

# **Joint Program Review of Health Sector Response to HIV/AIDS**

**November 5, 2019**

# Objectives:

- Assess the level of, and trends in the HIV epidemic (incidence, prevalence, mortality) and its distribution;
- Assess the HIV prevention through care cascade in providing the information on country progress in the response to HIV epidemic and progress towards national and/or global targets (such as 90-90-90).
- Assess the adequacy of data and systems to inform programmatic decision making and program success.
- Examine the programmatic and cross-cutting factors associated with the level and trends in the epidemic and its distribution;
- Identify the main areas in need of improvement in order to achieve set targets/impact;
- Recommend set of prioritized evidence informed interventions for the development of the new *HIV Strategic Plan in the Health Sector 2020-25* to support country's efforts towards elimination of AIDS as public health threat.

# Thematic Focus

## Key Themes

- Prevention
- Treatment and Care
- Epidemiology and Strategic Information
- Laboratory

## Cross-Cutting Themes

- Integration
- Differentiation
- Data Systems

# The HIV Joint Program Review Team

Consisted of international consultants (4), a national consultant, a core group led by NCHADS, and thematic groups for each of the four themes. Total number of participants who conducted the review: 27 people

## Methodology

### Approach:

- 1) Desk Review and data analysis
- 2) Key Informant Interviews
- 3) Group discussion
- 4) Site visits
- 5) Observation
- 6) JPR Validation Workshop for feedback, input on draft findings & recommendations

### Field Work:

- Data collection carried out in June and July 2019
- Consultants / Teams worked independently
- Data collected in Phnom Penh, Siem Reap, Prey Veng and Neak Loeng
- Total 182 people consulted during field work



# Epidemiological Overview

## Progress:

- ❖ HIV incidence has fallen dramatically, from a peak of 16,000 new infections in 1997 to fewer than 1,000 a year currently.
- ❖ In 2017 Cambodia achieved the mid-term UNAIDS 90-90-90 2020 targets, with 82% of PLHIV knowing their status, > 89% of those who knew their status on treatment, and 79% of those on treatment being virally suppressed.
- ❖ High treatment coverage has contributed to a significant reduction in deaths, from over 7,000 a year 15 years ago to around 1,200 at present.
- ❖ HIV prevalence rates remain high in key populations.

# Key Findings

## A. Prevention

### Key Populations

Approximately 40% of new infections occur in key populations, including female entertainment workers (FEW), men who have sex with men (MSM), transgender women (TG) and people who inject drugs (PWID).

Prevention efforts in Cambodia have been largely focused on these key populations.

### Female Entertainment Workers

- 1) Decrease from the 3.8% reported in 2011 to 2.3% in 2016 IBBS in HIV prevalence among FEWs.
- 2) HIV prevalence varies by the type of entertainment work, with a significantly higher rate among “freelance” or “street-based” FEWs at 11.85%.
- 3) High rate of condom use among FEWs when they are with clients: 86.2% reported always using a condom with clients in the past 3 months.
- 4) Condom use with regular partners is significantly lower: 27.2% reported always using a condom with their sweetheart in the past 3 months, down from 39.4% in 2010 IBBS.

# Key findings of Joint Programme Review

## A. Prevention

- 1) Need for **differentiated prevention services** for the wide range of communities, populations and subpopulations affected by HIV
- 2) Serious concerns about the **limited knowledge of HIV among young people**, particularly among young MSM and TG
- 3) Gaps in and inconsistent use of **condoms**; there is a parallel concern that the current patterns of condom use mirror declining knowledge about HIV and **inadequate investment in prevention education**
- 4) The rollout of **PrEP** should be supported by a comprehensive education campaign to ensure clients and prospective clients understand its role and use in preventing HIV infections
- 5) Maintain a robust mix of provider-initiated and client-initiated **testing approaches**, including taking steps to improving coverage of different approaches in underserved areas
- 6) Recognize the invaluable role that **outreach workers play** in prevention – and the expanded role they could play – if the approach acknowledged the value of a professional cadre of outreach workers with the skills and commitment to make a long-term contribution to the HIV response



# Recommendations on Prevention

## Female Entertainment Workers, MSM, and Transgender Women:

- Collect information about freelance/street-based FEW in order to address the long-standing challenges of reaching this population with prevention services. Work with knowledgeable informants in the field, such as outreach workers and consenting FEW, to combine operational research with rapid trial of potential activities.
- Use available data on the diversity of the MSM population locations and subpopulations at greater risk of HIV infection to develop and deploy more targeted interventions.
- Collect data on the TG community and use that data to rapidly develop and implement targeted activities in locations and among subpopulations at greatest risk of HIV infection.

## PWID and PWUD:

- Expand the coverage of harm reduction programs: The coverage of harm reduction programs is limited, leaving many PWID without access to services that lower their vulnerability to HIV and other diseases.
- Consider conducting a study to better understand the risks faced by PWUD, and provide training to outreach workers on how to meet PWUD prevention needs.



# Recommendations on Prevention

## Young people

- 1) Limited knowledge of HIV among young people, especially problematic among young MSM and transgender people. Few activities are being implemented to improve HIV knowledge.

### Recommendation:

- Develop a tailored strategy to reach young people, especially those in vulnerable and key populations. An improved and expanded social media strategy is likely to be one way to reach young people, but would work best in combination with other communication strategies.

## Role of outreach workers

- 1) Due to the demands of the work, combined with the low pay, it is difficult to recruit and retain qualified people to do outreach work. As a result, turnover of outreach workers is high.

### Recommendation:

- Reposition outreach workers as a professional cadre with the training, skills, commitment & support to make a long-term contribution to the HIV response. In addition to primary prevention, skills should include identifying missed HIV cases, addressing Loss To Follow Up, supporting treatment adherence for KP who are living with HIV.

# Key Findings

## Treatment & Care

- 1) HIV testing services widely available including provider initiated testing and counselling, antenatal screening and partner notification and testing
- 2) Established HIV treatment services with high coverage
- 3) Time from diagnosis to ART initiation has been shortened, most cases are initiating ART within 1 to 2 weeks of diagnosis
- 4) Introduction of new ARVs in progress – TDF + 3TC+ Dolutegravir are available at ART sites, being rolled out as the primary regimen for new patients 1st line.
- 5) Viral load testing has been substantially scaled up, and turn around times shortened

ART Regimens profiles	
1 <sup>st</sup> line	92%,
2 <sup>nd</sup> line	7.7%,
3 <sup>rd</sup> line	0.04%

# Key Findings

## Treatment & Care

- 1) CD4 reagent shortage, 60% of patients with first CD4 test had CD4 < prophylaxis threshold ( < 350 cell/mm<sup>3</sup>)
- 2) Fluconazole stock-out (Tx of opportunistic infection)
- 3) Viral load failure - Delay or not switching to 2<sup>nd</sup> line when indicated
- 4) Paediatric ART - Diminished support from NGOs and/or partners to pediatric HIV services
- 5) Need for differentiated care for stable patients
- 6) Opportunities for integration – VCCT to combine with ART, STI clinics in health centres and ART sites, ART services to co-service with NCD, Public –Private partnership etc
- 7) Integration : Expansion of care, and some integration of services is occurring; more providers are involved, often with multiple responsibilities apart from HIV care, with less HIV Treatment expertise



# Recommendations on Treatment & Care

## Recommendations - patient tracking, VCCT:

- Improve patient tracking using a unique identifier.
- Expand availability of VCCT to other sites, such as specific referral hospitals distant from current VCCT, NGO sites (RHAC clinics deliver over 80% of the STI services), and in public - private partnership with accredited private / NGO clinics
  - From confirmatory testing to enrolment at an HIV treatment facility - there is 9% LTFU
- Integrate existing VCCT services located in Referral Hospitals into HIV treatment facilities.

## Recommendations - case management, PMTCT:

- Review HIV clinic 1<sup>st</sup> visit data and utilise it to develop strategies; as much as possible start suitable patients on ART at first visit; and reconsider the policy of retesting all patients prior to commencing ART.
- Strengthen systems for case management of PLHIV with VL failure, including shortening the lengthy forms for EAC, and assigning clear responsibility, (presumably to the Community Action Counsellor), for the implementation of EAC for patients with detectable viral load.



# Recommendations on Treatment & Care

## Recommendations - case management, PMTCT (continued):

- Ensure systems are placed at HIV treatment facilities to ensure VL testing is performed at the guideline-directed intervals.
- The PMTCT program should be reviewed to determine whether it is adequately resourced to achieve the eMTCT target.
- Explore and address the barriers for pregnant women to access confirmatory HIV testing
- Consider initiating ART prophylaxis to potentially HEI in cases where the mother's HIV screening test is reactive but confirmatory test has not yet been conducted.
- To improve rates of HEI follow-up, consider moving the follow-up of HEI into the HIV treatment clinic that the mother attends for her own care, rather than requiring the mother taking the infant to a separate service.

# Key Findings

## Epidemiology & Strategic Information

- 1) Multiple parallel databases across HIV cascade that are not interoperable
  - Weak systems/mechanisms for data deduplication and data clean up
- 2) Very rich data, but underused at the programme and site level
  - Reporting of some data is complete and timely (especially the donor-specified indicators)
  - Limited programme-relevant analysis?(though where it happens, it is effective)
  - Limited skills, time, motivation to analyse, especially at local level
  - No data integration, limited sharing
- 3) Potentially vital risk indicators under-collected/under-reported
  - Risk behaviour? Under 18? Migration?
- 4) Integration
  1. Potential: high
  2. Feasibility: moderate
  3. Political will: ?

# Key Findings

## Epidemiology & Strategic Information

### Need to identify risk factors in new infections

- 1) Approximately three-quarters of those testing positive for HIV at VCCT (January 2017 – May 2019) had no identified risk factor.
- 2) "No identified risk" may sometimes mistakenly be interpreted as "no identifiable risk" or even "low risk".
- 3) The JPR found that at some sites, VCCT clinics are staffed only occasionally, by hospital employees from other wards. These staff may not have the skills needed to elicit information about risk; additional information may be lost because it is not correctly recorded or reported.



# Key Findings

## Databases

- There are a large number of databases containing information related to the AIDS response. Much of the information is duplicative, and none of the databases are interoperable. This leads to inefficiency as well as to lost opportunities for understanding and analysis.
- Currently, an individual newly diagnosed with HIV in Cambodia donates their data to a minimum of four databases, all with overlapping information. However no single database allows for the effective tracking of their progress from risk identification to effective treatment or death.

## Duplication

- The review team looked at the BIACM data from January 2017 to May 2019 – a total of 7380 records in all. The team found that 36% of all observations (2656/7380) were duplicates on Case ID, sometimes more than once.
- For the NCHADS ART database: There were 79,290 records in the data outputs from January 2001 to Feb 2019. Of these over 19,000 were duplicates on ART number.



# Recommendations on Data

- ❖ Reduce duplication and improve alignment of databases: Review and update the protocols for updating records and syncing information to the central database. Merge records from out-migrating clients into the record for the same patient in their new site.
- ❖ Consider an in-depth study to assess the extent of re-registration, as well as additional training for registration staff
- ❖ Data on risk exposure, contact tracing and partner status should be included in the ART database, as it is in the NGO treatment databases.
- ❖ As Cambodia scales up its efforts to achieve universal health coverage, the Patient Medical Registration System grows in importance, and the value of integrating data and services with other parts of the health system increases, it seems plausible that individual PMRS numbers will become the most useful way to link data. At a minimum, the possibility of adding PMRS fields to all databases should be explored.

# Key Findings

## Laboratory

### 1. Some issues on CD4 counting

- **Stock out** of reagents, POC CD4 counting is not functioning well
- **Communication** issue between NCHADS and clinicians at ART sites : still request CD4 for patient monitoring

### 2. Laboratory Data system

- A couple of systems are in operation: EID, viral load (Barcode, non barcode), CD4 count, HCV VL
- Laborious testing data entry, no data back-up system

### 3) Facility & equipment maintenance

- Electricity interruption: UPS/ Emergency generator (not operated automatically)
- Preventive maintenance: yearly for Abbott m2000/ FACSCount
- Daily temperature record of refrigerators (temperature record in May was displayed)
- Not enough office space for lab staff and consumables storage

# Key Findings

## Laboratory Recommendations

- Simplify data management system: consider integrating laboratory data system and linking laboratory information system to NCHADS patient monitoring database system and securing human resource for data management.
- In order to enhance turn-around time and improve laboratory result delivery, consider providing remote printers to all VCCTs and prepare for electricity outages.



# Key Findings

## Integration

### Identified Opportunities

- ❖ VCCT clinics are located in the same hospital compounds as ART clinics, but they are rarely in the same room. The JPR recommends that, as much as possible, co-locating VCCT and ART services in order to reduce loss to follow-up and improve performance across the cascade.
- ❖ Providing integrated HIV and STI services will address gaps in the referral system. For example, the JPR found that community outreach services for MSM and transgendered women provide simultaneous rapid screening tests for HIV and syphilis, but that clients must go to separate facilities for confirmation of each test, and often to a different facility again to initiate treatment for HIV.
- ❖ Additionally, although community outreach workers provide dual screening tests, many clients are not referred to STI services, despite testing positive for potential syphilis.



# Key Findings

## Integration

### Identified Opportunities

Integration with reproductive health services:

- ❖ The JPR found that while only 2% of FEWs tested in the 2013 IBBS were living with HIV, 30% reported having had an abortion, and the proportion rose to 79% among those who had ever been pregnant since starting entertainment work. Three quarters of those women reported an abortion within the last year, and 14% reported more than one.

**Thank you!**