health

Supporting agency: ICRC, NGOs

6.1.3 Establishing at least one blood donor facility in each province providing safe blood supply for all in need

Implementing agency: Ministry of Health, PHDs

Supporting agency: Various NGOS

6.1.4 Providing technical services and supplies to carry out screening of donor blood for HIV, HBV, malaria and syphilis in all blood donor/transfusion facilities

Implementing agency: Ministry of Health, PHD

Supporting agency: Various NGOs, ICRC

6.1.5 Providing a system of donor self-deferral

Implementing agency: NBTC

Supporting agency: NAC Secretariat, ICRC, WHO

6.1.6 Providing guide-lines for the rational use of blood

Implementing agency: NBTC

Supporting agency: NAC Secretariat, ICRC

6.1.7 Providing for confidentiality in all matters concerning the testing of donor blood

Implementing agency: NBTC

Supporting agency: NAC Secretariat, ICRC

6.1.8 Producing health education materials for the use of blood donors

Implementing agency: NBTC

Supporting agency: ICRC, NGOs

6.1.9 Providing the supportive care and management of donors screened for HIV and found to be HIV-positive

Supportive counselling and assistance for social and economic needs will be required.

Implementing agency: Various government agencies

Supporting agency: Various NGOs

6.1.10 Providing training for blood bank technicians

Provision of training so that technicians can correctly interview potential blood donors to determine risk status, collect blood and test blood for blood-borne pathogens such as HIV and HBV.

Implementing agency: Ministry of Health, NBTC

Supporting agency: NAC, ICRC

6.1.11 Providing quality control of laboratory testing

The testing sites should have quality control programs established to ensure safe storage of agents for testing, and accuracy and consistency of testing results.

Implementing agency: Ministry of Health, NBTC

Supporting agency: NAC, WHO, ICRC

6.1.12 Ensuring safety of laboratory workers from occupational exposure to blood

Laboratory workers should be protected from occupational HIV and HBV infection by provision of appropriate barriers (gloves, needle disposal, containers, aprons, masks, and inservice education about their use (see section 6.2 below).

Implementing agency: NBTC, Ministry of Health

Supporting agency: NAC

6.2 Preventing HIV and HBV transmission in health care settings

HCWs' knowledge about HIV and other blood-borne pathogens is minimal in Cambodia. It is likely that attitudes about persons with HIV infection and AIDS are similar to those in other countries, e.g. influenced by myths, fear of the unknown and prejudice against certain behaviors. Needles and syringes are often re-used without proper reprocessing, placing all patients at risk of nosocomial infection with HIV, HBV and other blood-borne pathogens. Lack of knowledge about the transmission of these pathogens, about universal precautions to protect HCWs from occupational exposure to blood, and about safe infection control practice then lead to unnecessary isolation of patients, and increased risk of blood-borne transmission in the health care setting.

6.2.1 Providing training for all levels of health care workers

HCWs at all levels should be provided education regarding prevention of transmission of blood-borne pathogens in the health care setting. Content should include transmission of blood-borne infection, universal precautions to prevent occupational exposure to blood, appropriate infection control measures to prevent patient-to-patient transmission via contaminated needles and syringes and other sharp instruments, and appropriate disposal of contaminated waste. Information should be consistent with the Infection Control Manual for Hospitals and Clinics, and with the WPRO/HIV Reference Library for Nurses: Infection Control.

6.2.1.1 Providing training at pre-service level

Relevant content and other related fields should be developed through the training institutes.

Implementing agency: Ecole Central des Cadres Sanitaires (ECCS), Regional ECCS, Faculty of Medicine

Supporting agency: Redd Barna, UNV, WHO, UNDP, WVI

6.2.1.2 Providing training at service level

In-service education programs should be established at the central, provincial and district level for all levels of HCWs (nursing, medicine, laboratory and blood bank staff) in central, provincial and district hospitals and clinics throughout the country.

Implementing agency: Link with the Hospital Infection Control Program

Supporting agency: WVI

6.2.1.3 Providing relevant posters and other teaching aids

Training content should be supplemented by the production of posters, flip-charts, videos and other teaching aids developed for Cambodia. These aids should be culturally relevant and should be distributed to all levels of health care service and teaching facilities.

Implementing agency: ECCS, Redd Barna, WVI

Supporting agency: Redd Barna, WVI

6.2.2 Providing appropriate supplies and equipment. Provision, management, distribution and monitoring of appropriate supplies (disposable needles and syringes, lancets, suture needles, plastic aprons, latex surgical and examination gloves, sodium hypochlorite solution) through medical stores.

Implementing agency: MOH

Supporting agency: NGOs

6.2.3 Providing appropriate supplies and equipment

Provision, management, distribution and monitoring of appropriate supplies (disposable needles and syringes, lancets, suture needles, plastic aprons, latex surgical and examination gloves, sodium hypochlorite solution) through medical stores.

Implementing agency: Ministry of Health

Supporting agency: NGOs

6.2.4 Providing safe waste disposal facilities

Disposal facilities should be available for safe disposal of contaminated liquid and solid wastes from hospitals and laboratories.

Implementing agency: Ministry of Health

Supporting agency:

6.2.5 Providing outreach to establishments for tattoos and ear piercing

Parlors for tattooing, ear piercing and other traditional piercing or scarification should be identified, and local practitioners trained about the risks of HIV and HBV infection, use of disposable equipment, and of cleaning, sterilizing or disinfecting reusable equipment.

Implementing agency: Hygiene Inspectors

Supporting agency: Ministry of Health

6.3 Interventions for injecting drug users

Injecting drug use is not known as a major risk factor for HIV in Cambodia. However, due to the proximity of countries wherein this is the case, the possibility of this as an eventuality has to be considered. The main focus on this should be in the education of school and out-of-school youth, and provisions are made in the pertinent sections of this plan.

6.3.1 Determining the extent of intravenous drug abuse

Studies to determine the extent of intravenous drug abuse, to identify areas in Phnom Penh and in the provinces where intravenous drug users live.

Implementing agency: CNHE, IP

Supporting agency: IP/Paris, MOH

6.3.2 Providing outreach to intravenous drug users

Person-to-person outreach to intravenous drug users to provide education about the ways to reduce the risk of HIV and HBV infection by using clean equipment, bleach, etc. Explore outreach through peer groups to enhance educational activities.

Implementing agency: Local NGO

Supporting agency: NGOs,NAC Secretariat

6.3.3 Networking with drug rehabilitation programs

Identify and coordinate educational activities with programs to rehabilitate drug users.

Implementing agency: NGO

Supporting agency: NAC

7. PREVENTION OF PERINATAL TRANSMISSION

7.1 Family planning and maternal and child health

An increasingly important venue for the prevention and control of HIV and AIDS is through already existing family planning and maternal and child health programs. These programs offer the advantage of targeting sexually active populations and of existing viable infrastructures in most countries. Clearly, these are venues that need to be utilized in Cambodia as well.

7.1.1 Upgrading family planning and maternal and child health program

Assistance from UNFPA will be sought to focus on this intervention.

Implementing agency: Ministry of Health

Supporting agency: UNFPA, WHO

7.1.2 Integrating STD/AIDS health education and promotion in FP/MCH programs

Implementing agency: Ministry of Health

Supporting agency: UNFPA, WHO

7.1.3 Providing family planning supplies, contraceptives and condoms

Implementing agency: Ministry of Health

Supporting agency: UNFPA

7.1.4 Providing STD/AIDS education materials for FP/MCH clients

Implementing agency: NAC Secretariat

Supporting agency: Various NGOS

7.2 Health care provider's training

7.2.1 Producing and developing materials for the training of FP/MCH health care providers on STD/AIDS

Implementing agency: NAC Secretariat

Supporting agency: Various NGOS

7.2.2 Conducting a national workshop on training the trainers for FP/MCH providers on STD/AIDS

Implementing agency: Ministry of Health

Supporting agency: NAC Secretariat, UNFPA, WHO

7.2.3 Conducting provincial workshops for training of FP/MCH health care providers

Implementing agency: PHD, MHD

Supporting agency: Ministry of Health

8. SURVEILLANCE

In order to better understand the potential and existing problem of AIDS, sentinel surveillance of HIV, the virus that causes AIDS, is necessary. Surveillance data will be used to establish priorities, mobilize resources and political commitment, plan future activities and assess the interventions undertaken in the NAP.

Currently surveillance of HIV has been undertaken at the IP and the CNTS, both in Phnom Penh. Data collected to date have been useful in understanding the existing prevalence of HIV in certain populations (blood donors, CSWs, STD patients). However, the establishment of a sentinel surveillance program is necessary to monitor the incidence of HIV in selected groups on a regular basis.

Sentinel surveillance will employ methodologies of unlinked and voluntary anonymous testing for HIV to ensure confidentiality. Pre- and post-test counselling will play an active role in voluntary anonymous testing. Sentinel sites will be identified in cities considered important in the epidemiology of HIV transmission in Cambodia. Considerations will include technical and logistical capacity for testing. Training in testing and the importance of confidentiality of test results is necessary.

Activities essential to the development of a sentinel surveillance programme that will provide accurate information with no risk to those tested are detailed below.

8.1 Devoluntary veloping policy and protocol and guide-lines for sentinel surveillance voluntary and anonymous testing

Implementing agency: NAC Secretariat

Supporting agency: NAC, Ministry of Health, WHO

8.2 Establishing centres for conducting sentinel surveillance and voluntary anonymous testing at the IP, the NSTDC, the Toul Kuork Dike Community Clinic,the Battambang Provincial STD Center, the Mongkol Borei District Hospital and the Kompong Som Hospital

Implementing agency: MHD, PHD, IP, NSTDC

Supporting agency: Ministry of Health, NAC Secretariat

8.3 Providing training in conducting sentinel surveillance

Implementing agency: Ministry of Health

Supporting agency: NAC Secretariat, WHO

8.4 Developing policy, protocol and guide-lines for pre- and post- counselling

Implementing agency: NAC Secretariat

Supporting agency: NAC, Ministry of Health, WHO

8.5 Establishing sites for pre- and post-test counselling at the IP, the NSTDC, the Toul Kuork Dike Clinic, the Antenatal Clinic at the MCH Center, the Battambang Provincial STD Center, the Mongkol Borei District Hospital and the Kompong Som Hospital

Implementing agency: Ministry of Health, MHD

Supporting agency: NAC Secretariat, WHO

8.6 Providing training in pre- and post-test counselling

Implementing agency: Ministry of Health

Supporting agency: NAC Secretariat, WHO, WVI

8.7 Conducting sentinel surveillance and voluntary anonymous testing (see 8.2)

Implementing agency: Ministry of Health, MHD, PHD

Supporting agency: NAC Secretariat, WHO

8.8 Collecting and analysing data from surveillance sites

Implementing agency: Ministry of Health

Supporting agency: NAC, WHO

8.9 Upgrading testing capabilities of the IP

Implementing agency: IP

Supporting agency: Ministry of Health, NAC, WHO

8.10 Upgrading testing capabilities of the NSTDC

Implementing agency; NSTDC

Supporting agency: Ministry of Health, WHO, PSF, QSA

8.11 Upgrading testing capabilities of the Toul Kuork Dike Community Clinic

Implementing Agency: Phnom Penh Health Department

Supporting Agency: Ministry of Health, WHO, VSO

8.12 Quality control for testing sites

Implementing agency: Ministry of Health, IP

Supporting agency: NAC

8.13 Developing policy, protocol and guide-lines on the reporting of HIV-positive test results

Implementing agency: Ministry of Health, PHD, MHD

Supporting agency: NAC, WHO

8.14 Developing policy, protocol and guide-lines on the reporting of AIDS patients

Implementing Agency: Ministry of Health, PHD, MHD

Supporting agency: NAC

8.15 Using the WHO-Centres for Disease Control (CDC) established criteria for the diagnosis of AIDS

Reports to the National AIDS Committee and WHO will be based upon these criteria.

Implementing Agency: Ministry of Health

Supporting Agency: NAC, WHO

9. SOCIOECONOMIC IMPACT STUDIES AND RESEARCH

To prepare for the future impact of HIV and AIDS requires exploration of the various scenarios that possibly could occur, if and when, a major epidemic affects Cambodia. It is important to know the probable demographic shifts that may ensue, the effect of these changes on the Gross Domestic Product, the alterations that may be imposed on the labour force or the labour market, the economic burden for the care and management of HIV-infected individuals and the various effects these will have on the social fabric of the country.

10. THE CARE AND MANAGEMENT OF HIV-INFECTED INDIVIDUALS

It is essential to be cognizant of the fact that if a major epidemic occurs in Cambodia, it will result in a severe economic drain on its resources. Policy, therefore, has to be adopted that will provide for a caring and compassionate system of physical, psychological and social care that will not deplete the economic resources of the country. The provision of expensive drug therapies would, for example, be out of the question. A more practical approach would be to provide prevention measures for the avoidance of infections that would devastate the individual. The proper social and psychological support provided by family, community-based and service organizations should be maximized to achieve a more cost-effective response to the needs of the HIV-infected individual.

10.1 Providing supportive counselling

The objective is to provide psychosocial support for individuals living with HIV.

Implementing agency: Counselling centres

Supporting agency: MWA,NAC

10.2 Providing policies on non-discrimination, confidentiality and job security.

Implementing agency: National Legislature, Ministry of Labour and Social Action

Supporting agency: NAC, ILO

10.3 Providing an alternative livelihood program

Implementing agency: Ministry of Labour and Social Action, local NGOs

Supporting agency: Caritas International, MSF/HB

10.4 Providing primary health care and infection prevention interventions

Implementing agency: Ministry of Health, MHD, PHD

Supporting agency: NAC

10.5 Providing health education materials for people with HIV

Implementing agency: Counselling Centres

Supporting agency: NAC

10.6 Providing for the care and management of medical complications of HIV such as tuberculosis and pneumocystic pneumonia

Implementing agency: Ministry of Health, MHD, PHD, Center National Anti-Tuberculous (CNAT)

Supporting agency: Various NGOs

10.7 Upgrading the diagnostic capabilities of city and provincial hospitals in tuberculosis

Implementing agency: CNAT, city and provincial hospitals

Supporting agency: Ministry of Health

10.8 Providing in-service training for HCWs in the management and care of HIV-infected individuals.

Implementing agency: Ministry of Health

Supporting Agency: NAC

10.9 Providing fellowships for training in the care of HIV-infected individuals.

Implementing agency: Ministry of Health

Supporting agency: NAC, WHO

11. PROGRAM MANAGEMENT

11.1 National AIDS Committee (NAC)

The National AIDS Committee was established in May 1991 and membership drawn from the Ministry of Health. In November 1992, the Committee was reconstituted to allow for representation of other ministries, in addition to the Ministry of Health (Labour and Social Action, Education, Finance, Security, Interior, Communication, Tourism, Municipal and Provincial Vice-Governors, YAs, National Women's Associations (NWAs), Syndicates), providing for a multi-sector response to AIDS in Cambodia.

The terms of reference of the NAC are the following:

- To provide overall responsibility for the Cambodian AIDS Prevention and Control Program activities;
- To review the situation of HIV infection and AIDS;
- To inform the Council of Ministers on the situation of HIV and AIDS and to make recommendations on all matters relating to the Cambodian AIDS Program (CAP);
- To determine the policy on issues regarding HIV and AIDS;
- To ensure cooperation between various groups active in the CAP; and
- To monitor and evaluate the performance of the CAP.

Early in its term, the NAC called for the establishment of PACs in the 21 provinces of Cambodia. To date, several provinces have been active in establishing their committees. Coordination between the National and Provincial Committees will be essential in the implementation of activities nationwide. Designation of Provincial PMs for certain cities important in the epidemiology of HIV/AIDS in Cambodia is being considered for 1993.

11.1.1 Expanding the NAC to include NGOs and the private sector

Implementing agency: NAC

Supporting agency: WHO

Secretariat to the Committee

Established at the same time as the multisectoral NAC was the Secretariat to the Committee. Members were drawn from a Technical Group that advised the previous Committee in the following areas: STDs, laboratory, MCH and health education.

The terms of reference of the Secretariat are:

- To advise the NAC and local authorities on technical issues on a regular basis regarding HIV/AIDS in Cambodia;
- To be responsible for the implementation, monitoring and evaluation of the activities of the CAP;
- To analyze surveillance data and its application in carrying out the CAP;
- To draft a long-term, comprehensive plan for the CAP;
- To collaborate with WHO, United Nations agencies, international organizations and NGOs in their participation in the CAP; and
- To be responsible for the technical and managerial supervision of the AIDS Unit.

11.2 National AIDS Programme Office (NAPO)

In order to carry out the day-to-day management and implementation of the CAP, a National AIDS Program Office (NAPO) will be established in 1993. The office will be composed of permanent, full-time staff responsible for the technical, managerial and coordination aspects of implementing the CAP. Experience to date with part-time input has shown to be insufficient for the needs of a national program that is experiencing rapid growth. Positions to be sought are PM, Epidemiologist, Health Educator, NGO Coordinator, Secretary and Driver. The office will be located at the Ministry of Health and will work closely with WHO. Technical members of the office will be included in the Secretariat.

AIDS prevention and control activities are closely related to many activities in the health field, as well as issues of social, economic, legal and political areas. Approximately 100 NGOs have programs in Cambodia, and many are becoming sensitized to the need for AIDS programs in the various fields relevant to the disease. With many groups expressing interest in AIDS, the provision of coordination of their collective activities is necessary to provide direction and continuity to the CAP.

Monitoring and evaluation play an important role in the assessment of the CAP, as well as providing direction for the many activities in the workplan carried out over three to five years. Latency of infection resulting in AIDS, as well as the challenge of changing human behavior, can only be assessed over a long period of time. However, during the plan, monitoring and evaluation will be assessed through; epidemiological surveillance, program impact assessment and comprehensive program review. Specific indicators for each activity are listed in the workplan which will assist in the assessment.

11.2.1 Establishing an NAPO

Implementing agency: Ministry of Health, NAC

Supporting agency: NAC, WHO

11.2.2 Providing contractual administrative services to the NAPO

Implementing agency: Ministry of Health, NAC

Supporting agency: NAC, WHO

11.3 Meetings of the NAC

Implementing agency: NAC

Supporting agency: Ministry of Health, WHO

11.4 Meetings of the Secretariat

Implementing agency: NAC Secretariat

Supporting agency: WHO

11.5 Establishing Provincial and Municipal AIDS Committees

Implementing agency: NAC

Supporting agency: Ministry of Health

11.6 Designating Provincial and Municipal PM

Implementing agency: PAC, MAC

Supporting agency: NAC

11.7 Providing technical advisory services to the NAP

Implementing agency: Ministry of Health, NAC

Supporting agency: WHO, AIDAB

11.8 Providing internal review of the national program once a year

The NAC to evaluate the national program internally through the NAPO in collaboration with WHO and other interested parties.

Implementing agency: NAC Secretariat

Supporting agency: NAC

11.9 Providing external reviews in years three and five

External evaluations to be done involving the NAC and external NGOs. Reports to be sent to the NAC, WHO and interested parties.

Implementing agency: NAC

Supporting agency: NGOs and intergovernmental organizations

ANNEX 1

LIST OF ABBREVIATIONS

AIDS	-	Acquired immunodeficiency syndrome
ARI	-	Acute respiratory infections
CAP	-	Cambodia AIDS Program
CDC	-	Centres for Disease Control
CHATS	-	Cambodian HIV/AIDS training scheme
CNAT	-	Center National Anti-Tuberculous
CNHE	-	Center National d'Hygiène et d'Epidémiologie
CNTS	-	Center National de Transfusion Sanguine
CSW(s)	-	Commercial sex worker(s)
ECCS	-	Ecole Centrale des Cadres Sanitaires
FPIA	-	Family Planning International Agency
HBsAg	-	Hepatitis B Surface Antigen
HCW(s)	-	Health care worker(s)
HDP	-	Health and disease prevention
HIV	-	Human immunodeficiency virus
HIV-Ab	-	Antibody to HIV

ANNEX 1

ICRC	-	International Committee of the Red Cross
IDV	-	Institute of Dermatology and Venereology
ILO	-	International Labor Organization
IP	-	Institute Pasteur
ISS	-	Improving social status
KABP	-	Knowledge, Attitude, Beliefs and Practices
MAC	-	Municipal AIDS Committee
MHD	-	Municipal Health Department
MLSA	-	Ministry of Labor and Social Action
MWA	-	Municipal Women's Association
NAC	-	National AIDS Committee
NAPO	-	National AIDS Program Office
NBTC	-	National Blood Transfusion Committee
NGO(s)	-	Nongovernmental organization(s)
NSTDC	-	National STD Center
NWA	-	National Women's Association
PAC(s)	-	Provincial AIDS Committee(s)

ANNEX 1

PHD(s)	-	Provincial Health Department(s)
PM	-	Program Manager
PMI	-	Protection Maternelle et Infantile
PSF	-	Pharmaciens Sans Frontières
QSA	-	Quaker Service Australia
SCF	-	Save the Children Fund
STD(s)	-	Sexually transmitted disease(s)
STP	-	Short-Term Plan
TBA(s)	-	Traditional birth attendant(s)
TOT	-	Trainer of Trainers
UNDP	-	United Nations Development Program
UNESCO	-	United Nations Educational, Scientific and Cultural Organization
UNFPA	-	United Nations Fund for Population Activities
UNICEF	-	United Nations Children's Fund
UNTAC	-	United Nations Transitional Authority in Cambodia
VSO	-	Voluntary Service Overseas
WA(s)	-	Women's Association(s)

ANNEX 1

WHO	-	World Health Organization
WVI	-	World Vision International
YA(s)	-	Youth Association(s)

ANNEX 2

COMPREHENSIVE NATIONAL PLAN FOR THE PREVENTION AND CONTROL OF AIDS IN CAMBODIA

Budget Summary

	Activity	Total USD	Y-1 USD	Y-2 USD	Y-3 USD	Y-4 USD	Y-5 USD
5.	Prevention of sexual transmission	3 416 000					
5.1	Intervention for commercial sex workers (CSWs)	473 000	124 500	81 500	89 000	89 000	89 000
5.2	Upgrading STD services	600 000	120 000	175 000	115 000	95 000	95 000
5.3	Increasing general awareness	1 620 000	724 000	809 000	29 000	29 000	29 000
5.4	Social and economic interventions for women	275 000	55 000	55 000	55 000	55 000	55 000
5.5	Intervention for the youth	261 000	45 000	70 000	52 000	47 000	47 000
5.6	Intervention in the workplace	100 000	20 000	20 000	20 000	20 000	20 000
5.7	HIV counselling	64 000	18 000	13 000	11 000	11 000	11 000
5.8	Condom promotion	23 000	11 000	3 000	3 000	3 000	3 000
6.	Prevention of transmission through blood	2 253 000					
6.1	Provision of a safe blood supply	1 698 000	349 500	343 500	338 500	333 500	333 500

Annex 2

	Activity	Total USD	Y-1 USD	Y-2 USD	Y-3 USD	Y-4 USD	Y-5 USD
6.2	Preventing HIV and HBV transmission in health care settings	540 000	120 000	105 000	105 000	105 000	105 000
6.3	Interventions for injecting drug users	15 000	11 000	1 000	1 000	1 000	1 000
7.	Prevention of perinatal transmission	310 000					
7.1	Family planning and maternal and child health	280 000	56 000	56 000	56 000	56 000	56 000
7.2	Training of health care providers	30 000	6 000	6 000	6 000	6 000	6 000
8.	Surveillance	271 500	91 500	58 500	48 500	36 500	36 500
9.	Socioeconomic impact studies and research	0.00					
10.	Care and management of HIV-infected individuals	87 000	17 000	28 500	8 500	21 500	11 500
11.	Program management	902 000	192 000	177 000	178 000	177 000	178 000
GRAND TOTAL		7 248 000					

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	2 $	3 $	4 $	5 $
	5	***PREVENTION OF SEXUAL TRANSMISSION***										
	5.1	***Interventions for Commercial Sex Workers***										
1	5.1.1	Improve the social status of CSW	1 to 5	Various NGOs	MAC, PAC NAC sec. UNICEF	Activity in place	80% of CSW given intervention	10,000	25,000	35,000	35,000	35,
2	5.1.2	Enhance health knowledge for disease prevention, health education, and promotion provided by peer education and counselling with special emphasis on STDs and HIV	1 to 5	MWA, HS NSTDC PHD, NWA	WVI, PSF NAC sec. PHD	Health Knowledge enhanced	80% of CSW reached	5,000	7,000	7,000	7,000	7,
3	5.1.3	Provide diagnostic and therapeutic services		MHD, PHD NSTDC, HS PAC	NAC Sec. VSO, PSF WHO	In place		see	5.2.2			
4	5.1.4	Health promotion and counselling training	1 to 5	NAC Sec.	WHO	Training completed	200 HCW trained	10,000	15,000	15,000	5,000	5,000
5	5.1.5	Development and production of health promotional material targeted towards CSWs.	1 to 5	CNHE MWA	Redd Barna	materials developed	20,000 brochures 1,000 Posters	10,000	2,000	2,000	2,000	2,000
6	5.1.6	Focus group studies and in-depth interviews	1	Local NGOs MWA	Redd Barna CARE	Studies Completed	Studies Completed	3,000				

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	2 $	3 $	4 $	5 $
7	5.1.7	Outreach to establishment owners and managers	1 to 2	NSTDC MWA	NAC, MHD WVI CARE	Owners reached	2,000 Owners reached	500	500			
8	5.1.8	Promotion and provision of condoms	1 to 5	MOH, PHD MHD	Various IGO's NGOs, WHO	Condoms promoted	80% of CSW reached	25,000	25,000	25,000	25,000	25,000
9	5.1.9	Involve municipal authorities	1 to 2	Municipal Government	NAC	Authorities involved	Authorities involved	2,000	2,000			
10	5.1.10	Alternative livelihood program	1 to 5	MLSA Various Local/Int. NGOs	UNICEF MSF/HB Caritas	Training provided	Training provided					
11	5.1.11	Information exchange and networking with neighboring countries	1 to 5	NAC Sec.	WHO							
	5.2	*Upgrading STD services*										
12	5.2.1	Develop a national policy and protocol for the care and management of STDs.	1	NSTDC	NAC Sec. WHO, NAC	Policy & Protocol development	Policy approved & dist. to treatment facilities	2,000				
13	5.2.2	Provide and/or upgrade facilities for the care and management of STDs	1 to 2	MHD, HS NSTDC MOH, PHD	MOH, NAC PHD, WHO Various NGOs	clinics upgraded	21 HS	27,000	20,000	10,000	10,000	10,000

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	2 $	3 $	4 $	5 $
14	5.2.3	Provide training in the care and management of STDs	1 to 3	MOH	WHO	Training provided	5 people from each station trained	5,000	20,000	20,000	20,000	20,000
15	5.2.4	Upgrade diagnostic capabilities of the National STD Center	1	NSTDC	WHO	Center upgraded	Diagnostic capabilities improved	2,000	2,000	2,000	2,000	2,
16	5.2.5	Provide training in health promotion and counselling for STDs and HIV	1 to 3	MOH NGOs	WHO, WVI Redd Barna PSF	HCW Trained	200-300 Trained	10,000	20,000	20,000		
17	5.2.6	Provision of appropriate drugs for treatment of STDs	1 to 5	MHD, PHD MOH	PSF, VSO Various NGOs	Drugs provided	All STD patients provided with drugs	50,000	50,000	50,000	50,000	50,
18	5.2.7	Provision of condoms	1 to 5	MOH, PHD MHD	Various NGOs NAC Sec.	Promoted & distributed	Hygiene Stations provided	10,000	10,000	10,000	10,000	10,000
19	5.2.8	Enlisting private practitioners in the proper care and management of STDs	1 to 5	NSTDC PHD, MOH MHD	NAC Sec.	Implemented	All private practitioners reached	1,000	1,000	1,000	1,000	1,000
20	5.2.9	Promotion of STD services	1 to 5	MOH, HS NAC Sec. NSTDC	Media Various NGOs	STD service promoted	Greater utilization of STD services	4,000	2,000	2,000	2,000	2,000

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	Year 2 $	Year 3 $	Year 4 $	Year 5 $
21	5.2.10	Promotion of qualitative behavioral studies	1	Local NGOs and University	CARE, other NGOs	Study implemented	Results used to direct activities	10,000				
22	5.2.11	Provision for the proper collection and analysis of information on STDs	1 to 5	All STD facilities & private practitioners	MOH, MHD PHD Legislative Body	In place	Report provided	100	100	100	100	100
23	5.2.12	Enlisting local pharmacies in referring STD complaints to the proper facility or training pharmacy personnel in algorithm based management of STDs	2 to 3	NSTDC PHD, MHD	MOH NAC Sec.	Completed	20 Pharmacists trained		5,000	5,000		
	5.3	*Increasing generals awareness*										
24	5.3.1	Knowledge, attitude, belief, practice (KABP) survey of the general public, urban, and rural	1	WVI Redd Barna	NAC Sec. WVI	Studies completed	Information available	15,000				
25	5.3.2	Production of awareness raising materials (posters, pamphlets, videos, and radio)	1 to 5	NAC Sec. UNICEF WVI Redd Barna	UNICEF NAC Sec. WVI Redd Barna	Material produced	Material distributed	10,000	20,000	20,000	20,000	20,000
26	5.3.3	Awareness raising in specific target groups (women, students, CSWs, out-of-school youth)	1 to 5	MWA, NWA Local NGOs	UNESCO Redd Barna WVI, PSF UNICEF		see	5.1	5.4	5.5		
27	5.3.4	Liaison with media sources (television, radio, film and newspaper)	1 to 5	MOI, NAC Sec.	NAC	Articles broadcasts films	Messages in all media	5,000	5,000	5,000	5,000	5,000

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	Year 2 $	Year 3 $	Year 4 $	Year 5 $
28	5.3.5	Educate officials on social, economic, health, and other aspects of HIV and AIDS	1 to 2	NAC Sec.	UNDP	Completed	Implemented	680,000	780,000	see	UNDP	CHATS
29	5.3.6	Informing travellers				Materials distributed	Materials in all ports	2,000	2,000	2,000	2,000	2,
30	5.3.7	Awareness raising through traditional cultural sources	1 to 5	Buddhist Monasteries	UNESCO UNDP	Increased awareness	Implemented	2,000	2,000	2,000	2,000	2,
31	5.3.8	Train cadre of individuals to educate population on all aspects of HIV and AIDS	1 to 2	CHATS	UNDP	Implemented	300 trained	see	5.3.5			
32	5.3.9	Provide assistance to community based organizations and individuals involved in HIV/AIDS education activities	1 to 2	CHATS	UNDP	Implemented	Assistance provided	see	5.3.5			
	5.4	*Social and economic interventions for women*										
33	5.4.1	Empowerment of women	1 to 5	NWA, MWA	UNICEF	Women made aware	Implemented	5,000	5,000	5,000	5,000	5,
34	5.4.2	Training in small enterprise development and provision of loans for income generation	1 to 5	NWA	UNICEF ILO	Training completed	Implemented	20,000	20,000	20,000	20,000	20,
35	5.4.3	Skills training	1 to 5	NWA	UNICEF	Training completed	Implemented	20,000	20,000	20,000	20,000	20,000
36	5.4.4	Promotion of community-based health education	1 to 5	NWA MWA	UNICEF UNDP	Community made aware	Implemented	see	5.3.5			

	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	Year 2 $	Year 3 $	Year 4 $	Year 5 $
37	5.4.5	Improvement of family planning services and condom distribution	1 to 5	PMI, NWA	FPIA NAC UNFPA UNICEF	Improved services & condoms distributed	Activity implemented	10,000	10,000	10,000	10,000	10,000
	5.5	***Interventions for youth***										
	5.5.1	Training of teacher trainers in human sexuality and AIDS	2 to 3	MOE	WHO UNICEF	Training completed	40 trainers trained		5,000	5,000		
	5.5.2	Development of school curriculum for human sexuality and AIDS	2 to 5	MOE	WHO UNICEF	Curriculum developed	Students made aware		5,000	2,000	2,000	2,000
40	5.5.3	Survey on knowledge, attitudes, beliefs and practices (KABP) of youth regarding health, sex, and HIV/AIDS	2	MOE	UNICEF	Completed	Implemented		25,000			
41	5.5.4	Development and promotion of health education materials for students	2 to 3	MOE	UNICEF WHO	Materials developed						
42	5.5.5	Development and promotion of health education materials for out-of-school youth	1 to 5	YA	UNICEF WVI	Materials developed	Materials distributed	20,000	20,000	20,000	20,000	20,000
43	5.5.6	Design outreach activities for out-of-school youth through traditional venues (temple and village leaders)	1 to 5	YA Local NGOs	UNESCO NAC UNICEF	Activities developed	Implemented	2,000	2,000	2,000	2,000	2,000
44	5.5.7	Support Youth Association by providing health education and promotion regarding sexual transmission of HIV and STDs	1 to 5	YA	NAC	Support provided	Implemented	10,000	10,000	10,000	10,000	10,000

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output Indicator	Planned output	Year 1 $	2 $	3 $	$	5 $
45	5.5.8	Develop condom distribution infrastructure for students and out-of-school youth	1 to 5	YA, MOE	NAC	In place	Implemented	2,000	2,000	2,000	2,000	2,000
46	5.5.9	Condom supply for students and out-of-school youth	1 to 5			Condoms available		10,000	10,000	10,000	10,000	10,
47	5.5.10	Provide AIDS information for students travelling abroad	1 to 5	MOE	Gen. Dir. Tourism	Materials available	Materials provided	1,000	1,000	1,000	1,000	1,
	5.6	*Interventions in the workplace*										
48	5.6.1	Develop policies of non-discrimination in the workplace for HIV infected individuals		NAC ML&SA	ILO, WHO	Policies developed	Policies executed					
49	5.6.2	Provide alternative livelihood for those unable to carry out their usual occupations as a result of the consequences of HIV infection		ML&SA		In place	Activity implemented	10,000	10,000	10,000	10,000	10,000
50	5.6.3	Provide health education and promotion activities on HIV and AIDS in the workplace		ML&SA Syndicate	ILO Private sector	Education/ activities provided	Activities implemented	10,000	10,000	10,000	10,000	10,000
51	5.6.4	Provide counselling services in the workplace for HIV infected individuals				Counselling service in place						
52	5.6.5	Promotion of the use of condoms in the workplace	1 to 5	Syndicate Private sector	NAC	Promoted	Implemented					

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	Year 2 $	Year 3 $	Year 4 $	Year 5 $
	5.7	*HIV Counselling*										
53	5.7.1	Develop policy, protocol, and guidelines for all aspects of HIV/AIDS counselling services	1	MOH, NAC	WHO	Policies guidelines developed	Policies and guidelines applied					
54	5.7.2	Establish counselling centers	1 to 5	PHD MOH, MWA NGOs	NAC, WVI MWA, PSF WHO	Centers	1 center in each province	5,000	5,000	3,000	3,000	3,
55	5.7.3	Provide training of counsellors	1 to 5	NAC, MOH	WHO	Implemented	100-300 trained	5,000	10,000	10,000	10,000	10,
56	5.7.4	Provide training for trainers	1	NAC, MOH	WHO	Implemented	20 trained	5,000				
57	5.7.5	Institute regular network and in-service training for trainers	1 to 5	NAC, MOH	WHO	Implemented	Implemented	1,000	1,000	1,000	1,000	1,
58	5.7.6	Create monitoring and evaluating structures for counselling centers (including, but not limited, to quality control mechanisms/studies, KAP and other quantitative, or qualitative studies for needs assessment and program management)	1 to 5	NAC, MOH	WHO	Structures created	Implemented					
59	5.7.7	Develop counsellor training materials and curricula	1 to 2	NAC, MOH	WHO	Training materials developed	Materials used	2,000	2,000			
60	5.7.8	Develop supervision model for counsellors	1 to 5	NAC, MOH	WHO	Models developed	Implemented					

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	2 $	3 $	4 $	5 $
	5.8	***Condom promotion***										
61	5.8.1	Provide a policy for condom promotion, distribution, and proper utilization	1	NAC, MOH	WHO	Policy developed	Policy executed					
62	5.8.2	Provide a network for the distribution of condoms at affordable prices	1 to 5	PAC, NAC MAC	Various NGOs	Networks in place	Network working					
63	5.8.3	Provide printed and graphic materials on the proper use of condoms and making them readily available to those who require them	1 to 5	NAC Sec.	WVI Various NGOs	Materials available	Materials distributed	10,000	3,000	3,000	3,000	3,000
64	5.8.4	Provide free or inexpensive condoms in STD and FP/MCH clinics and hygiene stations	1 to 5	MOH	NAC Various NGOs	Condoms available	see		5.2	5.4	5.3	5.5
65	5.8.5	Outreach to CSW establishments, hotels, and drinking establishments to provide inexpensive condoms for their clients	1 to 5	Gen. Dir. Tourism MHD, PHD	NAC	Inexpensive condoms available	see	5.1				
66	5.8.6	Provide condom testing for quality control	2	MOH	NAC	Testing available	Quantity control provided		1,000			
	6	***PREVENTION OF TRANSMISSION THROUGH BLOOD***										
	6.1	***Provide a safe blood supply***										
67	6.1.1	Establishing a national blood transfusion policy	1	NAC Legislature	WHO	Consultant hired	Policy developed	10,000				

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	3 Year				
								1 $	2 $	3 $	4 $	5 $
68	6.1.2	Establish a National Blood Transfusion Committee	1	NAC, MOH	ICRC NGOs	Committee established	Committee functioning					
69	6.1.3	Establishing at least one blood donor facility in each province providing safe blood supply for all in need	1 to 5	MOH, PHD	Various NGOs	Facility established	Facility functioning	300,000	300,000	300,000	300,000	300,
70	6.1.4	Provide technical services and supplies to carry out screening of donor blood for HIV, HBV, malaria, and syphilis in all blood donor/transfusion facilities	1 to 5	MOH, PHD	ICRC Various NGOs	Technical services/ supplies provided	All donor blood screened	20,000	20,000	20,000	20,000	20,
71	6.1.5	Provide a system of donor self-deferral	1	NBTC	ICRC WHO NAC Sec.	System in place	High risk donor self deferral	1,000				
72	6.1.6	Provide guidelines for the rational use of blood	1 to 3	NBTC	NAC Sec. ICRC	Implemented	Implemented	5,000	10,000	5,000		
73	6.1.7	Provide confidentiality in all matters concerning the testing of donor blood	1 to 5	NBTC	NAC Sec. ICRC	Confidentiality provided	Implemented					
74	6.1.8	Produce health education materials for use of blood donors	1 to 5	NBTC	ICRC NGO's	Materials available	Materials used	1,000	1,000	1,000	1,000	1,
75	6.1.9	Provide supportive care and management of donors screened for HIV and found to be HIV positive	1 to 5	Various Government agencies	Various NGOs	see	5.7					

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	2 $	3 $	4 $	5 $
76	6.1.10	Provision of training for blood bank technicians	1,3,5	MOH NBTC	NAC ICRC	Trainings held	100 Technicians traine	2,000		2,000		2,
77	6.1.11	Provision of quality control of laboratory testing	1 to 5	MOH NBTC	NAC, WHO ICRC	In place	Quality control	500	500	500	500	
78	6.1.12	Safety for laboratory workers from occupational exposure to blood	1 to 5	MOH NBTC	NAC	Laboratory workers trained	Occupational safety provided	10,000	10,000	10,000	10,000	10,
	6.2	*Prevent HIV/HBV transmission in health care settings*										
79	6.2.1	Training provide training for all levels of health care workers	1 to 5	WVI, MOH Redd Barna Regional ECCS Faculty Med.	WHO, WVI UNDP UNV Redd Barna	Training completed	HCW trained	5,000	5,000	5,000	5,000	5,
80	6.2.2	Provide appropriate supplies and equipment	1 to 5	MOH	NGOs	Supplies provided	Occupational safety provided	100,000	100,000	100,000	100,000	100,
81	6.2.3	Provide safe waste disposal facilities	1 to 5	MOH		Facilities provided	Safe disposal					
82	6.2.4	Provide outreach to establishments for tattoos and ear piercing	1 to 5	Hygiene Inspector	MOH	Safe services provided	Implemented					

Item	Reference to CNP	Activity		Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	2 $	3 $	4 $	5 $
	6.3	*Interventions for injecting drug users*										
83	6.3.1	Determining the extent of intravenous drug abuse	1	CNHE, IP	IP/Paris MOH	Completed	Implemented	10,000				
84	6.3.2	Provide outreach to intravenous drug users	1 to 5	Local NGOs	NGOs NAC Sec.	Outreach provided	Activity implemented	1,000	1,000	1, 000	1,000	1,
85	6.3.3	Networking with drug rehabilitation programs	3 to 5	NGO	NAC	Activities identified	Activity implemented					
	7	***PREVENTION OF PERINATAL TRANSMISSION***										
	7.1	***Family planning and maternal and child health***										
86	7.1.1	Upgrade family planning and maternal and child heath program	1 to 5	MOH	WHO UNFPA	Implemented	Implemented					
87	7.1.2	Integrate STD/AIDS health education and promotion in FP/MCH programs	1 to 5	MOH	WHO UNFPA	Implemented	Implemented	1,000	1,000	1,000	1,000	1,
88	7.1.3	Provide family planning supplies, contraceptives, and condoms	1 to 5	MOH	UNFPA	Implemented	Implemented	50,000	50,000	50,000	50,000	50,
89	7.1.4	Provide STD/AIDS education materials for FP/MCH clients	1 to 5	NAC Sec.	Various NGOs	Materials provided	Materials used	5,000	5,000	5,000	5,000	5,000

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output Indicator	Planned output	Year 1 $	2 $	3 $	4 $	5 $
	7.2	***Health Care Provider Training***										
90	7.2.1	Produce and develop materials for the training of FP/MCH health care providers on STD/AIDS	1 to 5	NAC Sec.	Various NGOs	Materials produced & developed	Implemented	1,000	1,000	1,000	1,000	1,
91	7.2.2	Conduct national workshop to train the trainers for FP/MCH providers on STD/AIDS	1	MOH	NAC Sec. UNFPA WHO	Workshop completed	Implemented	5,000				
92	7.2.3	Conduct provincial workshops on training of FP/MCH health care providers	2 to 5	PHD, MHD	MOH	Workshop completed	Implemented		5,000	5,000	5,000	5,
	8	***SURVEILLANCE***										
93	8.1	Develop policy, protocol, and guidelines for sentinel surveillance and voluntary anonymous testing	1	NAC Sec.	NAC, MOH WHO	NAC approval	Developed					
94	8.2	Establish centers for conducting sentinel surveillance and voluntary anonymous testing at the IP, the NSTDC, the Toul Kuork Dike Community Clinic, the Antenatal clinic at the MCH Center, the Battamb STD Center, the Mongkol Borei District Hospital, and the Kompong Som Hospital	1 to 3	PHD, MHD IP, NSTDC	MOH NAC Sec.	In place	In place	10,000	10,000	10,000		
95	8.3	Provide training for conducting sentinel surveillance	1 to 3	MOH	NAC Sec. WHO	Completed	Implemented	5,000	2,000	2,000		
96	8.4	Develop policy, protocol, and guidelines for pre- and post-counselling	1	NAC Sec.	NAC, MOH WHO	Developed	Developed					

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	2 $	3 $	4 $	5 $
97	8.5	Establish sites for pre- and post-test counselling at the IP, the NSTDC, the Toul Kuork Dike Community Clinic, the Antenatal clinic at the MCH Center, the Battambang STD Center, the Mongkol Borei District Hospital and the Kompong Som Hospital	1 to 5	MOH, MHD PHD	NAC Sec. WHO	In place	In place					
98	8.6	Provide training in pre- and post-test counselling	1 to 5	MOH	NAC Sec. WHO, WVI	Training provided	Training completed	5,000	10,000	10,000	10,000	10,
99	8.7	Conduct sentinel surveillance and voluntary anonymous testing (see 8.2)	1 to 5	MOH, MHD PHD	NAC Sec. WHO	In place	Implemented	20,000	20,000	20,000	20,000	20,
100	8.8	Collect and analyze data from surveillance sites	1 to 5	MOH	NAC, WHO	Completed	Implemented	1,500	1,500	1,500	1,500	1,
101	8.9	Upgrade testing capabilities of the IP	1 to 5	IP	MOH, NAC WHO	Materials in place	Capability Upgraded	5,000	5,000	5,000	5,000	5,
102	8.10	Upgrade testing capabilities of the NSTDC	1 to 2	NSTDC	MOH, WHO QSA, PSF	Materials in place	Capability upgraded	10,000	10,000			
103	8.11	Upgrade testing capabilities of Toul Kork Municipal Clinic	1	MHD	MOH, WHO VSO	Upgraded	Capability Upgraded	27,000				
104	8.12	Quality control for testing sites	1 to 5	MOH, IP	NAC	Quality control established	Good quality control					
105	8.13	Develop policy, protocol, and guidelines on the confidential reporting of HIV-positive test results	1 to 5	MOH, PHD MHD	NAC, WHO	In place	Reports received					

	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	2 $	3 $	4 $	5 $
106	8.14	Develop policy, protocol, and guidelines on the reporting of AIDS patients	1 to 5	MOH, PHD MHD	NAC, WHO	In place	Report received					
107	8.15	Use the WHO-Centers for Disease Control established criteria for the diagnosis of AIDS		MOH	NAC Sec. WHO	Criteria provided	Criteria applied					
	9	***SOCIOECONOMIC IMPACT STUDIES AND RESEARCH***										
	10	***THE CARE AND MANAGEMENT OF HIV INFECTED INDIVIDUALS***										
108	10.1	Provide supportive counselling	1 to 5	Counselling centers	MWA, NAC	In place	All HIV & individuals counselled	see	5.7			
109	10.2	Provide policies on non-discrimination, confidentiality, and job security	1 to 2	National Legislature ML&SA	NAC, ILO	In place	Policies developed					
110	10.3	Provide an alternative livelihood program	1 to 5	ML&SA Local NGOs	Caritas MSF/HB	In place	see	5.1.10				
111	10.4	Provide primary health care and infection prevention interventions	1 to 5	MOH, MHD PHD	NAC	Care provided	Care received					
112	10.5	Provide health education materials for people with HIV	1 to 5	Counselling Centers	NAC	Materials developed	Materials provided	2,000	500	500	500	500

	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year				
								1 $	2 $	3 $	4 $	5 $
113	10.6	Provide the care and management of medical complication of HIV such as tuberculosis and pneumocystis pneumonia	1 to 5	MOH, PHD MHD CNAT	Various NGOs	Care provided	Care received	1,000	1,000	2,000	3,000	5,
114	10.7	Upgrade the diagnostic capabilities of city and provincial hospitals in tuberculosis	2 to 5	MHD, PHD CNAT	MOH	Upgraded	Upgraded		1,000	1,000	1,000	1,
115	10.8	Provide in-service training for HCWs in the management and care of HIV infected individuals	1 to 5	MOH	NAC	Trainings held	HCW Trained	5,000	5,000	5,000	5,000	5,
116	10.9	Provide fellowships for training in care of HIV infected individuals	2,4	MOH	NAC, WHO	Fellowship provided	4 HCW trained		12,000		12,000	
	11	*PROGRAM MANAGEMENT*										
117	11.1	Expand the NAC to include NGOs and the private sector	1 to 2	NAC	WHO	Included	Represented					
118	11.2	Establish a National AIDS Program Office	1	MOH, NAC	NAC, WHO	In place	Working facility	40,000	25,000	25,000	25,000	25,
119	11.3	Meetings of the National AIDS Committee	1 to 5	NAC	MOH, WHO	Completed	3 meetings a year	1,000	1,000	1,000	1,000	1,
120	11.4	Meetings of the Secretariat	1 to 5	MOH NAC Sec.	WHO	Meetings held	20 meetings a year					
121	11.5	Establishment of Provincial and Municipal AIDS Committees	1	NAC	MOH	Committees established	Committee in each Province					

Item	Reference to CNP	Activity	Year	Key responsible	Co-responsible	Output indicator	Planned output	Year 1 $	Year 2 $	Year 3 $	Year 4 $	Year 5 $
122	11.6	Designation of Provincial and Municipal AIDS Program Managers	1	PAC, MAC	NAC, MOH	Program Managers Designated	Programs implemented					
123	11.7	Provide technical advisory services to the National AIDS Program Office	1 to 5	MOH, NAC	WHO AIDAB	Services established	Two posts filled	150,000	150,000	150,000	150,000	150,000
124	11.8	Provide internal review of the national program once a year	1 to 5	NAC Sec.	NAC	Reviews performed	Reports submitted	1,000	1,000	1,000	1,000	1,
125	11.9	Provide external reviews in years three and five	3,4	NAC	NGOs IGOs	Reviews performed	Reports submitted			1,000		1,