

CAMBODIA

STATISTICS

COUNTRY OVERVIEW

Size of population (2008):	13,395,682 ¹
Life expectancy at birth (2008):	62.2 years ²
Population aged under 15 years (2009):	33.7% ³
GDP per capita (2008 PPP):	\$1,952 ⁴
Population Living below national poverty line (2007):	25.8% ⁵
Adult literacy rate, aged 15 years and older (2008):	Male: 83.6% Female: 73.1% ⁶
Median age at first sex among males, aged 15-24 (22005):	21.5 years ⁷
Main ethnic groups (2008):	Khmer 90%, Vietnamese 5%, Chinese 1%, Others 4% ⁸
Main religions (2008):	Theravada Buddhist 96.4%, Islam 2.5%, Others 1.1% ⁹
Main languages (2008):	Khmer (official) 96.3%, Vietnamese 0.5%, minority languages 2.9% ¹⁰

HIV ESTIMATES

Adult HIV prevalence, aged 15-49 years (2009):	0.7% ¹¹
Number of people living with HIV (2009):	57,900 ¹²
Number of people newly infected with HIV (2009):	740 (410 men, 330 women) ¹³
Estimated number of AIDS-related deaths (2010):	1,450 ¹⁴
Adults (15-49) who received HIV test in last 12 months and know results (2010):	4.1% ¹⁵

HIV DATA FOR MSM AND TRANSGENDER PEOPLE

HIV prevalence among MSM and transgender people in capital city (2005):	MSM: 8.7% ¹⁶ Transgender: 17% ¹⁷
Percentage of MSM and transgender people who received an HIV test in the last 12 months and who know their results (2007):	MSM: 58% ¹⁸ Transgender: unknown
Percentage of MSM and transgender people reached with HIV prevention programmes (2007):	MSM: 96.2% ¹⁹ Transgender: unknown
Percentage of men reporting the use of a condom the last time they had anal sex with a male partner (2007):	86.5% ²⁰
Percentage of total funding spent on prevention for key populations (2008):	12.4% ²¹

*There remain major concerns about the plausibility of some of the reported data on MSM and transgender people, and it has been recommended that the existing data needs to be thoroughly reviewed.²²

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF) with the support of the Global Forum on MSM and HIV (MSMGF) and the United Nations Population Fund (UNFPA).

Men who have sex with men and transgender people are disproportionately affected by HIV. These communities are also often among the most marginalized and discriminated against in society due to laws that criminalize their behaviours making it difficult for them to exercise their human rights, including accessing health services.

This Report Card summarizes the current situation of HIV prevention strategies and services for men who have sex with men and transgender people in Cambodia and aims to support efforts to increase and improve the programmatic, policy and funding actions taken on HIV prevention.

The research analyzes four key components that are widely recognized to be essential for effective action on HIV prevention for key populations:

1. Legal and social context
2. Availability of services
3. Accessibility of services
4. Participation and rights

It also provides recommendations for key national, regional and international stakeholders and service providers, to enhance action on HIV prevention strategies and services for men who have sex with men and transgender people.

This Report Card is based on extensive research carried out during 2010 including published data and in-country qualitative research in Cambodia. More detailed information can be found in a research dossier available on request from IPPF.

SETTING THE SCENE

The concept of 'homosexuality' as understood in the West is not necessarily directly transferable to the Cambodian context. There are no words in Khmer specifically describing sexual preferences and behaviour. The Cambodian understanding of sexuality is derived from concepts of gender and personality, rather than sexual preferences and behaviour.

Cambodian society recognizes two distinct character types for males: the gentle, docile '*charek srei*' or '*tuon phlon*' whereas the '*chark pros*' or '*reng peng*' character types exhibit what is considered a more traditional male personality. Another word that refers to gender is '*kteuy*', which has a number of different interpretations. It is defined in the Buddhist institute dictionary as a person with both male and female genitalia. It is also commonly used to describe those who may be biologically a man or a woman, but display personality and behaviour of the opposite sex.²³ It is considered a derogatory term.

The term 'MSM' recognizes that many men have sex with other men but do not necessarily consider themselves to be homosexual, bisexual or gay. They do not consider their sexual encounters with other men in terms of a sexual identity or orientation. The term has become popular in the context of HIV and AIDS work where it is used because it addresses a behaviour that puts men at higher risk for HIV infection.²⁴ Following this evolution, the term has been widely adapted, so it is no longer uncommon in Cambodia to hear Khmer males say, "I am MSM".

Two fundamental distinctions that are often used in describing MSM in Cambodia are 'long hair' and 'short hair'. 'Short hair' MSM are men who identify and present as men with

normative male gender characteristics. Two sub-groups are the 'visible' MSM and the 'hidden' MSM, who keep their male-male sexual behaviour secret to others. 'Long hair' MSM present with feminine characteristics and may self-identify either as a woman, as both a man and woman or as a third gender. They often dress as women. Stakeholders report that some long hair MSM assume a short hair identity by day. Short hair MSM may also be 'visible' in some contexts and hidden in others.

With a lack of information on the specific vulnerability and needs of long hairs and transgender people, they are often included under the MSM umbrella in HIV prevention work, which may be problematic in terms of their own self-identification.²⁵ This may be a convenient categorization for those working with MSM, but certainly controversial for those with a framework of gender identities and other non-normative gender varieties. Cambodian MSM are also referred to according to their socio-economic class: low class MSM, middle class MSM and high class MSM. The extent to which the three classes mix socially and sexually is not known.²⁶

Even with the current definitions of these different 'types' of MSM, it is not often well articulated in terms of programming and designing different approaches for interventions and activities. However, this seems to be changing as some NGOs tend to have specific 'types' of clients visiting their drop-in centres. Nuances in the differences in class, income, social structure, outward appearances and behaviours vis-à-vis perceived sex at birth are important for HIV and AIDS programming for MSM and transgender people.

Population estimates are a continuous challenge, given the different concepts above, and the fact that such behaviours are not openly discussed. Nevertheless, some population estimates have been done in a few provinces and in the urban centres. A recent study estimates that there are 164,210 MSM in Cambodia, with 3.5 to 4.5 per cent of adult men estimated to have experienced male to male sex in their lifetimes.²⁷

Key national data about HIV was disaggregated to include specific information about HIV amongst MSM for the first time in the 2005 STI Sentinel Surveillance survey. This has only been done once and was not disaggregated in the 2010 survey, so it is difficult to track trends in the epidemic among MSM and transgender people. HIV prevalence data from 2005 indicates that the HIV prevalence among MSM in Phnom Penh was at least six times that of the general population (i.e. 8.7 per cent vs. 1.3 per cent). The HIV prevalence among transgender people in Phnom Penh seems to be even higher, with 17 per cent of the 2005 sample being HIV positive. Transgender people also had significantly higher levels of rectal Chlamydia compared to MSM, and this seemed associated with HIV.²⁸

The general prevalence of HIV has reduced from 3.0 per cent in 1997, to 1.9 per cent in 2003, to an estimated 0.7 per cent in 2010.²⁹ ARV treatment coverage is exceptionally high. Cambodia has also recently started to scale up HIV prevention among people who use drugs, with NGOs providing clean needles and syringes in some urban areas. The country's first opiate substitution treatment facility was inaugurated by the UN Secretary General, Ban Ki-Moon, in July 2010.

DEFINITIONS

Men who have sex with men (MSM): a term to describe all men who engage in consensual male-to-male sex, regardless of whether or not they have sex with women or self-identify with a specific sexual identity, and include men who are sex workers. MSM may self-identify as gay, bisexual, heterosexual or other culturally specific sexual identities.

Transgender: an umbrella term for individuals whose gender identity and expression does not conform to norms and expectations traditionally associated with their sex assigned at birth. Transgender people may self-identify as transgender, female, male, transwoman or transman, transsexual, or other culturally specific transgender identities, and may express their genders in a variety of masculine, feminine and/or androgynous ways.

1» PREVENTION COMPONENT 1 LEGAL AND SOCIAL CONTEXT

NATIONAL LAWS, REGULATIONS, POLICIES, PROTOCOLS, GUIDELINES FOR (AND AGAINST) MSM AND TRANSGENDER PEOPLE, THE CULTURAL AND SOCIAL CONTEXT THAT THEY LIVE WITHIN

» KEY POINTS:

- There are no laws prohibiting same-sex sexual acts between consenting adults. Homosexuality is not illegal in Cambodia and there are no anti-gay religious traditions. The age of consent is the same for both sexes.
- Arbitrary implementation of other punitive laws by law enforcers on MSM and transgender people is a common occurrence, including illegal drug use and trafficking.
- Civil partnerships and same-sex marriages are not legally recognized, though same-sex partnerships have been reported in the local press.
- There is no specific legislation that protects the rights of MSM from stigma and discrimination in their homes or in the workplace. All Cambodians are assumed to be protected by the Constitution. In practice, however, MSM (particularly 'long hair' and transgender) report regularly that they suffer from discrimination in employment, schooling and in the community, regardless of their HIV status.
- Cambodia has a Law on the Prevention and Control of HIV/AIDS, with its Implementing Guidelines (2005), which has been cited as good practice, showing commitment to a rights-based approach. This law specifically protects against discrimination on the basis of HIV status.
- A situation and response analysis on MSM and HIV was completed in 2007. This was the basis for the development of the National Strategic Framework and Costed Operational Plan for MSM in Cambodia 2008-2011, but a lack of resources and effective coordination has hampered its implementation.
- The interpretation and implementation of some aspects of a recently enacted law on Suppression of Human Trafficking and Sexual Exploitation, passed in early 2008, has had a detrimental effect on HIV prevention, care and support activities for many, including MSM and transgender people. Research has found that implementation of the law has conflated trafficking with sex work and solicitation, and led to raids and closures of brothels. This has had negative impacts on the ability of NGO outreach workers to provide HIV prevention education and condoms. There were major reductions in the numbers of people reached by NGOs, and consequently reduced access to ARVs.
- The school curriculum has HIV education integrated into some subjects. The content is primarily about HIV and AIDS, other sexually transmitted infections, and condom use. There are no topics on sexuality in general or on male-to-male sexuality in particular.
- Multiple layers of stigma are suffered by MSM and transgender people. There are no systematic campaigns to address societal homophobia/transphobia or address negative public perceptions, including the association of MSM and transgender people with HIV and AIDS.

» QUOTES AND ISSUES:

- *"Recently PSI organized a meeting with police officers from six districts: police were told that instead of harassing MSM, they should try to support MSM and give advice to get an STI check; I feel that since then, discrimination has decreased, though in some other areas, the police still do not follow this advice."* (Transgender individual living with HIV, 40s)
- *"There is no law to support or protect MSM or transgender people. In reality laws seem to be used unfairly on transgender... If caught by police and we do not have money to pay, they make us clean toilets for a few days... the police throw away our clothes and make us go around naked, we feel so ashamed."* (Transgender individual, 25 years)
- *"Some police don't really like transgender people so they use issues like drugs, sex trafficking, stealing, or 'un-cultural' behaviour against them."* (NGO Representative)
- *"Law is not a problem but arbitrary implementation is the issue. Implementation should be according to what the law says."* (MSM Network Coordinator)
- *"Government should approve laws that are about decreasing stigma and discrimination against MSM who are HIV positive; a lot of HIV positive MSM still do not come out because stigma and discrimination is still bad."* (MSM living with HIV, age unknown)
- *"Availability of condoms at restaurants, guesthouses and hotels seems to have declined after the Anti-Trafficking law was passed. Owners say they have to explain to police about having condoms, deny that there is sex trafficking in their place; they say that if there are no condoms we don't have to argue with the police every time."* (Government Representative)
- *"Laws primarily affect condom distribution. Sauna owners get their own supply from private outlets, but the police can come and harass them, so the owners do not buy or want to buy condoms."* (MSM CBO Director)
- *"HIV positive MSM and transgender people in Cambodia are different from other people living with HIV because they are stigmatized by family, community, and health services."* (PLHA Representative)
- *"In the workplace, generally employees are not accepting; they think MSM have no capacity because of behaviour and appearance."* (MSM Network Coordinator)
- *"If we were men or women it would be less difficult to find a job, careers are limited to becoming make-up artists but pay is low, only 1000 riel."* (Transgender individual, mid-30s)

2» PREVENTION COMPONENT 2 AVAILABILITY OF SERVICES

THE NUMBER OF SITES AND RANGE OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES AVAILABLE FOR MSM AND TRANSGENDER PEOPLE

» KEY POINTS:

- There is no national database of available sexual and reproductive health and HIV service delivery points catering for the specific needs of MSM or transgender people.
- There are limited options for MSM and transgender people to access integrated services.
- There are nationwide HIV prevention campaigns targeted at MSM, and at least 15 NGOs and CBOs implement them; but there is a lack of coverage in many geographical areas.
- Transgender people tend to be included under the MSM umbrella in HIV prevention programmes, but this is not appropriate and specific approaches are limited.
- Voluntary HIV counselling and testing is routinely available for MSM in over 200 testing facilities around Cambodia.
- There are high condom use rates (over 80 per cent) among MSM reached by NGOs/CBOs.
- Rectal examinations are available at about 50 specialized STI clinics, but are not routinely done.
- Hepatitis B prevention services are not part of the prevention package, and are currently only available for infants under the immunization program.
- Male circumcision is not seen as an acceptable or an effective HIV prevention strategy, as it is viewed that promotion might undermine condom use.
- There is no differentiation of MSM and transgender data among harm reduction services (i.e. provision of clean needles and injecting equipment and access to opiate substitution). In these facilities all clients are identified as 'harm reduction clients', and no distinction is made as to whether a client is a sex worker, MSM or transgender person. The same applies to clients in ARV care and treatment services.
- There are few positive prevention services and support groups for MSM living with HIV, and these occur sporadically.
- There are several 'safe spaces' where MSM can meet, talk openly and receive sexual health services. These are usually drop-in centres which also link to specialized NGO clinic services.

» QUOTES AND ISSUES:

- *"Need to expand interventions for MSM – need treatment, need income generation, need education, not only prevention." (MSM network representative)*
- *"Saunas and massage parlours are preferred venues for 'hidden' MSM, and also for the richer ones who earn more than \$500/month." (Peer educator, early 20s)*
- *"When they go to health services, medical staff do not pay attention, ignore them and attend to other patients even if MSM arrive earlier." (PLHIV NGO representative)*
- *"If we look thin, service providers assume that we have HIV... Most NGO providers are friendly but public providers rarely provide friendly services to us." (Transgender, age unknown)*
- *"It would be good to have private clinics with gay doctors as MSM can relate more. Clinics will have more clients." (NGO service provider)*
- *"In Cambodia there is no culture yet of providing a complete examination, particularly in public hospitals; we lack the genital exams, only if people provide information, if they complain, or if there is space for examinations." (Government representative)*
- *"Transgenders may need extra services outside of the family health centres and the STI clinic, some take hormones and different kinds of pills to make their skin whiter, and voice more feminine; and 'dissolve' the Adam's apple, or even desire plastic surgery, may take pills and do not realize that these medicines later have damaging effects; they may need counselling about this and about the effects of the drugs they take." (Government representative)*
- *"All services exist but not specific for MSM. MSM want specific services for themselves, but government says that MSM and general population are the same. They don't want to divide the population and the services into colours." (PLHIV NGO representative)*

3» PREVENTION COMPONENT 3 ACCESSIBILITY OF SERVICES

THE LOCATION, USER-FRIENDLINESS AND AFFORDABILITY OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES FOR MSM AND TRANSGENDER PEOPLE

» KEY POINTS:

- Government HIV prevention services are, in theory, equally open to MSM and transgender people who are HIV positive, negative or untested.
- Condoms are accessible at government health centres/clinics.
- It is not known if HIV treatment is available for all who need it, since there is no current estimate of the number of MSM living with HIV, or the number of those who might be in need of treatment.
- There are some specialist clinics available for MSM in Phnom Penh and in a few other population centres, and there are inadequate services specifically for transgender people or sex workers.
- Clients report that there are long waiting times and that clinic hours tend to be inconvenient or inappropriate, especially for sex workers.
- Long hairs and transgender people generally face greater discrimination. Issues relating to reducing HIV stigma and discrimination are included in training curriculum of key health care workers.
- There are no reports of HIV prevention in prisons and in other all-male settings where male to male sex is likely to occur.
- Issues relating to the specific health needs of MSM and transgender people, outside of HIV and STIs, are not routinely included in training curriculum of key health care workers.
- There are no media campaigns that specifically address HIV prevention among MSM and their female (or transgender) partners, even though it is known that 40 per cent of MSM have female partners.

» QUOTES AND ISSUES:

- *“It is easier for short haired MSM compared to long hairs; for short hair no one knows they are MSM, but long hair face more discrimination in the clinics.”* (Focus group discussion with peer educators and MSM)
- *“Need to train not only health providers in the clinic but also support staff, like the receptionist, guards, cashier, cleaners, etc.”* (NGO service provider)
- *“Long hairs and transgender do not accept genital examinations as easily as short hairs, however, disclosure of sexual activities seems to be easier for long hairs and less easy for the short hairs.”* (NGO service provider)
- *“In terms of calibrating messages, we need to have messages about anal and vaginal sex, otherwise we miss the boat for MSM – we need to be more sophisticated in our male SRH approach. We need to be looking at this if we want to reach more men to have comprehensive services, and to understand the importance of accessing services and creating demand. There is not sufficient integration of messages and communications including referrals – people have multiple risks and could fall through the gaps; if you are a person who used drugs; a harm reduction programme may not give information about safer anal sex.”* (UN representative)
- *“The clinic hours are not convenient; many MSM & transgender work all night and rest during the day. Separate consultation times are preferred in the clinics so there is no need to be seen with the usual clients.”* (Focus group discussion with massage boys)
- *“If the clinic is specific for MSM only, it will be for ‘open’ MSM and ‘hidden’ MSM will not go there; the MEC (local NGO) is a better model, as it is a general clinic that is MSM-friendly. Another way is to have different hours outside of the usual office hours to accommodate MSM and those who feel uncomfortable being in a clinic for the general population.”* (Focus group discussion with peer educators)
- *“Mobile clinics are preferred, more convenient and there is less stigma.”* (Peer educator, mid 20s)
- *“In clinics where counsellors are MSM or transgender, they are able to attract more clients; networking with the MSM CBOs and NGOs is key to improving service utilization. It’s important in services provision to have a good/clean environment, maintain confidentiality and privacy, have STI/VCCT privacy, and separate rooms.”* (NGO service provider)
- *“Our lesson is that in places where there is good collaboration with the NGOs and networks, more people are likely to come for testing and treatment.”* (Government representative, NCHADS)

4» PREVENTION COMPONENT 4

PARTICIPATION AND RIGHTS

LEVEL OF INVOLVEMENT OF MSM AND TRANSGENDER PEOPLE IN THE DEVELOPMENT OF POLICIES AND PROGRAMMES, AND THEIR REPRESENTATION AND PARTICIPATION IN DECISION MAKING PROCESSES

» KEY POINTS:

- The current National AIDS Plan was developed through a participatory process that included inputs from MSM and transgender people.
- There are a few groups and coalitions actively promoting HIV prevention and the sexual and reproductive health needs and rights of MSM, and others that address issues related to men and transgender people who sell sex..
- The major PLHIV organization in Cambodia has initiated a project that involves HIV prevention and positive prevention for MSM and transgender.
- MSM and transgender people are not represented in national level policy making bodies for HIV.
- There are two nascent initiatives trying to build capacity (through advocacy and networking) of MSM and transgender to stand up for their rights, as well as the sex worker movement advocating for the rights of male and transgender sex workers.
- MSM and transgender people living with HIV rarely speak openly about their HIV status.
- MSM and transgender people are not empowered to participate equally in the social and political life of communities.
- MSM are involved in the design and development of HIV prevention programmes, but there is a lack of consistent participation and representation in high level bodies, such as the Global Fund country coordinating mechanism and the technical advisory board.
- Peer educators are perceived to be a good source of information about HIV prevention for MSM, transgender people, and sex workers.
- The national MSM network (*Bandanh Chatomuk*) needs strengthening to fully represent the MSM and transgender community in Cambodia.

» QUOTES AND ISSUES:

- *“If I go to study in a private school, I am afraid to sit beside boys since they always bully and tease me. The teacher doesn’t want to talk to us, even though we raise our hands they don’t call us...”* (Transgender individual, age unknown)
- *“Teachers ask children who are effeminate and with long hair to cut their hair. MSM are afraid in school and subject to abuse and insults.”* (Focus group discussion with peer educators)
- *“Employment opportunities for transgender people are limited: even if a graduate from university, you can’t get a job. Transgender people are afraid to work with others because in beginning, other employees ignore them.”* (Transgender, age unknown)
- *“Before 2010, MSM were not seen in the technical working group or national secretariat but now they have joined. They have a seat on the Country Coordinating Mechanism. They were invited to participate and helped make the strategy.”* (MSM CBO representative)
- *“Media exposure of the lives and situation of MSM and transgender people needs to be increased. Usually TV shows only talk about males and females and don’t give a chance for MSM and transgender people to show their abilities. Any TV spots on HIV prevention do not feature MSM or transgender people.”* (MSM CBO Director)
- *“Pride Day is an activity we like, everyone can meet and discuss issues, including HIV prevention.”* (Peer educator, 25 yrs)
- *“Government should ensure equality of human rights, so that MSM and transgender people can love each other, live together or even get married to each other.”* (MSM living with HIV, late 20s)
- *“I talked to two 70 year old transgender individuals in Siem Reap: they feel isolated, lonely, feel really poor during special holidays as nobody comes to see them.”* (Human rights NGO staff)

NOTES AND REFERENCES

¹ National Institute of Statistics (2009) *General Population Census of Cambodia 2008, Final Report*. Phnom Penh: National Institute of Statistics.

² UNDP (2010) *Human Development Report 2010*. New York: UNDP.

³ National Institute of Statistics (2009) *General Population Census of Cambodia 2008, Final Report*. Phnom Penh: National Institute of Statistics.

⁴ UNDP (2010) *Human Development Report 2010*. New York: UNDP.

⁵ UNDP (2010) *Ibid.*

⁶ National Institute of Statistics (2009) *General Population Census of Cambodia 2008, Final Report*. Phnom Penh: National Institute of Statistics.

⁷ National Institute of Public Health, National Institute of Statistics [Cambodia] and ORC Macro (2006) *Cambodia Demographic and Health Survey 2005*. Phnom Penh Cambodia and Calverton, Maryland, USA: National Institute of Public Health, National Institute of Statistics and ORC Macro.

⁸ National Institute of Statistics (2008) *Cambodia Statistical Yearbook 2008*. Phnom Penh: National Institute of Statistics, Ministry of Planning.

⁹ National Institute of Statistics (2008) *Ibid.*

¹⁰ National Institute of Statistics (2009) *General Population Census of Cambodia 2008, Final Report*. Phnom Penh: National Institute of Statistics.

¹¹ National AIDS Authority (2010) *Cambodia Country Progress Report: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS*. Phnom Penh: National AIDS Authority.

¹² National AIDS Authority (2010) *Ibid.*

¹³ National AIDS Authority (2010) *Ibid.*

¹⁴ National AIDS Authority (2010) *Ibid.*

¹⁵ National AIDS Authority (2010) *Ibid.*

¹⁶ National Center for HIV/AIDS, Dermatology and STDs (2008) *2005 Cambodia STI Prevalence Survey: Integrated biological and behavioral survey*. Phnom Penh: Ministry of Health, NCHADS.

¹⁷ National Center for HIV/AIDS, Dermatology and STDs (2008) *Ibid.*

¹⁸ National Center for HIV/AIDS, Dermatology and STDs (2008) *Cambodia 2007 Behavioral Surveillance Survey: HIV/AIDS related sexual behaviors*. Phnom Penh: Ministry of Health, NCHADS.

¹⁹ National Center for HIV/AIDS, Dermatology and STDs (2008) *Ibid.*

²⁰ National Center for HIV/AIDS, Dermatology and STDs (2008) *Ibid.*

²¹ UNAIDS (2010) *UNAIDS Report on the Global AIDS Epidemic 2010*. Geneva: UNAIDS.

²² National AIDS Authority (2010) *Universal Access to HIV Prevention Treatment, Care and Support: Aide Mémoire*. Phnom Penh: National AIDS Authority.

²³ UNESCO (2008) *Ethnography of Male to Male Sexuality in Cambodia*. Phnom Penh: UNESCO.

²⁴ Naz Foundation India Trust (2001) *Training manual: An introduction to promoting sexual health for men who have sex with men and gay men*. New Delhi, India: Naz Foundation India Trust.

²⁵ Earth, B (2006) *Diversifying gender: Male to female transgender identities and HIV/AIDS programming in Phnom Penh, Cambodia. Gender and Development*. 14(2), pp. 259-271.

²⁶ National AIDS Authority (2008) *A Situation and Response Analysis of HIV and AIDS in Cambodia: 2007 Update*. Phnom Penh: National AIDS Authority.

²⁷ Adam, P, de Wit, J, Toskin, I, Mathers, B, Nashkoev, M, Zablotska, I, Lyerla, R and Rugg, D (2009) *Estimating levels of HIV testing, HIV prevention coverage, HIV knowledge, and condom use among men who have sex with men (MSM) in low-income and middle-income countries. Journal of Acquired Immune Deficiency Syndromes*. 52, pp. S143-S151.

²⁸ National Center for HIV/AIDS, Dermatology and STDs (2008) *2005 Cambodia STI Prevalence Survey: Integrated biological and behavioral survey*. Phnom Penh: Ministry of Health, NCHADS.

²⁹ National AIDS Authority (2008) *UNGASS Country Progress Report: Cambodia*. Phnom Penh: National AIDS Authority.

KEY RECOMMENDATIONS

Based on this report card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for men who have sex with men and transgender people in Cambodia. Key stakeholders – including government, relevant intergovernmental and non-governmental organizations, and donors – should consider the following actions:

LEGAL AND SOCIAL CONTEXT

- Address arbitrary and unfair implementation of some laws and policies as they are applied to MSM and transgender people, through training and orientation sessions with law enforcers.
- Develop protective laws and policies that address stigma on MSM and transgender people in all settings (family violence, schools and education, workplace environment, health facilities).
- Push for the greater understanding of sexual orientation, gender identity, sexuality and sexual health; and inclusion into national strategic plans for HIV, the National Strategic Framework for MSM and for those of other vulnerable populations.
- Acknowledge the diversity of groups/sub-communities under the MSM and transgender umbrella, including MSM and transgender sex workers, and develop more specific approaches for each sub-group.

AVAILABILITY OF SERVICES

- Scale up health, counselling, and information services for MSM and transgender people in urban areas, and outreach activities (including rapid HIV testing) in saunas and other places where men seek sex with other men; and actively recruit MSM and transgender people for service provision work.
- Explore increasing the range of services at sexual health and family health clinics to include rectal examinations, Hepatitis B vaccination, harm reduction services, counselling, and specific health concerns of transgender people.
- Expand health services provision including MSM- and transgender-specific clinics, positive prevention for MSM living with HIV, mobile clinics, and integration with existing services such as harm reduction services for MSM and transgender people who use drugs.
- Make condoms and lubricants more freely available in known 'hot spots', such as the all-male massage parlours and male saunas; and stop law enforcement officers from harassing sauna owners if condoms are found on premises.

ACCESSIBILITY OF SERVICES

- Train all allied clinic staff (including receptionists, guards, cashiers, laboratory services) in gender sensitivity, non-discrimination and client relations.

- Train health care providers (clinic doctors and nurses) on MSM and transgender health issues, establishing rapport, doing routine genital and rectal examinations, and holistic health approaches.
- Ensure clinic opening hours are more convenient for MSM and transgender people, especially to increase accessibility for those involved in sex work.
- Increase access to HIV prevention services for MSM and transgender people in closed and all-male settings, such as army camps and prisons.

PARTICIPATION AND RIGHTS

- Include MSM and transgender people in the training of health care providers and in the evaluation of services.
- Include MSM and transgender representatives consistently and regularly in national level policy making bodies.
- Support the conduct of social mobilization activities, such as LGBT Pride week, and participation in LGBT-related networking.
- Include MSM and transgender people in media messages on HIV prevention.
- Strengthen the community networks of MSM and transgender persons, including male and transgender sex workers within sex worker led organizations.

ADDITIONAL RECOMMENDATIONS

- Include MSM and transgender people in HIV and behavioural surveillance on a regular basis, and include questions about MSM and transgender sexual partners in STI and HIV behavioural surveillance of male populations.
- Conduct a situation assessment specific for transgender people and their vulnerability to HIV, health seeking behaviours, and describe community networks and coping strategies.
- Disaggregate and differentiate data on MSM and transgender people in all types of monitoring activities, and seek the collection of data on those who sell sex.
- Strengthen linkages with human rights NGOs and seek training on LGBT rights.
- Increase share of public funding for MSM and transgender HIV prevention activities.

CONTACT DETAILS For further information about this report card, please contact:



International Planned Parenthood Federation
4 Newhams Row
London SE1 3UZ
United Kingdom
Tel +44 20 7939 8200
Email info@ippf.org
www.ippf.org



Global Forum on MSM and HIV
436 14th Street, Suite
1500
Oakland, CA 94612
USA
Tel +1 510 271 1950
www.msmsgf.org



UNFPA
605 Third Avenue
New York, NY 10158
USA
Tel +1 212 297 5000
www.unfpa.org



Reproductive Health Association of Cambodia (RHAC)
P.O.Box 905
Phnom Penh
Cambodia
Tel +855 23 885 135
Email rhac@rhac.org.kh
www.rhac.org.kh