HIV/AIDS in Cambodia: A Development Issue

As the Barcelona 2002 Conference focuses world attention on HIV/AIDS, Dr. Tia Phalla, Secretary General of the National AIDS Authority in Cambodia offers a development perspective on the HIV/AIDS epidemic in Cambodia.

Although the latest data[1] on HIV/AIDS epidemic in Cambodia shows a decline in HIV prevalence rates among a number of selected target populations, Cambodia may need to consider a number of crucial issues to reverse the course of the epidemic. The first important step is to approach HIV/AIDS not only as a health problem, but also as a broader development issue. Without a broader understanding and broader response to address the structural determinants of the epidemic, such as poverty and other social forces, all the hard-earned achievements thus far attained by government institutions and civil society in the development sector may well be undermined.

Working with the Asian Epidemic Model (AEM), developed jointly by the National Center for HIV/AIDS, Dermatology and STDs (NCHAS) and the East West Center, Hawaii, a Cambodian working group on HIV/AIDS Projection (2002) estimated that since the beginning of the epidemic, 94,000 people have died of AIDS in Cambodia. More importantly, the group predicted that at this rate there could be 237,821 AIDS related deaths by 2010. What is striking about this number is that it exceeds the combined active population of four provinces (Sihanoukville, Stung Treng, Mondulkiri and Ratanakiri). This means a lot for a small country that is trying very hard to recover from two decades of civil war and instability.

The National Census of 1998 also reveals two significant demographic factors about Cambodia's population structure, which have a bearing on the AIDS issue. First, it is clear from the data on sex and age distribution, that during the period of civil war from 1970-1980, there was a remarkable reduction of births, and many of those born during that time could hardly survive. This reduction in the active population leads to an increase in the dependency ratio. Data from the National Census indicates that 1000 working adults support 920 dependants. Therefore, when 1000 adults die of AIDS, their 920 dependants will be indirectly affected by HIV/AIDS and seriously suffer as they loose their normal source of support. In addition to this, people who are now adults, aged from 20 to 30 years old have undergone enormous difficulties during their childhood, when basic infrastructure and services such as health and education were severely affected by the war. As a result, many of those unskilled adults are today ill equipped to survive in an age of globalisation where education and skills are key to productive employment. At the same time, increasing pressures on land, disenfranchisement (loss of land) and reduced access to common property resources has led many to leave their villages and their families, in search of jobs in the cities, and at the Thai border. In such situations they are increasingly vulnerable as they lose their links with their traditional safety net. Males become clients of sex workers, and women are directly or indirectly forced to sell sex. This unique situation is critical since HIV/AIDS hits the most important part of Cambodia's active population, who represent the remaining backbone of our country.

Secondly, another feature of the Cambodian population structure is the low number of males above the age of 45 years. This age group was over 20 years of age in 1975, at the time that Pol Pot took power. This means that in the near future, as result of the increasing number of HIV/AIDS related deaths, an increasing number of children affected by HIV/AIDS will be forced to quit school, to live on the street, and to work on their own as most of them will not have grandparents. This will mean not only unprecedented losses, but also increasing social, economic and security problems that will be difficult to solve unless there are timely interventions, as the direct and indirect costs to the families, the community and the country will increase exponentially.

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The following example may illustrate how the country can mobilise the resources to cope with this direct and indirect cost of the epidemic. A rough calculation shows that about 500 USD is needed to cover the treatment of one AIDS patient (Opportunistic Infections, Anti Retro Viral therapy, Laboratory tests and Home Based Care) per year. It requires 540 USD per year (80 USD from public and 460 USD from parents) to provide education to 10 pupils at primary school. However, both AIDS patient and pupil have their right to access public services.

National Strategic Plan (NSP) for a Comprehensive and Multisectoral Response to HIV/AIDS 2001–2005

Following a Situation and Response Analysis in Phnom Penh 2001, representatives from GOs, NGOs, the UN, local communities and especially PLWAs developed the "National Strategic Plan" (NSP) for a Comprehensive and Multisectoral Response to HIV/AIDS 2001-2005". The NSP calls for effective approaches that take into account both the unique dynamics of the local epidemic and the unique social, cultural and economic context of Cambodia.

As of July 2002, the concept of the NSP for a Com-

prehensive and Multisectoral Response to HIV/AIDS has been used as a tool for the development of a Strategic Plan in three ministries: the Ministry of National Defence, Ministry of Social Action, Labour and Youth Rehabilitation, the Ministry of Rural Development, and in two Provinces: Siem Reap and Pursat.

Building and Mobilising Social Capital

In the past decade, in addition to loans, donors have provided significant funding to Cambodia to build local capacity and support efforts in the prevention and care of HIV/AIDS. Now that the NSP calls for a deeper and broader involvement of every cell of society, the main question that is repeatedly asked is, "Where will Cambodia find the resources to tackle this epidemic? ".

To cope with this complex issue, there is a need to consider the existing resources in the community as shown in the figure below. And in order to understand the concept of social capital as it is presented here, it is useful to be familiar with some the terminology.

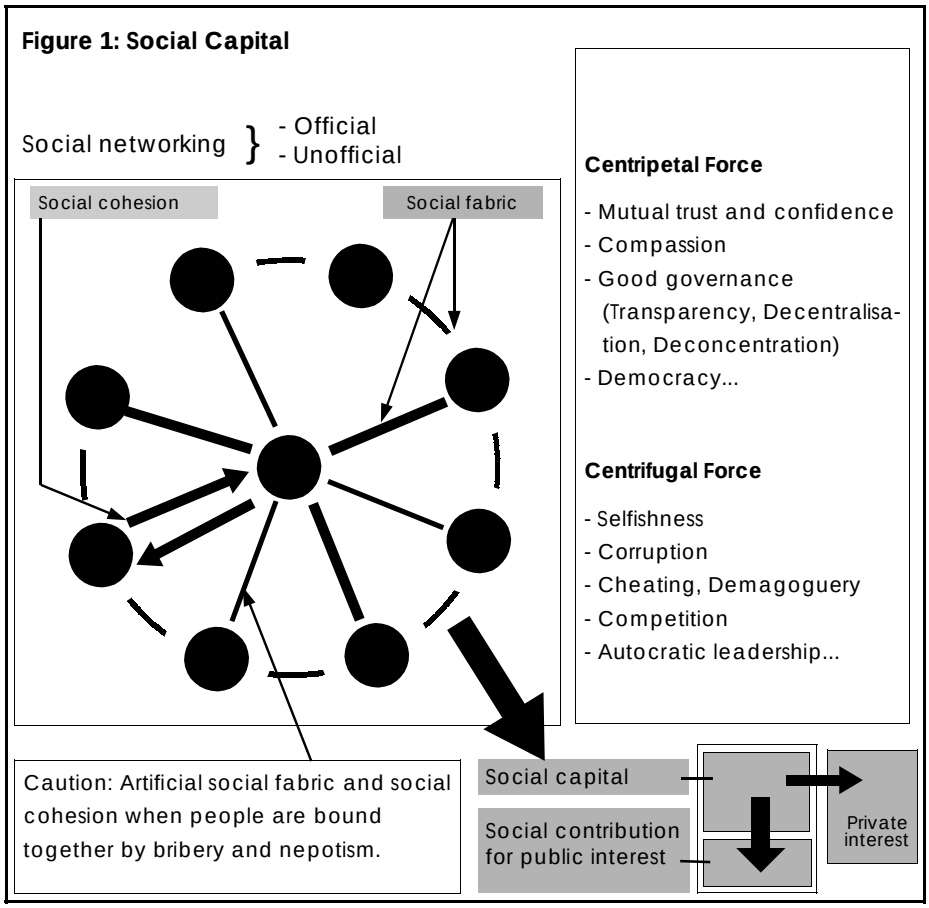
Social networking: Different components of the society are bound together in official and unofficial networks. At the Community level for example, the Village Development Committee and the Funeral Committee can be considered respectively as official and unofficial networks. Along with other elements in the community, they constitute a social safety net for people living in that community. At provincial level, and in the health sector, Prococom is a form of social network between the Health Department and a number of NGOs working to improve the health status of a given province. Moreover, the Health Department is linked by vertical and horizontal lines of coordination.

Social fabric refers to the existence and the quality of the relationship between different components of the network. Change and/or stress can damage or break this relationship. The adoption of a new regime, new social values and the massive movement of population in the Khmer Rouge period resulted in the social disintegration of Cambodian society, and destruction of the safety net. South Africa offers another example,"...an increasing number of orphans of AIDS, who grew up without parental support and supervision, may turn to crime. Crime will increase because of the disintegration of the social fabric of our society ".[2]

Social cohesion denotes the closeness of the relationship between those components. It is useful to consider two types of force:

- *Centripetal force*: a force that brings different components of the network closer together. Trust, confidence, compassion, good governance, democracy, the respect of human rights, rule of law, and the preservation of national and cultural heritage, are among the forces that bring people closer to each other and hence, contribute to social cohesion. “Building peace out of the bitterness and pain of Cambodia's past requires the re-establishment of trust, the transition from shame to dignity and pride, from desire for vengeance to acceptance and forgiveness, and a search for ways of living and working together. These contribute to healing and re-building communities. They create and strengthen social capital: a society's stock of inter-personal and inter-group relationships based on mutual trust and respect, and on a sense of the common good.” [3]
- On the opposite side is the *Centrifugal force*: a force that increases separation of different components of the network. Selfishness, corruption, cheating, nepotism, autocratic leadership, demagoguery, and bad governance are barriers to social cohesion as they destroy trust and confidence in different components of the network.

Figure 1: Social Capital



Social capital is a feature of social organisations, as are trust, norms and networks that can improve the efficiency of society by facilitating coordinated actions. Social capital is productive as it makes it possible to achieve ends that would not otherwise be attain-

able by individuals alone. Communities and societies where social capital is strong cope better with the epidemic and its impact than those where it is weaker.

Social contribution: Past and current experience would suggest that the individual's perception of social contribution is influenced by how much *s/he* can contribute to a particular activity/event that calls for support. Certainly personal attitudes and self-confidence may encourage or hamper the initiative for social contribution. For example, a farmer possesses a motorbike and some knowledge and experience in carpentry. If he trusts the Bridge Building Committee in his village and feels that he is bound to other village members, he may spend some time working with his friends to build the bridge and allow people to use his motorbike for transport. In contrast, if he has no trust and confidence, he will not contribute anything. In other words, an individual's perception may be the result of either centripetal forces or centrifugal forces.

Conclusion

HIV has up to now been perceived predominantly as a health issue to be treated with a global vertical programme with most of its associated funding being HIV-dedicated. Yet the causal linkages between the HIV epidemic and development are dense and tight.

Priorities are difficult to establish in resource-poor settings, and are often shaped by tied development assistance. By understanding HIV as a factor of development, development resources can be used for HIV, alongside their other aims. Similarly, the resources for HIV can also be used to achieve other related development goals. This is not just a matter of "adding" an HIV component to development programmes but rather of understanding, for example, that community development is a process into which HIV is woven by the way people live their lives, and needs to reflect this.

Therefore, by making use of the social networks established in the development arena, HIV/AIDS can be mainstreamed into existing programmes undertaken by governmental institutions and civil society with the assistance of UN agencies and other donors. Certainly, it is worth making use of the different opportunities at all levels to enhance centripetal forces and reduce centrifugal forces, in order to build a more cohesive society where every member is ready to contribute to the common struggle against HIV/AIDS, its prevention, reduction of vulnerability, care and support. Without strong commitment from academics, researchers, planners, community leaders, grassroots people, and especially policy makers, this social change will not occur. Peace, security and stability are directly related to the creation of social capital, the strength of civil society and its organisations, and to the emergence of moral leaders and socially conscious individuals and intellectuals. Each of these is needed for Cambodia to respond effectively to the HIV/AIDS epidemic.

Endnotes

1. Results of HIV Sentinel Surveillance 2000, The National Centre for HIV/AIDS.
2. Alan Whiteside and Clem Sunter (2000), AIDS, The Challenge for South Africa.
3. United Nations Country Team (2002), Developmental Implications of HIV/AIDS

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