The Continuum of Prevention, Care, Treatment and Support in the Build-up to Universal Access in Cambodia

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HIV/AIDS situation in Cambodia

- First HIV detected in 1991
- First AIDS case diagnosed in 1993
- Main route of HIV transmission: heterosexual
- 1998: 179,000 people living with HIV and AIDS

In 2003:

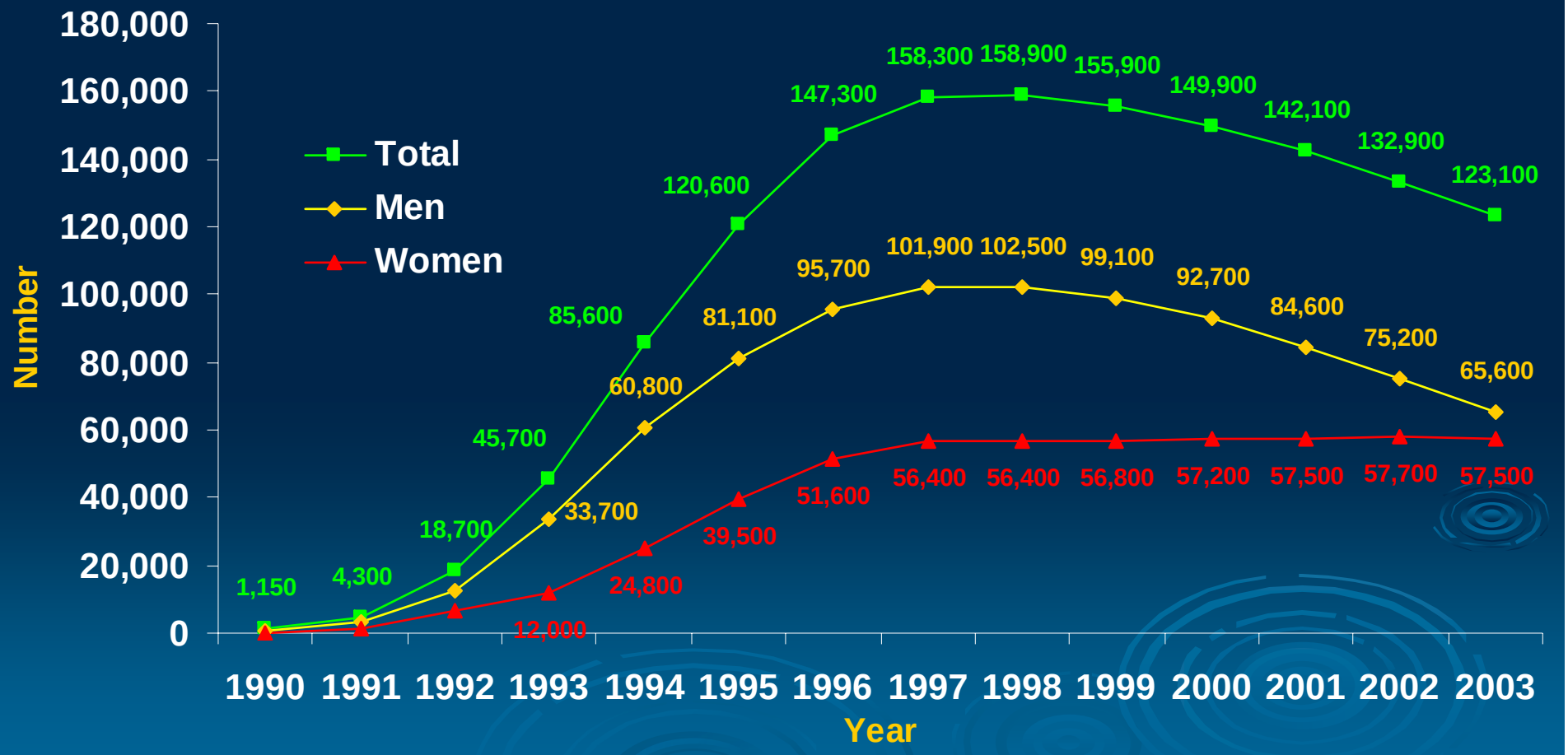
- Estimated adult population infection rate: 1.9 %
- Estimated number of PLHAs among adult population: 123,100 (women 57,500)
- AIDS patients: ~ 20,000
- No National Data of HIV infected Children

  (Some Organizations estimated 9,000 HIV infected Children and 3,000 AIDS)

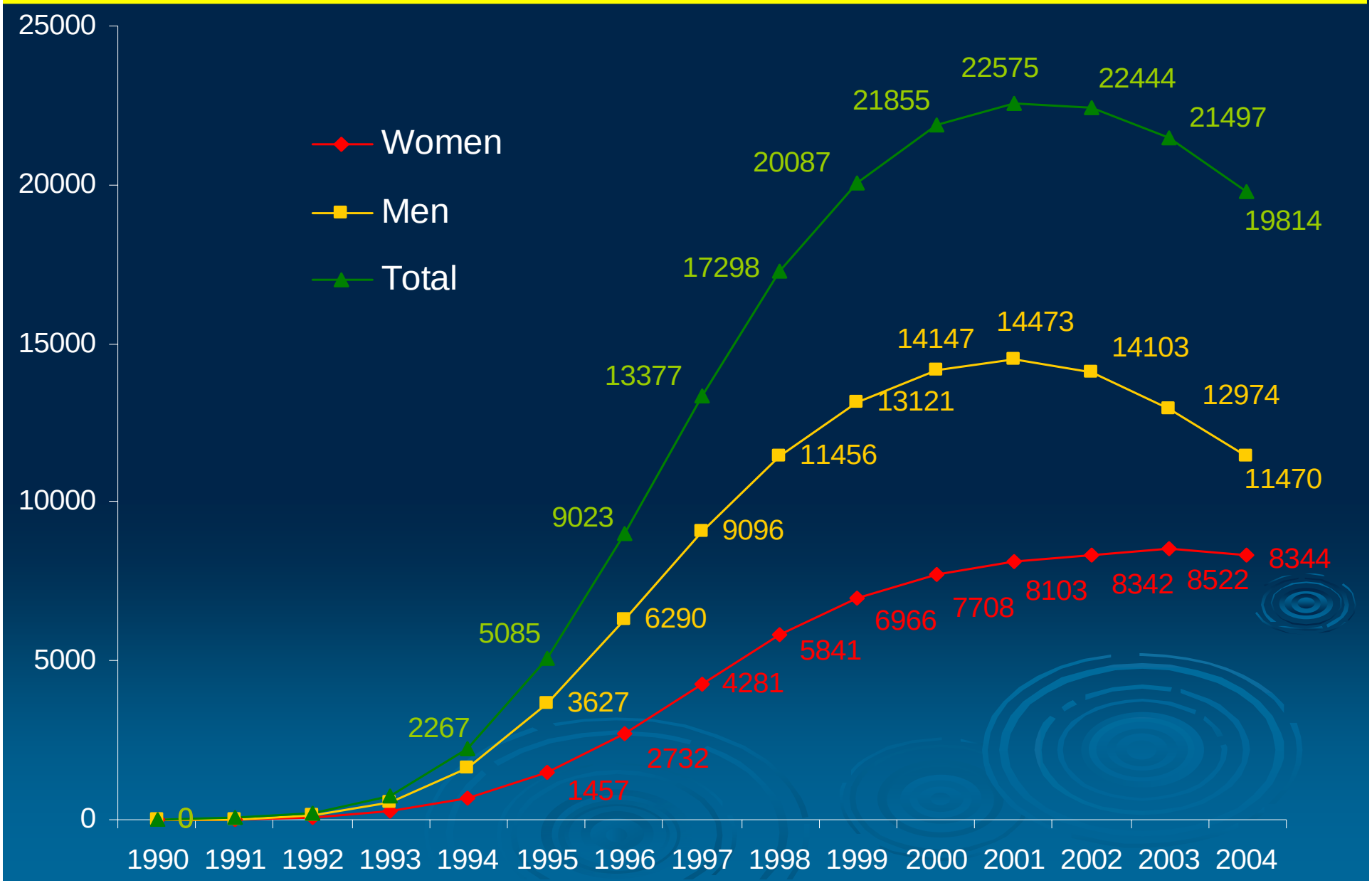
Estimated National HIV Prevalence* among Adults Aged 15-49, 1995-2003, Cambodia

* From the modeled numbers of PLHA

Estimated number of people aged 15-49 living with HIV/AIDS, 1990-2003, Cambodia



Estimated number of AIDS cases by year, Cambodia



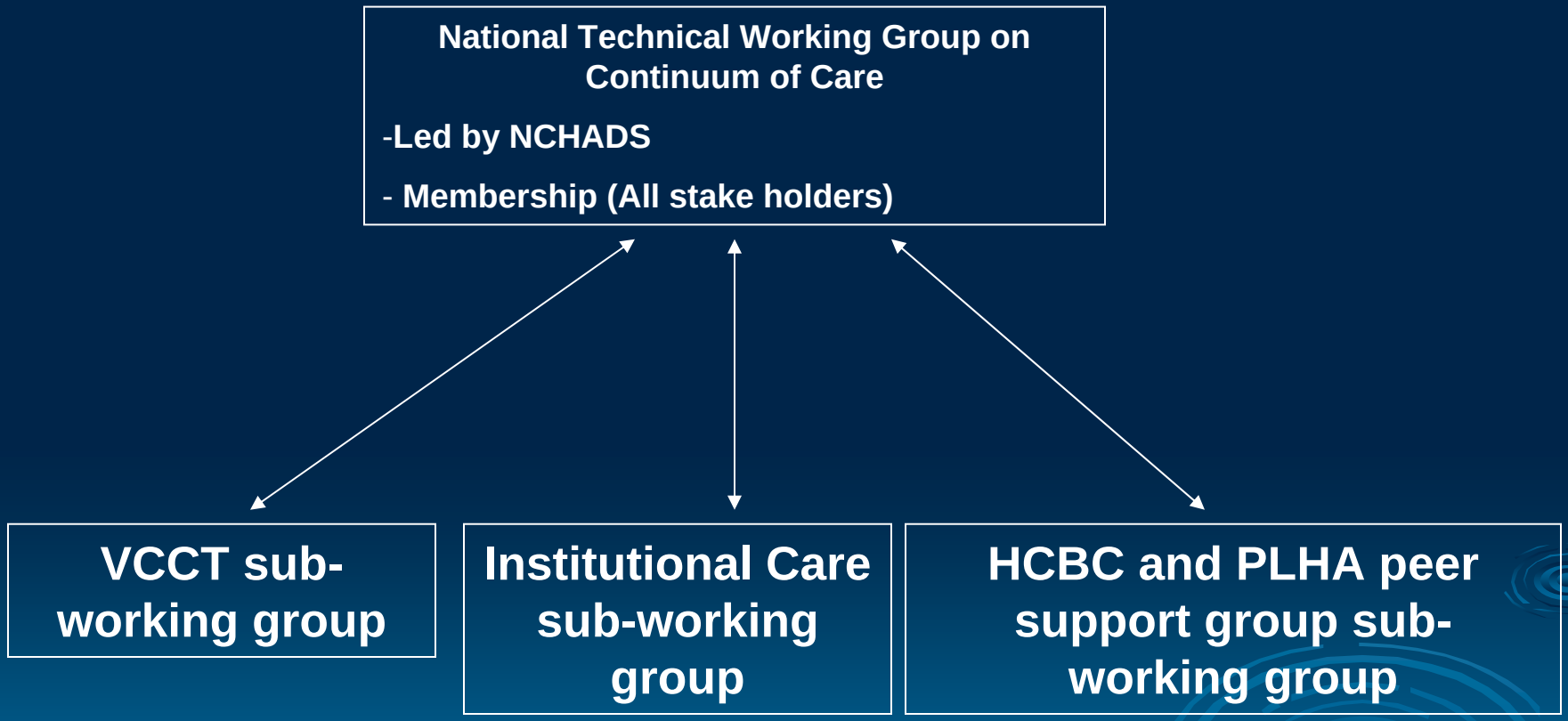
HIV/AIDS Treatment and care in Cambodia: before 2002

- OI & ART commenced in few centres in Phnom Penh in 1999 (OI), (ART) 2001. Then expanded to a few provinces – by NGOs
- Home-based care commenced in Phnom Penh and a few provinces
- VCCT centers confined in Phnom Penh and provincial towns (fewer than 20)
- No systematic framework for continuum of care

How to develop CoC: Partnership & participation

- Decentralisation to Operational District (OD) level: NCHADS (strategy, technical and financial support), province (planning & reporting), OD (implementing)
- At OD level: some 85 other local NGOs including PLHA groups work in partnership with the programme
- Good coordinating mechanisms through the Steering Committees and Technical Working Groups:
  - Coordinate to develop Policy ,Strategy and Guidelines for the HIV/AIDS programme
  - Coordinate and collaborate on programme implementation at both provincial and national level
  - Monitor HIV/AIDS programme implementation at all level

Partnerships for the development of the Continuum of Care



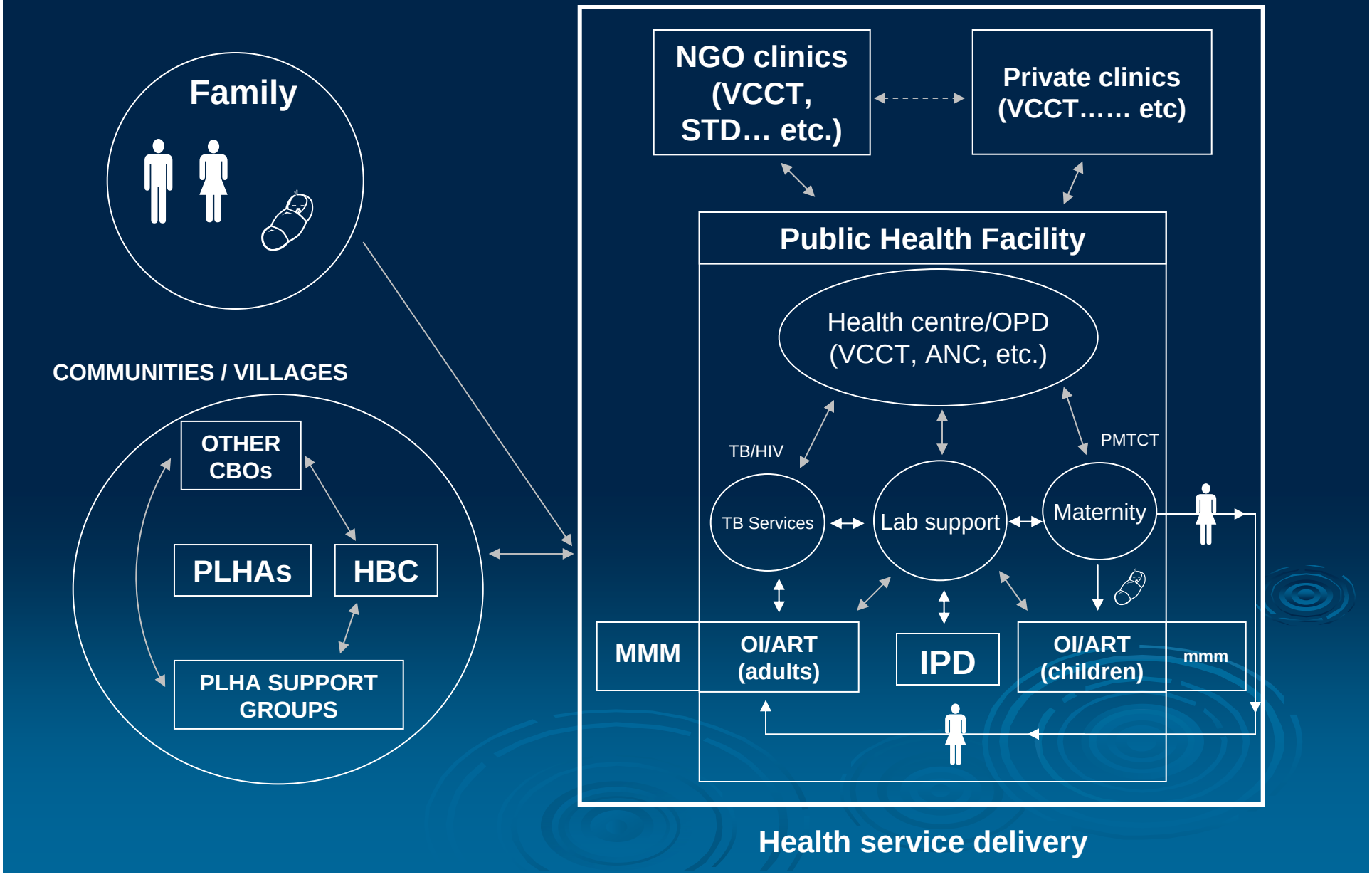
The Continuum of Care: after 2003

- CoC framework: approved by the MOH in May 2003
- Partnerships between medical services, PLHA groups, public health system & NGOs at OD
- Strong referral mechanisms between the home, the community & the institutional care levels
- Effective involvement of PLHA in all aspects of the continuum of care – MMM (Real Involvement of PLHAs = RIPÁ)
- Reinforcement of health care facilities to provide quality care services to PLHA
- Development of care packages at each level of the health care system

CoC Coordinating Committee

1.	Governor or Vice-governor of district	Chairperson
2.	OD director	vice-chair
3.	Director or D/D of RH (OI/ART team leader)	member
4.	Representative of OI/ART (Clinician)	member
5.	Chief of Pediatric ward	member
6.	Chief of TB ward	member
7.	Chief of MCH	member
8.	Chief of infectious disease ward	member
9.	Representative of NGOs	member
10.	Each representative of all HBC teams	member
11.	Representative of religious groups	member
12.	Representative of District PLHAs Network (DPN+)	member
13.	HIV/AIDS OD coordinator	secretary

Comprehensive CoC in Cambodia



Integration of TB/HIV Care and Treatment (similar approach to PMTCT)

- TB/HIV TWG set-up in 2002
- TB/HIV care and treatment framework approved by MoH in 2002
- Pilot for TB/HIV care and treatment in 4 provinces
- 2005 - Strengthened collaboration between NCHADS and CNAT for HIV/TB care and treatment through:
  - Joint statement between NCHADS and CNAT for HIV/TB care and treatment;
  - Joint strategic activities for prompt HIV testing among TB patients and early TB screening among PLHAs;
  - Joint work plan: selection of 300 health centers for prompt HIV testing among TB patients in 2006

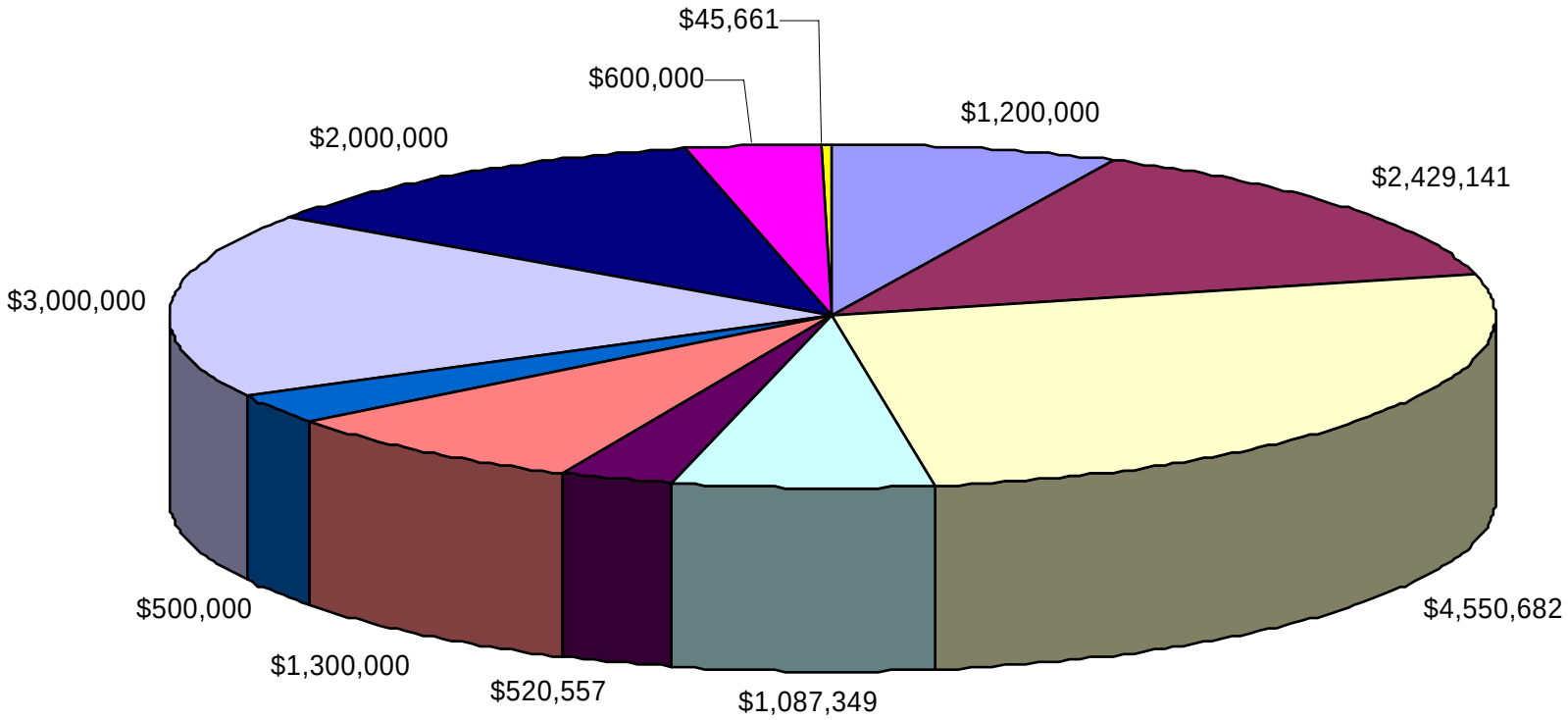
Pediatric AIDS CARE

- Pediatric AIDS Care integrated into CoC package, implemented by pediatric services at Referral Hospital (Lab. Support) – introduced 2005.
- Pediatric OI/ART team consists of 1-2 pediatricians, 1-2 nurse counselors and 1-2 volunteers for social support
- Capacity building: training curriculum on OI/ART and psychosocial support already finalized, training program will start in May 06 (5 months course)
- Procurement and supply management (PSM) integrated into the adult OI/ART system
- Pediatric AIDS Care Sites: 2003-2005
  - Phnom Penh: 3 sites
  - Provinces: 6 sites (SVR, TKV, KCM, SHV, Komar AngKor, BTB)
- Up to Dec 2005: 1071 children on ART
- Increase Pediatric AIDS Care from 9 sites (2005) to 17 sites (2006)

International support

- NCHADS 2005 Work Plan includes:
  - 4 bi-lateral donors (DFID, CDC-GAP, FC, AusAid, ESTHER)
  - 3 multi-lateral donors (World Bank, EU, GFATM)
  - Main USAID/NGO partners and NGOs (FHI, URC, RHAC, RACHA, CARE, KHANA, FRC, MSF/F,MSF/B, WVI-C, Maryknoll, LWF, CHEC, CRC, CHC, HNI…)
  - 5 UN Agencies (WHO, UNICEF, UNAIDS, UNFPA, WFP)
  - 2 Research Institutions (ITM, UNSW)
  - Private sector: CHAI, Roche
- In 2005: ~US$ 18 million ($10 million managed by NCHADS, including $1.2 million national budget)

Funding Sources for HIV Prevention and Care Managed by NCHADS (Except USAID/NGOs and MSF), 2005



Sector-wide Management

- MoU or LOA with some partners
- NCHADS Annual Comprehensive Work Plan includes most of funding sources
- Fit into the MoH Annual Operational Plan
- Integrated within the Health Services
- Funding management by NCHADS with transparent and accountable funding flow (Annual International Audit)

Increase access to quality care for PLHAs

- Advocacy to expand urgently: 11,000 patients on ART by 2005– must be a political priority
- Comprehensive planning for a ‘Comprehensive Continuum of Care’ (labs, training, drugs and supplies, testing and counselling, referral systems, financing, etc)
- Involve all partners – hospital and HC staff, NGOs, PLHA, community, local private sector
- Innovative financing mechanisms – insurance, equity funds, pre-paid care

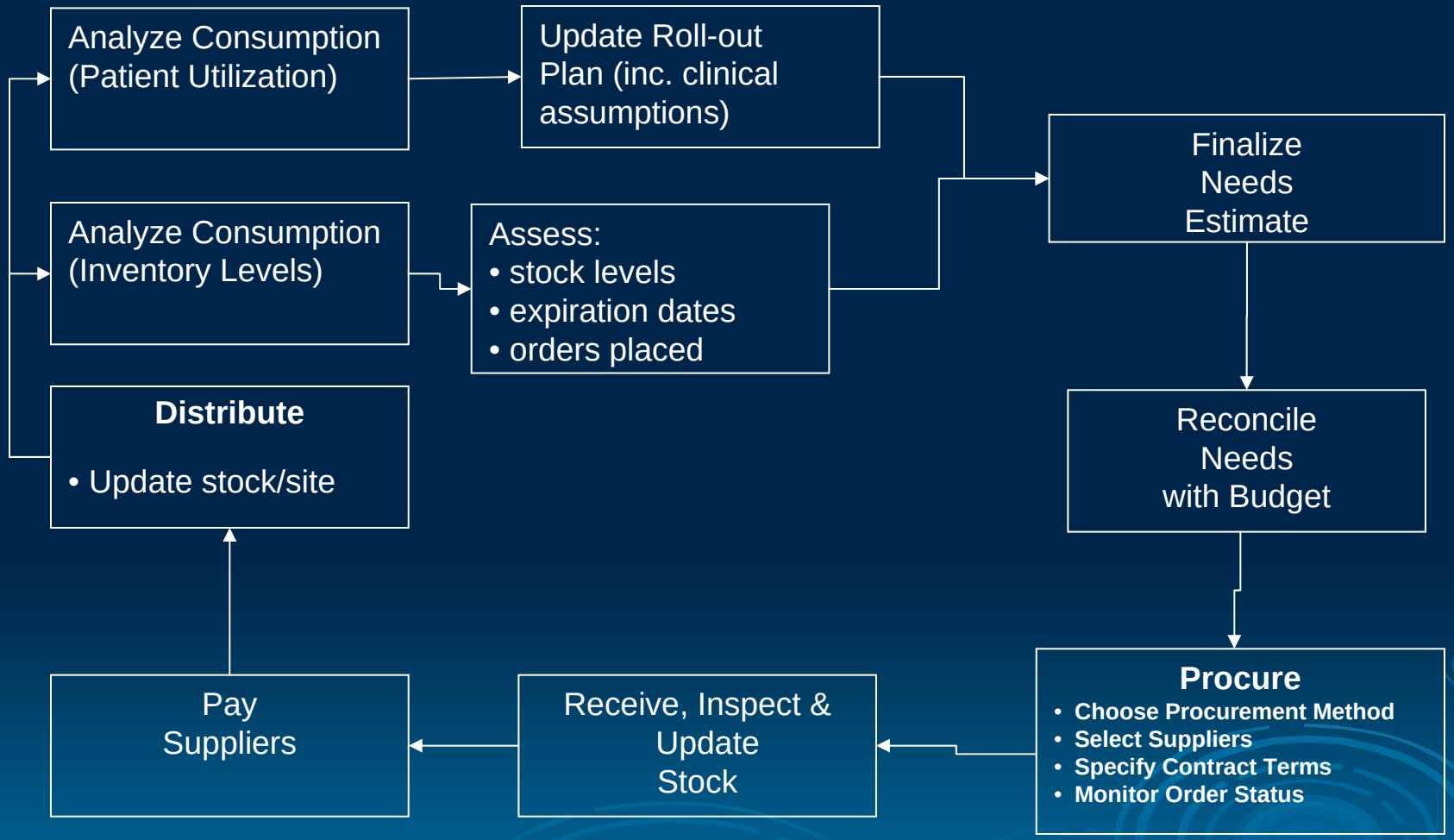
Capacity Building

- Set up OI/ART team in RH: 8 members (2 clinicians, 2 nurse ART counselors, 1 logistic officer, 1 X-Ray, 1 lab. Technician, 1 team leader)
- Training programs:
  - Training curriculum already developed: OI/ART for clinicians is 5-month course, ART Counseling is 3-week course, logistics management is 3- week course; OI/ART for pediatricians (5-month course) already finalized but waiting for approval from MoH
  - Training activities: (1) OI/ART for clinicians: 100 clinicians trained; (2) ART counseling: 50 counselors trained, (3) Logistic Management: 30 logistic officers trained; (4) Training on OI/ART for pediatricians will start in January 2006
  - Training in practices (learning by doing) for Pediatric clinicians at National Hospitals for two weeks before commencing OI/ART services

Laboratory Support for OI/ART

- Before July 2005: cost for CD 4 testing was $14/test → main barrier for accessing ART
- Through leasing agreement of CD 4 FACSCount machines: CD 4 testing is free (subsidized by partners) → 15,000 tests since Sep '05
- Upgrading general laboratory:
  - Renovate laboratory facilities
  - Provide 11 Spectrophotometers, 2 Ultrasound, 4 X-Ray machines and accessories, 20 hemato analyzers, reagents and consumables etc.
  - Training program for lab technicians

Procurement and Distribution Cycle of HIV/AIDS Commodities and Supplies



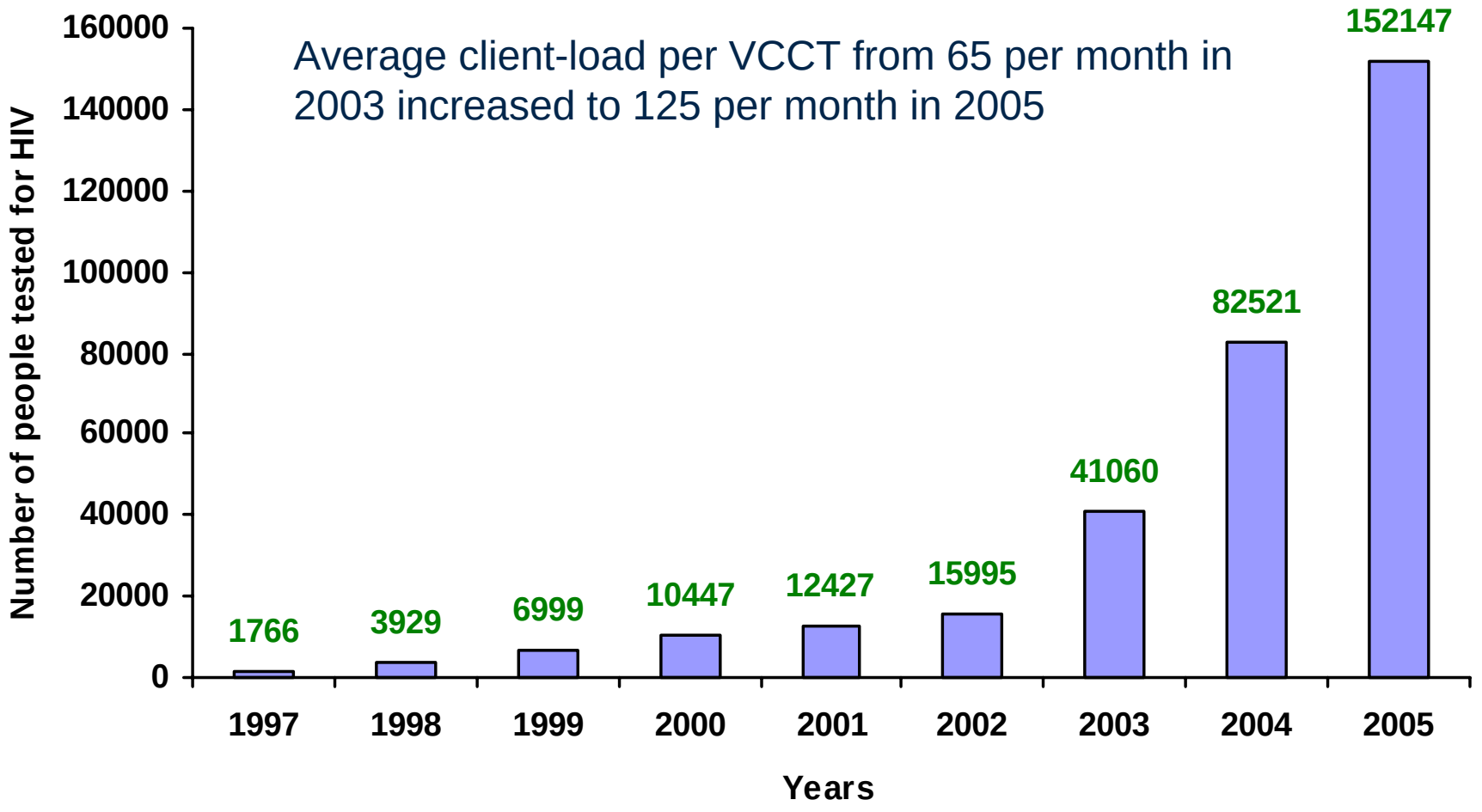
- Quarterly Reports/Request received by NCHADS at end of each quarter
- Distribution: 3 months of need + 1 month security buffer
- Emergency orders if site running critically low on certain supplies

Achievement of Continuum of Care in 2005

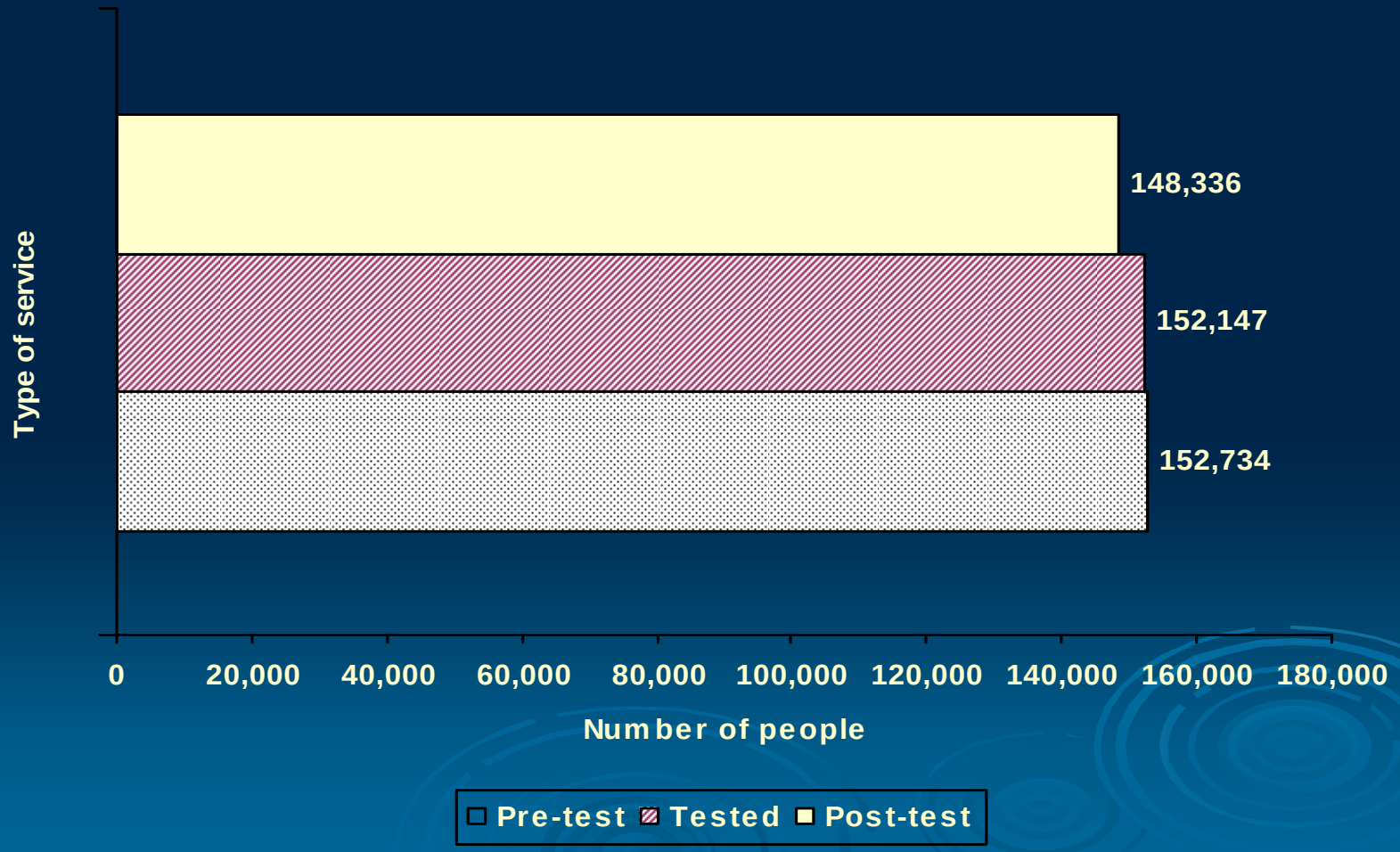
VCCT

- VCCT: entry point for both Prevention and Care
- First VCCT established in 1995 at Institute Pasteur of Cambodia
- Between 1996-2001 - 6 VCCTs:
  - 4 VCCTs - stand-alone
  - 2 VCCTs – integrated in the Public Hospitals
- From 2002 to Dec 2005, 104 new VCCT sites established:
  - 74 VCCT sites - in the public health sector
  - 25 VCCT sites – NGOs (RHAC, Center of Hope, K. Angkor Hosp)
  - 5 VCCT sites – Sun Health Quality Clinic (PSI)
- As of 31 December 2005 : 109 VCCT sites in all provinces

Trend in number of people tested for HIV from 1997 to December 2005



Quality of VCCT: 97% received their test results through post-test counseling



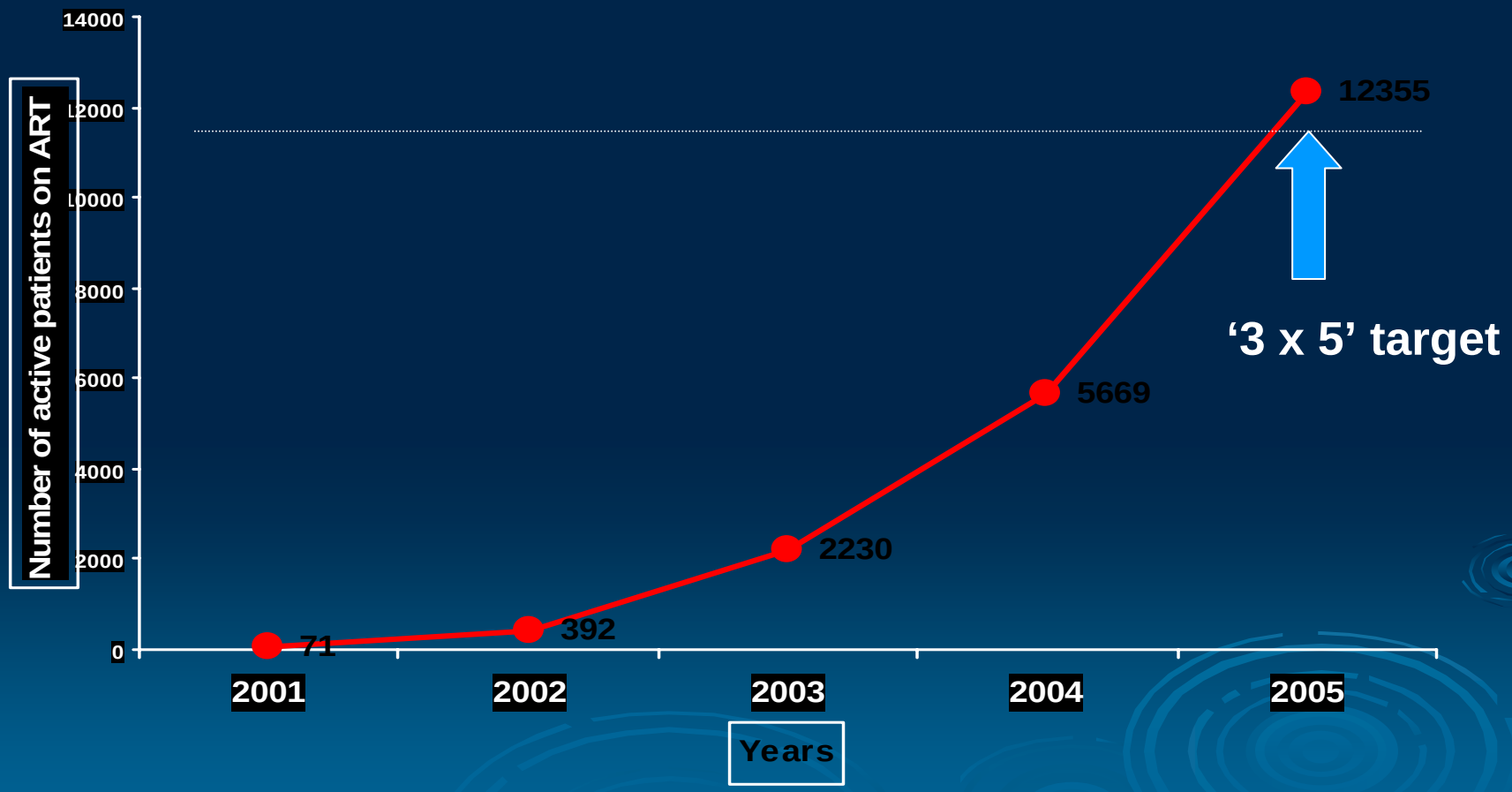
Health Facility Based Care (HFBC)

- OI/ART: started in June, 2001 at PBSHN Hospital
- CoC started in August, 2003 at Maung Ressey RH (BTB Prov.)
- As of 31 December 2005:
    1. CoC (incl. OI/ART) in 18 ODs/RHs at 14 Provinces
    2. OI/ART (not full CoC): 9 sites in Phnom Penh and 3 sites at 2 Provinces
    3. 12,355 AIDS Patients (Male: 5861, Female:5423) are on ART
       (including 1071 children [boys: 567, girls: 504] on ART)

    ~ additional 10,658 PLHA receiving OI treatment and prophylaxis (no ART)

    4. 96% on 1st line treatment
- PMTCT: started in 2002
- As of December 2005: 27 sites in 15 ODs at 10 Provinces
- in 2004 ‘mothers class’: 9350 (159 were HIV+), ART: 182 mothers and 187 babies

PLHA on ART: 2001-2005



Home & Community Based Care (HCBC)

- HCBC established in 1998 with 8 HBC teams, organized by NCHADS/ WHO
- HBC team members: 1 HC staff, 1 or 2 NGO staff and 2 PLHA volunteers
- From 1998-2000: 4 HCBC teams performed in 4 Provinces: KCN,BTB, SHV and SRP.
- As of December 2005: 261 HCBC teams in 17 provinces and Phnom Penh – now NGOs managing

PLHA Peer Support Groups

- CPN+ established in July 2001
- As of December 2005: 439 peer support group networks in 12 provinces with 14,790 members.
- Involving in policy, strategy, guideline formulation, and MMM activities. Meetings between HCBC network and PSG network conducted once every quarter.
- PPN+ network at provincial level and DPN+ network set up at district level in 2006.

Mondul Mith Chuoy Mith (MMM) and mmm for HIV infected children - RIPA

- Reduce stigmatization and discrimination of PLHA by care givers
- Bringing all stakeholders (local authorities, PH officers, Clinicians, Counselors, Religious, NGOs, CBOs, HBC, PLHA) to work together to support PLHA
- Linkage between the community responsibility and the clinical care and support to PLHA
- Started : 23 August 2003 in Maung Russey OD
- On average : 200 PLHA participate monthly in MMM monthly activities (meditation, exercise, dialogue→ sharing experiences, income generating, side effects, health education, reproductive health, relevant care services, medical care and treatment).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6 6 2005

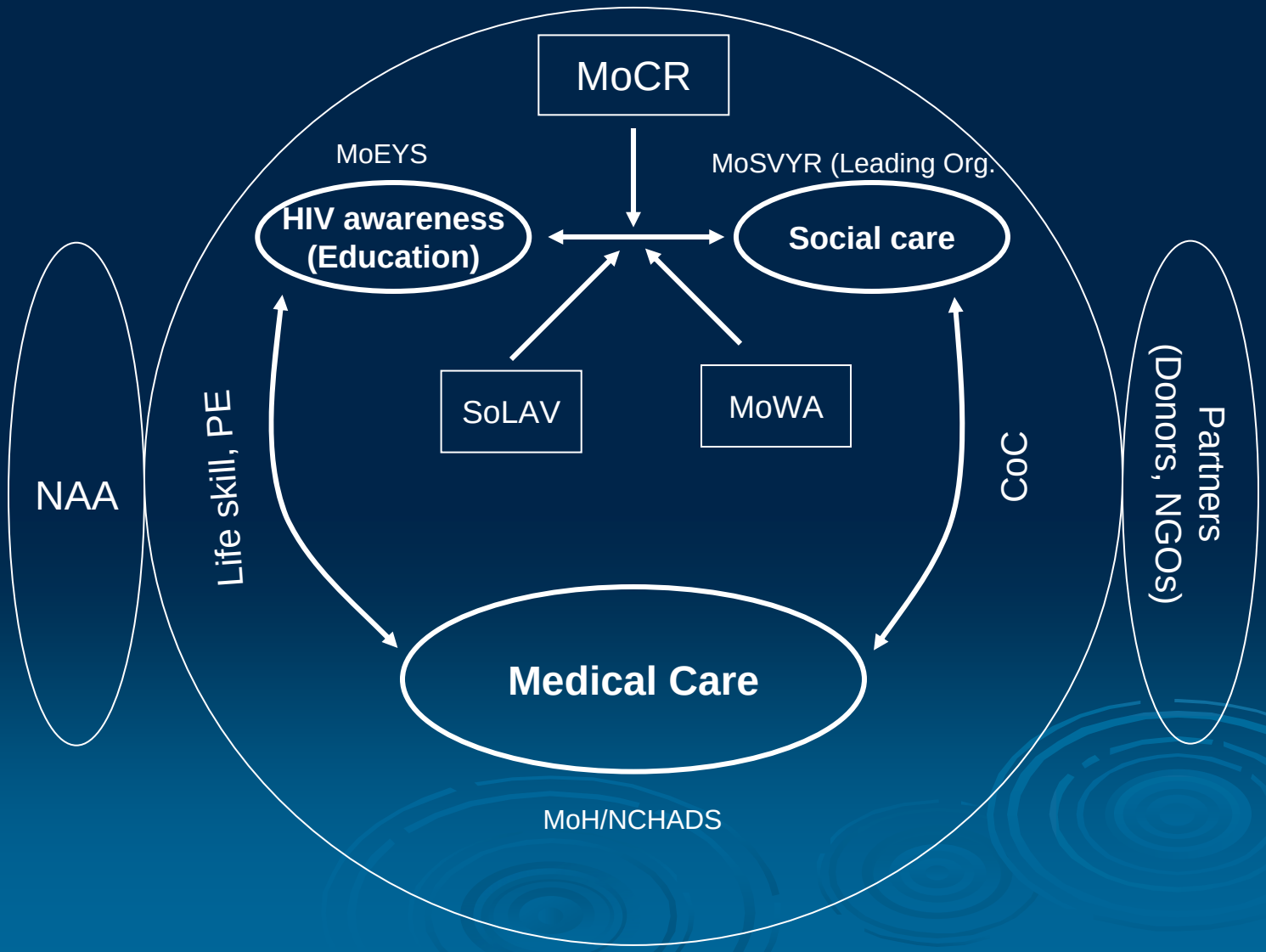
How was this achieved?

- Ownership – by the Cambodian National Programme (Political commitment, clear vision, common strategies for all stakeholders, effective institutional base, regular monitoring)
- Support – from the International Community→ partnership and participation to support decentralisation to provinces, ODs and NGO partners
- Sector-Wide Management (SWiM) – comprehensive programme managed by NCHADS – transparent & accountable
- Integration of CoC into the Health Care System
- Community participation: PLHAs, NGOs, Religious bodies. …

Roadmap to Universal Access by 2010

- In 2005: actual ART 12,355 (including 1071 children) ~ 56%
- In 2010: 20,000 AIDS patients on ART (est. 95%)
- How to achieve this target?
  - Increase VCCT sites from 110 (2005) to 250 sites (2010): maintain quality, & demand from clients
  - Increase CoC full package sites (incl. pediatric & PMTCT) from18 (2005/2006) to 30 sites (2010) and maintain current 14 OI/ART sites → total OI/ART services from 32 (2005) to 50 sites (2010); maintain quality; ensure adherence.
  - Strengthen HBC and PLHA networks – reduce discrimination & stigmatization
  - Strengthen logistics and supply management, & monitoring and data management
  - Integrate ARV resistance into HIV/AIDS Surveillance System
  - Mobilize all funding sources including National Budget for sustainability

HIV/AIDS Prevention and Care for Impact Mitigation/OVC, Operated at District Level



Conclusion

- The programme is committed to Universal Access: with ownership, targets, political commitment, capacity building and appropriate technical decision-making….
- …with wide-ranging partnerships to effectively utilize the contribution from all stakeholders……and
- committed to effective, transparent, accountable management – and high quality services.

Additional benefits..

CoC contributes to:

- Strengthening Health Care System (referral system, upgrading lab, capacity building, increasing staff motivation, re-vitalised service delivery…)
- Change from ‘Clinical Management’ to ‘Public Health’ approach (MMM, HCBC..)
- Stimulate linkage between health facilities and the community – client-driven approach
- Capacity building of health professionals.


Thank You