

**Achieving Universal Access and
Moving towards the Elimination of New HIV Infections
in Cambodia**

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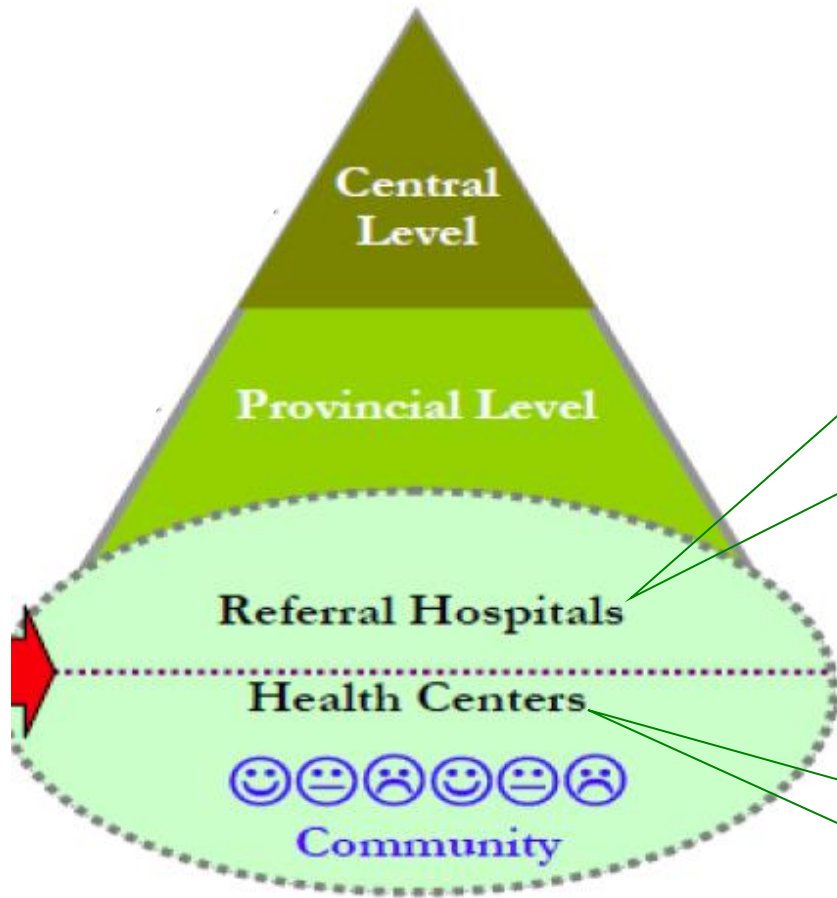
Country Profile



- Population: 13.4 million
- Urban: 20%; Rural: 80%
- GDP: US\$ 830 per capita

- Life expectancy:
 - Male: 57 years
 - Female: 65 years
- Total Fertility Rate: 3.0
- Infant MR: 45/1,000
- Under 5 MR: 54/1,000
- Maternal MR: 206/100,000

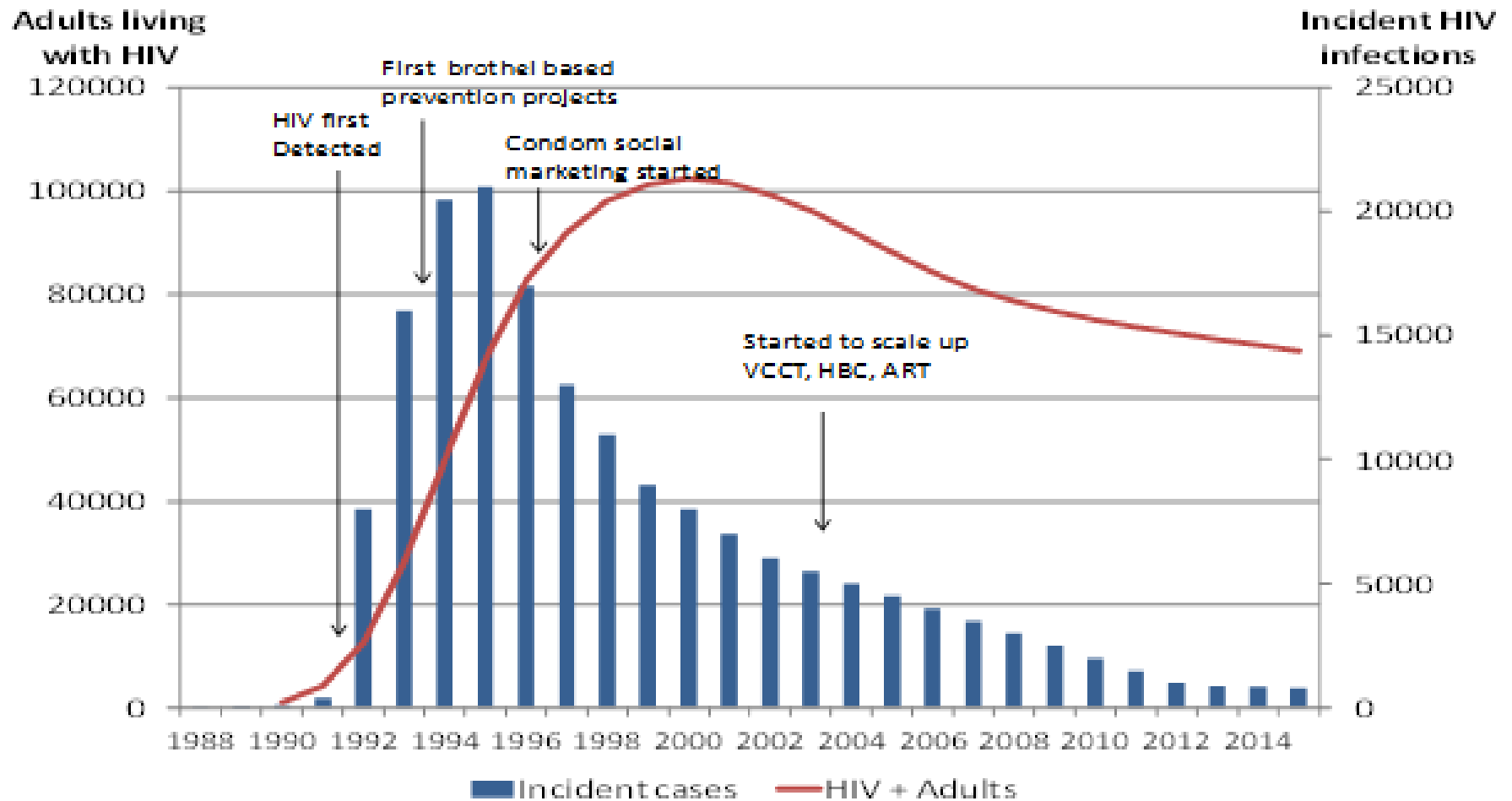
Health Infrastructure



- 90 Referral Hospitals
- 8 National hospitals
 - 24 Provinces
 - 77 Operational Districts

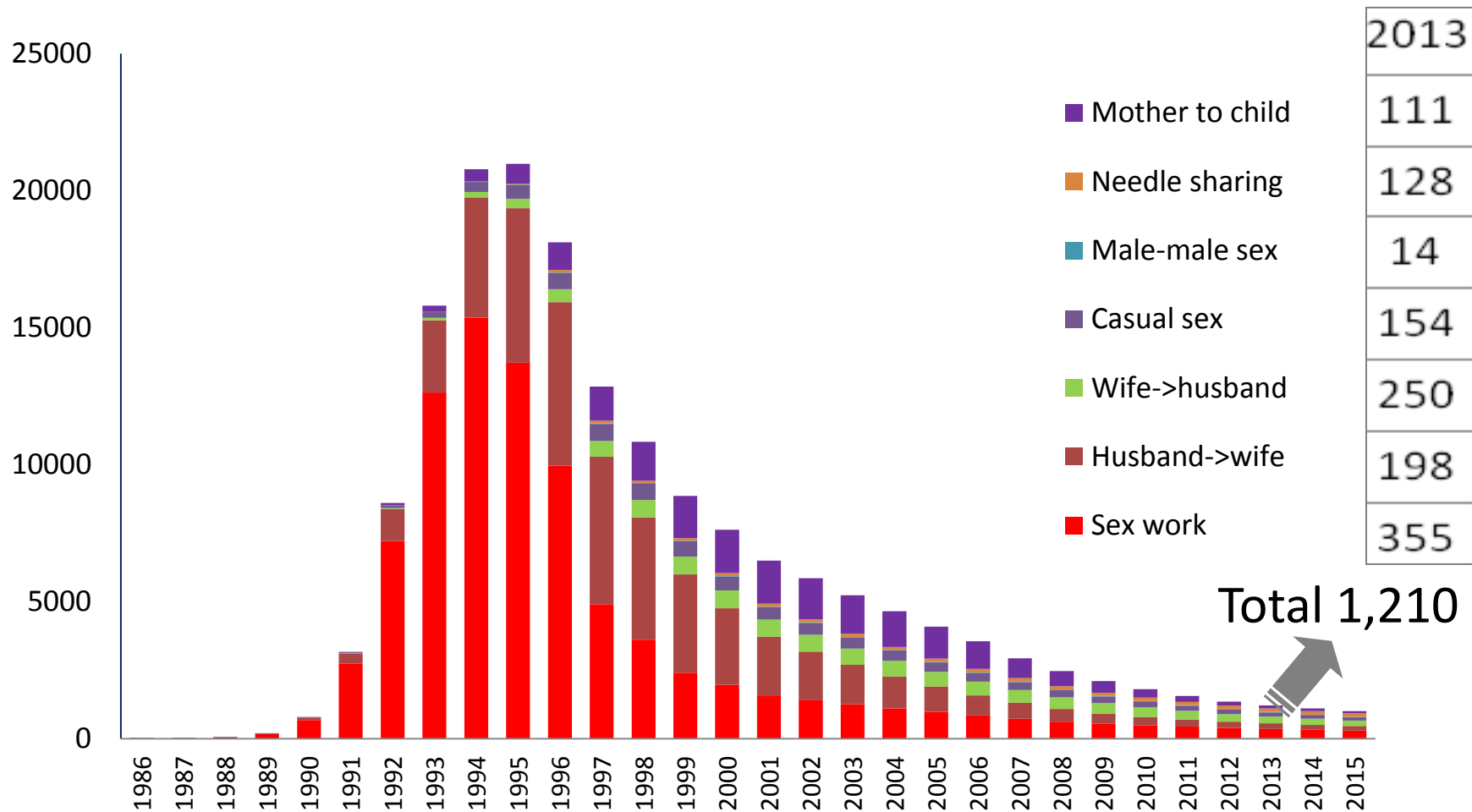
1,049 Health Centers
Each cover 10–20,000 population

Trends in the HIV Epidemic in Cambodia



Source: Conceptual Framework for Elimination of New HIV Infections in Cambodia by 2020 (NCHADS, 2012)

Mode of HIV Transmission in Cambodia: 1991 to 2015



Evolution of health sector response to HIV from 1991 to 2020

Phase 1: 1991-2000

Cambodia 1.0

- ❖ % HIV peaked at 1.7 in 1998
- ❖ HIV prevention among general population and MARP
- ❖ 100% condom use in sex work settings
- ❖ VCT in main cities
- ❖ Few home-based care

Phase 2: 2001-2011

Cambodia 2.0

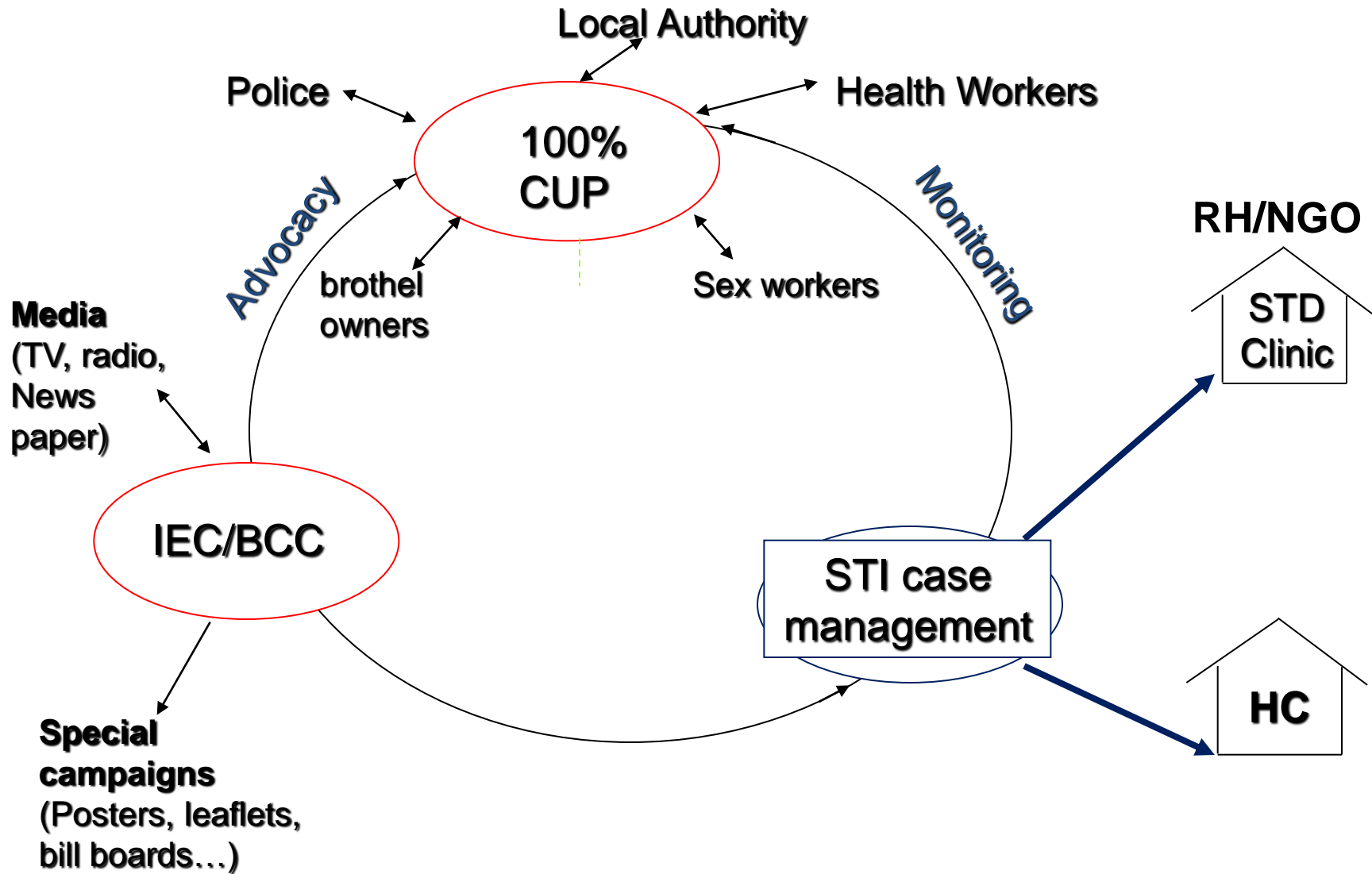
- ❖ % HIV declined to 0.7 in 2011
- ❖ Universal access to ART (CoC)
- ❖ PMTCT (Linked Response) and TB/HIV (5Is)
- ❖ MARPs prevention and link to health services
- ❖ Continuous Quality Improvement (CQI) for HIV prevention and care services

Phase 3: 2012-2020

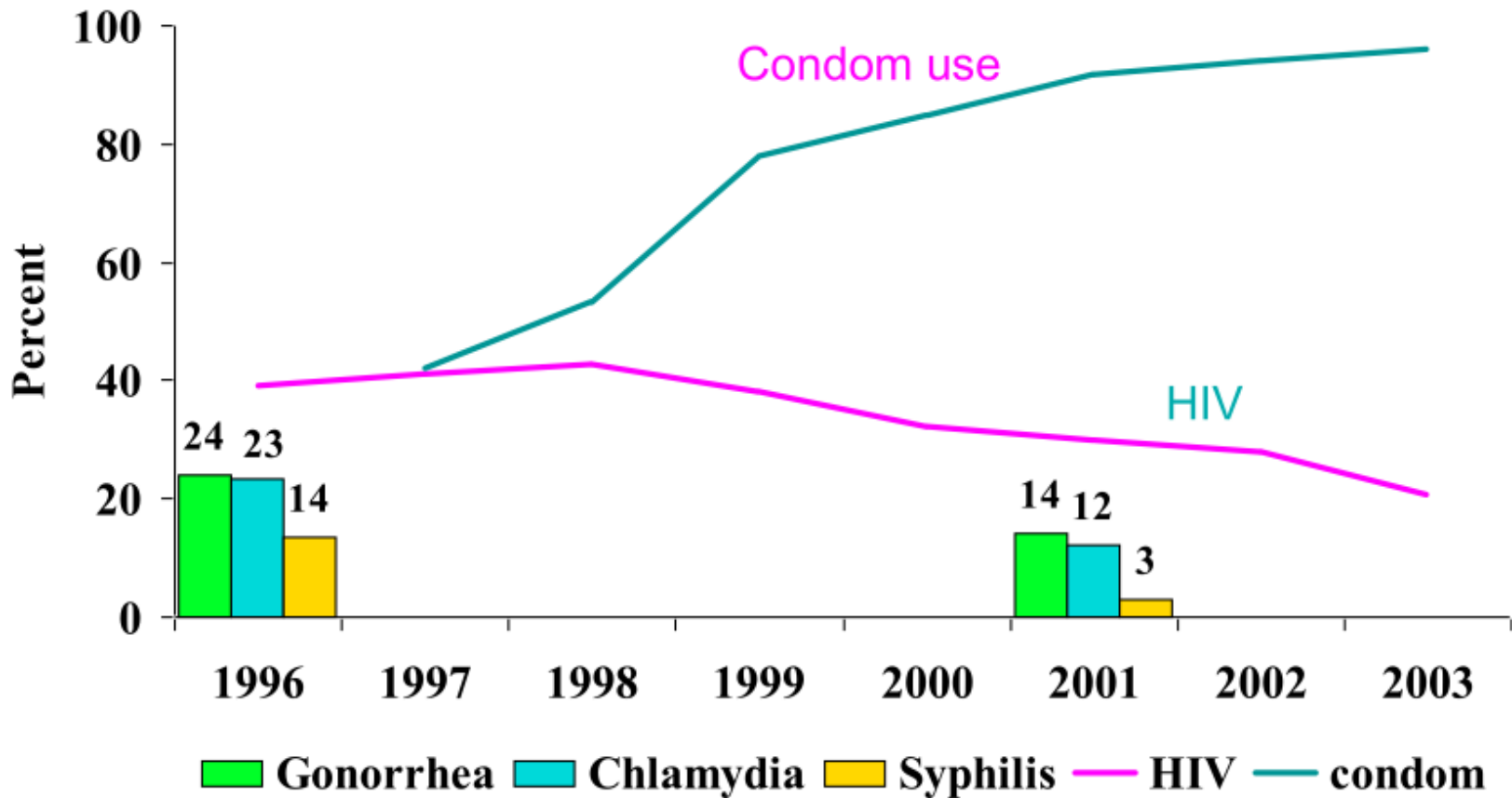
Cambodia 3.0

- ❖ Elimination of new HIV infections
 - ART as prevention (early HIV case detection immediate/early ART) (Boosted CoC)
 - eMTCT (Boosted LR)
 - MARPs (Boosted CoPCT)
- ❖ Health/Community System Strengthening
- ❖ Monitoring and evaluation of impact

Cambodia 1.0 – HIV Prevention

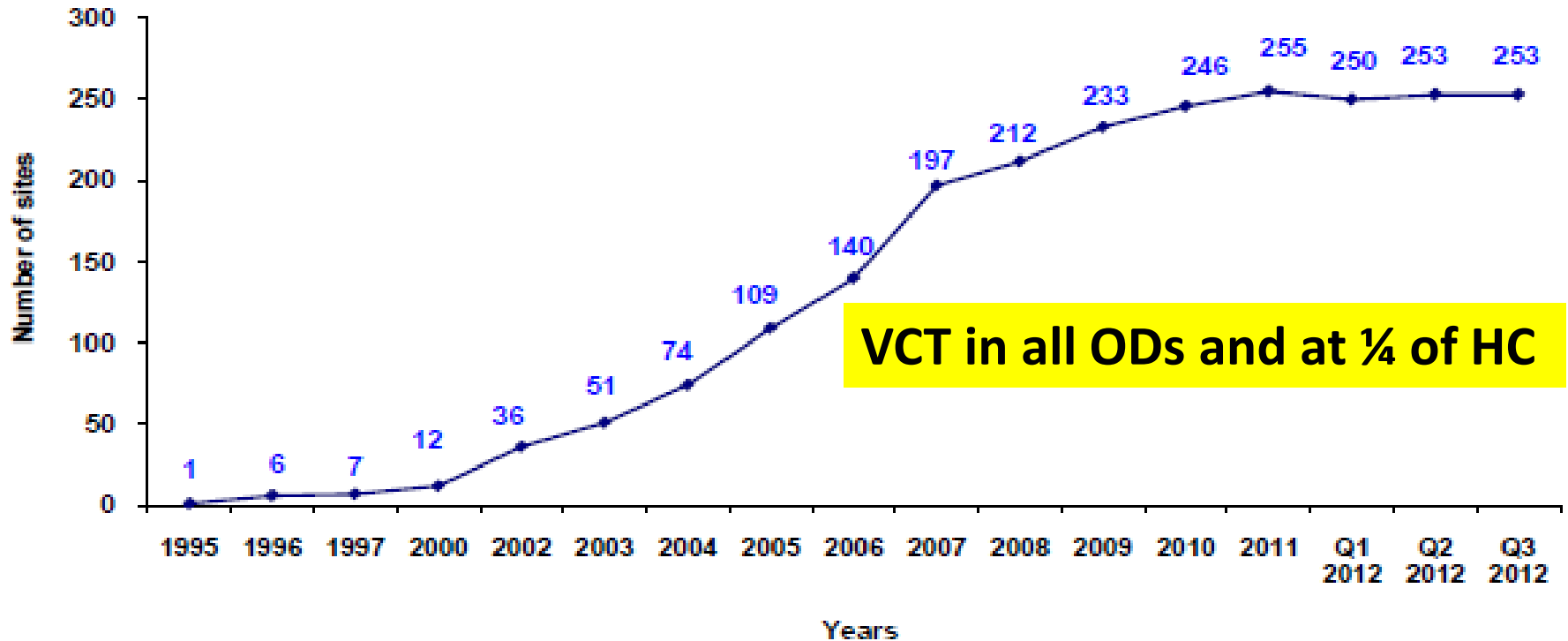


HIV, behavioral and STI trends among brothel-based sex workers, Phnom Penh



Cambodia 2.0: Rapid Expansion

Strategic Expansion of HTC

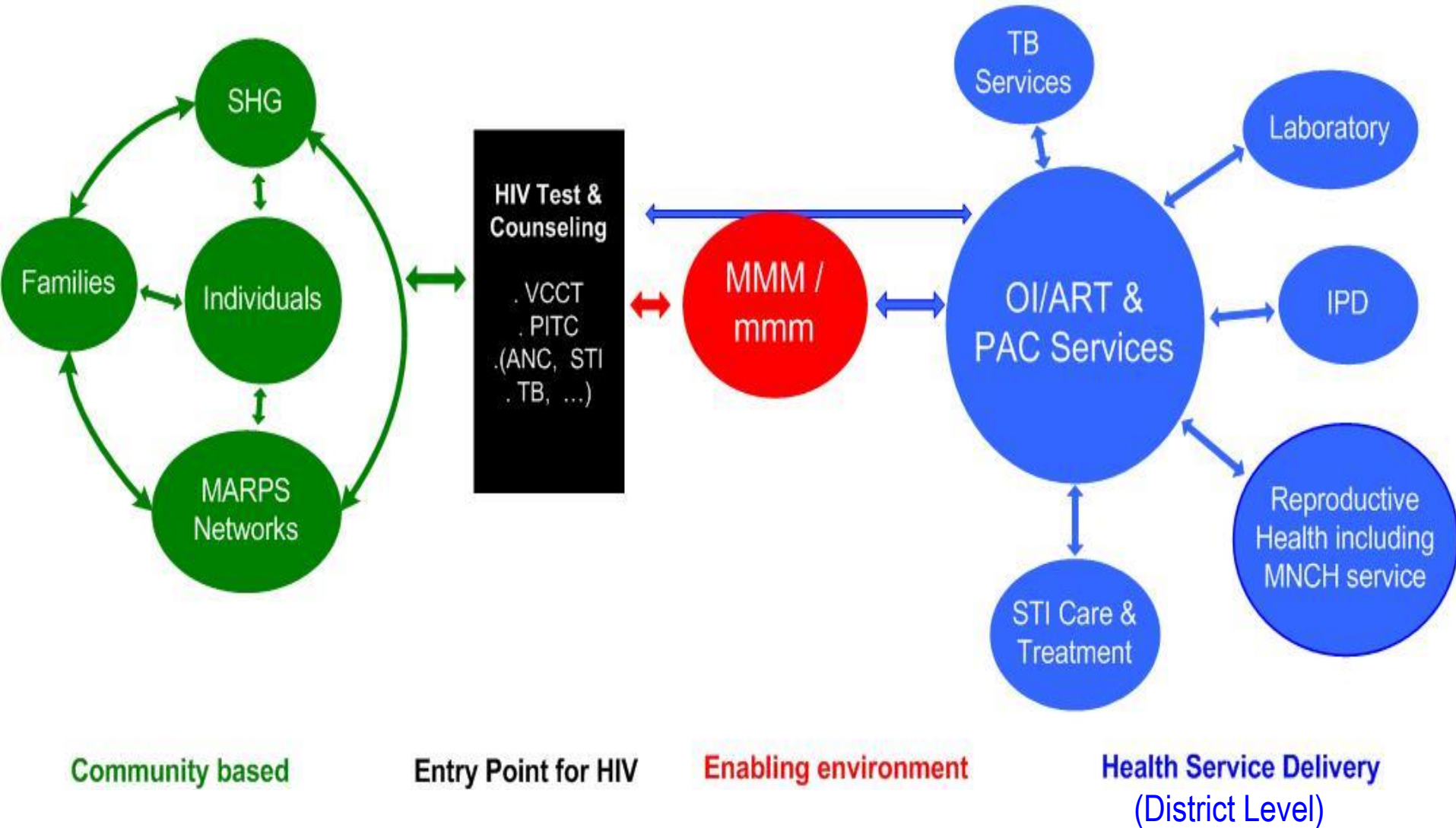


- PITC for TB and PW in most Health Centers
- Community/Peer Initiated Testing and Counseling for MARPs

Not only expanding services,
but systematically linking with
the community and creating demand

Continuum of Care Framework

Facilitated Expansion of ART



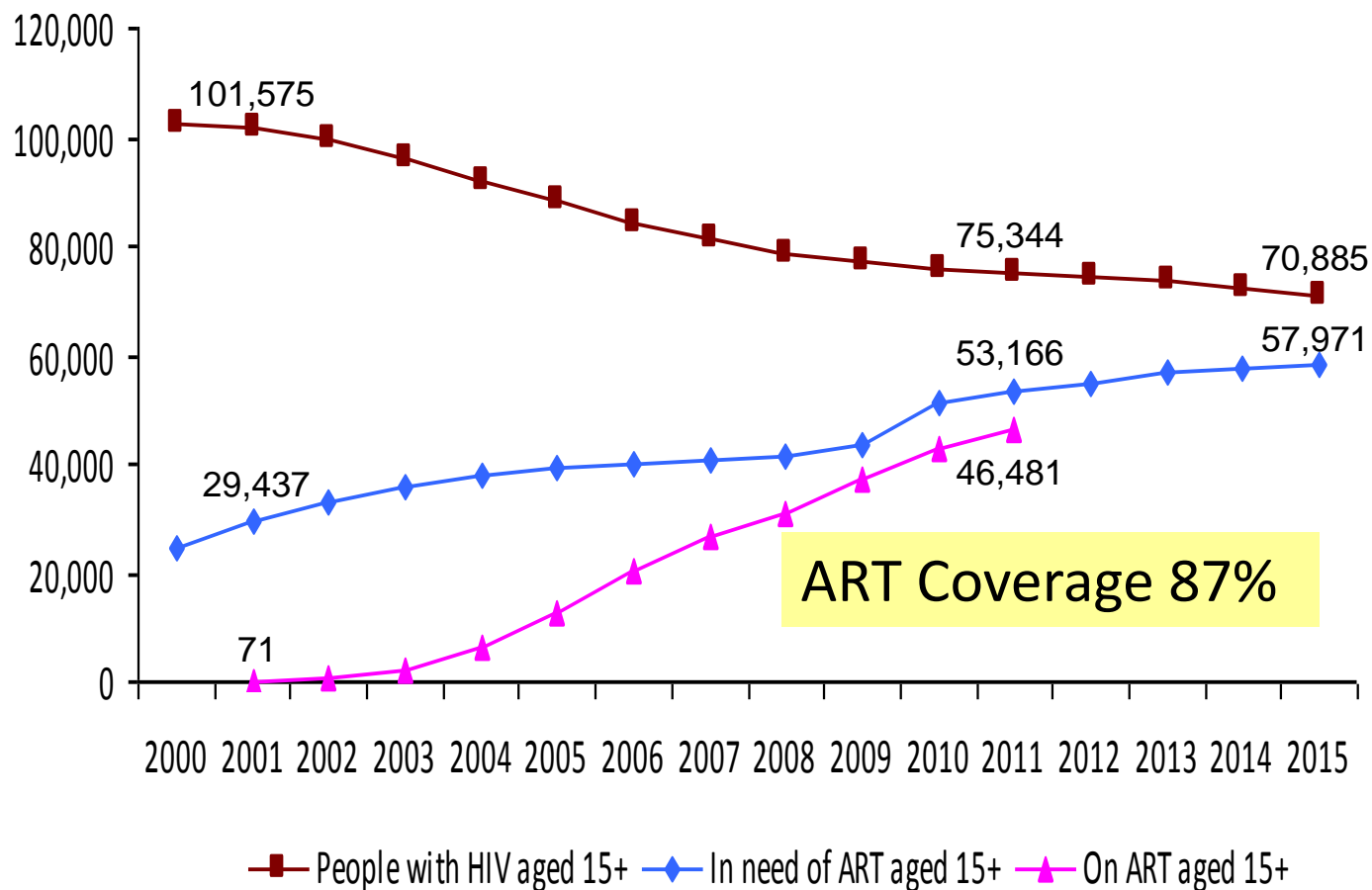


MMM Activities

CoC-CC Meeting
every two month
at OD level



Number of people with HIV, in need of ART and on ART aged 15+ (2000-2015)



ART Retention

- 89% at 12M
- 84% at 24M
- 75% at 60M

ART Coverage 87%

“Linking Model”

2000

PMTCT TWG ('99)
PMTCT pilot ('01)
PMTCT GL: SD-NVP ('02)

TB-HIV Sub-committee ('99)
TB/HIV Framework ('02)

2005

PMTCT GL rev: Dual prophyl ('05)

TB/HIV pilot ('03)
Joint Statement: Role &
Responsibility ('03)

2010

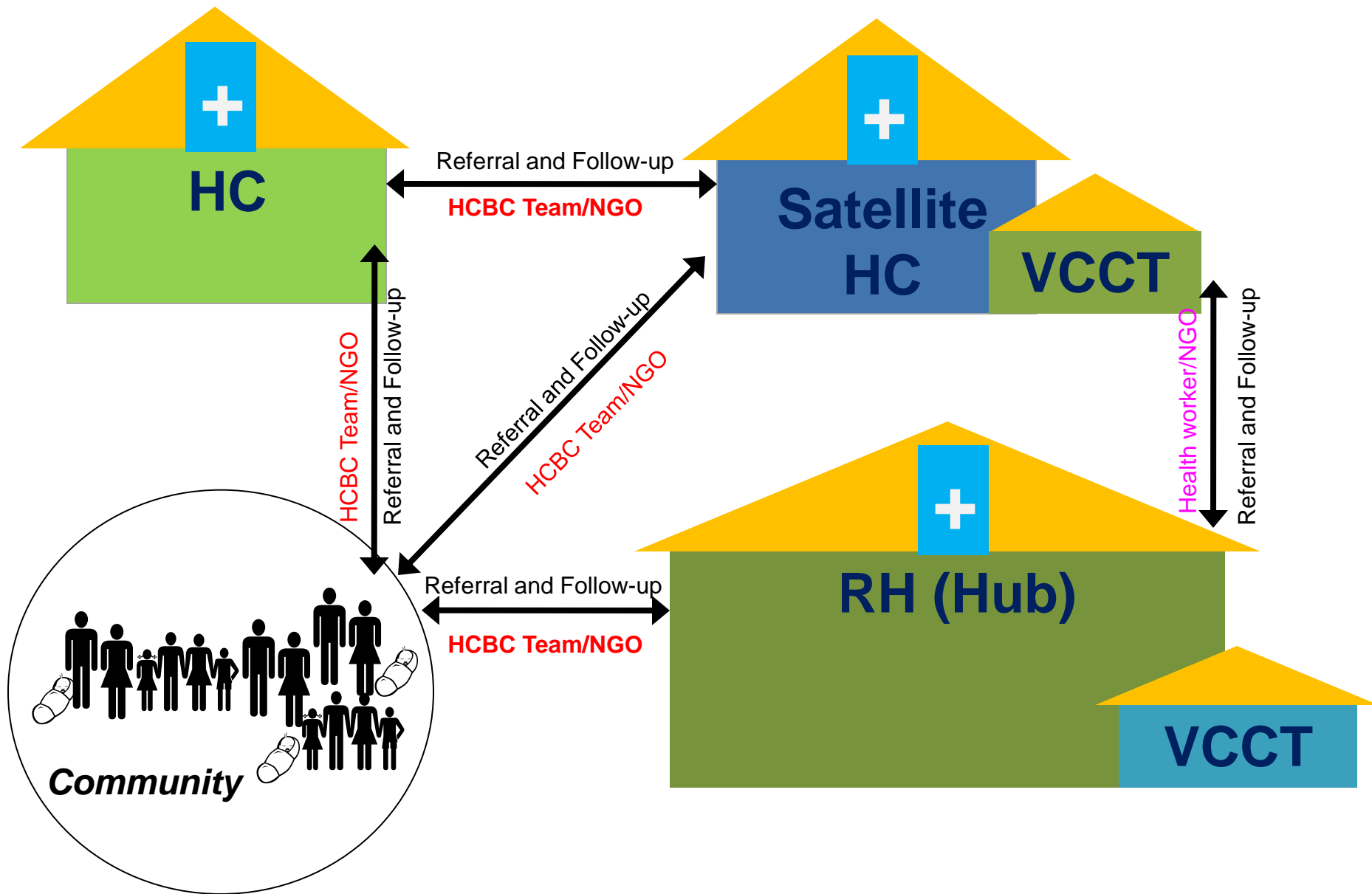
PMTCT Review ('07)
Linked Response ('08)

PMTCT GL rev: Option B ('10)

SOPs PITC in TB cases ('06)
CAMELIA and ID-TB/HIV results ('09)
SOP, Joint Statement: 3I's ('10)
3I's Role Out ('11)

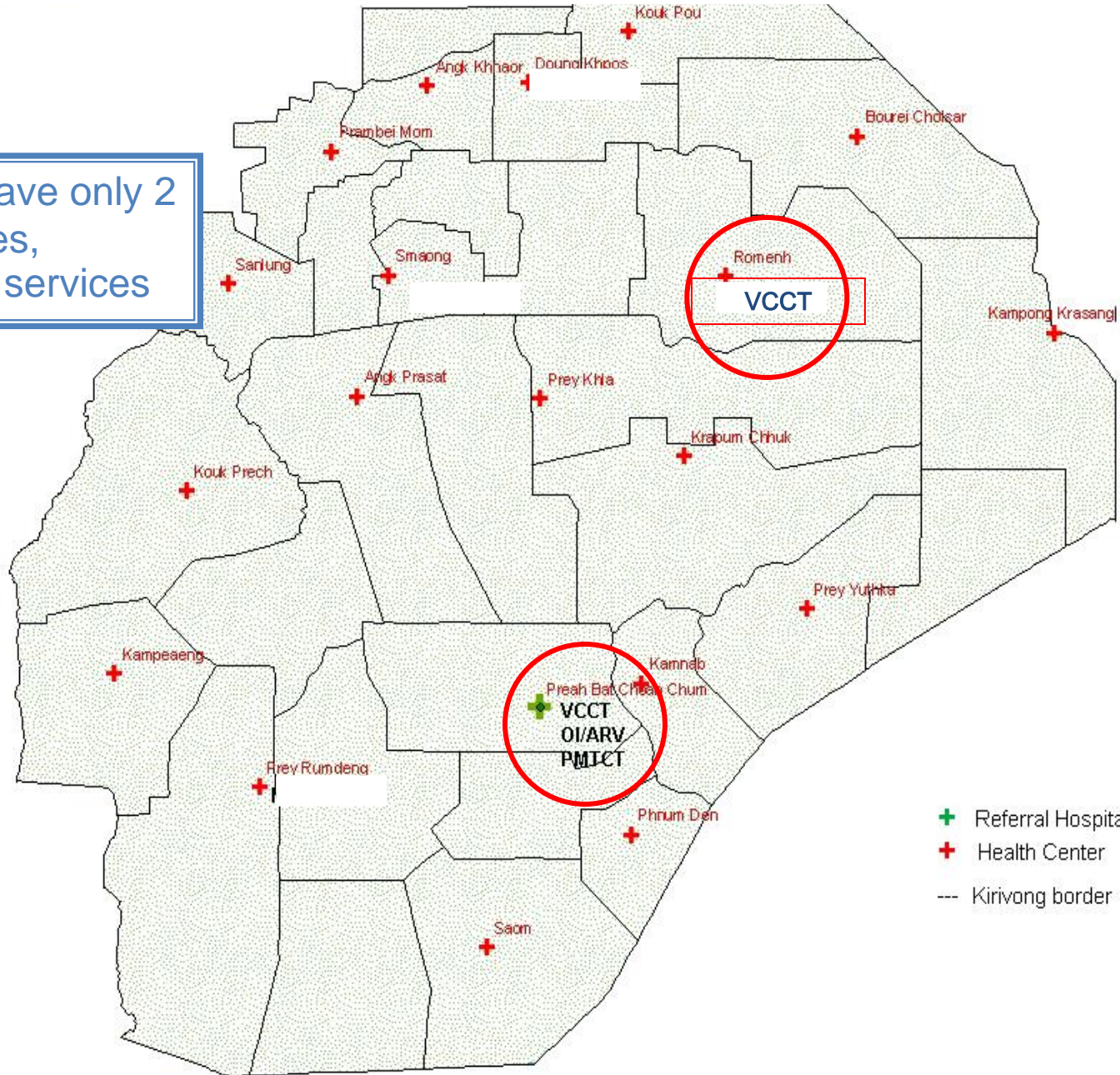
Linking Model (2008-):

Facilitated expansion of PMTCT and TB/HIV



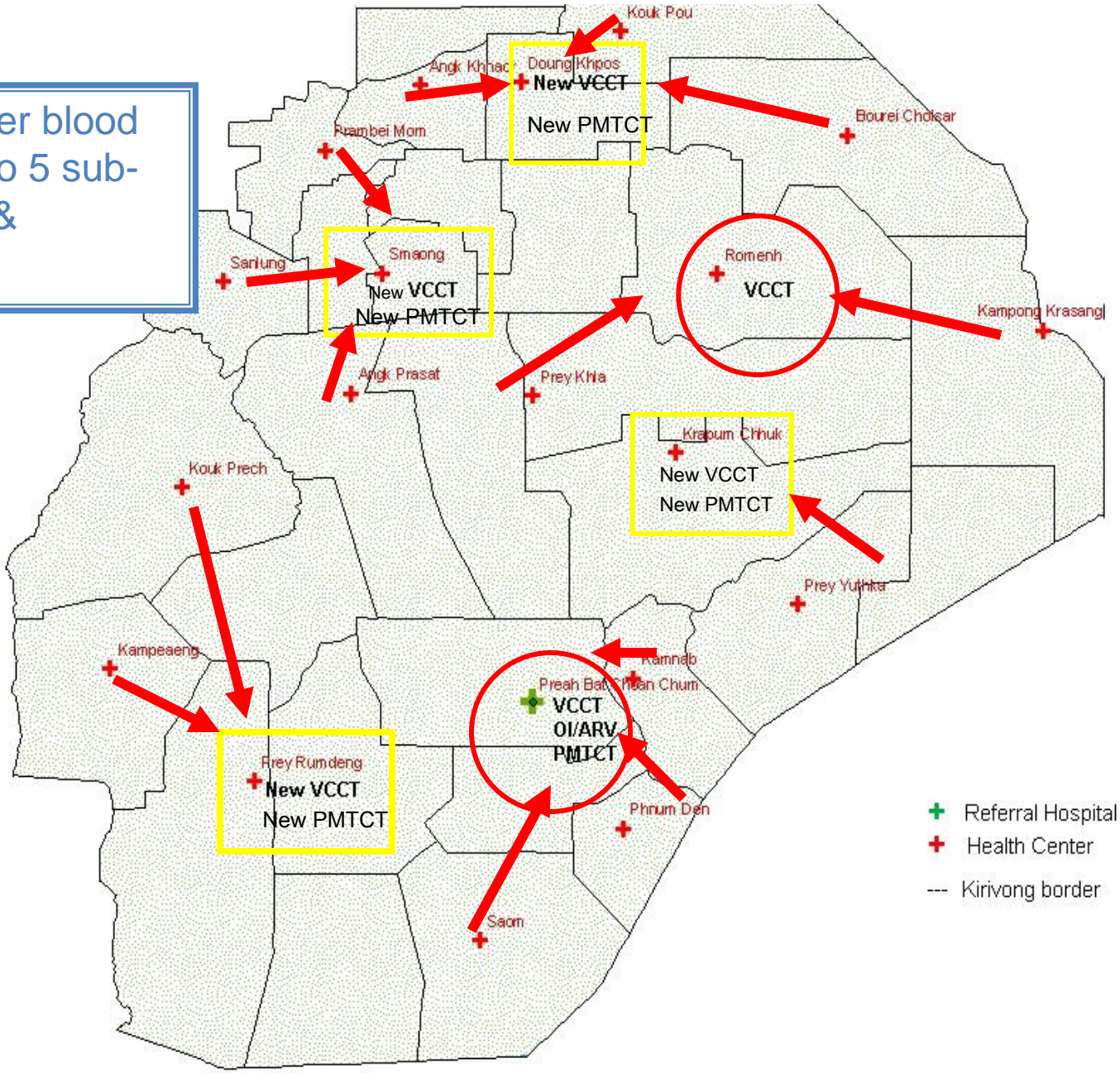
Linkages: Kirivong Operational District

20 HCs have only 2
VCCT sites,
1 OI/ART services

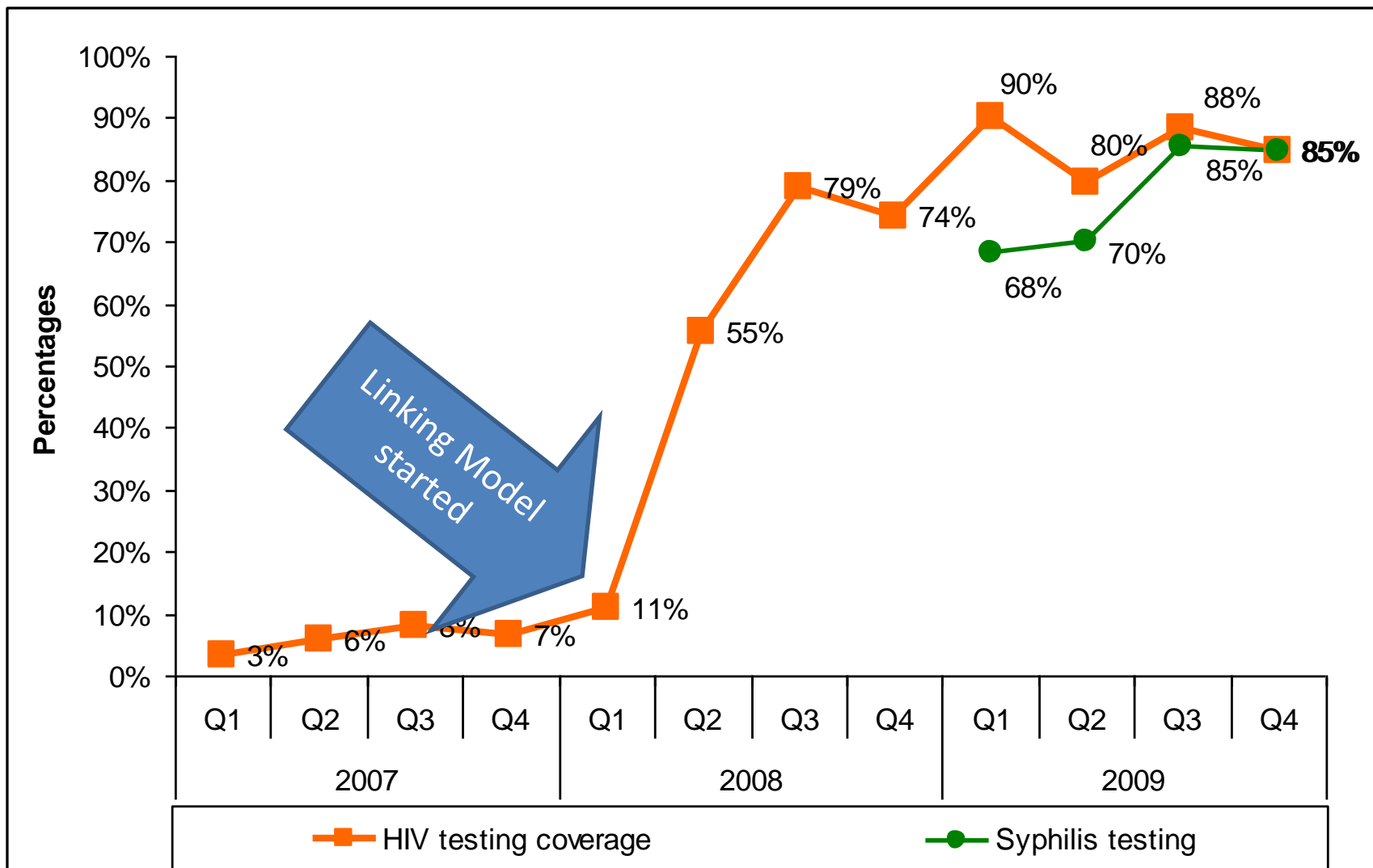


Linkages: Kirivong Operational District

14 HC refer blood samples to 5 sub-satellites & 1 satellite



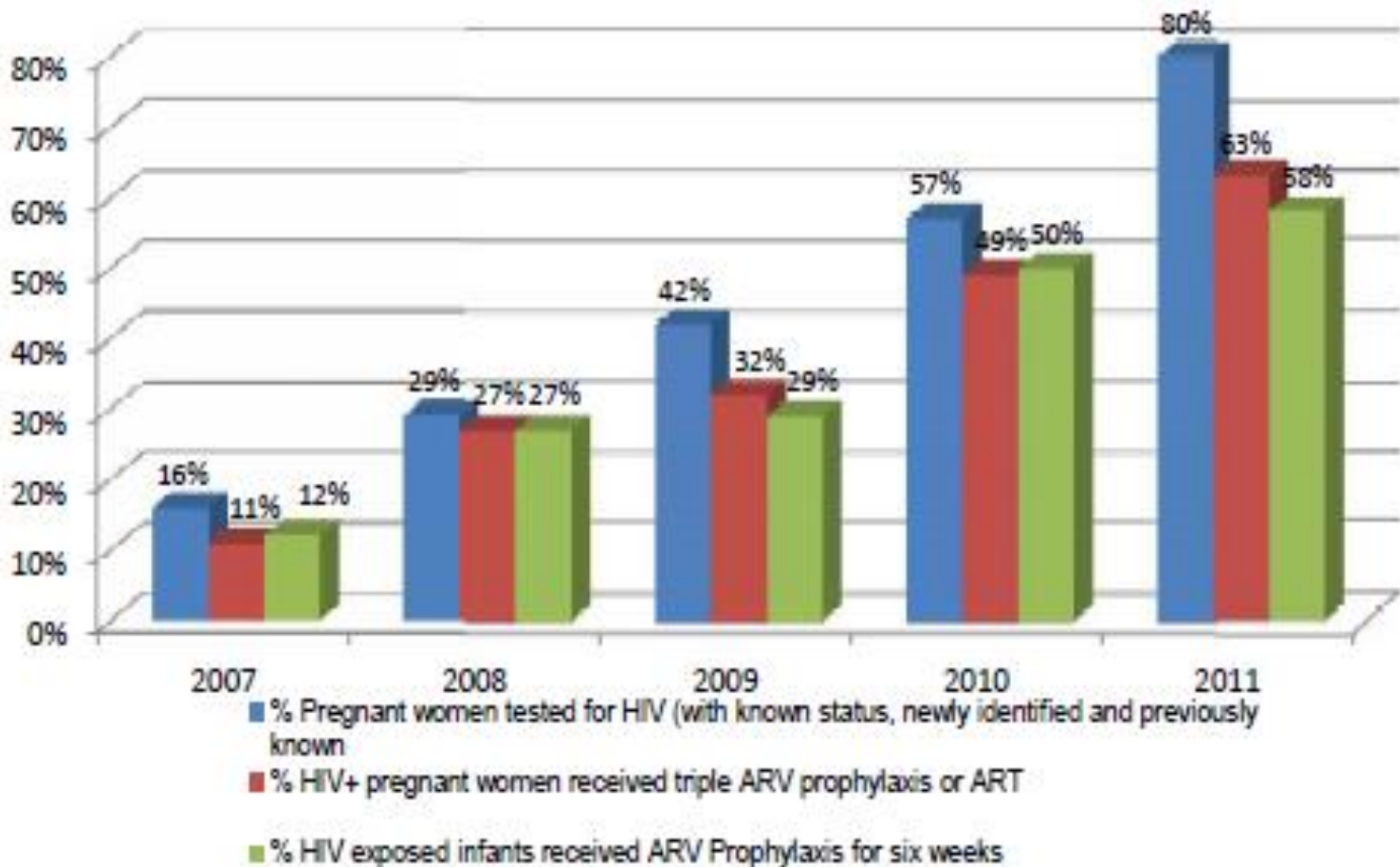
Linking Model Demonstration Results (2007-9)



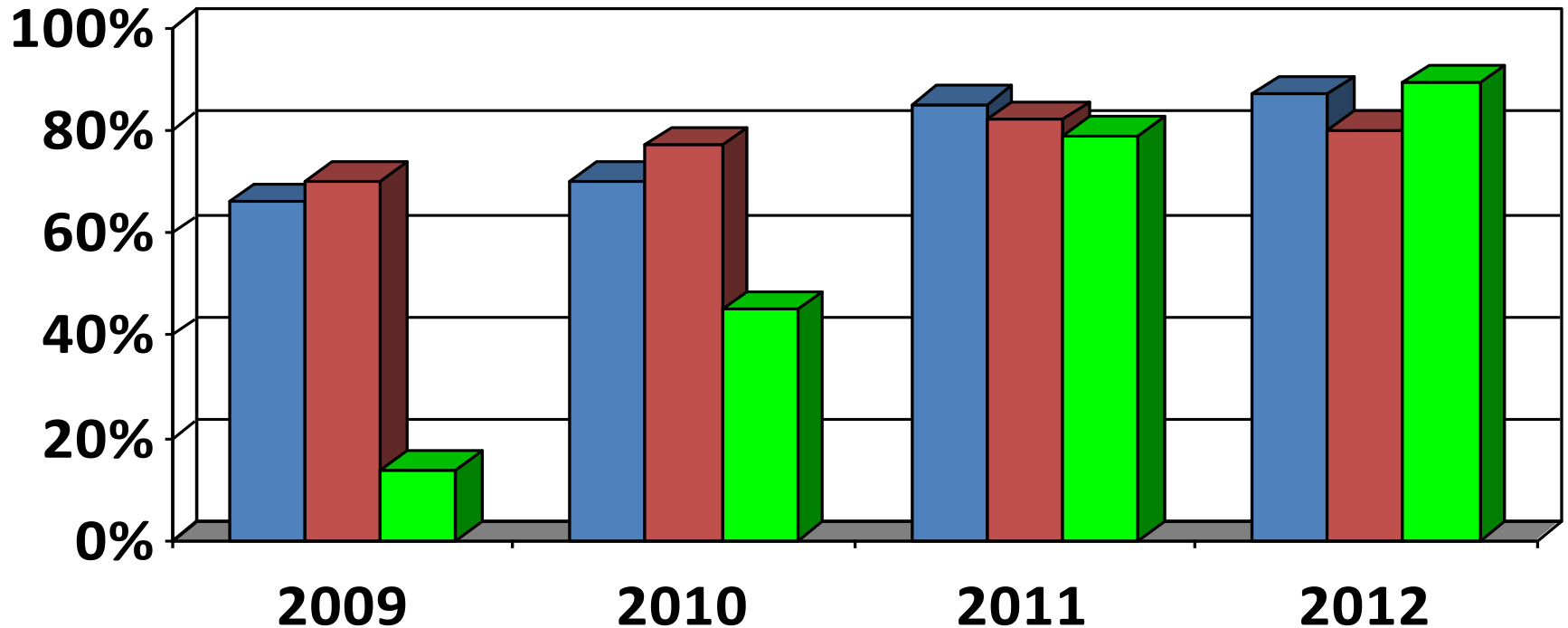
* Introduction of syphilis testing in the first quarter of 2009

** Percentage of pregnant women tested for HIV/ syphilis at antenatal care out of total expected pregnant women

PMTCT Coverage



TB/HIV Coverage



- % PLHIV in pre-ART screened for TB**
- % TB cases tested for HIV**
- % HIV+ TB cases started / continued on ART**

Moving Towards Integration between HIV-MCH-TB



2010

2015 (MDG 4, 5 and 6)

Integration or LR of HIV/STI/RH/MNCH/TB services

UA to HIV/STI/RH/TB Services

UA to HIV Care and Treatment



2010
UN Award for MDG 6 (HIV)

2015

Responding to changing epidemics:

- Overcoming political, legal and social barriers
- Reaching the most-at-risk populations
- Linking them to health services

Changing conditions

1995

2010

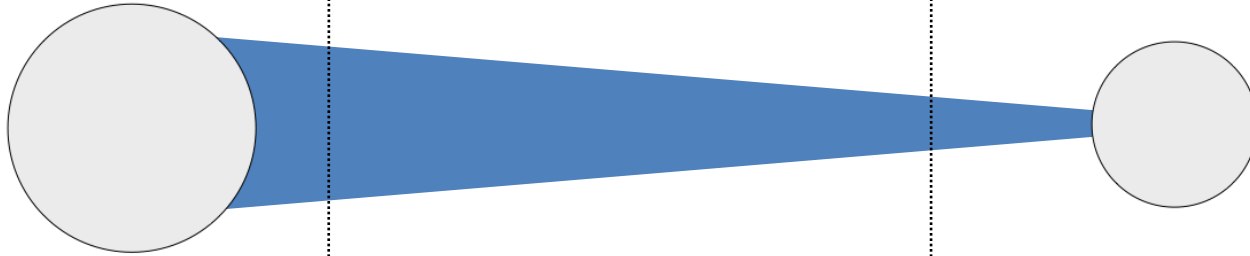
**1998
100% CUP**

**2008
AHT law**

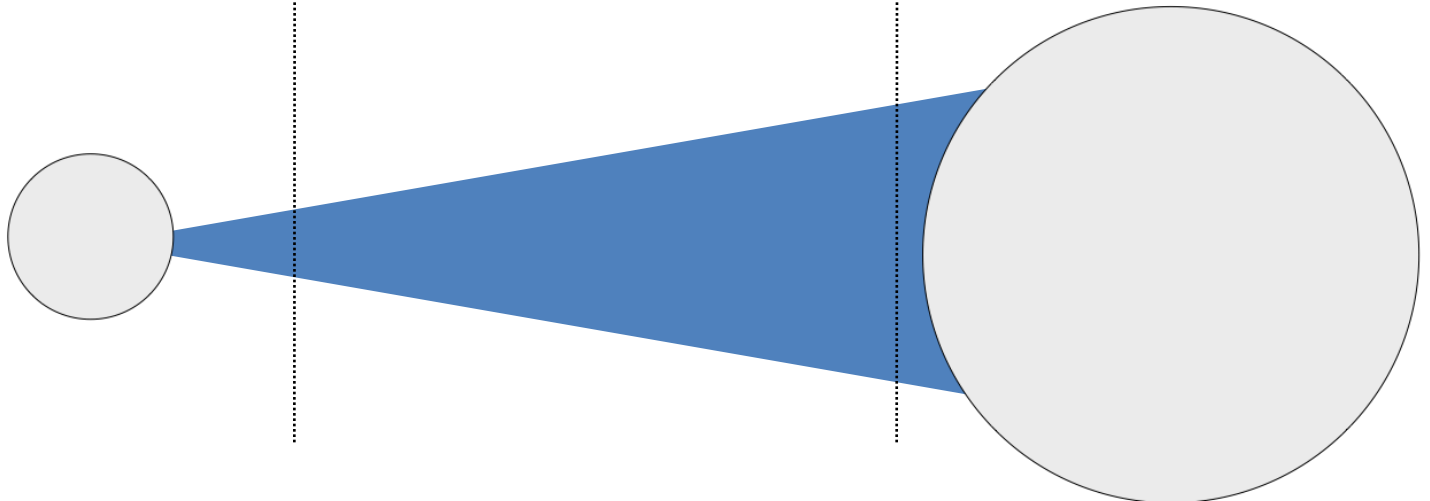
13,000 sex workers
70% direct, 30% indirect

36,000 sex workers
10% direct, 90% indirect

Direct



Indirect



Changing conditions (2)

- 2008 Law on Suppression of Human Trafficking
 - Massive brothel closure, poorly organized
 - Sex workers driven underground increasing vulnerability and risk
 - Virtual collapse of 100% CUP as key partners and structures disappear
- Increasing attentions to human rights marginalized populations

HIV concentrated among MARPs:

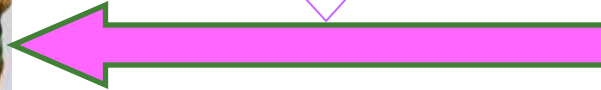
	Population Size	HIV prevalence
EW	(38,000) <i>(NGO report 2012)</i>	10% (Clients >7/w) <i>(SSS 2011)</i>
MSM TG	(16,000) <i>(NGO report 2012)</i>	2.1% <i>(Bros Khmer 2010)</i>
PWID	1,300 <i>(IBBS 2012)</i>	25% <i>(IBBS 2012)</i>
PWUD	13,000 <i>(IBBS 2012)</i>	4% <i>(IBBS 2012)</i>

Continuum of Prevention to Care and Treatment: COPCT (2009-) *MARPs prevention and access to health services*

Sex Workers



**Peer Network
Peer Educator
NGO**



**HBC Team
PHC network
CBO
NGO
Health
Workers**

**Health service delivery
at district level**

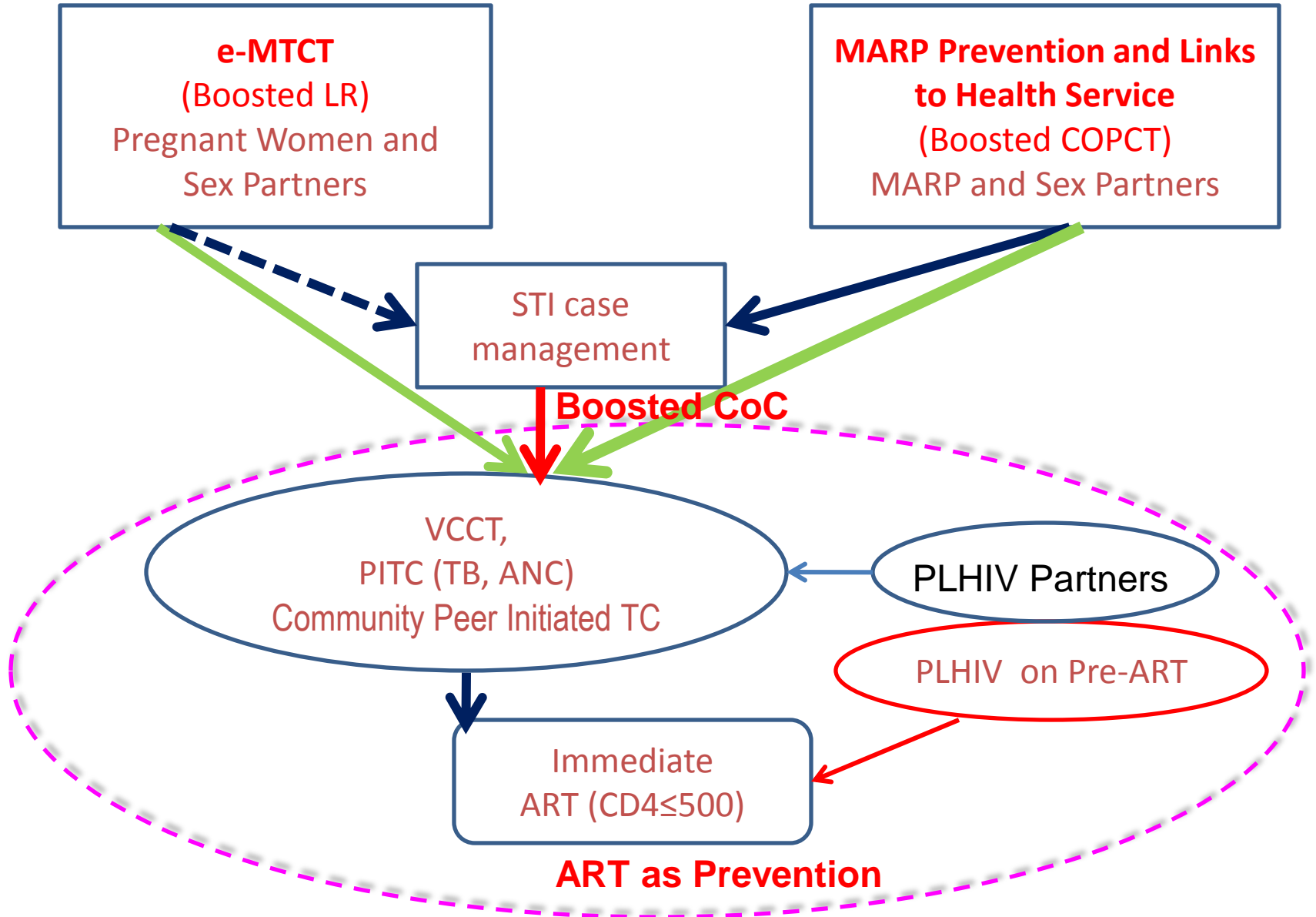


**Community/Peer Initiated Counseling & Testing (CPITC), VCT, Pre-ART/ART
STI, ANC, SRH, Safe Abortion,
Safe Delivery, EPI, Nutrition (children)
TB, Malaria
Laboratory**

Key Lessons Learned from Cambodia 2.0: How Cambodia Achieved Universal Access?

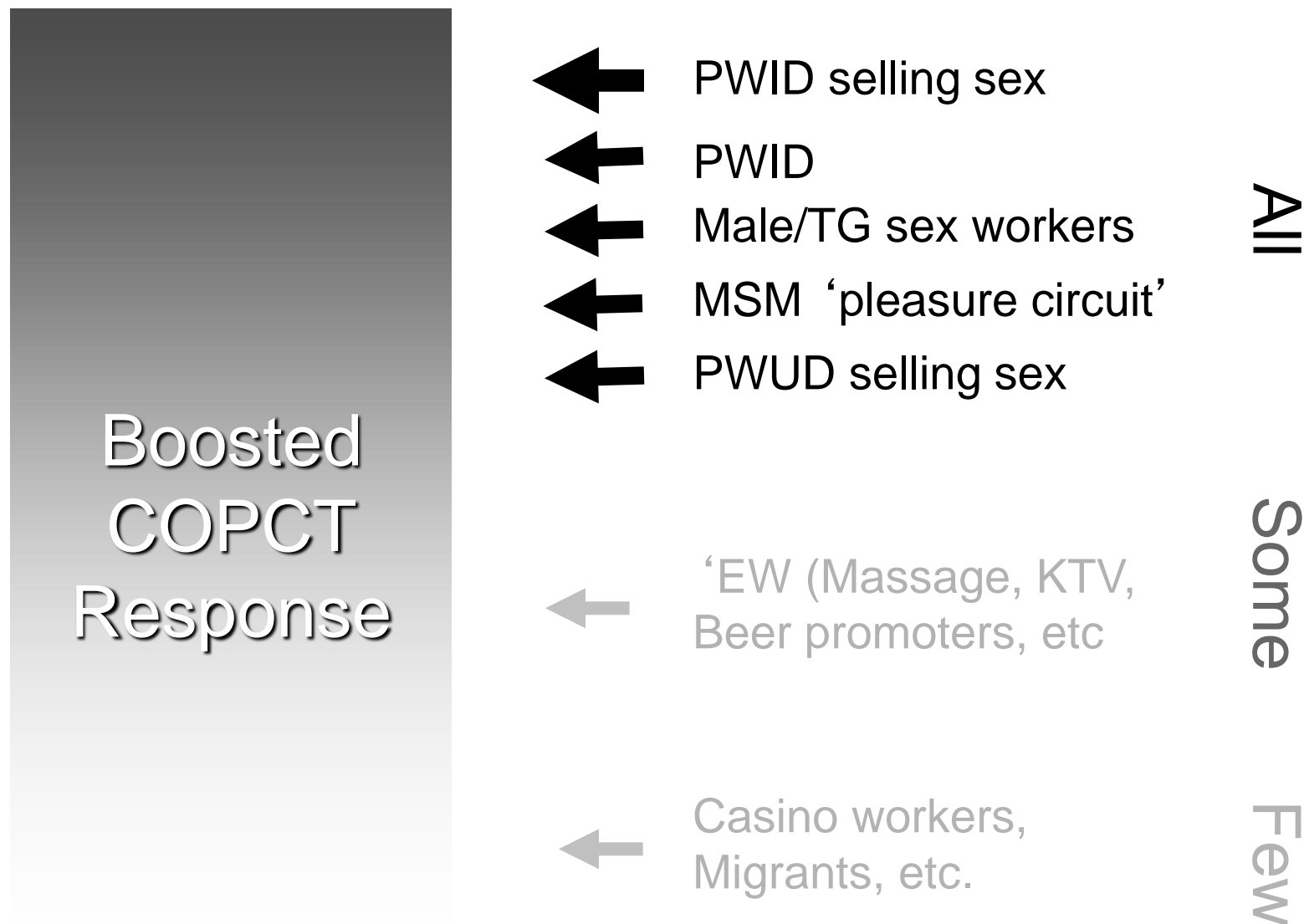
- Know your epidemic and response remains key
- Started with vertical response
- Common service delivery frameworks coordinated by NCHADS involving all stakeholders for strategic expansion
- “Real” involvement of community (PLHIV and MARPs)
- Systematic linkages and integration to maximize resources

Cambodia 3.0: Virtual elimination of new HIV infections by 2020



MARP Prevention & Links to Health Services

(1) Sharper epidemiological targeting:



MARP Prevention & Links to Health Services

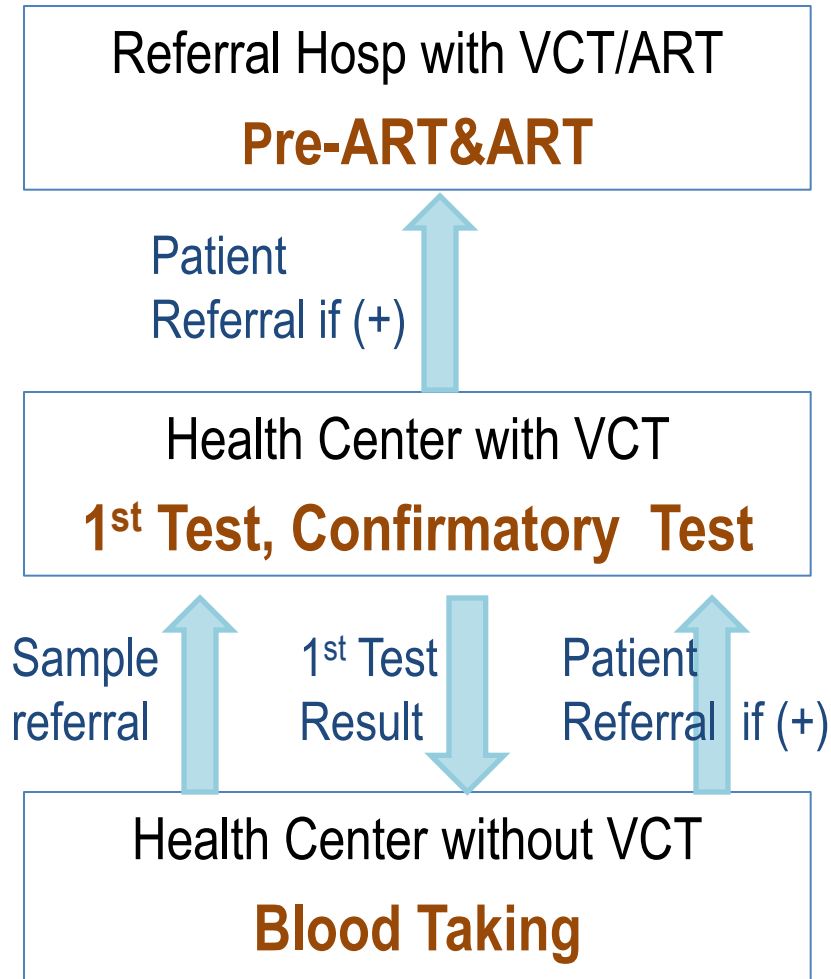
- (2) Reach unreached populations (MSM, TG, PWID, PWUD and their partners) and explore hidden populations
- (3) Expand outreach finger prick HTC and link to STI and ART
- (4) Expand NSP and MMT for PWID
- (5) Strengthen strategic information and response;
e.g. ‘rapid response mechanism’, Unique Identifier System

eMTCT and TasP

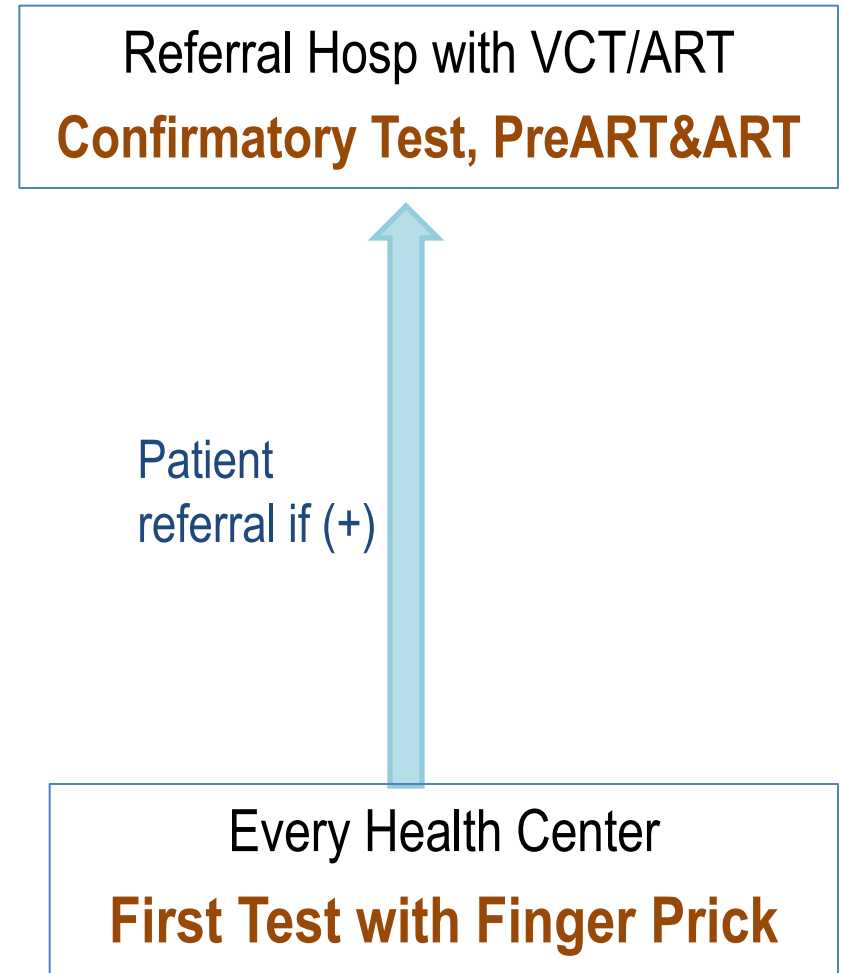
- Streamlining HTC procedures and referral
- Partner tracing and testing
- Active case management to maximize retention across HTC–PreART/ART–PMTCT–TB/HIV
- TasP (Discordant Couples → MARPs)
- PMTCT Option B+

Streamlining HTC procedures and referral

Cambodia 2.0

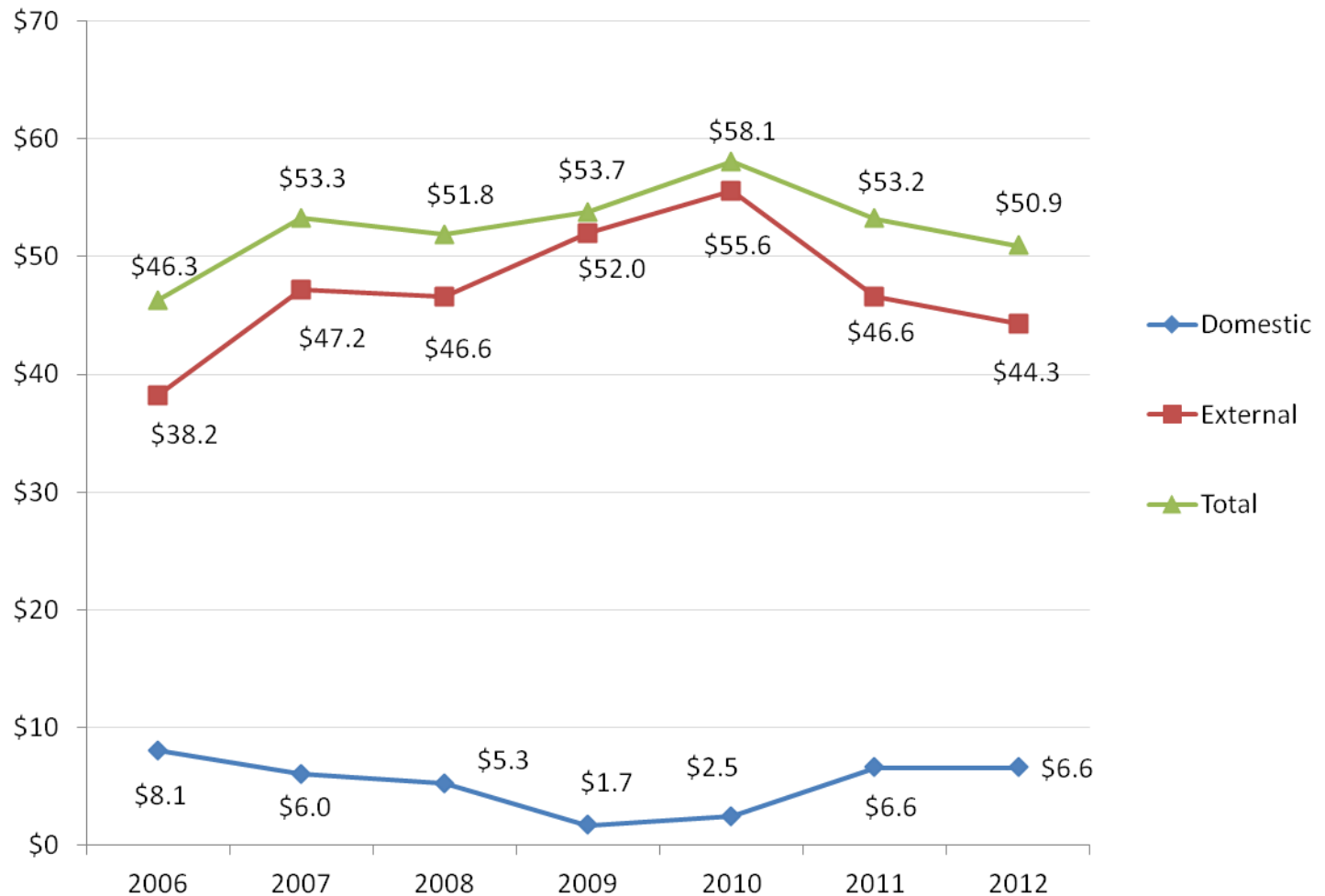


Cambodia 3.0



Current trends in HIV financing

Domestic vs. External Sources (millions of USD)



Source: NASA IV Report, 2013

Challenges

- Reaching and serving highest risk populations
- Partner notification/involvement
- Overload of health workers receiving very low salary
- Fragmented health and community systems (PHC, TB, Malaria etc)
- Limited leadership and management capacity at sub-national level
- Real time data generation & use (surveillance, program, financial),
Limited data for modeling, Impact monitoring, Verifying elimination
- Program efficiency, Cost effectiveness, Financial sustainability

Immediate Next Steps and Way Forward

➤ In the short term (next 12 months)

- Launch Cambodia 3.0 strategy in 16 High Burden Districts
- Follow-up National Health Sector HIV Program Review
- Cost Cambodia 3.0 services and activities
- Health Sector HIV Strategic Plan (2014-20) and resource mobilization

➤ In the longer term (2-5 years)

- Expansion of Cambodia 3.0 to all High Burden Districts
- Review of progress and adjust scale-up of Cambodia 3.0 strategy
- Diversify funding sources and increase national resources for HIV