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

Source: Cambodia Demographic and Health Survey, 2010
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

Mode of HIV Transmission in Cambodia: 1991 to 2015

- Mother to child
- Needle sharing
- Male-male sex
- Casual sex
- Wife->husband
- Husband->wife
- Sex work

Total 1,210
### Phase 1: 1991-2000

- % 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

- % 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

- 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

100% CUP

Local Authority

Health Workers

Police

Advocacy

brothel owners

Sex workers

Monitoring

IEC/BCC

Special campaigns (Posters, leaflets, billboards...)

Media (TV, radio, newspaper)

STD Clinic

RH/NGO

HC

STI case management
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

VCT in all ODs and at ¼ of HC
- ART sites in 55/77 ODs covering 92% of PLHIV found
- Indicating the need of Satellite ART sites
Not only expanding services, but systematically linking with the community and creating demand.
Continuum of Care Framework
Facilitated Expansion of ART

Community based
Entry Point for HIV
Enabling environment
Health Service Delivery (District Level)
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)
- PMTCT GL rev: Dual prophyl ('05)

2005
- PMTCT Review ('07)
- Linked Response ('08)

2010
- PMTCT GL rev: Option B ('10)

- TB-HIV Sub-committee ('99)
- TB/HIV Framework ('02)
- TB/HIV pilot ('03)
- Joint Statement: Role & Responsibility ('03)
- 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

HC

Satellite HC

VCCT

RH (Hub)

Community

Referral and Follow-up

HCBC Team/NGO

Health worker/NGO
20 HCs have only 2 VCCT sites, 1 OI/ART services
14 HC refer blood samples to 5 sub-satellites & 1 satellite
* 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

- % Pregnant women tested for HIV (with known status, newly identified and previously known)
- % HIV+ pregnant women received triple ARV prophylaxis or ART
- % HIV exposed infants received ARV Prophylaxis for six weeks
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
Responding to changing epidemics:

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

1995

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

1998
100% CUP

2008
AHT law

2010

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:

<table>
<thead>
<tr>
<th>Population</th>
<th>Size</th>
<th>HIV Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>EW</td>
<td>(38,000)</td>
<td>10% (Clients &gt;7/w) (NGO report 2012)</td>
</tr>
<tr>
<td>MSM</td>
<td>(16,000)</td>
<td>2.1% (NGO report 2012) (Bros Khmer 2010)</td>
</tr>
<tr>
<td>TG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PWID</td>
<td>1,300</td>
<td>25% (IBBS 2012)</td>
</tr>
<tr>
<td>PWUD</td>
<td>13,000</td>
<td>4% (IBBS 2012)</td>
</tr>
</tbody>
</table>
Continuum of Prevention to Care and Treatment: COPCT (2009-)
MARPs prevention and access to health services

Sex Workers

Peer Network
Peer Educator
NGO

Health service delivery at district level

HBC Team
PHC network
CBO
NGO
Health Workers

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

- **e-MTCT (Boosted LR)**
  - Pregnant Women and Sex Partners

- **MARP Prevention and Links to Health Service (Boosted COPCT)**
  - MARP and Sex Partners

- **STI case management**

- **Boosted CoC**

- **VCCT, PITC (TB, ANC)**
  - Community Peer Initiated TC

- **Immediate ART (CD4≤500)**

- **PLHIV Partners**

- **PLHIV on Pre-ART**

**ART as Prevention**
MARP Prevention & Links to Health Services

(1) Sharper epidemiological targeting:

- PWID selling sex
- PWID
- Male/TG sex workers
- MSM ‘pleasure circuit’
- PWUD selling sex
- ‘EW (Massage, KTV, Beer promoters, etc)
- Casino workers, Migrants, etc.
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**

- Referral Hosp with VCT/ART
- Pre-ART&ART
  - Patient Referral if (+)
- Health Center with VCT
  - 1st Test, Confirmatory Test
    - Sample referral
    - 1st Test Result
    - Patient Referral if (+)
- Health Center without VCT
  - Blood Taking

**Cambodia 3.0**

- Referral Hosp with VCT/ART
- Confirmatory Test, PreART&ART
  - Patient referral if (+)
- Every Health Center
  - First Test with Finger Prick
Current trends in HIV financing

![Graph showing domestic vs. external sources of financing for HIV from 2006 to 2012. The graph indicates a generally increasing trend in total financing, with fluctuations in domestic and external sources. The graph is sourced from the NASA IV Report, 2013.]

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