

**Joint NCHADS-NCMCH (\*) Statement**  
**On the Implementation of the Prevention of Mother-to-Child Transmission of HIV/AIDS**

**1. Introduction**

The prevalence of HIV/AIDS among the population aged 15 to 49 years in Cambodia has decreased from 3% in 1998 to 1.9% in 2003, but still remains higher than in most other Asian countries. Based on the HIV Sentinel Surveillance Survey of 2003, it is estimated that 123,000 individuals aged 15-49 were living with HIV, including 20,000 AIDS patients in need of quality and effective Continuum of Care (CoC) services. Approximately 50% of these patients are women of reproductive age, therefore requiring PMTCT services in addition to OI/ART services.

Following the implementation of the National Operational Framework for the implementation of the CoC for PLHA by mid- 2003, VCCT services have been strengthened and expanded rapidly. There are currently **98** licensed VCCT sites established at referral hospitals, former district hospitals, NGO clinics and private clinics in Cambodia. OI/ART services have been established at 31 referral hospitals.

The implementation of the CoC services for care and treatment for People Living with HIV/AIDS (PLHAs) has progressively improved links between the health facility-based care and the community. There are currently 235 community-level groups engaged in the provision of home-based care services, and 415 peer groups offering peer support to PLHA, with 14, 515 registered members, linked in a series of networks. These networks provide basic services and encourage and support PLHA in the community. Network and group members participate in monthly Mondol Mith Chuoy Mith (MMM) meetings at referral hospitals where CoC is being established, in order to share ideas and experiences concerning health care and life style, and to access counseling and health care services. **Wide availability of these support services has lead to an uptake of VCCT services, and patients seeking care services at referral hospitals.**

**There has also been an increase of pregnant mothers seeking antenatal services who volunteer to have their blood tested for HIV/AIDS.** To respond to the increasing need for the prevention of mother-to-child transmission (PMTCT) of HIV, the NCMCH has established 27 PMTCT sites at referral hospitals and health centres in Cambodia.

To enhance the implementation of PMTCT+, and particularly to strengthen partnerships in the implementation of programmes aimed at improving the health of mother and children, the following PMTCT strategy has been agreed by NCHADS and NCMCH\*.

\*:  
NCHADS=National Centre for HIV/AIDS, Dermatology and STI  
NCMCH= National Centre for Mother and Child Health

## 2. Monitoring the implementation of PMTCT

- 2.1 The two National Centres have agreed to integrate PMTCT into CoC services at the Operational District (OD) level. The Continuum of Care Coordination Committee (CoCCC) is the only authorized body to coordinate PMTCT activities at OD level. The OD-MCH Coordinator will be the focal point of the CoCCC.
- 2.2 In municipalities or provinces where there is more than one CoC package, a Provincial Technical Support Group (TSG) on CoC will be established. The Director or Deputy Director of MCH programme in charge of PMTCT activities will be the focal point of the TSG.
- 2.3 The two National Centres should develop a joint annual work plan on PMTCT to include joint PMCTC activities in each OD with operational CoC services.

## 3. Improving the quality and use of PMTCT services

### 3.1 Antenatal care and delivery services

3.1.1 During scheduled HIV/AIDS education classes ('Mothers' Class'), ANC Clinic staff should inform and encourage pregnant mothers to access PMTCT services: namely VCCT services. ANC clinic staff should counsel consenting pregnant mothers, and then have their blood samples sent to be tested at their referral hospital. After receiving the test result, staff should give full post-test counseling, and provide information about other available services.

3.1.2 Health centre staff responsible for ANC and gynecological examination and family planning activities should refer HIV positive pregnant mothers to seek ARV treatment for PMTCT at the nearest referral hospital.

3.1.3 OPD staff of the referral hospital should refer HIV positive pregnant mothers to seek ARV treatment for PMTCT at the Maternity Ward where this service is available.

At referral hospitals with PMTCT activities, prescription of ARVs is the responsibility of a PMTCT Team consisting of physicians, midwives and nurses trained by the NCMCH and NCHADS.

ARV Regimens for PMTCT should be prescribed according to the Revised National Guidelines for PMTCT approved by the Ministry of Health in September 2005.

<b>ARV Treatment Regimens for PMCTC</b>				
ARV	Antepartum	Intrapartum	Postpartum	Postpartum
	Mother	Mother	Mother	Infant
HAART	HAART	HAART	HAART	NVP (2mg/kg) single dose soon after delivery

				ZDV(4mg/kg) twice daily for 7 days *
ZDV and NVP	ZDV (300mg) twice daily starting at 28 weeks or  as soon as possible if more than 28 weeks	ZDV (300mg) during labour every three hours until delivery and  NVP (200mg) single dose during labour	ZDV (300mg) and 3TC (150mg) twice daily for 7 days	NVP (2mg/kg) single dose soon after delivery  and ZDV (4mg/kg) twice daily for 7 days**
ZDV and/or NVP for infant (when no maternal PMTCT prophylaxis)	No	No	No	NVP (2mg/kg) single dose soon after delivery  and ZDV (4mg/kg) twice daily for 7 days
<p>* If the mother receives less than 4 weeks of HAART during pregnancy, infant ZDV dosing should be extended to 4 weeks.</p> <p>** If the mother receives less than 4 weeks of ZDV during pregnancy, infant ZDV dosing should be extended to 4 weeks.</p> <p><i>Adapted from: WHO/CDC, 2004. PMTCT of HIV Generic Training Package.</i></p>				

3.1.6 The PMTCT Team of the referral hospital in charge of prescribing ARV should work closely with the home-based care teams and support groups in the community in the context of the CoCCC to ensure adherence of ARV treatment for PMTCT.

3.1.7 The PMTCT Team of the referral hospital should provide counseling to positive mothers during delivery and prescribe ARV to both the infant and mother during intra- and postpartum period. Infants should be treated for 1 to 4 weeks depending on presence or absence of ARV treatment in the mother during pregnancy, before being referred to the Pediatric Ward for CoC services. The Team should encourage the positive mother who has not received CoC services to seek OI and ART services at the referral hospitals where these services are available.

### **3.2 Gynecological services and family planning**

Health staff providing gynecological and family planning services should encourage women of reproductive age seeking these services to access VCCT at the nearest referral or former district hospitals.

### **3.3 VCCT Services**

3.3.1 VCCT staff should inform and encourage women of reproductive age, and pregnant mothers, who are either HIV positive or negative, to access MCH and gynecological

services and family planning services provided by health centres, referral or former district hospitals.

- 3.3.2 VCCT staff should refer pregnant mothers with a positive HIV result to seek PMTCT services at the nearest referral or former district hospital or health centre.

### **3.4 *OI and ART Services***

- 3.4.1 OI/ART service staff should encourage HIV positive women of reproductive age to access MCH services such as family planning, antenatal care and PMTCT, if they have not done so.
- 3.4.2 NCHADS will establish pediatric care services for children with HIV/AIDS by integrating these as part of the CoC package for PLHA.

### **3.5 *Mondol Mith Chuoy Mith (MMM)***

Priority will be given to HIV positive pregnant mothers and women of reproductive age to attend monthly MMM meetings that are conducted at referral hospitals. They will share experiences and obtain information on ante- and post-natal care services, family planning, reproductive health, baby care and OI/ART services.

### **3.6 *Home-Based Care (HBC) and Support Groups for PLHAs (PLHA-SG)***

HBC Team and PLHA-SG should strengthen the following activities:

- 3.6.1 Encourage women of reproductive-age, pregnant mothers and mothers who have delivered at home, who have not been tested, to access VCCT services at the nearest referral or former district hospitals.
- 3.6.2 Encourage HIV-positive pregnant mothers to deliver at a health centers or referral hospital where PMTCT is available.
- 3.6.3 Follow-up with HIV-positive mothers to make sure that the infant is referred for ARV treatment at PMTCT services as soon as possible; and to refer infants from 6 weeks of age for CoC care at the paediatric services for children with HIV/AIDS.
- 3.6.4 Provide regular follow-up with the HIV infected mother on ARV treatment and monitor ARV side effects.

## **4. Management of the supply of ARVs, reagents and consumables**

- 4.1 NCHADS is responsible for the supply of ARV drugs for PMTCT activities based on the actual needs of these services. It will also provide HIV reagents and consumables for HIV testing.
- 4.2 ARVs, reagents and consumables will be supplied through the Ministry of Health Supply System and the current interim NCHADS system.
- 4.3 NCMCH will submit an annual forecast of the need for ARV drugs for PMTCT to NCHADS. This will be included as part of the Annual Need Assessment Plan.

## **5. Capacity building**

- 5.1 The two National Centres will jointly organize all training of Provincial Trainers. NCHADS will be responsible for conducting training in basic knowledge on HIV/AIDS and CoC, and NCMCH, for the training in counseling and PMTCT.
- 5.2 All training activities at provincial level aiming at improving the capacity of the health staff implementing PMTCT activities should involve the staff from the two provincial programmes. Provincial AIDS Officers will provide training in basic knowledge on HIV/AIDS transmission and CoC services. Provincial PMTCT Officers will provide training in counseling and PMTCT.

## **6. Data collection and management and reporting**

The two National Centres will adopt a set of indicators, and reporting and data collection formats, developed by a TWG that monitors and evaluates PMTCT reports, and agreed upon by the two Centres and approved by the Ministry of Health.

Seen and Approved

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