



National AIDS Authority

Kingdom of Cambodia
Nation Religion King

Speech

H. E. **Ieng Mouly**, Senior Minister and Chairman of the CCC
in the Opening Session of the
HIV/AIDS Global Fund Concept Note Consultative Meeting
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The Naga World Hotel

- *Excellencies and Lokchumteav*
- *H. E. Dr. Mean Chivoun, Director of NCHADS*
- *Ms. Marie-Odile Emond, Director of UNAIDS to Cambodia*
- *Excellencies, Lokchumteav, Ladies and Gentlemen representatives of government institutions, embassies, development partners and civil societies*
- *Representative of people living with AIDS and KAP*
- *Ladies and gentlemen consultants and experts*

First of all, I would like to express my great pleasure to be invited to open the HIV/AIDS Global Fund Concept Note Consultative Meeting today. I would also like to extend my warm welcome and profound thanks to Excellencies, Lokchumteav, Ladies and Gentlemen who come from all walks of life to share ideas in developing a HIV concept note to be a perfect and inclusive one.

In this consultative meeting, we will identify activities and share ideas with groups of people living with AIDS and KAP about our National Strategies and proposals from technical working groups. The objectives of the national consultation and prioritization of interventions will be incorporated in the concept note. I believe that the six nominated working groups will robustly exchange ideas in defining clear interventions for preventing sexual transmission, preventing infection through injection, supporting treatment and caring for patients, developing management, the social protection strategy and law environment as well as interventions throughout the healthcare system.

From the data point of view, the fight against AIDS in Cambodia has been a successful one. The prevalence of infection keeps declining from 0.6 in 2013, possibly to 0.4 in 2014. The prevalence of infection among entertainment workers is only 0.4% for which we should congratulate all concerned. Compared with neighboring countries, we can conclude that Cambodia is the frontrunner in the fight against AIDS. Based on my field work at the provincial level during the last few

months, I noticed that there has been high attention from the Department of Health and civil society organizations to improve VCCT. The majority of people who use VCCT are not only entertainment workers but also young people from all walks of life. Along with the HIV testing, clients also receive HIV counseling about sexual safety and the benefits of condoms. As a result, in the last few years, condom use has increased across the target groups. Beside the free condom distribution by civil society, condoms are also available and accessible in supermarkets, gas stations, or nearby entertainment venues, as well as the pharmacies where condoms have been sold for a long time. The behavior and practice of condom use among both males and females has developed and the majority of them do not feel shy anymore.

There have been positive changes in respect of stigmatization towards PLHIV. In reality, PLHIV who receive regular health care and social support from public health services and civil society improve their daily living standards and suffer no stigma. Instead, they resume normal relationships with others, as in cases in Bati district, Takeo province and Prey Nub district, Preah Sihanouk province. In contrast, PLHIV who do not receive care and support regularly and have a poor living standard, still face some types of discrimination and stigmatization.

Beside the positive impacts noted above, I would raise some concerns and challenges for the input in developing our concept note for our response and the fight against AIDS in Cambodia. If we look at the official figures that we have received from the system of prevention and treatment services, we should have satisfaction with those good results. But, we have recently seen some AIDS patients, who never accessed VCCT and ART care, admitted into hospital already seriously sick. Those AIDS patients are not registered in any systems, it means that they had been outside the system. Therefore, they could transmit HIV to their partners unknowingly. How many of their partners are HIV infected before they are hospitalized? This is a really high risk scenario. Based on the latest information from the health care system, there is still a gap between the number of patients who need ART and the number of patients who actually receive ART. Generally, we do not know where the PLHIV who do not come for care and treatment live. If those patients try to treat themselves, it is really good. If they hide themselves and continue to transmit HIV to their partners, it is really another risk that we need to control urgently. These two problems worry us because a second wave of the HIV epidemic could be happening in our magnificent country. The new HIV epidemic could be happening in particular among youth, factory workers and migrant workers in addition to the previous high-risk groups such as EW, MSM and transgender. The fast development of information technology, the living patterns of groups of men and women, especially young men and young women, the fragile old traditional barriers, the convenience in communication and sexual relations, all are key factors in a potential second wave of HIV epidemic in Cambodia.

To prevent all those risks, the Royal Government, under the wise leadership of Samdech Techo Hun Sen, Prime Minister, adopted the 7-point policy including the

encouragement of 100% condom use and wide access to VCCT as well as the counseling about HIV and sexual safety.

What we should urgently need is cooperation between the NAA, Ministry of Health, relevant ministries, development partners, civil society, and all levels of local authority to do the research, identify and grasp the state of AIDS patients outside the system of treatment service: How many of them are out there?

What are their backgrounds?

Where are they living?

How many partners they have?

Do their partners go for VCCT?

Do they receive a treatment service?

In addition, we must try to understand where AIDS patients who do not come to get ARV live. Are they hiding and treat themselves? Are they migrant workers?

Are they spreading the disease to other people?

We don't know for sure.

More urgent work needs to be done in youth and workers' educational programs through the network of the Ministry of Education, Youth and Sport, Youth organizations, factories or other public networks. They should use the methods that were successfully implemented in the past such as the organization of trainer of trainers and peer educators in order to promote wide access to VCCT and condom use.

The fight against AIDS needs not only an effective treatment service and drugs but it also needs regular monitoring on whether the patients receive the services regularly or not? Whether they can afford their daily needs? These tasks need participation from the community and local authority starting at the village/commune level where the well being and livelihood of the local people are well known. The Royal Government is working with relevant ministries to place the fight against AIDS in Village/Commune Safety Policies especially where there are people vulnerable to HIV. For those living with AIDS or AIDS patients who are migrant workers, the fight against AIDS needs to have a clear mechanism that lets them to have regular consultation and treatment services during their stay abroad.

The above points that I have raised are the targets that the Royal Government has identified in the plan of action. This needs implementation now and requires the participation of relevant ministries, development partners, civil society and communities as a whole. I would like those who are developing the concept note and the national strategy to fight AIDS to incorporate these important points in their own documents so that they can be successfully implemented for all. We certainly need to further invest or give more money if we want to completely beat HIV. But we are in the context of budget cuts in financial assistance internationally. We are reprogramming the Global Fund budget in which the same amount that should be spent over 2 years now has to extend for 4 years or 4 years and a half. This is an

important task that needs to be done but it might inevitably affect the feelings of some operators. The Royal Government has put lots of effort into regularly increasing the national budget in public health by further building infrastructure and encouraging public health officials through regularly raising salary in which the minimum level is 550,000 riels or around 137 USD. From the 2015 National Budget bill, salary expenses will be increased to around 50% of the whole current spending. This is a sacred effort to encourage public officials to work harder in an effective manner. However, the current salary levels in public health surely needs support to further encourage the smooth running of project implementation.

Concerning the fight against AIDS, I have received the approval from the Minister of Economy and Finance to declare here that the Royal Government will contribute to the Global Fund funding the amount of 1 million USD in 2015, 1.2 million USD in 2016 and 1.5 million USD in 2017 to buy ARV from the National Budget. When the 2015 National Budget bill is adopted by the National Assembly, we will further discuss in details with the Global Fund the procedure for using the National Budget and exploring the possibility of using the same amount of funds from the Global Fund for non-medical activities.

Before concluding my speech, I would like to congratulate you for the organisation of this important consultative meeting and I wish you all to have a robust discussion and to successfully develop a comprehensive concept note that can be effectively implemented. I would like to wish Excellencies, Lokchumteav, Ladies, Gentlemen and all participants with the four gems of Buddhist blessing – longevity, nobility, healthiness and strength.

I would like to declare the Opening of HIV/AIDS Global Fund Concept Note Consultative Meeting from now on.

Thanks.