CAMBODIA
MSM Country Snapshots – Country Specific Information on HIV, men who have sex with men (MSM) and transgender people (TG)
AUGUST 2010
VERSION 2

I. THE CURRENT SITUATION

Epidemiology

- The size of the combined MSM and TG population has been estimated as 4% of the adult male population, or 140,000. However, this is likely to be an underestimate, as smaller surveys have found that 8% to 13% of young men have ever had sex with another man. (References: 8,28)
- The country-wide HIV prevalence estimate for MSM and TG was 4% in 2007: 7.9% among TG and 2% among non-TG MSM. (19)
- The 2005 IBBS found a prevalence of 5% in Phnom Penh. Prevalence estimates are typically higher for MSM in Phnom Penh. In 2000, a study of 206 MSM found a prevalence of 14.4% while the 2005 IBBS found 5%. (23)
- Prevalence estimates are typically much higher among TG. The 2005 IBBS found 9.8% for TG across all three sites, and 17% among TG in Phnom Penh. (23)
- The estimated HIV prevalence among MSM and TG was 4.5 times higher than the general prevalence rate of 0.9% in 2007. Given the different prevalence estimates, the range for specific sub-groups is from 0.9 to 8.9 times higher. (28)
- In 2005, the IBBS found TG had higher levels of rectal STIs (e.g. rectal Chlamydia was 12% for TG but 1.8% for other MSM), but that other MSM had higher urethral STIs. (23)

Behaviour, Knowledge and Social Research relating to HIV

- In 2008 and 2010, the Cambodian government reported in their UNGASS report that 86% of MSM used a condom at the last occasion of anal sex. (19,30)
- The 2005 IBBS found that 54% of TG had unprotected sex in the past month, as did 31% of other MSM.
- In 2005, 68% of MSM in Phnom Penh and 75% in the provinces reported having never been tested. In 2007, 66% of TG and 58% of MSM had had a test in the past year. (10,11,19,23)
- The 2005 IBBS found that 19% of the MSM in Phnom Penh and 13% in the provinces report having more than 5 male partners in the past month, with 25% having multiple partners in the last week. (11,23)
- Many MSM in Cambodia also have sex with women. Estimates range from 41% to 61.2% having ever had vaginal sex with a woman, while 42.6% of the 206 MSM in 2000 had sex with women and men in the past 6 months. Of these, the most common was with a female sex worker (33.4%), followed by a casual female partner (21.1%), regular female partner (15.3%) and a female client (8.4%). (10,11,23)
- Being paid for sex is common among MSM in Cambodia. In 2005, 48% in Phnom Penh and 41% in the provinces had sold anal sex in just the past month. However, only 6% in Phnom Penh and 2% in the provinces reported “working as a male sex worker”. A study of 1306 MSM found that 20% of pros saat (masculine-identifying MSM) were paid for sex and 41% occasionally. (10,11,23,25)

Legal Situation and Law Enforcement Authorities

- Sex between males is legal. (27)
- Sex work is technically legal, although the Law on the Suppression of Human Trafficking and Sexual Exploitation (2008) is used to harass sex workers. (27)
- There are no laws protecting MSM/TG. (27)
- The law does not allow TG to change sex/gender on official documents and records. (27)
- The legal system has been classified as “neutral” for MSM/TG by two UN legal reviews. (5,27)
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II. THE RESPONSE TO HIV

Government Response

- There is a specific program line for MSM in the national strategic plan (NSP) which was included in 2005. There is also a specific budget line of USD $288,000 to 1.04 million, or 0.61% to 1.49% of the total HIV budget. (7)
- The NSP includes: HIV prevention, MSM & HIV specific support services, peer outreach, community engagement and empowerment, strengthening of MSM CBOs, targeted condom and lubricant distribution. (7,18)
- The current NSP ends in 2010. (18)
- There is a specific MSM strategy called “The Strategic Framework and Operational Plan for MSM, 2007”. (28)
- There has been significant improvement around the inclusion of MSM/TG issues at the government level. In a 2001 report of 112 pages, MSM was mentioned only in a footnote, and in 2004 another government report did not mention MSM at all. (22,26)
- In 2008 and 2010, the government reported on 3 out of the 5 UNGASS indicators directly relevant to MSM. (1,30)
- Cambodia has received funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Round 5 mentioned “men selling sex to men”, and one of the six explicit goals in Round 7 was to provide services to MSM through NGOs and expand special STI clinics. The Round 9 successful proposal aims to reach 12-14,000 MSM. (6,28)
- It has been reported that there is poor MSM/TG community representation on the Country Coordinating Mechanism, and that CSO members are limited in their involvement. This may be due to lack of capacity, lack of funds and weak relations with dominant institutions. (14)
- In 2006, it was reported that Cambodia had no local MSM-related leadership, such as politicians or spokespeople. (7).

Community-based Response

- MSM are formally and informally organised, with CBOs and a national network. (7)
- There appear to be two main community based organisations working with MSM: Men’s Health Cambodia and Men’s Health Social Services. MSM CBOs conduct outreach, distribute condoms and lubricant, and run drop-in centres.
- TG sex workers are included in the work of a CBO aimed at females and transgender sex workers, the Woman Network of Unity (WNU).

MSM Community, other Social Research and Stigma/Discrimination

- In 2006, it was reported that MSM/TG and HIV project workers do not face problems with law enforcement authorities. More recently, MSM and TG have had condoms confiscated as evidence of sex work. (7,27)
- There is very little information about the MSM and TG community in Cambodia.
- Most MSM do not identify as “gay men” but do report homosexual and bisexual practices. (11)
- The sub-populations of MSM in Cambodia are: sray sros (cross-dressing, transgender), and pros saat (masculine-identifying). One study of 1306 MSM found four times as many pros saat as sray sros. (25)
- It has been reported that relations between sray sros and pros saat are not always “cordial”, and that there is a lack of social and sexual connections between them. (25,29)
Support from multi-laterals and international NGOs

- International and local NGOs conduct MSM and TG programs in Cambodia. For example, these include: Community United for Development, Corporation for Social Services and Development, Reproductive Health Association of Cambodia (RHAC), Medecine de l’Espoir Cambodge (MEC), KHEMARA, FHI, PSI, and the Khmer HIV/AIDS NGO Alliance (KHANA). (9)

Strategic Information

- There is some ongoing research on MSM/TG in Cambodia, which is conducted primarily by NGOs and is thus non-peer reviewed. (7)
- There is very little in the academic literature on MSM/TG in Cambodia.
- In 2006, the ongoing national surveillance system did not include MSM. (7)
- In 2005, MSM were included in that round of integrated bio-behavioural surveillance (IBBS) and in 2007, they were included in the behavioural surveillance survey. (20,23)

Health System

- There is at least one MSM-friendly sexual health clinic in Phnom Penh – the Chhouk Sar II Clinic, established in 2007. (25)

National and International Networks

- The national MSM network started in 2006, called "Bandanh Chaktomuk". The network appears to have a strong human rights focus. (15,27)
- Cambodia is represented on the "Purple Sky Network" for the Greater Mekong Subregion.

III. THE RESULTS

Coverage of prevention

- Coverage estimates of prevention activities vary widely. One government estimate in 2005 suggested that 17% of 34,256 MSM had been reached. (However, this is only a fraction of the estimated 140,000 MSM in Cambodia.) FHI Cambodia stated that its NGO partners reached 67% of MSM in Phnom Penh in 2006. (7,24)

Resource Estimation and Gaps

- In 2006, it was estimated that USD $2.2 million would be needed to achieve 60% coverage with peer education, outreach, VCT, and condom/lubricant distribution. (17)
- In 2009, it was estimated that over the next 5 years (2010-2014), USD $93.4 million will be needed to achieve 80% coverage. It is also estimated that nearly two-thirds of the required resources are currently unavailable. (Please note: some incomplete data.) (21)
IV. RECOMMENDED RESPONSES

List of recommended actions

- Remove laws impeding effective HIV prevention, including laws affecting sex workers.
- National strategic plan should include a costed comprehensive response for MSM and TG.
- More systematic and regular surveillance of HIV rates, risk behaviors and MSM communities.
- Fully fund prevention programs, including condom and lubricant provision, peer education and outreach, community development, mass media, and individual counseling.
- Develop the capacity of MSM community-based organizations to provide advocacy and peer-based programs.
- Scale up MSM-friendly VCT and sexual health screening centers.
- Expand care, treatment and support facilities for HIV-positive MSM and TG.
- Address stigma and discrimination toward PLHIV in MSM communities.
- Specific prevention activities should focus on transgender people.

V. REFERENCES

All references are available at:
www.apcom.org/snapshots2010.html

Contact details of UNAIDS office in Cambodia are available at:

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Please send comments, suggestions and corrections to: msm-ap@unaids.org