

**Kingdom of Cambodia**

Nation Religion King



**Ministry of Health**

# Annual Report 2007



**National Center for HIV/AIDS, Dermatology and STD**

**April 2008**

## Acknowledgement

It gives us a great pleasure opportunity to review the last year achievements and see all that our teams of dedicated staffs working together with committed communities in the provinces have done to improve the quality of HIV/AIDS & STI Prevention and Care activities for the benefits of people of the Kingdom of Cambodia. I would like to thank all partners, donors and political commitment, towards the success of HIV/AIDS Prevention, Care and Treatment Programme in the country.

When we see what has been achieved, we receive motivation to continue striving, to set the overall goals, objectives, and target for the next year to continue meeting the various changing needs of people and to deal effectively with changing of the epidemic to different target groups evidenced by the latest findings of research finding their communities.

We hope that you come to understand us deeper as you read forth.

Sincerely,

# NCHADS Annual Report for 2007

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# NCHADS Annual Report 2007

## A. GENERAL REPORT

### 1. BACKGROUND

#### 1.1 HIV/AIDS Epidemic Situation in Cambodia:

Cambodia is one of the few countries that has seen declining HIV prevalence. HIV prevalence in the general population has declined from 1.2% in 2003 to 0.9% in 2006 (see Figure 1). This has been attributed to investment in and scale up of effective HIV prevention programmes, and a large number of deaths among persons infected during the early years of the epidemic when life-sustaining treatment and care were not available. The HIV epidemic in Cambodia is concentrated in high-risk groups and is primarily driven by the sex industry, although there are indications of rising prevalence amongst injecting drug using populations and amongst men having sex with men (MSM). As shown in Figure 1, HIV prevalence among persons in the general population aged 15-49 years living in urban areas remains higher than among those living in rural areas, also there is higher HIV prevalence among women; 43% of new infections are occurring in married women, most of whom are believed to have been infected by their husbands. Using the Asian Epidemic Model (AEM), the projected number of people living with HIV (PLHA) in Cambodia in 2007 is 61, 400 (32, 200 women and 29, 200 men) and in 2010 will be 51, 200 (26, 800 women and 24, 400 men).

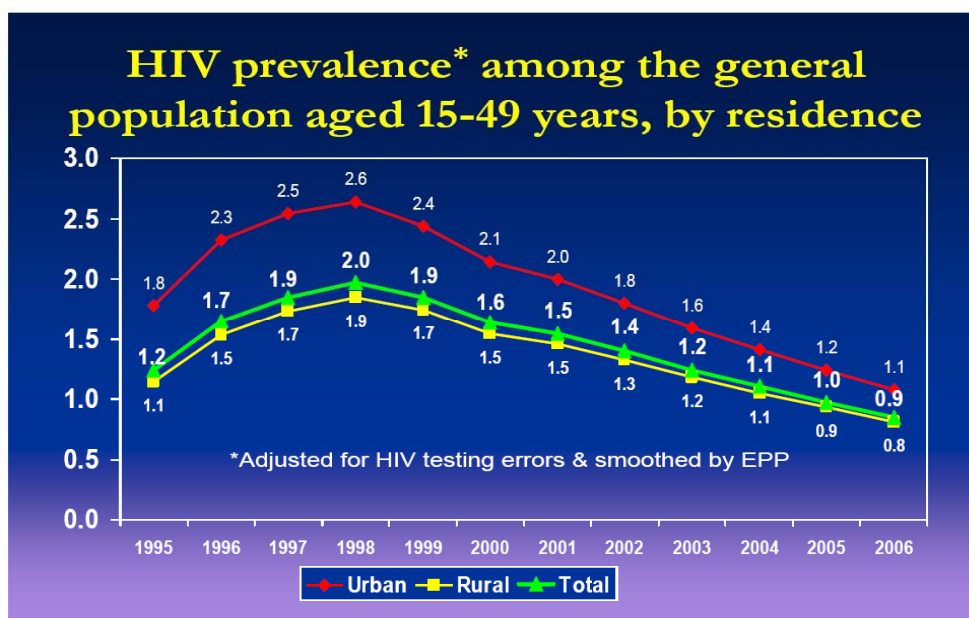


Figure 1: HIV prevalence among general population aged 15 – 49

## 1.2 NCHADS Priorities in 2007:

The Comprehensive Annual Operational Work Plan 2007: In May 2006, a Workshop was organized by NCHADS to prepare the Annual Comprehensive Work Plan 2007 with 24 provinces and NGO partners. Three MoH departments (Planning, CENAT and NMCHC) also participated. At this meeting Annual national and provincial targets were set. The result was the first draft of Annual Operational Comprehensive Plan for NCHADS Programme in 2007, which incorporated many of the inputs and expected outputs of partners working in coordination with PAOs in provinces. This Work plan was also firmly grounded within the Ministry of Health Annual Operational Plan 2007, prepared for the HSSP.

The Comprehensive Work Plan 2007 has three primary areas that included:

- Maintaining the provenly successful prevention programmes of 100% Condom Use, Outreach and Peer Education, and STI treatment, in sexual entertainment services, while improving and expanding their coverage. This work builds on the re-design of these programmes undertaken during 2006.
- Continuing to expand the Continuum of Care, while stressing quality assurance and integration, both within the health services, and with other impact mitigation plans and programmes.
- Strengthening effective partnerships through comprehensive planning, optimal resource allocation, clear delineation of roles and responsibilities, and one effective monitoring and reporting systems.

These areas of focus are reflected in the implementation of the activities of the NCHADS Strategic Plan.

The Work Plan 2007, including PBSI, budgeted for a total of \$ **10,578,235**, included \$**5,478,636** which allocated by partners at provincial level. It allocated 9% for prevention activities, 59% for the treatment and continuum of care (including the costs of OI/ARV drugs and reagents and consumables, renovation and construction of health infrastructures), 7% for surveillance, research and data management, and 25% for programme planning, monitoring and reporting, and administration costs, incentives and contingency; from 20 different sources.

This report describes what was achieved in implementing this Plan during the year 2007. Section B of this Report describes programme achievements against NCHADS targets, as set in the Strategic Plan for 2007. Section C describes financial disbursements against the plan budgets. The remainder of this section describes some of the key activities of NCHADS as a management system.

## 2. NCHADS MANAGEMENT SYSTEM

**2.1 Planning and Monitoring Cycle in NCHADS:** The GFATM-R4 Planning for year 2007 Workshop was held in January. The Annual Coordination Workshop was held in December to review progress made during first 3 quarters, to inform update technical, strategies or guideline updates in the programme, and to make the final review the work plan for 2008.

**2.2 Signing of MoUs:** during the year NCHADS signed the Letter of Agreement with:

1. *Pact Cambodia* from June 2007 to May 2008, to implement the Outreach and Peer education and 100% CUP among entertainment services workers. Pact Cambodia provides technical and financial support to 6 NGOs to implement these activities.
2. *MAGNA Children at Risk Cambodia*, from 2008-2010, to implement the HIV/AIDS and STI Prevention and Care Programme in Phnom Penh, Kandal and Takeo province.
3. *Marie Stopes Cambodia*, from July 2005 to June 2008, to implement and integrated VCCT in Donn Keov OD (Takeo province), Kien Svay (Kandal).
4. *Cambodian Red Cross*, from May 2007 to December 2007 for implementation of Community Support for PLHAs in Banteay Mean Chey and Koh Kong Province.
5. Reproductive and Child Health Alliance (RACHA), from 2006 to 2008 for implementation of 8 VCCT sites in Siem Reap, Pursat, Kampot and Phnom Penh.
6. World Vision Cambodia, from 2007 to 2010 for implementation of the HIV/AIDS Prevention and Care for mother and infants. The project planned to support 6 PMTCT sites combining 5 expanded VCCT centers in 5 HCs, 4 RHs in Kandal, Takeo and Kampong Speu province.
7. Meducins Sans Frontieres Belgium (MSF-B), for 2007, to implement the Continuum of Care in Takeo and Siem Reap Province.
8. Meducins Sans Frontieres France (MSF-Fr), from October 2006 to March 2008, for implementation of HIV/AIDS and STI Prevention and Care Programme in Phnom Penh (Friendship Khmer-Soviet Hospital), and Kampong Cham Referral Hospital.
9. World Health Organization (WHO), from January 2007 to December 2007 for develop of HIV Surveillance among Drug Users in Cambodia.
10. Andkor Hospital for Children in Siem Reap Cambodia for implement of scaling up hospital and HBC program for children living with HIV/AIDS (including ARV treatment)
11. Cambodian Children Against Starvation and Violence (CCASVA), for implement of Home Based Care and Community program in 2007 in Prey Veng.
12. *Pharmaciens Sans Frontiere-Comite International (PSF-CI)* from September 2007 to August 2008 for Strengthening NCHADS's logistics Management of ARVs and other HIV/AIDS related supplies at the OD level under GFATM-R4 funded.

13. *Maryknoll* from 2006 to 2011 to implement the HIV/AIDS and STD Prevention and Care Programme in Phnom Penh and Kandal province.

**2.3 Guidelines, Curriculum and SOP :** During this year NCHADS developed and revised many Guidelines and curriculum such as:

1. National Guidelines for the use of Antiretroviral Therapy in Adults and Adolescents
2. National Guidelines for the use of Paediatric Antiretroviral Therapy
3. National Guidelines on Sexually Transmitted Infections (STI) and Reproductive Tract Infections (RTI) Case Management ( manual for participants and *Training* instruction manual)
4. Standard Operating Procedures to Initiate a Linked Response for Prevention, Care, and Treatment of HIV/AIDS and Sexual and Reproductive Health.

**2.5 Procurement of ARV drugs, Consumables and reagents:**

**ARV Drugs:**

Procurement of ARV drugs were done by NCHADS in 2007 totalled \$ 7,339,286. The ARV drug was co-supported by four major funding sources: The Global Fund to Fight AIDS, TB and Malaria, The World Bank, The European Union through the EuropAid Project (EU), Asian Development Bank (ADB), and the National Budget. In addition, the Clinton Foundation for HIV/AIDS Initiative (CHAI) provided a donation of pediatric ARV formulations to NCHADS.

<b>Sources</b>	<b>Amounts</b>
GFATM (R2, 4 &5)	\$ 3,677,245
EUROPAID	\$ 273,409
WB	\$ 658,266
CHAI	\$ 2,621,678 *
ADB	\$ 106,445
National Budget	\$ 2,243
<b>Total</b>	<b>\$ 7,339,286</b>

*\*Donation of pediatric ARV formulations by Clinton Foundation to NCHADS.*



***Consumable and Reagents:***

Item	CDC	GFATM (R2&R4)	EUROPAID	DFID	CHAI
VCCT Reagents	\$ 141,579	\$ 120,345		\$236,600	
Consumables (for STD & VCCT)	\$ 90,349	\$ 79,030		\$ 53,801	\$ 1,130
Reagents for CD4 counts	\$ 13,137		\$ 148,734		\$ 23,400
Reagents for STD clinic	\$ 8,796			\$ 5,000	
DNA-PCR					\$ 12,495
<b>Total</b>	<b>\$ 253,861</b>	<b>\$ 199,375</b>	<b>\$ 148,734</b>	<b>\$ 95,401</b>	<b>\$ 37,025</b>
<b>Grand Total</b>	<b>\$ 934,396</b>				

**2.7 Procurement of Medical Equipment**

In order to improve the quality of care and treatment services for PLHAs, there are the needs to improve the quality of laboratory services at the public health facilities. With the funding from US-CDC, DFID and GFATM, NCHADS supplied the Medical Equipment, office equipment and office furniture to VCCT, STD clinics, and Referral Hospital.

**Medical Equipment:**

Description	Quantity	Funded by
Automatic pipettes (0.5 - 10µl)	2	US-CDC
Automatic pipettes (5 - 50µl)	3	US-CDC
Automatic pipettes (50 - 200µl)	3	US-CDC
Automatic pipettes (200 - 1000µl)	3	US-CDC
Hematology Analyzer	3	US-CDC
Autoclave, Size Chamber mm: Y 300 X 710 H, Capacity: 49 Litres	2	US-CDC
Water bath	2	US-CDC
Digital balance, Capacity 210g - 310g 28:28, Display 0.0001g - 0.00001g, Pan size ø 80mn - ø90mm	3	US-CDC
Spectrophotometer, Semi- Automatic Photometer, Microprocessor Control	1	US-CDC

**Office Equipment:**

<b>Description</b>	<b>Quantity</b>	<b>Funded by</b>
Desktop computers	54 sets	- 39 by GFATM, - 15 by US-CDC
Laptop computers	8 sets	- 8 by US-CDC
Printer	33 sets	- 11 by US-CDC, - 22 by GFATM
Colour printer	1 set	- US-CDC
UPS (600VA, 1250VA)	71 sets	- 15 by US-CDC, - 56 by GFATM
LCD Projector	6 sets	- 5 by US-CDC - 1 by GFATM
Photocopy Machine	1 set	- US-CDC
Fax /Phone machine	1 set	- US-CDC
Auto voltage	41 sets	- 11 by US-CDC, - 30 by GFATM
External Hard disk (80GB, 120GB)	21 sets	- 9 by US-CDC - 11 by GFATM
Digital Camera	2 sets	US-CDC
Hilux Vehicle Double Cab (VIGO)	1	US-CDC

**Office Furniture:**

<b>Description</b>	<b>Quantity</b>	<b>Funded by</b>
Folding Chair	12 sets	- GFATM,
Office Armchair	27 sets	- GFATM
Rotating	2 sets	- US-CDC
Filling Cabinet	14 sets	- 2 by US-CDC - 12 by GFATM
Office desk	29 sets	- 2 by US-CDC - 27 by GFATM
Cupboard	27 sets	- GFATM
Furniture for Logistic Management Unit/ NCHADS		- DFID
Furniture for 6 VCCT sites		- DFID

Furniture for 11 Data Management offices		- DFID
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## 2.7 Civil Work:

- The construction of Pediatric Ward building in Koh Thom RH/ Kandal, Mong Ressey RH/ Battambang, Mongkul Borey RH/Banteay Meanchey, Tbong Khmum RH/Kampong Cham, Kirivong RH/Takeo funded by CHAI.
- The construction of the VCCT building in Chikmar Health Center/Takeo was completed with funded by DFID Project.
- The construction of Standard Laboratory in Kirivong RH funded by EUROPAID.

Sources	Amounts
EUROPAID	\$ 48,481
DFID	\$ 13,334
CHAI	\$ 186,860
<b>Total</b>	<b>\$ 248,672</b>

## 2.8 PBSI

Based on the results and suggestions during the workshop to Review of PBSI Procedure for Provinces-cities conducted last year, NCHADS developed SOP for the PBSI Scheme at provincial level that was disseminated to the provincial level. At the end of 2007, there are 1045 health care workers received the incentives (232persons supported by DFID, 564persons by GFATM, 20persons by WHO, 13persons by CHAI, 40persons by AHF and 176persons UNICEF)

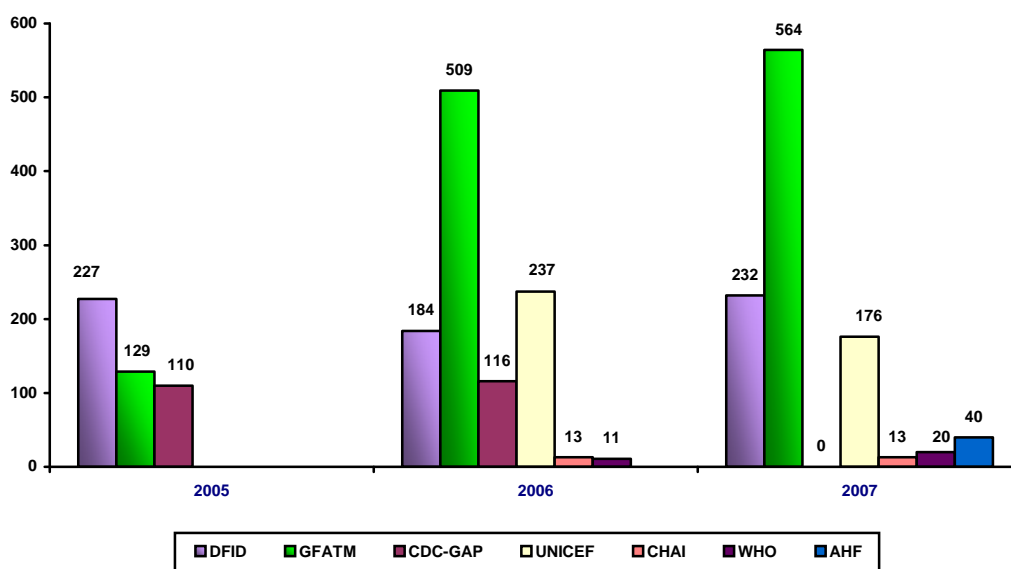


Figure 2: Trend staff received incentives by sources from 2005 to 2007

## **2.9 Surveillance**

- The **HSS 2006** results were disseminated in a public forum.
- For **BSS 2007**, the Data collection has been finalized, and data entry, data analysis, dissemination and report writing will be completed by mid 2008.
- Conducted the Survey on HIV Prevalence among Drug Users in Cambodia that will be conducted in Phnom Penh, Battambang, Banteay Mean Chey and Siem Reap.

## **2.10 Research**

- AUSAID, UNSW and other donors continued to support the Study/ Research Programme to support the optimal use of Antiretroviral Therapy such as Qualitative study of ARV adherence, Cohort Study of ARV adherence, Immune Restoration Disease (IDR) and treatment outcomes, and Intervention study.
- The Study on Over treatment of Cervicitis and the High Prevalence of Reported Vaginal Discharge among Low Risk Women in Cambodia; and STI services Satisfactory Survey among SWs in Phnom Penh: the report has been finalized.
- The Study on HIV Disclosure and Depression among PLHAs receiving ARV at Social Health Clinic; data entry and data analysis were completed.
- During this year Research Unit prepared the protocol of Sexual Behavior and related factors among PLHAs study in five provinces Battambang (Provincial referral hospital), Prey Veng (Neak Loeung referral hospital), Sihanoukville referral hospital, Kandal (Takmeo referral hospital) and Siemreap. The objectives of this study were to assess behavioural risk among PLHA in Cambodia and to propose strategies to modify these behaviours and consequently reduce the rate of HIV transmission.
- Field assessment on Sexual Behavior and related factors among PLHAS study in Siem Reap, and in Prey Veng.
- Data collection on Multi-sites prospective HIV clinic cohort study in Battambang, and Kandal province.

## **2.11 Symposium on HIV Medicine**

A first National Conference on Pediatric AIDS Care was organized in order to share experiences among people working in the field, build capacity for delivering pediatric AIDS care across Cambodia at the clinical, nursing, and home base care level and to better understand the integration of PMTCT, maternal and child health and pediatric care. NCHADS was very pleased to organize the First National Conference on Pediatric AIDS Care in Cambodia at Intercontinental Hotel, sponsored by GFATM, UNICEF, World Vision, FHI, and Clinton Foundation.

## **2.12 Steering Committees**

Steering Committee Meetings for DFID and EUROPAID was held as planned; for DFID in September and December; for EUROPAID in January and the

final dissemination workshop done in December. NCHADS was satisfied with the Meetings; which were the forum to share information, make decision for key challenges, among the implementers, donors and partners.

### **2.13 External Evaluation:**

#### **1. CoC Assessment:**

Since Ministry of Health approved the Continuum of Care Framework in May 2003, a successful comprehensive system for the provision of care and treatment for PLHAs. The Continuum of Care involves partnerships among medical services, PLHA groups, the public health system and NGOs at the Operational District level as well as strong referral mechanisms within the home, community and facility-based care levels. Based on Continuum of Care model had been successfully implemented; the quality of CoC services has been the main concern of the National Programme. It is in this regard the NCHADS with the funding supported by DFID, a team of independent consultants conducted the CoC Assessment. Six city and provinces (Phnom Penh, Mong Ressey OD/ Battambang province, Kirivong OD/ Takeo province, Neak Loeung OD/ Prey Veng, Svay Rieng OD, and Kampong Thom OD) were selected for the assessment.

The assessment aims were to

- assess quality, efficiency, sustainability of the CoC
- explore opportunities to expand: (1) coverage, (2) operational linkages and (3) integration
- assess cost effectiveness
- recommend evidence based strategic directions to guide programme planning, management and integration with health sector plans

The report of this assessment was finalized and will be produced and distributed soon.

### **2. Review and Update the Strategic Plan for year 2008-2010**

NCHADS has been working for the last few months to up-date its Strategic Plan for the next three years. The NCHADS' units conducted a series of meetings with the Technical Working Groups and Sub-Committees to review and up-date the objectives, strategies and to set targets for the various components. A series of consultation meetings were also to review the overall situation, the epidemiology and dynamics of the epidemic given the latest data, and to consolidate the component plans into this Strategic Plan. This has been shared in draft with stakeholders.

### **3. Review and Update the Function Task Analysis**

NCHADS has recruited an external consultant, to fulfill the following tasks:

1. Updated NCHADS' Functional Task Analysis (FTA) to reflect changes in NCHADS structure, functions and staffing, including provincial and

Operational District staff. ToRs and job descriptions will be aligned with MoH norms and standards (Minimum Package of Activities and Comprehensive Package of Activities) to the extent possible. This will require review and update of unit and team related ToRs as well as posts related job descriptions.

2. Updated PBSI procedures/operation manual to reflect changes in the FTA and incorporating lessons learnt from NCHADS' and other incentive schemes as well as recommendations provided by the Monitoring Advisory Team of DFID as appropriate (Report by Sue Viney, 2006).

## **2.14 External Reviews**

### ***DFID MAT:***

The MAT visited in April/May; and again in November for the DFID OPR (Output for Purpose Review). The recommendations of OPR will provide be taken into the consideration to ensure the project is smoothly implemented to achieve the objectives. NCHADS is satisfied with the achievements and more likely to reach the objectives of the programs at the end of the project.

### ***EUROPE AID Project Final Evaluation:***

This was conducted in October-November by an external consultant, and with al four implementing partners: NCHADS, ITM Advisor, AIDS Net in Thailand and Health Net International in Cambodia.

## **2.15 External Audits**

External audits for DFID, CDC and GFATM funds were conducted during the year. No issues occurs in any of the audits.

## **B. OUTCOME OF SEVICES DELIVERIES**

### **1. HIV/AIDS prevention activities**

In 2007, there were a total of 30 specialized government STI clinics (family health clinics) covering 21 of the 24 Cambodia provinces and cities (except Mundulkiri province and Kep city). There are also 18 NGOs STI clinics (RHAC, MEC and PSF). In additional 75 OD in 24 provinces have reported STI/RTI syndromes managed at health center level.

Of the 30 specialized clinics 29 (96%) are upgraded with laboratory support to perform RPR testing and basic microscopy (Annex: STI indicator 1). Of those, 16 labs are functioning. This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations. In 2007, 196,903 consultations were provided at the total of 48 specialized STI clinics (30 is government and 18 NGO STI clinics) [20,491 consultations were provided to male patients, 1,652 to MSM, 131,391 to low-risk women and 43,369 to sex workers (20,176 for DSW ; 23,193 for IDSW;) of which 28,106

were monthly follow-up visits]. Since quarter 3 in 2007 most of STI Clinics also reported their laboratory results, which total 2,8106 of RPR testing reported has 57 (1.9%) were diagnosed with RPR positive, in those clinics were conducted laboratories report to NCHADS and some of them, also absented their report too. Attendance of entertainment workers, both brothel based (DSW) and non brothel based (IDSW) at specialized STI clinics has decreased in this quarter (Figuer1).

Of 12,389 male STI syndromes reported, 10,997 (88.8%) were urethral discharges; Anal discharge 629 (5.1%), Ano-genital ulcers 517 (4.2%), Ano-genital warts 170 (1.4%), Scrotum swelling 18 (0.1%), Inguinal bubo 58 (0.5%). Of the 135 STI syndromes reported among MSM, 68 (50.4%) were urethral discharge and 32 (23.7%) were ano-geniatl ulcers.

Of 117,836 STI syndromes reported among low-risk women, 21,616 (18.3%) were cervicitis, vaginitis 79,053 (67.1%), PID .694 (0.6%), Ano-genital ulcers 16,062 (13.6%) and Ano-genital warts 411 (0.3%) (Figure 3).

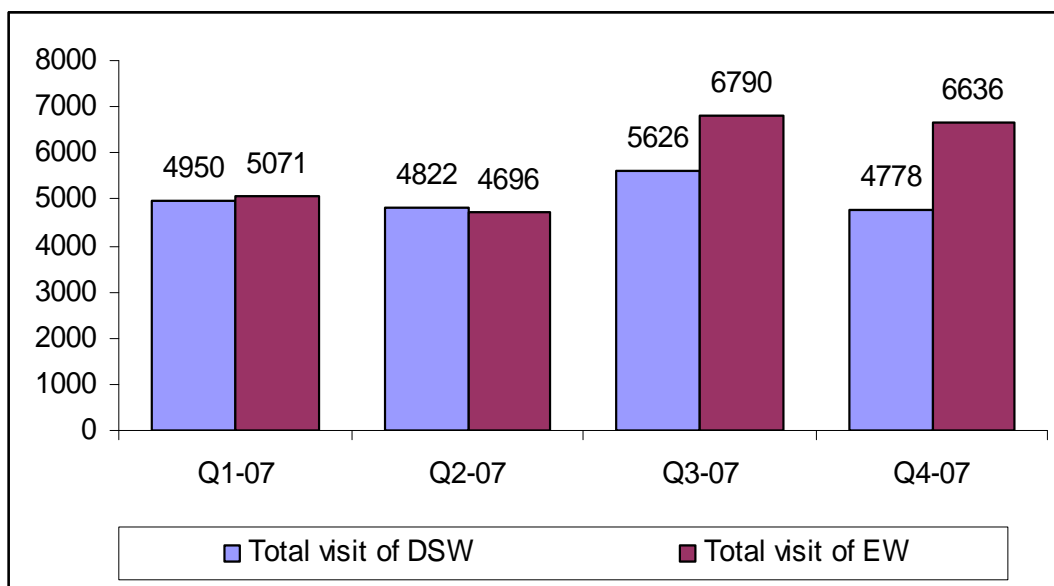


Figure 3: DSW and EW attendance to specialized STI Clinics, from Q4 2006 to Q4- 2007

In 2007, of the 5,295 DSWs who attended specialized clinics for their first visit, 3,270 (61.8%) were diagnosed with a STI, including 1,608 (30.4%) with cervicitis. Among 14,881 DSWs who attended specialized clinics for monthly follow-up visits, 4,877 (32.8%) were diagnosed with a STI, including 2,790 (18.7%) with cervicitis (Annex: STI indicator 2). In 2007, of the 9,968 EWs who attended specialized clinics for their first visit, 5,519 (55.4%) were diagnosed with a STI, including 2,811 (28.2%) with cervicitis. Of the 13,225 EWs who attended specialized clinics for monthly follow-up visits, 3,277 (24.8%) were diagnosed with a STI, including 1511 (11.4%) with cervicitis.

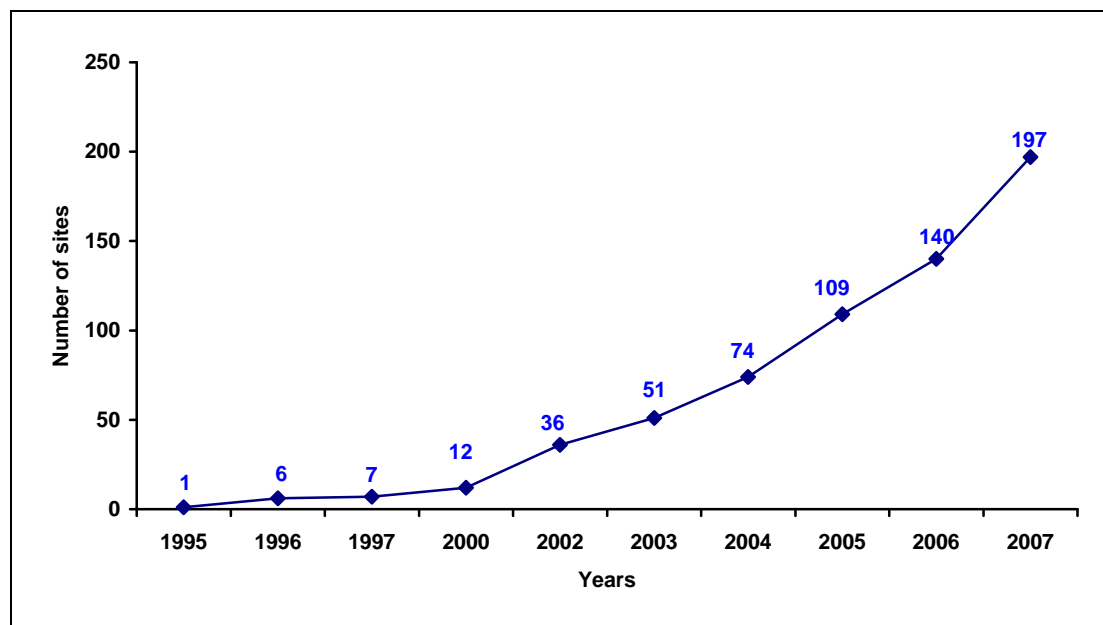
## 2. Comprehensive care for people living with HIV/AIDS (PLHA)

### 2.1. Availability of services

To date, 39 Operational Districts (OD) in 20 provinces have established a Continuum of Care (Annex: CoC indicator). These CoC have been established in ODs that have OI/ART sites at the exception of Phnom Penh ODs.

#### 2.1.1. VCCT

The number of VCCT services has increased drastically over the last 5 years, from 12 sites in 2000 to 197 sites by the end of December 2007 (Annex: VCCT indicator 1) (Figure 4).



*Figure 4: Trend in number of VCCT sites from 1995 to Q4-2007*

A total of 7 new VCCT sites have been opened in Q4-2007. Of the current 197 VCCT sites, 170 are supported directly by the Government and 27 by NGOs (RHAC, PSI and Marie Stope) but there are 4 sites of PSI that have been stopped their activity.

Of a total of 267,931 VCCT clients, 259,883 persons have been tested for HIV at VCCT sites in 2007 (Figure 5).



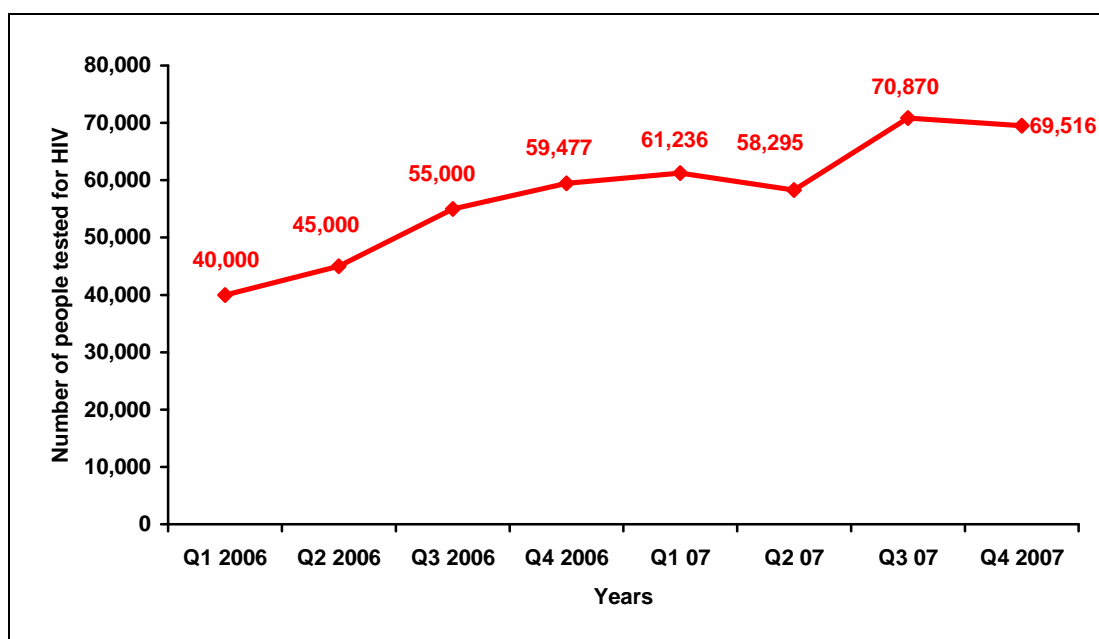


Figure 5: Trend in numbers of people tested for HIV at VCCT services from Q1-2006 to Q4- 2007

Of the total number of people tested in 2007, 147,209 (56.6%) were female and 233,875 (90.0%) were aged 15-49 years (VCCT indicator 2) (Table 1).

	People tested for HIV N= 259,883 No. (%)	People tested HIV positive N=14,583 No. (%)
Age		
≤14 years	12,301 (4.7)	1,356 (9.3)
15-49 years	233,875 (90.0)	12,458 (85.4)
> 49 years	13,707 (5.3)	769 (5.3)
Sex		
Male	112,674 (43.4)	7,856 (53.9)
Female	140,279 (56.6)	6,727 (46.1)

Table 1: Characteristics of clients tested at VCCT sites in 2007

In 2007, a total of 259,917 persons were tested for HIV. Of those were aged 15-49 years (VCCT indicator 2)

Provider initiated HIV testing and counseling (PITC) was approved in a policy document signed by MoH in September 2006 at health facilities that have VCCT services. Health care workers propose HIV testing to ANC attendees, STD patients, TB patients and patients with symptoms of HIV disease who access health facilities, give pre-test information and provide a referral card to access VCCT services or draw blood and send it to VCCT. The HIV test is conducted at VCCT sites as well as post-test counseling.

In 2007, 98.9% (range: 87.4% - 100% across sites) of clients tested received their result through post-test counseling (Annex: VCCT indicator 3).

In 2007, of 267,931 VCCT clients 202,504 (75.6%) were self referred, 2,847 (1.1%) were referred by STD clinics, 14,463 (5.4%) were referred by TB program, 13,129(4.9%) were referred by HBC, 6,473(2.4%) were referred by general medicine, 2,986 (1.1%) were referred by Maternity services, 770 (0.3%) were referred by Pediatric care, 430 (0.2%) were referred by FP services and 24,102 (9.0%) were referred by others(Figure 6).

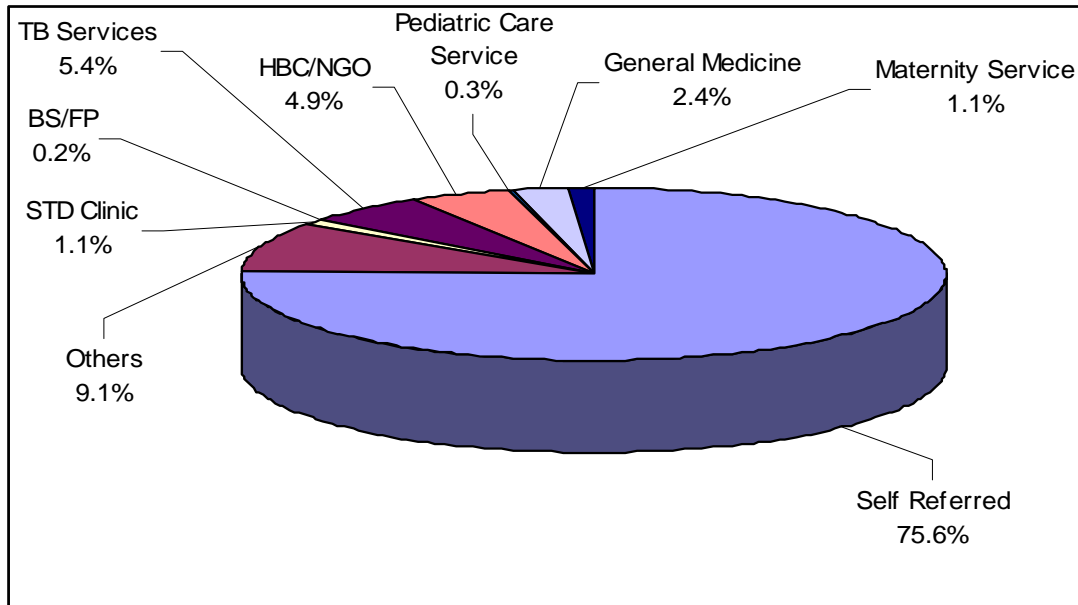


Figure 6: Trend in number of VCCT clients referred from other services in Q4-2007

In 2007, of 267,931 VCCT clients, 14,463 (5.4%) were referred from the TB program (Figure 7) (VCCT indicator 4).

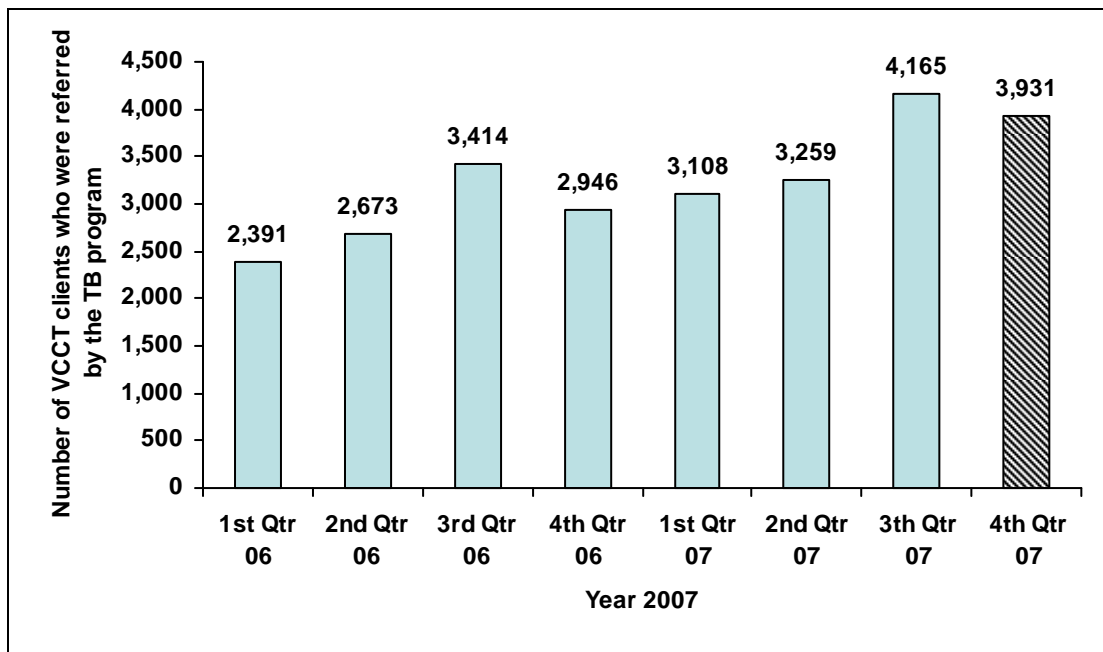


Figure 7: Trend in number of VCCT clients referred from TB program from Q1- Q4 2006 to Q1-Q42007

In 2007, a total of 14,583 persons nationwide were detected HIV positive at VCCT sites (Figure 8).

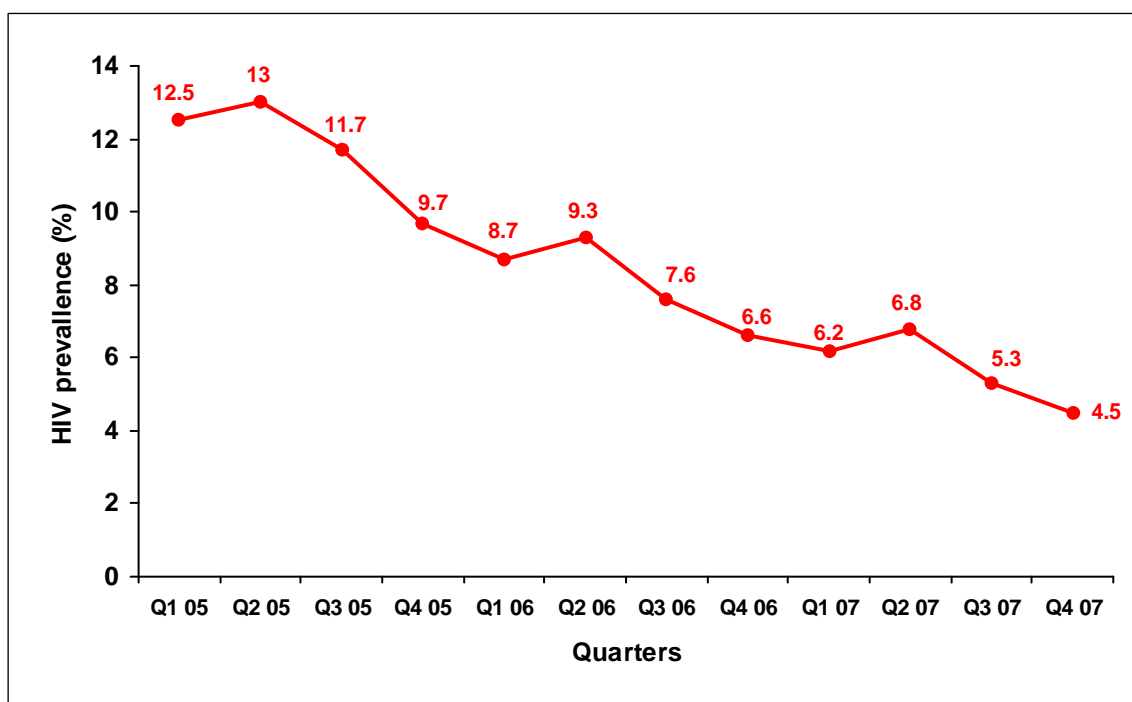


Figure 8: Trend in HIV-infection rate among VCCT clients from Q1-2005 to Q4-2007

### 2.1.2. OI and ART services

At the end of quarter 4 2007, 49 health facilities offer OI and ART services in 20 provinces, including 2 sites that providing OI care only are Sampov loun RH in Battambang Province and Pearing Referral Hospital in Pearing Operational District in Prey Veng province. These 49 OI and ART services are supported by the government and by partner NGOs. Of the total 49 OI/ART sites, 22 sites provide pediatric care.

A cumulative number of 245 physicians (181 adult and 64 pediatric clinicians), 249 of Nurse Counselors (165 adult and 84 pediatric nurse counselors) and 149 of Logistic managements have been trained on OI/ART care since the beginning of the program (HFBC Indicator4).

In December 2007, 39 ODs have at least one facility that provides ART services (Annex: HFBC indicator 1). Two additional OD had facilities providing OI services (Figure 9).

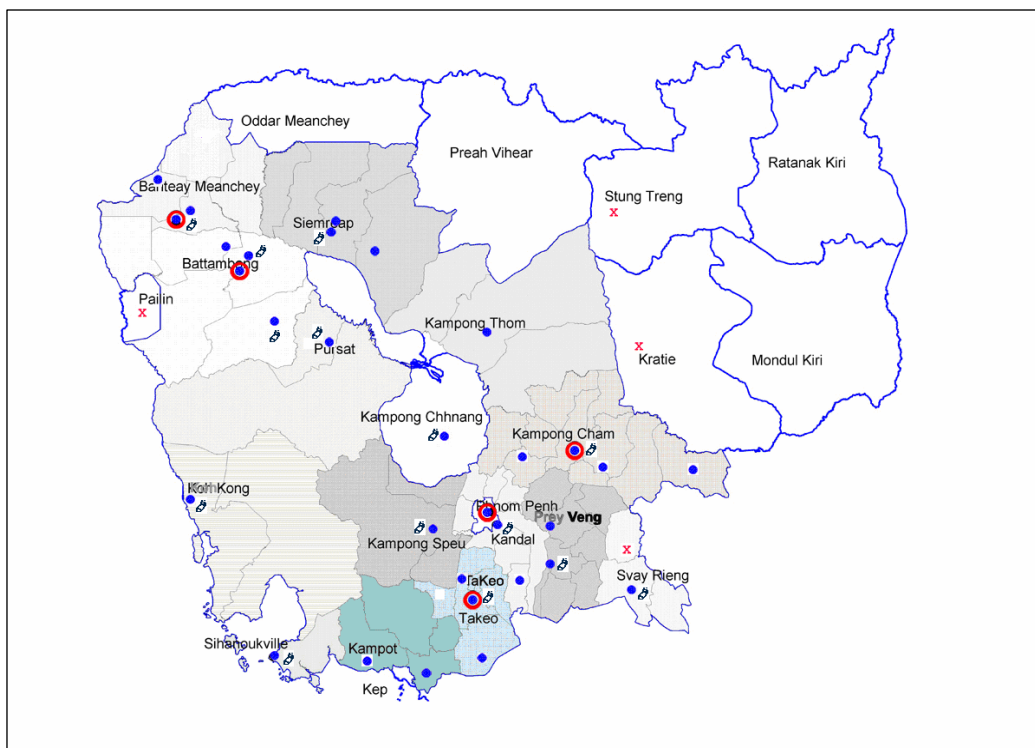


Figure 9: Location of facility-based OI/ART sites as of 30 December 2007

### Laboratory Support

17,154 CD4 counts have been conducted in Q4-2007 and 63,535 from January to December 2007 in the four provinces (Takeo, Kompong Cham, Battambang and at NIPH in Phnom Penh). CD4 count is also available at Pasteur Institute in Phnom Penh and in Sisophon Banteay Mancheay (US CDC). A total of 17,154 CD4 counts have been conducted in Q4-2007 in the 4 provinces with the leased FACScouts (Figure 10). CD4 % testing for children is conducted at Pasteur Institute in Phnom Penh and at NIPH.

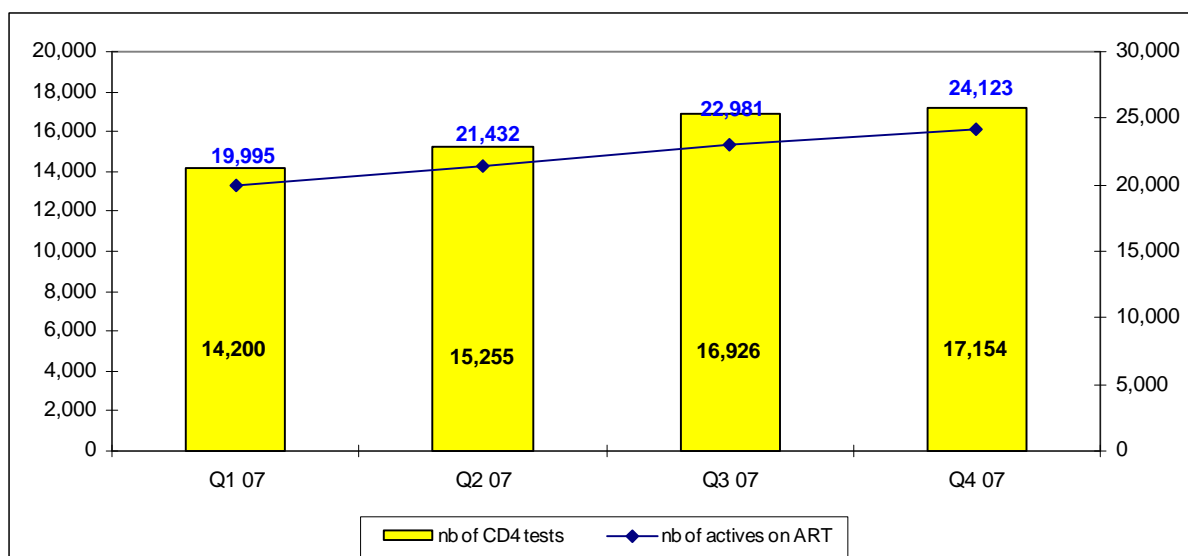


Figure 10: Trend in the total number of CD4 tests conducted at the 4 sites with leased FACScouts compared to the number of active adults on ART Q1- Q4 2007

Viral load and DNA PCR testing is available at IPC. NIPH laboratory has been equipped for viral load testing and DNA PCR in 2006. NIPH is currently able to perform both testing. In 2007, about 300 viral load tests have been conducted for 220 patients and 43 DNA PCR tests have been conducted for early infant diagnosis.

In Quarter 4-2007 a total of 26,664 active patients, including 24,123 adults and 2,541 children were receiving ART (Figures 11, 12, 13) (Annex: HFBC indicator 3). 82.6% of the total number of estimated adults in need of ART in 2007 is actually on ART in December 2007.

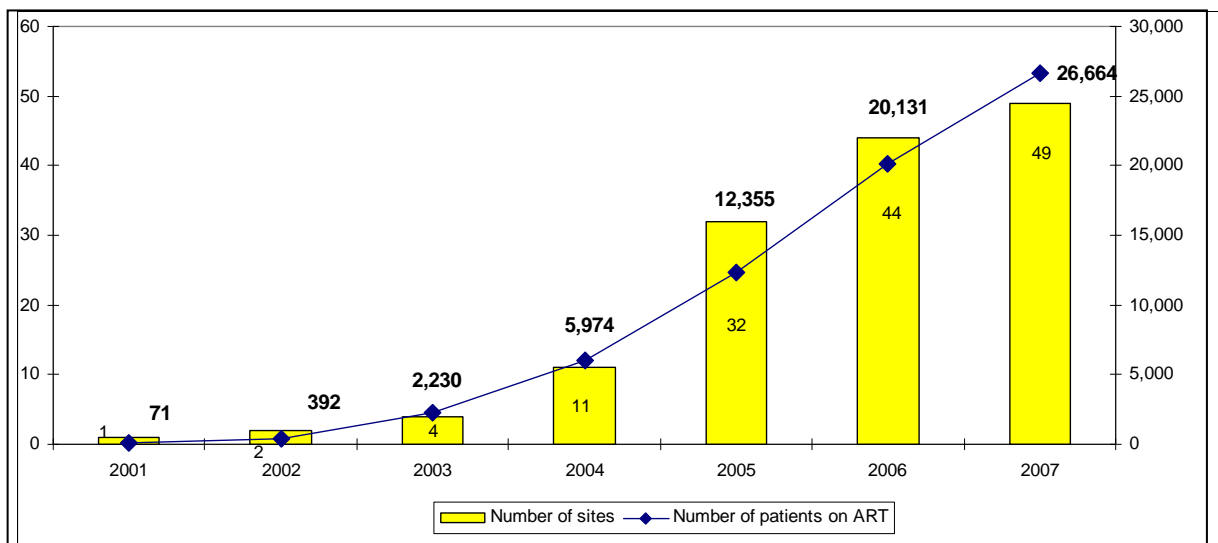


Figure 11: Trend in number of OI/ART sites and active patients on ART from 2001 to 2007

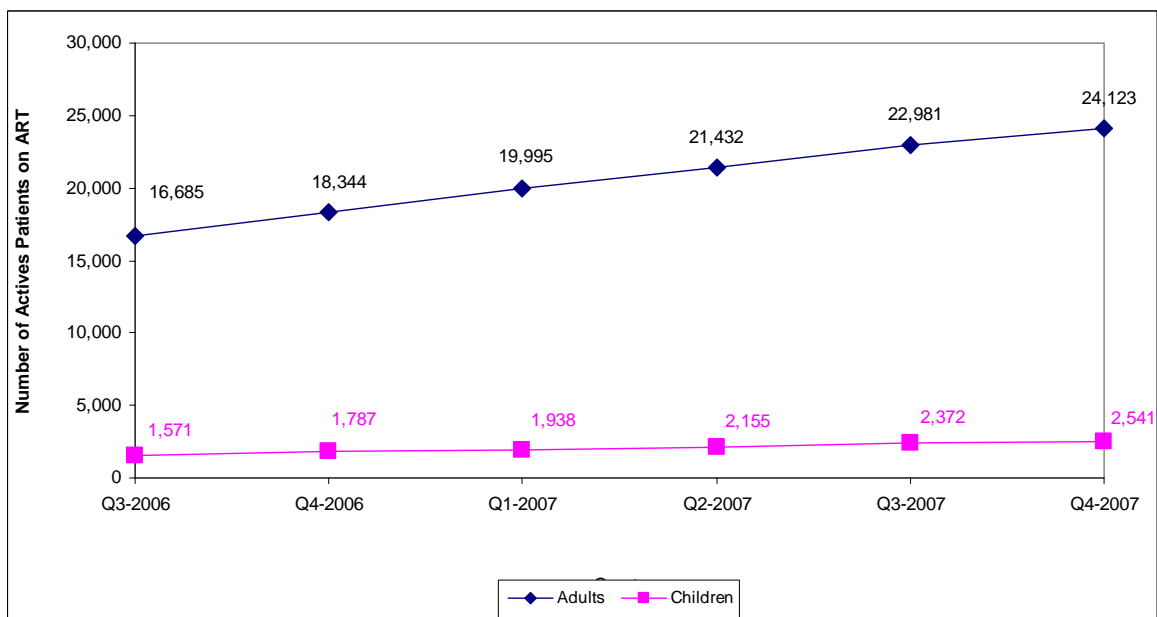


Figure 12: Trend in number of active adult and child patients from Q3 2006 to Q4-2007

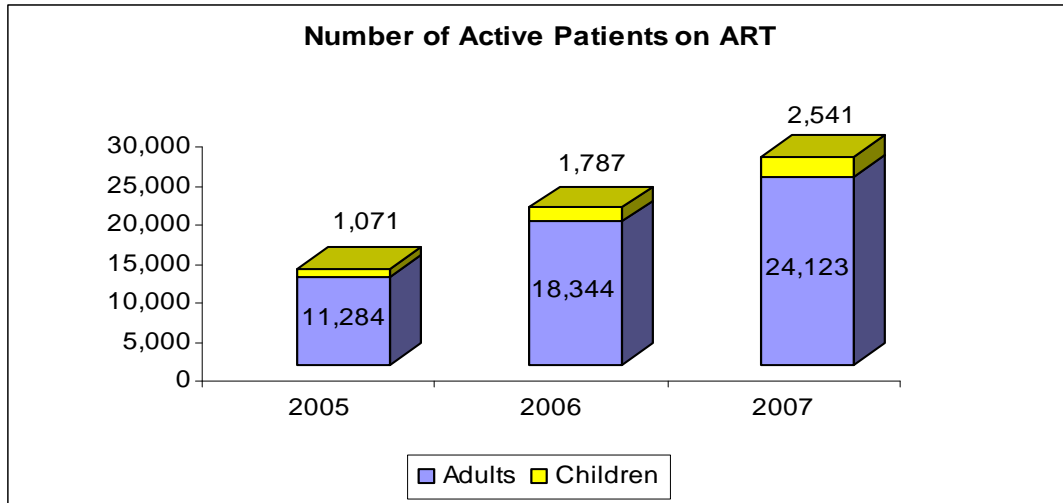


Figure 13: Trend in number of active adult and child patients from 2005 to 2007

In 2007, female patients accounted for 51.2% of all active patients on ART and 48.8% of adult patients on ART.

At OI/ART sites, a total of 2,554 new patients (including 306 children) started OI prophylaxis and management and 1,685 new patients (including 191 children) started on ART in Q4-2007 (Figure 14). The number of new OI patients has been decreasing since the beginning of 2007.

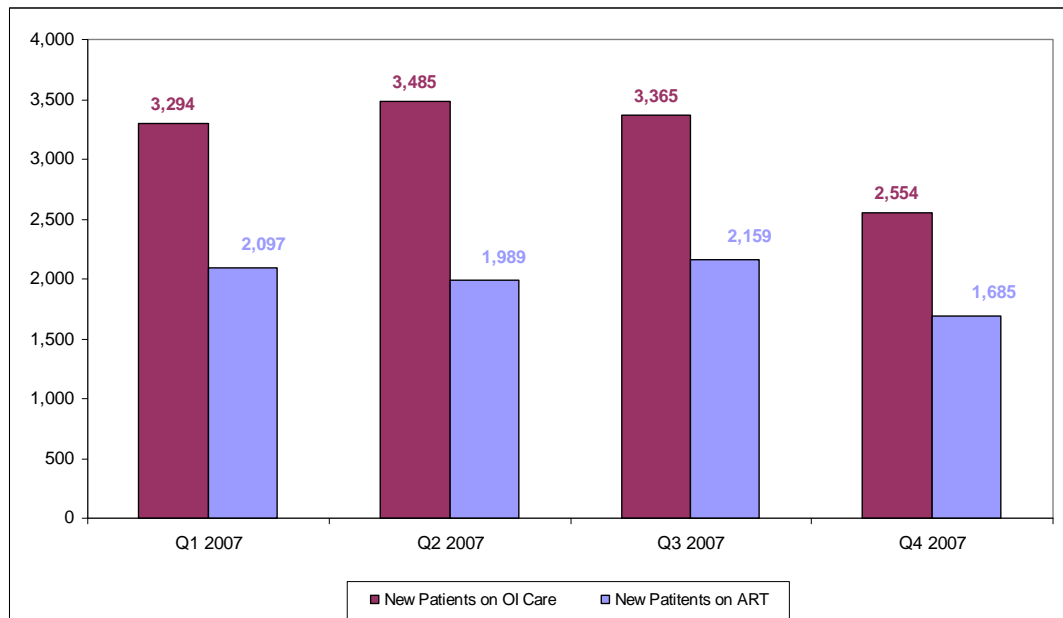


Figure 14: Trend in numbers of new patients on OI and ART from Q1 2007 to Q4 2007

There were a total of 8,843 active OI adult patients and 1,616 child OI patients not yet eligible for ART at the end of Q4-2007. Of those, 5,634 (64%) were female, representing mostly spouses of male patients started on OI/ART care some years ago.

Nation wide, 2,248 new adult patients and 306 new child patients were enrolled on OI care during Q4 07. A total of 2,084 OI adult patients and 532 child patients were eligible for ART but not yet on ART at the end of December 2007.

### *Patient mobility across services*

During 2007, a total of 1409 ART patients were transferred out to new ART sites located closer to their home residence. At the end of 2007, 9 ART sites have cohorts of more than 1,000 active patients on ART, including KSF hospital/Phnom Penh that has 3,305 active patients on ART.

### **2.1.3. Community-based services**

#### **Home-based care (HBC)**

In 2007, there are 253 HBC teams in Cambodia (Annex: HBC indicator 1) (Figure 15). Number of HBC teams still has decreased in the end of quarter 4 2007, because some organizations stopped their activity in some provinces due to lack of funding. The number of HBC teams does not cover the need. A total of 683 health centers are linked to HBC teams (Annex: HBC indicator 4) in 18 provinces within the CoC.

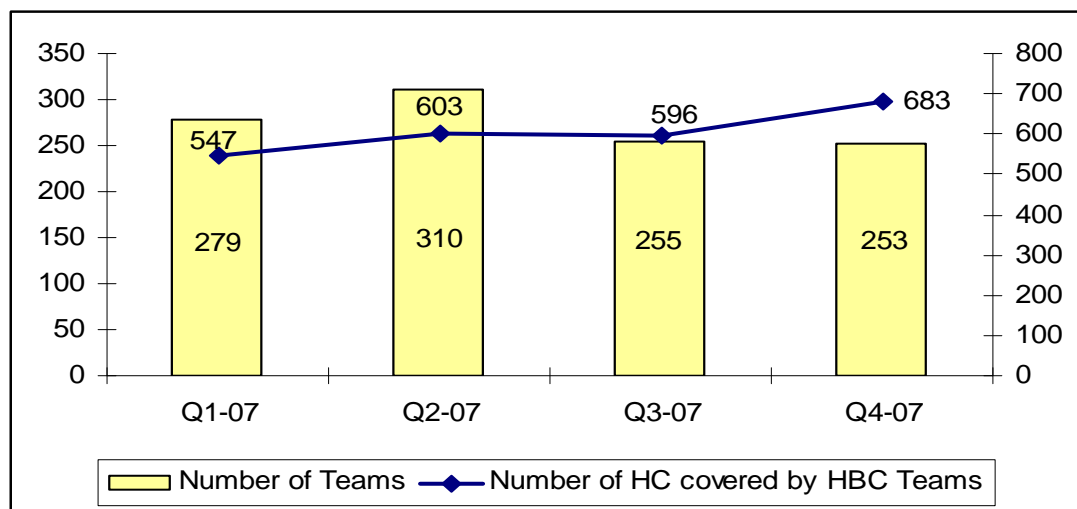


Figure 15: Trend in number of HBC teams form Q3-2006 to Q4-2007

These HBC teams are currently supporting a total of 25,395 PLHA (Annex: HBC indicator 2).

#### **PLHA support groups (SG)**

In 2007, 38 new PLHA SG have been created. To date 723 PLHA SG are active in Cambodia. These PLHA support groups are currently established in 14 provinces only (source: CPN+ report). The number of active PLHA supported by these support groups increased to 36,166 in the end of Q4-2007 (Figure 16).

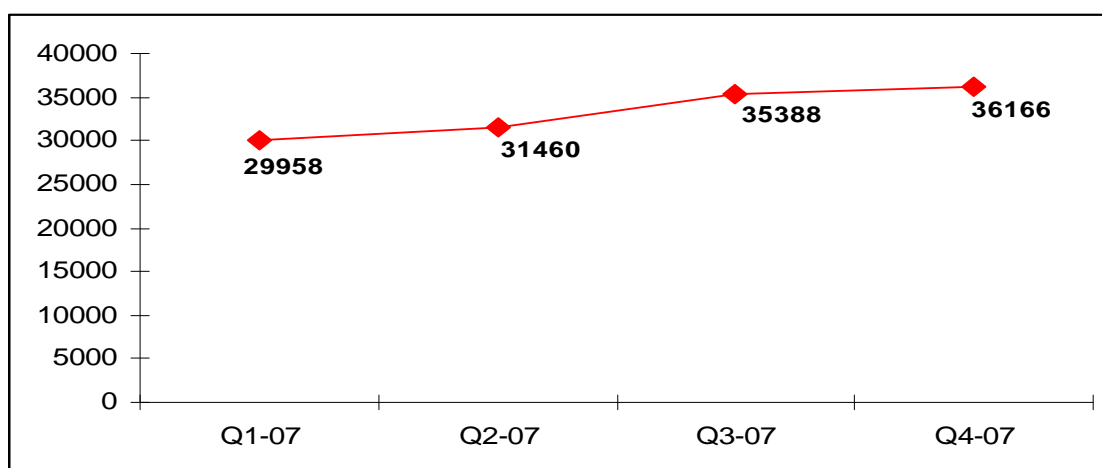


Figure 16: Trend in number of people supported by PLHA support groups from Q4 2006 to Q 4 2007

### **TB/HIV collaboration**

In the end of quarter 4 2007, 522 health centers have intensified TB/HIV collaborative activities in 16 provinces. In particular, health centers with HBC teams facilitate the transportation of TB patients from the community to the nearest VCCT site for HIV testing.

At the 522 HCs with special TB/HIV collaborative at the end of Q 4 2007, of the 3,954 diagnosed and old TB cases identified by HBC teams as still on treatment but not yet HIV tested, 1,306 (33.0%) were reported by HBC teams as having attended VCCT services for HIV testing. Of the 1,306 TB patients tested for HIV, 115 (8.8%) were detected HIV-positive. TB/HIV co-infected patients were referred to OI/ART sites. Provincial performances in transporting TB patients to VCCT vary greatly.

In addition to the efforts of HBC teams to transport TB patients to VCCT, another 2,625 TB patients did reach VCCT sites by themselves at the end of Q 4 07. Therefore, a total of 3,931 TB patients were seen at VCCT in the end of Q4 2007 and tested for HIV. In 2007, 7,103 TB patients were referred by HBC teams to VCCT and tested for HIV. The 2007 target of 10,000 TB patients to be referred by HBC teams to VCCT was not achieved. However, CENAT at the end of 2007, 13,738 (51.5%) of new TB patients had an HIV test result recorded in the TB register, which is an improvement compared to 2006.

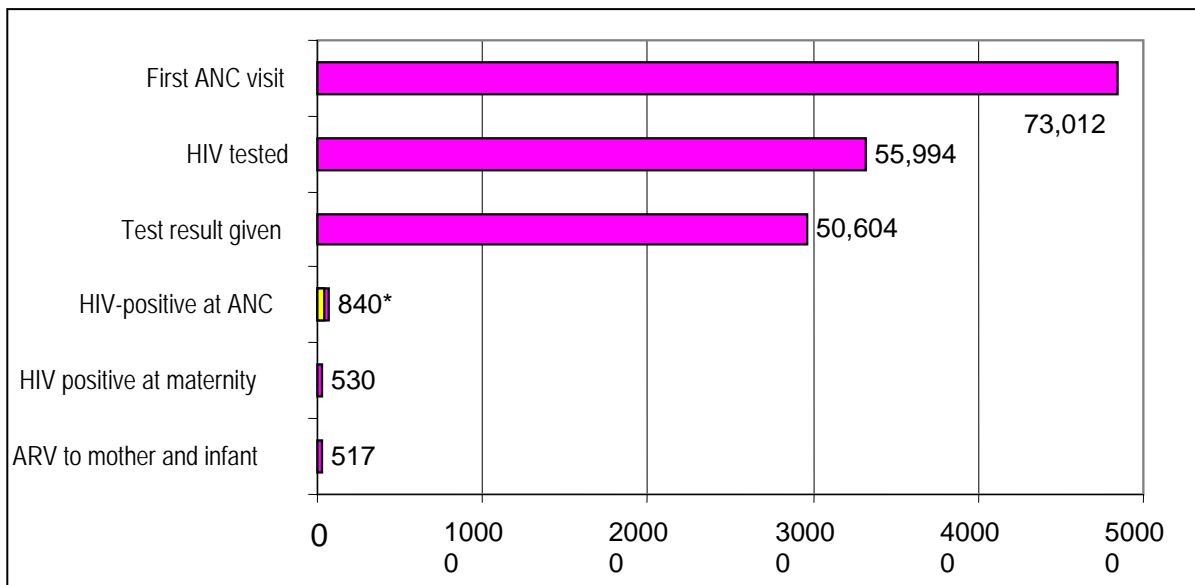
### **2.2. PMTCT (Data provided by NMCHC)**

#### **PMTCT services**

In December 2007 Cambodia had 99 facilities in 24 provinces that provided PMTCT services, including 62 at referral hospital level (Annex: PMTCT indicator 1). A total of 59 ODs had at least one health facility providing PMTCT services (Annex: HFBC indicator 2 and PMTCT indicator 1).



From January to December 2007, of a total of 73,012 first ANC attendees at ANC clinics with PMTCT services, 55,994 (76.7%) were tested for HIV (Annex: PMTCT indicator 2) (Figure 17). Of the total of women who came for their first ANC visit at PMTCT sites, 50,604 (90.4%) received their test result through post- test counseling. Of women who attended ANC clinics with PMTCT services for their first ANC visit, 11,606 (20.7%) had husbands/ partners who accepted testing and 10,670 (92.0%) also received their test result through post-test counselling (Annex: PMTCT indicator 3). Among women tested for HIV at PMTCT services, 427 (0.7%) were HIV positive on their first test and an additional 8 on their second. In addition, from Jan-Dec 2007, 405 known HIV-positive pregnant women were referred to PMTCT from CoC services. A total of 840 HIV-infected pregnant women delivered at PMTCT services during antenatal period in 2007. A total of 530 HIV-infected pregnant women delivered at PMTCT services between Jan and Dec 07. Of those, 241 (45.5%) were eligible for ART and had started HAART and 187 (35.3%) received ARV prophylaxis during pregnancy and 78 received AZT +NVP or NVP during labor only (Annex: PMTCT indicator 5). Of 536 infants of HIV-infected mothers identified through PMTCT services who delivered between Jan and Dec 07, 517 (96.5%) received ARV prophylaxis. Of those, 9 (1.8%) received single dose NVP only, and 508 (98.2%) received NVP and ZDV. The proportion of children receiving NVP and ZDV continued to increased in Q 4 2007 as recommended in the PMTCT guidelines. Of the 73 children born to HIV-infected mothers and tested for HIV at 18 months, 17 were detected HIV-infected at 18 months.



(\* includes 435 tested HIV positive at ANC and 405 referred from OI/ART to PMTCT services)

Figure 17: PMTCT cascade in 2007

In 2006 it was estimated that 1% of pregnant women were infected with HIV. With 442,000 estimated live births per year, it is estimated that about 4,509 pregnant women are HIV-infected, that 20-30% of them are eligible for

HAART and that without any intervention, annually about 1,700 babies may be infected with HIV from their mothers.

Despite government efforts to scale up the services, in 2007 only 72,455 (16.4%) of the total annual number of pregnant women got an HIV test result at PMTCT from government and from RHAC clinics (Annex: PMTCT indicator 4) and only 505 (11.2%) of HIV-infected pregnant women received a ARV prophylaxis to reduce MTCT. By the end of 2007, it is still insufficient.

### 3. Drug and logistic support

At the end of 2007, all ART sites reported the number of patients on each ART regimen. Most prescribed regimens were d4t+3TC+NVP, d4t+3TC+EFV and AZT+3TC+NVP, whereas 4.27% of adults and 2.35% of children were on PI-based regimens (Table 2).

ARV drug regimen	Adults		Children	
	N= 23,941*		N= 2,255*	
	No.	(%)	No.	(%)
d4t+3TC+NVP	11,816	(49.35)	1,693	(75.08)
d4t+3TC+EFV	3,403	(14.21)	395	(17.52)
AZT+3TC+NVP	5,370	(22.43)	78	(3.46)
AZT+3TC+EFV	1,713	(7.16)	27	(1.20)
PI-based regimens	1,023	(4.27)	53	(2.35)
Other regimens	616	(2.57)	9	(0.40)

\* Regimen data do not match exactly the actual the number of people on ART.

Table 2: Distribution of antiretroviral drug regimens prescribed for HIV infected patients in Cambodia, 2007

## C. Financial Report

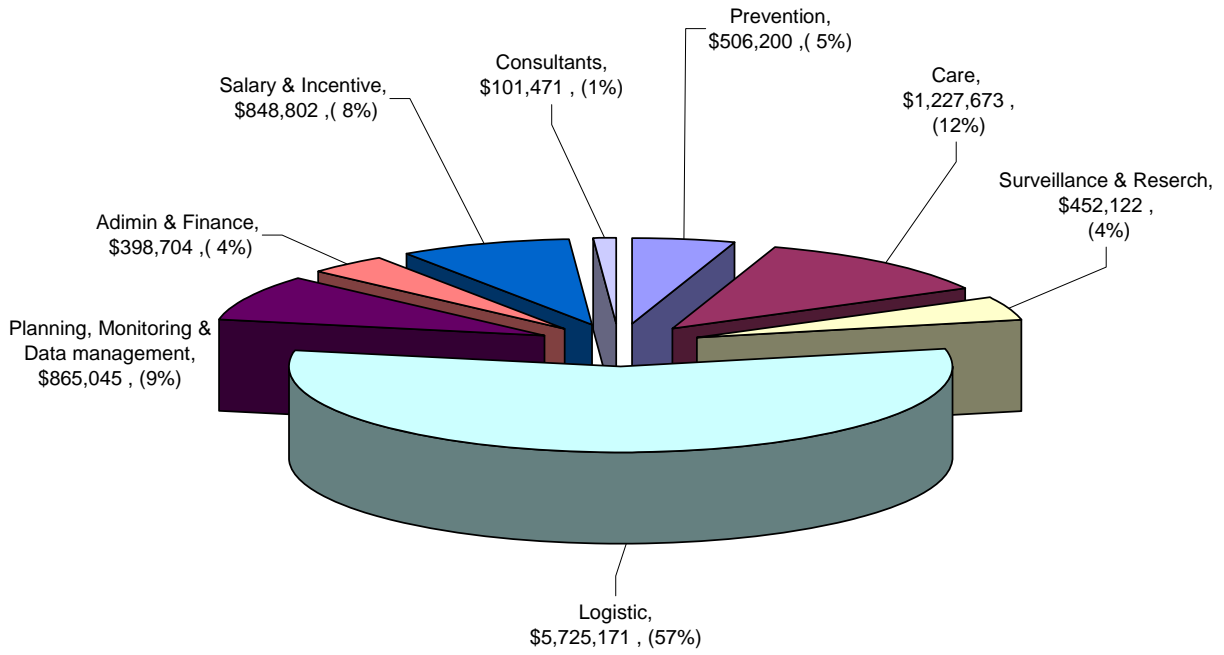
This Report presents both expenditures against the proportion of planned budget disbursed and achievement of planned activities, as the major indicators of achievement. It includes the ten main sources of NCHADS programme funding: DFID, GFATM, CDC, EUROPEAID, CHAI, CTAP, WB, AHF, Treat Asia, WHO, UNAIDS and FHI.

In the expenditures columns only expenditures recorded in the NCHADS accounting system as allowable reconciled expenditure against advances are shown. These include both actual expenditures incurred and recorded during the year.

**Table 3: Summary Expenditure by Sources in 2007**

Sources	Year Plan	Total Exp	%
DFID	\$ 1,846,939	\$ 1,780,080	96%
GFATM	\$ 5,261,172	\$ 5,270,406	100%
CDC	\$ 836,721	\$ 979,162	117%
EUROPEAID	\$ 619,619	\$ 711,919	115%
UNSW/CTAP	\$ 276,440	\$ 223,332	81%
WB	\$ 1,000,000	\$ 658,266	66%
FHI	\$ 84,500	\$ 43,426	51%
CHAI	\$ 189,840	\$ 177,806	94%
AHF	\$ 53,648	\$ 43,049	80%
Treat Asia	\$ 72,532	\$ 27,317	38%
WHO	\$ 174,480	\$ 206,700	118%
UNAIDS	\$ 62,404	\$ 36,698	59%
<b>Grand Total</b>	<b>\$ 10,478,295</b>	<b>\$10,121,463</b>	<b>97%</b>

### Summary Expenditures by Components



Prevention	Care	Sur & Reserch	Logistic
Plan, Mon, Data	Adimin & Finance	Salary & Incentive	Consultants

**Table 1: Summary Expenditure of NCHADS and Provincial by Sources in 2007**

Project Components	DFID	GFATM (R2, 4&5)	CDC*	EUROPAID	CTAP	WB	FHI	CHAI	AHF	WHO	UNAIDS	Treat Asia	Grand Total
VAT Exp	1,022	570	2,064	-					-				3,656
IEC	157,440	21,069	12,399						2,998				193,906
Outreach	86,099	33,942	510						-				120,551
100% CUP	18,398	5,585	7,316						-				31,299
STD Management	41,780	33,271	77,201				8,192		-				160,444
Health Facility Based care	6,680	247,296	45,472	84				13,829	2,132	17,235		27,317	332,728
Home Based Care /Support Group	278,866	48,468	862	49,419					9,937				387,552
VCCT	18,539	94,827	312,390	4,141			4,149	543	-				434,589
CoC Referral Network	5,294	37,511	6,080	5,199					7,793				61,877
PMTCT		-	10,927	-									10,927
Surveillance	-	-	100,765				30,685			57,032	20,698		209,180
Research	19,436	-	-		223,332					174			242,942
Planning, Management & Monitoring	288,069	114,361	202,251	55,997			400	14,674	8,780				684,532
Data Management	2,577	27,603	4,074	-					-	132,259	16,000		182,513
Logistic Management	373,958	4,104,263	135,842	427,367		658,266		25,475	-				5,725,171
Admin & Finance	113,963	44,157	40,878	93,252				99,365	7,089				398,704
Salary and Incentive	323,669	455,943	-	56,230				8,640	4,320				848,802
Consultants	44,290	1,540	20,131	20,230				15,280					101,471
<b>Total Expenditures</b>	<b>1,780,080</b>	<b>5,270,406</b>	<b>979,162</b>	<b>711,919</b>	<b>223,332</b>	<b>658,266</b>	<b>40,960</b>	<b>177,806</b>	<b>43,049</b>	<b>206,700</b>	<b>36,698</b>	<b>27,317</b>	<b>10,130,843</b>

\* For CDC project: the expenditures from August 2006 to January 2008

**Annex:**

**Monitoring and Evaluation Indicators**

### ANNEX: Monitoring and Evaluation indicators

	<b>BCC Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	HIV prevalence among ANC women aged 15-24 years	Impact		0.4% (HSS 2006)
2	Percentage of the general population that report correct knowledge of HIV transmission and prevention	Outcome		80% (CDHS 2005)
3	Percentage of brothel-based sex workers who reported consistent & correct condom use with clients	Outcome		94% (BSS 2007)
4	Percentage of non brothel-based sex workers who reported consistent & correct condom use with clients	Outcome		83% (BSS 2007)
5	Percentage of brothel-based sex workers who reported consistent & correct condom use with sweetheart	Outcome		52% (BSS 2007)
6	Percentage of non brothel-based sex workers who reported consistent & correct condom use with sweetheart	Outcome		46% (BSS 2007)
7	Percentage of brothel-based sex workers received HIV/AIDS & STI prevention messages	Outcome		93.8% (BSS 2007)

	<b>STI Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	STI Prevalence among brothel-based SWs (Gonorrhoea and/or Chlamydia)	Impact		
2	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 15%	18.7 %

3	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	30	29 including 16 functioning and 13 equipped but not yet functioning
4	Percentage of entertainment services workers who use STI services monthly	Output	DSW: 90% IDSW: 50%	DSW: 85% IDSW: n/a
5	Proportion of women accessing Antenatal Care (ANC) services who are tested for syphilis (UA 35)	Output		11.2%
6	Percentage of ANC attendees with positive syphilis test (UA 36)	Outcome		

	<b>CoC Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	Total number of Operational Districts with a full Continuum of Care	Output	36	39
2	Number of CoC sites with ARV services	Output		49

	<b>HFBC Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	Percentage of people on ART alive 12 months after initiation	Impact	>85%	87.6% (2007)
2	Percentage of donated blood units screened for HIV in a quality assured manner (UA 15)	Output		97.3%
3	Number of targeted OD with at least one centre that provides public ART services (UA 23).	Output	37 A: 37 C:23	38 A: 38 C:22



4	Percentage of health facilities that use virological testing services (eg PCR) for infant diagnosis (UA 2).	Output		100%
5	Percentage of health facilities with PEP services available (UA 17)	Output		100%
6	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	$\frac{23,000 \text{ adults} + 3,000 \text{ children}}{26,000 \text{ total}}$	$\frac{24,123 \text{ adults} + 2,541 \text{ children}}{26,664 \text{ total}}$
7	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output		58 (76%)
8	Number and percentage of pregnant women who were tested for HIV and received their test result (PMTCT sites and RHAC clinics) * (UA 6).	Output	15%	72,455 / (442,000) (16.4%)
9	Percentage of HIV-infected infants born to HIV-infected mothers (UA 14)	Outcome		
10	Number and percentage of HIV-infected pregnant women who received a complete course of ARV * (UA 11).	Outcome	28%	11.2% (505 / 4509)
11	Number and percentage of PLHA at OI/ART sites screened for TB	Outcome		
12	a) Cumulative number clinicians trained to provide ARVs (UA 39).	Output	A: 150 C: 50	A: 181 C: 64
	b) Cumulative number nurses trained to provide counseling for ARVs (UA 39).	Output	A: 160 C: 80	A: 165 C: 84
	c) Cumulative number pharmacists trained to manage ARVs (UA 39).	Output	100	149

13	Percentage of patients on ART lost to follow-up at 12 months after initiation	Outcome	<10%	
14	Percentage of patients still on first line regimen 12 months after initiation (UA 26).	Outcome	>80%	82.9%

**Note:** \* For indicators number 7, 8 and 10 of HFBC component, the values from NMCHC

	<b>HBC Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	290	253
2	Number of PLHA supported by HBC teams	Output	26,000	259,917 (3.4%)
3	Number of TB patients referred by HBC to VCCT, tested and received results through post-test counseling	Output	10,000 at year end	7,103 from Jan to Dec 2007
4	Number and percentage of health centers with HBC team support	Output	580 (62%) of 942 HC	683

	<b>VCCT Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	190	197
2	Number and percentage of adults (aged 15-49) who received HIV counseling and testing (UA 3, 4, 5, 9).	Outcome	260,000 (3.5%)	259,917 (3.5%)
3	Percentage of people HIV tested who received their result through post-test counseling (UA 9).	Output	98%	98%

4	Number of VCCT clients that were referred from a TB programme	Output	14,000	14,443
5	Number and percentage of new TB patients tested for HIV (at targeted districts)	Output		13,738 (51.5%)

	<b>Surveillance Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	Number of HSS conducted with result applied to program	Output		
2	Number of SSS conducted with result applied to program	Output		
3	Number of BSS conducted with result applied to program	Output	1	1

	<b>Research Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	Number of research studies conducted	Output	5	6

	<b>Planning, Monitoring and Reporting Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	Percentage of major funding sources included in the Annual Comprehensive Work Plan	Output	>80%	80%
2	No. of NGOs and partners with signed Letters of Agreement for annual work plans on HIV/AIDS & STI programme	Output	30	35
3	Number of NCHADS quarterly and annual program reports produced and disseminated	Output	5	5

	<b>Data Management Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	Number of comprehensive HIV/AIDS data reports compiled	Output	4	5
2	Number of provinces with data management units	Output		

	<b>Logistic Management Indicators</b>	<b>Type</b>	<b>2007 target No. (%)</b>	<b>2007 score No. (%)</b>
1	Number and percent of ART sites with one or more stock-outs of essential ARVs	Outcome	0%	0%