Key affected women and girls include:

- Female sex workers and female entertainment workers
- Female spouses/intimate partners of men with high-risk behaviours
- Women and girls living with HIV
- Transgender women
- Female drug users
- Women and girls in HIV-affected households
- Female migrant workers who may be vulnerable to HIV due to conditions by which they migrate

Cambodia Country Brief

HIV and Key Affected Women and Girls

Percentage of total adults living with HIV who are women:

55%

Estimated number of women living with HIV (aged 15+):

31,000

In 2011, an estimated 44% of new HIV infections were among women.

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HIV and AIDS Data Hub for Asia-Pacific
Evidence to Action

UNAIDS

UN Women
United Nations Entity for Gender Equality and the Empowerment of Women

About the Country Briefs

- These country briefs synthesize some of the current available data and evidence on key affected women and girls into one, easy-to-read report. For the first time, available data and research on national AIDS responses as it specifically relates to key affected women and girls were collated and carefully reviewed together, to improve understanding of women and girls most at risk of, and most affected by, HIV in the region. In doing so, the aim of the briefs is to increase understanding of the specific needs of key affected women and girls in ASEAN Member States and to support national efforts to ensure prioritized and tailored national AIDS responses that protect and promote the rights of women and girls, in all their diversity. The briefs were developed in response to requests from partners at the regional and national level to assist them in prioritizing which women and girls to comprehensively target in national AIDS responses.

- A consistent approach has been applied in order to produce an off-the-shelf analysis of HIV and key affected women and girls which synthesizes information from disparate national sources. While multiple data sources have been used to compile each brief, country progress reporting on HIV and AIDS is widely cited. Each of the briefs includes an overview of the following as it specifically relates to key affected women and girls in the context of the national AIDS response:

  - Epidemiology
  - Modes of transmission
  - Social and economic vulnerabilities
  - Access to information
  - Access to services
  - Legal and policy environment
  - Current international and regional policy guidelines
  - Information gaps
  - Recommendations

From the cover page

Percentage of total adults living with HIV who are women: 55%[1]

1 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

Estimated number of women living with HIV (aged 15+): 31,000[2]

2 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

In 2011, an estimated 44% of new HIV infections were among women.[3]

3 National Centre for HIV/AIDS, Dermatology and STDs. *Estimations and Projections of HIV/AIDS in Cambodia 2010-2015.* 2011. (http://www.aidsdatahub.org/dmdocuments/Report_for_HIV_AIDS_Estimation_Projection_2010-2015.pdf)

EPIDEMIOLOGY

- Until 2007 the number of females newly infected was surpassing the number of newly infected men, this has since turned around. In 2011, 44% of new infections were women and this rate is expected to continue to decrease gradually.[4]
- HIV prevalence is 0.2% among pregnant women aged 15-24 years attending antenatal care (ANC) clinics and 0.4% among all pregnant women attending ANC clinics.[5]

MODES OF TRANSMISSION

Sexual transmission

- Cambodia's epidemic has been attributed primarily to heterosexual transmission among high-risk groups, particularly female sex workers, their clients, and the other sexual partners of clients. As the epidemic has matured, the proportion of women among persons living with HIV/AIDS has increased.[6]
- In a 2010 survey of 2,623 people living with HIV, 98% of women who cited sexual transmission of HIV as the source of infection reported that they contracted the virus from their spouse or long-term partner.[7]
- Many men who have sex with men (MSM) do not regard themselves as homosexual, and many also have sex with women. Data from the 2010 *Bros Khmer: Behavioural Risks on-site Serosurvey among at-risk Urban Men in Cambodia* indicates the rate of HIV infection among all MSM as 2.1% among men who have sex with other men only and a slightly higher rate of 2.2% among men who have sex with both men and women.[8]

Injecting drug use

- A study conducted in 2007 with 500 drug users in four provinces found that females accounted for 10.1% of people who use drugs. The majority of who were young women aged 18 – 25.[9]

Vertical transmission

- In 2010, just under half (49.5%) of eligible women received antiretroviral (ARV) prophylaxis for prevention of mother-to-child transmission (PMTCT) and coverage increased to 63.5% in 2011, the peak of a nine-year trend in increasing coverage.[10]

SOCIAL AND ECONOMIC VULNERABILITIES

- Gender inequities and gender-based violence continue to place Cambodian girls and women, especially those who sell sex, at an unacceptably high risk for HIV.[11]
- A disparity exists between men and women regarding norms around sexual behaviour, whereby women are expected to be monogamous in marriage and to abstain from sex before marriage. Traditionally women are expected to have no knowledge of sex prior to marriage and a reticence to discuss sex after marriage. This is coupled with a belief that men have stronger sex drives, hence the entitlement to have sex with multiple partners, including sex workers.[12]
- A study conducted among 1,000 female and transgender sex workers in Phnom Penh in 2006 reported that:
    - 43.9% freelance female sex workers were beaten by clients in the past year
    - 57.1% freelance female sex workers were raped by a single client in the past year
    - 38.3% freelance transgender sex workers were beaten by clients in the past year
    - 48.5% freelance transgender sex workers were raped by a single client in the past year

    Over 90% of sex workers surveyed in this sample were raped at least once in the previous year. These rapes, most of which were gang rapes, are not likely to be counted in behavioural surveillance data reporting the proportion of sex workers using condoms with clients. Public health programmes that do not protect the human rights of sex workers and others at high risk of acquiring HIV create serious barriers to comprehensive prevention and care.[13]
- The results of a harassment and abuse survey conducted in 2005 among 640 women who promoted beer found that of those surveyed:
    - 54% female beer promoters reported physical abuse by clients
    - 38% female beer promoters reported coercion into sexual acts in the workplace.[14]
- 89% of all physical assaults on women living with HIV had been perpetrated by those living in the same household.[15]

- Stigma and discrimination and the weak enforcement of specific policies and laws protecting the human rights of women living with HIV remain a challenge.[16]
- Heads of HIV-affected households in Cambodia are more likely to be young, female, and single.[17]
- The workforce participation rate for girls in HIV-affected households was 50% higher than in non-affected households. When girls work to supplement household income they forgo schooling.[18]
- Women living with HIV faced higher levels of unemployment than men living with HIV.[19]
- Women living with HIV are more likely to have been widowed than men living with HIV.[20]
- A recent review of the youth situation in Cambodia revealed that the rural-to-urban migration of young people for employment and education contributes to their exposure to sexual and reproductive health risks, including increased risk-taking behaviour associated with HIV infection. Conditions of migration also lead to other health development risks, including drug and alcohol abuse and gender-based violence.[21]
- In a 2011 study, 43.8% of young women under the age of 29 working as sex workers in Phnom Penh reported ever using amphetamine type stimulants.[22]
- Women are more likely than men to begin early sexual activity but men are much more likely to report having multiple sex partners than women.[23]

ACCESS TO INFORMATION

- HIV clinicians are mostly male so it is difficult for women to openly share their concerns, and counsellors are trained to provide information on treatment and care of HIV, not sexual and reproductive health, so there is a gap in the information provided to women, especially women living with HIV.[24]
- In a survey conducted amongst most-at-risk young people aged between 10 – 24 years, almost 32% of the sexually active females surveyed had never received a condom and 37% had not received HIV/AIDS information in the preceding three months.[25]
- Among females surveyed, the age group most likely to report having taken an HIV test and who know the result were women aged between 20 – 24 years at 13.3% (an increase from 5.4% in 2005).[26]

ACCESS TO SERVICES

- Strong linkages and integration of HIV into health systems is being promoted, especially through the “linked response” approach, which seeks to integrate PMTCT with maternal and newborn health and with sexual and reproductive and family planning services.[27]

- However, most-at-risk young people report little knowledge of the services available and a reluctance to use public clinics. The main barriers to using health services were reported as shyness, concern for confidentiality, non-same sex health providers, long waiting times, and transport or service fees. [28]

- In practice, there are multiple social, practical and economic barriers to girls and young women accessing HIV-related services, including:

  - judgemental attitudes of family members, community members and health workers;
  - Stigma associated with sex and HIV and AIDS;
  - Inadequate youth-friendly services especially for young key populations including those under 18 years;
  - Legal and policy barriers;
  - Distance to services;
  - Unsuitable opening hours and long waiting times;
  - ‘Double costs’ for fees and transport;
  - Traditional gender norms and roles.

  Many of these barriers particularly affect girls and young women who are poor and/or live in rural areas.[29]

- While the 100% Condom Use Programme (CUP) in brothels has proven successful in the past, with the closure of brothels in 2008 as a result of the Law on Suppression of Human Trafficking and Sexual Exploitation, it has become more difficult to reach out to female sex workers at risk of HIV infection because they are now conducting their work in various entertainment establishments and on the street.[30]

- Despite progressive national legislation against HIV-related discrimination, many Cambodian women still experience extreme levels of stigma, discrimination and violations of their rights in relation to their reproductive and maternal health. Attitudes of health care workers result in some HIV-positive women avoiding health care during pregnancy because of the fear of discrimination, and subsequently missing out on appropriate ANC and PMTCT services.[31]

- A study among 397 people living with HIV reported that 79% of respondents had been advised by health staff not to have any children. Among those surveyed, 14.3% of female respondents who were pregnant had been advised to terminate their pregnancy in the previous 12 months.[32]

- A study by the Cambodian Community of Women living with HIV (CCW) conducted in 2011 among 200 HIV-positive women reported that:
    - 35% of women had been encouraged to consider sterilization; usually by a gynecologist or HIV clinician, and in some instances, members of home-based care teams, because of their HIV status; 50% of these women said they did not feel they were given an option to decline.
    - 55% of women had difficulty finding a gynecologist to care for them due to their HIV-positive status. Many women said they want advice about sexual and reproductive health but do not know where to find it.
    - Only 42% of women reported that they could access HIV, reproductive, maternal, and childcare services at the same government facility. Several women complained that, for a single antenatal visit, they were required to travel to different locations with referral slips for ultrasound and laboratory testing, often consuming an entire day and adding to transport costs, making it too expensive for many poor and rural women.

  The biggest challenges to health care access identified by respondents were the cost of doctors' fees and transport expenses every month. Most women said if health services were integrated they would utilize them more regularly. Many women also expressed frustration with the quality of paediatric care, including inconsistent information about ARV prophylaxis among infants.[33]

- The 2011 CCW/APN+ study also highlighted the importance of having HIV-positive women deliver peer support services and their pivotal role in raising awareness about women's sexual and reproductive health and rights and providing information about HIV and AIDS within healthcare and community settings.[34]

LEGAL AND POLICY ENVIRONMENT

- The revised Drug Control Law has enshrined harm reduction approaches but has increased periods of incarceration for minor drug offences. In addition, the inconsistent implementation of the Commune Safety Policy continues to interrupt access and utilization of HIV services among key affected women, including female injecting drug users and female sex workers.[35]
- The 2008 Law on the Suppression of Human Trafficking and Sexual Exploitation criminalized sex for money, public soliciting for prostitution and many forms of financial transactions connected to sex work. The law has been criticized for conflating sex work and trafficking and for improper implementation leading to illegal detentions and physical abuses. Furthermore, the law has resulted in the closure of brothels and a growing number of women selling sex in entertainment establishments such as beer gardens, karaoke bars and massage parlours. These women are much more difficult to reach with HIV prevention interventions such as condoms, HIV and STI information as well as health service referrals.[36]
- The Ministry of Women Affairs has a costed Strategic Plan on Women, the Girl Child and HIV/AIDS 2008-2012, supplemented by a National Action Plan for the Prevention of Partner and Spousal Transmission of HIV/AIDS.[37]
- The Law on the Prevention of Domestic Violence and the Protection of Victims was passed in 2005. Despite the law, 22.5 % of married women experienced violence within their homes and up to 89% do not report the incident, according to a survey conducted by the Ministry of Women's Affairs in 2009.[38]

CURRENT INTERNATIONAL AND REGIONAL POLICY GUIDELINES

- HIV and the Law: Risks, Rights & Health (Global Commission on HIV and the Law, July 2012)[39];
- Sex Work and the Law in Asia and the Pacific (UNDP, UNFPA, UNAIDS, 2012)[40];
- UNAIDS Guidance Note on HIV and Sex Work (UNAIDS, 2009)[41];
- Agenda for accelerated country action for women, girls, gender equality and HIV (UNAIDS, 2009)[42];
- Community Innovation: Achieving sexual and reproductive health and rights for women and girls through the HIV response (UNAIDS/The ATHENA Network, 2011)[43];
- Joint UN Statement: Compulsory drug detention and rehabilitation centres (March 2012)[44].

INFORMATION GAPS

- Since the closure of brothels following the 2008 Law on the Suppression of Human Trafficking and Sexual Exploitation, it has become more difficult to distinguish between those who for the most part sell sex and those who sell sex only occasionally. This will further complicate the task of conducting surveys such as the HIV Sentinel Survey (HSS) and Behavioral Sentinel Survey (BSS) in a statistically accurate manner.[45]
- There is still insufficient understanding among policy makers and local authorities of the importance of harm reduction programmes for both female drug users and male drug users including methadone as well as needle and syringe programmes.[46]
- HIV-related data on drug users is often not disaggregated by gender or age. This includes data on HIV prevalence among people who inject drugs as well as gender data on the proportion of people who inject drugs who used a condom during their last sexual intercourse.[47]
- The 2010 Stigma Index study and the 2011 Study on the Socio-economic Impact of HIV provides several valuable insights and recommendations to improve approaches, to more effectively address stigma and discrimination, and to mitigate the impact of HIV within the framework of growing social protection initiatives in a gender-responsive manner. The key challenge is that both human and financial resources to carry this work forward are lacking.[48]

RECOMMENDATIONS

- Greater investment in the promotion of early HIV testing, especially testing and counselling among population groups at higher risk of infection. This should include strategies to reach out to their intimate partners in line with the 2012 WHO guidelines on couples HIV counselling and testing.
- Provide an enabling environment and enhance access to essential services by improving engagement between communities of key populations (including key affected women such as female drug users, female sex/entertainment workers and transgender women) with police, local authorities and health services through the Police Community Partnerships Initiative.
- The quality of service delivery and of monitoring efforts requires improvement to ensure key affected women and girls can benefit from interventions.
- Increase financial and technical support for institutional strengthening and capacity development of community networks representing key affected women and girls.
- There is a critical need for age- and gender-sensitive and specific approaches to be applied in drug treatment and harm reduction programming.
- Improve the enabling environment for the meaningful involvement of women living with HIV in policy and programmatic interventions noting WHO guidance on couples HIV counselling and testing which recognizes that women living with HIV “have played a unique role in supporting people through the HIV testing and counselling process and, if they test positive, especially in post-test care.”
- Integrate the human rights of key affected women and girls, especially their sexual and reproductive rights, into the national reproductive health programme including in training programmes for health workers.
- Condoms are not enough. It is essential that all people, especially girls, women and young people, have access to the information, education and life skills that enable them to have safe and responsible sexual relationships.
- Initiate a special rights education for young girls focused on protecting them from violence, securing access to reproductive health information and services, as well as facilitating greater access to justice, including access to legal services.

- Provide training and supportive supervision to health care providers in HIV and gender-based violence (GBV) programmes, and ensure that facilities are equipped with commodities - including HIV tests, post-exposure prophylaxis (PEP), emergency contraception and treatment for STIs.
- Promote a multisectoral, evidence-driven response to GBV-HIV that goes beyond the medical model to include social support, legal assistance, drop-in centres/shelters, community mobilization, economic empowerment for women and girls, and programmes within key affected communities.
- Engage with men and boys and mobilize them as leaders in the implementation of programmes that address gender-based violence.
- Improve access of women living with HIV and female entertainment/sex workers to income generation and livelihoods programmes, and tailor these programmes to be more appropriate to the specific context and realities of key affected women.
- Ensure that monitoring and evaluation frameworks include gender equality indicators and set a baseline in order for the HIV response to measure the effectiveness of HIV programmes from a gender perspective.

REFERENCES

1 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

2 UNAIDS. (2012). Global Report: UNAIDS Report on the Global AIDS Epidemic 2012. (http://www.aidsdatahub.org/dmdocuments/UNAIDS_Global_Report_2012_en.pdf)

3 National Centre for HIV/AIDS, Dermatology and STDs. *Estimations and Projections of HIV/AIDS in Cambodia 2010-2015.* 2011. (http://www.aidsdatahub.org/dmdocuments/Report_for_HIV_AIDS_Estimation_Projection_2010-2015.pdf)

4 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report 2012: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS* (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/) and National Centre for HIV/AIDS, Dermatology and STDs. *Estimations and Projections of HIV/AIDS in Cambodia 2011-2015.* 2011. (http://www.aidsdatahub.org/dmdocuments/Report_for_HIV_AIDS_Estimation_Projection_2010-2015.pdf)

5 National Centre for HIV/AIDS, Dermatology and STDs. *Estimations and Projections of HIV/AIDS in Cambodia 2011-2015.* 2011. (http://www.aidsdatahub.org/dmdocuments/Report_for_HIV_AIDS_Estimation_Projection_2010-2015.pdf)

6 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report*. 2010. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/)

7 United Nations Cambodia/National AIDS Authority. *The Socioeconomic Impact of HIV at the Household Level in Cambodia.* 2011. (http://www.un.org.kh/undp/knowledge/publications/5)

8 National Centre for HIV/AIDS, Dermatology and STDs. *Bros Khmer: Behavioural Risks on-site Serosurvey among at-risk Urban Men in Cambodia*. 2010. (http://aidsdatahub.org/dmdocuments/Behavioral_Risks_OnSite_Serosurvey_among_At_Risk_Urban_7.5.pdf)

9 Surveillance Unit National Center for HIV/AIDS, Dermatology and STDs. *Presentation titled HIV Prevalence among Drug Users 2007*. November 2008. (http://www.aidsdatahub.org/dmdocuments/HIV_Prevalence_among_Drug_user_2007_EN.pdf)

10 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report 2012: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS.* p.31. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

11 UNIFEM. *Preventing Spousal Transmission of HIV in Cambodia: A Rapid Assessment and Recommendations for Action*. 2009.

12 USAID Cambodia. *Gender Analysis and Assessment USAID/Cambodia: Volume 2 Gender Assessment*. 2006.

13 Jenkins, Carol., *Violence and Exposure to HIV among sex workers in Phnom Penh, Cambodia. Washington DC; Policy Project.* 2006. (http://www.hivpolicy.org/Library/HPP001702.pdf)

14 CARE Cambodia. *A Report on the Situation of Beer Promotion Women in the Workplace.* Cambodia. 2005.

15 Cambodian People Living with HIV/AIDS Network (CPN+). *People Living with HIV Stigma Index*. 2010.

16 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report 2012: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS* (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

17 United Nations Cambodia/National AIDS Authority. *The Socioeconomic Impact of HIV at the Household Level in Cambodia.* 2011. (http://www.undp.org/content/dam/undp/library/hivaids/SEIS-Socioeconomic-Report-FINAL-ENGLISH.pdf)

18 United Nations Cambodia/National AIDS Authority. *The Socioeconomic Impact of HIV at the Household Level in Cambodia.* 2011. (http://www.undp.org/content/dam/undp/library/hivaids/SEIS-Socioeconomic-Report-FINAL-ENGLISH.pdf)

19 United Nations Cambodia/National AIDS Authority. *The Socioeconomic Impact of HIV at the Household Level in Cambodia.* 2011. (http://www.undp.org/content/dam/undp/library/hivaids/SEIS-Socioeconomic-Report-FINAL-ENGLISH.pdf)

20 United Nations Cambodia/National AIDS Authority. *The Socioeconomic Impact of HIV at the Household Level in Cambodia.* 2011. (http://www.undp.org/content/dam/undp/library/hivaids/SEIS-Socioeconomic-Report-FINAL-ENGLISH.pdf)

21 Ministry of Youth and Sports. *Most at risk young people survey Cambodia*. 2010. (http://aidsdatahub.org/dmdocuments/MoEYS_(2010)_Most_at_Risk_Young_People_Survey_Cambodia_2010.pdf)

22 Claude et al 2011, "*Young Women Engaged in Sex Work in Phnom Penh, Cambodia, Gave High Incidence of HIV and Sexually Transmitted Infections, and Amphetamine-Type Stimulant Use: New Challenge to HIV Prevention and Risk".* Sexually Transmitted Disease, Vol 38,No.1.

23 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report 2012: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS* (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

24 APN+. *Positive and Pregnant: How Dare You. A study on access to reproductive and maternal health for women living with HIV in Asia: findings from six countries: Bangladesh, Cambodia, India, Indonesia, Nepal, Viet Nam*. 2012.

25 Ministry of Youth and Sports. *Most at risk young people survey Cambodia*. 2010. (http://aidsdatahub.org/dmdocuments/MoEYS_(2010)_Most_at_Risk_Young_People_Survey_Cambodia_2010.pdf)

26 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report 2012: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS* (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/

27 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report 2012: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS* (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

28 Ministry of Youth and Sports. *Most at risk young people survey Cambodia*. 2010. (http://aidsdatahub.org/dmdocuments/MoEYS_(2010)_Most_at_Risk_Young_People_Survey_Cambodia_2010.pdf)

29 IPPF, UNFPA, GCWA and Young Positives. *Report Card HIV Prevention for Girls and Young Women: Cambodia*. 2007. (http://www.unfpa.org/hiv/docs/report-cards/cambodia.pdf)

30 Based on The National AIDS Authority, Cambodia. *Cambodia Country Progress Report*. 2010. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/)

31 *APN+. Positive and Pregnant: How Dare You. A study on access to reproductive and maternal health for women living with HIV in Asia: findings from six countries: Bangladesh, Cambodia, India, Indonesia, Nepal, Viet Nam.* 2012.

32 Cambodian People Living with HIV/AIDS Network (CPN+), People Living with HIV Stigma Index. 2010.

33 APN+. *Positive and Pregnant: How Dare You. A study on access to reproductive and maternal health for women living with HIV in Asia: findings from six countries: Bangladesh, Cambodia, India, Indonesia, Nepal, Viet Nam*. 2012.

34 APN+. *Positive and Pregnant: How Dare You. A study on access to reproductive and maternal health for women living with HIV in Asia: findings from six countries: Bangladesh, Cambodia, India, Indonesia, Nepal, Viet Nam*. 2012.

35 Based on The National AIDS Authority, Cambodia. *Cambodia Country Progress Report 2012: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS.* (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

36 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report*. 2010. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/) and UNAIDS, UNICEF, WHO and ADB. HIV and AIDS Data Hub for Asia-Pacific. '*Sex Work and HIV: Cambodia'*. 2010. (http://www.aidsdatahub.org/en/country-profiles/cambodia)

37 UNIFEM. *Preventing Spousal Transmission of HIV in Cambodia: A Rapid Assessment and Recommendations for Action*. 2009.

38 UN Cambodia (http://www.un.org.kh/undp/what-we-do/gender-equality/gender-equality) [Accessed 1 July 2012]

39 Available at http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf

40 Available at http://www.snap-undp.org/elibrary/Publications/HIV-2012-SexWorkAndLaw.pdf

41 Available at http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2009/JC2306_UNAIDS-guidance-note-HIV-sex-work_en.pdf

42 Available at http://www.unaids.org/en/media/unaids/contentassets/documents/unaidspublication/2010/20100226_jc1794_agenda_for_accelerated_country_action_en.pdf

43 Available at http://www.unaids.org/en/media/unaids/contentassets/documents/document/2011/07/20110719_Community%20innovation.pdf

44 Available at http://www.unaids.org/en/media/unaids/contentassets/documents/document/2012/JC2310_Joint%20Statement6March12FINAL_en.pdf

45 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report*. 2010. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/)

46 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report*. 2010. (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/)

47 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report 2012: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS.* (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

48 The National AIDS Authority, Cambodia. *Cambodia Country Progress Report 2012: Monitoring the Progress towards the Implementation of the Declaration of Commitment on HIV and AIDS* (http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/)

WHO ARE "KEY AFFECTED WOMEN AND GIRLS" IN ASEAN?

Depending on the circumstance and country, the following groups have been identified as key affected women and girls in ASEAN:

- Women and girls living with HIV
- Female sex workers
- Women and girls who use drugs
- Transgender women and girls
- Mobile and migrant women
- Female prisoners
- Women with disabilities
- Women in serodiscordant relationships
- Female intimate partners of men who engage in behaviours that put them at a higher risk of HIV infection
- Women and girls in HIV-affected households

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