CHAI Cambodia: HIV Program Update
NCHADS Annual Operational Comprehensive Planning Workshop
Dec 3, 2012
1. HIV Program Context: Background
   1. eMTCT
   2. Drug Access
   3. Pediatric AIDS Care strengthening

2. 2012 Highlights

3. 2013 Plans
CHAI currently supporting the National HIV Program (NCHADS) in the following 3 areas:

**Elimination of Mother to Child Transmission**
- Prevent new infections by supporting NCHADS to articulate a new strategy to achieve “zero new infections”
- Reduce HIV-related infant mortality through demonstrating improved follow-up of high-risk mother-baby pairs, ensuring early identification and initiation of exposed and infected infants, increasing the use of cotrimoxazole for exposed infants, and reducing infant attrition
- Continued active support for Linked Response implementation

**HIV Drug Uptake & Optimization**
- Strengthening communication and information exchange for optimal drug choices for HIV/AIDS
- Ongoing support for the national uptake of new products
- Strategic support on regimen optimization, 2L transition, phasing out of sub-optimal formulations
- Continuing support for NCHADS decisions on regimen changes through Forecasting Working Group
- Facilitate transfer of skills and for procurement planning and forecasting to NCHADS

**Strengthen PAC and General Quality Improvement**
- Strengthening Pediatric AIDS Care & ensuring the long-term survival of HIV positive children by continuing to assist NCHADS to improve quality of care and to reduce loss to follow-up
- Launch clinical mentoring program
- Scale up access to diagnostics including DNA-PCR, CD4, Viral Load
Objectives: eMTCT targets 2015/2020

Elimination of Mother to Child Transmission Targets “Virtual Elimination”

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<th>Year</th>
<th>Target</th>
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<td>2015</td>
<td>5%</td>
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<tr>
<td>2020</td>
<td>&lt;2%</td>
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Universal access to services critical to achieving eMTCT targets

- Increase ANC coverage >95%
- Increase HIV testing >95%
- Increase TB screening >95%
- Increase syphilis screening/treatment >95%
- Increase ARV coverage >95%
- Early Infant Diagnosis >95%
- Ongoing OI/ART/PAC Access >95%

Link health services with community and private sector
Link ANC, VCCT, RH in public & private sectors + intensify follow-up
Early service access at 14-16 wks: CD4 testing and ARVs
CBPCS/VCCT/PAC to follow up
CBPCS and PAC to follow up
To reach these elimination targets **universal access** must be achieved for HIV testing and ARV prophylaxis.
Getting to Zero: Urgent need to increase coverage of PMTCT services

National PMTCT coverage has improved significantly but is still too low…

- % Pregnant women tested for HIV (with known status, newly identified and previously known)
- % HIV+ pregnant women received triple ARV prophylaxis or ART
- % HIV exposed infants received ARV Prophylaxis for six weeks
• Even among those entering the PMTCT cascade, 70% may miss at least 1 service
2012 HIGHLIGHTS, KEY ACHIEVEMENTS
### 2012: Linked Response and eMTCT

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<th>Linked Response</th>
<th>eMTCT &amp; Improved survival of HIV-exposed infants + HIV-infected children</th>
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<td>• Continued active support for Linked Response implementation</td>
<td>• Development of the “Boosted Linked Response” for elimination</td>
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<td>• Scale up of data management and data quality improvement mechanisms, including improvements in cohort monitoring of mother-infant pairs</td>
<td>• Modeling national Mother-to-Child Transmission rates</td>
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<td>• Continued supervision and attendance at NL Cluster meeting</td>
<td>• Implementation support and planning for implementation of clinical mentoring</td>
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<td>• Launching of viral load testing for pediatric patients</td>
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<td>• Planning Option B+ for treatment as prevention (TasP)</td>
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2012: HIV Drug Access focused on regimen optimization

### Forecasting Support
- Support newly established national HIV commodity forecasting working group.
- Support NCHADS in revising programmatic assumptions used in the ARV forecast for adult and pediatric ART cohorts.
- Support for costing analysis covering multiple scenarios

### Advocate for Adoption of Optimal ARV Regimes
- Support NCHADS to roll out ATV/r for adult patients
- Educate decision makers about risks associated with d4T based regimens currently in use.
- Promote WHO guidance related to TasP and use of TDF in 1L and EFV in PW
- Prepare informational materials to support program decisions on new ARVs.

### Costing and Projections for Drug Transitions
- Developed model for costing various drug transition scenarios
- Model cost of TDF use under Treatment as Prevention
- Analyze cost and volumes impact of ARV product substitutions
2012: Clinical mentoring launch update

- Launching of Clinical Mentoring in PAC: in Kampot and Kampong Cham
- 12 mentoring visits to: Takeo, Kirivong, Ang Roka, Kampong Speu, SHV, Kampong Trach, Kampot, Prey Veng, Neak Loeung, Pearing, Svay Rieng and Romeas Hek.
2012: Costing analysis to support phase out of d4T and intro of as 1L

Incremental budget increase if switch D4T to dual TDF/3TC+EFV (excl. TasP)

Comparing budgets required for different models

Switching all new and existing D4T patients to dual TDF/3TC + single EFV as 1L
No pro-active change to switch existing D4T patients and new patients start on D4T
2013 PLANNED ACTIVITIES
2013 Plans

• Cambodia 3.0 strategy for elimination of infections and deaths must address key weaknesses:
  – Loss to follow up of mother-infant pairs
  – Insufficient coverage of ARVs for PMTCT
  – Low coverage of EID for HIV-exposed infants
  – Low rate of enrolment of newly infected HIV+ infants
  – Sub-optimal ART regimens for children
  – Quality improvement in Pediatric AIDS Care
**Goal:** To eliminate new pediatric HIV infections in Cambodia and contribute to substantial reductions in pediatric mortality by 2020

**Overall Objective:** Contribute to improvements in the quality and coverage of HIV services to prevent new pediatric HIV infections, improve survival of HIV-positive women and children

**Objective 1:** Contribute to development and implementation of new policy initiatives to strengthen and target prevention and treatment efforts

**Objective 2:** Strengthen data management systems and use of national data to monitor and respond to trends in service uptake and patient outcomes

**Objective 3:** Increase identification of HIV-infected Pregnant Women, exposed infants and newly infected HIV positive infants

**Objective 4:** Improve retention and follow up of HIV-infected mothers, HEI and newly identified HIV-infected babies to reduce loss to follow up

**Objective 5:** Strengthen coordination of eMTCT program and related initiatives including Treatment as Prevention under the Boosted CoC
CHAI Key Program Activities in 2013

• **Boosted Linked Response:**
  – Support use of HIV rapid testing at more sites
  – Active follow up to improve retention of mother-infant pairs
  – Launch of Option B+ among HIV+ pregnant women
  – Support implementation of birth spacing at ART site
  – Support impact modeling for progress towards eMTCT

• **Strengthen AIDS Care, PAC**
  – Clinical mentoring implementation continues
  – Promote immediate initiation of infants on ART
  – Support improvements in counseling and treatment adherence
  – Promote uptake of viral load testing

• **Drug access:**
  – Support for d4T phase out
  – Support for new product uptake should continue
  – Costing and diverse support for TDF promotion in pipeline
  – Support Forecasting Working Group
There is potential to explore implementation science opportunities around:

- Lessons learned: Continued scale up of the Linked Response
- eMTCT: Boosted Linked Response implementation
- Longitudinal monitoring of mother infant pairs
- New drug roll out and drug transition – ATV/r
Thank you!