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Community, Rights, Gender Equality, Disability and Social Inclusion Assessment of Cambodia's HIV Response

July 2025

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PREFACE

The Community, Rights, Gender Equality, Disability, and Social Inclusion (CRGEDSI) Assessment of Cambodia's HIV Response represents a pivotal step towards understanding and addressing the multifaceted challenges faced by communities infected and affected by HIV in Cambodia. This assessment underscores the importance of integrating community voices, human rights, gender equality, and the needs of people with disabilities into the national HIV response.

Cambodia has made significant strides in its fight against HIV, yet persistent inequalities and barriers continue to hinder progress. This assessment aims to provide a comprehensive analysis of these barriers, highlighting the experiences and needs of vulnerable groups, including people living with HIV, women, people with disabilities, and key populations at higher risk of HIV.

The findings and recommendations presented in this report are the result of extensive consultations with relevant government entities, community members, and key stakeholders. They reflect a collective commitment to ensuring that no one is left behind in the journey towards ending AIDS. I hope that this assessment will serve as a valuable resource for policymakers, practitioners, and advocates working to create a more inclusive and just HIV response in Cambodia.

Recognizing that HIV is not just a biological issue, but a complex social, economic, and human rights challenge, this CRGEDSI assessment and its comprehensive approach to inform policies and programs that are inclusive, equitable, and effective. By integrating these principles, the HIV response becomes more comprehensive, equitable, effective, and sustainable, ultimately accelerating progress towards ending the epidemic.

In line with the National Policy for Ending AIDS and the Sustainability of HIV Program for 2023-2028, the National AIDS Authority calls on stakeholders at national and sub-national levels to diligently implement the policy and programmatic recommendations of this CRGEDSI assessment by:

- **Recognizing** the unique challenges, experiences, and contributions of all individuals, especially those from vulnerable communities, ensuring their voices are heard and acknowledged in the HIV response.
- **Empowering** key populations by strengthening their agency, building their capacities, and fostering an environment where they can actively participate in decisions that affect their lives and well-being.
- **Supporting** the communities and individuals through targeted programs and policies that dismantle barriers to access, promote equity, and provide the necessary resources for a healthy and dignified life.

The "triangle" of Policymakers, Providers, and People (or community) is subsequently formed by the interconnectedness of these three groups, which provides a framework for addressing complex issues such as HIV and other health social determinants. Each corner of the triangle represents a vital component, and the success of any intervention relies on their collaborative, dynamic and synergistic functioning.

The National AIDS Authority would like to extend its gratitude to all those who contributed to this assessment, particularly the community members who shared their experiences and insights. Your voices are at the heart of this work, and your resilience inspires us to continue striving for a future where everyone has the opportunity to live a healthy and dignified life. Also, thanks to the Joint United Nations Program on HIV/AIDS (UNAIDS) for their invaluable technical and financial support for this assessment, further solidifying our commitment to a rights-based and community-led response.

I urge all stakeholders, including government agencies, non-governmental organizations, community leaders, and international partners, to take decisive action based on the insights and recommendations provided in this assessment. By working together, we can dismantle the barriers to equality and inclusion, ensuring that Cambodia's HIV response is truly comprehensive and effective. Let us commit to fostering an environment where every individual, regardless of gender, disability, or social status, has access to the care, support, and opportunities they need to thrive.

Senior Minister

Chairman of the National AIDS Authority

IENG Mouly

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ABBREVIATIONS

ANC	Antenatal care
CBO	Community-based Organization
CRG	Community, Rights and Gender
CSE	Comprehensive sexuality education
CSO	Civil Society Organization
CDPO	Cambodia Disabled People Organization (NGO)
DAC	Disability Action Council
DFAT	Department of Foreign Affairs and Trade of Australia
FEW	Female Entertainment Workers
FGD	Focus Group Discussion
GEDSI	Gender Equality, Disability and Social Inclusion
HPV	Human Papilloma Virus
IDPoor	Identification of Poor Households Program
IDI	Individual In-depth Interview
IPV	Intimate Partner Violence
GBV	Gender-based violence
GFATM (GF)	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer/ questioning, intersex, asexual and other people of diverse sexual orientation, gender identity and expression, and sexual characteristics.
M&E	Monitoring and evaluation
MSM	Gay men and other men who have sex with men
MOSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
OPD	Organizations of Persons with Disabilities
PWD	Persons with Disabilities
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
SDGs	Sustainable Development Goals

SRH	Sexual and Reproductive Health
PLHIV	People living with HIV
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WLHIV	Women living with HIV

EXECUTIVE SUMMARY

Cambodia has made significant progress in its HIV response, with strong government commitment, community engagement, and targeted interventions contributing to a decline in new infections and high treatment coverage. The National Policy Ending AIDS and Sustainability 2023-2028 reinforces the commitments made by the Royal Government of Cambodia towards Ending AIDS and long-term sustainability of national HIV response. However, challenges remain, particularly in ensuring equitable access to services for marginalized populations, addressing structural barriers, and strengthening the integration of gender equality, disability, and social inclusion (GEDSI) in the national response. The Community, Rights, and Gender (CRG) Assessment, incorporating a GEDSI lens, aims to analyze these intersecting inequalities, identify systemic gaps, and provide evidence-based recommendations to inform HIV strategies, programming, and advocacy in Cambodia for a variety of stakeholders working together to achieve 95-95-95[1], 10-10-10[2] and 30-80-60[3] targets.

Key Findings

This assessment identifies key gaps and opportunities aligned with DFAT Gender Equality, Disability, and Social Inclusion (GEDSI) Analysis Good Practice, UNAIDS Framework for Understanding and Addressing HIV-related inequalities, DFAT Work and Gender analytical framework, The Global AIDS Strategy 2021-2026, End Inequalities. End AIDS emphasizing community-led engagement, leadership, rights, discrimination, and systemic barriers.

Community Engagement and Leadership

- While Cambodia has a strong tradition of community-led HIV responses, engagement remains inconsistent. Community-led monitoring (CLM) is crucial for accountability, but capacity constraints and a lack of sustained funding limit effectiveness and scale up.
- Women living with HIV, people with disabilities, and young key populations are underrepresented in decision-making structures, limiting impacts of program/interventions in addressing their specific needs.

[1] Ending inequalities and getting on track to end AIDS by 2030

[2] 2025 AIDS TARGETS

[3] Summary — Let Communities Lead — UNAIDS World AIDS Day report 2023

- Existing programs, in particular CLM and community-led advocacy rely heavily on unpaid community volunteers, reinforcing economic disparities and limiting long-term sustainability.

Rights and Legal Barriers

- The legal framework criminalizes intentional HIV transmission, drug use and some aspects of sex work, creating significant barriers to accessing HIV services. Law enforcement practices—such as forced rehabilitation and arbitrary detention—exacerbate stigma and deter key populations from seeking healthcare, including HIV services.
- While Cambodia's Constitution guarantees equality, there are no explicit legal protections for LGBTQIA+ individuals, people with disabilities, or people living with HIV in employment, housing, and social services.
- Gender-based violence (GBV) laws, policies and action plans lack inclusivity of gay men, bi-sexual men, and transgender women, failing to address violence against sub populations of LGBTQIA+ individuals. GBV survivors face social and institutional barriers in accessing post-exposure prophylaxis (PEP) and justice services, though the services are available.

Discrimination and Stigma

- People living with HIV remain experiencing discrimination in healthcare, workplaces, and social settings, contributing to gaps in testing (first 95).
- Transgender individuals and MSM report high levels of stigma, leading to delayed testing and care. Misgendering and lack of gender-affirming healthcare further alienate transgender populations from HIV services.
- People with disabilities encounter additional layers of discrimination, with healthcare facilities often lacking accessibility accommodation, including sign language interpretation and assistive devices.

Gaps Around GEDSI Integration

- Disaggregated data collection (by age, gender, disability status, region, key population etc.) and analysis are inadequate, limiting the ability to assess and address gendered, disability-related, and intersectional inequalities in HIV service provision.
- HIV prevention and treatment programs lack a gender-responsive approach, with minimal investment in addressing the specific needs of women living with HIV, adolescent girls, and young key populations.

- Comprehensive sexuality education (CSE) is inconsistent, particularly in rural areas, leaving many young people—especially young LGBTQIA+ individuals and adolescent girls—without accurate information on HIV prevention and reproductive health.
- Social protection measures remain insufficient for key populations and persons with disabilities.

HIV Response and Gap Analysis from a Community, Rights and GEDSI perspective

National Policy and Strategy

- Cambodia's National HIV Strategy aligns with global targets, but its gender and disability mainstreaming remain limited.
- Anti-discrimination policies lack enforcement mechanisms, and there is limited funding for community-led interventions that address structural inequalities.
- GEDSI-responsive budgeting is not systematically implemented, reducing the effectiveness of gender-sensitive and disability-inclusive programs.

Service Delivery and Social Protection

- Community-based testing and differentiated service delivery models have expanded, but further investment is required to improve availability, accessibility, and quality of services for key populations.
- Limited social protection measures for key populations exacerbate economic and health insecurities. Strengthening integration between HIV services and social protection schemes is critical.
- Persons with disabilities face exclusion from HIV-related programming due to limited evidence to inform HIV service design and delivery, hence accessibility barriers, lack of targeted interventions tailored to their needs, and limited representation in policymaking.

Priorities for GEDSI-Responsive Action

1. **Enhance Legal Literacy and Rights-Based Services** – Strengthen legal literacy initiatives and expand rights-based services for people living with HIV and key populations through targeted campaigns, legal support, and engagement with law enforcement to ensure protection and accountability.
2. **Address Cultural and Social Norms** – Launch national campaigns challenging harmful socio-cultural norms that perpetuate stigma and discrimination, using inclusive, culturally sensitive messaging across media and community platforms.

3. **Expand Community-Led HIV Services** – Increase direct funding to community-led organizations for service delivery, monitoring, and advocacy while removing capacity barriers to funding access.
4. **Integrate HIV-Sensitive Social Protection Frameworks** – Integrate HIV-sensitive social protection schemes, including financial assistance and employment support, and simplify enrollment processes to ensure accessible to key populations and persons with disabilities.
5. **Improve Workplace Policies and GBV Protections** – Develop confidential medical leave policies, expand GBV laws and policies to include LGBTQIA+ persons, and advocate for equal protections and anti-discrimination policies across employment sectors. Especially to address barriers in accessing PEP and justice services by GBV survivors.
6. **Strengthen GEDSI Data and Monitoring Systems** – Ensure systematic collection and analysis of disaggregated data (by gender, disability, and key population status) to inform targeted interventions and GEDSI-responsive policy adjustments.
7. **Foster Multi-Sectoral Collaboration** – Strengthen cross-sectoral coordination among health, social protection, economic, and education sectors, integrating HIV response with broader gender equality and disability inclusion frameworks.
8. **Pursue Long-Term Legal and Policy Reforms** – Advocate for decriminalization of HIV transmission, drug possession for personal use, and solicitation of sex work, ensuring legal protections against discrimination for key populations.
9. **Enhance Funding for Sustainable HIV Response** – Increase domestic funding through social contracting for community-led organizations and effectively implement Cambodia's HIV sustainability roadmap to reduce reliance on international donors.

INTRODUCTON

Background and Rationale

Cambodia has made significant progress in its HIV response, yet persistent inequalities and structural barriers continue to hinder universal access to prevention, treatment, and care.

The National Policy Ending AIDS and Sustainability of HIV Program 2023-2028 aims at eliminating Stigma and discrimination related to HIV/AIDS by 2028. After joined the Global partnerships ending AIDS and Stigma and Discrimination. The National AIDS Authority developed workplan addressing three sectors as health, education and communities. The Gender, disability, and social inclusion (GEDSI) factors intersect with HIV-related stigma, discrimination, and legal barriers, disproportionately affecting key and vulnerable populations.

This report is based on the **Strategic priorities of the Global AIDS Strategy 2021-2026[7].** The Global AIDS Strategy 2021-2026, End Inequalities, End AIDS, employs a **rights-based approach** to tackle the inequalities fueling the AIDS epidemic, emphasizing the need to close service access gaps. It also responds to the Global Fund Technical Review Panel's comments which is seeking to conduct a gender assessment of the national HIV response, with specific attention to the intersection of gender and key populations and use the findings to address gender-related barriers to services. In addition, the assessment also aims to provide better understanding of GEDSI and GEDSI-related barriers in context of HIV response to inform the DFAT's Indo-Pacific HIV Partnership grant and identify opportunities and actions for the program design to address barriers and norms, through both targeted and mainstreamed approaches in the HIV interventions.

This assessment aimed to identify groups with intersecting identities who face barriers shaped by inequalities relating to rights, gender, disability, race and ethnicity, class and socioeconomic status, sexual orientation and gender identity, rural-urban location, migration status and HIV status to accessing information and services that enable them to lead full and healthy lives. The participative process leveraged the country's established institutions and networks, community-led organizations and, through interviews and focus group discussions, people who directly benefit from HIV services, and involved new stakeholders, such as disability and social inclusion institutions and CSOs. The consultative process took place with the Community, Right and Gender (CRG) Core Group led by National AIDS Authority. The participatory approach aimed to ensure insights of key stakeholders, in particular community groups and key population views are captured in this assessment.

THE OBJECTIVES

- **To assess the HIV epidemic and context from an intersectional gender lens**, focusing on barriers faced by women, men, adolescents, LGBTQIA+ individuals, people with disabilities, and other key populations.
- **To identify structural, legal, and human rights-related challenges** in accessing HIV cascade among people living with HIV, key populations and people with disabilities; to address gaps and opportunities related to CRGEDSI.
- **To analyze the HIV response**, including (I) the extent to which it adopts a transformative approach to overcome inequalities / barriers, (ii) the extent to which it engages communities in the response; (iii) the sustainability of the response.
- **To analyze broader contexts and landscapes** around gender equality/ health equity not directly related to people living with HIV and key populations, including gender-based violence (GBV) and sexual and reproductive health (SRH), and directly related harmful social and gender norms given the direct links and pathways between HIV, gender inequality, GBV and SRH.
- To refer to what constitutes a **good gender-transformative intervention** based on evidence and community understanding and experiences.
- **To develop recommendations** that set **priorities** for policies and program actions.

The assessment builds on the existing assessment and analysis methodologies of UNAIDS GAT UNAIDS Framework for Understanding and Addressing HIV-related inequalities, DFAT Gender Equality, Disability, and Social Inclusion (GEDSI) Analysis Good Practice Note, DFAT Partnerships for a Healthy Region (PHR) Gender, Disability and Social Inclusion (GEDSI) Analysis Guidance, UNDP Legal Environment Assessment Tool, GFATM Rapid Assessment Tool, Stop TB Partnership CRG Tool to enable all interested parties to better understand societal dynamics, gendered experiences, and opportunities.

The assessment team employed diverse methods to gather the information on identified gaps, such as desk review, regular consultations with the CRG Core Group, In-depth Interviews (IDIs), focus group discussions (FGDs) and consultative workshops.

APPROACH AND METHODOLOGY

The assessment employed a participatory, mixed-methods approach, ensuring meaningful engagement with key stakeholders, including community-led organizations, government agencies, organizations of persons with disabilities, and people directly affected by HIV. Data collection methods included:

- **Desk Review (Sep 23-26, 2024):** Analysis of 59 publications from 2021-2024, focusing on HIV, gender equality, disability inclusion, GBV, and health equity.
- Field Data Collection (October 21 to November 5, 2024):

  - **In-depth Interviews (IDIs):** 13 in-depth interviews with representatives from UN agencies, international organizations, and community-led groups.

  - **Focus Group Discussions (FGDs):** Nine discussions involving female entertainment workers, transgender women, men who have sex with men (MSM), people who use drugs, young key populations, migrants, and people living with HIV (PLHIV).

  - **Site Visits:** Observations at NCHADS Clinic and Chhouk Sar Association in Phnom Penh to assess disability inclusiveness in HIV services.

- **Consultative Workshops:** Stakeholder consultation to refine findings and recommendations and a workshop for community representatives to understand and confirm the findings (Dec 4-5, 2024). A validation workshop was organized on 20 March, 2025 to share the findings and recommendations and facilitate development of an action plan.

The intersectional gender lens was central to this analysis, recognizing the compounded effects of gender, disability, socioeconomic status, migration, and HIV status on health outcomes. The methodology was adapted to capture diverse experiences, particularly among marginalized groups, ensuring that findings are grounded in lived realities.

LIMITATIONS

The assessment's field visit focused on Phnom Penh, where most HIV services and expertise are concentrated; it was compensated through the online data collection extending to rural areas and covering one migrant population such as gay men and other men who have sex with men migrating to Thailand from Cambodia. Another limitation is that IDIs and FGDs with key populations were organized through community HIV service providers. This approach restricted the qualitative data collection to persons who were already accessing HIV-related services.

The desk review was limited to English-language sources, as Khmer-language articles had no centralized repository for them. However, acknowledging that a more extensive effort would be needed for an in-depth mapping, analysis and strategy and indicator development, this CRGEDSI assessment does not comprehensively map current programs, or provide detailed strategies or indicator sets. Instead, it focuses on findings, analysis, and recommendations to establish priorities for future programming.

FINDINGS

Cambodia- National HIV Epidemic and Context

Prevalence, incidence and behavioral information

People living with HIV in Cambodia total to 76,000, including 36,000 women and 1,700 children under 15[4]. By the end of 2024, adult HIV prevalence (15–49 years) was 0.5%, with higher rates among key populations[5].

Having achieved the 90-90-90 target in 2017, Cambodia is progressing toward 95-95-95 goal, reaching 92-100-98 in 2024 — 92% of total estimated PLHIV aware of their status, 100% on ART, and 98% with viral suppression. New HIV infections dropped from 1,600 in 2022 to 1,200 in 2024[6], a 45% decline since 2010 due to expanded testing, treatment, and prevention efforts[7]. However, it is not on track to reach elimination of the new HIV infection target, to 250 per year by 2025, thus requiring sustained efforts.

Vertical transmission rates fell from 12.3% in 2022 to 6.9% in 2024, with 97.2% of pregnant and breastfeeding women receiving ART[8]. Cambodia is expanding HIV testing awareness, with 92% of people knowing their status in 2024, up from 86% in 2022. However, challenges remain in reaching key populations, including gay men and other men who have sex with men, transgender women, female entertainment workers, and people who use or inject drugs. Limited access to testing threatens progress toward reaching 95-95-95 target, especially the first 95.

Gaps & Opportunities Analysis

The section below provides a comprehensive analysis of the challenges and the silver lining through the existing country led HIV response plan and commitments.

Cambodia is actively promoting the U=U (undetectable equals untransmittable) concept, a crucial step towards improving treatment adherence and combating the stigma and discrimination faced by people living with HIV. The first U=U campaign was conducted in Siem Reap and Banteay Meanchey in January 2024, a collaborative initiative between the National AIDS Authority (NAA) and CPN Plus. A second campaign was jointly organized by the Cambodian Red Cross (CRC), Health Action Coordinating Committee

[4] https://www.unaids.org/en/regionscountries/countries/cambodia

[5] National AIDS Authority, UNAIDS, USAID, & PEPFAR (2023). The Sixth National Strategic Plan for a Comprehensive, Multi-sectoral Response to HIV/AIDS, 2024-2028 (NSPVI). Phnom Penh, Cambodia.

[6] https://www.cambodianess.com/article/hiv-cases-fall-but-challenges-remain

[7] https://www.unaids.org/en/regionscountries/countries/cambodia

[8] https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf

(HACC), NAA, National Center for HIV/AIDS, Dermatology and STDs (NCHADS), and the Siem Reap AIDS Committee. Ms. Winnie Byanyima, UNAIDS Executive Directive who participated in this awareness-raising event reinforces the scientific fact that people living with HIV who achieve an undetectable viral load through successful treatment have zero risk of sexually transmitting the virus

Cambodia's GEDSI-responsive HIV response faces gaps such as limited integration of gender, disability rights and social inclusion in national strategies, stigma and discrimination, and barriers to healthcare access for key populations and people with disability**.** However, the opportunity lies in leveraging the national legal frameworks and policies along with the Sixth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (NSP VI) 2024-2028. Moreover, the National Policy for Ending AIDS and the Sustainability of HIV Program for 2023-2028 requires all AIDS committees at National and sub-National level to include the representative of KPs and PLHIV so that, they actively participated in all the cycle of planning, budgeting and monitoring of HIV response.

To address this issue the MoEYS with support from NAA has implemented the CSE in the four-burden city and provinces.

There is a **lack of gender-disaggregated data** on people living with HIV (PLHIV) and key populations, particularly those with diverse gender identities, from HIV programs and community-led monitoring. While national prevention databases contain disaggregated data, they are not widely accessible. **Transgender women** are often categorized as men in PLHIV data, potentially creating inequalities in HIV treatment and care. Additionally, community-led monitoring does not fully disaggregate data by gender, despite having options for men, women, and other genders in data collection. Addressing these gaps is essential for getting a better understanding on inequality and intersection of vulnerability to be addressed for a more inclusive and accurate understanding of HIV outcomes.

Women Living with HIV: Women account for 47% of adults living with HIV in Cambodia[9]. While new infections among women declined from 900 in 2010 to 250 in 2022, they still face significant burdens[10]. In 2023, HIV cascade outcomes for women (88%-88%-86%) lagged behind men (92%-92%-90%)[11], indicating lower testing, treatment, and viral suppression rates. Despite a 36% decline in AIDS-related deaths since 2010, an estimated 580 women (vs. 450 men) aged 15-49 died of AIDS-related causes in 2023, contributing to the decline in women living with HIV from 38,000 in 2017 to 36,000 in

[9] UNAIDS. (2024). Cambodia HIV estimates 2024 based on AEM-spectrum modelling estimates.

[10] https://optimamodel.com/pubs/CAM_HIV_2023.pdf

[11] https://www.unaids.org/en/regionscountries/countries/cambodia

2023[12]. Limited research about women living with HIV and stock-outs of HIV tests for pregnant women suggest gaps in prevention efforts, in particular prevention of vertical HIV transmission.

Pediatric HIV: While vertical HIV transmission rates fell from 25% in 2010 to 8% in 2023, only 59% of HIV-positive children are diagnosed and on treatment, with a cascade of 59%-59%-53%. An estimated 100 AIDS-related deaths occurred among children aged 0-14 in 2023. The 2024 Global Fund Audit[13] identified gaps in systematic testing, tracking, and viral load monitoring, particularly for children over four years old.

Adolescents and Young People: Young people (15-24) account for 43% of new HIV infections, underscoring the need for targeted prevention.[14] Key risk factors include being unmarried, wealthier, and having a history of mobility. Cambodia supports the Network of Young Key Populations to address these vulnerabilities. Field data highlights challenges in reaching adolescent girls and young women acquiring HIV through vertical transmission, young women who use drugs (15-30), and those at risk of sex trafficking.

People with Disabilities: Cambodia has one of the highest rates of people living with disabilities, a legacy of its turbulent history from the 1970s to the late 1990s. Almost 700,000 persons live with disabilities in Cambodia.[15] With a higher prevalence observed in women compared to men, and higher in rural areas, disability rates are increasing with age: 1.2% for 5-14 years, rising to 25.6% in people aged 60 years and above. Seeing difficulties (16%) are the highest reported among six different types of disabilities, ranging from 2.3% for self-care and communication difficulties to 2.9% for hearing difficulties. Higher disability rates are reported for those who were widowed, divorced or separated, people with no or low levels of education and for poor people.[16]

PrEP Follow-Up Challenges: Cambodia, among 20 countries rolling out PrEP, has provided it to 27,000 clients across 44 sites as of September 2024[17], with 49% of PrEP clients retained on PrEP nationally, due to privacy concerns, lack of adherence to guidelines, and weak follow-up systems of lost clients.

Key Populations: Between 2020-2023, new HIV infection has stagnated, with 86% of new infections occurring among key populations and their partners. Certain key population subgroups, including those with low education, multiple partners, and in high-prevalence provinces (Sihanoukville, Banteay Meanchey, Siem Reap), face increased

[12] https://www.unaids.org/en/regionscountries/countries/cambodia

[13] https://www.theglobalfund.org/media/13697/oig_gf-oig-24-004_report_en.pdf

[14] https://www.phnompenhpost.com/national/aids-authority-infections-fell-in-23

[15] https://nis.gov.kh/nis/Census2019/Final%20General%20Population%20Census%202019-English.pdf

[16] Disability Action Council (2023) Persons with Disabilities in Cambodia: Findings from the DHS 2024 and 2021-2022.

[17] https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf

risks[18]. Women who use drugs have an HIV prevalence of 21.3%, nearly double that of men, highlighting critical gender disparities.

Table 1. Recent size estimates, HIV/STI prevalence and high-risk characteristics[19]

Key Population Characteristics	Men who have Sex with Men	Transgender Women	Female Entertainment Workers	People who Inject Drugs	People who Use Drugs
Size Estimate (2022)	86,800	15,900	52,400	3,202	22,374
HIV prevalence	**5.5%**	**13.5%**	**4.9%**	**15.2%**	**5.7%**
IBBS year	2019; and 2023		2022	2017	2017
Higher risk sub-groups	Sihanoukville: **15.2% (2023)** Phnom Penh: 10**.1% (2023)** Banteay Meanchey: **9.3% (2023)** University degree: **8.7%** Receptive sex role: **14.5%** 4+ partners (6m): **14.3%** 4+ clients (6m): **12.5%** Use dating app: **8.7%**	Banteay Meanchey: **24.2% (2023)** Phnom Penh: 16.5% (2023) Siem Reap: **13.4%** (2023) No education: **27%** 4+ partners (6m): **14%** 4+ clients (6m): **20%**	Sihanoukville: **6.8%** Phnom Penh: **5.9** Battambang: **5.5%** **No education: 13%** **Freelance: 7%** Experienced violence: **5.3%**	Phnom Penh: **21.7%** Female: **22%** Homeless: **25%**	Female: **8.5%** Transactional sex: **8.4%**
Characteristics associated with higher HIV prevalence	-University degree -Receptive sex role -Using dating applications -2+ casual partners -Transactional sex -Positive for syphilis	-No formal education -High client frequency	- Experiencing physical/ sexual violence -Free-lance sex -No education	-Being female -Not living with family or in own home -Residence in capital city -HCV co-infection	-Being female -Transactional sex
STI prevalence	44.9% (2023)	45.3% (2023)	34%	5.2%	3.4%
Consistent condom use					
During high-risk sex	62.2%	60%	46%	23%	8.6%

[18] https://www.theglobalfund.org/media/13697/oig_gf-oig-24-004_report_en.pdf

[19] Cambodian CCM (2023) Programmatic Gap Tables, GFTAM Application Package 2023.

Commercial partner	50% (paid male partners) (2023) 90.5% (paying male partners) (2023)	47.9% (paid male partners) (2023) 59.2% (paying male partners) (2023)	62%	73%	59%
Regular partner	44.7% % (with main male partners) (2023)	45.3% % (with main male partners) (2023)	17%	N/A	N/A

The intersection of multiple identities — such as being a woman, a person who uses drugs, and an entertainment worker — amplifies vulnerability to HIV by compounding social, economic, and structural barriers. These overlapping stigmas often result in limited access to HIV prevention, harm reduction and other healthcare services, and discriminatory treatment. Additionally, the lack of protective legal frameworks and targeted interventions for marginalized groups increases their vulnerability, leaving them with few resources to mitigate these risks or seek justice. Addressing these intersecting vulnerabilities requires a holistic, rights-based approach that prioritizes healthcare access, harm reduction, and protections against gender-based violence.

The primary data also indicates that there are other subgroups at the intersections, such as heterosexual and gay men who have sex with men engaging in entertainment work, people who use drugs practicing Chemsex. Practices like Chemsex, which might involve forced drinking and coercive drug use, heighten the risk of sexual violence, unprotected sex, and exposure to HIV. For example, when female entertainment workers used drugs or alcohol, the percentage of those who did not use a condom ranged from 63% in Phnom Penh to 7% in Ratanakiri.[20] The condom is known to be a male-driven solution, so the non-use of a condom of female entertainment workers can be dominated by their male sexual partners.

Prison Populations: HIV risk is high in Cambodia's overcrowded prisons, especially among people who use/inject drugs, female entertainment workers, and transgender women. Since 2015, the prison population has surged 60% to 45,122 as of March 2024, with an HIV prevalence of 1.7%[21]. Despite available HIV testing and ART, harm reduction services like needle exchange and condoms are absent. Women constitute 5.7% of inmates, yet gender-specific HIV data is lacking. Ensuring uninterrupted ART access in prisons remains a priority.

[20] National Centre for HIV/AIDS, Dermatology and STD (NCHADS) (2022) Integrated HIV Bio-Behavioral Surveillance Survey (IBBS) among female entertainment workers in Cambodia. NAA, NCHADS.

[21] https://lawsandpolicies.unaids.org/jointanalysis?id=prisoners&a=KHM&lan=en

HIV & Disability: There is no data on the intersection of HIV and disability in Cambodia, as people with disabilities are not considered a key population for HIV. Some experts suggest that chronic illnesses like HIV could be classified as disabilities if they cause impairments, but criteria remain unclear.

> 'Disability issues are new for us; we have no data.' Key informant in this assessment.

HIV initiatives rarely target people with disabilities, and accessible educational materials are scarce. Many individuals on ART for 15-20 years are aging and developing disabilities, with this number expected to rise. People with disabilities — especially women — face compounded burdens, including stigma and inadequate access to sexual and reproductive health services. Some may even hide their HIV status to avoid further discrimination. The gaps are also identified around the information on service provision for people with disabilities and suggest targeted interventions to improve their health outcomes and to address prevention gaps and increase their access to social protection and healthcare. Addressing the intersection of HIV and disability and the persistent gaps that hinder equitable service delivery is crucial for inclusive healthcare.

Institutional Barriers

Cambodia has made significant strides in responding to HIV, yet institutional barriers persist, hindering an inclusive and effective response, particularly concerning meaningful community engagement, Rights and Gender Equality, Disability, and Social Inclusion (GEDSI). Key challenges include:

Legal and Policy Barriers

Cambodia's legal age of consent is 15, but HIV testing without parental consent is restricted to those 18 and older.

Access to HIV testing and treatment is guided by Cambodia's Law on the Prevention and Control of HIV/AIDS (2002), which emphasizes voluntary and informed consent for people regardless of their age, but broader regulations within the healthcare set this age at 18 years. The age of consent is set at 15 years, allowing individuals to legally consent to sexual activities. For minors younger than 18 years, written consent from a legal guardian is generally required by broader legal provisions related to minors' ability to consent to medical procedures, creating an 18-year threshold. However, for HIV testing, in cases where guardian consent cannot be obtained, minors can provide their own consent if the test is deemed in their best interest.

The minimum marriage age is 18 for women and 20 for men, yet 17.9% of women aged 20-24 married before 18. Adolescent pregnancy is more common among girls from poorer

households and with lower levels of education, and adolescent fertility rates are highest in rural areas, where early union both for formal marriage and informal union before age 18 remains common.

Underrepresentation in decision making

13.6% of seats in national parliament were held by women in 2023 in Cambodia, making women vastly underrepresented in decision-making positions, although there is some evidence of recent improvement.[22] Gender parity in parliamentary representation is still far from being realized.[23] The Cambodian Constitution does not prohibit individuals from the LGBTQIA+ community, including transgender women, or people with disabilities from participating in politics. However, societal attitudes and a lack of legal recognition for transgender identities can pose significant barriers to their political engagement. No specific programs were implemented to increase the participation of people with disabilities. Without a proper representation of women, LGBTQIA+ people or people with disabilities, it remains difficult to balance power for these groups and enable them to shape an inclusive policy.

Socioeconomic barriers

Vulnerable Employment: In 2022, 60.4% of employed women were in vulnerable positions, lacking job security and social protections. This economic instability can impede their access to consistent HIV prevention and treatment services.[24]

Workplace Discrimination: Despite wage gap reduction (24% in 2017 to 19% in 2020), women face unequal pay, and restricted promotions. Cambodia ranks 92nd globally in gender parity (score: 0.71)[25]. While legal frameworks support women's economic participation, gaps remain in laws affecting pay, marriage-related constraints, and post-maternity employment. No paid parental leave exists, and childcare absences do not count toward pension benefits.[26]

Harassment and Violence at Work: Sexual harassment is widespread, yet fewer women report it than men. Lower-educated women with infants are most vulnerable. Less than 45% of workers find harassment reporting systems adequate, highlighting the need for stronger reporting procedures and training.[27]

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[22] https://openknowledge.worldbank.org/bitstreams/eaed8c55-a358-4c0d-9a6c-fb4b6495ced4/download

[23] https://www.uncclearn.org/wp-content/uploads/library/final-digital_cambodia_report.pdf

[24] https://www.ohchr.org/sites/default/files/2022-05/Cambodia_0.pdf?utm_source=chatgpt.com

[25] https://www.undp.org/sites/g/files/zskgke326/files/migration/kh/Gender-Wage-Gap-in-Cambodia.pdf

[26] https://documents1.worldbank.org/curated/en/099128307012230361/pdf/IDU1a58b5ec91430514a3b189dc194983b6aece8.pdf

[27] ILO (2020) Gender and Care Responsibilities: Examining the differences for garment workers in Better Factories Cambodia.ttps://betterwork.org/reports-and-publications/gender-and-care-responsibilities-examining-the-differences-for-garment-workers-in-better-factories-cambodia/

Healthcare system barriers

Limited Inclusive Services: HIV services often fail to accommodate the needs of LGBTQIA+ people, persons with disabilities, and marginalized women (e.g., female entertainment workers and migrants).

Gender Bias in Care: Women, especially pregnant women and female entertainment workers, face judgment and discrimination when accessing HIV-related healthcare.

Inaccessible Healthcare for Persons with Disabilities: Lack of disability-friendly HIV services, including inadequate physical access, communication barriers, and provider awareness.

The previous gender assessments uncovered the following institutional barriers.

Barriers Identified	Source	Link
Gender-based discrimination in workplace policies, lack of gender-sensitive health services, and limited access to educational opportunities for women and girls.	Better Factories Cambodia. (2017). Towards Gender Equality.	Better Work
Weak policy implementation on gender equality, limited inclusion of women in decision-making roles, and lack of targeted policies for female migrant workers.		IOM
Disparities in access to reproductive health services, particularly for women in rural areas, and a lack of gender-sensitive approaches to healthcare delivery.	Cambodia Health Equity and Quality Improvement Project (H-EQIP) Gender Assessment. (2018). World Bank.	World Bank
Key populations, including women, face challenges due to stigma and lack of gender-sensitive HIV services. Integrating gender equality into HIV prevention programs is critical to reducing these disparities.	Towards Ending AIDS in Cambodia - Transition Readiness Assessment (2018). National AIDS Authority and UNAIDS	AIDS Data Hub
Barriers to women's participation in climate change adaptation and disaster risk reduction due to social norms and exclusionary decision-making processes.	State of Gender Equality and Climate Change in Cambodia. (2021). UN CC.	UN CC

Structural Barriers and Intersectional Inequalities

Structural barriers reflect systemic inequalities that disadvantage women and LGBTQIA+ individuals, deeply rooted in cultural, social, and economic systems.

Economic Disparities

Women and LGBTQIA+ people are often confined to lower-paying, insecure jobs, with limited access to financial resources, vocational training, and business opportunities[28]. Women living with HIV face additional economic hardships, including intimate partner violence, food insecurity, and lack of financial independence.

> 'Khmer culture is not open for female sexuality and those in same-sex relationships; even if HIV education is included in the program, the girls apparently should not appear interested.'
>
> Key informant in this assessment

Education Gaps

Cultural norms, such as Cambodia's *Chbab Srey*, historically undervalue girls' education[29]. While progress has been made in gender parity, barriers persist, especially in rural areas. Most recently, girls have benefited greatly from Cambodia's commitment to the global agenda to increase access to education, as well as the focus on gender parity and learning quality. The government did not deny girls equal access to education, but families with limited resources often gave priority to boys, especially in rural areas. According to international organization reports, enrollment dropped significantly for girls after primary school in urban areas, while secondary school enrollment for boys dropped significantly in rural areas.[30]

Comprehensive Sexuality Education

Patriarchal norms limit women's autonomy over health decisions. Comprehensive sexuality education (CSE) is crucial for HIV prevention, yet awareness among youth is declining[31]. The main player for CSE is the Ministry of Education, Youth, and Sport (MoEYS) responsible for ensuring equal education and implementing HIV prevention curricula in schools.

Within MoEYS, the Interdepartmental Committee on HIV & AIDS (ICHA) plays a pivotal role in mainstreaming HIV & AIDS education across the education sector. ICHA's responsibilities include integrating HIV & AIDS topics into the national curriculum, training

[28] Gender Equality in Access to Formal Secondary Education in Cambodia | PCAsia

[29] https://betterwork.org/wp-content/uploads/Toward-Gender-Equality-2017-18.pdf

[30] https://apiportal.uis.unesco.org/bdds

[31] https://optimamodel.com/pubs/CAM_HIV_2023.pdf

pre-service and in-service teachers, and developing comprehensive educational materials tailored to Cambodia's socio-cultural context.

Gender Norms and Stereotypes and how they impact health and social outcomes

Traditional roles reinforce male dominance in decision-making, including uses of condom and other HIV prevention measures, contributing to HIV risks as it is leaving women and female entertainment workers with limited power to negotiate safer practices. Men are also pressured into heterosexual norms, leading to hidden relationships and unsafe practices. The field data collection suggests that MSM are pressured to marry by social norms, and practice sexual relationships both with men and women. Women face age-based discrimination in employment, while transgender individuals encounter social stigma, exclusion from jobs, and healthcare discrimination. Women often lack control over their health decisions, particularly concerning sexual and reproductive health, which is frequently shaped by male-dominated norms, as reported by women during the assessment. Although women reported having the same perceived capabilities as men and being able to “do any job men can do”, yet social gender norms and prejudgments promoted men as more mobile and stronger.

Stereotypes related to gender diverse or LGBTQIA+ persons as deviating from established gender roles, lead to marginalization in various aspects of life, including employment, healthcare, and social acceptance. Transgender persons are stereotyped into what they can do for living entertainment, working in beauty salons, dressmaking; and are blamed for being thieves. Recently, there has been a gradual shift towards greater visibility and advocacy for transgender rights, however, significant barriers remain, particularly in rural areas where traditional views are more deeply entrenched. The constant devaluation - as not beautiful - of transgender women’s appearance and identity damages self-esteem and fosters a sense of inferiority, further exacerbating their social isolation. Transgender women who are considered beautiful were said to endure more violence from clients and the police, an important intersection to note for HIV prevention implementers, as reported during the assessment. Verbal abuse that questions transgender identities as a form of gender betrayal is a common experience, leading to further alienation and psychological distress for transgender persons (‘you are men, but you don’t want to be men). They face unique challenges in healthcare, as many are uncomfortable with the questions and judgment they receive. Misgendering is a form of discrimination in public health facilities, where medical forms are typically binary, offering no options beyond male or female. When staff address patients using gendered pronouns like ‘bong srey’ (sister) or ‘bong proh’ (brother), and these pronouns do not align with a transgender persons’ identity or expression, it often results in ridicule or uncomfortable stares, leading to more feelings of alienation. Similarly, transgender men are reluctant to seek reproductive health services due to invasive questioning.

Marginalization of Women, Key Populations and Persons with Disabilities

Unpaid Care and Domestic Labor

Women bear the brunt of unpaid caregiving responsibilities, limiting their economic opportunities. The expansion of early childhood education and social protection programs in Cambodia has helped alleviate some burdens, but significant gaps remain.

While the government of Cambodia promotes female leadership and supports childhood early education, there has been no systematic effort to recognize domestic labor and unpaid care. More needs to be done for meaningful shifts in cultural attitudes and everyday realities, including HIV response. Public policies or development efforts rarely address the pressure of unpaid care and domestic errands, even though it is one of Cambodia's biggest hindrances to gender equality.[32] Social norms related to domestic labor and unpaid care are deeply embedded in societal expectations that disproportionately place caregiving responsibilities on women and exclude transgender persons from traditional caregiving narratives. Gender inequalities are echoed in the unequal division of unpaid domestic and care responsibilities, with women doing 90% of that work on average. Without other support [such as men and boys], unpaid work may be shifted to older women in the family or girls, often with a negative effect on their education.

Importantly, Cambodia reports[33] progress in expanding services for young children. The result of rapid commercialization in settings where formal, government-provided systems of social protection are absent created a 'crisis of care'.[34]

Many caregivers face significant challenges, such as balancing their caregiving duties with their own health and economic needs, especially for women living with HIV who often carry the burden of managing their health while caring for children, husbands and older family members. Women's perceived roles as caregivers and homemakers persist, with their financial management within households often mistaken for true empowerment. The IDIs from this assessment revealed that managing finances for women living with HIV and women from key populations in the context of poverty and poor health presents yet another burden for women. Women may experience poverty even within households not classified as poor, primarily due to the control of financial resources by men in the family. For working women, based on Cambodian cultural norms they are expected to both work and provide for the family but also take care of the house and the children. Balancing

[32] https://cambodia.un.org/en/174010-gender-equality-deep-dive-cambodia

[33] MoEYS Congress Report 2021-2022, April 2023

[34] Beban A., Martignoni J. (2024) The lucky and unlucky daughter: Gender, land inheritance and agrarian change in Ratanakiri, Cambodia. https://onlinelibrary.wiley.com/doi/10.1111/joac.12579

livelihoods with unpaid errands leads many women to have vulnerable work. The reason why women cannot attend technical or vocational training was referred to as domestic care they must do.[35]

Intersectional Oppression

Women facing multiple forms of marginalization — due to disability, ethnicity, or economic status — struggle with employment, mobility, and access to social protection.

Persons with disabilities — particularly women, youth and rural inhabitants — experience higher rates of unemployment and economic inactivity and are at greater risk of vulnerable employment and insufficient social protection than others without disabilities.[36]

Young women in IDIs and FGDs from this assessment reported feeling restricted in their career choices and travel freedoms. Additionally, family and community expectations discourage young women from relocating independently to pursue higher education or work, an opportunity more readily available to men. Young transgender women said that they face economic hardships, familial rejection due to their gender identity and expression, resulting in school dropouts and limited employment opportunities. While some attempt to establish small businesses, such as beauty services, these ventures are often seasonal and insufficient for sustainable income. Thus, the lack of education restricts their earning potential, forcing survival to take precedence over health concerns, including HIV services.

Rural Urban Divide

Rural areas have long faced challenges related to accessibility and the availability of essential health services. These challenges are often due to extended travel times, higher transportation costs, and frequent interruptions in the supply of necessities to remote locations. Low population density and significant distances from basic services and work opportunities contribute to the marginalization of rural communities. Kobashi et al. (2021)[37] studied the rural-urban balance in Cambodia's health services: the regional inequity in health services remains a crucial problem, as illustrated by the fact that the infant mortality rate is approximately three-fold higher in rural areas than in urban centers. Social norms also vary sharply between urban and rural areas, placing the necessity to do hard physical work for men or rejection of gender diverse people, creating additional disparities. In an FGD, the women confirmed that they have control over decisions to access healthcare services in rural areas, although the desk review and IDIs with

[35] Ven S., Pham L. (2023). Promoting gender equality and women's empowerment in Southeast Asia EMW Knowledge Hub... https://knowledgehubemw.com/publications-details/1680778117

[36] ESCAP (2021) Disability at a glance 2021 the shaping of disability-inclusive employment in Asia and the Pacific.

[37] https://pmc.ncbi.nlm.nih.gov/articles/PMC9056147/

stakeholders pointed that they might need a consent by a male family member prior accessing the healthcare services: the real barrier for them was the caring burden.

The previous gender assessments uncovered the similar structural barriers.

Poverty, limited economic opportunities for women, especially in rural areas, and increased burden of unpaid care work on women.	Cambodia Poverty Assessment 2022: Toward a More Inclusive and Resilient Cambodia. (2022). World Bank.	World Bank
Gender disparities in access to education and employment, gender pay gaps, and women's limited access to financial resources.	Gender Equality in Access to Formal Secondary Education in Cambodia. (2018). Parliamentary Institute of Cambodia.	Parliamentary Institute
Gendered norms that limit women's mobility, access to resources, and participation in the labor market.	Gender Equality and Social Inclusion (GESI) Promising Practices. (n.d.). World Vision International.	World Vision

Stigma & Discrimination

Stigma and Discrimination experienced by PLHIV and key populations

People who use drugs, persons with disabilities, and ethnic minorities experience compounded stigma and discrimination, often facing barriers to employment, healthcare, and social services. Harmful stereotypes—such as viewing disability as karma—perpetuate social exclusion.

Drug use is often associated with mental instability or illness, leading to perceptions of individuals, particularly women, as unreliable and undeserving of support. In Cambodia, this stigma is further compounded by the presence of a mobile phone application that allows the reporting of people who use drugs to law enforcement, resulting in their detention. Community attitudes, however, are inconsistent. While some individuals show empathy and understanding, others reinforce stigma through judgmental and dismissive behaviors. This divided societal response highlights the complex and polarized social dynamics faced by people who use drugs, inclusive of women, transgender women and men.

People with disabilities (PWD) are not expected to have sex lives, enjoy sexual relationships or have families. In communities where they live, PWD report that others without disabilities think that the disabilities can be passed on to children, and express

surprise that PWD also wish to have families. Social norms about disability also interact with existing gender norms, significantly adding the burden for women. Being a woman is generally associated with increased vulnerability, and this is exacerbated for those who live with a disability or impoverished, making them more susceptible to gender-based violence. Alarmingly, such abuse can originate from their own caregivers. There is an expectation that discourages girls from discussing sexual matters. Furthermore, this extends to being over-protective, limiting PWD to the household or the farm, reducing their socializing experiences, or not supporting their schooling or special education needs.

The 2024 Community-Led Monitoring on Stigma and Discrimination found that 55% of people living with HIV experienced stigma and discrimination in the past 6 months from the community, followed by the workplace (23%), and in family (17%) (n=4674). 25% of respondents experienced unequal access to services due to stigma and discrimination and 34% were afraid to go for other services because of discrimination in the past six months[38]. HIV-related stigma and discrimination were negatively associated with ART adherence.[5]

MSM, transgender individuals, and female entertainment workers experience heightened stigma, discouraging open dialogue and safe-sex practices.

The IBBS 2022 found that almost one in five FEW have avoided health care in the past year due to stigma or discrimination and it was recommended that all health care professionals should receive training to respond effectively and compassionately serve FEW, including young FEW and other marginalized communities.

Transgender women and MSM report high levels of stigma, impacting HIV testing and healthcare access. Despite growing LGBTQIA+ advocacy, progress remains limited to urban areas, with rural communities and older generations resistant to change. HIV is often labeled as an ‘MSM disease,’ increasing stigma within families and communities.

[38] CLM Dashboard (2024) ttps://app.powerbi.com/view?r=eyJrIjoiNDA4OTgzMTAtOTEzNC00NmQ5LTlkYjEtNWJkZDY4NzZmODU4IiwidCI6IjAwMjA2M2JmLWI3OGUtNDgwNi1iZjgwLTFiZDEwNGU3OGE2OCIsImMiOjEwfQ%3D%3D

Asseervatham, R. A., Eng, S., Eang, S., Tuot, S., & Yi, S. (2023). Barriers and facilitators of post-violence help-seeking behavior among 21–49-year-old transgender women in Phnom Penh: A qualitative study.

Dary, C., Segeral, O., Larmarange, J., Mosnier, E., Mechlia, M. B., Ouk, V., ... & Saphonn, V. (2024). Pilot implementation of HIV self-testing delivery in private pharmacies combined to a Respondent Driven Sampling method to improve HIV testing for MSM and TGW in Phnom Penh–ANRS 0100s: a prospective feasibility study.

Tuot, S., Teo, A. K. J., Prem, K., Chhoun, P., Pall, C., Ung, M., ... & Yi, S. (2021). Community-based model for the delivery of antiretroviral therapy in Cambodia: a quasi-experimental study protocol. BMC infectious diseases, 21, 1-9.

Asseervatham, R. A., Eng, S., Eang, S., Tuot, S., & Yi, S. (2023). Barriers and facilitators of post-violence help-seeking behavior among 21–49-year-old transgender women in Phnom Penh: A qualitative study.

Dary, C., Segeral, O., Larmarange, J., Mosnier, E., Mechlia, M. B., Ouk, V., ... & Saphonn, V. (2024). Pilot implementation of HIV self-testing delivery in private pharmacies combined to a Respondent Driven Sampling method to improve HIV testing for MSM and TGW in Phnom Penh–ANRS 0100s: a prospective feasibility study.Tuot, S., Teo, A. K. J., Prem, K., Chhoun, P., Pall, C., Ung, M., ... & Yi, S. (2021). Community-based model for the delivery of antiretroviral therapy in Cambodia: a quasi-experimental study protocol. BMC infectious diseases, 21, 1-9.

Many young MSM hide their identities to avoid discrimination. Anticipated stigma among transgender women (Asseervatham et al., 2023) [3], internalized stigma (Brody et al., 2022) lead to shame and low self-esteem. Among gay men and other men who have sex with men and transgender women outside of community-based organizations, there is stigma, discrimination, and low uptake of HIV testing services (Dary et al. 2024).[4] The IBBS 2023 among MSM and transgender persons (p.33) referred to stigma in context of being a reason to stop PrEP in 3,7% of those who stopped using PrEP. In 2017 IBBS among PWID and PWUD, stigma primarily was referred as a reason for a lack of participation in HIV services.

The compounded stigma faced by individuals with both disabilities and HIV, may lead to social withdrawal and diminished self-esteem and low participation in the community-led organizations such as an organization of patients receiving ARVs in Cambodia, which has members with eye problems who experience self-blame. In the field data collection, these members were said to be depressed and not engaging well in this organization. On a more positive note, groups representing persons with disability acknowledge supportive laws and the United Nations Convention on the Rights of Persons with Disabilities and observe that norms seem to be more accepting, flexible and understanding. In the past, people with disabilities felt they didn't want to go out of their homes — they were shy, afraid, not confident, didn't want to join events — now they are more proud, confident, though some still have self-discrimination. These groups also engage with families and communities, recognizing caregivers and family members as second beneficiaries. While discrimination persists, it is more prevalent at the personal or community level rather than institutionally.

Stigma and Discrimination experienced by People with Disabilities (PWD)

PWD, particularly from childhood, face social stigma, limiting their educational and social opportunities. Families often perceive them as burdens, furthering isolation. For transgender persons with disabilities, the challenges are compounded. They face not only physical accessibility issues but also a lack of representation and understanding within both the disability and LGBTQIA+ communities.

PWD face legal, physical, and communication barriers. Healthcare centers lack accessibility, and staff are often untrained in disability-inclusive care. Deaf individuals struggle with education and employment due to inadequate sign language support. Poverty and gender disparities further limit healthcare access.

Sexuality and HIV Prevention

Discussions on sexuality remain taboo, creating conflicting public health messages on HIV prevention. Fear of being labeled promiscuous deters individuals from seeking

services. FGDs with various groups — women, MSM, transgender individuals, and female entertainment workers — all reported a sense of unease tied to the stigma surrounding HIV. They noted that discussions about HIV prevention and sexuality inadvertently associate them with having many partners or highlighting them being promiscuous as their only characteristics. Thus, female students are not expected to take an interest in sexuality education, and women, in general, struggle to express positive perspectives on deriving pleasure from sex. This perception perpetuates stereotypes, discouraging individuals from seeking services or engaging in conversations about safe sex, out of fear of being judged or labeled. The discomfort and stigma not only hinder prevention efforts but also create barriers to accessing care, isolating those who are already vulnerable to HIV.

School-based stigma and HIV

School-based HIV stigma is a major issue for adolescent and young MSM, with not up-to-date curricula failing to address discrimination against gender diverse people and people living with HIV. While urban youth challenge traditional attitudes, rural areas and older generations remain resistant. Teachers often avoid discussing HIV, leaving students — especially young girls — with inadequate knowledge. Many young men who have sex with men face verbal discrimination from teachers, leading to mental health struggles, suicidal thoughts, and school dropouts. LGBTQIA+ adolescents also experience stigma extending to their families. Limited resources deprioritize the needs of young women living with HIV. Thus, sustainable, government-supported care is needed to support adolescents living with HIV in school-based settings beyond NGO efforts.

Cambodia- National HIV Response

Legal Frameworks

Protections for People Living with HIV

Cambodia's legal framework includes protections for people living with HIV through the *Law on Prevention and Control of HIV and AIDS* (2002). This law explicitly prohibits discrimination in employment, healthcare, education, travel, public office, and financial services. Chapter VI mandates confidentiality protections, and Article 42 states that people living with HIV/AIDS have the same rights as other citizens, as outlined in Chapter 3 of the *Constitution of the Kingdom of Cambodia*[39].

However, despite these legal protections, implementation gaps remain. The *Global AIDS Strategy 2021-2026* highlights decriminalization as a key strategy to end AIDS by 2030,

[39] https://cambodia.ohchr.org/sites/default/files/Constitution_ENG.pdf

but Cambodia's Law on Prevention and Control of HIV and AIDS remains criminalizing 'intentional HIV transmission', which reinforces stigma and may hinder HIV prevention efforts (UNAIDS, 2021)[40].

Gender based Violence (GBV) and Intimate Partner Violence (IPV)

GBV and IPV remain significant challenges in Cambodia. Widespread rural poverty, combined with a deeply patriarchal society, normalizes violence. Women and children are particularly vulnerable to trafficking and trauma[41].

The Royal Government of Cambodia has taken steps to address violence against women by implementing several legislative and policy documents, including:

- *Law on the Prevention of Domestic Violence and the Protection of Victims* (2005).
- *Third National Action Plan to Prevent Violence Against Women (NAPVAW III) 2019-2023*.
- *National Strategic Plan for Counter-Trafficking in Persons 2019–2023*.
- *Action Plan to Prevent and Respond to Violence Against Children 2017-2021*.
- *National Disability Strategic Plan 2019-2023 (NDSP2)*.

The law provides institutional infrastructure to protect survivors and prevent future violence. However, it distinguishes 'serious' acts of violence, which are criminalized, from 'lesser' acts, which are not legally actionable. Police do not always consider domestic violence a crime, responding only to severe cases and rarely enforcing protection orders (UN Women, 2023).

According to the *2021-2022 National Survey*[42] 21% of women with an intimate partner reported experiencing emotional, physical, or sexual IPV, with 13% having experienced such violence in the past year. 2% had ever experience sexual violence from anyone, less than 1% had experienced sexual violence by a non-intimate partner. However, 53% of women never sought help or disclosed their experiences.

Recent progress includes the integration of post-exposure prophylaxis (PEP) into protocols for GBV survivors, and the launch of One-Stop Service Units (OSSUs) in

[40] https://www.unaids.org/en/resources/documents/2021/01-hiv-human-rights-factsheet-criminalization

[41] Wyatt, Z. (2022). A Vulnerable Nation: The Intersection of Rural Poverty, Cultural Norms and Gender-Based Violence in Cambodia. Asian Journal of Social Science Studies, 7(5), 55. https://hagarinternational.org/wp-content/uploads/2022/06/A-Vulnerable-Nation.pdf

[42] National Institute of Statistics, Ministry of Health [Cambodia], & ICF. (2023). *Cambodia Demographic and Health Survey 2021–22*. Phnom Penh, Cambodia, and Rockville, MD, USA: The DHS Program, ICF.

December 2024, providing medical, legal, and psychological support[43]. Despite these advancements, LGBTQIA+ individuals remain excluded from most legal frameworks addressing GBV, facing barriers in accessing justice and support services.

Although there is a decline in GBV rate from 29% in 2013 to 21% in 2021-22, in the past decade, there was also an intergenerational loop of violence: more than half of all children in Cambodia also experience violence, often based on gender[44]. UNICEF data show the devastating effects of GBV on girls, who can grow to self-harm, suffer severe mental distress and endure intimate partner violence[45]

'Law enforcement doesn't understand us, and we don't know what to do in case of GBV.' Key informant, FGD with transgender women.

In a study that described the perspectives of Khmer women on their pathways into shelters in Cambodia, focusing on traditional gender norms and trafficking discourse, researchers highlighted that trafficking discourse imposed symbolic violence on identified victims, diverting attention from rights-based policies aimed at addressing sexual and gender-based violence. The young people spoke at length about their communities' perception that harassment, abuse, and sexual trauma were the fault of the survivor.

The Royal Government of Cambodia has made a commitment to addressing VAW by introducing several legislative and policy documents. In 2005, the *Law on the Prevention of Domestic Violence and the Protection of Victims* was passed. Currently, the elimination of all forms of violence against women and girls is a top priority of the government's agenda for human capital development and harmony in the family and society. Several action plans were implemented to address all forms of violence against women and girls, including the third National Action Plan to Prevent Violence Against Women 2019-2023 (NAPVAW III), The five-year National Strategic Plan for Counter Trafficking in Persons 2019–2023, the Action Plan to Prevent and Respond to Violence Against Children 2017-2021 and the Prevention of Child Marriage and Adolescent Pregnancy Action Plan in Rattanakiri province 2017-2021[153].

[43] United Nations Population Fund (UNFPA). (2024). Cambodia officially launches guidelines for setting up One-Stop Service Units for survivors of gender-based violence. https://cambodia.unfpa.org/en/news/cambodia-officially-launches-guidelines-setting-one-stop-service-units-survivors-gender-based

[44] Ministry of Women's Affairs, UNICEF Cambodia, and United States Centres for Disease Control and Prevention (2014). Findings from Cambodia's Violence Against Children Survey 2013: Government Commitment to End Violence against Children. *In this assessment, it was not possible to find the most recent data on violence against children in the public domain; however, this topic is of importance according to the field data collection in this assessment.

[45] UNICEF East Asia and the Pacific Regional Office, UNFPA Asia and Pacific Regional Office, and UN Women Asia and Pacific Regional Office (2020) Ending Violence against Women and Children in Cambodia: Opportunities and Challenges for Collaborative and Integrative Approaches, Bangkok: UNICEF.

The National Disability Strategic Plan 2019-2023 (NDSP2) and the Third National Action Plan to Prevent Violence Against Women 2019-2023 (3rd NAPVAW) aim to enhance the rights and protections for persons with disabilities and women and girls.

These legislative and policy frameworks are not inclusive of LGBTQIA+ and fall short in addressing GBV and sexual violence targeting men, transgender women and men who have sex with men, primarily framed with a focus on women and girls. A lack of legal protections and inadequate understanding by law enforcement were confirmed in the field data collection as factors that exacerbate the challenges faced by gender diverse key populations in addressing GBV. Many community members remain devastated about the absence of legal options for them and do not know how to effectively seek support and help.

Shelters and access to GBV support services: There is no government-funded shelter for GBV survivors and very few are run by NGOs. Most survivors, especially Indigenous and Minority women, live in areas that have no shelters.[46] The law permits but does not require police and other local authorities and courts to protect survivors through protection orders, or similar administrative decisions, or by arresting and charging perpetrators with crimes. Most local authorities do not know about protection orders and choose not to jail and prosecute perpetrators.

Protections for People with Disabilities

The *Law on the Protection and the Promotion of the Rights of Persons with Disabilities* (2009) seeks to eliminate discrimination and ensure full participation of people with disabilities (PWD) in Cambodian society. It includes provisions for employment quotas (1% public sector, 2% private sector for companies with 100+ employees), accessibility, inclusive education, and voting rights (Royal Government of Cambodia, 2009).

Key institutions supporting implementation include:

- Disability Action Council (DAC): High-level policy body chaired by the Prime Minister.
- Ministry of Social and Veterans Affairs (MOSVY): Leads disability programs and policy execution.
- Department of Welfare of Persons with Disabilities (DWPD): Supports vocational training, rehabilitation, and disability allowances.
- Disability Rights Administration (DRA): Monitors employment quotas.

46 UPR Info. (2024). Cambodia. *Factsheet: Gender-based violence*. https://upr-info.org/sites/default/files/country-document/2024-02/Factsheet_Gender_Based_Violence.pdf

- Persons with Disabilities Foundation (PWDF): Operates 13 rehabilitation and prosthetic service centers (MOSVY, 2022).

However, access barriers remain. Health benefits extend to PWD under general health coverage, but there are no targeted accommodations to address accessibility needs in service delivery (ILO, 2023).

Lack of Protections for Key Populations

Reports from UN committees highlight ongoing legal and systemic barriers affecting key population, including criminalization of drug use, certain aspects of sex work, and impunity for violence against key populations (United Nations Human Rights Council, 2024).

LGBTQIA+ individuals remain vulnerable due to the lack of explicit legal protections. While homosexuality is not criminalized, discrimination persists in employment, healthcare, and legal rights, particularly regarding legal gender recognition, marriage, adoption, and property ownership. During Cambodia's *4th Cycle Universal Periodic Review*,[47] the country accepted twelve recommendations on LGBTQIA+ rights, including legal gender recognition and same-sex marriage recognition[48]. In 2024, the Human Rights Commission of Cambodia engaged in discussions with LGBTQIA+ representatives on these issues[49].

Criminalization of HIV

'Even when partners are aware of each other's HIV status, legal repercussions can arise during disputes, such as divorce, where one's HIV status may be used against them.' Woman living with HIV

The *Law on HIV Prevention and Control* (2002) criminalizes intentional HIV transmission but lacks clarity on disclosure, consent, and transmission risk. Although prosecutions under this law are rare, four known cases, including cases involving rape, immigration status, and healthcare settings, highlight concerns about the law's application. in particular the interpretation of 'intention' and the adequacy of forensic evidence in determining transmission sources [50]. Under the leadership of National AIDS Authority, the explanatory note of Law on Prevention and Control of HIV and AIDS, including article on intentional transmission to

[47] https://rockcambodia.org/4th-cycle-upr-sogiesc-srhr-cambodia/#:~:text=During%20Cambodia's%204th%20cycle%20Universal,rights%20and%20LGBT%2B%20equal%20rights.

[48] https://www.google.com/search?client=safari&rls=en&q=Cambodia%E2%80%99s+4th+Cycle+Universal+Periodic+Review&ie=UTF-8&oe=UTF-8

[49] https://www.ohchr.org/en/countries/cambodia

[50] https://www.hivjustice.net/country/kh/

clarify and ensure common interpretation of 'intention' based on legal aspect, however, the adoption of the explanatory is still pending. Women living with HIV report fears of disclosing their status due to the risk of legal action, workplace discrimination, or partner abandonment, contributing to mental health burdens. In contrast, men with HIV do not report concerns about the criminalization of HIV transmission, highlighting a key gender disparity. Additionally, low literacy and lack of awareness in rural areas and among key and vulnerable groups — such as female entertainment workers, transgender women from Muslim communities, and young MSM —mean they may unknowingly violate the law. Despite not being actively enforced, the criminalization of HIV transmission poses real and perceived legal risks, particularly for women.

Criminalization of Drug Use

> 'There is a limited rights-based approach to HIV, people have the right to live freely without discrimination even if they are HIV-positive.'
> Key informant from this assessment.

The government's anti-drug campaign has led to mass incarceration, with thousands detained annually in drug detention centers, where detainees report human rights abuses and lack access to healthcare[51]. The *Committee on the Elimination of Discrimination against Women (CEDAW)* noted that women using drugs face compounded discrimination and urged Cambodia to fully implement alternative sentencing measures, particularly for pregnant women and mothers[52]. Punitive laws related to drug use continue to contribute to stigma and discrimination against people who use and inject drugs, inclusive of men, women and gender diverse people and create service access barriers for them because of detention or fear of being arrested[53].

Criminalization of Sex Work

Cambodia's *Law on the Suppression of Human Trafficking and Sexual Exploitation* criminalizes solicitation in public spaces, profiting from prostitution, recruiting someone into the trade, acting as an intermediary but does not criminalize the act of buying sex. Field data confirm that enforcement disproportionately targets female entertainment workers and transgender women, who report police harassment, arbitrary detention, and barriers to access HIV services and maintain ART adherence. In the field data collection, FEWs continue to face persistent harassment and detention in public spaces systematically, restricting their ability to work safely and leading to economic insecurity.

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[51] Amnesty International. Substance abusers: The human cost of Cambodia's anti-drug campaign (ASA 23/2220/2020), May 2020, pp. 37-43. https://www.amnesty.org/en/documents/asa23/2220/2020/en/

[52] United Nations Committee on the Elimination of Discrimination against Women. (2019) *General Assembly Official Records: Seventy-fourth session*. Concluding observations on the sixth periodic report of Cambodia. https://documents.un.org/doc/undoc/gen/n19/363/06/pdf/n1936306.pdf

[53] APCOM. (2023). Country summary: HIV key population snapshot – Cambodia (Version 1). https://www.apcom.org/wp-content/uploads/2023/02/Country-summary-HIV-KP-snapshot-Cambodia_v1.pdf

Freelance female entertainment works have higher HIV prevalence compared to the establishment workers, and they are arrested in the streets as confirmed by the field data collection. Ongoing advocacy has been made for full decriminalization to reduce HIV risk and improve access to healthcare for sex workers[54].

National HIV Policy Framework & Programs

Cambodia has made notable advancements in integrating Human Rights, Gender Equality and Social Inclusion principles into its HIV policies and programs. However, gaps in implementation, capacity, accessibility, and funding as well as integration of disability inclusion remain. Addressing these challenges through strengthened partnerships (and more collaborative efforts between MOSVY, MOWA and NAA), enhanced training, expanded service models, and sustainable funding is critical.

National Commitments

National Policy for Ending AIDS and the Sustainability of HIV Program for 2023-2028

The government of Cambodia endorsed the National Policy for Ending AIDS and the Sustainability of HIV Program for 2023-2028 on March 15th 2024, was developed to Ending Stigma and Discrimination and to significantly reduce negative attitude and discriminatory behaviors toward PLHIV in Cambodia society (Goal 5).[55]

National Strategic plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (NSP VI) 2024-2028

The Cambodia National AIDS Authority (NAA) issued the Sixth National Strategic Plan for a Comprehensive, Multi-Sectoral Response to HIV/AIDS (NSP VI) 2024-2028 to provide strategic direction for multisectoral HIV response toward ending AIDS as public health threat. NSP VI outlines key strategies for providing comprehensive and effective prevention, treatment, care and support through well-coordinated and holistic multi-sectoral approaches, improving the social well-being of key populations and PLHIV and create a conducive environment for PLHIV's and key population's effective access to HIV, health and other social and legal support services, including addressing stigma and discrimination and ensure access to social protection, building institutional, community, and individual capacities to strengthen community led responses and improve integration of HIV in health and non-health sectors, and sustaining the impact of the national HIV

[54] WHO (2012) Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: recommendations for a public health approach. https://iris.who.int/bitstream/handle/10665/77745/?sequence=1

[55] National Policy for Ending AIDS and the Sustainability of HIV Program for 2023-2028

response by increasing local investments and strengthening the country system that governs, coordinates, and monitors the HIV response.

National Action Plan for Addressing HIV-Related Stigma and Discrimination in Cambodia, 2023-2028

National AIDS Authority endorsed National Action Plan for Addressing HIV-Related Stigma and Discrimination in Cambodia, 2023-2028 on December, 2024 which addressing stigma and discrimination and other human rights related barriers faced by people living with HIV and key populations are critical to end AIDS. The National Actional Plan focuses on three main sectors as health, education and communities.[56]

HIV Related Stigma & Discrimination Reporting and Responding Mechanism Implementing Guidelines

The National AIDS Authority endorsed the HIV related Stigma & Discrimination reporting mechanism build on the existing Community Led Monitoring currently being implemented by the Civil Society Organization (CSO) with support from UNAIDS and NAA. [57]

National Strategic Plan for HIV and STI Prevention and Control 2021-2025:

This plan outlines a rights-based approach to HIV service delivery, emphasizing inclusivity and the protection of vulnerable and marginalized groups. It strengthens the enabling environment for and coordination with community, entertainment establishment owners, local authorities, law enforcement officials, service providers and NGOs implementing partners, to ensure effective, smooth and client-centered implementation of the program, and explore engagement with new players, including private sector. It recommends integration of HIV/ SRH: Link Community Based Drug Treatment (CBTx) to HIV prevention, testing and treatment and to SRH and other services at health facilities.

The plan has anti-stigma societal enablers: Improve the quality and friendliness of KP prevention services, including community outreach, and other prevention services e.g. PrEP (Reduce/eliminate stigma and discrimination at community outreach and health care settings where prevention services are provided through training and sensitization activities.).

Neary Rattanak VI: strategic plan to promote gender equality and empowerment of women and girls:

[56] National Action Plan for Addressing HIV-Related Stigma and Discrimination in Cambodia, 2023-2028

[57] HIV Related Stigma & Discrimination Reporting and Responding Mechanism Implementing Guidelines

The plan has a gender mainstreaming framework through gender transformative approach. The plan integrates gender perspectives across all sectors, including health.

For applying this approach, MoWA will focus on improving gender research and evidence-based policy formulation, gender responsive budgeting (GRB), monitoring and evaluation system and mechanism and transforming social attitudes and behaviors to promote gender equality at all levels promoting gender mainstreaming in development policies and programs at all sectors and levels, using a gender-based approach, and with programs related to the economy, well-being, legal protection, governance, climate change, and promotion of morals and values of women and families.

International Commitments

UN Political Declaration on HIV and AIDS:

Cambodia's endorsement of this declaration underscores its commitment to ending inequalities and working towards an AIDS-free generation by 2030.

Cambodia has The **Sixth National Strategic Plan** in place for a Comprehensive, Multi-sectoral Response to HIV/AIDS, 2024-2028: **Towards Ending AIDS and Sustainability HIV Response.** This strategic document is important to guide translation of the commitments into actions.

Global Partnership for Action:

Participation in this partnership reflects Cambodia's dedication to reducing HIV-related stigma and discrimination across different settings. Cambodia's National Action Plan for addressing HIV related stigma and discrimination 2023-2028 prioritizes interventions for reduction of HIV related stigma in education, healthcare and community settings. However, the implementation of the action plan remains limited due to lack of funding and accountability mechanism to guide and monitor the implementation.

Cambodia's multisectoral approach is highest-level progressive, involves collaborations and integration of policies and plans across the Ministries and partnerships with development partners, CSO and community networks. These partnerships bring in technical expertise, funding, and resources to support Cambodia's efforts. The multisectoral approach benefits from these collaborations, as international organizations provide support for sustainable, evidence-based interventions and help measure progress toward global HIV targets.

CRGEDSI-Responsive Programmatic Learnings, Achievements and Challenges

Community leadership and engagement in HIV response:

> 2025 targets
> Ensure that community-led organizations deliver 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment, adherence and retention support, and treatment literacy by 2025.
> Ensure that community-led organizations deliver 80% of HIV prevention services for populations at high risk of HIV infection, including for women within those populations by 2025.
> Ensure that community-led organizations deliver 60% of programmes to support the achievement of societal enablers by 2025.

Cambodia has made meaningful progress in addressing HIV through a comprehensive and inclusive approach that actively involves communities of people living with HIV, key populations. This success is largely attributed to the collaborative efforts of government bodies, civil society organizations, and community groups, which have worked together to expand access to HIV services and reduce stigma and discrimination against PLHIV and other key populations. People living with HIV and key populations have seats at formal national coordination mechanisms such as TWGs led by NAA and NCHADS, as well as in the Country Coordinating Mechanism (CCM). These platforms include civil society representatives and communities of PLHIV and key population to ensure that their voices and needs are reflected in HIV-related policies and strategies. Representatives from key populations actively contribute to discussions on funding mechanisms and policy development, emphasizing gender issues and human rights. In addition, the Strategic Plan for Engaging PLHIV and Key Populations (2023–2027) intends to strengthen engagement of communities of PLHIV and key populations, with the aim to contribute to the national effort to end AIDS by strengthening dialogue and cooperation between PLHIV-KP groups and duty bearers to work together to improve access, delivery and quality of services to PLHIV and KP and, thus, meet the prevention, treatment and care targets of the national HIV response.

Despite significant progress, challenges remain, including funding gaps, underrepresentation of subpopulations, and systemic barriers.

The 30-80-60 target is still unfamiliar to many stakeholders, emphasizing HIV testing, linkage to treatment, and adherence support. While community engagement is central, most members of community networks work as unpaid volunteers reproducing inequalities, and confusion persists between community-led and community-based initiatives.

The National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) and CSOs/CBOs work to improve access to HIV services through community-led efforts. Community Networks like Networks of People Living with HIV and Most At-Risk Populations (FoNPAM) advocate for policy changes and service improvements, including but not limited to the implementation of community-led monitoring, supported by international funding. However, bureaucratic hurdles and limited capacity and understanding of communities about funding and documenting community issues prevent them from meaningful and effective engagement in decision making.

Community-led monitoring (CLM) has become a cornerstone of Cambodia's HIV response, supported by the Global Fund, UNAIDS, DFAT, and FHI360/EpiC. CLM enhances accountability by tracking service quality and identifying gaps, but the burden on community representatives is high to collect, analyse and ensure the uses of these data, with disproportionately limited legal support to address violations.

People with disabilities face compounded stigma and minimal coordination between the disability and HIV sectors; PWD are not represented in the CRG Core Group or FoNPAM. The Cambodia Disabled People Organization (CDPO) works to integrate rights of persons with disability into national policies but struggles with outreach and funding.

Young key population advocacy, especially for LGBTQIA+ rights, is dynamic but constrained by restrictive funding with pre-assigned activities and limited representation in decision-making. Many young activists use social media for raising awareness but lack resources to sustain independent initiatives.

Despite achievements, major challenges persist. Community systems receive only 2% of Global Fund investments, and overreliance on volunteers threatens sustainability. Representation remains unequal, particularly for women living with HIV and people with disabilities. Rural outreach remains limited, leaving some key populations and people living with HIV without access to critical information and services.

Limited flexibility of funding hinder innovation, preventing grassroots organizations from expanding their reach. Community-led initiatives require stronger legal and financial support, capacity building, and greater integration into national strategies, including domestic financing, to ensure a sustainable and equitable HIV response.

The Cambodian Community of Women Living with HIV (CCW) has faced fluctuating support due to changing HIV infection rates and funding trends. At its peak, when new HIV infections among women were a major concern, the network thrived with significant financial support. However, as infection rates declined and prevention successes were achieved, funding for the network decreased, impacting its ability to sustain programs and participate in policy discussions. Many members relied on volunteerism, with minimal funding from organizations

like ICW.

'The CCW's representative should be elected by women living with HIV, but they didn't have funding to come together and vote.'
Key informant in this assessment.

Despite these challenges, CCW is regaining momentum in 2024 through regional workshops, advocacy campaigns (e.g., U=U), and awareness programs on sexual and reproductive health. These initiatives foster solidarity among women via digital platforms like Telegram and Facebook. However, limited funding continues to constrain basic organizational processes, including electing representatives, highlighting gaps in governance and sustainability.

Engagement with the Ministry of Women's Affairs (MOWA) is both an opportunity and challenge, as the needs of women living with HIV has not been fully incorporated into its gender initiatives, excluding them from key public health discussions. While openness to WLHIV perspectives offers a path forward, WLHIV remains informally involved in vertical transmission prevention efforts without formal representation in planning or implementation.

The case of WLHIV highlights the need for consistent funding, meaningful engagement with national institutions, and inclusion in gender-focused strategies. With renewed support, CCW could be central to Cambodia's women's empowerment agenda, enhancing both the HIV response and the empowerment of women living with HIV.

'We desperately need technical assistance for fundraising. The application process is too complicated, and we cannot keep up with the reporting demands.'
Key informant in this assessment.

Additionally, community-led networks face significant challenges with the Global Fund's complex application processes, which often prevent them from securing funding. Simplified application and reporting systems, along with capacity-building initiatives, are needed to ensure these networks can continue their vital work. A shift towards building community capacity, expanding networks, and providing technical support is essential for long-term sustainability and meaningful engagement in Cambodia's HIV response.

Challenges in engaging with the Global Fund processes: Community representatives and networks have reported significant difficulties in understanding and meaningfully engaging in Global Fund (GFATM) applications processes. Some networks were unable to meaningfully engage, complete or provide inputs into applications for the current grant cycle due to the complexity of the process and their capacity constraints. Community-led groups are struggling with complicated forms, often in English, that present a daily burden.[58] Without targeted support and streamlined processes, community networks risk losing effective and meaningful engagement and critical funding opportunities. Simplified

[58] A finding from the consultative meeting with community representatives on December 4, 2024.

application process and reporting systems, as well as capacity-building initiatives focused on fundraising, are urgently needed to ensure these networks can sustain their activities and effectively represent key populations in the HIV response.

To ensure long-term sustainability and meaningful engagement, a shift is needed toward building community capacity. Expanding networks, training new representatives, and fostering inclusivity beyond a small group of active participants is essential. Simplifying administrative processes and providing technical assistance for funding applications are equally critical. Without these efforts, the potential of community-led advocacy and systems strengthening will remain unrealized, jeopardizing Cambodia's broader HIV response.

Rights:

Field data reveals that key populations — transgender women, female entertainment workers (FEWs), men who have sex with men (MSM), and women who use drugs — face widespread violence and harassment, compounded by limited understanding of their rights. Many are unaware of existing legal protections or mechanisms to report abuse, leaving them vulnerable with few avenues for recourse. Even when cases are reported, many feel unsupported by authorities. Community leaders confirm that these groups lack knowledge about legal rights and resources to implement 'know your rights' campaigns, despite recognizing the need.

FEWs and women who use drugs display different attitudes towards their rights. FEWs express a desire for basic freedoms, while women who use drugs adopt a "non-complaining" survival mechanism to avoid police punishment, which hinders the identification of their unmet needs. Law enforcement often discriminates against these groups, with reports of abuse ranging from sexual harassment by police to physical and sexual violence, particularly for transgender women and people who use drugs.

The legal system is seen as unresponsive or hostile, with police dismissing reports of violence, theft, or harassment, especially against transgender women. In cases of extreme violence, police intervention may be superficial or dismissive. Women who use drugs and FEWs share similar frustrations, with many resigning to the futility of seeking help.

There are limited formal or informal mechanisms for reporting abuse, and those that exist, such as community support or legal aid, often fall short of offering real protection or justice. Although some improvements in legal access for FEWs and transgender women in Phnom Penh have been noted, these services need to expand to reach those in rural areas. The Cambodian government has initiated some measures, like pro bono legal aid for entertainment sector workers, but broader systemic issues remain.

Detention or rehabilitation centers, which claim to treat drug dependence, are abusive and punitive, lacking proper medical care. Although some improvements have been made, such as discussions about providing HIV services in these centers, access to care remains inconsistent, and many people face severe health consequences from inadequate treatment in these centers.

Rights-related barriers to accessing HIV services are significant. Fear of police harassment, societal stigma, and legal discrimination prevent key populations from seeking the care they need, especially among women who use drugs. These challenges are compounded by logistical issues, like the inability of freelance FEWs to afford transport to healthcare services due to financial strain and exhaustion from unsafe working conditions.

In conclusion, key populations in Cambodia face numerous barriers, including legal ignorance, police violence, discrimination, and inadequate access to healthcare, especially people with disabilities and women who use drugs due to legal barriers. Addressing these issues requires greater legal awareness, improved access to justice, and comprehensive healthcare services, especially in detention centers and rural areas.

1. **Gender Equality:**

- **Cambodia Gender Mainstreaming Action Plan (2021-2025)**: *(No text or direct link available)*

  Framework for integrating gender equality across various sectors, such as education, health, and economic development. Gender mainstreaming plan for education 2021-2025 | Planipolis is available. A specific example in education sector, MoEYS disseminated education on the danger of illicit drugs, STIs and HIV prevention, and road safety to 1,300 youths, 60% female, from Cambodian Red Cross, Scout and Youth Councils at secondary schools in 10 provinces. The Ministry of Education, Youth and Sport has put in place the implementation of life skills curriculum at primary education (grade 5-6) Lower Secondary School (grade 7-8), Upper Secondary School (grade 10-11) for out of school youths. The curriculum is available at all education levels including reproductively health education, basic sexual health, HIV/AIDS, sanitation and gender perspective (from grade 5-6), gender roles, sex characters, sex and gender identities (from grade 7-8) and human rights gender equality, gender roles, sexual abuse and gender-based

> 'Gender-transformative is quite new to stakeholders in HIV. Integration of GBV sometimes appears, sometimes not, sometimes considered by decision-making, off and on.'
>
> Key informant in this assessment

violence (from grade 10-11). The Action plan for education defines the main interventions for promoting gender in the education sector. These efforts include enhancing school infrastructure, offering scholarships, mainstreaming gender in education, and providing training on gender-sensitive teaching and management. Additionally, initiatives such as sexual and reproductive health education, HIV/AIDS prevention, and support programs for girls highlight the Ministry's commitment to fostering an inclusive and supportive environment for women and girls across key sectors.

- **Sexual harassment** within HIV services also deters key populations, especially young LGBTQIA+ individual, from seeking care. Furthermore, **economic disparities** exacerbate the challenges of accessing HIV care, as households affected by HIV experience lower income levels and higher healthcare costs.
- **Structural barriers** such as education gaps and inadequate comprehensive sexuality education (CSE) hinder the empowerment of women and marginalized groups, with CSE often failing to address stigma or entrenched gender norms. Women with disabilities face further limitations in education and employment opportunities, compounded by social norms.
- **Unpaid care work** disproportionately affects women, especially those with HIV, as they often prioritize caregiving over their own health, leading to inconsistent access to treatments. This self-sacrificing behavior is exacerbated in families where children are left in the care of grandparents due to parental migration for work, leaving these children at risk of missing essential healthcare, including HIV services.
- **Sexual and Reproductive Health Services**. There is a documented lack of gender-responsive SRH services,[59] disparities in access to reproductive health services, particularly for women in rural areas, and a lack of gender-transformative approaches to healthcare delivery. The interconnected challenges of SRH, social protection, and gender norms highlight systemic barriers that disproportionately affect women living with HIV, transgender persons, female entertainment workers, and people with disabilities in Cambodia. Additionally, stock-outs of viral load testing cartridges were noted by the GF Audit 2024. Stock-outs of test for pregnant women were identified in the IDIs and FGDs, all due to issues in supply chains. These undermine HIV services, in particular pregnant women.
- **Gender based violence-** According to the CLM Dashboard, people living with HIV (N=649) reported gender-based violence in the last three months: 1% as sexual violence, 2% as physical violence (hitting), economic and emotional violence was

[59] International Labour Office. (2017). Better Factories Cambodia. Towards gender equality: Lessons from factory compliance assessments. Geneva: ILO. Better Work. https://betterwork.org/wp-content/uploads/Toward-Gender-Equality-2017-18.pdf

experienced by 5% and 6% respectively[60] (The data are not sex- or gender-disaggregated). According to IBBS 2022, there is a higher HIV prevalence among FEWs who experienced violence (5.3%) compared to FEW's reporting not experiencing violence (4.8%)[61]. The 2022 IBBS survey among FEWs across all sites revealed 10.4% of FEW were hit, slapped, kicked, or physically hurt by a sex partner in the past 12 months.

2. Disability Inclusion:

- **National Disability Strategic Plan II (NDSP II)**- This plan aims to enhance the integration of disability considerations within the HIV response, ensuring that persons with disabilities have access to prevention and treatment services. The DAC has developed this second plan and will soon launch a new one and is revising the current Law on the Protection and the Promotion of Rights of Persons with Disabilities, to make it more consistent with the UN Convention on the Rights of Persons with Disabilities (CRPD)
- None of the policies for HIV specifically mention people with disabilities; it often assumes that service access is inclusive to all Cambodians, regardless of the intersectional barriers. Disability plans and strategies for the sector under the DAC likewise do not mention HIV, but there is a growing understanding that HIV's incurability, success in treatment, with more elderly people both getting HIV and on ART, will mark it as a chronic illness, that can be also considered as a disability, similar to long term conditions like hypertension and diabetes, according to key informants.
- More key information on disability is that Cambodia ratified the CRPD in 2012. A useful and comprehensive reference for an overview of the disability sector, with regards to the status of the implementation of the Rights of PWD in Cambodia is in the report, "Situation Analysis on the Rights of Persons with Disabilities in Cambodia"[62]. This has descriptions of stakeholders from the government, the UN and NGOs, mechanisms and structures, and is organized by the CRPD Principles of Accessibility, Inclusive Services Delivery (including all social protection framework mechanisms[63], disability support services), Participation in Public Life,

[60] CLM Dashboard (2024) https://app.powerbi.com/view?r=eyJrIjoiNDA4OTgzMTAtOTEzNC00NmQ5LTlkYjEtNWJkZDY4NzZmODU4IiwidCI6IjAwMjA2M2JmLWI3OGUtNDgwNi1iZjgwLTFiZDEwNGU3OGE2OCIsImMiOjEwfQ%3D%3D.

[61] National Centre for HIV/AIDS, Dermatology and STD (NCHADS) (2022) Integrated HIV Bio-Behavioral Surveillance Survey (IBBS) among female entertainment workers in Cambodia. NAA, NCHADS, UNAIDS, PEPFAR, USAID, EpiC, FHI360.

[62] Country Report 2021: Situation Analysis on the Rights of Persons with Disabilities in Cambodia. UN in Cambodia and UNPRPD MTF (UN Partnerships on Rights of Persons with Disabilities Multi-Partner Trust Fund). Published November 2022.

[63] A wide range of social protection mechanisms have been introduced in Cambodia only recently, under the National Social Protection Policy Framework (NSPF) 2015-2025, including social assistance, social insurance and labour market schemes. These include, but are not limited to, the ID-Poor, Health Equity Fund, Disability Allowance, Vocational training, Physical Rehabilitation, School meals and assistance, pensions, health insurance, cash handouts during COVID-19, aid to pregnant women and infants.

with each section having a special focus on Women with disabilities, acknowledging their heightened vulnerability. The report contains key recommendations for both policy and programming to improve the conditions for PWD.

- **Service Provision Focus**- While progress is evident, existing services tend to concentrate primarily on physical disabilities, suggesting a need for broader inclusion of various disability types. Disparities in disability-related service provision are evident, particularly between urban and rural areas. Urban areas tend to have more facilities, while some provinces lack physical rehabilitation centers, limiting access for persons with disabilities in those regions. Although these gaps may not stem from a systemic issue, they highlight the need for targeted support for NGO-led programs, which often fill critical service gaps. Workforce retention challenges further exacerbate these disparities, as demonstrated by the migration of sign language teachers from NGO programs to government schools for the deaf due to better pay. Addressing these issues requires equitable resource distribution, strengthened support for NGO initiatives, and competitive compensation strategies to ensure sustained and accessible disability-related services nationwide.
- **Lack of reasonable accommodation**- HIV services in Cambodia lack adequate accommodations for PWD, with physical and communication barriers prevalent at healthcare facilities. While some ramps are present, key areas like examination rooms, restrooms, and consultation spaces are not accessible. Educational materials are not disability-inclusive, with no visual aids, braille, or accessible formats for low-literate or non-Khmer speaking clients. Additionally, sign language interpreters are absent, and there is no system for tracking PWD data in service usage. Among various disabilities, individuals who are deaf or hard of hearing face the most significant challenges, leading to isolation and limited access to information and support. This highlights broader gaps in mental health, rehabilitation, and inclusive education services. Addressing these barriers is crucial for ensuring equitable healthcare access for all, particularly for PWD in the HIV response.

3. Social Inclusion

-Transgender people have been found to experience extreme levels of discrimination in the public. Based on a CCHR Report in 2016, 92% of transgender women respondents experienced verbal harassment, 43% physical assault, and 31% sexual assault whilst walking on the street. A 2023 study of barriers and facilitators of post-violence help seeking behavior among transgender women found that they face the following barriers: anticipated stigma, internalized stigma resulting in shame and low self-esteem, lack of knowledge on NGOs' services,

perception of unavailable mental health services, enacted stigma by police, and a perceived healthcare cost.[64] Transgender women also face discrimination and ridicule at police stations, underscoring systemic biases that hinder access to justice for vulnerable populations. Domestic and sexual violence experienced by LGBTQIA+ people is a major issue, including domestic violence perpetrated by family members against LGBTQIA+ people. Families may resort to actions such as forcibly removing makeup, expelling the child from the home, or taking them to spiritual healers in an attempt to change their sexuality, reflecting deeply entrenched stigma and rejection.

-People who use drugs, including women, are among the most marginalized in Cambodia's HIV response. Unsafe injection practices remain common, with 15% of PLHIV and 7% of HIV-negative individuals engaging in risky behaviors. Women who use drugs face additional risks, including gender-based violence and limited access to harm reduction services. Peer-driven outreach programs have successfully reached hidden populations, improving HIV testing rates and addressing high-risk sexual behaviors linked to drug use.

-Adolescents living with HIV. Adolescents living with HIV often face significant barriers to accessing care, including stigma, discrimination, and a lack of tailored services that consider their developmental, social, and emotional needs. Young women and girls, LGBTQIA+ youth, and other marginalized groups face intersecting challenges, such as gender-based violence, societal rejection, and mental health issues, which further limit their ability to seek and adhere to treatment. By addressing these specific needs, youth-friendly services and peer networks empower adolescents to manage their health proactively, reduce the risk of HIV transmission, and improve overall well-being.

-Female entertainment workers. Sexually transmitted infections (STIs) among female entertainment workers are linked to the use of alcohol and drugs, as well as associated substance use disorders[65], which is, as is discussed more in the section on GBV as women are forced to use alcohol and drugs. Physical disabilities further limit job options for FEWs, confining them to informal, street-based work where they face greater risks and fewer protections.

In the Cambodian development context, there are several other concepts that are closely related to Social Inclusion, such as "Leaving No One Behind", "Nothing About Us without Us", "Universal Health Care", or "Let the community lead", etc.

[64] Asseervatham, R. A., Eng, S., Eang, S., Tuot, S., & Yi, S. (2023). Barriers and facilitators of post-violence help-seeking behavior among 21–49-year-old transgender women in Phnom Penh: A qualitative study.

[65] Evans, J. L., Couture, M. C., Carrico, A., Stein, E. S., Muth, S., Phou, M., ... & Page, K. (2021). Joint effects of alcohol and stimulant use disorders on self-reported sexually transmitted infections in a prospective study of Cambodian female entertainment and sex workers. International journal of STD & AIDS, 32(4), 304-313.

Particularly for the HIV response, stigma and discrimination are markers for social exclusion and are experienced in daily lives.

- **Social Protection:**

  While initiatives like the Family Package and IDPoor aim to improve inclusivity, challenges in operational efficiencies and deeply entrenched cultural norms continue to hinder equitable access to essential services. Addressing these issues requires bold policy reforms, inclusive healthcare models, and targeted educational campaigns to dismantle stigma and foster gender equality.

  The 2023 Gender Snapshot, measuring progress on the SDGs, noted that just 1.5% of elderly women in Cambodia had a pension; the country developed its first National Social Protection framework in 2015. The ID Poor (Identification of Poor Households) remains the cornerstone and basic mechanism, for which other mechanisms are anchored. Private social insurance and national social security insurance coverage is expanding, particularly for those working in formal employment. Just starting are efforts to have self-payment in voluntary social security schemes; this may be a way for KPs to participate and be included without necessarily being listed as 'FEW' or as 'KP members', etc. As reported by key informants, urban migrants and people who use drugs are not able to access the social protection services due to absence/lack of legal documents certified by local authorities. There is openness to registering for these mechanisms as individuals rather than through households and families. This is important particularly for migrants/mobile populations, for KP and PLHIV as well as GBV victims, and those who may be confined in jails and rehabilitation centers or in institutional settings.

  Efforts to integrate social protection with HIV programs in Cambodia[66] have focused on recent reforms in the social protection sector; these have contributed to facilitating access to certain social protection programs for PLHIV and key populations including female entertainment workers, men who have sex with men, transgender people, and people who inject drugs. The contributory National Social Security Fund has extended coverage to a wider share of the workforce and provides new social health insurance benefits. In turn, reforms to the poverty targeting mechanism (IDPoor) have addressed some of the barriers to access that had previously been identified, while the creation of a new cash transfer for pregnant women and vulnerable children has extended the range of benefits to which poor households have access[67]. Further, with support from UNAIDS and UNDP, Cambodia's Ministry of Planning launched a web-based system and mobile

[66] UNAIDS. (2024). The path to end AIDS: UNAIDS global AIDS update 2024,

[67] National AIDS Authority, UNAIDS (2020) Cambodia HIV and Social Protection Assessment.

application for IDPoor registration for individual PLHIV in December 2022[68]. Several challenges faced by key populations in accessing IDPoor or Health Equity Fund. Many people struggle with the documentation and eligibility requirements in IDPoor and HEF processes. Transgender women face additional hurdles, such as being forced to conform to the gender presentation on their national ID cards. People with disabilities encounter physical and informational barriers at healthcare facilities, worsened by the lack of communication aids and trained staff. Women who use drugs and female entertainment workers often lack identity papers or lack of birth certificates, making IDPoor and Health Equity Fund inaccessible and forcing them to pay for healthcare out of pocket.

Cambodia has made notable progress in establishing social protection mechanisms, such as ID Poor, Health Equity Fund, and Disability Cards, which are increasingly reaching vulnerable and marginalized groups. However, significant gaps remain in coverage and accessibility, particularly for key populations like transgender individuals, female entertainment workers, and people with disabilities. Barriers such as complex documentation requirements, stigma, and systemic inefficiencies hinder broader inclusion. Strengthening integration, streamlining processes, and expanding targeted support will be critical to ensuring that social protection mechanisms fully address the needs of those most at risk. Continued commitment to a holistic, inclusive approach addressing health, social, economic and legal factors will be critical as Cambodia works toward its goal of ending AIDS.

- **Financing:**

  Overall, while there has been an increase of domestic commitment in the last few years, this has been largely for treatment, and prevention interventions and societal investments account to approximately 2% of the government allocation[69] are almost entirely dependent on international financing. Programs targeting key populations, including men who have sex with men (MSM), transgender individuals, and female entertainment workers (FEWs), remain almost entirely dependent on donors such as the Global Fund, PEPFAR, and DFAT. These programs address critical needs, such as combating stigma, discrimination, and gender inequality, which are foundational for effective HIV prevention and treatment adherence. Thus, HIV programs addressing community, rights and gender still require ongoing investment both from domestic and international funds to ensure that gains are not lost.

[68] UNAIDS. (2023). Cambodia achieves a groundbreaking HIV prevention milestone with support from UNAIDS and partners. UNAIDS. https://www.unaids.org/en/resources/presscentre/featurestories/2023/december/20231215_cambodia

[69] NASA VII 2020-2022.

Graduation of Cambodia from the status of LMIC- Tenni et al. (2024)[70] highlight significant challenges to equitable access to essential medicines for vulnerable populations in Cambodia, particularly as the country approaches its potential graduation from LMIC status. Patent protections and rising costs, driven by the TRIPS agreement, could severely limit access to affordable ARVs and other critical treatments. This shift, combined with reduced external funding, poses a threat to the sustainability of Cambodia's HIV and hepatitis C treatment programs. Without expanded domestic budgets or alternative financing mechanisms, many could lose access to life-saving medicines, undermining public health progress and social equity.

- **Sustainability:**

  Cambodia stands at a critical juncture in its HIV response, with significant strides in domestic funding and decentralization providing a foundation for sustainability. While there has been an increase of domestic commitment in the last few years, this has only been for treatment, and prevention interventions or societal enablers account to 0,07% of the government allocation. Inclusive of gender-transformative and rights-based interventions, they are almost entirely dependent on international financing. Civil society organizations in Cambodia benefit from the current Global Fund support, 2% of the total grant designated for human resources to support PLHIV and key population networks (FoNPAM and DFoNPAM)**.** HIV programs addressing community, rights and gender still require ongoing investment both from domestic and international funds to ensure that gains are not lost. Gaps in funding for community and absence of funding for direct services to protect rights of key populations and people living with HIV, no allocation for gender in the Global Fund application as a main source of funding of societal enablers highlight the need for a more inclusive community-led, gender-transformative and rights-based approach. By expanding investments, strengthening linkages with gender equality initiatives, and addressing systemic barriers, Cambodia can build a resilient healthcare system that ensures long-term right-based access to HIV services for all populations.

RECOMMENDATIONS

[70] Tenni, B., Lexchin, J., Phin, S., & Gleeson, D. (2024). Cambodia's Imminent Graduation from Least Developed Country Status: What Will be the Impact of the TRIPS Agreement on Access to HIV and Hepatitis C Medicines in Cambodia? International Journal of Social Determinants of Health and Health Services, 27551938241242602.

Policy Recommendations

Gender Equality

- Legal Literacy & Rights-Based Services for women, girls, and gender-diverse individuals.
- Address cultural and social norms through national campaigns to challenge gender inequality and stigma.
- Expand laws and national action plans on GBV to explicitly protect LGBTQIA+ persons and gender-diverse groups.

Disability Rights and Equity

- Strengthen legal protections for people with disabilities living with or affected by HIV.
- Ensure disability-inclusive health services by conducting disability audits of health facilities and implementing accessibility modifications.
- Implement mandatory training for healthcare staff on accommodating the diverse needs of people with disabilities.
- Improve disability-sensitive data collection to inform policy and program development.
- Support cross-sectoral collaborations between the disability and HIV sectors to develop tailored approaches for addressing the unique needs of persons with disabilities, particularly women and girls.

Social Inclusion

- Enhance multi-sectoral collaboration to address systemic inequalities in health, education, and employment.
- Strengthen social protection frameworks by integrating HIV-sensitive schemes and simplifying access for key populations and people with disabilities.
- Advocate for decriminalization and legal reforms related to HIV transmission, drug use, and sex work to remove structural barriers.
- Introduce comprehensive anti-discrimination laws protecting LGBTQIA+ individuals in employment, healthcare, and education.
- Harmonize the age of consent for sexual activities and HIV testing to 15 years for equitable healthcare access.

- Ensure sustainable funding through national budget allocations and social contracting to community-led organizations, allocating resources to societal enablers for HIV, GBV and SRH, including training healthcare providers, improving accessibility, and addressing the unique needs of populations with intersecting characteristics, and effective implement HIV sustainability roadmap to reduce reliance on international donors.

Programmatic Recommendations

Gender Equality

- Systematically collect and analyze disaggregate data for HIV programs (including community-led monitoring) by sex, gender, key population status, disability status, and location to inform specific inequalities for policy and program development.
- Develop youth-friendly HIV services with peer support networks for adolescents, young key populations, and survivors of violence.
- Implement protections against sexual harassment in HIV services, including grievance mechanisms.
- Strengthen stigma reduction efforts, including the implementation of the National Action Plan on HIV Stigma (2023-2028), and stigma and discrimination reporting and responding mechanisms to improve reporting and redressal.

Disability Rights and Equity

- Improve data collection and reporting mechanisms in national surveys and IBBS to capture disability-related disparities.
- Produce accessible HIV education materials (e.g., sign language, visual aids) through partnerships with Disabled People's Organizations (DPOs).
- Enhance inclusive service delivery by training healthcare workers and integrating disability-responsive interventions.

Social Inclusion

- Expand vocational and economic programs to support key populations, particularly rural women, LGBTQIA+ individuals, and persons with disabilities.
- Strengthen community-led HIV services by removing bureaucratic barriers for funding and reporting.

- Improve education policies by integrating stigma-reduction content into HIV curricula and training educators on inclusivity.

ANNEX. FIELD AND ONLINE DATA COLLECTION DESIGN

Recruitment location	In-depth interviews (IDI)	Focus group discussions (FGD)
Key populations		
Phnom Penh	2 women living with HIV (CCW)	1 for female entertainment workers 1 for transgender women 1 for men who have sex with men 1 for women who use and/or inject drugs
Online	1 woman living with HIV (CCW) 1 transgender man 1 sex worker representative, WNU (Women's Network for Unity/WNU) 1 young key population representative (transgender person)	1 for young key populations 1 for migrants (gay men and other men who have sex with men) from Cambodia to Thailand 1 for men and women living with HIV in rural areas
Stakeholders		
Phnom Penh	7 interviews (NNA, NCHADS, UNAIDS, UN Women, DFAT, CCW, KHANA)	1 for CNP+, AUA, BC, CNPUD, EWNet, FonPAM and CCW
Online	1 interview (MOWA)	
Healthcare Providers for HIV continuum		
Online		1 FGD with health care providers from NGO clinics providing services directly to KP
Subtotal:	13 interviews	9 FGDs
Disability-related		
Phnom Penh	Disability Action Council (DAC), MOSVY Department of People with Disabilities NCHADS ART center Cambodia Disabled People Organization/CDPO Deaf Development Project/DDP AGILE Project Phnom Penh Center for Independent Living/ PPCIL	
Site visits	Chhouk Sar clinic (Mystery Client Approach NCHADS ART Clinic	
	6 interviews	
Total	19 interviews, 2 site visits	9 FGDs

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