

# Cambodia

## Community, Rights and Gender Country Profile

*Working Document*



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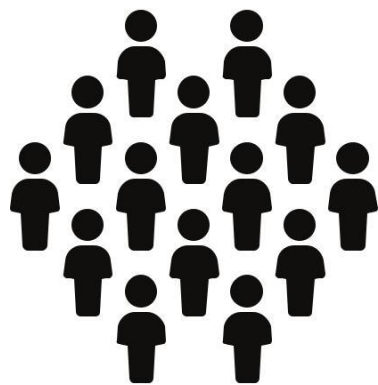


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# Quick Facts



**17 million people (2021)**

*Working Document*



**High TB Burden  
Country**

 **The Global Fund**

**High Impact Asia**

# UNHLM Targets



## Resource Needs (2022)

97.59 million (USD)

## Available TB Funding 2020 (USD)

Domestic: 5.5 million

International (Excluding Global Fund): 1.2 million

Global Fund: 8.4 million

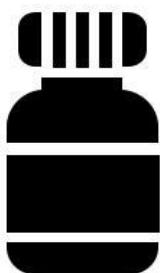
Funding Needs: 33.1 million



## Diagnosis and Treatment Targets (2020)

TB Target: 33,900

% Target Achieved: 86



## Prevention Therapy (2022)

Total PT Targets: 24,390

\*Please note that this will be updated in October after 2023 UNHLM on TB  
Source: [Stop TB Partnership Dashboard](#)

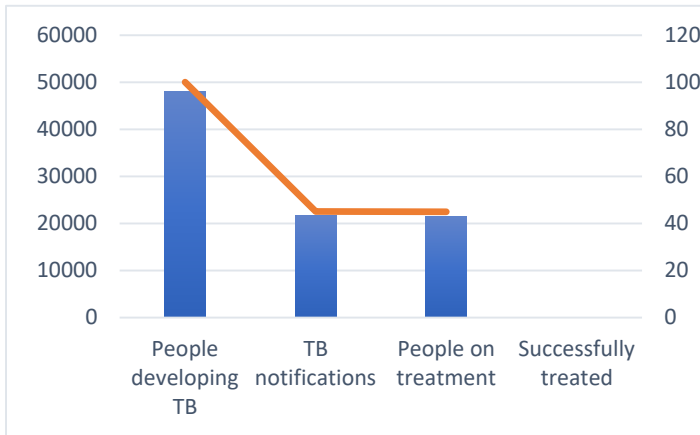
# National Strategic Plan and Funding Opportunities

- Next National Strategic Plan Development: **2030**
- Next Global Fund funding request proposal development: **2023**

COUNTRY PROFILE CAMBODIA

# TB Situation

## Epidemiological Data (2021)



### Major Gaps in TB Prevention and Care

- 26,411 Missing people with TB (3675 were children)
- 4000 people died because of TB
- 65 Laboratory confirmed people with MDR/RR-TB (WHO data, 2021)

**Acceptability issues:** Limited clinic hours, long wait times, the duration of treatment, and its side effects contribute to acceptability issues. Stigma and discrimination experienced by healthcare workers and the need for frequent clinic visits for directly observed treatment (DOT) are also mentioned as factors affecting service acceptability.

**Discrimination issues:** Key populations, such as individuals at higher risk of TB, face stigma and discrimination in their communities, as well as self-stigma. The absence of legal prohibitions against TB discrimination, fear of discrimination, and social stigma hinder service utilization and treatment adherence. Additionally, healthcare workers' stigma and discrimination towards people with TB is noted.

**Freedoms:** The criminalization of drug use is mentioned as a deterrent to TB service utilization. Policies that criminalize drug use may discourage individuals from seeking TB-related services.

**Gender:** The assessment indicates that TB data is not disaggregated by sex, gender, age, or geography. Budget planning and allocation are not gender-based, and financial data lacks sex or age disaggregation. However, the National Strategic Plan (NSP) does prioritize pregnant women, children, and the elderly. Gender-sensitivity training for healthcare workers and formal national coordination for gender equality in the TB response are currently lacking.

**Key and Vulnerable Populations** Prioritized groups include people living with HIV (PLHIV), TB household contacts, TB close contacts, the elderly, individuals with diabetes, prisoners, and people who use drugs (PWUD). However, there are no official National TB Program (NTP) estimates of national TB key population sizes, nor prevalence or behavioral surveys conducted for key populations or TB risk factors specific to each key population.

**Participation:** The assessment mentions the existence of national and subnational government coordination mechanisms, such as "village health support groups," which provide platforms for NTP, civil society organizations (CSOs), and development partners to meet and coordinate efforts for the TB response. The input from TB survivors is also considered in these mechanisms.

**Remedies and Accountability:** A community-level mechanism for service user complaints and community score cards exists, aiming to address concerns and hold service providers accountable for their performance

**Source:** HHR: Health and Human Rights Journal: Building the Evidence for a Rights-Based, People-Centered, Gender-Transformative Tuberculosis Response: An Analysis of the Stop TB Partnership Community, Rights, and Gender Tuberculosis Assessment

## Community, Rights and Gender Data

Based on the findings of the CRG assessment, several barriers and issues have been identified in relation to tuberculosis (TB) services. Here is a summary of the key findings:

**Accessibility Barriers:** These include challenges such as high transport costs, long distances to clinics, and limited knowledge about TB and available services. These barriers can prevent individuals from accessing TB diagnosis and treatment.

**Availability Barriers:** The assessment highlights the lack of trained staff at public clinics and the need for better integration of TB, HIV, and diabetes services. Insufficient staffing and coordination can lead to inadequate healthcare services for individuals affected by these conditions.

**Quality issues:** The assessment identifies several quality-related concerns, including the duration of treatment and its associated side effects. It also highlights the lack of trained staff at public clinics, stigma and discrimination faced by healthcare workers, poor screening practices in prisons, and a weak referral system for individuals with HIV and diabetes.

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# Community Engagements and Representation

Active National Stop TB Partnership

- Yes

National Network of People Affected by TB

- No (District network, DNPET)

TB Network/Community represented on CCM

- Yes

National High-Level Engagement with Parliamentarians

- Yes

Celebrities Engagement in TB response

- Yes

Challenge Facility for Civil Society Round 10 Regional Level Partners

- Asia Pacific Council of AIDS Services Organization (APCASO)

Challenge Facility for Civil Society Round 11 Regional Level Partners

- Asia Pacific Council of AIDS Services Organization (APCASO)

Global Network:

- Lean on Me Foundation



# Community, Rights and Gender



- **CRG Assessment Completed** 
- **Costed CRG Action Plan**
  - **In progress** 
- **TB Stigma Assessment Conducted**
  - **No** 
- **TB Stigma Elimination Plan Available**
  - **No** 
- **Community-led Monitoring Mechanism In place** 
- **Legal and Human Rights Scorecard Assessment**
  - **No** 



## COUNTRY PROFILE CAMBODIA

# CFCS Round 10 Grantees

## Khmer HIV/AIDS NGO Alliance

### Global Fund Principal Recipient

**Project Location:** Phnom Penh Capital City, Kandal, Thoung Khmum, and Kampong Cham Provinces

**Timeline:** November 2021- November 2022

### Objectives:

- To ensure the high-level advocacy and engagement of national stakeholders in monitoring and ensuring that the UNHLM 2022 targets will be achieved in Cambodia.
- To contribute towards national TB programme recovery from COVID-19 to meet the UNHLM 2022 targets, including leveraging donor opportunities for COVID-19 using CLM-OneImpactK+ in Cambodia.
- To transform the TB response to be rights-based, gender transformative, and people-centered, in alignment with the UN Political Declaration on the Fight against TB and the Call to Action from Communities, as outlined in A Deadly Divide: TB Commitments vs TB Realities in Cambodia.
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

# CFCS Round 11

## Grantees

### Khmer HIV/AIDS NGO Alliance (KHANA)

**Project Location:** Phnom Penh, Kandal Tboung Khmum, Kampong Cham, Siem Reap Provinces

**Timeline:** March 2023 -March 2024

**Aim:**

- To promote human rights, advocacy, and accountability in Cambodia to meet the United Nations High-Level Meeting on TB targets and commitments for 2022 and beyond.

**Objectives:**

- To scale up implementation of community-led monitoring for TB program;
- To scale up the efforts in strengthening the roles of PSG and DNPET in implementing findings from the TB Stigma Assessment in CFCS-10 and the TB Legal and Human Rights Score Cards;
- To bolster community-led advocacy and partnership in promoting human rights, advocacy, and accountability in the TB response
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.

# Country-Level Platform Partnership

Khmer HIV/AIDS NGO Alliance (KHANA)

**Project Location:** Cambodia

**Timeline:** November 2022 - May 2024

**Aim:**

- To improve critical roles of the national partnership platform in driving the national advocacy activities for ending TB.

**Objectives:**

- To enhance local and national partners' engagement in TB response through partnership-driven actions
- To strengthen high-level advocacy efforts at the national level to ensure alignment of national and global advocacy agenda
- To enhance domestic financing and investment towards reaching country targets to end TB
- To improve positioning of the Stop TB Cambodia platform as a key convener/facilitator in the national TB response

# Questions? Contact us.

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