Scaling up Collaborative TB/HIV Activities: Challenges, Achievements and Opportunities for Eliminating TB Related-Deaths among PLHIV in Cambodia, by 2020

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Situation of the HIV Epidemic in Cambodia

- HIV first detected
- Condom social marketing started
- Started VCCT scale-up
- Started to scale up VCCT, HBC, ART
- Started ART scale-up
- Finger prick testing

Incident cases:
- Mother to child
- Needle sharing
- Male-male sex
- Casual sex
- Husband->wife
- Wife->husband
- Sex work

HIV+ adults:

Adults living with HIV

Incident HIV infections

- 1988
- 1990
- 1992
- 1994
- 1996
- 1998
- 2000
- 2002
- 2004
- 2006
- 2008
- 2010
- 2012
- 2014

HIV+ adults:

- 0
- 5000
- 10000
- 15000
- 20000
- 25000

Situation of the HIV Epidemic in Cambodia

- Started ART scale-up
- Started VCCT scale-up
- Finger prick testing

Adults living with HIV
Number of people with HIV, in need of ART and on ART aged 15+ (2000-2015)

Source ART Retention: NCHADS-OI/ART electronic database from 44 facilities analysis in 2013
TB Burden:

- Among the 22 high burden countries (WHO Report, 2012)
  - Prevalence of all forms of TB* = 817/100,000 population
  - Incidence of all forms of TB* = 424/100,000 population
  - Mortality rate* = 63/100,000 population

- TB-HIV in Cambodia (2009): Prevalence of HIV in TB patients is 6.3%

- MDR-TB in Cambodia (NDRS, 2006)
  - Prevalence among new smear positive= 1.4%
  - and among re-treatment cases= 10.5%
<table>
<thead>
<tr>
<th>Year</th>
<th>PMTCT TWG ('99)</th>
<th>TB-HIV Sub-committee ('99)</th>
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<tbody>
<tr>
<td>2000</td>
<td>PMTCT pilot ('01)</td>
<td>TB/HIV Framework ('02)</td>
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<td>PMTCT GL: SD-NVP ('02)</td>
<td>TB/HIV pilot ('03)</td>
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<td>2005</td>
<td>PMTCT GL rev: Dual prophyl ('05)</td>
<td>Joint Statement: Role &amp; Responsibility ('03)</td>
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<td>PMTCT Review ('07)</td>
<td>SOPs PITC in TB cases ('06)</td>
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<td>Linked Response ('08)</td>
<td>CAMELIA and ID-TB/HIV results ('09)</td>
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<td>2010</td>
<td>PMTCT GL rev: Option B ('10)</td>
<td>SOP, Joint Statement: 3I’s ('10)</td>
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<td>3I’s Role Out ('11)</td>
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Scaling Up of the Implementation of 5 I Strategy

- ICF
- IPT
- IC/TB

- 3 Is

- (4 I) Immediate ART: MoH Approved in Feb 2010
  - ART shall start when CD4 \( \leq 350 \text{ cells/mm}^3 \)
  - For TB/HIV, ART shall start immediately after 2 Weeks of TB treatment, regardless CD4 cell count (CAMELIA)

- (5 I) Integration of TB and HIV Services:
  - HIV screening in TB service at all PoC (HC and RH)
  - TB screening in all Pre-ART and ART sites
IPT Coverage from 2011 to 2013

Source: NCHADS, 2013
## TB/HIV Coverage from 2009 to 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>% PLHIV in pre-ART screened for TB</th>
<th>% TB cases tested for HIV</th>
<th>% HIV+ TB cases started / continued on ART</th>
</tr>
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<tbody>
<tr>
<td>2009</td>
<td>66.0%</td>
<td>70.0%</td>
<td>14.0%</td>
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<tr>
<td>2010</td>
<td>70.0%</td>
<td>77.0%</td>
<td>45.0%</td>
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<tr>
<td>2011</td>
<td>85.0%</td>
<td>82.0% 79.0%</td>
<td>80.0%</td>
</tr>
<tr>
<td>2012</td>
<td>87.0%</td>
<td>89.0%</td>
<td>87.0%</td>
</tr>
<tr>
<td>2013</td>
<td>78.0% 82.0%</td>
<td>87.0%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: NCHADS and CENAT, 2013
Cascade of TB/HIV services (2012 - 2013)

- No. newly registered TB (incl. known HIV+): 40,214
- No. HIV test results recorded (incl. known HIV+): 32,557
- No. HIV+ TB cases: 32,203
- No. ART during TB treatment: 1,100
Remaining Challenges

- No IPT among HIV infected children
- Poor follow up TB- HIV co-infection patient to access ART and TB treatment (need to go beyond HIV testing among TB cases for outcomes: % of TB-HIV co-infection receiving ART and TB treatment)
- Limited Capacity for MDR Diagnosis and Treatment
- Limited access to TB Rapid diagnosis (Gene-Expert)
- Limited Capacity to strengthen SI for both TB and HIV programs
- Do More with Less
Integrated Active Case Management to Maximize Retention

Case Management Coordinator (CMC)

Finger Prick

Confirm & enroll in Pre-ART

Pre-ART

ART

• PMTCT
• Partner Tracing and Testing
• Treatment as Prevention

Civil Society Organizations (Community-based Prevention, Care and Support)
Road Map for achieving the Elimination of New HIV Infection by 2020

2007-2012
Linking Model

2013-2014-2015
Test Treat Retain: Identify Reach Intensify Retain

2016-2017
Streamline Focus and Intensify Smart Investment

Mid Term Evaluation

2018-2019-2020
End of HIV Epidemic:
<300 HIV infected/Y
<2% HIV transmission from M to C

- Civil Society
- Partners
- PHD/OD/HC
- NAA
- NCMCH
- NCHADS
- CENAT
Road Map for Eliminating TB Death among PLHIV in Cambodia by 2020

2010-2012
- Linking Model
- 5 I strategy

2013-2014-2015
- Test Treat Retain:
  - Identify Reach Intensify Retain
  - UA for HIV testing in TB services (finger prick testing)
  - TB screening among all PLHIV

2016-2017
- Streamline
- Focus and Intensify
- Smart Investment

2018-
- End of HIV Epidemic
- Eliminating TB Death (Elimination criteria?)

Mid Term Evaluation
Final Evaluation
Next steps

- Introduce IPT among HIV infected children
- Scale up IPT among ART patients
- Scale up the implementation of ACM including TB/HIV co-infections to reduce drastically lost to follow up within and between the cascade of HIV and TB services
- Monitor and evaluate the performance of IPT, ART and TB treatment among TB/HIV co-infection:
  - Use standard monitoring tools by both TB and HIV services
  - Use CQI method for patient level analysis
  - Use device for mRegistry and set up a linking data base system which will be integrated in to the health SI