

MSF B projects

- 3 sites: Siem Reap, Sotnikum and Takeo
- AIDS care is set up as part of chronic diseases clinics
 - Prevalence of diabetes is high (5-10%), no adapted services are available in most of the country
 - Integration of AIDS care with other patients and diseases
 - AIDS with ART becomes a chronic illness and has similar needs: adherence support, patient centred consultations
- Start in 2002 and 2003

Objectives of AIDS care in the projects

Overall goal

- Prolong life (prevent mortality)
- Improve quality of life of <u>all</u>PLHA that come to seek support

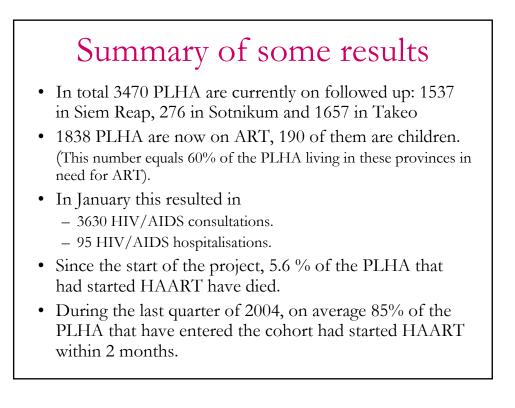
Specific objective

- Prevent OI
- Treat OI
- Restore immunity

Components of AIDS care

(not in order of importance)

- Medical consultation of good quality
- Quality hospitalisation service
- Psychological and education support with counsellors and peer educators.
- Social support
 - Based on existing support networks of the PLHA
 - HBC for additional needs
 - Material support (transport cost, food,...)
 - ? Plan for social rehabilitation (income generation, destigmatisation, debts)

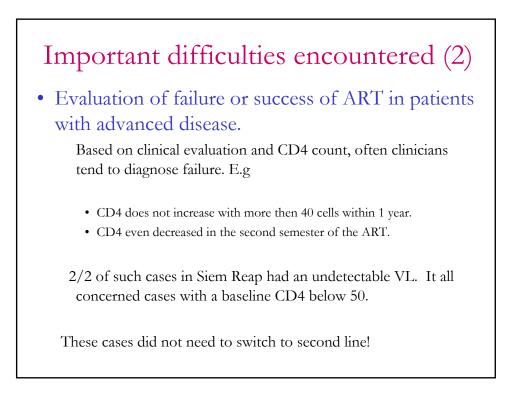


Important difficulties encountered (1)

• Difficulty with OI in the setting of peripheral hospital (both diagnosis and management)

- MAC (difficult diagnosis, probably very prevalent)
- CMV retinitis (in Siem Reap, prevalence of 23% among PLHA with a CD4 count below 50), difficult treatment and need for systematic screening
- (EP)TB (in Sotnikum 47% of all hospitalised TB where HIV+)
- PCP (diagnosis and management of hypoxemia)
- Cryptococcal meningitis (36 patients treated over the last 6 month)
- Penicilliosis (9 cases treated)

Quality hospitalisation care is essential, this was not easy to set up, currently quality of IPD in Siem Reap and Sotnikum is satisfactory



Important difficulties encountered (3) Continuous rapid inflow of new patients In December 2004, a total of 165 NC Many patients from other provinces seek care. It is very difficult to organise the selection based on geographical criteria Help from partner NGOs in these provinces created a more efficient care network. Steady increase of the HR (in 2004, 8 new MD and 7 new counsellors have started working) Complex training and supervision work At times stressful for the entire team The key to overcome this burden is a highly motivated team (both MSF and MoH staff) with a strong team spirit

Rapid scale up versus sustainable services

- AIDS care is very resource intensive
 - Clinical difficulties
 - Expensive and very varied diagnostics and treatments
 - Large numbers of PLHA that need care urgently
- AIDS care is by definition long term care

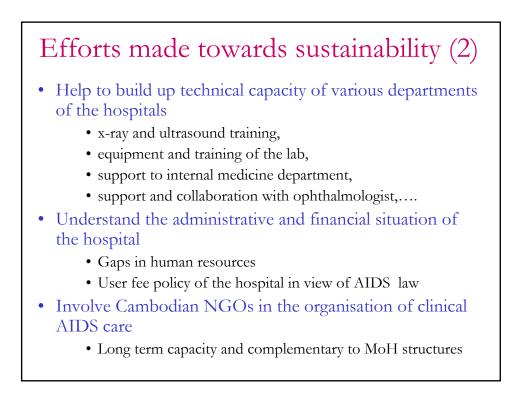
The objectives of the AIDS care projects were

- To build up capacity to follow the needs,
- While, build in long term sustainability in all components

This is a challenge, not a contradiction

Efforts made towards sustainability (1)

- Use rational protocols or guidelines
 - Emphasis on generic first line drugs
 - Standardised, "low tech" patient follow up
 - Adoption of MoH standards
- All sites are situated in MoH referral hospitals.
 - Continuous further integration in the hospital's functioning (admin, technical services, hospitalisation, pharmacy)
 - Steady increase of integration of MDs and nurses of the hospital into daily activities. (By the end of 2004, over 50% of all consultations are carried out by MoH staff)



Recommendations

- Successful scale up is possible and should not be in contradiction with longer term sustainability
- Successful AIDS care requires sufficient and well motivated staff, both medical and psycho-social
- Clinical experience should be sufficiently shared among the growing numbers of AIDS care practitioners
- Flexibility in the partnerships between MoH and partner organisations in the build up phase
- An efficient coordination of the efforts needs to be maintained, chaired by MoH