

# Summary Report of the Workshop to Review the Progress Results of HIV Program and Infection Prevention Control in ART Service

Date: July 19-20, 2022, | Cambodia-Korea Cooperation Center (CKCC) meeting room



National Center for HIV/AIDS, Dermatology and STD (NCHADS) with financial support from the United State Center for Disease Control and Prevention (USCDC) organized the workshop to review the progress result of HIV program and infection prevention control in ART services aimed at reviewing the progress of HIV response in Cambodia toward the 95-95-95 targets and identify key gaps and propose solution for the next step. The workshop was presided over by H.E Dr. Hok Kimcheng, Director General for Health of the Ministry of Health, and honor guests by NCHADS Director, CENAT Director, UNAIDS Country Director, US-CDC Deputy Director, and FHI360-EpiC Project Director.

There was a total of 125 participants from all provincial health department (PHD), provincial AIDS and STI program managers (PASP) and ART team leaders from all 25 provinces as well as key relevant partner attended the workshop.

The was six main areas of the workshop were boosted-integrated active case management (BIACM), recency testing, HIV-self testing (HIVST), partner notification, tracing, and testing (PNTT), care and treatment, and data quality control. The workshop started with the presentation from the national program team on the progress update of those key areas follow by the presentation from PASP of the PEPFAR supported provinces and selected province out of PEPFAR support sites, and the group discussion by divided the participant into 3 groups focusing each of the 95-95-95 targets.

After active discussion, there were some key take aways that the National Program, PASP, and key partners need to take into account include:1) maximize new case detection through improve and expand HIVST services either at community or at ART facility, expand PrEP uptake and improve retention, best use of recency data to better targeted testing through PNTT and other modality, encourage more routine and functioning of GOC meeting to discuss on data for better testing and follow as well as facilitate ID poor process for individual at the facility; 2) keep up the fantastic work in term of link reactive case for confirmation and enrolled ART at the same day, improve multi-month dispensing (MMD) up to 6 months through reduce barrier related to out of stock, improve TLD transition, and improve re-engagement; and 3) improve VL suppression/undetectable through maximize the coverage of VL testing among eligible patient, reduce turn-around-time, promote Undetectable=Untransmittable (U=U) message, and improve the best use of continuum quality improvement (CQI) and patient satisfaction feedback.