Virtual pediatric HIV elimination in Cambodia:

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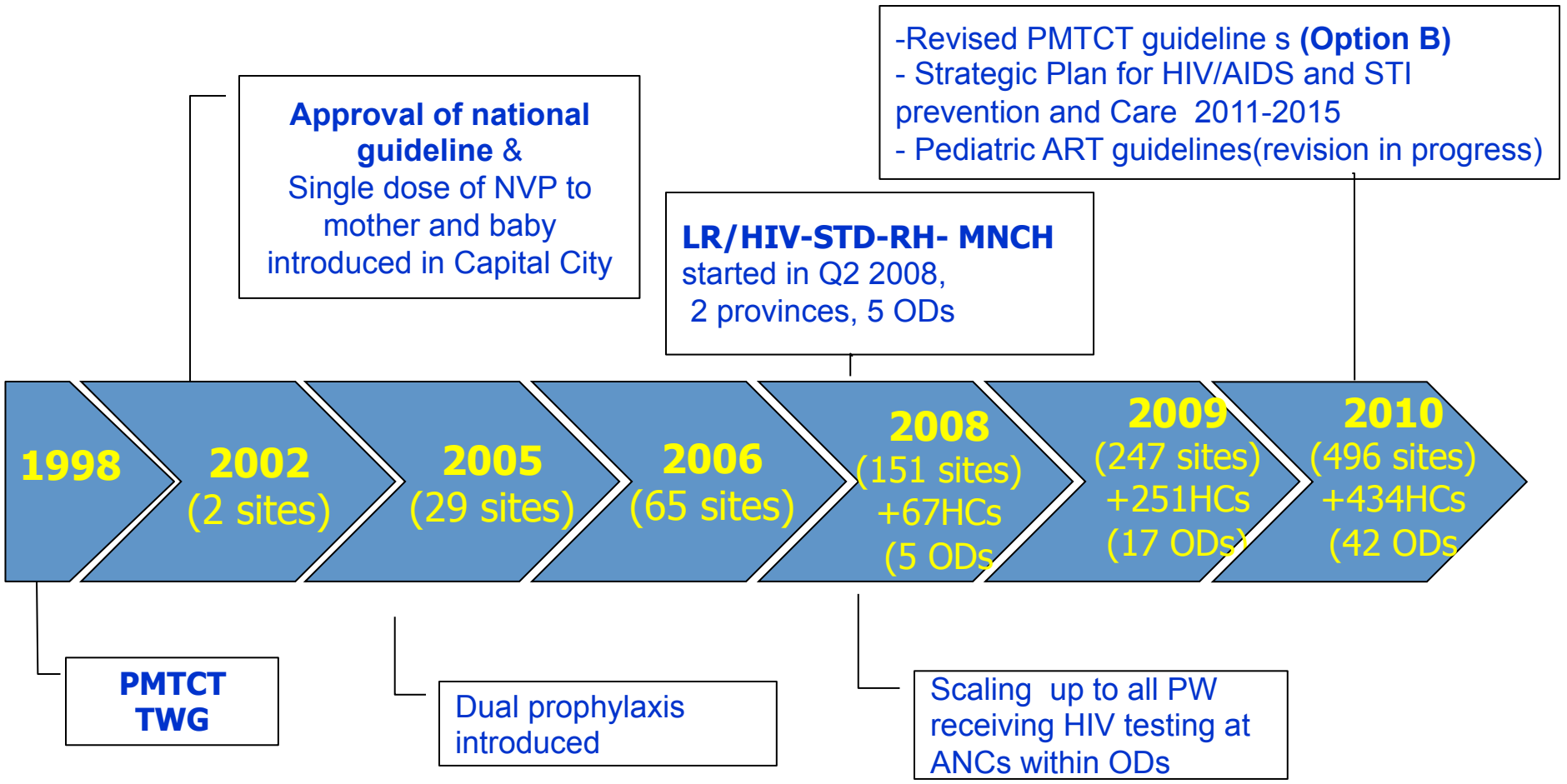
Outline

- Overview of the implementation of PMTCT in Cambodia
- Linked Response to support PMTCT interventions
- Virtual pediatric HIV elimination: Goal and Strategies for Cambodia

Background

- 350,000 pregnant women per year
- 83% pregnant women with two or more ANC consultations (2009)
- 63% deliveries with skilled birth attendants
- 66% exclusive breastfeeding
- Estimated HIV Prevalence among pop aged 15-49: **0.7%**
- Estimated HIV Prevalence among ANC is **0.59%**
- Major source of infection: **Heterosexual**
- 56,200 people who are living with HIV (**Women 29,500**)
- Estimated number of PLHIV Eligible for ART: **46,200** (CD4< 350 cells)
- Q3, 2010: ART provided for **41,669 people**, including 4,003 children, (about **90% coverage**, including 52% women)
- Est. no. of HIV+ pregnant women in 2010: **2,086**

Prevention of mother-to-child transmission of HIV (PMTCT) in Cambodia

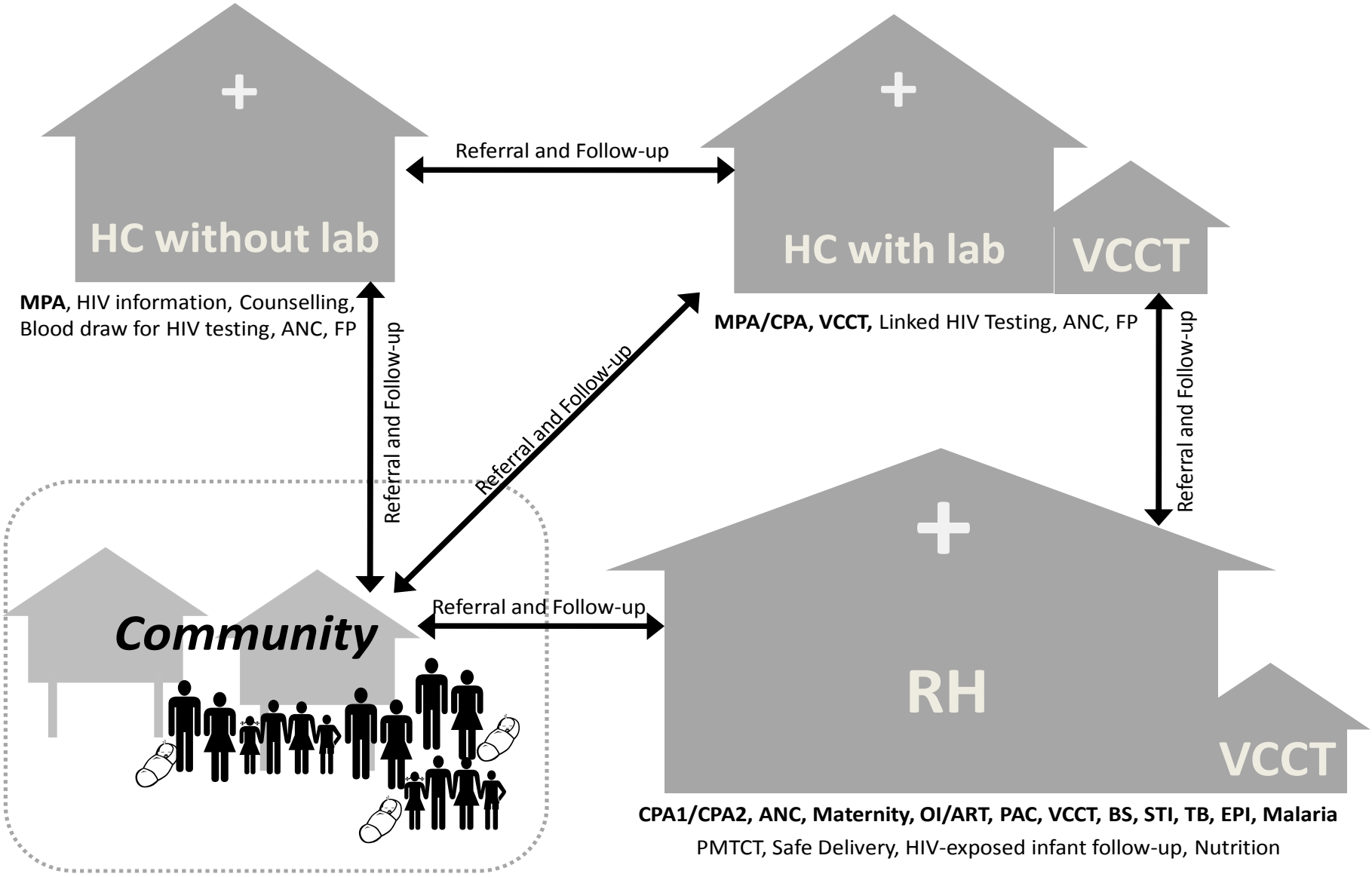


NOTE: TWG=Technical Working Group; PLHIV = People living with HIV/AIDS; PW= Pregnant Women

Implementation of Linked Response Approach in Cambodia

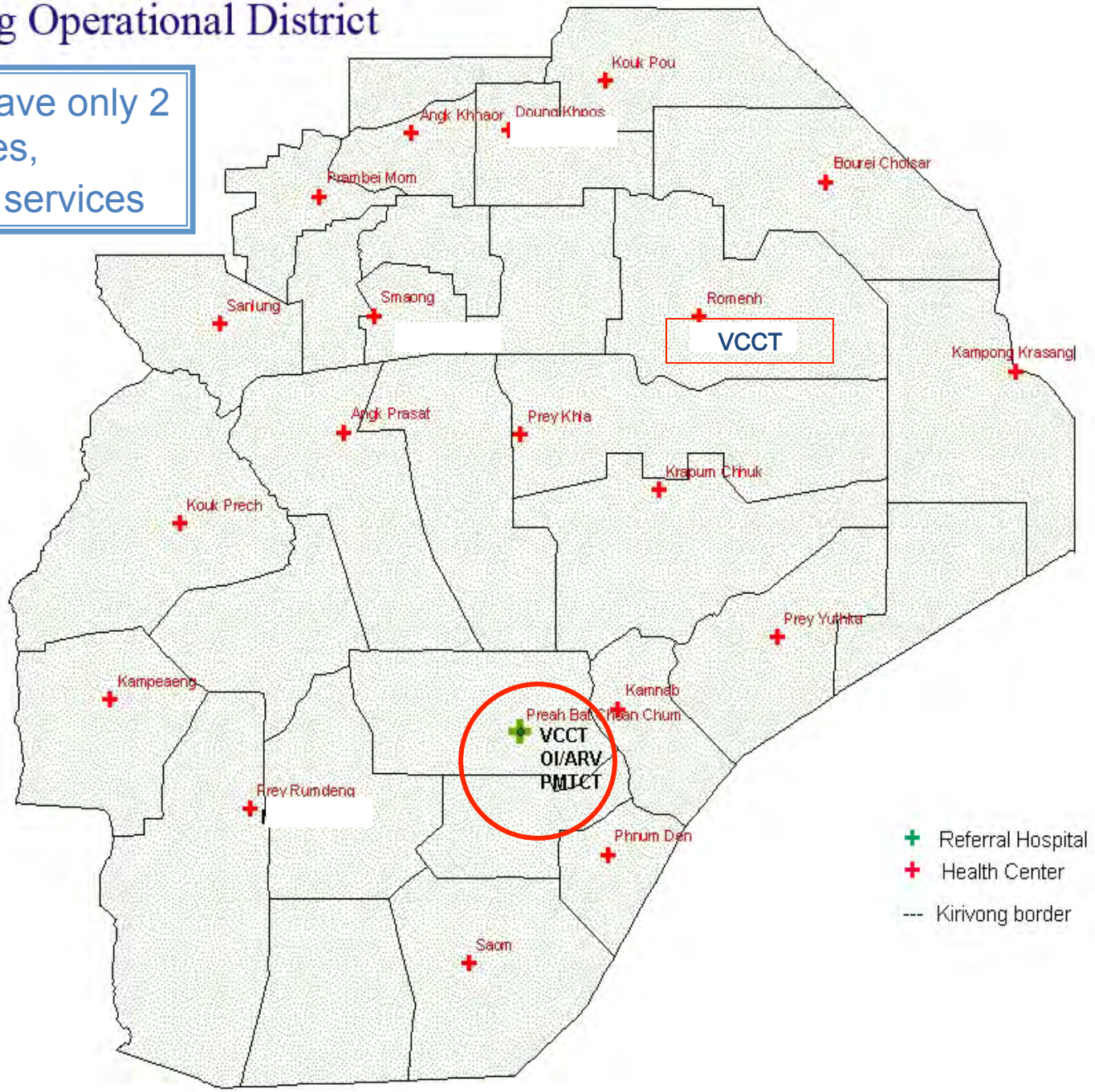
- 2008: SOP for implementing linked response approach (reaching all health facilities in an OD) introduced in 2008 in 5 ODs
- 2008- 2009: Phase 1 (ANC care including increase uptake of HIV testing, PMTCT)
- From 2010 : Phase 2 (Expand to 3Is, Promotion of 2nd, 3rd & 4th ANC visits, Promotion of delivery services, links with primary health care, targeting MARPs and Positive Prevention)
- Rapid scale up from 5ODs to cover 61 (out of 77) ODs by Sep 2010

Service Provision and Linkages for PMTCT



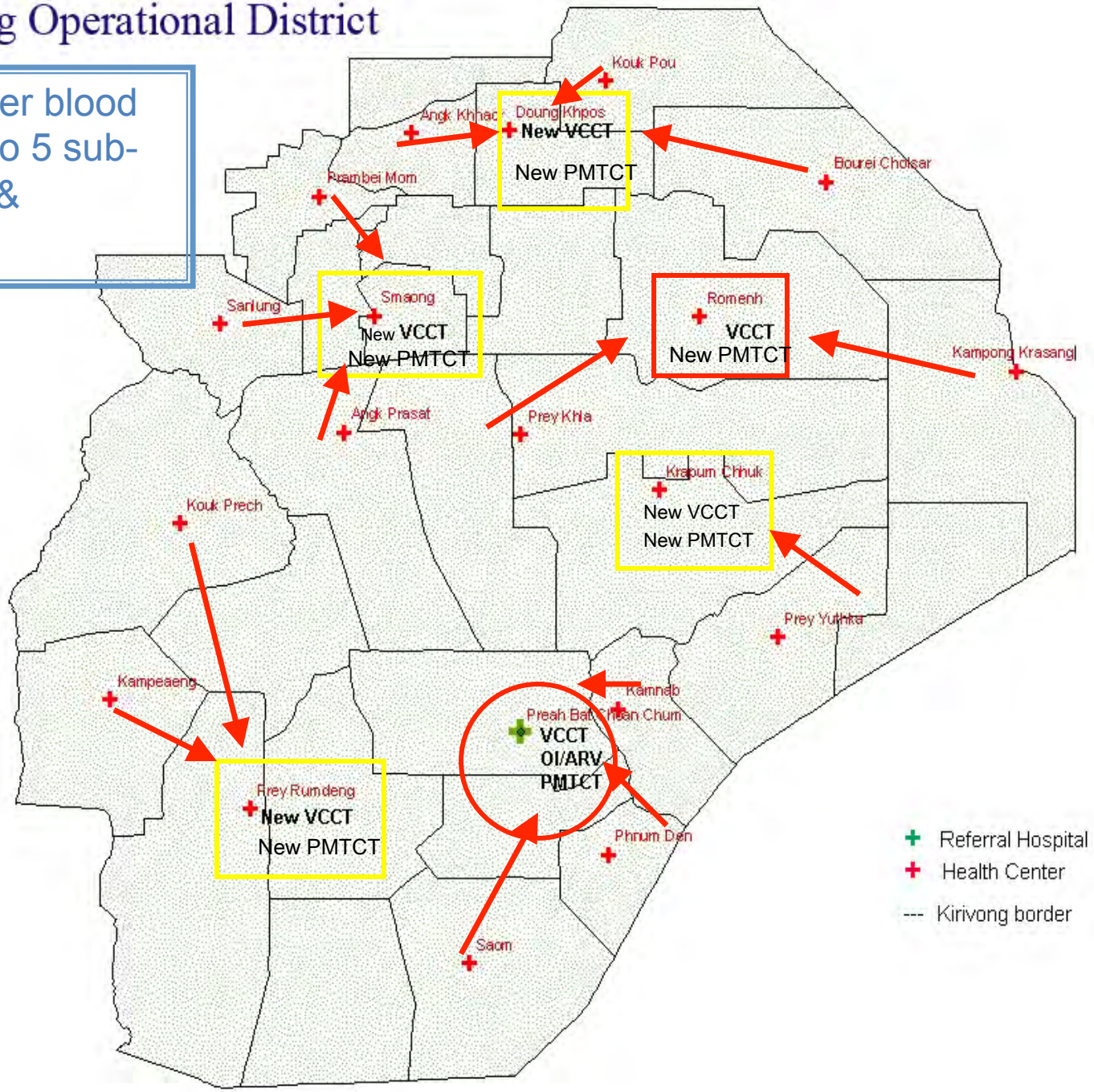
Kirivong Operational District

20 HCs have only 2 VCCT sites,
1 OI/ART services



Kirivong Operational District

14 HC refer blood samples to 5 sub-satellites &
1 satellite



How the LR concept began

Strategic Development Phase

- Setting up a TWG
- SOP developed and approved by MoH

Demonstration Phase

- Put the SOP into practice (from paper to the field)
- Essential steps in starting the demonstration site
  - Field assessment and sensitization, Orientation and consultative workshop, Nomination of relevant staff and training, Ensuring referral (patients and sample) and supply, Mentoring and ongoing support, Regular coordination forum at local levels.

M & E and Financing

M&E

- Common Standard Monitoring Tools (ANC registers, PMTCT report format, EID report format) developed and will be implemented from 2011

Financing

- Majority of funding from GFATM
- Other contributions from multilateral (WHO, UNICEF, UNAIDS), bilateral partners (ITM, US-CDC, USAID, CHAI)

PMTCT: Results from 2006 to 2009 (source: NCMCHC/ NCHADS/WHO)

LR →

Indicators	2006	2007	2008	2009
Estimated # PW	461,000	442,000	342,756	348,536
Estimated # and % of HIV PW	9,700 (2.1%)	4,509 (1%)	2,879 (0.8%)	2,472 (0.7%)
# and % of PW tested & received result for HIV	33,251 (7.2%)	89,008 (26.4%)	**112,948 (33%)**	**146,453 (42%)**
# and % of PW identified HIV +	383 (1.1%)	435 (0.77%)	435 (0.77%)	306 (0.48%)
# and % HIV PW who received ARV Prophylaxis or HAART	312 (7.5%)	505 (11.2%) (405 were on OI or ART, prior pregnancy)	**777 (27%)** (363 were on OI or ART, before pregnancy)	**798 (32.3%)** (482 were on OI or ART, before pregnancy.)
# Exposed Children tested for HIV	6 (3 HIV +)	73 (17 HIV +)	283 (27 HIV +)	288 (27 HIV +)
% of Exp. Children who received ARV Prophylaxis	3.3%	11.5%	22%	29%

Challenges

- Work load of existing health staff
- Limited capacity for program management and weak health system (Infrastructure, staffing…)
- Need for significant resources to ensure long term impacts and sustainability to achieve the elimination goals
- Harmonization among partners – needs strengthening
- Follow-up of mother-infant pairs & IYCF

Next steps: Virtual Pediatric HIV elimination

- Objective:
  - To reduce drastically the vertical HIV transmission rate to below 2% nationally at the end of 2020.
  - To reduce mortality among children living with HIV
- Strategy:
  1) To expand the existing Linked Response to reach 80% ANC HIV testing and PMTCT coverage nationwide
  2) To boost Linked Response activities to expand ANC HIV testing coverage from 80% to 98%
  3) To boost Linked Response to address other key constraints (e.g. HIV exposed infant care)
  4) To decrease mortality and loss to f-up among HIV+ children

Virtual Pediatric HIV elimination:

Strategy 1:

- To expand the existing Linked Response to reach 80% ANC HIV testing and PMTCT coverage nationwide

- Nationwide scale up of the current LR Approach from 2011 with GF Round 9 support
- Increased focus on
  - national coordination and LR networks
  - mechanisms to reach LR providers to improve the model on an ongoing basis

- Promotion of 2nd, 3rd & 4th ANC visits, promotion of delivery services, links with primary health care.

Virtual Pediatric HIV elimination:

Strategy 2:

- **To boost Linked Response activities to expand ANC HIV testing coverage from 80% to 98%**
  - To explore point of care testing using more accurate and reliable tests.
  - Promote early access to HIV testing (within one month of missing the first period) at ANC
  - Partnering with private clinics to provide HIV testing to their clients
  - To reduce mother-to-child transmission of HIV among MARPs

Virtual Pediatric HIV elimination:

Strategy3:

- To boost linked response to address other key constraints

- Family Planning and Positive Prevention for PLHIV
- Reduce loss to follow-up among pregnant PLHIV
- Strengthen Linkages between the OI/ART Services, Delivery Ward and Pediatric AIDS Care

Virtual Pediatric HIV elimination:

Strategy:4

- To decrease mortality and loss in HIV positive children:

- **Improve General Pediatric Care including Pediatric AIDS Care**
- **AIDS Pediatric CQI (Continuous Quality Improvement)**
  - Strengthened Pediatric Service
- **Improve coverage of HIV-exposed infant care and reduce loss to follow-up of HIV-exposed infants**
  - Strengthen early infant diagnosis (EID) system nationwide
  - Promote safe(r) feeding practice.
  - Nutrition and Food support to improve quality of appropriate complimentary foods


Thanks for your attention