

**Kingdom of Cambodia
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Ministry of Health

Guide for implementation of Positive Prevention among PLHIV in Cambodia

2010



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

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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ARV	Anti-Retro Virus
ART	Antiretroviral Therapy
HBC	Home Based Care
HBV	Hepatitis B Virus
HSS	HIV sentinel surveillance
HIV	Human Immunodeficiency Virus
MOH	Ministry of Health
MMM	Mondol Mith Chuy Mith (Center friend to help friend)
MSM	Men who have sex with Men
NMCHC	National Maternal Child Health Center
NCHADS	National Center for HIV/AIDS, Dermatology and STI
OI	Opportunistic infections
PLHIV	People Living with HIV
PP	Positive prevention
PMTCT	Prevention of Mother to child Transmission
STI	Sexually transmitted infections
VCCT	Voluntary Confidential Counseling and Testing
WHO	World Health Organization

Preface

The Ministry of Health has reviewed and endorses the importance and necessity of developing the *“Guide for Implementation of Positive Prevention among People Living with HIV (PLHIV) in Cambodia”*. Positive prevention helps PLHIV better understand issues affecting their health status. Failure to change their unsafe sexual behaviors can lead to the acquisition and transmission of sexually transmitted infections (STI) and/or hepatitis B, and HIV super-infection leading to ARV resistance. In addition, PLHIV need to understand the importance of their involvement in the prevention of HIV transmission to other people, which contributes to end the human tragedy caused by HIV/AIDS.

The Ministry of Health appreciates the efforts and hard work made by technical staff of the National Center for HIV/AIDS, Dermatology and STD and experts from all development partners who contributed to the development of the *“Guide for Implementation of Positive prevention among PLHIV in Cambodia”* which will response to the need for solving issues encountered during the implementation of care, treatment and support for PLHIV.

The Ministry of Health looks forward to the commitment and responsibility taken by all concerned institutions, development partners, civil society, and Cambodia PLHIV Network (CPN+) in translating this Guide for Implementation into practice according the local context.

Phnom Penh *March 26, 2010* 



Prof. ENG HUOT
SECRETARY OF STATE

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Dr. Mean Chhi Vun
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Guide for Implementation of Positive Prevention among PLHIV in Cambodia

1- Introduction

HIV prevalence and incidence rates in Cambodia are currently decreasing. According to findings from HSS in 2006, the estimated 2006 HIV prevalence among adults aged 15-49 years old was 0.9%, and about 3 persons are newly infected with HIV each day (MoH, NCHADS “*HIV Sentinel Surveillance 2006*”). The proportion of people living with HIV needing care and treatment is increasing. As per NCHADS report at the end of 2009, 11,935 PLHIV (10,100 adults) were on OI care and 37,315 PLHIV (33,677 adults) were on antiretroviral treatment. More than 50% of PLHIV are supported by the Continuum of Care Strategy with regular follow-ups by OI/ART teams, home-based care teams, MMM and PLHIV support groups.

HIV infection is still a chronic incurable health condition. However, there is effective treatment using combination of anti retroviral drugs available for PLHIV to boost the patients’ immune system that allows them to remain healthy and carry out normal activities. Adult PLHIV often become sexually active, and in many cases, they practice unsafe/unprotected sex. This behavior puts them at risk of contracting other infections and HIV superinfection. Studies from different parts of the world revealed that one in three PLHIV practice unprotected sex (Kalichman, 2000; Wenger, Kusseling, Beck, & Shapiro, 1994). According to WHO 2008 report, in mature generalized HIV epidemics, a large proportion of HIV infections occur within HIV discordant couples (WHO 2008: “Essential Prevention and Care Intervention for Adults and Adolescents Living with HIV/AIDS in Resource-limited Setting”).

A study in 2008 on sexual behaviors and ART among PLHIV in five provinces of Cambodia found that the OI treatment group is more sexually active than ART groups (less than 2 years and 2 years or more groups after starting ART). Sixty seven percent of patients in the OI group and 60% of those in the ART Group reported sexual activity in the past 6 months. This study also reported less consistent condom use by OI subjects with both spouses (60% for OI group, 77% for ART less than 2 years group and 80% for ART over 2 years group) and sex-workers compared to ART groups (70% for OI group, 89% for ART under 2 years group, and 95% for 2 years or more group) (Ministry of Health, National Center for HIV/AIDS Dermatology and STD. “*Sexual Behavior and ART among PLHIV in Five provinces of Cambodia*”. 2008, p. 6-7). Another study by Family Health International (FHI) in collaboration with NCHADS and OI/ART teams assessed quality of life and sexual behavior changes among PLHIV on ART in Battambang Referral Hospital (Guy Morineau, Laurent Ferradini, and Sept. 2008). The study indicated that the proportion of PLHIV on ART who are sexually active is increasing over time during the follow-up. The incidence of sexual activity is higher

among men (51 % person-6 months) compared to women (17 % person-6 months). Single, highly educated young males, with high body mass index and high physical and social functioning scores have the highest incidence of sexual activity on ART. They are also the ones with the highest incidence of multi-partnership in the past 6 months increasing from 7% at enrolment to 18% at 18 months while it remained stable among women during the whole follow-up period (2-3%). Globally, 24% of those sexually active had multiple partners during their follow-up. Unprotected sex at least once during their follow-up was reported by 2% of all patients but by 9% of sexually active men and 13% of sexually active women. Factors associated with unprotected sex were female gender, age < 40 years and living with a regular partner. Improved survival and quality of life after ART initiation led to an increase in sexual activity among PLHIV. Young single men tend to quickly re-engage in sexual activity often with multiple partners while women tend to delay it. During their follow-up, young married women are the most exposed to unprotected sex. These observations will need to be considered while designing positive prevention messages.

PLHIV who are currently on ART are not immune from the risks associated with transmission or re-infection. While ART reduces viral load in infected persons, unprotected sexual activity between two HIV positive people can increase the severity of infection through introduction of new drug-resistant infection yielding an increased viral load and treatment failure. Additionally, women whose viral loads have decreased as a result of ongoing ART therapy sometimes believe that they are not at risk of transmitting the infection to an unborn child.

NCHADS and its partners have produced this Guide for Implementation for positive prevention in order to best support PLHIV and protect them from STI, OI, and reduce the risk of HIV transmission to their sexual partners and potential future children, and better monitor and respond to these behavioral practices that place PLHIV at further risk.

2- Objectives

- To improve knowledge of PLHIV on the prevention of infections including STI, hepatitis B and C, and HIV re-infection.
- To improve knowledge and change behavior of PLHIV to avoid transmission of HIV from them to other people.

3- Why is prevention for people living with HIV crucial?

The need of PLHIV, particularly those on combination antiretroviral therapy, increases every year. Improved survival and quality of life after ART initiation led to increase working and social activities as well as sexual activity among PLHIV. With treatment controlling their viral load, some patients might assume that their risk of transmitting HIV becomes therefore negligible. This can lead to increased unprotected sexual activity with partners when physical wellness is confused with an absence of HIV infection or inability to transmit the virus. Some HIV infected people on antiretroviral

therapy are often young, also desire to have children and choose to become pregnant. Some of them might believe that they will not transmit the virus to their child and their partner. In these cases, positive prevention intervention is important to provide appropriate information education on options and risk of becoming pregnant and on the way to prevent transmission of HIV to their baby.

4- How to transfer knowledge about positive prevention for behavioral change among PLHIV?

4-1. How to protect PLHIV in their own health?

The messages on positive prevention among PLHIV focusing on HIV transmission and re-infection will have to address the following:

4-1-1. Condom use and counseling to avoid the risk of transmission of other infectious diseases and HIV re-infection:

- Libido will increase in PLHIV after receiving ART that improves their health status
- Correct and consistent condom use is essential for PLHIV in order to prevent STI and new HIV transmission.
- Avoid misunderstanding on condom use among stable couples (husband and wife) that can cause the suspicion on each other.

4-1-2. STI prevention and case management

- STI prevention is a way to avoid HIV infection.
- The following information should be provided as part of STI case management:
 - Practice of safer sexual activities (self masturbation, masturbation of each other, vaginal intercourse using male or female condoms, anal intercourse with a condom and water based lubricant)
 - Avoidance of unsafe sexual activities (vaginal and anal intercourse without a condom, and sharing sex toys without cleaning them between partners).

4-1-3. Adherence to antiretroviral therapy

- Provide information on adherence to all PLHIV on ART
- PLHIV peer educators and counselors at the OI/ART sites should provide information on ARV treatment, including the nature and names of medicines, number of pills per day;
- Provide peer support to PLHIV who have difficulties taking their medicines.

4-1-4. Reproductive health including maternal, and new born and child health

- Antenatal Care:

- Provide information on birth spacing to all female PLHIV as recommended by the PMTCT guidelines.
- During pregnancy, female PLHIV should access PMTCT services available at referral hospitals and health centers.
- HIV infected pregnant women should seek regular antenatal care services available at referral hospitals and health centers.
- HIV infected pregnant women should participate in general counseling at mother's class; with their consent, pre - post counseling for individual pregnant mother and their partner can be provided in a separate room.

- Safe abortion and delivery: HIV-positive women with unwanted pregnancy should be referred to abortion service of a nearest referral hospital. HIV-positive pregnant women who want to have a baby should be referred to an obstetric department where ARV prophylaxis is available.

- If abortion service is available, abortion can be offered to pregnant PLHIV who provide consent;
- If abortion service is not available, pregnant PLHIV should be referred to competent NGO clinics.

All messages and IEC materials related to positive prevention could be developed by NCHADS in collaboration with NGO partners involving in HIV/AIDS health care services.

4-2. How PLHIV can prevent HIV transmission to their partners and their babies.

4-2-1. Condom use

- Explain to PLHIV the level of risk of HIV and STI transmission based on assessment of their current sexual behaviors;
- Promoting condom use among stable couples;
- Health care providers should provide counseling to help PLHIV assess risk related to their sexual behaviors and should promote consistent condom use.

4-2-2. PMTCT

- Provide antiretroviral therapy (if eligible) or ARV prophylaxis to HIV-positive pregnant women, before and during delivery in order to prevent transmission of HIV from mother to the newborn.
- Encourage partners of HIV-positive pregnant women to get HIV tested at VCCT and provide them with information on PMTCT services.
- Encourage HIV-positive pregnant mothers to deliver at health center or referral hospital where ART services are available.
- Follow up HIV-positive pregnant mothers to make sure their infant is referred for early infant diagnosis and provide Nevirapine, co-trimoxazole prophylaxis and ART at the closest pediatric OI/ART site if required.

4-2-3. Birth spacing

- HIV positive women and their partners have the right to choose for themselves whether they want to have children or not.
- Information on following options needs to be explained:
 - Avoiding pregnancy (availability of and access to contraceptives in addition to condom use)
 - Conceiving a baby when one partner is HIV-positive (reducing risk during pregnancy, during delivery and during infant feeding)
 - Maintaining good health of the mother after childbirth.
- Refer to birth spacing services

4-2-4. Tuberculosis infection control in CoC settings

- Conduct intensified TB screening and case finding among PLHIV.
- The major TB symptoms (cough, fever, and drenching night sweat,) should be assessed at the first contact with PLHIV and each follow up visit. Counselors at VCCT centers, physicians, and nurses who are working at the OI/ART services have to participate in implementing this activity.
- “*Kroma*” or facial mask should be used to prevent TB transmission in CoC services, and TB wards.

5- What to do for positive prevention?

5-1. Who should be conveying the message?

- PLHIV volunteers at MMM: key messages for positive prevention will be provided to PLHIV at MMM/mmm through 2 PLHIV volunteers who are working on MMM/mmm activity.
- OI/ART nurse counselors should convey key messages regarding positive prevention to PLHIV

- Clinicians, pharmacist in charge of dispensing ARV drugs, and Home-based care teams have a key role in providing positive prevention knowledge or message to PLHIV through their daily activities.
- One-day orientation workshop on positive prevention should be organized according to above content. The participants should be: Networks of PLHIV (CPN+/DPN+), VCCT staff, OI/ART counselors, OI/ART Clinicians, HBC teams, PLHIV volunteers working at MMM/mmm and staff members of NGOs involved with HIV/AIDS activities
- Health care providers assess PLHIV's risk behaviors (e.g. sexual behavior, drug use) regularly by using open-ended questions or checklists during home-based care visits, medical visit, or at MMM.

5-2. Where should the message on positive prevention be delivered?

The message on positive prevention should be provided to PLHIVs:

- during the MMM/mmm activities
- at CoC services (STD Clinic, OI/ART services, VCCT, pharmacy, pediatric AIDS care, TB wards, ANC, .etc.)
- during the visit of home and community based care teams (including PLHIV self help group meeting)
- during meetings of PLHIV network
- During the counseling at VCCT.

5-3. Development and printing of tools and materials of positive prevention:

Positive prevention messages should be developed to:

- Raise awareness on the role of PLHIV in the prevention of HIV and STI
- Encourage PLHIV to improve their health and to reduce their risk for HIV re-infection, opportunistic infections and other STD. Sexual and reproductive health should be also included in the education programs.
- Promote HIV testing for partner of PLHIV.
- Develop and print booklet for Positive prevention.

6- Monitoring and Evaluation

Monitoring of positive prevention activities should take into consideration available information collected by existing data collection tools (medical records at OI/ART sites, checklists used by community and home based care teams, MMM/mmm ...). Indicators for monitoring positive prevention activities are included in annex to this Guide. Information collected from monitoring tools by NCHADS will be reviewed on annual basis by TWG and will be on NCHADS website.

7- References

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8. Annex:

Indicators for Monitoring the implementation of positive prevention interventions among people living with HIV (PLHIV)

1. Direct indicator:

1.1 Number and percentage of PLHIV enrolled in OI/ART services who received positive prevention services (*).

Numerator:

Number of PLHIV enrolled in OI/ART services who received at least three services for positive prevention (*)

Denominator:

Total number of PLHIV who received HIV care, treatment and support at OI/ART sites

Frequency: Quarterly

Source:

Data management unit of NCHADS (data to be extracted from NCHADS revised Patient Visit Forms and collated in pre-ART and ART registers and quarterly report forms).

Measurement: this indicator measures the coverage of positive prevention interventions at OI/ART sites.

(*): Positive prevention services include: 1) Advice and counseling on condom use; 2) Counseling on ART Adherence; 3) Advice on birth spacing and safe abortion services; 4) TB infection control services; 5) STI prevention and case management

2. Indirect indicators:

2.1 Number and percentage of PLHIV who received information on condom use and who received condoms for preventing HIV and STI

Numerator:

Number of PLHIV reached by positive prevention activities who received information on condom use and who received condoms for preventing HIV and STI

Denominator:

Total number of PLHIV reached by the PP intervention provided by OI/ART sites, MMM, CPN+ and home based care activities

Frequency: Quarterly

Source:

- (1) Data management unit of NCHADS (data to be extracted from NCHADS revised Patient Visit form and collated in pre-ART and ART registers and quarterly report forms).
- (2) Report from MMM meetings, home based care activities and CPN+ activities.

2.2 Number of PLHIV who are referred to:

2.2.1 Number of PLHIV who are referred to STI

Numerator:

Number of adults in HIV care (OI and ART) who were referred to STI.

Denominator:

Total number of adults in HIV care (OI and ART)

Frequency: Quarterly

Source:

- (1) Data management unit of NCHADS; data to be extracted from STI quarterly report forms.
- (2) Data management unit of NCHADS; data to be obtained from the pre- ART and ART registers and reported into the facility pre-ART and ART quarterly report forms.

2.2.2 Number of PLHIV who are referred to ANC

Numerator:

Number of women in HIV care (OI and ART) who were referred to ANC.

Denominator:

Total number of women in HIV care (OI and ART)

Frequency: Quarterly

Source:

- (1) Data management unit of NCHADS; data to be extracted from Linked Response quarterly report forms.
- (2) Data management unit of NCHADS; data to be obtained from the pre- ART and ART registers and reported into the facility pre-ART and ART quarterly report forms.

2.2.3 Number of PLHIV who are referred to Family Planning

Numerator:

Number of women in HIV care (OI and ART) who were referred to Family Planning.

Denominator:

Total number of women in HIV care (OI and ART)

Frequency: Quarterly

Source:

(1) Data management unit of NCHADS; data to be obtained from the pre- ART and ART registers and reported into the facility pre-ART and ART quarterly report forms.

2.2.4 Number of PLHIV who are referred to TB

Numerator:

Number of adults in HIV care (OI and ART) who were referred to TB.

Denominator:

Total number of adults in HIV care (OI and ART)

Frequency: quarterly

Source:

(1) CENAT; data obtained from the TB Quarterly Report forms.
(2) Data management unit of NCHADS; data to be obtained from the pre- ART and ART registers and reported into the facility pre-ART and ART quarterly report forms.

2.3 Percentage of patients on ART who kept all appointments (EWI 7)

Numerator:

Total number of patients who kept all appointments during the past 12 months after their ART initiation or until the time they were classified as lost to follow up, dead, transferred out or stopped ART.

Appointment keeping is defined as “being no more than 3 days (or 7 days- depend on the buffer drugs provided in each ART sites) late or on time or early for each scheduled visits”

Denominator:

Total number of patients started on first line regimen in a 3 months period prior to the past 12 months

The denominator includes the patients who were lost to follow up and died but excludes those who were transferred out during the period.

Frequency: Annually, as part as HIV drug resistance early warning indicator

Source: Report from the Data Management Unit of NCHADS

3. Impact/ Outcome indicators

3.1 Knowledge on HIV transmission in adults after initiation of ART

Numerator:

Number of PLHIV who answered correctly to the following questions;

- 1. Can PLHIV who are on ART transmit HIV to other persons?*
- 2. Having ART can prevent someone from getting STD?*

Denominator:

Number of patients who are on OI/ART

Source:

Behavioral Sentinel Surveillance (BSS) among PLHIV

3.2 Knowledge on HIV transmission among sero-discordant partners

Numerator:

Number of PLHIV who answered correctly to questions;

- 1. Can you infect your uninfected spouse by having sex without using condom?*

Denominator:

PLHIV who are currently living with sero-discordant partners

Source:

Behavioral Sentinel Surveillance (BSS) among PLHIV

3.3 Knowledge on mother-to-child transmission of HIV

Numerator:

Number of PLHIV who answer correctly the questions:

- 1. Can born babies get HIV from their mother inside the uterus?*
- 2. Can babies get HIV from their mother during delivery?*
- 3. Can baby get HIV from their mother through breast milk?*

Denominator: Total number of PLHIV who are on OI/ART

Source:

Behavioral Sentinel Surveillance (BSS) among PLHIV

3.4 Condom use with regular partner

Numerator:

Number of PLHIV who answered correctly to question:

- 1 *In the past year, how often did you use condom when having sex with your spouse?*

Denominator:

Number of OI/ART patients who currently having spouse and reported having sex with spouse.

Source:

Behavioral Sentinel Surveillance (BSS) among PLHIV

3.5 Condom use with casual partner(s)

Numerator:

Number of PLHIV who answered correctly to question:

- 1 *In the past 6 months, how often did you used condom when having sex with casual partner (not regular or paid sex)*

Denominator:

Number of OI/ART patients reported having casual sex in the past 6 months

Source:

Behavioral Sentinel Surveillance (BSS) among PLHIV

3.6 Condom use with ‘entertainment workers’

Numerator:

Number of PLHIV who answered correctly to question:

- 1 *In the past 3 months, how often did you use a condom when you have sex with sex workers?*

Denominators:

Those who reported having sex with sex worker in the past 3 months

Source:

Behavioral Sentinel Surveillance (BSS) among PLHIV