HIV/AIDS in Cambodia
In Cambodia, the HIV/AIDS epidemic is progressing at an extremely rapid pace and is on the brink of what could be one of the most severe HIV/AIDS epidemics in Southeast Asia. Cambodia began reporting cases of HIV infection in 1991 and by the end of 1995, a total of 1599 HIV infections had been reported. However, based on available HIV sero-surveillance surveys, WHO and the National AIDS Programme estimate that by the end of 1995 there were actually 90,000 infections. By June 1996, this figure had risen to an estimated 100,000 to 150,000 HIV infections in Cambodia with a prevalence of 1.9% of the adult population. The cumulative incidence of AIDS through the end of 1995 is estimated to be 1,500.

Risk Behavior
The primary mode of transmission is unprotected heterosexual intercourse. Widespread commercial sex, high rates of sexually transmitted disease (STD) and low condom use are fueling the epidemic. Injecting drug use has not been identified as a major risk factor, although intra-muscular injections in formal and informal health care settings are popular with patients and health care providers alike and may be another mode of transmission, given the general lack of universal precautions in health care settings. Research has yet to identify men having sex with men as a major risk factor for HIV transmission, however, there has been virtually no research in Cambodia into this particular behavior. The invisibility of people living with HIV marks the current time as an extremely dangerous period in the epidemic, with denial of personal risk to HIV infection being the predominant attitude.

Vulnerability
For the majority of the population, HIV/AIDS is not viewed as a priority concern. The disruption and weakening of family and community and continued armed conflict and extensive poverty following years of turmoil have resulted in large numbers of young people, women and children living in especially difficult circumstances. Currently the numbers are increasing as the rapid transition to a free market economy, the opening of borders and other liberalizing measures are implemented with little apparent guidance or regulation.

Current interventions concentrate primarily on awareness raising and prevention education. While these approaches have had some success, they are not enough. Efforts must also be made to combat the range of factors which contribute to higher risk for HIV infection -- poverty, gender and ethnic marginality. Government officials also need to overcome the social and cultural barriers at every level of society which prevent frank discussion about sex and sexuality. For women and children who suffer from multiple disadvantages, tactical skills need to be taught. These include skills to deal effectively with peer pressure, skills to negotiate within sexual activity, and skills to refuse demands from people who take unfair advantage because of age, gender or social status.

HIV Sentinel Surveillance
HIV sentinel surveillance involves repeated periodic HIV sampling in selected locations among populations perceived to be at high risk for HIV infection. HIV sentinel surveillance can be used to develop estimates and projections, and to inexpensively provide data for rational planning, targeting, implementing and monitoring of prevention interventions. For example, the increase in the HIV infection rate among direct commercial sex workers
(CSWs) from 9.54% in 1992 to over 30% in 1995 is an important indication of the capacity for rapid spread of HIV infection among individuals with high risk behaviors. HIV seroprevalence among blood donors in Phnom Penh has also risen dramatically from 0.075% in 1991 to 10% in 1995.

With assistance from WHO/GPA, the National AIDS Programme initiated and carried out the first HIV sentinel surveillance round in late 1995. Data was collected from eight population groups in nine provinces, primarily in urban centers and along the Thai border. The following aggregated HIV surveillance data from the National AIDS Programme provide an alarming profile of the epidemic in these particular populations:

<table>
<thead>
<tr>
<th>Population Tested</th>
<th>Sero-positive</th>
<th>Numbers Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Sex Workers</td>
<td>37.9%</td>
<td>1,007</td>
</tr>
<tr>
<td>Dancing Girls (indirect sexworkers)</td>
<td>25.0%</td>
<td>509</td>
</tr>
<tr>
<td>Police</td>
<td>8.1%</td>
<td>954</td>
</tr>
<tr>
<td>Military</td>
<td>8.4%</td>
<td>990</td>
</tr>
<tr>
<td>Military Police</td>
<td>8.2%</td>
<td>342</td>
</tr>
<tr>
<td>De-Miners</td>
<td>9.9%</td>
<td>423</td>
</tr>
<tr>
<td>TB-Patients</td>
<td>2.5%</td>
<td>602</td>
</tr>
<tr>
<td>STD Clinic Attenders (1994)</td>
<td>9.1%</td>
<td>1,072</td>
</tr>
<tr>
<td>Ante-Natal Clinic Attenders (Pregnant Women)</td>
<td>3.03%</td>
<td></td>
</tr>
</tbody>
</table>

These HIV infection rates are among the highest (if not the highest) found in such population groups in Asia. In 1992, none of the Cambodian women tested at ante-natal clinics were HIV infected. However, by 1995, this figure had risen to 3.03%. This indicates that HIV is spreading rapidly from groups with higher risk behavior (e.g., CSWs and their clients) to the general population, married women, and their children.

**WHO Projections for the Year 2000**

Based on estimates of current HIV seroprevalence, WHO's "most likely" projections for the year 2000 are as follows:

- more than 1000 pediatric AIDS deaths annually
- over 4000 maternal AIDS orphans under 10 years annually
- over 4000 HIV-related TB cases annually
- over 12,000 adult AIDS deaths annually
- cumulative total of over 40,000 AIDS cases

**UNICEF Strategy and Response**

The chief strategy is to raise the capacity of counterpart organizations and populations at district and village levels to create, support and maintain participative activities with close and easy access to populations currently or potentially vulnerable to STD/HIV infection. The UNICEF project goal is founded on three cross-cutting capacity-building components: situation analysis, awareness-raising and training; and five STD/HIV/AIDS prevention and care activities including interventions for students in formal education, out-of-school youth, married women and women of reproductive age, women and children directly affected by HIV/AIDS and mass and local media, information, education and communication strategies.
Funds from the Japan National Committee were effectively received in April 1996 only: Therefore, activities funded so far by the Japan NATCOM from June to August 1996 include:


   Project Schedule: July 1996 - April 1997
   Total Amount funded by UNICEF: $50,610

   Anecdotal evidence suggests that young Cambodians do not consider HIV/AIDS an issue having any relevance to their personal lives or situations. Because there is no reliable information on which to base programme activities aimed at lessening the risks to young people, this study will measure existing levels of knowledge and attitudes among youth aged 11 to 20 years as a baseline for measurement of changes over time in response to various interventions developed. Survey research exploring current awareness, attitudes and risk behavior will be followed by participative action research to develop pilot communications strategies to build skills of protection among young people who may be particularly at risk.

   SCF (UK) plans to work with groups of young people who may be particularly vulnerable to STD/HIV/AIDS discovering more about their perceptions, behavior, peer and other societal pressures and problems, as well as their informal support networks and existing or preferred sources of information. Participants in the research will then become directly involved with testing existing IEC materials for their appeal and relevance to youth (e.g.; playing cards) and developing experimental materials and activities for communication with their peers.

2. **Video Production - One of a series of 6 films for local TV broadcast**

   Project schedule: June 1996 - April 1997
   Total amount funded by UNICEF: $5,000

   UNICEF, together with UNDP, UNFPA, French Cooperation, Canada Fund and Pharmacien sans Frontieres, are assisting the national TV station, the Ministry of Culture and Ministry of Information to produce a 6 short films on HIV/AIDS in drama format to be aired as a series on national TV. All agencies supporting the project (total budget $30,000) have shared ownership of the production, including message content and final output of all 6 videos.

3. **Identification and Contracting National HIV/AIDS Project Officer- Education**

   Contract Duration: September - December 1996 (probationary period - to be extended)
   Total amount funded by UNICEF: $3,000

   Responsibilities include facilitating project activities in Phnom Penh and selected provinces, working primarily at provincial and sub-provincial levels to integrate HIV/AIDS prevention and care assistance across the UNICEF Country Programme through existing and potential counterpart arrangements, especially in areas of Education and Vulnerable Groups; raise the capacity of education officials at national and selected provincial locations to design, implement monitor and evaluate strategies, approaches and materials which are participative, involving students and local communities; and to raise the capacity of national and provincial AIDS officials to effectively plan and coordinate multi-sectoral responses to HIV/AIDS.