

# FACTSHEET – UPR 2018 – Cambodia

## 3rd CYCLE UNIVERSAL PERIODIC REVIEW

SOGIESC-SRHR

### Health Rights of LGBTIQ people

Joint-submission by the Cambodian Center for Human Rights (“CCHR”), Rainbow Community Kampuchea (“RoCK”), Destination Justice (“DJ”), Micro Rainbow International (“MRI”), the Reproductive Health Association of Cambodia (“RHAC”), the International Lesbian, Gay, Bisexual, Trans and Intersex Association (“ILGA”), ILGA Asia, ASEAN Sexual Orientation and Gender Identity/Expression Caucus (“ASC”), the Swedish Association for Sexuality Education (“RFSU”), ActionAid Cambodia, DanChurchAid Cambodia (“DCA”), and CamASEAN

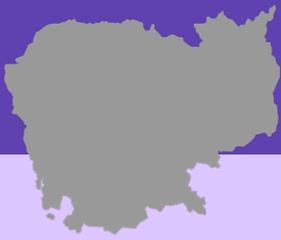
#### SUMMARY OF KEY ISSUES FROM PREVIOUS UPR CYCLES

During Cambodia’s second UPR in 2014, no recommendations were made to the Royal Government of Cambodia (“RGC”) specifically regarding the rights of Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (“LGBTIQ”) people. Cambodia received and supported 16 recommendations on the right to health, two of which directly address SRHR.

#### NATIONAL FRAMEWORK

**LGBTIQ people in Cambodia continue to face several barriers to the full enjoyment of their right to health. There is limited knowledge and understanding on SOGIESC among health professionals in Cambodia, and sensitization and capacity-building on this issue has been very limited so far. As a result, limitations remain in terms of offering LGBTIQ friendly health services that address the needs of LGBTIQ people.**

CHALLENGES	IMPACT
<p><b>Access to treatment for LGBTIQ individuals living with HIV/AIDS</b></p>	<p>Despite positive developments in Cambodia’s HIV response in the past two decades, <b>HIV prevalence remains high among at-risk populations</b> including entertainment workers, men who have sex with men, transgender women and people who inject drugs.</p> <p>Young LGBTIQ people under the age of eighteen are ordinarily <b>denied access to HIV testing</b> under existing laws and policies, which often impedes their ability to get tested.</p> <p>Critical legal and structural barriers and stigma and discrimination towards at-risk communities remain, which continues to <b>hamper access to HIV-related health and non-health services</b> by these groups. Consistent condom use among these groups, HIV testing, and sexually transmitted infections screening remain low.</p> <p>Cambodia has committed to ending AIDS by 2025, to do so, more efforts need to be made, particularly to ensure key populations who are at high risk are effectively reached with continuum prevention-to-care and treatment services packages, and undiagnosed people living with HIV know their status and enroll in HIV prevention and treatment cascade.</p>
<p><b>Access to holistic health services and information for transgender persons</b></p>	<p>Despite efforts by the RGC in increasing access to health care, <b>transgender Cambodians</b> continue to face <b>barriers to access holistic health services and information</b>, including hormone treatment, psychological health and legal aid.</p> <p><b>Gender affirming healthcare services are not available</b> and there are no laws, regulations or administrative documents stating whether such services are legal or illegal. As a consequence, any such services that are available are unregulated. For this reason, trans people in Cambodia typically travel to other countries for surgeries, and many LGBTIQ people depend on their friends for information about gender-confirming procedures and some administer medical care by themselves, as result of which <b>severe complications and side effects have been reported</b>.</p> <p>In addition, <b>LGBTIQ people face many mental health related issues</b>, in part as a result of discrimination linked to their SOGIESC. <b>22%</b> of LGBTIQ Cambodians reported feeling shameful of being themselves based on a RoCK study conducted in 2015. Currently, there is very <b>limited mental health services</b> specifically designated for LGBTIQ people in Cambodia.</p>



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CHALLENGES	IMPACT
<p><b>Access to information on reproductive health, and safe and legal abortions for lesbians, bisexual women, intersex persons and transgender men</b></p>	<p>Under the Second UPR cycle, the RGC received and supported the recommendation to “<i>Step up information on sexual and reproductive health, including modern contraceptive methods, in particular for women living in rural areas.</i>”</p> <p>Transgender men who have not undergone gender affirming surgery, bisexual women and lesbians may be <b>victims of sexual violence and/or of forced marriage</b>, and therefore constitute a particularly vulnerable group who needs to have access to information on reproductive health and safe and legal abortions. Despite relatively progressive legislation on abortion, which was passed in 1997, <b>lack of access to safe abortion</b>, and lack of awareness about the legality of abortions, remains a challenge in Cambodia, infringing on women’s and trans men’s reproductive health and rights.</p>
<p><b>Achieving SOGIESC-inclusive Comprehensive Sexuality Education in Schools</b></p>	<p>In 2017, the MoEYS, with technical support from CSOs, developed a proposed <b>new “Life Skills” curriculum for grades 5-12</b> that offers inclusive instruction on sexual orientation issues, sexual education and Gender Based Violence, and is scheduled to be available nationwide by 2023.</p>

### RECOMMENDATIONS

1. **Ensure that all health-care professionals are trained on SOGIESC**, including through the inclusion of SOGIESC in the medical and nursing school curriculums, by the next UPR cycle, in line with SDG 3.
2. **Ensure access to affordable and quality medication and counselling services for LGBTIQ people living with HIV/AIDS**, including those under the age of eighteen, and **guarantee adequate national budget allocation** and long term sustainable financing for these services, by the next UPR cycle, in line with SDG 3.3.
3. **Set up a ‘Technical Working Group’ within the Ministry of Health in charge of providing holistic health services to transgender people (including medical treatment and counselling services)**, to be implemented within existing structure of public health, and **guarantee adequate national budget allocation** and long term sustainable financing for these services, by the end of 2022, in line with SDG 3.8.
4. **Increase access to information on safe and legal abortions for vulnerable populations, including lesbians, bisexual women, intersex persons and transgender men**, including through a National Public Campaign, in line with SDG 3.7.
5. **Ensure that all teachers receive comprehensive training on SRHR, including SOGIESC rights**, by the end of 2022.
6. **Ensure sufficient budget for School Department of Health Study of MoEYS to train all school teachers and school directors on the new SOGIESC-inclusive CSE curriculum by 2021.**

