

**KINGDOM OF CAMBODIA**

**Nation Religion King**



**Ministry of Health**

**Standard Operating Procedure on  
Appointment-spacing and Multi-Month Dispensing (MMD) in  
Cambodia**

**January 2023**



**National Center for HIV/AIDS, Dermatology and STD**

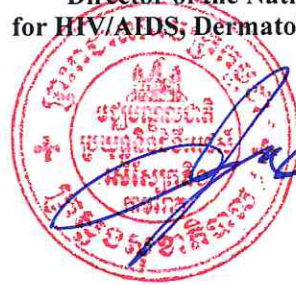
## Acknowledgement

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NCHADS also would like to convey a special thanks to Dr. Samreth Sovannarith, Ph. Prok Kaheanh and Dr. Ngauv Bora (Deputy Director of NCHADS), Ph. Tieng Sunly, Dr. Ngeth Bottra, Dr. Ky Sovathana and Mr. Chea Chamnan (NCHADS), Dr. Ly Vanthy and Dr. Chan Sodara (US-CDC Cambodia), Ms. Hul Sivantha and Mr. Kevin Yi (CHAI), Mr. Prum Mardi, Ms. Thuy Huong HA, and Ms. Sarah Hazard (GHSC-PSM implemented by Chemonics International), Dr. Steve Wignall, Dr. Chel Sarim, Mr. Nhim Dalen and Mr. Tep Romaing (FHI360-Epic) who contributed significantly to develop, revise and update of this SOP.

NCHADS would like to call on all ART service providers and development partners in Cambodia to use this revised SOP as a reference document to effectively implement appointment-spacing and multi-month ARV dispensing for people living with HIV (PLHIV) according to their eligible criteria.

Phnom Penh, 06 January 2023  
Director of the National Center  
for HIV/AIDS, Dermatology and STD



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## Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral drug
CAA	Community Action Approach
CAC	Community Action Counselor
CAW	Community Action Worker
CTX	Cotrimoxazole Prophylaxis
FBW	Facility based worker
GHSC-PSM	Global Health Supply Chain-Procurement Supply Management
HIV	Human Immunodeficiency Virus
MMD	Multi-Month Dispensing
OI	Opportunistic Infection
PLWH	People living with HIV
PrEP	Pre-Exposure Prophylaxis
PW	Pregnant Women
R&R	Report & Request form
TPT	Tuberculosis Prevention Therapy
UNAIDS	Joint United Nations Programme on HIV and AIDS
USAID	United States Agency for International Development
US-CDC	United States Center for Disease Control
VCCT	Voluntary Confidential Counseling and Testing
WHO	World Health Organization

## I. Background

The Government of Cambodia has set the goal of the elimination of new HIV infections by 2025. The country has already achieved significant progress over the last few decades in reducing the prevalence of HIV. The HIV prevalence in Cambodia is 0.6%<sup>1</sup>; the estimated number of people living with HIV (PLHIV) is 74,000, the majority (84%) of PLHIV know their HIV status, and 99% have been enrolled and received anti-retroviral therapy (ART). Of those treated, 97% are virologically suppressed (AEM 2021).

By adopting HIV Clinical Management Guidelines, adapted from World Health Organization (WHO) guidelines, Cambodia has successfully implemented “Test and Treat” whereby patients diagnosed as HIV-positive promptly begin ART (NCHADS 2016). Following WHO guidelines, the National Center for HIV/AIDS, Dermatology and STD (NCHADS) issued a letter to all ART sites recommending that stable patients should be given a three-month supply of ARV or more for treatment (NCHADS 2017). This approach is known as appointment-spacing and multi-month dispensing, or MMD. WHO recommends 3-to 6-monthly clinical visits (strong recommendation, moderate quality evidence),<sup>2</sup> and 3- to 6-month medication pickups (strong recommendation, low-quality evidence)<sup>3</sup> for stable ART patients (WHO 2016, p.259).

WHO cites systematic studies across multiple countries that have shown that reduced frequency of clinical visits among stable individuals was associated with significantly better retention, with no difference in mortality outcome. Furthermore, reduced frequency of ART refills has been associated with improved retention in care and no evidence that appointment spacing and MMD leads to additional complications or disengagement from care (WHO 2016, p. 260).

Based on the available evidence and success stories such as those cited, more and more countries are scaling-up the implementation of appointment-spacing and MMD. This Standard Operating Procedure (SOP) is designed and updated to help ART service providers in Cambodia implement appointment-spacing and MMD for eligible patients – that is, patients who are stable – which will reduce the need for frequent visits and help to reduce providers’ workload and be more convenient for the patients themselves.

### **Rationale**

Appointment-spacing and MMD is a service delivery model that aims to increase service efficiency and decrease congestion through a reduction in clinical visits and ARV pick-up appointments for stable HIV patients on antiretroviral therapy (ART).

From a stock management and supply perspective, patients consume the same quantities of ARVs in a year whether they are re-supplied monthly or less frequently. Therefore, over the long-term, once MMD becomes the norm, no additional quantities are required in the delivery system to meet the forecast consumption of stable patients. However, the quantities of ARVs in stock at facilities does need to be adjusted at the initiation of MMD and to meet future and evolving needs of patients.

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<sup>1</sup> Adult population aged 15-19 AEM 2021

<sup>2</sup> When routine clinical consultations are due, they should be coordinated with planned medication pickup to reduce visit frequency

<sup>3</sup> ARV supply management should be strengthened to ensure availability of ARV medicines and prevent stock-outs in the context of less frequent medication pickup.

With the introduction of 3- to 6- months refills, it is essential to consider how to space patients across the implementing months. We recommend a 3 to 6 months phased approach in implementing MMD to allow for workloads and ARV stock needs to be adjusted for the change in the dispensing guidelines.

## II. Objectives

The objectives of this SOP are to:

- Define eligible criteria for appointment-spacing and multi-month dispensing of ARV ( $\geq 3$ MMD) in Cambodia
- Describe implementation processes of appointment spacing and MMD for ART clinical staff and HIV care related team.

## III. Definition of Stable Patient, Appointment-spacing and Multi-Month Dispensing (MMD)

In Cambodia “Stable Patient” is defined as follows:

- patients on ART for at least 06 months regardless of age
- with the last viral load  $<40$  copies/ml), regardless of OI prophylaxis
- good patient understanding of life-long treatment and adherence
- no adverse drug reactions or ARV drug-drug interaction (DDI) requiring regular monitoring
- no suspected or confirmed TB or other opportunistic infection (OI)
- not pregnant or breastfeeding.

**Appointment-spacing and MMD** is an approach that simplifies and adapts HIV care services to reduce frequent clinic visits and medication pick-ups, frees up healthcare resources, and improves efficiency of care and management for patients. Appointment spacing and MMD can be three months or more up to six months. The national program encourages ART team to dispense ARV for six months when applicable.

## IV. Eligibility Criteria for appointment spacing and MMD

A patient is considered eligible for appointment spacing and MMD if they are both stable, as per define criteria above, and they meet the following additional criteria:

- All family members regardless of age should be ‘stable’ if appointment spacing and MMD is considered for a family, i.e., MMD is considered for all members of an HIV-infected family receiving ART.
- On first line and second line ARVs regimens.

## V. Process for appointment spacing and MMD Implementation

### Step 1: Initial Assessment

- Assess capacity and ability of ART sites before starting the appointment spacing an MMD implementation. (Annex 1)
- Create a list of stable patients. With assistance of DMU/NCHADS, the ART service data clerk and the provincial data management officer (PDMO) should produce a list of stable



patients for appointment spacing and MMD by regimen generated from ART database (see Annex 2).

- Develop appointment spacing and MMD implementation plan. With the generated list, the ART team, led by the clinic chief, should develop a plan to start appointment spacing and MMD implementation. The total number of stable patients should be divided into 6 months assigned period of intervention to see how many patients per day, needed screening and MMD prescription.

## Step 2: Management of ARVs Stock and Supply Arrangement

Prior to initiation of MMD, stock-on-hand (SoH) at the site level will need to be higher than usual during the period of transition from monthly dispensing to MMD. Additional stock should be available only for the initial months until the dispensing smooths out to the same levels as during monthly supply. Additional stock must be pre-positioned at ART sites prior to initiating MMD.

Given that MMD will require 3 to 6 months to fully implement, the pharmacy unit should submit the request to NCHADS logistics unit by using the Report & Request (R&R) form, dividing stable patients equally for two quarters. That is, half of MMD-eligible patients will be included in the R&R form in the request for the first quarter, while the rest will be reported in the next quarter.

The R&R form was developed for quantifying ARVs requested by ART sites in each quarter aligning with the distribution plan from the central medical store (CMS) to ART sites. This form is automated with sections for data input. The R&R form and user guide can be found in Annex 3.

The pharmacist should use the current quarterly-based requisition (R&R request form) to report to NCHADS the number of stable patients broken down by regimen, who are scheduled to get 3 to 6 months' drug-refill. The number of patients is provided by Data Clerk or Data Management Officer (DPMO).

### How to report and calculate the number of stable patients at each site using the R&R form:

- Recommended first line (1L) regimen (the first initiation should use the preferred regimen, TLD).
- Report normal non-MMD patients and stable patients on MMD separately

*Increase the calculation of required drugs to 8 times Average Monthly Consumption (8X AMC) for MMD regimens.*

**Table 1: Example of the calculation of ARVs using report and request form (R&R form) at ART site**

#### a) Tenofovir+Lamivudine+Dolutegravir (TLD)

Quarter	Condition with exemplified case (N=100, Stable/(MMD)=50, Non MMD =50	Actual report	Previous report	Calculation QTY required	Additional information
1	MMD	25	0	(25-0) X 8	Received

					TLD 90 Tabs/Btl
	Non MMD	75	100	$75+(75-100) \times 6$	Received TLD 30 Tabs/Btl
2	MMD	50	25	$((50-25) \times 8) + (25 \times 6)$	Received TLD 90 Tabs/Btl
	Non MMD	50	75	$50+(50-75) \times 6$	Received TLD 30 Tabs/Btl
3 and Subsequent	MMD	50	50	$((50-50) \times 8) + (50 \times 6)$	Received TLD 90 Tabs/Btl
	Non MMD	50	50	$50+(50-50) \times 6$	Received TLD 30 Tabs/Btl

**b) Tenofovir+Lamivudine+Efavirenz (TLE)**

Quarter	Condition with exemplified case (N=100, Stable/(MMD)=50, Non MMD =50)	Actual report	Previous report	Calculation QTY required
1	MMD	25	0	MMD $(25-0) \times 8$
	Non MMD	75	100	Non-MMD $= (75+0) \times 6$
2	MMD	50	25	MMD $= (50-25) \times 8$
	Non MMD	50	75	Non-MMD $= (50+25) \times 6$
3 and Subsequent	MMD	50	50	MMD $= (50-50) \times 8$
	Non MMD	50	50	Non-MMD $= (50+50) \times 6$

**Step 3: Management of Patients Eligible for appointment spacing and MMD**

- **Filter list for the appointment**



List of stable patients generated from the ART database should be submitted daily (or weekly) to ART team (clinic chief, clinicians, and counselors-lay counselors) (see Annex 2). The data clerk should receive the list from the team and sort by schedule based on the agreed criteria.

- **Prepare schedule for stable patient visits**
  - Based on an agreed list, manage patient’s visit schedule.
  - Involve and define a fast-track process to minimize patient waiting time, preferably with medications pre-packaged and patients labeled.
  
- **Clinical and adherence assessment by the clinician (on the visit day)**
  - Review each individual case based on the stable list, including the review of medical history, previous visits records, and results of latest lab results especially VL testing. Focus on chief complaint and physical examination to see if there are any OIs and other current diseases (more information refers to clinical guideline) and the status of adherence.
  
- **Physician’s prescription**
  - Once the decision is made to transition the patient to MMD, the clinician refers the patient back to trained counselor for a special session explaining the increased number of bottles of ARV dispensed.
  - Counselor sensitizes the patient, providing them with additional information involving long month refills. Counselor should discuss with the patient what to do in the event they lose their medication; how to manage/store multiple bottles of ARV drugs; the possible side effects they may experience between clinic visits and what they should do if they experience them; and possible drug failure that could occur because of taking the incorrect dosage. They also provide the schedule for the next visit. They should explain that the patient is welcome to return early if there are questions or possible side-effects.

Table 2: Standard Prescription and ARV Dispensing

No.	Prescription	Number of ARV Dispensed
1	ART for one month (1M)	30+5
2	ART for two months (2M)	60+5
3	ART for three months (3M)	90+5
4	ART for four months (4M)	120+5
5	ART for five months (5M)	150+5
6	ART for six months (6M)	180+5

Table 3 demonstrate examples of prescription, ARV dispensing and next appointment date. Next appointment date is equal to date of visit plus 30, 60, 90, 120, 150, or 180 if the prescription is for one month, two months, three months, four months, five months, or six months respectively. If next appointment date falls on holiday, physician must adjust it accordingly.

Table 3: Example of Prescription, ARV dispensing, and setting next appointment date

No.	Date of visit	Prescription	Number ARV Dispensed	Next appointment date
1	1-Sep-22	ART for one month (1M)	30+5	1-Oct-22
2	1-Sep-22	ART for two months (2M)	60+5	31-Oct-22
3	1-Sep-22	ART for three months (3M)	90+5	30-Nov-22
4	1-Sep-22	ART for four months (4M)	120+5	30-Dec-22
5	1-Sep-22	ART for four months (5M)	150+5	29-Jan-23
6	1-Sep-22	ART for six months (6M)	180+5	28-Feb-23

#### Step 4: Review and Update the List of Stable Patients

- ART site team should review and re-assess the patients for stable condition at each visit.

## Activity Flow for MMD Implementation

Figure 1: Activity Flow for MMD implementation at ART clinic

### **Step 1: Initial Assessment for MMD**

- Assess capacity of site to implement appointment spacing and MMD
- Generate list of stable patients
- Develop plan for appointment spacing and MMD implementation



### **Step 2: Management of ARVs Stock Availability for MMD**

- Review ARV stock status based on stable patients
- Prioritize ARV regimen for MMD
- Request ARV drugs from LMU using ARV R&R form (see Table 1)
- Prepare storage and transportation



### **Step 3: Management of Eligible Patients for MMD**

- Filter list for the appointment
- Prepare schedule for stable patient visits
- Clinical and adherence assessment by clinicians
- Physician's prescription
- Develop plan for MMD implementation



### **Step 4: Review and Update the List of Stable Patients for MMD**

- Review and re-assess the patients for stable condition at each visit.

## VI. Monitoring

### 5.1 Indicator

<b>Percentage of people living with HIV (PLHIV) and currently on ART who are receiving multi-month dispensing of ARV medicine [WHO: DSD.1]</b>	
<b>Definition</b>	Number of PLHIV and currently on ART who received 3 months or greater ( $\geq 3$ months) of ARV medicines at their most recent ARV pick-up divided number of PLHIV are currently on ART, multiplied by 100.
<b>Purpose</b>	To monitor the coverage of MMD among all active ART patients in the clinic.
<b>Method of Measurement</b>	The data for this indicator are collected at the end of the reporting period from facility ART database. Compute for percentage using the numerator and denominator below.
<b>Numerator</b>	Number of PLHIV are currently on ART who received 3 months or greater ( $\geq 3$ months) of ARV medicines at their most recent ARV pick-up
<b>Denominator</b>	number of PLHIV are currently on ART
<b>Frequency</b>	Quarterly
<b>Disaggregation(s):</b>	< 3 months 3 months 4 months 5 months $\geq 6$ months
<b>Source of data</b>	ART electronic database
<b>Interpretation</b>	MMD $\geq 3$ months should be 90%. Higher percent of ART patients on MMD means more patients are stable with less complex medical needs; more medical resources are free up for people who are sicker, those starting treatment and those with more complex needs.

### 5.2 Monitoring process:

The data will be primarily tracked using the existing standardized recording and reporting formats and registers of the HIV program. The frequency of follow-up is between 01 to 03 months.

## VII. References

1. NCHADS, (2018). Cambodian Asian Epidemic Model: Impact modelling & analysis
2. NCHADS (2016). National HIV clinical management guidelines for adults and adolescents. <http://nchads.org/Library/Guideline> and Strategic Planning.
3. NCHADS (2017). Guidance letter on Antiretroviral Treatment, Appointment and Defining of Lost to follow up in Cambodia. <http://nchads.org/Library/Guideline> and Strategic Planning.
4. NCHADS (2018). Cambodia National HIV cascade: Database report on the ART in 2018. <http://nchads.org/Library/Report>.
5. WHO (2016). Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection: recommended for frequency of clinic visits and medication pickup, Chapter 6: service delivery, page 259-260:
  - a. <https://www.who.int/hiv/pub/arv/arv-2016/en/> [accessed October 2019]
6. PEPFAR (2018). Differentiated Models of ART Service Delivery: Overview and Best Practices. Presentation to PEPFAR Implementing Partners. November 13, 2018
7. Consolidated guidelines on person-centered HIV strategic information: strengthening routine data for impact. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO.

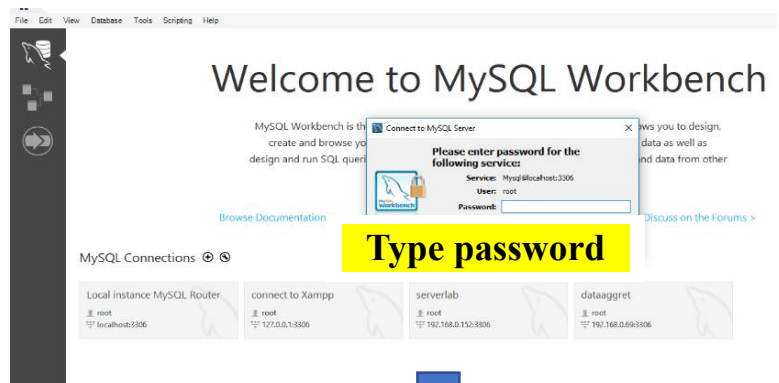
## VIII. Annexes

### Annex 1: Checklist for MMD implementation

Activities	Status			Remarks
	Done	incomplete	Not done	
<b>1. Initial assessment for MMD</b>				
1.1 generate data of stable patient from ART Databased				
1.2 create a list of stable patients quarterly				
1.3 develop a plan to space the patients for MMD correctly				
<b>2. Orientation and training on MMD</b>				
2.1 Orientate to clinic mangers/ART staffs on MMD implementation				
<b>3. Implementation of MMD</b>				
3.1 pharmacist reviewed stock status based on available ARVs				
3.2 staff aware of prioritize regimen for MMD				
3.3 staff aware of R & R form: the utilization, refill, and buffer				
3.4 staff filled out R & R form correctly				
3.5 patients are re-assessed routinely				
<b>4. Monitoring on MMD implementation</b>				
4.1 ARVs shortage existed in the past 3 months				
4.2 Patients on MMD are recorded properly and reported routinely				
4.3 MMD SOP, job-aid, related MMD tools are available at ART clinic				

## Annex 2: The process of running script to generate stable patients from ART Database

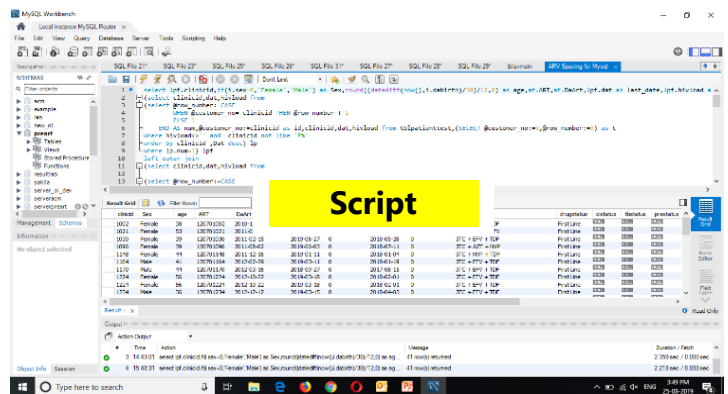
1. Open SQL Workbench, then connect to MySQL Server → enter password → click OK.



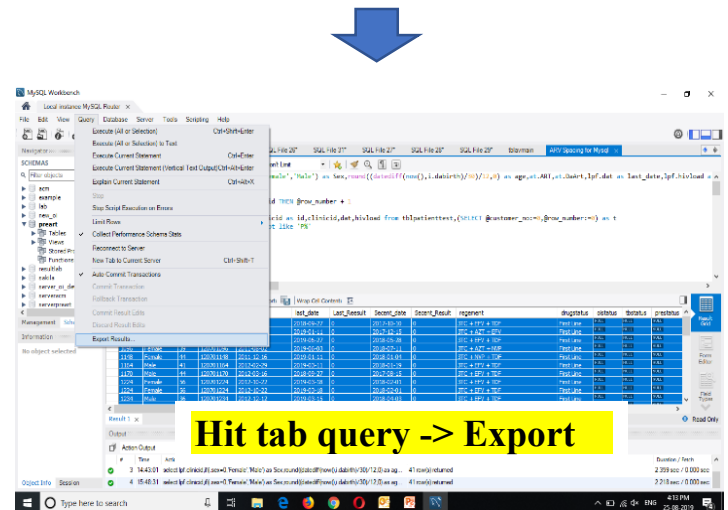
2. on screen interface, click icon “Edit” to see drop down menu.

Search for a folder named “ARV Spacing for MySQL”.

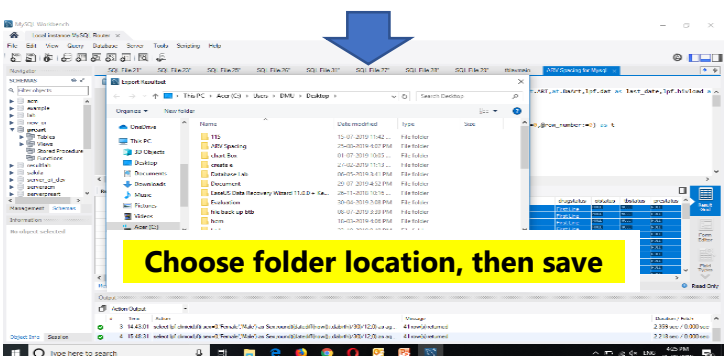
With an extension of MySQL, select file for use → click “open box” to explore file named “ARV Spacing for Mysql”. Click on the first icon on the left & upper corner; the “MySQL Workbench” will pop up.



On “Local instance MySQL Router” screen appeared as sub-window.



3. Tap “Query” to export results/data to an Excel spreadsheet



4. Chose folder location to store the file, then hit the button “Save”



### Annex 3: Report and Request (R&R) for ARVs

របាយការណ៍ស្តីពីចំនួនអ្នកជំងឺតាមប្រភេទប្រជាជន ៖

១ ធ្នូ ២០២០

ប្រភេទទិន្នន័យ ៖

ចម្លងពីផ្នែកគ្រប់គ្រងទិន្នន័យ

ចំនួនអ្នកជំងឺពេញវ័យតាមប្រភេទប្រជាជន						ចំនួនអ្នកជំងឺកុមារតាមប្រភេទប្រជាជន Number of PEDIATRIC case per regimen																	
Number of ADULT case per regimen						Actual quarter																	
ប្រភេទប្រជាជន 1L Regimens	ត្រីមាស Actual quarter	ត្រីមាស Previous quarter	ប្រភេទប្រជាជន 2L Regimens	ត្រីមាស Actual quarter	ត្រីមាស Previous quarter	ប្រភេទប្រជាជន 3L Regimens	ត្រីមាស Actual quarter	ត្រីមាស Previous quarter	ប្រភេទប្រជាជន Regimens	ទំងន់កុមារតាមប្រភេទប្រជាជន Weight band by regimens										សរុប total quarter			
										3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-14	14-20	20-25		25-30	30-35	
TDF/3TC/EPV400 (MMS)			TDF/3TC+ATV/r			DRV+DTG+TDF+RTV			ABC/3TC+DTG														
TDF/3TC/DTG (MMS)			TDF/3TC+LPV/r			DRV+DTG+ABC+RTV			AZT/3TC+EFV														
TDF/3TC/EPV400			AZT/3TC+ATV/r			DRV+DTG+3TC+RTV			ABC/3TC+EFV														
TDF/3TC/DTG			AZT/3TC+LPV/r			DTG+DRV+AZT+RTV			TDF/3TC/EPV400														
AZT/3TC+EFV			ABC/3TC+ATV/r			DTG+DRV+RTV			TDF/3TC/DTG														
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ABC/3TC+EFV			AZT/3TC+TDF+LPV/r			DTG+DRV+AZT/3TC+RTV			TDF/3TC+LPV/r														
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PreP Program			TDF+EFV+ATV/r						TDF/3TC+ATV/r														
TDF/3TC			3TC+EFV+LPV/r						AZT/3TC+ABC+ATV/r														
PEP Program			3TC+EFV+ATV/r						TDF+ABC+ATV/r														
TDF/3TC/DTG			ABC+EFV+LPV/r						AZT/3TC+ABC														
			ABC+EFV+ATV/r						TDF/3TC														
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			TDF/3TC/EPV400+ATV/r						RTV100														
			RTV100																				

ចំនួនអ្នកជំងឺពេញវ័យសរុប Total number of adult patients				ត្រីមាស Actual	ត្រីមាស Previous	ចំនួនអ្នកជំងឺកុមារសរុប Total number of pediatric patients				ត្រីមាស Actual	ត្រីមាស Previous
				-	-					-	-

បានឃើញនិងកករណ៍ ប្រធានខ្សែស័ព្ទ ធ្វើនៅ ថ្ងៃទី ខែ ឆ្នាំ ២០២០

អ្នកធ្វើរបាយការណ៍

ប្រធានខ្សែស័ព្ទ

មជ្ឈមណ្ឌលជាតិប្រយុទ្ធនឹងជំងឺអេដស៍

ស្រុកប្រាសាទ ខេត្តកោះកុង

របាយការណ៍ស្តីពីចំនួនអ្នកជំងឺតាមប្រភេទប្រជាជន ៖ ១ ធ្នូ ២០២០

total patients      previous quarter

លេខ: ១២៣៤៥៦៧៨៩១០      ៦.០

ប្រភេទប្រជាជន Description	កំរិត Dosage (mg)	ប្រភេទ Form	បរិមាណ ក្នុងមួយ គ្រាប់/មី ក្រូប	កូដផលិត Product code	អាច Available?	ស្តុកដើម្បី Starting Stock	ចំនួនចូល Incoming	ចំនួនចេញ Outgoing			ចំនួនកែតម្រូវ Adjustment	តុល្យការ Balance	ចំនួនរង A.L.S. crude	ចំនួនស្នើ Request	ថ្ងៃ ផ្តា ផុតកំណត់ ទី១ First Expiry	ថ្ងៃ ផ្តា ផុតកំណត់ ទី១ First Exp. City	សង្ខេប Observation
								Sep-19	Oct-19	Nov-19							
Zidov. + Lam. (AZT/3TC)	300/150	tabs	60	NE0110	y							0					
Tenofovir + Lam + EFV (TDF/3TC/EPV)	60/30	tabs	60	NE0113	y							0					
Tenofovir + Lam + DTG (TDF/3TC/DTG)	300/300/50	tabs	30	NE0274	y							0					
Tenofovir + Lam + DTG (TDF/3TC/DTG)	300/300/50	tabs	90	xxxx	y							0					
Tenofovir + Lam (TDF/3TC)	300/300	tabs	30	NE0272	y							0					
Abacavir + Lam (ABC/3TC)	600/300	tabs	30	NE0014	y							0					
Atazanavir + Rito. (ATV/r)	120/60	tabs	30	NE0017	y							0					
Nevirapine (NVP)	300/100	tabs	30	NE0015	y							0					
Efavirenz (EFV)	10/100	ml	1	NE0180	y							Run-out	5				
Lamivudine (3TC)	600	tabs	30	NE0052	y							0					
Zidovudine(AZT)	200	caps	90	NE0051	y							0					
Abacavir (ABC)	150	tabs	60	NE0070	y							0					
Tenofovir (TDF)	240ml	ml	1	NE0302	y							Run-out	4				
Lopiv. + Rito. (LPV/r)	300	tabs	60	NE0010	y							0					
Ritonavir (RTV)	60	tabs	60	NE0016	y							0					
Darunavir (DRV)	300	tabs	30	NE0270	y							0					
Dolutegravir (DTG)	200+50	tabs	120	NE0141	y							0					
Condom	100+25	tabs	60	NE0142	y							0					
	40/10	granule	120	NE0143	y							0					
	80+20/ml	ml	60	NE0152	y							0					
	100	tabs	30	NE0220	y							0					
	600	tabs	60	NE0047	y							0					
	400	tabs	60	xxxx	y							0					
	50	tabs	30	NE0048	y							0					
	49mm	units	144	NQ4377	y							0					

បានឃើញនិងកករណ៍ ប្រធានខ្សែស័ព្ទ ធ្វើនៅ ថ្ងៃទី ខែ ឆ្នាំ ២០២០









អ្នកធ្វើរបាយការណ៍

ប្រធានខ្សែស័ព្ទ

# Appointment Spacing and MMD

- Patients that are stable, uncomplicated and adherent can receive appointment-spacing multi-month dispensing (MMD) of antiretroviral therapy (ART) for HIV
- App.-spacing and MMD can help to reduce burden on patients and health workers
- In order to be eligible for app-spacing and MMD patients must meet the criteria below
- Patients should be screened at every visit, since eligibility for app.-spacing and MMD can change

## ELIGIBILITY CRITERIA FOR MULTI-MONTH Dispensing








To be determined by <b>data manager</b>		<b>AGE</b>	All ages
		<b>TIME ON ART</b>	On ART for at least 06 months
		<b>VIRAL LOAD</b>	Last VL <40 copies/mL
		<b>ARV REGIMEN</b>	Any regimen being used in Cambodia, FL or SL
To be assessed by <b>clinician at every visit</b>		<b>SIDE EFFECTS</b>	No serious side effects
		<b>OIs</b>	No suspected or confirmed tuberculosis or other opportunistic infections
		<b>ADHERENCE</b>	Patient agrees on the importance of lifelong adherence
		<b>PREGNANCY</b>	Not pregnant or lactating

# Appointment-Spacing and MMD

## JOB AIDE FOR COUNSELLORS

- Patients that are stable, uncomplicated and adherent can receive appointment-spacing and MMD of antiretroviral therapy (ART) for HIV.
- With receive appointment-spacing and MMD patients only have to come to the clinic 2 times every year for appointments, but they have an important responsibility to maintain adherence and monitor their health between appointments.
- Counsellors should discuss the following messages with patients receiving 6-months refills, in addition to any standard counselling messages.

### COUNSELLING MESSAGES FOR PEOPLE ON App-Spacing and MMD:

	<b>SIDE EFFECTS AND ILLNESS</b>	<b>What will you do if you have any side effects or feel sick before your appointment?</b>	<i>Come back to the facility immediately.</i>
	<b>STORAGE</b>	<b>How will you store your medications?</b>	<i>Keep them in a safe place, away from sunlight and moisture.</i>
	<b>ADHERENCE</b>	<b>How will you remember to take your drugs daily?</b>	<i>Confirm patient has a plan and could describe how to keep good adherence.</i>
	<b>HEALTHY HABITS</b>	<b>How are you taking care of yourself to make sure you stay healthy?</b>	<i>Discuss healthy eating and exercise. Maintain health to get <u>app-spacing</u> and MMD</i>
	<b>NEXT APPOINTMENT</b>	<b>When is your next appointment?</b>	<i>Confirm patient understands schedule and will return to clinic.</i>
	<b>PREGNANCY</b>	<b>For women: Is there any chance you could become pregnant in the next 6 mo?</b>	<i>If you become pregnant, come back to the facility immediately for monitoring.</i>
	<b>QUESTIONS</b>	<b>Do you have any questions about the new appointment schedule?</b>	<i>Give patient a chance to ask questions.</i>