Kingdom of Cambodia

Nation Religion King

Ministry of Health

Annual Report 2009

National Center for HIV/AIDS, Dermatology and STD

March 2010

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 staffs 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. I would like to thank all partners, donors and policy makers who have been dedicated their commitment towards the success of HIV/AIDS 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 goals, objectives, and target for the next coming year to meet with the various changing needs of people and to deal effectively with changing of the 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 report.

Date

Dr. Mean Chhi Vun
Director of NCHADS

NCHADS Annual Report for 2009

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NCHADS Annual Report 2009

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 2009. 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 three program areas implemented for this year that are including: A) General Report related to Programme management and implementation; B) Results from health service deliveries; C) Financial Report for descript the financial disbursements against the yearly budget plan; D) Procurement of OI/ARV Drugs, E) Challenges etc.

1.2 HIV/AIDS Epidemic:

Cambodia is one of the few countries that have 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).

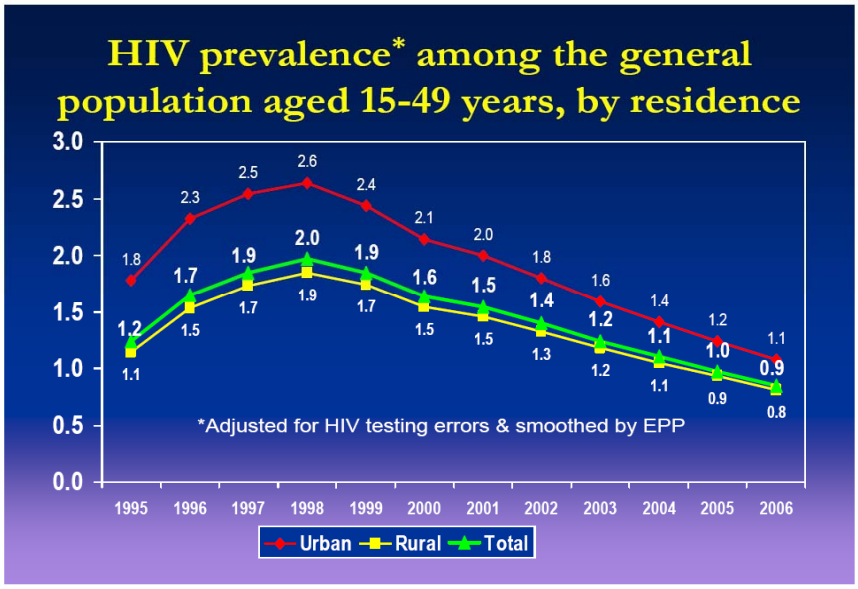

Figure 1: *HIV prevalence among general population aged 15 – 49*

Based on the HSS 2006 and based on the projection using the Asian Epidemic Model (AEM), showed that the HIV prevalence among the general population continues to decline from 0.9% 2006 to 0.8% in 2007 and 0.7% in 2009 and number of people living with HIV (PLHA) is 57,900 in 2009 (30,300 women and 27,600 men) and in 2012 will be 51,200 (26,800 women and 24,400 men) (see Figure 2 and 3).

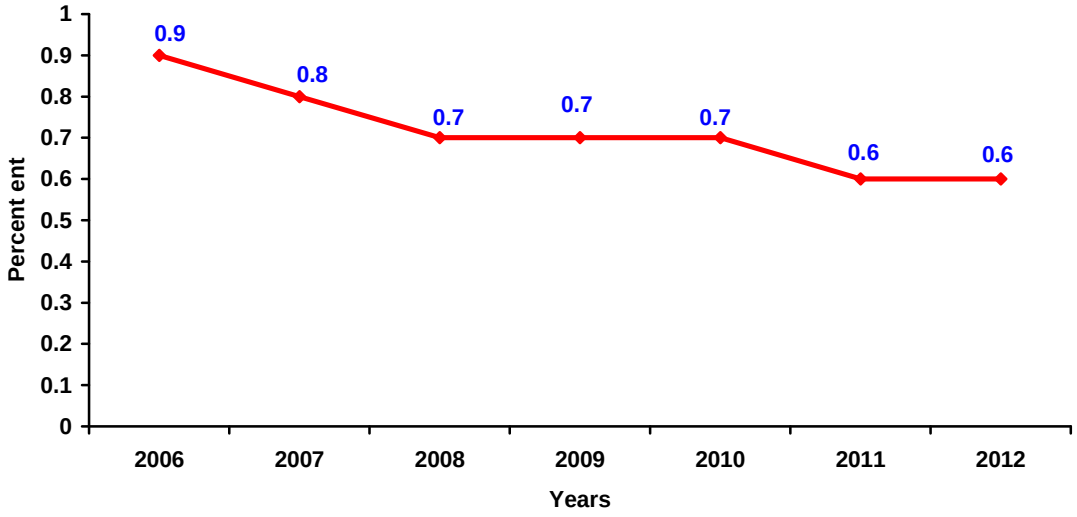

Figure 2: *AEM-projected prevalence of HIV among the general population aged 15 – 49 years from 2006 – 2012 (with ART available)*

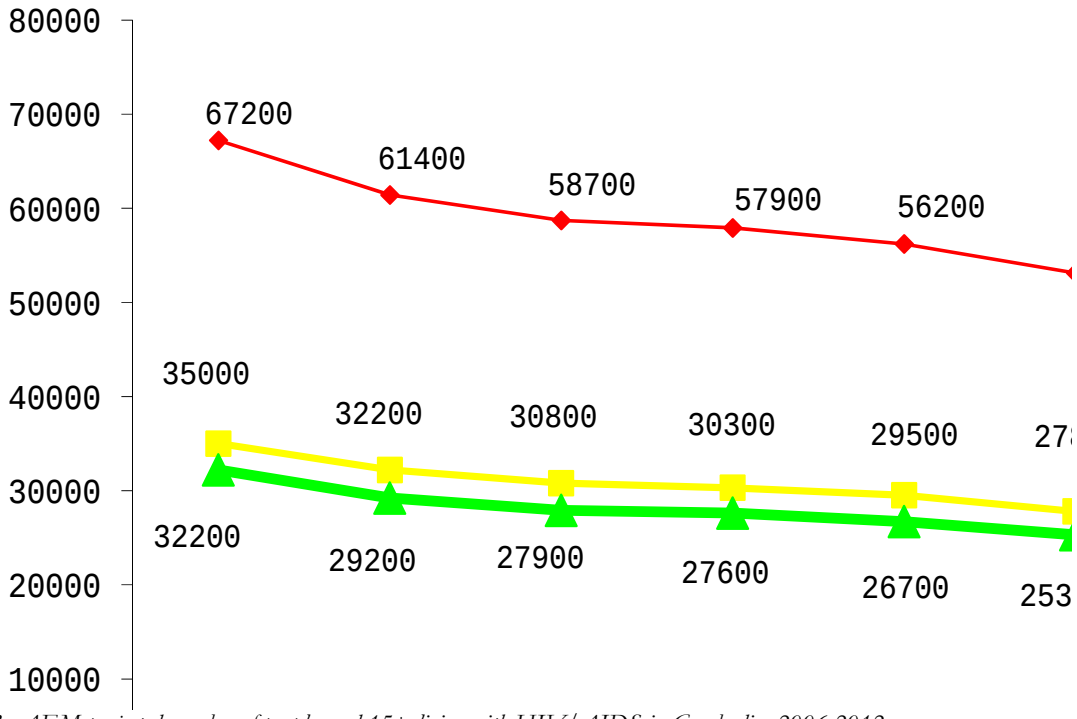

Figure 3: *AEM-projected number of people aged 15+ living with HIV/AIDS in Cambodia, 2006-2012*

2 NCHADS MANAGEMENT SYSTEM

2.1 Planning and Monitoring Cycle in NCHADS:

The Comprehensive Annual Operational Work Plan 2009: The Planning Workshop for 24 provinces was conducted as the part of the Annual Coordination Workshop held in December 2008 in order to review progress made during first 3 quarters, to provide the updates of technical concepts and strategies or Guidelines in the programme implementation, and to make the final review of the work plan for 2009.

At this meeting, Annual national and provincial targets were set. The result was the final draft of Annual Operational Comprehensive Plan for NCHADS Programme in 2009, which incorporated with many of the inputs and expected outputs of partners working in coordination with PAOs at provincial and national levels. This AOCP was also firmly grounded on the Ministry of Health Annual Operational Plan 2009, prepared for the HSSP. Finally, the NCHADS Annual Comprehensive Work Plan and budget plan including incentives for staff for 2009 has been approved. It has the total budget of $13,421,391 that is consisting of 14 different funding sources to implement HIV/AIDS and STI program at national and provincial levels.

2.2 Signing of LoAs: during the year 2008, NCHADS signed the Letter of Agreement with the following implementing partner:

1. Men's Health Social Service NGOs for the Prevention of HIV/AIDS and impact of Using Drugs among IDUs and DUs from August 2009 to July 2012. Men's Health Social Service has received funding from KHANA, PACT, FHI and PSI for HIV/AIDS, STI, IDU, DUs Prevention and condom social marketing among the Most at Risk Population (MARPs) such as Men who have Sex with Men (MSM), Entertainment Workers (EWs), Drug Users and Injection Drug Users (IDUs) in 09 provinces and municipality which consist of Phnom Penh, Battambang, Banteay Meanchey, Kampong Thom, Pursat, Kampong Chhnang, Kampong Speu, Pailin , and Prey Veng province from August 2009 to July 2012.

2. Pharmaciens Sans Frontieres -Comite International (PSF-CI) for Strengthening NCHADS logistics management of ARVs and other HIV/AIDS related supplies at the OD level Global Fund Round 4, Year 4 and 5 Phase 2, from September 2008 -August 2010.

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

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

1. Standard Operational Procedure for Continuum of Prevention to Care and treatment for Women Entertainment Workers in Cambodia, was developed by National Technical Working Group, and consulted with partners and implementers at the provincial level. This SOP (both in Khmer and English version) were distributed and posted to NCHADS websites
2. Standard Operational Procedure for Implementing Mondul Mith Chuoy Mith (mmm) for Children HIV infected in Cambodia, was developed by National Technical Working Group, and consulted with partners and implementers at the provincial level. This SOP (both in Khmer and English version) were finalized and posted to NCHADS websites.
3. Case Study for Linked Response for Prevention, Care and Treatment of HIV/AIDS and Sexual and Reproductive Health Issues, was developed by NCHADS and NMCHC and CHAI and other partners. This Case Study (both in Khmer and English version) were finalized and posted to NCHADS websites.
4. National Guidelines on Sexually Transmitted Infections (STI) and Reproductive Tract Infection (RTI) Case management, was developed by National Technical Working Group, and consulted with partners and implementers. This Guideline (both in Khmer and English version) were finalized and posted to NCHADS websites.

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:

- 3 sessions of refresher training to Outreach workers, Peer facilitators, Provincial support team on new SOP for Continuum of Prevention to Care and treatment for Women Entertainment Workers in Cambodia,
- 3 sessions of Coordination meeting between Outreach programme and STI clinics on referral mechanism
- 6 sessions of refresher training on Sexually Transmitted Infections (STI) and Reproductive Tract Infection (RTI) Case management with Laboratory support for EWs, and MSM,
- 5 sessions of Regional Network meeting for Health Care providers and Lab technician on Sexually Transmitted Infections (STI) and Reproductive Tract Infection (RTI) Case management,
- 1 session of initial training on Management of Opportunistic Infections and Anti-Retroviral Therapy for Children, and 1 session on ARV counselling for Children,
- 3 sessions of Regional Clinician Network meeting on OI/ART Management,
- 2 sessions of Regional Paediatrician Network meeting on OI/ART Management,
- 3 sessions of Regional Home Based Care Network meeting,
- 1 session of training on Use of CD4 FASCount was conducted for 10 lab technicians,
- 1 session of trainings on serology for HIV/STI testing including Syphilis screening, DNA, PCR for 16 Lab technicians
- 4 sessions of initial training on HIV/AIDS Counselling for 86 Counsellors for VCCT and for Linked Response programme
- 2 sessions of initial training on Laboratory for HIV testing for 39p lab technicians
- 2 sessions of Regional Counselling Meeting to share experiences
- 3 sessions on feedback on keys finding of Early Warning Indicators for 2008-2009 with OI/ART teams and partners,
- 2 initial training courses and 1 refresher training on Data Management,
- 3 sessions of workshop on Strengthening Monitoring & Reporting System and Data management of HIV/AIDS Program,
- 3 sessions of Regional meeting on Logistic Management to sharing the information on use of the report form, request form for drugs and reagents,
- 1 session on Coordination meeting on Management and Supply of STI Drug and Reagents,
- 1 session of Refresher Training on Logistic Management,

- 2 sessions of workshop on Quantification of OI/ARV drugs for pharmacist at RH and OD,
- One Annual Review and planning workshop with 24 provinces and partners to develop work plan for year 2010 etc.

2.5 Management of GFATM-R7:

The Program Grant Agreement of Phase I of HIV/AIDS component GFATM Round 7 Grant was signed between the Chairman of CCC of the GF in Geneva, PR/NCHADS Director, and the Representative of Civil Society on 18 October 2008. The PR/NCHADS has subsequently singed MoA for Phase 1 Grant with each SR dated on 02 January 2009. During 1 year implementation, the programme has shown significant achievements over the last period July-December 2009.

By consolidating the reports submitted by all SRs, there are 15 consolidated programmatic indicators are shown as following: 11 out of 15 indicators were over-achieved and achieved as planned: 7 indicators were over-achieved (101% to 140%) and 4 indicators were reached as planned (95-100%) due to the most of these indicators are anticipated to measure the on-going of program implementation and collecting country data reported by Data Management Unit of NCHADS (Number of people tested for HIV and who received their HIV test result, Number of active adults and children receiving ARV treatment, number of PLHA reached by HBC teams); 2 indicators have not yet reached as planned (76%-88%).

However, 2 out of 15 Indicators were poorly achieved: 1 Indicators (Number of IDU reach by needle/syringe programme) was achieved only 36% and 1 indicator could not be reached yet in this period due to Methadone Maintenance Treatment Programme (MMTP) at Khmer Soviet Friendship Hospital has not been started yet *(Please see the detail in Annex 3).*

2.6 Surveillance:

i HSS Round 10:
Protocol and Guideline of HSS Round 10 was finalized, and the training to the interviewers on data collection not yet conducted due to the delay of process procurement for HSS test kits.

ii BSS Round 8:
On the process of review and develop the Behavioual Sentinel Surveillance protocol.

iii Surveillance of primary HIV Drug Resistance transmission through threshold survey of recently infected people:
Since this study started, the specimens have been collected from 5 VCCTs in Phnom Penh (National STD clinic, 7 Makara HC, clinic RHAC (Tek Tla & Tuol Sanke) and Chamkarmorn HC). As the end of this quarter, 53 HIV+ specimens out of 70 were collected and 39 HIV+ specimens were sent to Canada lab for sequencing.

iv Monitoring of HIV Drug Resistance Early Warning Indicators :
To monitor the HIV Drug Resistance, the Early Warning Indicators study for the 1st round 2008-2009 was conducted which collected data from OI/ART sites including ARV patient register, ARV patient records, computer database (if available), Pharmacy records, inspection of the storage condition in the

pharmacy, Interview with clinicians, and Interview with patients who are on ARV etc. Based on the feedback of the find in 2008, a Rapid Assessment was initiated in 2009 to examine factors associated with appointment keeping rate among children on ARV. The finding results of EWI for 2008-2009 from 41 OI/ART sites, and this Rapid Assessment were disseminated to OI/ART Team, PAOs, PHD and partners.

- **Aids 2031: HIV/AIDS Projection and its Long Run Costs and Financing of HIV/AIDS in Cambodia:**

  NCHADS, the Ministry of Economy & Finance and the NAA conducted the study on Aids 2031 which participated from partners including WHO and UNAID. The AIDS 2031 was divided into 3 parts: 1). HIV/AIDS Projections for different intervention scenarios, 2). HIV/AIDS costing for each scenario and 3). Analysis for HIV/AIDS financing between now and 2031. The objectives of this study were to stimulate dialogue among key stakeholders in Cambodia on what will be the cost to address the epidemic in the future, to discuss with the National teams which program measures could be taken to have the most profound positive effects on the epidemic-at the least cost and to assess how the country could mobilize resources in a sustainable way to deal with HIV/AIDS in the long-run. The exercise involved epidemiological modelling and costing with regard to different possible future scenarios. The main results of this study were consulted with all partners, implementers from all levels at Cambodiana Hotel, on 19 November 2009.

2.7 Steering Committee:

Since mid 2008, NCHADS and NMCHC in collaboration with partners and with technical and financial support from CHAI, ITM-Belgium and WHO, 2 provinces were selected to implement the linked Response Approach in five ODs (OD Neak Loeung, Kampong Trabek, Preah Sdech and Mesang of Prey Veng and OD Kirivong of Takeo province) covering 68 HCs. As a primary result of these pilot sites, there has been an increase the coverage of HIV testing among pregnant women who has access to ANC at health facilities an increase in access of prophylaxis treatment for both mothers and their exposed infants and strengthening the coordination mechanism at OD level that facilitates collaboration between health facilities and HBC teams etc. Based on these experiences, the Ministry of Health has strengthened and expanded the linked response approach up to 331 health centres, in 22 operational districts, in 9 provinces by end of 2009.

To strengthening the coordination and share lesson learned of project implementation the Steering Committee Meetings for Linked Response Approach between HIV and Reproductive Health was conducted regularly at the Sunway Hotel. The participants were invited from the provinces, representatives from partners involved in the implementation of this approach as well as representatives from organizations working for HBCs, and representative from donors (ITM/Belgium, CHAI, WHO, UNICEF, UNAIDS, US-CDC)…etc, attended the meeting. These meetings aimed to review the progress of the implementation the Linked Response Approach, to discuss on key issues and challenges faced during the implementations and plan for next steps, focusing on

the strategy for scaling up and increasing the scope of the linked response approach.

2.8 Incentive Scheme

At the end of 2009, there were 1,535 staff received the incentives for both national and provincial level (OI/ART teams, Paediatric AIDS Care, VCCT, STI and HAMT team). Among those, there were 297p supported by GFATM-R4, 182p by GFATM-R5, 756p by GFATM-R7, 27p by CHAI, 21p by AHF and 252 persons by UNICEF (Figure 4).

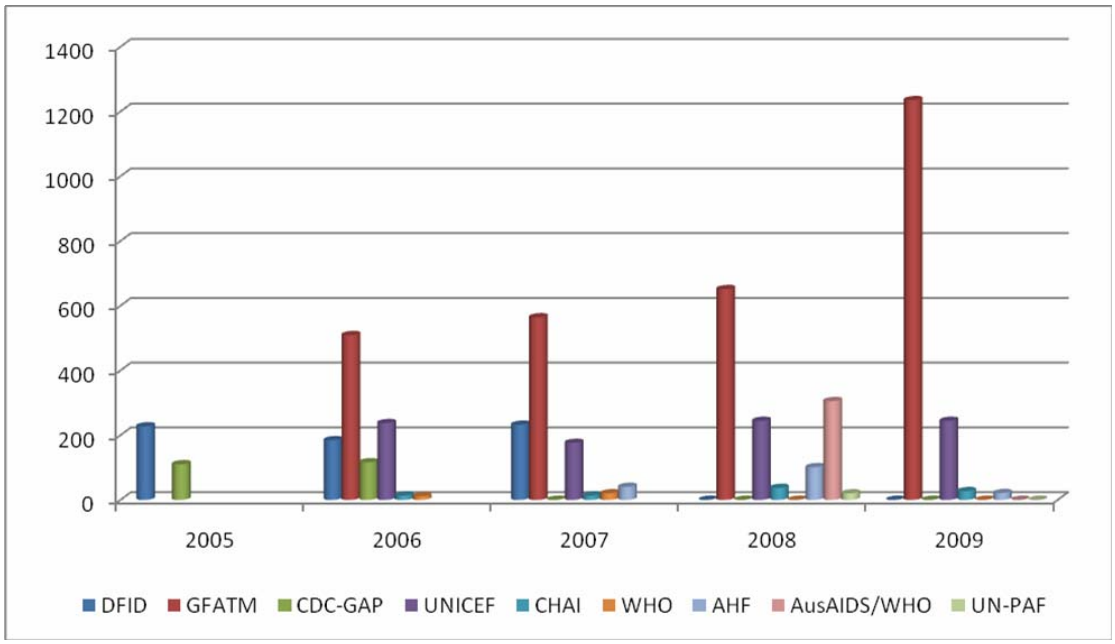

Figure 4: *Trend staff received incentives by sources from 2006 to 2009*

B. RESULTS FROM SEVICES DELIVERIES:

1. HIV/AIDS prevention activities

In 2009, there were a total of 55 Family Health Clinics (32 specialized government STI clinics covering 21 of 24 province-cities (except Kandal, Mundulkiri province and Kep city and 23 *NGO STI clinics; RHAC: 18 clinics, Marie Stopes: 3 clinics, MEC: 1 clinic and PSF: 1 clinic).

Of the 32 family health clinics, 32 (100%) are upgraded with laboratory support to perform RPR testing and basic microscopy. Of those, 30 labs are functioning (Annex: STI indicator 2). This laboratory support enables specialized clinics to use refined algorithms for the management of STIs in high-risk populations.

In addition to family health clinics, 210 health centers in 70 OD/20 provinces provide STI services using the syndromic approach. At these HCs, at the end of 2009, 5,076 consultations for male patients and 33,955 for female patients were reported to the data management unit of NCHADS. Of 4,489 male patients who having STI/RTI syndromes reported, 4,092 of those (91.2%) suffered from urethral discharges; 326 (17.3 %) from Genital ulcers and 71 (1.6%) from Genital warts respectively. Of 31,032 female patients who having STI/RTI Syndromes reported, 16,239 of those (52.3 %) suffered from

vaginitis, 12,821 (41.3%) from cervicitis and vaginitis; 1,770 (5.7%) from PID, and 185 (0.6%) from Genital ulcers respectively. A total of 4,237 male partners and 5,391 female partners of STI patients were notified and treated for STI.

Until the end of 2009, 211,187 consultations were provided at a total of 53 specialized STI clinics (32 government and 21 *NGO STI clinics, clinic Mariestopes Koh Kong has been provided the report to NCHADS in Q4 2009). Among those consultations, 19,502 consultations were provided to male patients, 5,545 to MSM , 146,452 to low-risk women, and 39,688 to brothel entertainment workers (BEWs) and non-brothel entertainment workers (NBEWs) (28,450 for BEWs; 11,238 for NBEWs) of which 21,108 were monthly follow-up visits] (Figure 5).

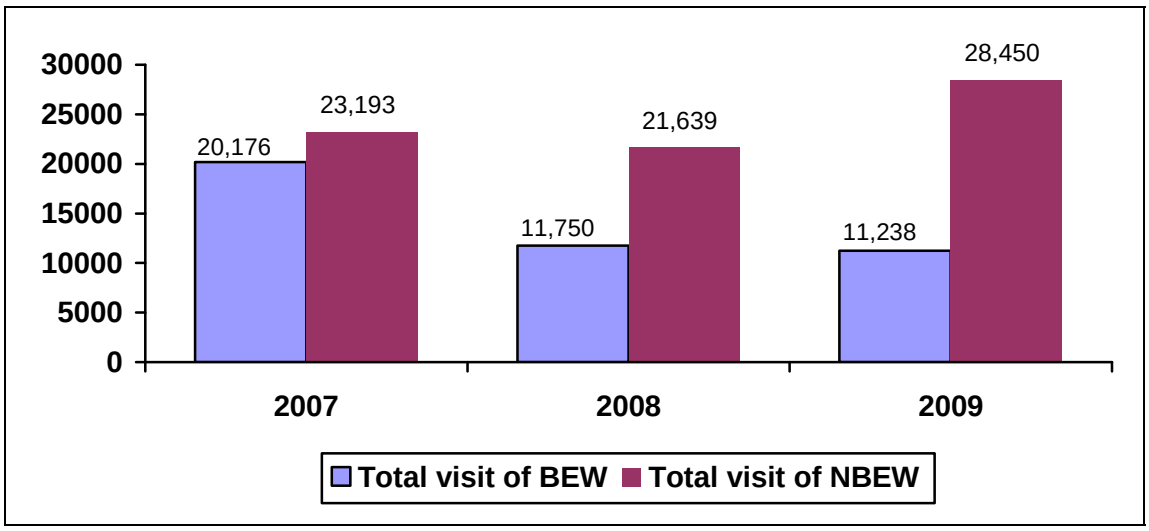

Figure 5: *BEW and NBEW attendance to Family Health Clinics, from 2007 to 2009*

*Two among three of Mariestopes clinics are not available, but clinic Mariestopes Koh Kong reported to NCHADS in Q4 2009.

Meanwhile the RHAC clinics still attract mostly low risk women whereas the 32 government STI clinics are used mostly by brothel entertainment workers and non-brothel entertainment workers. Most MSM population visited MEC clinic in Phnom Penh city.

At the 53 specialized STI clinics, among the 13,288 male patients who having STI syndromes reported in this year, 11,930 (89.8%) got urethral discharges, 99 (0.7%) got anal discharges, 827 (6.2%) got Ano-genital ulcers, 368 (2.8%) got Ano-genital warts, and 52 (0.4%) were inguinal bubo. Among the 1,156 MSM people having STI syndromes, 740 (64.0%) suffered from urethral discharges, 112 (9.7%) from anal discharges, and 103 (8.9%) from ano-genital ulcers respectively.

At the 53 specialized STI clinics, among the 152,987 low-risk women having STI syndromes reported that 126,286 (82.5%) were treated for vaginitis, 24,557(16.1%) were treated for cervicitis and vaginitis, 641 (0.4%) were PID, 1,035 (0.7%) were ano-genital ulcers and 468 (0.3%) were ano-genital warts.

At the end of the year 2009, of the 4,756 BEWs who attended specialized clinics for their first visit, 3,892 (81.8%) were diagnosed with a STI, including 1,775 (37.3%) with

cervicitis. Among the 6,482 BEWs who attended specialized clinics for monthly follow-up visits, 2,295 (35.4%) of those were diagnosed with a STI, including 1,265 (19.5%) with cervicitis (Annex: STI indicator 1). In 2009, of the 13,824 NBEWs who attended specialized clinics for their first visit, 9,827 (81.8%) were diagnosed with a STI, including 4,548 (32.9%) with cervicitis. Of the 14,626 NBEWs who attended specialized clinics for monthly follow-up visits, 5,880 (40.2%) were diagnosed with a STI, including 2,514 (17.2%) with cervicitis.

Of a total of 12,600 RPR tests were conducted in 2009 at the 32 government specialized STI clinics, and PSF and MEC clinics, 155 (1.2%) were positive.
During this year, specialized STI clinics have referred 9,247 patients to VCCT, 63 of HIV/AIDS patients (PLHA) to OI/ART services, 249 pregnant women to ANC, and 176 women to Family Planning Services. In the other hand, specialized STI clinics also received patients that were referred from the other services including 675 patients from VCCT, 304 of patients from OI/ART services, 301 pregnant women from ANC and 141 women from Family Planning services.

2.1.1. VCCT

The number of VCCT services has increased drastically over the last 9 years, from 12 sites in 2000 to 233 sites by the end of 2009 (Annex: VCCT indicator 1) (Figure 6).

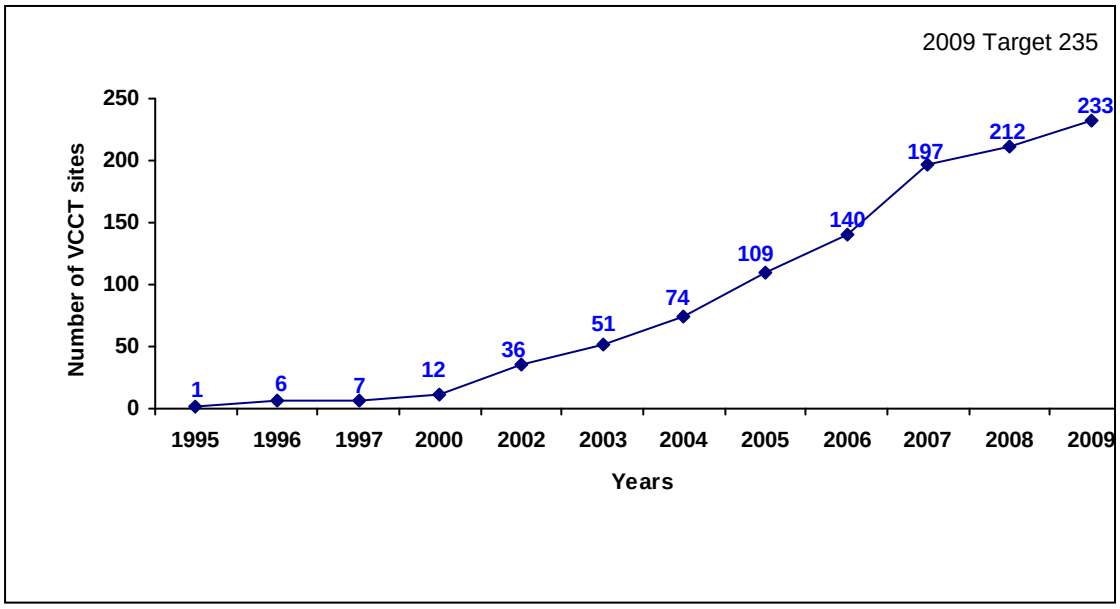

Figure 6: *Trend in number of VCCT sites from 1995 to 2009*

Of the current 233 VCCT sites, 208 are supported directly by the Government and 25 by NGOs (RHAC, Marie Stopes, MEC and Center of Hope).

Provider initiated HIV testing and counselling (PITC) was started in 2006. 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 counselling.

In 2009, of the 498,389 (including 133,511ANC attendees from NMCH) clients who had a pre-test counselling, 241,282 (48.4%) were self referred, 147,460 (29.6%) were referred by ANC services, 6,457 (1.3%) were referred
by STD clinics, 25,064 (5.0%) were referred by TB program, 25,827 (5.2%) were referred by HBC/NGO, 22,380 (4.5%) were referred by general medicine, 1,133 (0.2%) were referred by Paediatric care services, 8,173 (1.6%) were referred by Maternity services, 2,630 (0.5%) were referred by BS/FP services and 17,983 (3.6%) were referred by other services (Figure 7).

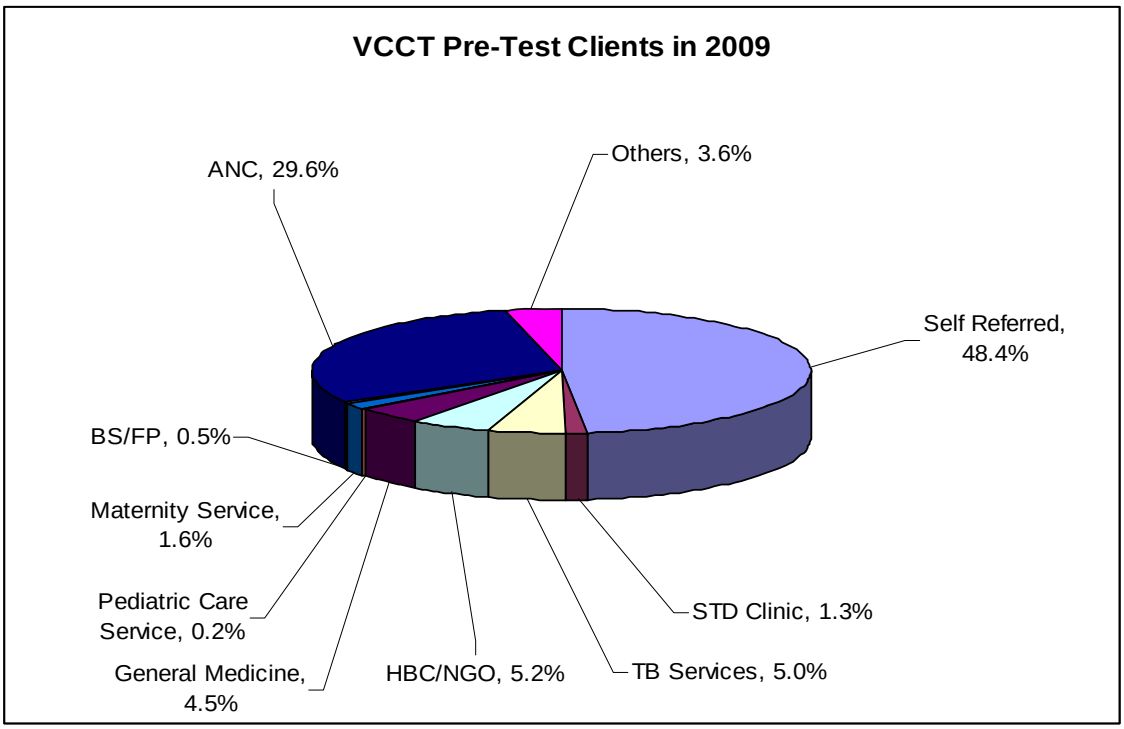

Figure 7: *Trend in number of VCCT clients referred from other services in 2009*

A total of 484,019 clients have been tested for HIV in 2009 at VCCT, including 363,799 VCCT clients, 22,419 TB patients, 113,238 pregnant women (97,777 at government facilities and 15,461 at RHAC clinics) and 23,832 male partners of pregnant women (22,443 at government facilities and 1,389 at RHAC clinics).
The figure 4 and Table 1 below show the trends and characteristics of the subset of VCCT clients and TB patients tested for HIV at VCCT services, these figures do not include pregnant women. A total of 363,799 VCCT clients and TB patients have been tested for HIV at VCCT sites in 2009 (Figure 8).

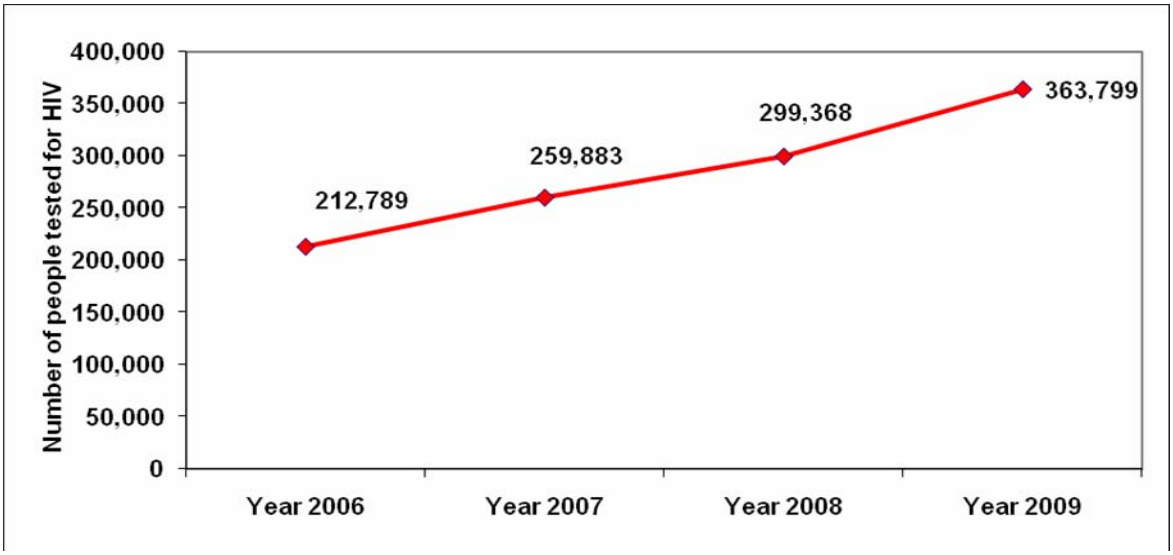

Figure 8: *Trend in numbers of people tested for HIV at VCCT services (including TB and STD patients but excluding pregnant women, their partners) from 2006 to 2009*

Of the total number of VCCT clients and TB patients tested in 2009, 206,784 (56.8%) were female and 331,873 (91.2%) were aged 15-49 years (VCCT indicator 2) (Table 1).

	People tested for HIV N= 363,799 No. (%)	People tested HIV positive N=10,974 No. (%)
Age		
≤14 years	11,519 (3.2%)	1,085 (9.9%)
15-49 years	331,873 (91.2%)	9,239 (84.2%)
> 49 years	20,407 (5.6%)	650 (5.9%)
Sex		
Male	157,015 (43.2%)	5,283 (48.1%)
Female	206,784 (56.8%)	5,691 (51.9%)

Table 1: *Characteristics of clients tested at VCCT sites, in 2009*

In 2009, 99.2% (range: 80.5% - 100% across sites) of VCCT clients and TB patients tested received their result through post-test counselling (Annex: VCCT indicator 3).

In 2009, of the 498,389 VCCT clients, 25,064 (5.0%) were referred from the TB program. (Figure 9). The number of patients referred by the TB program for HIV testing has increased steadily over time since 2006.

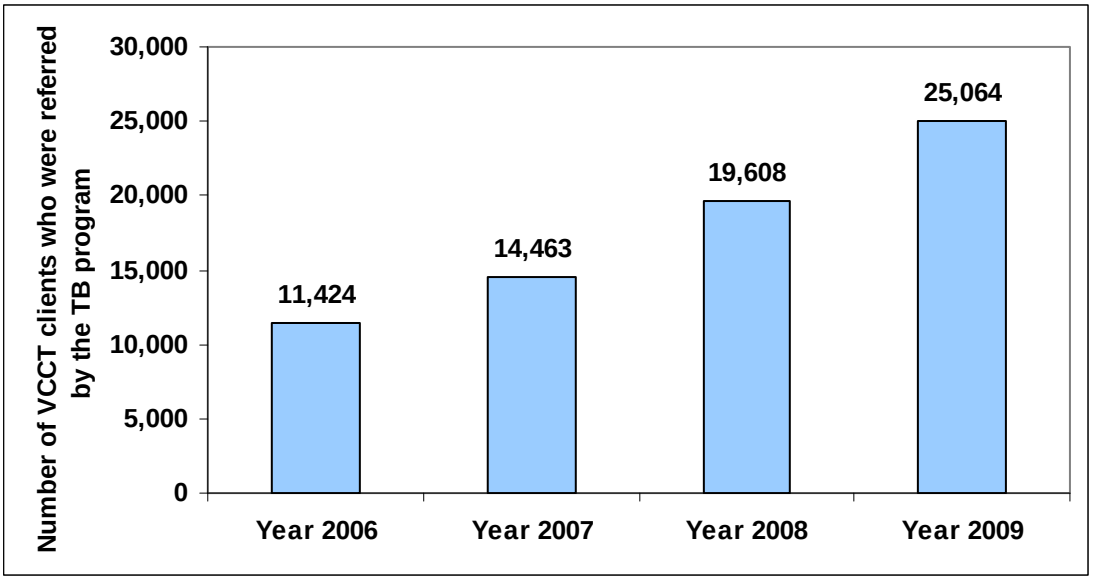

Figure 9: *Trend in number of VCCT clients referred from TB program from 2006 to 2009*

In 2009, of the 363,799 VCCT clients and TB patients tested at VCCT sites nationwide, 10,974 (3.0%) were detected HIV positive at VCCT sites (Figure 10).

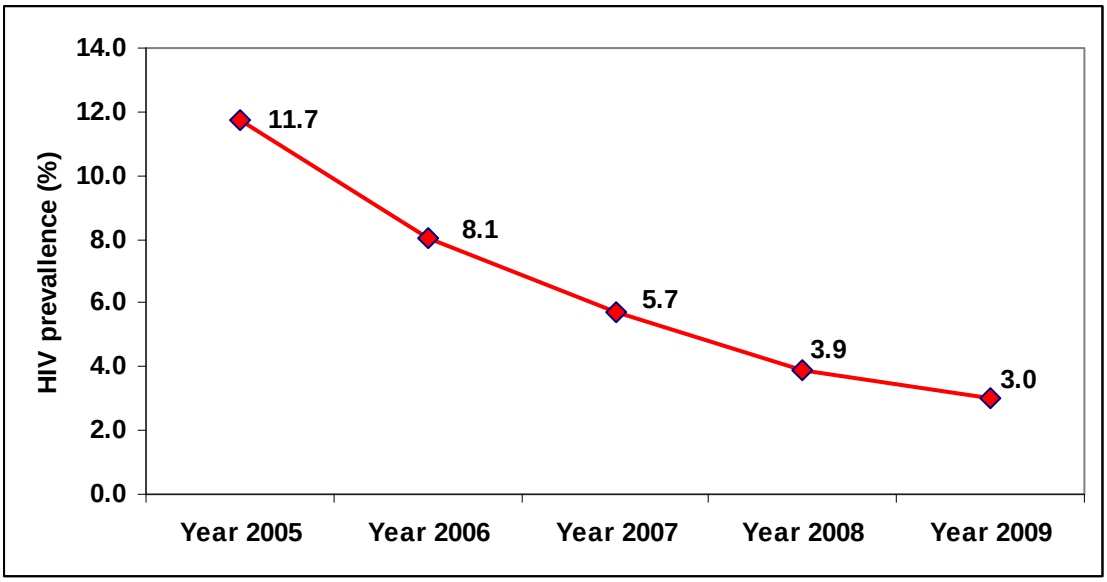

Figure 10: *Trend in HIV-infection rate among VCCT clients from 2005 to 2009*

2.1.2. OI and ART services

Today, 52 health facilities offer OI and ART services in 20 provinces. These 52 OI and ART services are supported by the government and by NGOs and partner. Of the total 52 OI/ART sites, there are 29 sites provide paediatric care.

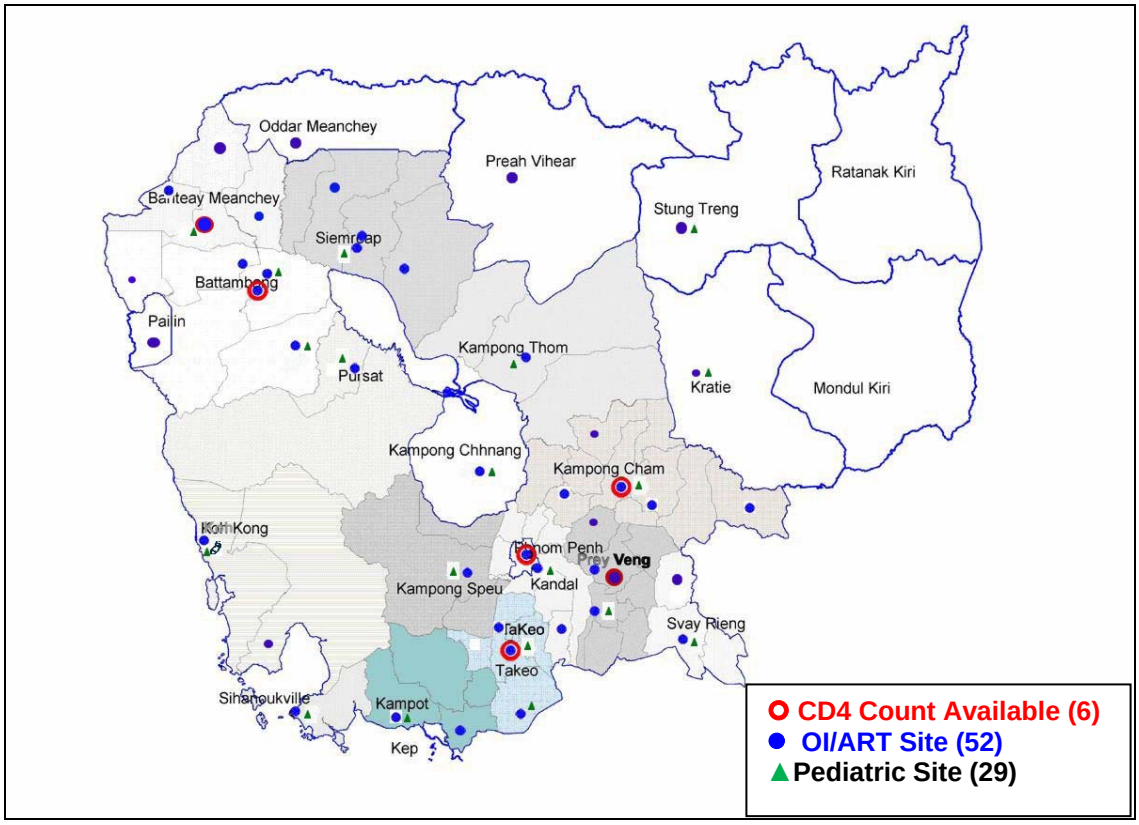

Figure 11: *Location of facility-based OI/ART sites as of 31 December 2009*

Laboratory Support

In 2009, 67,740 CD4 tests have been conducted in the six regional laboratories with the leased FACS counts (Takeo, Kompong Cham, Battambang, Neakleoung OD, NIPH in Phnom Penh and Banteay Meanchey Province) (Figure 12). CD4 test is also available at Pasteur Institute in Phnom Penh, which has 1,986 tests examined in 2009. CD4 % tests in percentage for children is performed at Pasteur Institute of Cambodia (IPC) in Phnom Penh and at NIPH. The figure below is shown the trend of CD4 tests decreased compared to previous year in 2008 that are due to the shortage of reagents.

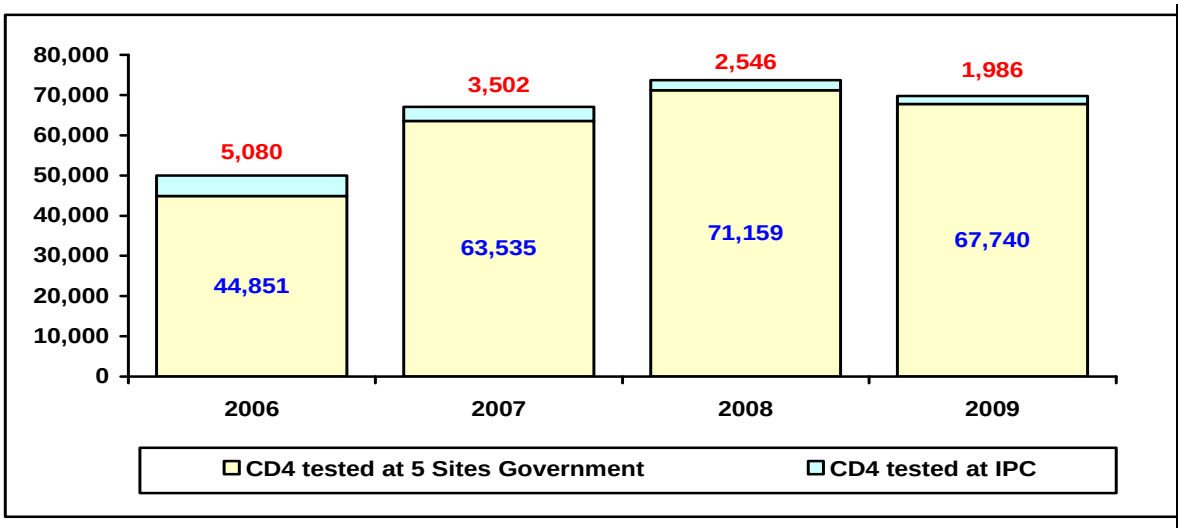

Figure 12 : *Trend in the total number of CD4 tests conducted in Cambodia at 5 government sites and IPC in 2006 and 2009*
Noted: *Since 2006 to 2007 there're 4 sites that conducted CD4 and in Q2-2009 one sites established for government supported*

In 2009, there are no HIV RNA viral load tests for patients in Social Health Clinic at NIPH, because the supply of reagents were not on time. However, there are 5,232 HIV RNA viral load tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 13).

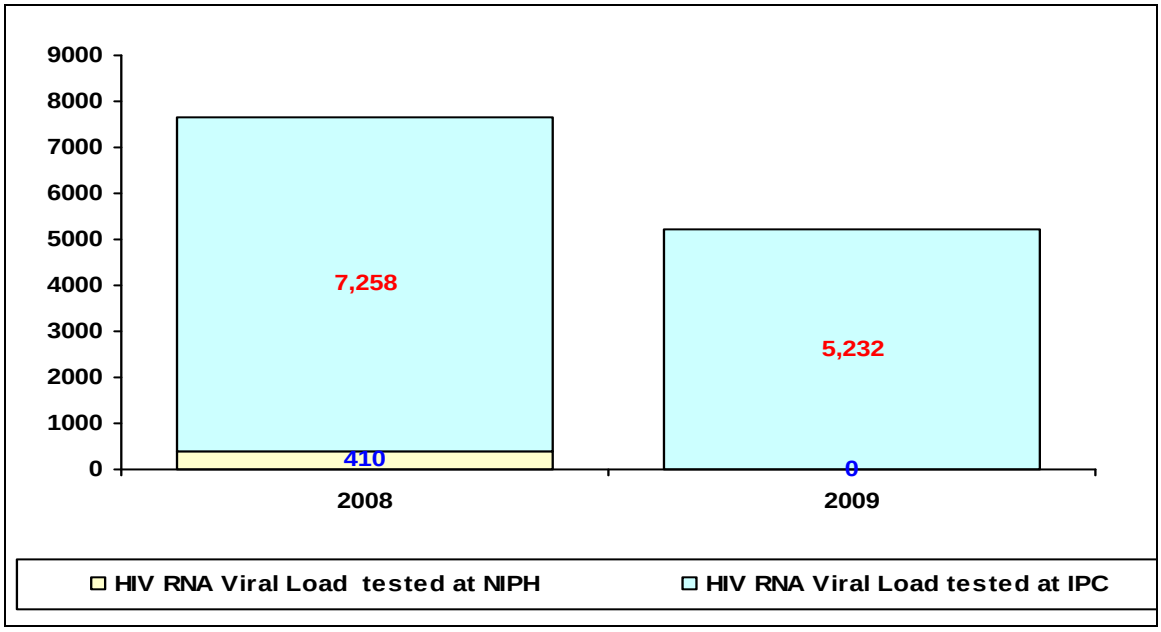

Figure 13: *Trend in the total number of RNA Viral Load tests conducted in Cambodia at NIPH and IPC from Q4-2007 to Q4-2009*

In 2009, 656 DNA PCR tests conducted at NIPH which found 71 of those were positives, and there are 802 DNA PRC tests were conducted at Institute Pasteur of Cambodia (IPC) (Figure 14).

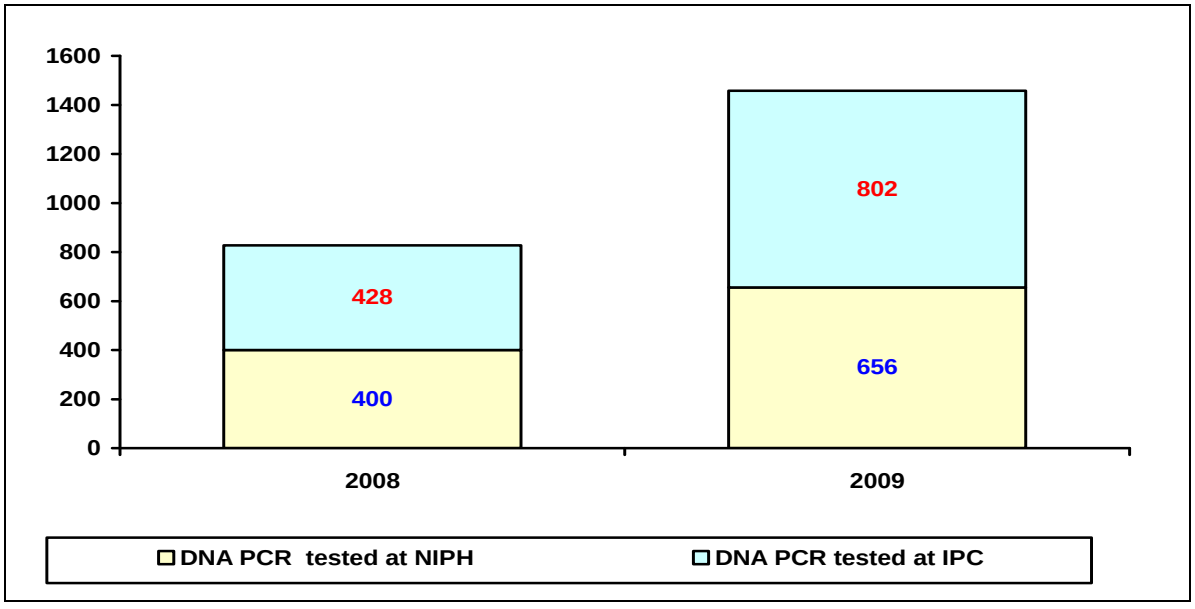

Figure 14: *Trend in the total number of DNA PCR tests conducted in Cambodia at NIPH and IPC in 2008 and 2009*

This Q4-2009, a total of 37,315 active patients including 33,667 adults and 3,638 children are receiving ART (Figures 15 and 16) (Annex: HFBC indicator 3). According to Asian

Epi-Modal 2006-2012, the estimated need of HIV/AIDS patients on ART are projected about 35,644 patients in 2009. This could be overestimated if compared with the actual number of AIDS patients on ART as reported in December 2009. 33,667(90.3%) for adults and 3,638 (9.7%) for children).

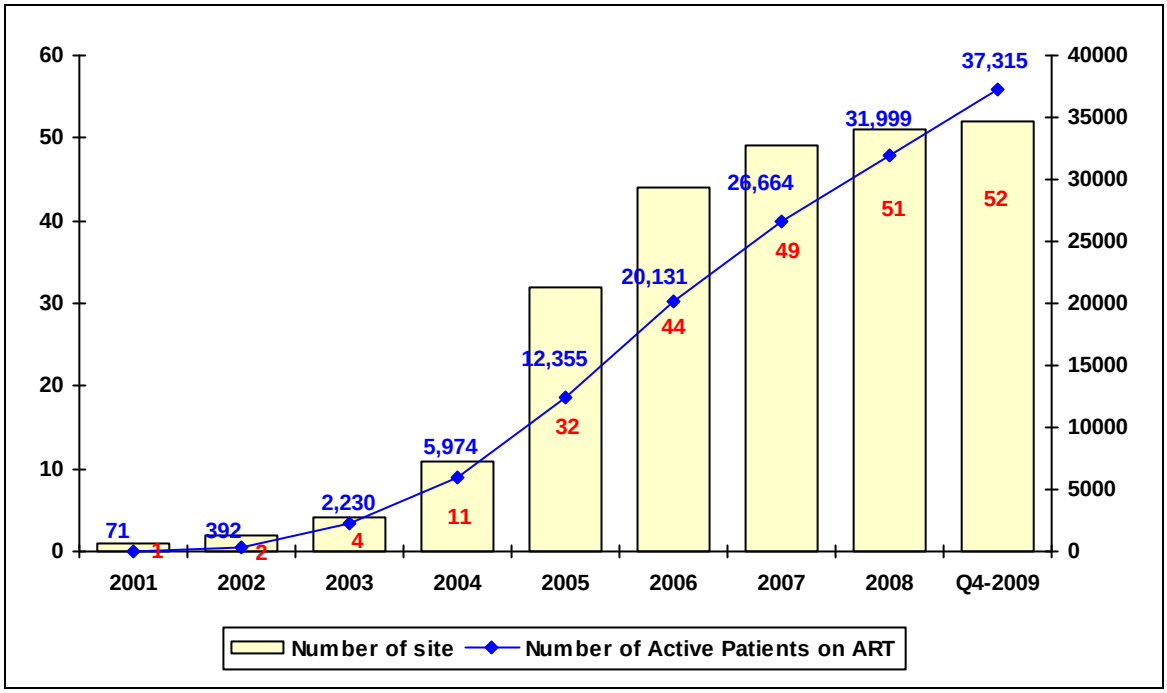

Figure 15: *Trend in number of OI/ART sites and active patients on ART from 2001 to Q4-2009*

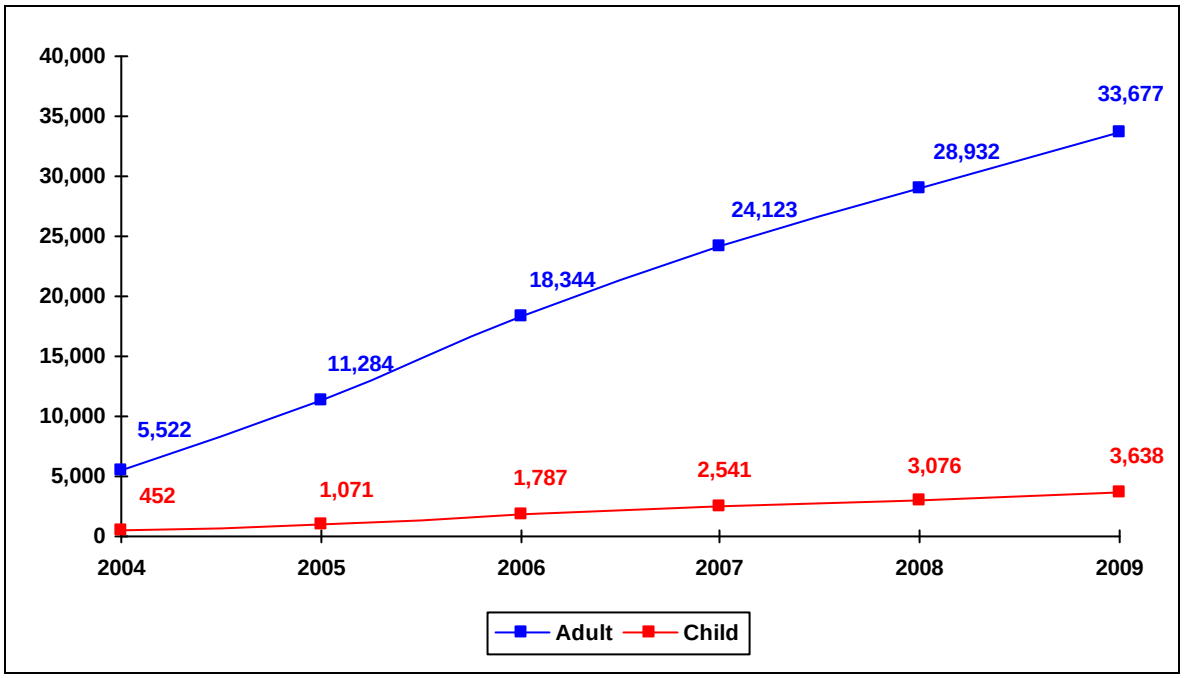

Figure 16: *Trend in number of active adult and child patients from 2004 to 2009*

In Q4-2009, female adult patients accounted for 52.6% (17,713) of all active patients on ART. At OI/ART sites, a total of 2,136 new patients (including 190 children) started OI prophylaxis and management and 1,607 new patients (including 181 children) started on

ART in Q4-2009 (Figure 17). The number of new patients on OI care has been slight decreased than Q3 2009. On the other hand, the numbers of new patients on ART were significantly decreased as from Q4 2008, and it is a slight decreased in Q4 2009 if compared to the number reported in Q3 2009.

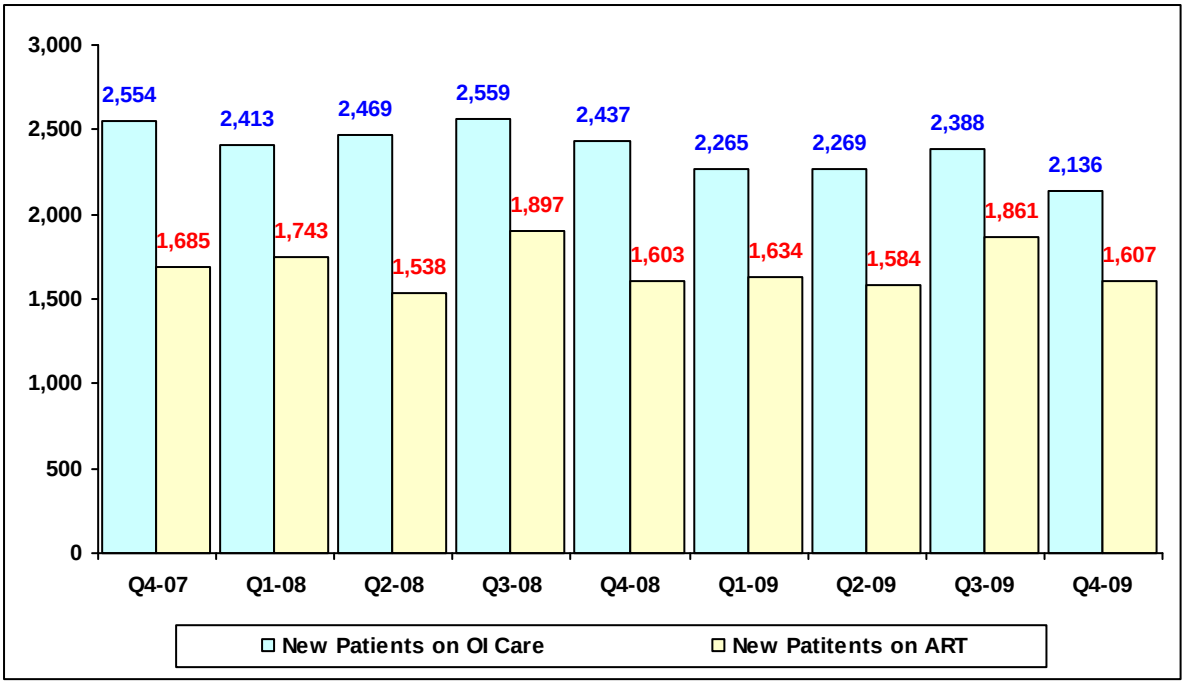

Figure 17: *Trend in numbers of new patients on OI and ART from Q4-2007 to Q4-2009*

In 2009, the number of new OI patients are 9,058 and the new ART are 6,686. The figures of new OI and ART in 2009 are decline than in 2008 included lost, died and transfer out patients.

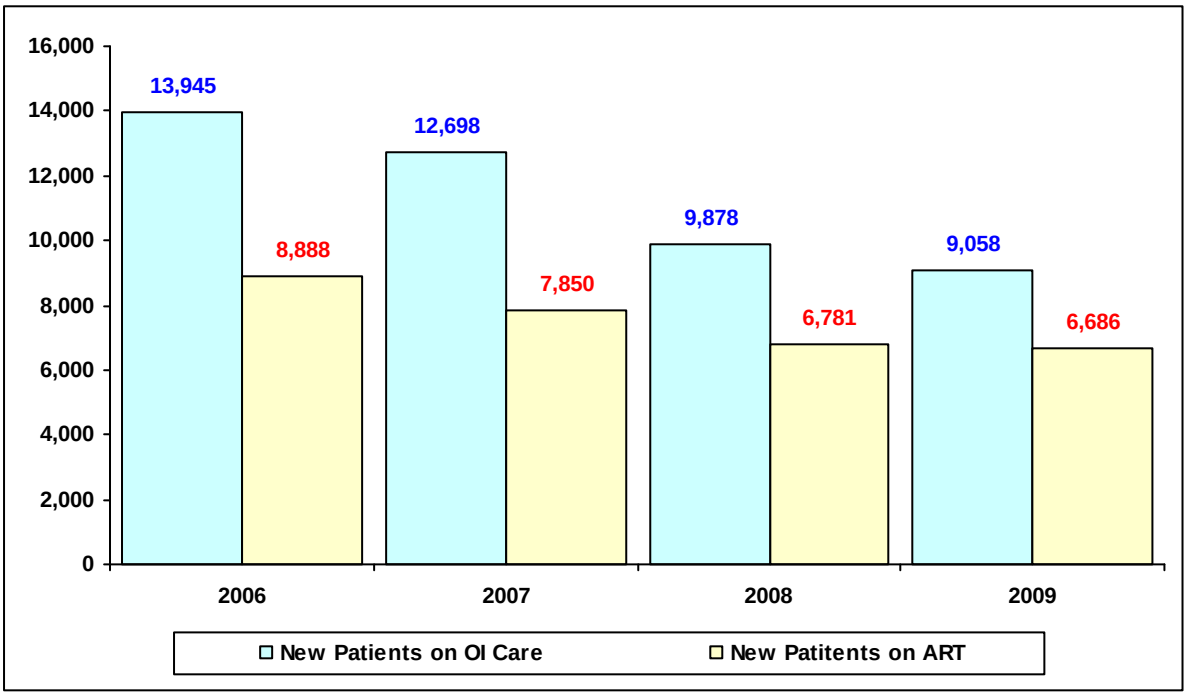

Figure 18: *Trend in Total numbers of new patients on OI and ART by years from 2006 to 2009*

There were a total of 8,462 active adult patients and 1,550 child patients with opportunistic infections who are not eligible for ART yet at the end of Q4-2009. Of those, 5,192 (61.3%) were female patients represented mostly the spouses of male patients who are started on OI/ART care since years ago.

A total of 1,638 adult patients and 285 child patients on OI care were eligible to prepare on ART at the end of December 2009.

Patient mobility across services

In 2009, a total of 1953 ART patients were transferred out to new ART sites located closer to their home residence. At the end of 2009, 10 ART sites have large cohorts of more than 1,000 active patients on ART, including Khmer Soviet Friendship Hospital/Phnom Penh that has 3,632 active patients on ART.

Drug and logistic support

At the end of 2009, the number of patients on different ART regimens has been reported from all ART sites. Most AIDS patients were prescribed for 1st line of regimen, including d4t+3TC+NVP, d4t+3TC+EFV and AZT+3TC+NVP; whereas 4.1 % of adults and 5.2 % of children were on PI-based regimens (Table 2).

ARV drug regimen Q4 - 2009	**Adults N= 34,631* No. (%)**		**Children N= 3,412* No. (%)**	
d4t+3TC+NVP	14,892	43.0 %	2,637	77.3 %
d4t+3TC+EFV	4,500	13.0 %	421	12.3 %
AZT+3TC+NVP	8,897	25.7 %	139	4.1 %
AZT+3TC+EFV	3,053	8.8 %	31	0.9 %
PI-based regimens	1,430	4.1 %	176	5.2 %
Other regimens	1,859	5.4 %	8	0.2 %

* 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, Q4-2009*

TB Screening for new OI Patients

In Q3 and Q4-2009, there're 4,524 new OI patients has been registered at OI-ART Sites. Among new OI Patients there're 2,842 screened for TB "Smear/ chest x-Ray") during the quarter. Of those 2,842 patients screen for TB, there're 475 was screened for TB with TB Pulmonary detected and 193 was screened for TB with Extra-pulmonary TB detected. In all patients screened for TB with result negative are 2008 patients.

Survival of patient on ART

Survival data were analyzed at 21 ART sites for adult cohorts started ART in 2008 and 2007, 19 sites for adult cohorts started on ART in 2006 and 13 sites for adult started on ART in 2005. Survival data were analyzed at 8 paediatric sites for children started on ART in 2008.

		All	<15	15 +
12 month survival	**Percentage of adults and children with HIV known to be on treatment 12 months after initiating antiretroviral therapy**	**87.4%**	**93.9%**	**86.7%**
	Number of adults and children who are still alive and on ART at 12 months after initiating treatment	3,179	321	2,858
	Total number of adults and children who initiated ART in 2008 including those who have died and those lost to follow-up	3,638	342	3,296
24 month survival	**Percentage of adults with HIV known to be on treatment 24 months after initiating antiretroviral therapy**			**77.7%**
	Number of adults who are still alive and on ART at 24 months after initiating treatment			2,571
	Total number of adults who initiated ART in 2007			3,310
36 month survival	**Percentage of adults with HIV known to be on treatment 36 months after initiating antiretroviral therapy**			**72.0%**
	Number of adults who are still alive and on ART at 36 months after initiating treatment			2,923
	Total number of adults who initiated ART in 2006			4,062
48 month survival	**Percentage of adults with HIV known to be on treatment 48 months after initiating antiretroviral therapy**			**70.3%**
	Number of adults who are still alive and on ART at 48 months after initiating treatment			1,349
	Total number of adults and children who initiated ART in 2005			1,919

Table 3: *Survival at 12, 24, 36 and 48 months after ART initiation for the cohorts of patients started on ART in 2008, 2007, 2006 and 2005*

2.1.3. Community-based services

Home-based care (HBC)

At the of 2009, there are 328 HBC teams covered over 742 Health Cents in 67 operational districts (OD) in 18 provinces. In this quarter Koh Kong and Preah Vihear provinces still have no report, because NGO that operated CoC finished their project in coverage and supporting PLHAs (Annex: HBC indicator 1) (Figure 19) within the CoC established in place (Annex: HBC indicator 4).

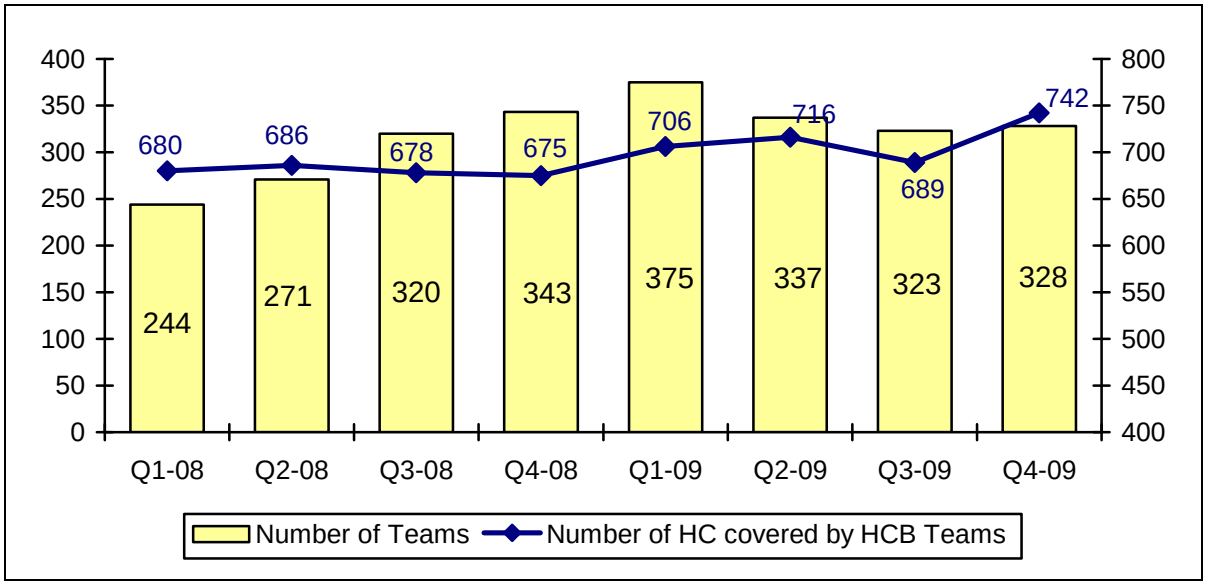

Figure 19: *Trend in number of HBC teams form Q1-2008 to Q4-2009*

These HBC teams are currently supporting for a total of 27,567 PLHA (Annex: HBC indicator 2), which 9,142 were registered in Pre-ART (OI) and other 18,425 were registered in ART.

PLHA support groups (SG)

At the end of Q3, 2009, there are 919 PLHA support groups (PLHA SGs) are active in Cambodia. These PLHA SGs are currently established in 15 provinces and in Phnom Penh (source: CPN+ report). The number of active PLHA supported by these support was 36,893 in Q3-2009.

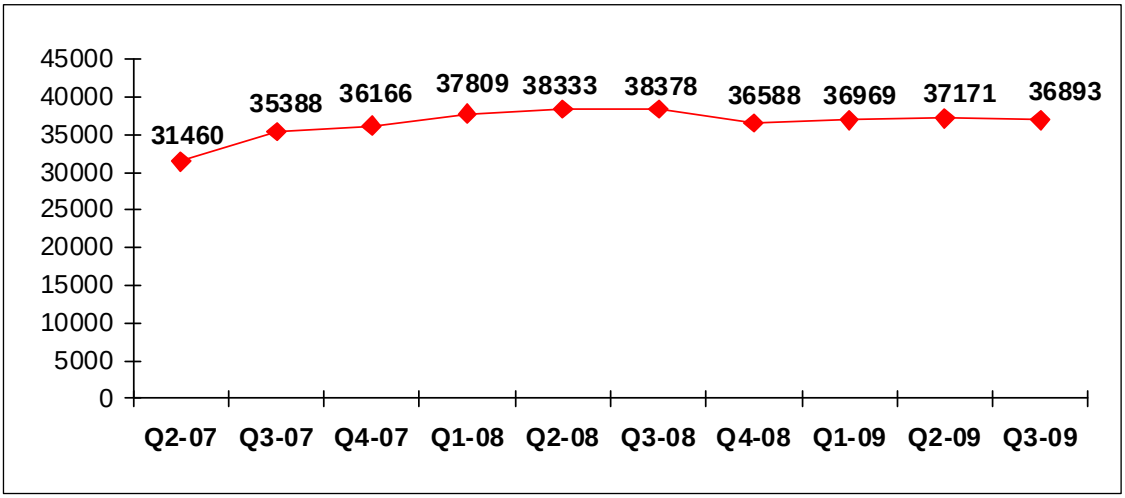

Figure 20: *Trend in number of people supported by PLHA support groups from Q2 2007 to Q3 2009*

2.2 PMTCT

From January to December 2009, of an estimated 348,536 pregnant women nationwide, 146,453 (42.0%) were tested for HIV and received the test result (HFBC indicator 7). Of an estimated 2,475 HIV-infected pregnant women in 2009, 798 (32.3%) received ARV for PMTCT at the (HFBC indicator 8). Of those, 482 (60%) received ART for their own

health, 139 received a combination of two ARV , 162 received single dose NVP and 15 received other regimens (UNGASS indicator). Since the ARV data was collected only for HIV-infected mother who delivered at public health facilities, the ARV coverage may be under estimated. Of 750 infants born to HIV-infected mothers at public maternities from January to December 2009, 730 received ARV prophylaxis including 729 who received a combination of 2 ARV and 1 who received single dose NVP. Therefore, it is estimated that 29% (730/2,475) if infant born to HIV-infected mothers in 2009 received ARV prophylaxis for PMTCT.

NB: The population figures provided by the Planning Department of MOH based on the 2008 census are as follow:

Total Cambodia population in 2009 = 13,614,706 (source: DPHI MoH)

Estimated number of pregnant women in 2009= 348,536 if Crude Birth Rate is 25.6 per 1,000 (source: DPHI MoH)

Estimated 2009 HIV prevalence among ANC attendees (NCHADS Estimates and Projections) =0.71%

Estimated number of HIV-positive pregnant women in 2009 = 2,475

2.3 Linked Response (LR) data from demonstration project

5 Demonstration ODs, January to December 2009

The Linked Response Approach was implemented since mid 2008 in 5 Demonstration ODs (OD Kirivong/Takeo province, OD Neak Loeung, Kampong Trabek, Preah Sdech and Mesang/ Prey Veng province). From January to December 2009, of a total of first 21,373 ANC attendees at Linked Response sites and outreach services, 18,372 (85.9%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 4,314 husbands/partners accepted testing (23.4% of pregnant women were tested with their husbands/partners). Among the 18,372 ANC attendees at Linked Response sites and outreach services who received an HIV test, 29 (0.16 %) were HIV positive and a further 19 known HIV-positive pregnant women were referred to Linked Response services.

A total of 30 HIV-infected pregnant women delivered their babies at Linked Response sites in the 5 demonstration ODs between January and December 2009. Of these mothers, 29 (96.6%) accessed ARV drugs 6 (20.6%) received AZT during pregnancy and 26 (89.6%) received HAART. Of 26 infants born to HIV-infected mothers at Linked Response sites from January to December 2009, 25 (96.1%) received ARV prophylaxis, 24 received NVP and ZDV for 1 week and 1 for 4 weeks; 3 infants died.

22 Reporting LR ODs, October to December 2009

In July 2009 to now, the Linked Response Approach was expanded to 22 ODs. From October to December 2009, of a total of first 27159 ANC attendees at Linked Response sites and outreach services, 20909 (76.9%) were tested for HIV. Amongst couples where the woman attended an ANC consultation at a Linked Response site, 3461 husbands/partners accepted testing (16.5% of pregnant women were tested with their husbands/partners). Among the 20909 ANC attendees at Linked Response sites and

outreach services who received an HIV test, 54 (0.25 %) were HIV positive and a further 15 known HIV-positive pregnant women were referred to Linked Response services.

C. FINANCIAL REPORT:

This Report presents both expenditures against the proportion of planned budget disbursed and achievements of planned activities, as the major indicators of achievement. It included the ten main sources of NCHADS programme funding: GFATM (R7, R4 and R5), US-CDC, ITM DGDC, CHAI, UNSW/CTAP, CIPRA, WB, AHF, WHO, and FHI.

The figures in column of annual expenditures were recorded in the NCHADS accounting system as allowable reconciled expenditure against advances is shown. These include both actual expenditures incurred and recorded during the year. For FHI expenditures only achieved by NCHADS HQ, and expenditures for ODs not included in this table.

Table 3: Summary of Annual Expenditure by Sources in 2009

Sources	Annual Plan	Annual Expenditures	A %
GFATM-R7	$ 5,636,198	$ 1,749,707	31%
GFATM-R4	$ 5,477,331	$ 4,527,544	83%
GFATM-R5	$ 190,039	$ 296,357	156%
US-CDC	$ 849,724	$ 735,667	87%
UNSW/CTAP	$ 260,000	$ 224,412	86%
WHO	$ 113,465	$ 189,195	167%
FHI	$ 22,300	$ 11,403	51%
CHAI	$ 495,059	$ 189,9996	38%
AHF	$ 198,161	$ 156,188	79%
CIPRA	$ 55,000	$ 126,325	230%
WB	$ 50,000	$ 263,309	527%
ITM DGDC	$ 70,820	$ 81,408	115%
Grand Total	**$ 13,482,391**	**$ 8,551,510**	**63%**

D. PROCUREMENT of OI/ARV Drugs:

ARV Drugs:

Procurement of ARV drugs were procured by PR/MoH, Health Sector Support Project (HSSP) for NCHADS in 2009 totalled $ 4,705,095. The ARV drug was co-supported by two major funding sources: The Global Fund to Fight AIDS (Round 4), TB and Malaria, The World Bank. In addition, the Clinton Foundation for HIV/AIDS Initiative (CHAI) provided a donation of paediatric ARV formulations to NCHADS. Please note that the budget allocated for these categories under Round 7 was not use. This remaining fund will be utilized to procure ARV and OI drugs in Q3, 2010.

Sources	Amounts
GFATM (R4 &5)	$ 3,322,465.89
WB	$ 263,309
CHAI	$ 1,119,320*
Total	***$ 4,705,094.89***

**Donation of paediatric ARV formulations by UNTAID/CHAI to NCHADS.*

OI Drugs:

Procurement of OI drugs were done by PR/MoH for NCHADS in 2009 totalled $ 253,875, funded by GFATM R4, and the procurement of OI drugs was started to sign contract in late December 2009 amount $ 275,647 that funded by GFATM-R4 too.

E. CHALLENGES AND CONSTRAINTS

- Implication of Anti-Human Tracking Laws in Cambodia: impact of intervention of 100% CUP, Sex work shifting from brothels to other entertainment venues (Karaoke, Massage parlors, Beer Gardens, etc). Therefore, it is difficult to identify and conduct the outreach visits to Brothel based Sex Workers (BSWs), the current intervention is focus on EWs.
- Basic needs for living of the beneficiaries in the community could not be fulfilled because of the limited budgets and high demands.
- Royal Government of Cambodia has decided on 01-01-2010 to terminate the MBPI, PMG, Salary Supplement (Supplemental Allowances) and other similar pay incentive schemes. NCHADS and partners are will be possibly affected on the program performance for the next reporting period.

F. LESSON LEARNED

- Good coordination and collaboration with all PRs to ensure harmonization and alignment of the GF Grant implementation
- Good coordination and collaboration with all partners, local authorities, Health Facilities at all levels and Communities are the key success of the program.

- 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.

F. CONCLUSION AND RECOMMENDATION

Overall, , NCHADS and its partners were made great achievements against the target sets in 2009, we can therefore, conclude that working in partnership, the HIV/AIDS Prevention, Care and Treatment programs in Cambodia is moved towards the Universal Access by 2010. However, we should ensure long-term funding and political commitments to run the HIV/AIDS programs. If development partners withdraw assistance for HIV/AIDS too quickly, Cambodia could face significant difficulty in sustaining HIV/AIDS efforts.

ANNEX 1: Monitoring and Evaluation indicators

	STI Indicators	**Type**	**2009 target** No. (%)	**2009 score** No. (%)
1	Proportion of visiting brothel-based SWs diagnosed with cervicitis during monthly follow-up consultations at special STI clinic	Outcome	< 14%	22.0%
2	Number of Special STI Clinics with laboratory support to perform RPR and basic microscopy (UA 34)	Output	28	32
3	Percentage of entertainment services workers who use STI services monthly	Output	DSW: 95% IDSW: 50%	*DSW: 154.5% IDSW: 112.3%

* The number of percentage of entertainment services workers who use STI services monthly is over 100%, due to the number of entertainment workers who comes visited the clinic by themselves not transferred by EW network.

	CoC Indicators	**Type**	**2009 target** No. (%)	**2009 score** No. (%)
1	Total number of Operational Districts with a full Continuum of Care	Output	43	39
2	Number of CoC sites with ARV services	Output	53	52

	VCCT Indicators	**Type**	**2009 target** No. (%)	**2009 score** No. (%)
1	Number of licensed VCCT sites operating in the public and non-profit sectors (UA 1).	Output	235	233
2	Number and percentage of adults (aged 15-49) who received HIV counselling and testing (UA 3, 4, 5, 9).	Outcome	380,000 (5.0%)	363,799 from Jan to December 2009
3	Percentage of people HIV tested who received their result through post-test counselling (UA 9).	Output	98%	99.2%
4	Number and percentage of HIV (+) Clients who were referred to OI/ART sites	Output	80%	74.1%

	HFBC Indicators	Type	2009 target No. (%)	2009 score No. (%)
1	Percentage of people on ART alive 12 months after initiation	Impact	>85%	A: 86.7% C: 93.9%
2	Number of targeted OD with at least one centre that provides public ART services (UA 23).	Output	39 A: 39 C:29	39 A: 39 C:29
3	Percentage of health facilities that use virological testing services (eg PCR) for infant diagnosis (UA 2).	Output	100%	
4	Percentage of health facilities with PEP services available (UA 17)	Output	100%	
5	Number and percentage of people with advanced HIV infection on HAART (UA 24).	Outcome	31,344 adults 4,300 children 35,644 total	33,677 adults 3,638 children 37,315 total
6	Number of OD with at least one centre that provides PMTCT services * (UA 10).	Output	68 (90%)	67 (88%)
7	Number and percentage of pregnant women who were tested for HIV and received their test result		50%	42.0%
8	Number and percentage of HIV-infected pregnant women who received a complete course of ARV		40%	32.3%
9	Percentage of patients on ART no lost to follow-up at 12 months after initiation	Outcome	>80%	>80%
10	Percentage of patients still on first line regimen 12 months after initiation	Outcome	>80%	>80%
11	Number and percentage of individuals newly enrolled in HIV care who were screened* for TB at the first visit	Output	90%	63%*

12	Percentage of individuals enrolled in HIV care who were screened for TB at last visit (WHO UA indicator)	Output	90%	n/a
13	Percentage of estimated HIV-positive incident TB cases that received treatment for TB and HIV (WHO UA indicator)	Output	80%	n/a

Note: - *For indicators number 6, 7 and 8 of HFBC component, the values from NMCHC*
- *For indicator number 9 and 10, the results were from Monitoring of Early Warning Indicators*
- *For indicators number 11, the result was under achieved, because this result did not included the symptom screening, reported only TB screened by smear and chest X Ray.*

	HBC Indicators	**Type**	**2009 target** No. (%)	**2009 score** No. (%)
1	Total number of HBC teams actively providing home-based care and support services to PLHA	Output	300	328
2	Number of PLHA supported by HBC teams	Output	28,000	27,567
3	Number and percentage of health centers with HBC team support	Output	750 (80%) of 942 HC	742 (79%) of 942 HC

	Surveillance Indicators	**Type**	**2009 target** No. (%)	**2009 score** No. (%)
1	Number of HSS conducted	Output	Round 10	Ongoing process of HSS Round 10
	Research Indicators	**Type**	**2009 target** No. (%)	**2009 score** No. (%)
1	Number of Research conducted	Output	2	4

1. PREDICT study
2. IRD Study
3. Adherence study
4. Depression study

Note: IRD, Adherence and Depression study have been finished in mid 2009 and the result will be disseminated in 2010

	PMR and DMU Indicators	**Type**	**2009 target** No. (%)	**2009 score** No. (%)
1	Percentage of major funding sources included in the Annual Comprehensive Work Plan	Output	90%	90%
2	No. of NGOs and partners with signed Letters of Agreement for annual work plans on HIV/AIDS & STI programme	Output	45	43
3	Number of NCHADS quarterly program reports produced and disseminated	Output	5	5
4	Number of provinces with data management units	Output	20	20