Kingdom of Cambodia

Nation Religion King

Ministry of Health

Annual Report 2016

National Center for HIV/AIDS, Dermatology and STD

May 2017

Acknowledgement

It gives us a great opportunity to review the last year achievements of NCHADS' program. The achievements are the outputs of our teams of dedicated staff working in partnership with all partners and donors in the communities at provincial and national levels to implement and improve the quality of HIV/AIDS & STI Prevention and Care activities for the benefits of people of the Kingdom of Cambodia. Therefore, I would like to thank all partners, donors and policy makers who have been dedicated their commitment towards the success of HIV/AIDS and STI Prevention, Care and Treatment Programme in the country.

When we reviewed what has been achieved, we are motivated to continue striving, to set the overall goal, objectives, and targets for the next coming year to meet with the various changing needs of people and to deal effectively with changing of the HIV epidemic pattern of different target groups based on the latest research findings in their communities.

We hope that you will understand our last year achievements deeper as you read further of this 2016 report.

Date: ..15.. May.., 2017

Dr. Ly Penhsun

Director of NCHADS

Contents

NCHADS Annual Report for 2016

A. GENERAL REPORT:

1. BACKROUND:

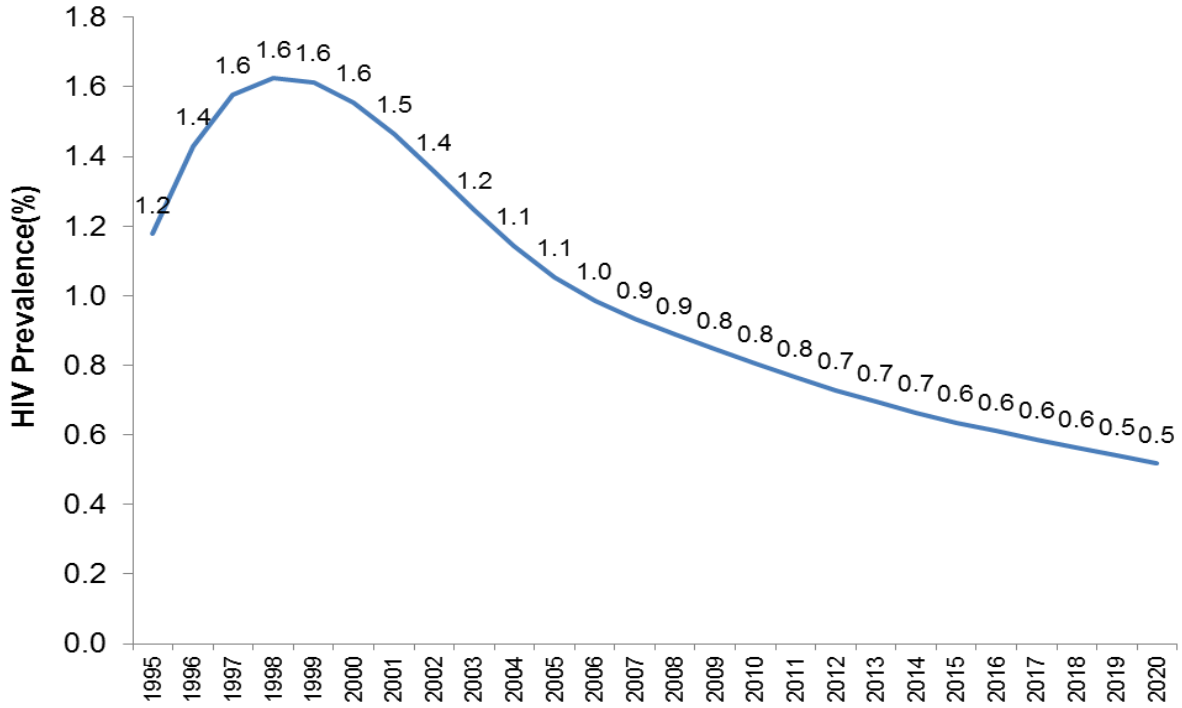
1.1 Introduction:

This report describes the achievement of program implementation on HIV/AIDS and STI prevention, care, support and treatment during the year 2016. The report is intended to aggregate data and information collected from all OI/ART, VCCT, Family Health Clinics, HBC, and PMTCT sites from the whole country to be represented as the National Comprehensive Report for the health sector response to HIV/AIDS and STI in Cambodia. The following sections reported the main programs areas implemented in this year that are including: A) General report related to programme management and implementation; B) Results from health service deliveries; C) Challenges and constraint; D). Lesson Learned; E). Conclusion and recommendation .etc.

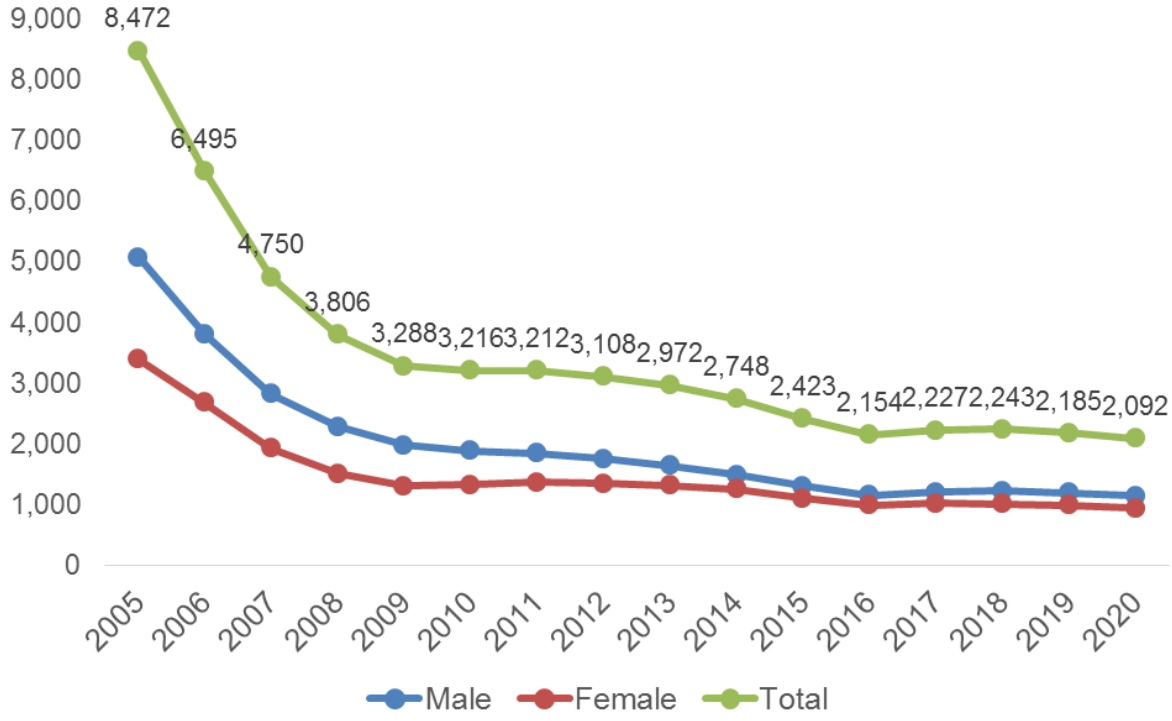
1.2 HIV/AIDS Epidemic:

Cambodia appears to have shown what is emerging as a classic Asian pattern for HIV. After HIV was first found in the country in 1991, there was a sharp rise in infection rates, fuelled largely by a booming sex industry, between 1995 and 1998, when prevalence nearly doubled from 1.2% to 2% in 2008. Then the prevalence was further decreased from 0.9% in 2006 to 0.6% in 2016 (AEM-spectrum 2015). Along with the decline in HIV prevalence among the general population, it is expected that was assumed to be 645 new infection and 70,721 people living with HIV (PLHIV) in 2016, and it is also noted that most-at-risk populations (MARPS) such as entertainment workers, drug users and men who have sex with men (MSM) are remain the target group that required special attention in the provision of prevention, care and treatment services. According to the results of NCHADS-IBSS in 2016, the prevalence among female sex workers was decreased from 4.6% in 2010 to 3.2% in 2016, and the trend of consistent condom use last sex with clients reported by entertainment workers are remained high at 94.3% in 2013 and condom use with the most recent clients at 91.8% in 2016; however, the consistent condom use last sex with sweethearts remained low at 52.1% in 2013 and always condom use with sweetheart in past 3 months at 27.2% in 2016.

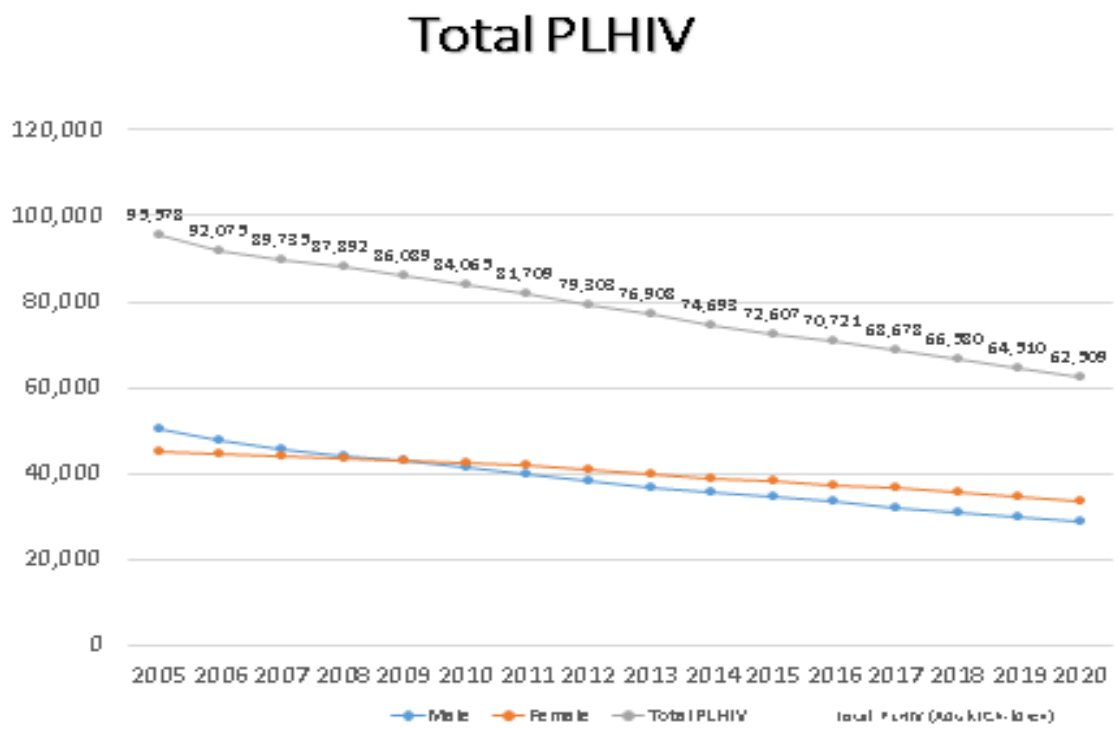
Estimated National HIV Prevalence in Cambodia



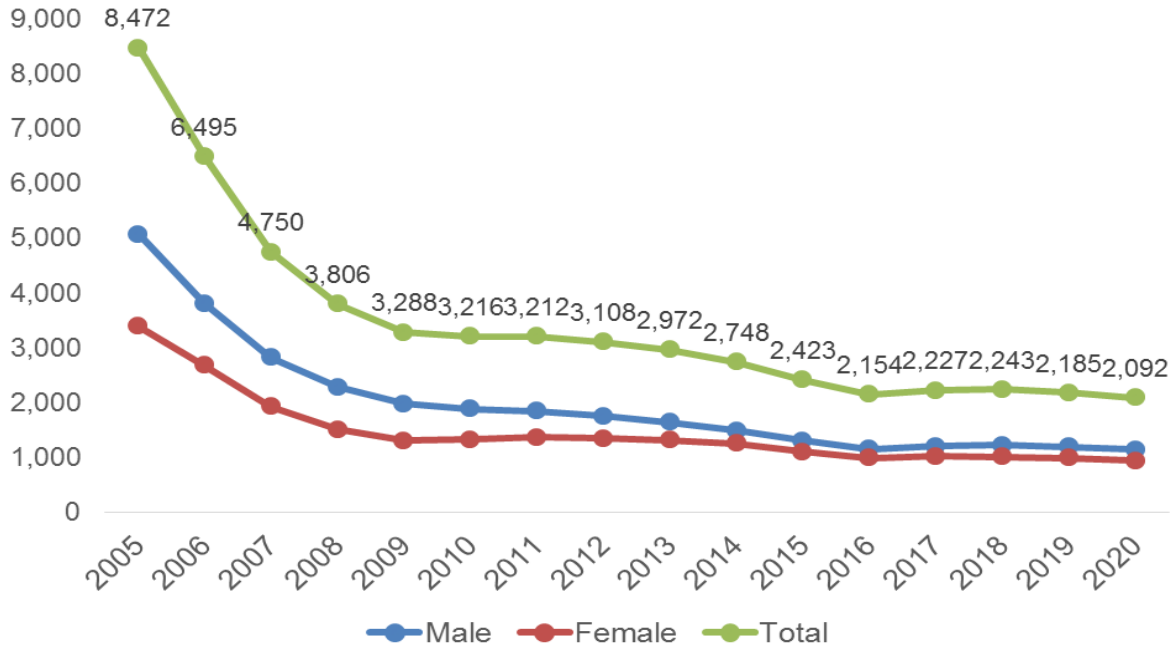
Estimated National HIV New Infection in Cambodia



Estimated Number of PLHIV in Cambodia



Estimated Deaths in PLHIVs in Cambodia



2 NCHADS MANAGEMENT SYSTEM

2.1 Planning and Monitoring Cycle in NCHADS:

The Annual Operational Comprehensive Plan (AOCP) for 2016: The 2016 Planning Workshop for NCHADS and 25 provinces was conducted as the part of the Annual Coordination Workshop held in September 09 – 10, 2015 in order to review progress made during the first 3 quarters of 2015, to provide the updates of technical concepts and strategies or Guidelines in implementation of HIV/AIDS prevention, care and treatment programs in health sector for 2016. During the workshop, the national and provincial targets for HIV/AIDS and STI programs for 2016 were set. The result was the final draft of Annual Operational Comprehensive Plan for NCHADS Programme in 2016, which incorporated with many of the inputs and expected outputs of partners working in coordination with provincial (PASP) and national levels. This 2016 AOCP was also firmly grounded on the Ministry of Health Annual Operational Plan for 2016.

2.2 Signing of LoAs:

During the year 2016, NCHADS signed the Letter of Agreement with the HIV/AIDS implementing partner and provincial health departments for implementation of HIV/AIDS prevention, care and treatment programs at provincial level.

2.3 Guidelines, Curriculum and Standard Operating Procedures (SOP):

During this year, NCHADS developed and revised several important Guidelines and Standard Operational Procedure, and other documents such as:

1. National guidelines on Diagnosis and Antiretroviral treatment of HIV Infection in Infants, children and adolescents in Cambodia (approved by the MoH in August 2016).
2. National guidelines on Management of Common and Opportunistic Infection in HIV infected Infants, Children and Adolescents in Cambodia (approved by the MoH in august 2016)
3. National Clinical Management Guidelines for Adults and Adolescents (approved by the MoH in August 2016)

2.4 Training/Workshop:

To improve the capacity building and strengthen coordination at the provincial and district levels, initial and refresher trainings, and coordination meetings were conducted to health staff based on the areas of strategic plan components such as:

- Training on the monitoring tool for B-CoPCT for key population (Entertainment workers, men have sex with men, trans-gender)
- Training for new counsellors on the opportunistic infection and antiretroviral treatments for adults
- Training for physicians on the opportunistic infection and antiretroviral treatments for children
- Training for health center staff on HIV testing and counselling and syphilis testing with using finger prick testing
- BCoPCT' s Technical Working Group (TWG) meeting on the implementation of the GIS mapping for key population (Entertainment workers, men have sex with men, trans-gender).
- Meeting among the core group members of key population (Entertainment workers, men have sex with men, trans-gender).
- Regional network meeting for counsellors on the opportunistic infection and antiretroviral treatments for adult.
- Regional Network meeting for clinicians on management of Pre-ART/ART for adult
- Regional Network meeting for counsellors on management of Pre-ART/ART for paediatric.

2.5 Management of KHM-H-NCHADS grant:

NCHADS was continued to be one of the Principal Recipient (PR) to manage HIV/AIDS Component under the KHM-H-NCHADS grant for 2016 and 2017. The program title is "**Continued achievement of Universal Access of HIV/STI Prevention, Treatment and Care services in Cambodia**". There are 2 goals (Eliminate new infection and Sustained reduction of HIV/AIDS related to mortality) and 3 Objectives, which aligned with Cambodia 3.0 and implemented by 5 Sub-recipients (NCHADS, NAA, HACC, KHANA and FI); and 8 Sub-Sub-Recipients (AHF, CPN+, CRS, KHANA, NMCHC, NPH, SHCH, and WOMEN).

The KHM-H-NCHADS grant was official singed on 1st October 2015. The total budget approved is USD 36,130,185. The grant signed between PR-NCHADS and SRs is on November 05, 2015.

During the year of this Grant implementation, the programme has shown significant achievements over the last period report from July-December 2016.

By consolidating the reports submitted by all SRs and SSRs, there are 1 impact and 1 outcome indicators and 21 coverage indicators were reported and shown as following:

a. One impact indicator: The result of HIV I-6 indicator (Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months) is 3.3% (27/816) with the numerator reported from program data and denominator reported based on the result of 2014 AEM.
b. One outcome indicator: "HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy" is reported with the result of 80.41% (2676/3328) collected from database 50 ART services in the 2015 cohort.
c. Coverage indicators
    1. KP-1a: Percentage of MSM reached with HIV prevention programs – defined package of services with the result of 83% (FS 10% and TGF 73%) or 105% of Achievement.
    2. KP-1b: Percentage of TG reached with HIV prevention programs – defined package of services with the result of 100.3% (FS: 12.6% and TGF 87.63%) or 147% of achievement.
    3. KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results. The result reported 40.73% (FS: 4.70% and TGF:36.02%) or 57.45% of achievement.
    4. KP-3b: Percentage of TG that have received an HIV test during the reporting period and know their results, the result reported 59.2% (FS: 7.04% and TGF: 92.96%) or 96.73% of achievement.
    5. KP-1c: Percentage of sex workers reached with HIV prevention programs – defined package of services. The result reported 98.36% (FS: 17.29%, TGF:78% and MEC: 3%) or 114.37% of achievement.
    6. KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results. The result reported 51.97% (FS: 19% and TGF: 32.97) or 67.5% of achievement.

7. KP-1d: Percentage of PWID reached with HIV prevention programs – defined package of services with the result reported 42.1% or 73.85% of achievement
8. KP-3d: Percentage of PWID that have received an HIV test during the reporting period and know their results (29.56% or Achieved 80.25%)
9. KP-4: Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs (907 = 472 PWID reached by NSP, and 427,982 needle/syringes distributed.)
10. KP-5: Percentage of individuals receiving Opioid Substitution Therapy who received treatment for at least 6 months (22.41 = 13/58)
11. PMTCT-1: Percentage of estimated pregnant women who know their HIV status (90.74% or 106.58% of achievement).
12. PMTCT-2: Percentage of HIV-positive pregnant women who received antiretroviral to reduce the risk of mother-to-child transmission (76.39% or 95.20% of achievement).
13. PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth (resulted 53.25% or 81.79% of achievement).
14. TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV (79.3% or 101.61% of achievement).
15. TCS-2: Percentage of people living with HIV that initiated ART with CD4 count of <200 cells/mm^3 (26.18% or 87.27%).
16. TCS-3: Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml) (resulted 94.4% or 98.33% of achievement).
17. TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register (85.27%).
18. TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment (95.24%)
19. TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings (73%)
20. TB/HIV-4: Percentage of new HIV-positive patients starting IPT during the reporting period (15.39%).

21. M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines (106%)

2.6 Surveillance:

Surveillance Unit of NCHADS in collaboration with the partners is conducting IBBS for Entertainment Workers and the result will be disseminated in 2017. The IBBS for PWID is undertaking in late of 2016 with development of protocol.

B. RESULTS FROM SEVICES DELIVERIES:

1. STI Prevention, Care and Treatment Services (Family Health Clinics)

In 2016, there are a total of 57 Family Health Clinics (35 Family Health Clinics run by government covering 22 of 25 province-cities (except Kandal, Mundulkiri, and Kep province); and 22 NGO STI clinics (including RHAC: 19 clinics, MEC: 1 clinic, Chhouk Sar: 2 clinics). Of the 57 family health clinics, 35 family health clinics under government are upgraded with laboratory support to perform RPR testing and basic microscopy.

194,958 consultations were provided at a total of 57 family health clinics. Among those consultations, 19,644 consultations were provided to male clients, 4,042 to MSM, 150,486 to low-risk women, and 351 to brothel entertainment workers (149 consultations for follow up visit); and 20,435 non-brothel entertainment workers (8,119 consultations for follow up visit).

At the 57 family health clinics (FHC), among the 19,104 male patients who having new cases of STI syndromes reported in this year, 16,724 (87.54%) got urethral discharges, 111 (0.6%) got anal discharges, 1,367 (7.7%) got ano-genital ulcers, 829 (4.34%) got ano-genital warts, 11 (0.01%) got scrotum swelling, and 62 (0.32%) were inguinal bubo (LGV). Among the 1,193 MSM patients having new cases of STI syndromes, 739 (62%) suffered from urethral discharges, 105 (8.8%) from anal discharges, and 209 (17.5%) from ano-genital ulcers respectively, 127 (10.65%) from ano-genital warts, 9 (0.75%) from scrotum swelling, 4 (0.34%) from inguinal bubo (LGV).

At the 57 family health clinics, among the 172,238 low-risk women having new cases of STI syndromes reported that 140,097 (81.34%) were treated for vaginitis, 7,787 (4.52%)

were treated for cervicitis and vaginitis, 731 (0.42%) were PID, 1,636 (0.95%) were ano-genital ulcers and 1,012 (0.6%) were ano-genital warts.

During the year of 2016, of the 10,289 high risk women (154 BEW and 1,0135 NBEW) who attended family health clinics for their first visit, 5,007 (48.66%) were diagnosed with vaginitis, 1,158 (11,24%) with cervicitis, 3868 (37.6%) with vaginitis and cervicitis, 51 (0.5%) with PID, 99 (1%) with ano-genital ulcers, 95 (1%) ano-genital warts, and 11 (0.11%) with syphilis (based on RPR+) . Among the 5,086 high risk women who attended family health clinics for monthly follow-up visits, 3,024 (59.5%) were diagnosed with vaginitis, 874 (29%) with cervicitis, 1,050 (21%) with vaginitis and cervicitis, 34 (0.7%) with PID, 53 (1%) with ano-genital ulcers, and 51 (1%) ano-genital warts.

2. STI Care and Treatment at Health Centers

264 health centers (HCs) in 94 ODs across 25 provinces are providing STI services with using the STI syndromic approach. In 2016 report from these health centers, 1,933 consultations for male patients; 20,333 for female patients were reported to the data management unit of NCHADS. There were 4,670 partners were notified and treated (3,243 female partners).

During 2016, among 1960 men who were notified and treated for new STI cases, 1,723 (88%) were diagnosed with urethral discharges, 216 (11%) with genital ulcer, and 21 (1.1%) with genital warts. Among 19,684 women, 10,435 (53%) were diagnosed with vaginitis, 8682 (44%) with vaginitis and cervicitis, 521 (3%) with PID, 40 (0.2%) with genital ulcer, and 6 (0.03%) with genital warts.

3. Comprehensive Care for people living with HIV/ AIDS (PLHA)

3.1. VCCT

The number of VCCT services has increased drastically over the last 12 years, from 12 sites in 2000 to 253 sites by the end of 2013 and decrease rapidly in 2016 (71 sites including 5 sites run by NGOs (Pasteur 1, MEC 1, Center of Hope 1, Chhouk Sar clinic 2).

3.1.1. Referring to HIV Testing and Counselling

In 2016, of 73,233 VCCT clients, 45,191 of them were self-referred, 1,336 of them were referred by ANC services, 3,536 of them were referred by STD clinics, 4,812 of them were referred by TB program, 3,054 of them were referred by HBC/NGO, 4,616 of them

were referred by general medicine, 976 of them were referred by pediatric care, 6,144 of them were referred by maternity services, 34 of them were referred by BS/FP services, 1,171 of them were referred by health centers and the rest of them were referred by others services (Skin care Service, Surgical Service, Oral/Dental Service and Infection Disease).

Self-Referred	STD Clinic	TB Services	HBC/ NGO	General Medicine	Paediatric Care Service	Maternity Service	BS/FP	ANC	*Others Services	HCs
61.7%	4.8%	6.6%	4.2%	6.3%	1.3%	8.4%	0.05%	1.8%	3.25%	1.6%

3.1.2. Receiving HIV Testing and Counseling

A total of 72,561 clients have been tested for HIV in 2016 that were included:

- Children less than 14 years old: 3,198. 173 of them are HIV positive result
- Clients with aged from 15 to 49 years old: 63,798. 3,100 of them are HIV positive
- Clients more than 49 years old: 9,796. 386 of them are HIV positive

3.1.3. Clients Receiving Post-HIV Testing and Counseling

In 2016, of 72,457 clients received HIV test and 3,489 of them have HIV positive result (3,149 from pre-ART and ART services, 16 from TB patients, 5 from CHBC, and 319 from other services)

3.1.4: HIV Testing and Counseling among Key Population

As result of progress update report from July to December 2016 in KHM-H-NCHADS grant, HIV testing and counseling were provided for key population as shown in the below table:

Key Population	Size estimation	HIV prevalence	Number of KP receiving HIV test from Jul – Dec 2016	HIV positive result	Source of report
MSM	30,891 HSS 2014	2.3% HSS 2014	8,146	49	KHANA
Transgender people	3,080 IBBS 2015	5.9% 81/1373 IBBS 2015	1,776	43	KHANA
Entertainment workers	34,000	3.2% 72/3149 IBBS 2016	17,669	40	KHANA
PWID	1,3000 IBBS 2012	24.8% IBBS 2012	321	4	FI

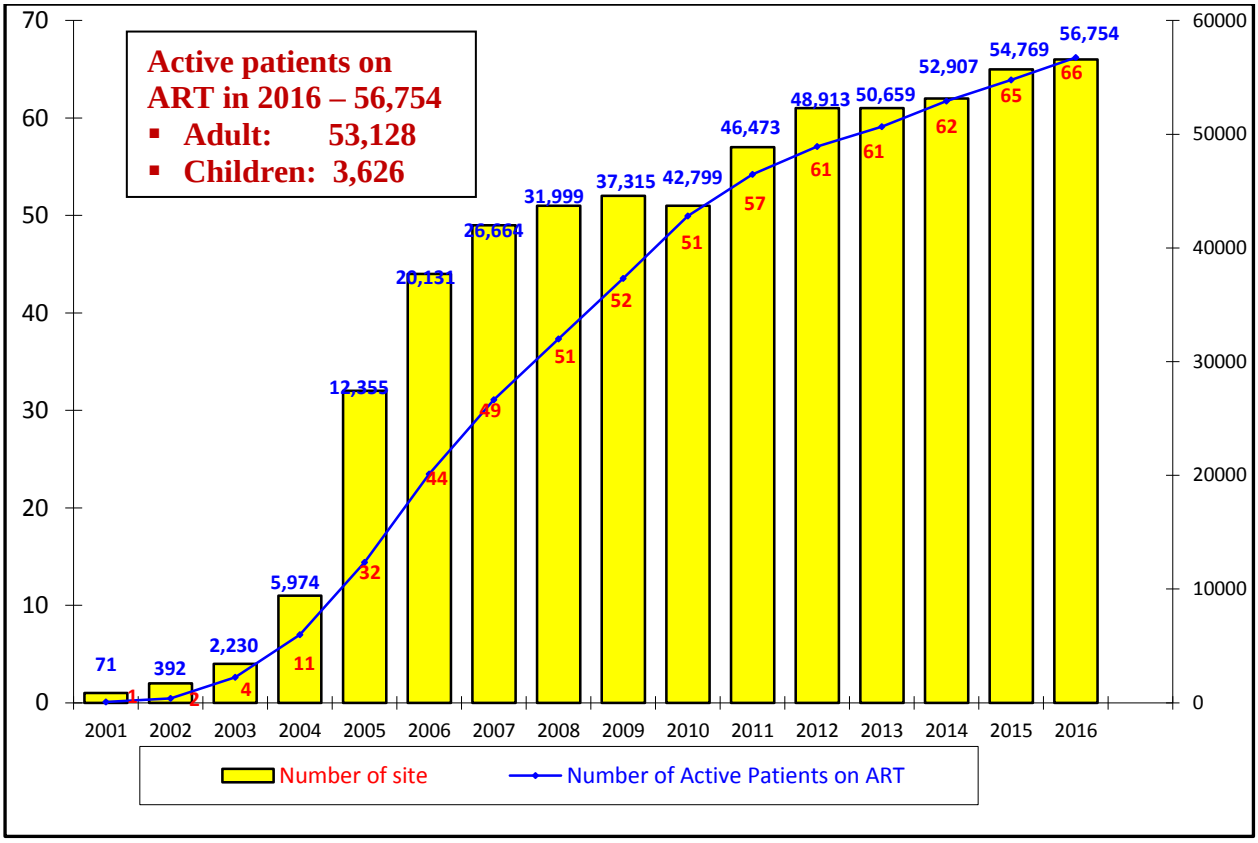
3.2. OI and ART services

3.2.1 ART Services

End of December 2016, there are 66 health facilities offer OI and ART services in 53 Operational Districts in 25 provinces and cities. These 62 OI and ART services are supported by the government and 4 sites by NGOs and partner. Of the total 66 OI/ART sites, there are 38 sites provide paediatric care in 35 Operational Districts.

By the end of year 2016, a total of 56,754 active patients including 53,128 adults and 3,626 children are receiving ART. Female adult patients accounted for 54% (30,681) of all active patients on ART.

Trend in number of OI/ART sites and active patients on ART from 2001 to 2016



By the end of 2016, there are 2,757 patients who are initiated on ART (male patients 1304). 1,925 of them were received CD4 test result and 653 of these patients were resulted of CD4 count less than 200 cells/mm3.

There are 3,048 patients (1,336 for male patients) who initiated ART in 2015 were received viral load test. 1,410 of them were received viral load test result and 1,331 of these patients were resulted with the undetectable viral load less than 1000 copies/ml ((the result based on the 2015 cohort to report the patients who were initiated ART with undetectable viral load at 12 month)

3.2.2. OI Services

At the end of Q4 2016, there were a total of 1,195 active adult patients (included 273 child patients) with opportunistic infections who are not eligible for ART yet. Of those, 661 were female patients.

A total of 389 adult patients and 44 child patients on OI care were eligible to prepare on ART at the end of December 2016.

3.2.3. Drug and logistic support

By the end of 2016, the number of patients on different ART regimens has been reported from all 66 ART sites. Most AIDS patients were prescribed for regimen, including *AZT+3TC+NVP, AZT+3TC+EFV* និង TDF+3TC+NVP, TDF+3TC+EFV; whereas 6.46 % of adults and 13.2 % of children were on PI-based regimens.

ARV drug regimen 2016	**Adults N= 53,149* No. (%)**		**Children N= 3,748* No. (%)**	
AZT+3TC+NVP	14,387	27.1%	2,405	64.16%
AZT+3TC+EFV	5,452	10.3%	446	12%
TDF+3TC+NVP	2,512	4.73%	19	0.50%
TDF+3TC+EFV	26,695	50.23%	306	8.16%
PI-based regimens	3,435	6.46%	495	13.2%

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

3.2.4. TB Screening of new OI Patients

In 2016, there were 3,445 new Pre-ART patients registered at OI-ART Sites (3,242 adults and 203 children). Of these 3,242 new adult patients on pre-ART, 2,726 were screened for TB symptom and 663 of them were TB positive (625 of them received IPT).

3.2.5. Pregnancy and abortion

This year, there were 1,612 new pre-ART female patients registered at OI/ART sites, among these new female patients, 31 became pregnant. Of all 28,921 active female patients on ART by the end of this year, 287 of them got pregnant. 7 women were reported to have spontaneous abortion.

3.2.6. Exposed Infant

In the end of Q4 2016, there were 1362 exposed infants currently on treatment. 637 exposed infants tested DNA PCR 1 (27 positive, 451 negative, and 202 not received the result yet). 9 Exposed infants received DNA PCR 1 confirmatory test.

There were 90 exposed infants tested DNA PCR 2 (1 positive, 62 negative, and 27 not received the result yet).

In 2016, there were 6 exposed infants were dead, 219 lost to follow up,

C. CHALLENGES AND CONSTRAINTS

- Delay in disbursement, and approved for reprogramming led to delay in implementing some necessary activities and need to reschedule and also some budget were considered as save budget.
- Basic needs for living of the beneficiaries in the community could not be fulfilled because of the limited budgets and high demands.
- Initial budgeting in proposal was found not to be adequate to reach intended targets, not taking into account inflation, etc.
- Low incentives adversely affected community outreach worker's performance

D. LESSON LEARNED

- Good coordination and collaboration with all partners, local authorities, health staff at provinces, operational districts, health facilities and Communities; are the key success of the program.
- Partnership with the involved national program such as between NCHADS, NMCHC, CENAT, and development partners, are particularly important in the fight against HIV/AIDS and joint collaborative activities have to be strengthened at OD level to reach the ambitious targets set for 2016.
- Education and awareness rising of the community and the target group allows them to undertake the health education, information and health services and reduce stigma and discrimination towards MARP.
- Improved utilization of HIV/AIDS and STI services by MARPs is necessary to ensure universal access for this population group.

E. CONCLUSION AND RECOMMENDATION

Overall, NCHADS and its partners were made great achievements against the some target sets in 2016, we can therefore, conclude that working in partnership, the HIV/AIDS prevention, care and treatment programs in Cambodia is moved towards. However, we should ensure long-term funding and political commitments to run the HIV/AIDS programs. If development partners withdraw assistance for HIV/AIDS programs too quickly, Cambodia could face significant difficulty in sustaining HIV/AIDS efforts.