Since the start of the epidemic, prevention is one of the most important component in the strategic plans for fighting against HIV/AIDS epidemic in Cambodia.

As result, many institutions working with HIV/AIDS epidemic need these type of information since they can use it to design their programs and/or to evaluate their existing ones.

Consequently, more and more studies focusing on prevention have been, locally and nationally, conducted.
143 research studies out of a total of 286 have focused on prevention.
Research in the Areas of Prevention

- Only two studies assess HIV incidence in various groups.
- Two reports & two conference papers look at the issue of VCCT.
- Most studies focus on KAP, sexually transmitted diseases, HIV-Prevalence and behavior change.
Since heterosexuality is the main mode of HIV transmission in Cambodia, many groups linked to commercial sex have commonly been studied.

Common groups included in studies related to prevention are:

- Direct sex worker: 37
- Youth: 24
- Indirect Sex-worker: 17
- General population: 11
- Military: 8
- MSM: 7
- Drug Users: 5

Out of 143 studies.
Research in Prevention : Strengths (1)

- All studies conducted reflect well the existing strategies for combating the HIV/AIDS epidemic in Cambodia.

- All aspects of and vulnerable groups in HIV prevention have been studied to some extent: HIV incidence, HIV prevalence, STI prevalence, risk behavior, KAP, sex-workers, blood-donors...

- Other potential sources of HIV infection have also been studied, for instance, men who have sex with men and injecting drug user.
Research in Prevention: Strengths (2)

- Trend analysis is possible due to similar assessments over time
- Many intervention programs have been developed, implemented and modified based on findings derived from these studies
While HIV prevalence is well studied, incidence study has been rarely conducted.

Similarly, the number of study on the usage of VCCT and its impact on risk behaviors remains low.

It appears that the findings of some studies (given good quality studies) have not been optimally used.
Research in Prevention: Challenges (2)

- Other aspect of prevention should be more extensively studied. Those aspects are: mother to child transmission, male to male sex, injecting drug use, superinfection of HIV and the transmission within discordant couples.

- Study on risk behaviors among ART recipients

- Recently, providing treatment and care to people living with HIV/AIDS appears to be the main focus in managing the HIV/AIDS epidemic. This shift may also influence on the number of studies on prevention as well as the nature of study participants in the future.
Thank You!
HIV/AIDS Care and Treatment

HIV/AIDS Research Agenda Workshop

Sunway Hotel, Phnom Penh
March 28-29, 2007

Saphonn Vonthanak M.D, M.S, PhD., NCHADS
Why research in HIV/AIDS Care and Treatment?

- Augment free access to care and treatment is one of the main objectives of the National Center for HIV/AIDS, Dermatology and STDs.

- Specific evidences are needed to guide program planning, implementation, monitoring and evaluation.
Past, current and potential research on HIV/AIDS care and treatment

- Epidemiological: 76%
- Response analysis: 22%
- Socio-behavioral: 1%
- Experimental: 1%
Past, current and potential* research in care and treatment of HIV infected patients

Number of research conducted

- Epidemiological
- Experimental
- Socio-behavioral
- Response analysis

Care and treatment among HIV infected patients

Document of spread of the HIV among hospital patients

Subtyping

National Center for HIV/AIDS, Dermatology & STD of Cambodia
Epidemiological research topics

1. Document of spread of HIV
2. HIV sub-typing
3. Clinical aspect of AIDS patients description (Calmette hospital- 2001)
4. OIs and treatment of OIs
5. HIV-1 drug resistance (IPC in 2002)
6. Outcome of treatment (survival and determinants)
7. Testing strategies to monitor care and treatment
8. Treatment strategies
9. Nutrition
Strengths

- A wide range of topics has been covered
- Studies seeking new testing and treatment strategies specific to developing countries has been conducted
- Collaborative effort between government and non-government organizations to work on the project
- Capacity on conducting trials is being build
- Advanced capacity to conduct some molecular study is there
Challenges

- Have we translated those findings into action?
- How well the results been shared and used by the national program?
- What other areas (topics, target group…) needed to be covered?
- How to coordinate all the information so that it can be shared and used effectively?
- How to insure quality of research?
Thank You!
Socio-economic impact component

Heng Sopheab, NCHADS

Sunway Hotel, Phnom Penh
March 28-29, 2007

HIV/AIDS Research Agenda Workshop
Introduction to socio-economic impact of HIV/AIDS

- **Direct impact**
  - Adult mortality
  - MTCT and child mortality
  - Fertility

- **Indirect impact**
  - Economy/poverty
  - Impact on health sector and public-sector capacity
  - Education sector (supply, demand, quality of education)
  - OVC and women issues
Overall, there are 22 studies are on socio-economic impact and cross-cutting research.

However, about 3-4 papers address socio-economic impact issues.

**Main actors**: NCHADS, Policy Project, and Save the Children Australia.

**Groups targeted**: OVC and families.


Strengths

- Issues of OVC, women and HIV/AIDS have been partially covered

- There have been a commitment from both government and non-government sectors to address socio-economic impact issues
Research needs (1)

- Stigma and discrimination (especially among women)
- Food support and PLHA
- Health care deliveries and expenditure of health care (both public and private) related to HIV/AIDS
- Integration of HIV services into the existing health system with the objective to strengthen the health system
Research needs (2)

- Availability and feasibility of services for HIV positive children when they become adult
- Mechanism to support the OVCs in the future
- Economic burden of taking care of PLHA and OVC
- Impact of HIV/AIDS on adult mortality and child mortality, gender differentials in mortality
- The big challenge: Translation research findings into action!
Way forwards

- How frequent should agenda be revised? – When will be the next workshop?
  - Every two years (2007-2008) next revision, March 2009
  - Annual symposium, meeting, conference
  - Research gap exercise (every year)
Who should update the agenda/inventory?

- NCHADS will keep update database, access to all partners
- How? All organizations send a copy of their final report/copy of concept paper of going on project to NCHADS - different access level for different audience – Pubmed;
- establish an email list
- donnor?: all welcomed
- Action: no need to send official letter, but a reminder for every 6 months
Way forwards

- Partnership? How should we all “really” endorse this agenda? (need more refinement: on what we have agree on – included current researchs, part of the national strategies,
  - Among funders? Will use it a document to prioritize funding
  - Among users? Evidence based
  - Among researchers? Good quality research
  - NEC
Capacity building? Quality of research? A coordinating body for research capacity building

- NCHADS have IBET training
- NIPH role
- Partners’ role:
  - need local researcher & foreign consultants, need local consultant for capacity building
  - training on qual and quan (PSI): is open to all organizations
Way forwards

- Process
  - Organization interested in topics?
  - WG on specific topics: update on research conducted...(research question, methodology, tools…)
  - Allocate some funds for NCHADS for funding research: - creating truth fund? fund for managing the process?
  - Funding available?
    - EU: mainly health system research
    - health budget line: for intervention + research (take 1 year to the whole approval process)
    - world bank: knowledge generating activities
    - Global fund: 4% of budget for round 7 for operational research
Thank You!