

**Kingdom of Cambodia  
Nation Religion King**



National Centre for Tuberculosis  
and Leprosy Control (CENAT)



Ministry of Health



National Centre for HIV/AIDS,  
Dermatology and STI (NCHADS)

**Joint Statement of The National Center for HIV/AIDS, Dermatology and STI and  
The National Center for Tuberculosis and Leprosy Control**

**For Strengthening Care and Treatment strategies of HIV/AIDS -TB**

Cambodia's prevalence of HIV/AIDS among adults (15-49 years old) has decreased from 3% in 1998 to 1.9% in 2003, but still remains higher than it is in other Asian countries. In 2003, almost 12% of patients with tuberculosis (TB) were also infected with HIV/AIDS, up from 2.5% in 1995. An estimated 123,000 adults were living with HIV in 2003, including 19,800 AIDS patients. Over the last few years, data from TB services have shown a constant increase in the number of detected cases of active TB, from 19,007 in the year 2000 up to 31,105 in 2004. These data indicate a strong need to strengthen HIV/AIDS care and treatment, and improve DOTS strategies in order to better promote health care for these patients.

Responding to the national health problems, the National Centre for HIV/AIDS, Dermatology and STI (NCHADS) and the National Centre for Tuberculosis and Leprosy Control (CENAT) have created frameworks for implementing TB/HIV activities and the Continuum of Care (COC) for people living with HIV/AIDS and TB. With the Ministry of Health endorsement, these policies were implemented nationally in 2002 and 2003.

In order to effectively implement these programs and preventing them from overlapping one another, NCHADS and CENAT have agreed to release a joint statement. They include the following:

**1- Provision of care and treatment for TB-HIV/AIDS co-infection**

Care and treatment of TB-HIV/AIDS co-infection shall include DOTS and Continuum of care services to be delivered within the existing public health system at the operational district level

- 1.1 Health Centre staff in charge of TB-DOTS (including all former District Hospitals), and TB service providers at Referral Hospitals will counsel TB patients to undertake a voluntary and confidential HIV test and will refer them to the nearby VCCT site
- 1.2 Health service providers at HIV/AIDS VCCT sites will counsel people living with HIV/AIDS to screen for Tuberculosis and refer them to Health Centres (including former District Hospitals) or to nearby Referral Hospitals
- 1.3 Staff of Health Centres (including former District Hospitals) and Referral Hospitals, under the guidance of the Continuum of Care (COC) Steering Committee will cooperate with Home and Community Based Care Teams, NGO's and Civil Society, to promote knowledge and understanding of HIV and TB testing and screening, and to encourage consistent use of these services
- 1.4 Services for Opportunistic Infections (OI) and ART within outpatient departments of referral hospitals or former district hospitals will provide care and treatment to all TB and HIV/AIDS patients in compliance with guidelines instruction on DOTS and continuum of care including medicine for life extension.
- 1.5 TB services implementing DOTS at referral hospitals and health centers, as well as former district hospitals, will provide treatment for TB to HIV/AIDS patients. Isoniazide prophylaxis treatment (IPT) for TB will be administered to HIV/AIDS patients at local health facilities (hospitals or health centers), provided that follow-up and care can be assured (high adherence)

## 2- Supply of drugs-equipment and test kits:

Regular supply of materials and reagents is under the responsibility of the two National Centres (NCHADS and CENAT) and provisions should be included in their respective quarterly/yearly plans of action:

2.1. CENAT will provide additional drugs for TB treatment as indicated by national guidelines and INH for prophylaxis treatment (IPT) among HIV/AIDS patients. The national centre will increase the supply of TB diagnostic equipment and material (x-ray films, reagents for sputum microscopy, culture...).

2.2 NCHADS will increase the supply of reagents and consumables for HIV/AIDS testing by 10% . NCAHDS will provide additional drugs for opportunistic infections (OI) and ART and will assure the quality of services provided to patients with HIV/AIDS and TB co-infection.

## 3. Training of health personnel

The two national centres will collaborate to develop and implement training activities for health service providers to enhance their knowledge and capacity to provide services for TB-HIV/AIDS co-infection.

Moreover, they will enhance and assure the quality of consultations and will also supervise the correct execution of all tests.

4- Awareness on TB-HIV/AIDS treatment and care TB-HIV/AIDS care and treatment promotion

The two national centres through their networks and agents will promote TB-HIV/AIDS care and treatment services and educate TB-HIV/AIDS patients to use such services.

5- Monitoring and evaluation

Follow-up, monitoring and evaluation of care and treatment for TB-HIV/AIDS co-infection will be included in the plan of action of the two national centres and will remain under their individual responsibilities. Activity reports will be included within the reports made by the two national centres.

Phnom Penh, 01 March 2005

Phnom Penh, 28 February, 2005

National Centre for Tuberculosis  
and Leprosy Control (CENAT)

National Centre for HIV/AIDS, STD  
and Dermatology (NCHADS)

**Dr Mao Tan Eang, Director**

**Dr Mean Chhi Vun, Director**

Phnom Penh, 03 March 2005

Seen and approved  
Ministry of Health  
Director General

**Pharm. Chou Yin Sim**