Voluntary Confidential Counseling and Testing
First Phnom Penh Symposium on HIV Medicine

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Outline

- Objectives of HIV counseling and testing
- Background of VCCT services in Cambodia
- Process of VCCT
- Advantage of HIV testing
- Algorithm of HIV testing
- HIV testing procedures
- Program outcomes
- Lesson Learned
- Challenges
Objectives

- To reduce HIV transmission
- To serve as entry point and help PLWHA to access appropriate health care services and to improve their quality of life
- To facilitate behavior change and risk reduction.
- To reduce stigma and discrimination and support PLHA and family.
- To support ARV, PMTCT/TB and MMM program.
Background of VCCT services in Cambodia

- First VCCT established in 1995 in Phnom Penh—until 2000, there were only 6 VCCT centers.
- At the end of 2005, there were 109 VCCTs in 24 provinces and towns.
- On 30 August of 2006, there are 134 VCCTs.
- Policy and Strategy for HIV counseling and testing approved by MoH in 1995, 2002 (updated)
- HIV counseling curriculum developed
- HIV testing curriculum developed 2004
- Guidelines for Implementation VCCT developed 2004
- Guideline for Establishment of VCCT 2004
- SOP for Quality Improvement (QI) for HIV Counselling and Quality Control (QC) for HIV Testing in 2005
The process of VCCT

1. Voluntary consent → Pre-test counseling → Blood taking
2. Provide test result Confidentially → Post-test counseling ← HIV testing
3. If HIV +
   - Refer to health institutions
   - MMM
   - Home care
   - ARV
   - PMTCT
   - TB
   - OI treatment
Advantages of HIV testing

- Prevent HIV transmission to others or further infection.
- Reduce stigma and discrimination
- Receive care and treatment
- Behavior change
- Medical and Social support
- Treatment on time
- Support Continuum of Care
Simple rapid test or Elisa

- rapid test No2
  - post test counseling regarding to negative result
  - provide negative result
  - Post test counseling regarding to positive result
  - Provide positive result
  - Repeat test with the same specimen
    - Post test counseling regarding to positive result
    - Provide positive result
    - Rapid test No 2
      - Post test counseling regarding to positive result
      - Provide positive result
      - Considered as indeterminate result
      - Repeat test with the second specimen
    - Post test counseling regard Negative result
    - Provide negative result
HIV testing procedures

- 1\textsuperscript{st} option: Determine (1\textsuperscript{st})+ Uni-Gold or Stat-Pak (conf)
- 2\textsuperscript{nd} option: ELISA (1\textsuperscript{st})+ Determine (conf)
- 3\textsuperscript{rd} Option: Serodia (1\textsuperscript{st})+ Determine (conf)
Program Outcomes
VCCT centers establishment by year
Clients coverage by year

Number of people tested for HIV

Years


0 20,000 40,000 60,000 80,000 100,000 120,000 140,000 160,000

1,766 3,929 6,999 10,447 12,427 15,995 41,060 59,184 152,147
Pre and Post test counseling in 2005

Type of service

Number of people

- Pre-test
- Tested
- Post-test

Pre-test: 152,734
Tested: 148,336
Post-test: 152,147

152,734
148,336
152,147
Trend of HIV prevalence among VCCT clients
Lesson learned

1- Effective program ownership and leadership very necessary.
2- Good partnership: Government, NGOs, International organizations and donors.
3- Rapid expansion- need for quality assurance and control.
4- Logistic support very important.
5- Standardized technical guidelines necessary.
Challenges

- Counseling Networks
- Strengthen Quality Improvement and Quality Control for HIV counseling and testing
- Mobilize resources to expand VCCT services
- Recruit PLWA for counseling services (lack staff at the HC).
- Supervision for quality management of services.
Thank you for your attention!