



Ministry of Health

**National Policy and Strategies
for Prevention and Care on
Sexually Transmitted and
Reproductive Tract Infections**

2006-2010

**National Policy and Strategies for Prevention and Care
of Sexually Transmitted and Reproductive Tract Infections
(STI/RTIs)
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The Royal Government of Cambodia has previously established that HIV/AIDS/STI/RTIs are health, economic and social problems of priority national concern. *“The national policy and strategies of sexually transmitted infections (STIs) prevention and control in Cambodia”*, officially approved by the Ministry of Health in 1999, describes the effective tool for prevention and control of STI/RTI in Cambodia, which is linked closely to the prevention and care of HIV/AIDS, especially among high risk populations:

- In Cambodia, transmission of HIV and other reproductive tract infections (RTIs) is mostly through unprotected sexual intercourse. Moreover, prevalence of HIV and other sexually transmitted infections in the high risk group such as sex workers is still high.
- Sexually transmitted infections cause genital ulcers or lesions that amplify the risk of HIV transmission.
- Recent global studies have indicated the significance public health problem arising from incurable diseases such as viral infections. These sexually transmitted infections cause recurrent genital ulcers or progress to cervical cancer etc....
- The ways to prevent HIV transmission are almost the same as those for the prevention of other sexually transmitted infections.
- The Family Health Clinic is not only the primary place providing STI/RTI services, it is also the entry point for high risk populations, especially sex workers, to receive appropriate health education for HIV prevention, information about voluntary counseling and confidential HIV testing (VCCT), and available HIV/AIDS care services for people living with HIV/AIDS (PLHA).

- Trends of STI prevalence are an important indicator to monitor effective interventions to change sexual risk behavior, the quality of care and treatment, and the effectiveness of national strategies of STI/RTI prevention & care.

The main purpose of the National Policy and Strategies for Prevention & Care for STI/RTI is to provide a framework of activities for the acceleration of timely responses in STI/RTI prevention and care in Cambodia in order to achieve the goal of Universal Access of HIV prevention and care and treatment for all people in 2010.

To attain this goal, the Ministry of Health of Cambodia has revised and updated the national policy and strategies; and will strengthen implementation till 2010 focusing on these primary objectives:

- To increase active participation of public institutions, civil society organizations, particularly non-governmental organizations (NGOs), and international organizations through partnership in the development of STI/RTI prevention & care.
- To mobilize resources and promote financial allocations, based on the results of research that help to identify priority interventions, in order to ensure that resources are used effectively with ownership, harmonization, good results and accountability.
- To ensure that the national policy, guidelines and other initiatives relevant to STI/RTI prevention & care are non-stigmatizing and non-discriminating, and gender-sensitive, within the Cambodian socio-cultural environment.
- To gain experience, especially to strengthen and build the capacity of all partners and relevant institutions for the expansion and sustainability of STI/RTI prevention & care in Cambodia.

Policy 1

Multi-sectoral Responses to Sexual Transmitted and Reproductive Tract Infections (STI/RTIs)

The Ministry of Health of the Kingdom of Cambodia recognizes that STI/RTIs are a major health problem affecting the general population, especially in the current situation where these infections facilitate the potential of HIV infection; and therefore an effective multi-sectoral response for their prevention and control will be supported by its national policies and infrastructure.

Principal Strategies for implementing Policy 1

- 1.1 Consideration that STI/RTI prevention and care is a principal priority the same as HIV/AIDS prevention and care, and should receive strong political, financial, technical and institutional support.
- 1.2 A multi-sectoral approach for STI/RTI prevention and care involving coordination and cooperation of government institutions, international organizations, non-governmental organizations, bilateral agencies, legal private sectors and people in communities.
- 1.3 Promotion of coordination and collaboration between 100% condom use working groups (CUWG), outreach teams/peer educators and family health clinics (STI clinics) in order to encourage sex workers to seek STI/RTI prevention and care.
- 1.4 Motivation of other sections of Cambodian society, especially the private sector in provinces, such as private companies, enterprises, factories, hotels, etc, to contribute and collaborate voluntarily in implementing the national policy and strategies of STI/RTI prevention and care.
- 1.5 Motivation of non-governmental organizations (NGOs), legal private clinics and pharmacies registered by the Ministry of Health, to be involved in STI/RTI prevention and care based on their appropriate level of service delivery and the

national guidelines of STI/RTI care and treatment; this kind of service is a supplementary service for the clients who prefer to use it.

1.6 Recognition that the National Center of HIV/AIDS, Dermatology and STDs (NCHADS) has the principal role for coordination of technical, medical and scientific guidance on STI/RTI prevention and control activities through the national technical working group (TWG).

Policy 2

Integration (or linked response) of STI/RTI prevention and care into reproductive health services, birth spacing/family planning and maternal newborn health

The Ministry of Health promotes the integration (or linked response) of services for STI/RTI prevention and care, birth spacing/family planning and maternal newborn health into reproductive health services of referral hospitals and health centers in Cambodia.

Principal Strategies for implementing Policy 2

2.1 Establishment of the service delivery within the public health setting in Cambodia based on appropriate balance of two complementary STI/RTI prevention and care strategies:

2.1.1 The Family Health Clinic (or STI clinic) is a specialized referral service providing STI/RTI care and treatment based on laboratory approach.

2.1.2 STI/RTI care and treatment, integrated with reproductive health, birth spacing/family planning and maternal newborn health, in the minimum package of activities (MPA) at health centers, is a primary service providing STI/RTI care and treatment based on syndromic approach.

2.2 Integration of the family health clinic as a specialized service within the complementary package of activities (CPA) of referral hospitals and former district hospitals (or MPA health centers in Phnom Penh city if needed) for providing STI/RTI care and treatment based on laboratory approach.

2.3 Integration of the STI/RTI laboratory as a specialized component of the laboratory of referral hospitals and former district hospitals (or MPA health centers in Phnom Penh city if needed) for providing STI/RTI laboratory examination.

2.4 Integration of STI/RTI care and treatment, based on syndromic approach, along with reproductive health, birth spacing/family planning and maternal newborn health, into MPA health centers.

- 2.5 Incorporation of basic information of STI/RTI prevention and care, particularly information about risk behaviors and prevention methods, as well as available services of STI/RTI care and treatment, reproductive health, birth spacing/family planning and maternal newborn health, into the training curriculum of outreach and peer educators..
- 2.6 Incorporation of basic information of STI/RTI prevention and care based on laboratory approach, as well as information on reproductive health, birth spacing/family planning and maternal newborn health, into the training curriculum of the University of Medical Sciences and private medical universities legalized by the Ministry of Health. In addition, STI/RTI prevention and care based on the syndromic approach, as well as information on reproductive health, birth spacing/family planning and maternal newborn health, will be inserted in the training curriculum of the Medical Nursing School in order to increase awareness of the students about significant problems of STI/RTI in public health, and the National Guidelines for STI/RTI care and treatment.
- 2.7 Incorporation of basic information of STI/RTI and its prevention methods, as well as information on reproductive health, birth spacing/family planning and maternal newborn health, into the training curriculum of public schools in order to increase awareness of youth-in-school.
- 2.8 Production of workshop training tools for making linked responses between STI/RTI prevention and care services and reproductive health, birth spacing/family planning and maternal newborn health services.
- 2.9 Strengthened referral linkage systems from all relevant services for supporting activities at communities such as community based workers and home based care teams.

Policy 3

Human, Material and Financial Resources

The Ministry of Health assumes the primary responsibility for providing human, material and financial resources in order to support the sustainability of activities of STI/RTI prevention and care for all people living in Cambodia, and it will encourage the support and collaboration from a broad spectrum of Cambodian society, international communities, civil society, and the private sector.

Principal Strategies for implementing Policy 3

- 3.1 Effective use of resources supported by the Royal Government, international organizations, bilateral donor agencies, NGOs and other public and private sector institutions for STI/RTI prevention and care activities.
- 3.2 Efforts for seeking funds from international organizations, bilateral donor agencies, NGOs and other public and private sector institutions for ensuring the efficacy and sustainability of STI/RTI prevention and care activities in Cambodia.
- 3.3 Training of health care providers working at family health clinics for basic knowledge and skills on STI/RTI prevention and care based on laboratory approach including the examination and diagnosis of STI/RTI in men who have sex with men (MSM); and regularly refresher training every year to strengthen and update their capacity.
- 3.4 Provision at every family health clinic of a medical assistant or a medical doctor for providing diagnosis and treatment to the clients, and a laboratory technician at every referral hospital laboratory.
- 3.5 Training of health care providers, nurses and midwives working at health centers for basic knowledge and skills on STI/RTI prevention and care based on syndromic approach; and regular refresher training every year.
- 3.6 Supply of family health clinics including STI/RTI laboratory with appropriate equipment and materials through the National Center for HIV/AIDS, Dermatology and STI (NCHADS) or through international and non-governmental organizations. The Ministry of Health will supply medicines, consumables and laboratory reagents

through the system of the Central Medical Stores, to the Operational District stores for distribution.

- 3.7 Ensuring appropriate quantity of medicines, consumables and laboratory reagents in stock at NCHADS stores for emergency supply to the family health clinics in case of eventual increasing needs that cause stock shortage of quarterly supplies from the Ministry of Health.

Policy 4

Promotion of Health Education

The Ministry of Health, in collaboration with other national, civil society and international institutions, shall work together to promote a good understanding of STI/RTIs among the general public and among high risk groups as well, to encourage them to change their risk behaviors. The information, education and communication (IEC) materials produced should also include the issues of HIV/AIDS, birth spacing/family planning and maternal newborn health.

Principal Strategies for implementing Policy 4

- 4.1 Strengthen efforts and follow up thoroughly for consistent condom use promotion with all partners (including casual partners and sweethearts), such as the 100% condom use programme introduced by the Ministry of Health, and social marketing of condom initiated by NGOs, etc..
- 4.2 Use of effective approaches with high coverage through public and private mass media, especially radio, television, newspapers, magazines, etc. for educating all general and targeted populations about STI/RTI prevention and control, including HIV/AIDS education, birth spacing/family planning and maternal newborn health.
- 4.3 Education, individually or in groups such as outreach/peer education by using face-to-face communication or relevant educational materials like posters, leaflets, artificial penis, etc. These methods can help provide information about STI/RTI prevention and control into high risk groups such as male or female sex workers, the homosexual population, etc.
- 4.4 Use of educational messages through public and private mass media and IEC materials concentrating on:
 - 4.4.1 Promotion of being faithful among couples, to avoid having multiple partners, or to reduce non-marital partners, with the purpose of implementing effectively the strategies of STI/RTI prevention and control.

- 4.4.2 Increasing a sound understanding of safer sex behaviors especially condom use, and discouraging risky behavior.
 - 4.4.3 Encouraging appropriate health care seeking behavior even if they are asymptomatic, particularly voluntary counseling and confidential HIV testing (VCCT) when having risky behaviors that lead to STI/RTIs.
 - 4.4.4 Advancing a proper understanding on the relationship between HIV/AIDS and STI/RTIs in order to encourage risky peoples for early and effective care seeking.
 - 4.4.5 Reducing stigmatization and discrimination among STI/RTI patients, especially high risk groups.
- 4.5 Motivation and support for the innovative special approaches directed at youth-in-school and youth-out-school for understanding significant problems of STI/RTIs and its prevention and control, especially abstinence for as long as they can, and consistently condom use if they are sexually active.

Policy 5

STI/RTI Prevention and Care Services

The Ministry of Health assures that timely, effective, efficient STI/RTI prevention and control services are accessible to all citizens living in Cambodia without discrimination; and these services are relevant to custom, culture and medical professional ethics.

Principal Strategies for implementing the Policy 5

- 5.1 Revision and updating of the National Guidelines of STI/RTI Prevention and Care to ensure that STI/RTI prevention and care services in Cambodia are standardized, effective and of good quality.
- 5.2 Encouraging and motivating all people who are suspected of being infected by STI/RTIs for seeking early care and treatment to avoid complications. The health care providers will not discriminate or judge the clients for their risk behavior. All care for STI/RTIs in the Kingdom of Cambodia will be undertaken in a manner that protects the privacy and confidentiality of all people.
- 5.3 Provision of STI/RTI care and treatment to all people at family health clinics and NGO health clinics, especially high-risk groups such as female sex workers, men who have sex with men (MSM), etc. These clinics shall be of good quality, efficient and client-friendly, particularly ensuring a comfortable environment for high-risk groups by setting up an appropriate timetable in response to their needs to avoid stigmatization or discrimination between each group that could affect the acceptability of the services.
- 5.4 Provision of comprehensive STI/RTI prevention and care approach as follows:
 - Rapid diagnosis and appropriate treatment based on syndromic approach should be applied in facilities where a laboratory is not available, such as health centers. However, a laboratory-based approach will be implemented in all family health clinics (STI clinics) of the Kingdom of Cambodia.

- Universal precautions will be applied for all equipment and materials used for examination of patients to prevent any infection from patient to health care provider and vice-versa, especially HIV infection.
- STI/RTI treatment should be prescribed with medicines which are effective, easy to apply, have minimal side effects, and a reasonable price, to ensure the patient's compliance.
- Patient education should be applied to all clients in order to build their awareness on STI/RTI transmission, risk behaviors and customs, current risks, behavioral change to prevent the other infections, including cultural change to prevent STI/RTIs in future.
- Counseling for behavioral change is a particularly important aspect of patient education, to prevent recurrent STI/RTIs, especially encouraging clients to use condoms consistently with all partners, both among regular couples (husband and wife) and irregular partners, with the aim of birth spacing/family planning. Condom supply should be free of charge for poor people and high-risk groups.
- Partner notification and treatment is essential to ensure the effectiveness of STI treatment. Involvement of the patient's family in education and counseling is also helpful if the patient accepts, for follow up of the patient's compliance with treatment.
- Information should be provided about other available health services such as voluntary counseling and confidential HIV testing, care and treatment services for opportunistic infections (OIs) and antiretroviral therapy (ART), and reproductive health/birth spacing, etc.

5.5 STI/RTI prevention and care services shall address the needs of both males and females, and include homosexual persons. Therefore, both male and female health care providers should be available to avoid any conflict of gender sensitivity at STI/RTI prevention and care services.

5.6 Strengthening the distribution and supply system of the Ministry of Health to ensure that all essential medicines, equipment and consumables for STI/RTI prevention and care at public health facilities are available and properly and effectively used following the National Guidelines approved by the Ministry of Health.

- 5.7 Application of the model of sharing cost of the Ministry of Health at family health clinics and health centers providing STI/RTI prevention and care services for all people except very poor people, invalids, people with disabilities, people or children living with HIV/AIDS and orphans. This exemption can be covered by payment through an equity fund if it is available. User fees for each visit for each client should be defined and based on the consensus between the local sharing cost committee and the representative of people of the coverage area. The prescribed medicines provided to patients are supplied by the Ministry of Health and given to them free of charge.
- 5.8 Since the Kingdom of Cambodia is still facing the HIV/AIDS epidemic, the intervention targeted to high-risk populations (male and female sex workers) is the main priority of these Ministry of Health strategies, to facilitate availability of routine health check up at the family health clinics for them. Moreover, the care and treatment for the target groups are free of charge if they are referred by the 100% Condom Use Working Groups or by outreach team/peer educators.

Policy 6

STI/RTI Prevention and Care Services of non-governmental organizations (NGOs) and the private sector

The Ministry of Health encourages non-governmental organizations (NGOs) to motivate the private sector to be involved in STI/RTI prevention and care with a particular focus on NGO clinics, private clinics, and pharmacies registered by the Ministry of Health.

Principal Strategies for implementing Policy 6

- 6.1 Training of health care providers working for NGO clinics, private clinics, and registered pharmacies following the National Guidelines on STI/RTI prevention and care. The contents of the training courses have to be based on the appropriate technical responsibility of each service, and the trainers have to be recognized by the National Center for HIV/AIDS, Dermatology and STI (NCHADS).
- 6.2 Integration of STI/RTI prevention and care service into NGO reproductive health clinics, with the diagnosis and treatment of STI/RTIs based on the National Guidelines.
- 6.3 Encouragement of private services (private health clinics or pharmacies) registered by the Ministry of Health to participate in STI/RTI prevention and care with technical support from NCHADS and NGOs as partners. Strengthening and expanding these services is a supplementary strategy to reach the people who prefer not to seek care at public health services for STI/RTI care and treatment.
- 6.4 Support to NGO initiatives to contribute to STI/RTI care and treatment, especially for men, through social marketing and distribution of packaged medicine products based on the National Guidelines for STI/RTI care and treatment. These products should be effective and sold at a reasonable price that most patients can afford.

Policy 7

STI/RTI Monitoring and Research

The Ministry of Health shall take such measures as necessary as to assure that it is well informed on the status of or trends in STI/RTIs in the Kingdom as well as the effectiveness of prevention and control activities.

Principal Strategies for implementing Policy 7

- 7.1 Strengthening health information systems through regular active surveillance and passive surveillance with routine quarterly reports of STI/RTIs, including the reports of partner notification, and the number of referred patients to VCCT centers. Computerized data-based management is a priority for strengthening health information systems for STI/RTI prevention and care in Cambodia.
- 7.2 All public and NGO STI/RTI services and those in the private sector registered by the Ministry of Health have to routinely send quarterly STI/RTI case reports to the data management unit of NCHADS, based on the NCHADS standard format.
- 7.3 All studies or research relevant to STI/RTI issues including studies on behavioral risks, health-seeking behaviors, innovative or new strategies of STI/RTI prevention and care in the Kingdom of Cambodia have to be approved by the Ministry of Health with the consultation from NCHADS.
- 7.4 Encouragement of government institutions, NGOs, International Organizations, bilateral agencies, the private sector and community groups to collaborate in such a manner as to assure that there is adequate information disseminated on the status of and trends in STI/RTIs in their areas of work as well as the effectiveness of their STI/RTI prevention and control activities.
- 7.5 Strengthening the national capacity to undertake epidemiological, medical or operational research including periodic special surveillance studies to assess trends in STI/RTI prevalence, as well as risk behaviors, and to monitor antibiotic sensitivities every five years.

Policy 8

STI/RTI Prevention and Care for vulnerable population that are considered as main priorities

The Ministry of Health shall continue to implement special interventions on STI/RTI prevention and care targeted at high-risk populations such as sex workers and men who have sex with men (MSM) and people living with HIV/AIDS (PLHAs). The Ministry of Health shall take more consideration for pregnant women who are vulnerable to STI/RTIs and their newborns.

Principal Strategies for implementing Policy 8

- 8.1 Encouragement of both brothel-based and non-brothel based sex workers to have routine check up for STI/RTIs at family health clinics, even if they are asymptomatic, through 100% condom use working groups (CUWG) and outreach teams/peer educators. Regular screening for STI/RTIs for these target groups is based on laboratory approach for early detection and treatment.
- 8.2 Establishing a coordination and collaboration system between the National Center for HIV/AIDS, Dermatology and STI (NCHADS) and the National Maternal and Child Health Center (NMCHC) in order to refer sex workers who want to use reproductive health services such as birth spacing, safe abortion, etc. from the family health clinic to the nearest appropriate service.
- 8.3 Creating outreach teams/peer educators among MSM, especially those who are sex workers, to facilitate access for them to STI/RTI prevention and care at family health clinics.
- 8.4 Setting up appropriate timetables for providing STI/RTI prevention and care at family health clinics to particular groups to avoid stigmatization and discrimination from other groups of population.
- 8.5 Close collaboration with OI and ART teams to encourage PLHAs who are suspected of getting STI/RTIs to seek care at family health clinics.

- 8.6 Close collaboration with reproductive health and antenatal care services to refer pregnant women to the family health clinic if they are vulnerable, for early detection of STIs such as syphilis, gonococcus and Chlamydia infections. These bacteria can cause serious complications to the fetus and newborn, such as congenital anomalies, neonatal conjunctivitis, and pneumonia.
- 8.7 Diagnosis and treatment for congenital syphilis following the National Guidelines if the baby is born to a mother who has genital ulcer or a positive syphilis test.

The Ministry of Health strongly believes that the National Policy and Strategies revised by the STI/RTI Technical Working Group of NCHADS will give effective guidance to the response to the current situation for prevention and control of HIV/AIDS epidemic in Cambodia. Moreover, this National Policy and Strategies reflect the experiences resulting from implementation of the National Policy and Strategies established in 1999. These have now been revised and updated to be the National Policy and Strategies for 2006-2010, as a main priority, among others of the national program of HIV/AIDS prevention and control.


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National Maternal and Child
Health Center



Prof. KOUM KANAL

National Center for HIV/AIDS
Dermatology and STI



Dr. MEAN CHHI VUN

Minister of Health 



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