

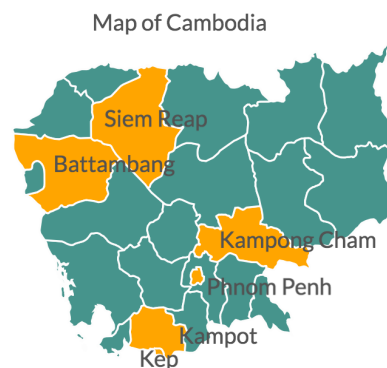
CAMBODIA: Discrimination in Healthcare Settings Against People Living with HIV and Key Populations

Globally, discrimination resulting from stigma has been identified as one of the foremost barriers to scaling up the HIV response. Substantive community involvement is at the center of effective prevention, treatment, and care. Community participation promotes supportive social, political and legal environments and protects the rights of people living with HIV and key populations.

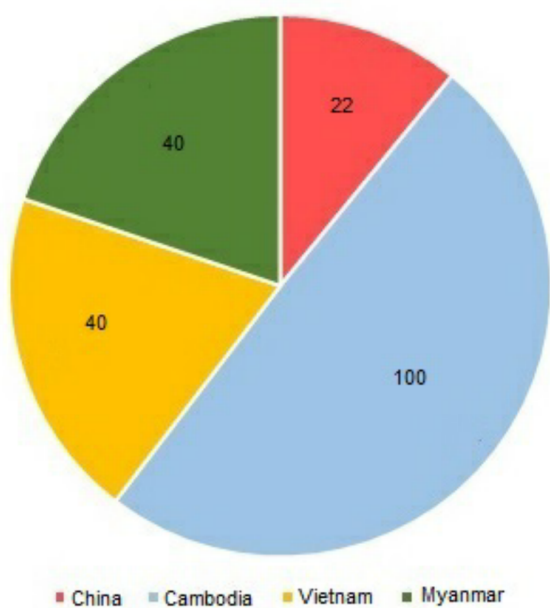
In December 2014, Asia Catalyst commenced the Regional Rights Training Program to increase community based organization (CBO) knowledge of human rights frameworks and instill skills to conduct human rights documentation and evidence-based advocacy. The program trained CBOs to effectively advocate for non-discriminatory health services for people living with HIV and key populations. Eight CBOs from Cambodia, China, Myanmar and Viet Nam participated in this 18-month program. They identified the most pressing issues for their communities, collected testimonials and developed recommendations identifying potential avenues for advocacy.

The analysis of the findings from all four countries is synthesized in the report *First Do No Harm: Discrimination in Healthcare Settings against People Living with HIV in Cambodia, China, Myanmar and Viet Nam*, available on the Asia Catalyst website at: <http://asiacatalyst.org/resources/research/>.

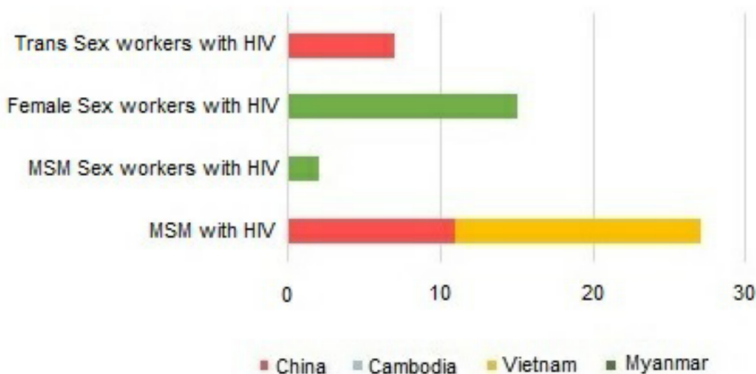
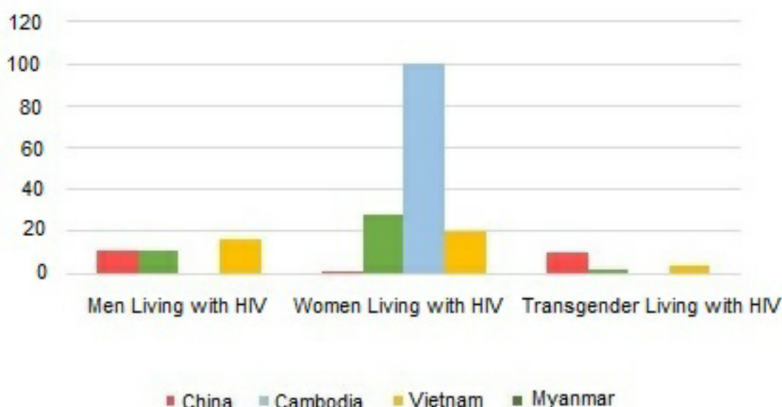
This brief highlights the findings in Cambodia and recommendations to all stakeholders from the CBOs involved - ARV Users' Association (AUA) and Cambodian Community for Women Living with HIV (CCW). They identified discrimination against women living with HIV as they access sexual and reproductive health services as the most pressing issue affecting access to quality health services for the community in Cambodia.



Total number of Interviews



Gender breakdown of Interviewees



The CBOs found that:

1. Women living with HIV were denied critical, medically accurate information that will enable them to make informed decisions on whether and when to have children, violating women's sexual and reproductive rights.

"My doctor at the OI/ART clinic recommended that I do not have a baby because I have HIV and he was afraid that I would transmit it to the child. He also said I may not be able to bring up the child. So I agreed with the doctor."

- Interviewee in Phnom Penh

2. Women living with HIV who were pregnant and seeking advice and services frequently experienced negative attitudes from healthcare providers. Some healthcare workers disapproved of and discouraged the decision of women living with HIV to have children.

"I received medicine at the hospital to prevent HIV transmission to my baby. The doctor said to me "If you are HIV positive, you should not have a baby." I felt they were not happy to see me pregnant."

- Interviewee in Siem Reap

3. Women living with HIV were denied accurate and adequate information that would enable them to make informed decisions on sterilization. The experience of some women who underwent sterilization is tantamount to being coerced into the process.

"My baby is now one year old. I have already undergone sterilization and now I am filled with sorrow that I cannot have another baby. I decided to have sterilization because I was afraid I will transmit HIV to another baby if I have more."

- Interviewee in Siem Reap

4. Healthcare providers unnecessarily informed others who do not need to be privy to the information about the women's HIV status. Some women also experienced humiliation by healthcare providers who publicly announced their HIV status. This violated the rights to privacy and confidentiality of women living with HIV who were accessing sexual and reproductive services.

The consequences of these abuses include:

- Women living with HIV who sought pregnancy-related services were not able to access quality health services or health advice. For some women, particularly who underwent sterilization, the consequences were long term, as they were not able to bear more children.

Effective roles of CBOs in realizing the right to health

- Collaboration between government, healthcare providers, and community-based organizations may have had a positive impact on the uptake of voluntary testing and improving the effectiveness of counseling. The majority of women who participated in the survey underwent HIV testing voluntarily and reported positive counseling experiences.
- Many women reported receiving sexual and reproductive health information from community based organizations. CBOs regularly conduct awareness raising workshops on sexual and reproductive health needs and rights for women living with HIV.
- CBO involvement in providing counseling services included psychological support, a critical support for people living with HIV.

International and Regional Mechanisms on HIV/AIDS:

Political Declaration on HIV/AIDS: Intensifying our efforts to eliminate HIV/AIDS (Resolutions adopted by the General Assembly in 10 June 2011)

International Guidelines on HIV/AIDS and Human Rights, 2006 Consolidated Version

7th ASEAN Summit Declaration on HIV/AIDS, November 5, 2001, Brunei Darussalam

Declaration of the 7th ASEAN Health Ministers Meeting, "Health Without Frontiers," April 22, 2004, Penang, Malaysia

Declaration of the 8th ASEAN Health Ministers Meeting, "ASEAN Unity in Health Emergencies", Yangon, 21 June 2006

Cambodia National Legal Mechanisms Prohibiting Discrimination and Laws Related to HIV and AIDS

- The Law on the Prevention and Control of HIV/AIDS (2002)
- The Policy, Strategy and Guidelines for HIV Counseling and Testing (2002)
- The Cambodian Criminal Code (2009) prohibits discrimination based on ethnicity, race, religion, affiliation, family situation, health and disability

Recommendations from the CBOs:

To the Government

- Reinforce and monitor the implementation of Law on the Prevention and Control of HIV/AIDS, ensuring protection of the human rights and non-discrimination for people living with HIV.
- Review and revise existing laws and policy (including but not limited to laws on drug control, village-commune safety policy) that criminalize and/or discriminate at least some aspects of behaviors of key populations, such as people who use drugs and sex workers, that impede effective HIV responses.
- The National AIDS Authority, Ministry of Justice and Ministry of Interior should aggressively promote the Law on Prevention and Control of HIV/AIDS that prohibits discrimination against people living with HIV and their families; it should include penalties in case of violations, with clear information on steps people living with HIV can take for legal redress in cases of rights violations.
- The Ministry of Health should develop a training curriculum and conduct regular trainings for healthcare providers that include HIV basic knowledge, HIV related stigma and discrimination, rights of people living with HIV that are codified in the national laws, and sexual and reproductive health rights of people living with HIV and key populations. Ministry of Health should also consider integrating human rights and HIV education into medical training curricula for medical students and others, including doctors, nurses, midwives and other healthcare providers.
- The Ministry of Health should develop a client feedback mechanism together with civil society groups – particularly including people living with HIV and key populations such as sex workers, men who have sex with men, transgender people and people who use drugs – to support systemic monitoring of non-discriminatory access to health services. This should include investigating and remedying all complaints of discrimination, in particular based on HIV status.
- Institutionalize the role of the CBOs in the HIV response, including in monitoring the implementation of the legal obligations on HIV-related discrimination. A dual-feedback mechanism should be set up together with CBOs that should include documentation and referral of human rights violation cases to legal aid services.
- The Ministry of Health through Provincial Health Departments should collaborate with CBOs in facilitating access of people living with HIV and key populations to health services at government hospitals and health centers to increase health service uptake. Invest in regular capacity building of CBOs to enable them to provide community level services such as HIV testing and home-based care services.
- The National AIDS Authority, Ministry of Health and relevant Ministries should ensure membership of representatives of people living with HIV and key populations in key relevant technical working groups of the Government at national and sub-national levels, to provide opportunities for them to voice their needs and concerns.

To the Healthcare providers and administrators:

- Healthcare administrators should ensure quality healthcare services for people living with HIV and key populations through education and training of healthcare staff.
- Healthcare providers should participate regularly in trainings conducted by Ministry of Health on the rights of people living with HIV and key populations. These trainings should include knowledge on non-discrimination, right to health including sexual and reproductive health needs and sexual and reproductive rights of people living with HIV and key populations.
- Increase and expand engagement of CBOs, including people living with HIV and key populations in promoting access to and providing health services to people living with HIV and key populations at hospitals and health centers in all provinces. Healthcare administrators should work together with the Ministry of Health and CBOs to develop a client feedback system for monitoring access to health services. The healthcare administration should implement and institutionalize a feedback system, which should include conducting a thorough investigation on complaints of any forms of discrimination against any patients, especially based on their HIV status, and taking appropriate actions to respond to patient complaints on discrimination on the ground of HIV status.

To the International Stakeholders

- Support capacity building of CBOs of people living with HIV and key populations on legal literacy, human rights violation documentation, and evidence-based advocacy. Provide financial and technical support for CBOs to conduct systematic human rights violation documentation, including health service-seeking experiences of people living with HIV and key populations.
- Relevant international development partners should continue technical and financial support for CBOs to ensure inclusion of people living with HIV and key populations involvement in effective implementation and monitoring of prevention, treatment, care and support.
- Strengthen and continue support for ongoing activities of the Joint Forum of Networks of People Living with HIV and Most at Risk Populations (FoNPAM) at national and sub-national level to ensure meaningful participation and strong advocacy of people living with HIV and key populations networks.

To the CBOs

- CBOs of people living with HIV and key populations as well as outreach workers, peer educators, and health volunteers should continue to provide information and knowledge for people living with HIV and key populations on HIV prevention, care and treatment, sexual and reproductive health rights enshrined in national laws, including HIV-related non-discrimination provisions.
- Strengthen and continue systematic documentation of human rights violations and discrimination against people living with HIV and key populations, including in healthcare settings. Strengthen networks within the Joint Forum of Networks of People living with HIV and Most at Risk Populations (FoNPAM) for stronger national advocacy to promote and protect the rights of people living with HIV and key populations by eliminating discrimination at all levels.
- Strengthen and improve networks with legal aid providers including: Community Legal Service (CLS), Women's Network for Unity (WNU), Cambodian Women Crisis Center (CWCC) and other legal NGOs, and human rights NGOs including Cambodian Center for Human Rights (CCHR), Cambodia League for the Promotion and Defense of Human Rights (LICADHO), Cambodian Human Rights and Development Association (ADHOC), and Community Legal Education Center (CLEC). Explore networking and mobilize the participation of lawyers, law students and medical reporters to protect rights of people living with HIV and key populations.
- Strengthen collaboration and networking with healthcare providers to promote non-discriminatory health services and increase access to quality healthcare for people living with HIV and key populations. CBOs should also continue to raise awareness among healthcare providers on sexual and reproductive health needs and rights of women living with HIV.

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