

Field visit of USAID on the HIV program in Siem Reap Province



PPE handover to from USAID and NCHADS to PHD and Provincial Hospital

Under the leadership of the National Center for HIV/AIDS, Dermatology, and STD (NCHADS), Siem Reap provincial AIDS and STI program (PASP) hosted a visit from USAID from 10 – 12 January 2022 on HIV program implementation in Siem Reap province. The objective of the visit is to learn about the progress update of HIV prevention, care, and treatment activities in the province especially under the impact of the COVID-19 pandemic, explore how EpiC technical assistance works, and explore the advantages and challenges of the NCD-HIV integrated model in Sotnikum referral hospital. The visitor team consisted of a representative from NCHADS (Dr. Ngauv Bora, Chief of Technical Bureau, and Mr. Chea Chamnan, Data Management Unit), USAID (Dr. Sok Bunna, and Ms. Hannah Marquese), and EpiC (Dr. Steve Wignall, Mr. So Kimhai, Mr. Thong Mony Odom and Mr. Nhim Dalen).

On the first day, the visitor team visits the RHAC office to learn from RHAC and MHC on the progress update, challenges, and way forward of the HIV prevention program implementation among the key population (female entertainment workers [FEW], men who have sex with men [MSM], and transgender [TG]) and wend down to the community to observe the real outreach activity among TG in the hotspot and outreach activity among FEW at the entertainment establishment. On January 11th, 2022, the visitor team visited Siem Reap provincial hospital to learn from the Provincial Health Department (PHD) and PASP on the progress update and challenges of the HIV cascade program (presented by Mr. Oeun Sa Em) and also visit VCCT and ART facilities to meet with ART team and CAA team to learn the real practice on delivering HIV service to the client. Last day (January 12th, 2022), the visitor team visited Sotnikum Referral Hospital to explore the process and result of NCD-HIV integrating works. During the visit, UAIDS and NCHADS handed over the personal protection equipment (PPE) supported by

PEPFAR to Siem Reap PHD and Sotnikum Referral Hospital to contribute to the COVID-19 prevention measure among HIV-related service providers.



Below are the key observations from the visit:

- RHAC and MHC cover the HIV prevention program among KP and did a very good job in linking reactive cases for confirmation and enrollment in care. PDI+ and virtual outreach are the top two modalities for new case finding among KP.
- PASP in Siem Reap province has very comprehensive data from the prevention link to care and treatment and VL suppression that provided visitors a clear picture of the epidemic in the province
- Data recording of the recency result and link recent infection to partner notification service and same-day initiation and VL suppression has been well documented.
- Siem Reap performs every well on the second and third 95 targets. The second and third 95 HIV targets were reached over the target (99% and 98% in the last quarter of 2021)
- Siem Reap is a good model of the HIV integration of the VCCT and ART team in the one-stop services under the leadership of the ART team leader at the ART facility. This makes service a lot easier for clients who have confirmed newly diagnosed and received same-day ART initiation.
- Siem Reap laboratory in the provincial hospital provided support on VL test to ART sites on only in Siem Reap province but also ART sites in Kampong Thom, Preah Vihear, Oddar Meanchey, and Banteay Meanchey.

Some area that needs improvement includes:

- PrEP uptake among KP remaining low due to two main reasons: 1) limited demand creation at the community (majority of KP met don't know about PrEP and none of KP at least in the outreach session not take PrEP), 2) unfriendly service at the PrEP site. There is a suggestion from PASP to set up the PrEP site at ART in the hope that it will be a better service for clients.
- PNTT is the very important approach recognized by all players, yet the percentage of PNTT acceptance rate and partner elicitation is low (25%-30% in 2021) and it is lower among KP especially MSM. So, keep approaching and contacting index and partner through a phone call with appropriate counseling with more focus on recent infection need to be done to increase acceptance rate and partner elicitation rate. More

collaboration and assign the role and responsibility between the ART counselor and CAA counselor need to be done (at ART site in SRP hospital)

- HIVST not yet widely implemented in the community to complement the current modality and integrate HIVST in PNTT should also be considered.
- Some CAA team who implements re-engagement seem not clear on the implementation procedure and further training and coaching are needed.