DISTRIBUTION AND MONITORING ARV

MSF Experience
in Cambodia

December 2004
Overview of MSF experience

Non profit, medical international NGO
Currently working in more than 80 countries

51 HIV/AIDS projects in 29 countries
More than 23,000 adults and children under HAART
HIV/AIDS projects in SEA & WP

6 countries, 12 projects
4,500 adults & 300 children under HAART
HIV/AIDS projects in Cambodia

- MSFB Siem Reap Chronic Diseases Clinic
- MSFB Sotnikum Chronic Diseases Clinic
- MSFF Kampong Cham HIV Clinic
- MSFF Phnom Penh Inpatients HIV Clinic
- MSFB Takeo Chronic Diseases Clinic
Framework

• Collaboration with MoH
• Projects in public health facilities
• National, Provincial and District level
• Staffing: MoH (53) & MSF (76)
• Incentives to MoH Staff
Activities within clinics

- VCCT
- Management of OI including prophylaxis & treatment
- Provision of free HAART to adults & children
- Adherence support: counseling, peer support
Activities outside clinics

- Network with various institutions for follow up & referral of patients.
- Organizing patient peer support group
- Home visits
HIV patients on Follow Up

About 7,000 adults & 475 children

Under HAART: 3,300 adults & 250 children
ARV (1)

- Generics or Brand products (Access price)
- FDC when available
- Range of drugs (D4T, 3TC, Ddi, AZT, TNF, EFV, NVP, LOP/RITO, RITO, INDINAVIR)
- Pediatric formulations
- 6 months order + 3 months buffer stock
- Stock in situ
ARV (2)

• National & International treatment guidelines
• 1\textsuperscript{st} Line treatment
  
  \textbf{D4T+3TC+NVP or EFV (15 to 30\% )}

• CD4<200
• Phnom Penh cohort : median CD4 baseline around 20 cells/mm\textsuperscript{3}
Distribution

Pre Requisite

- Information/Education on drugs

Frequency

- D15, M1, M2, M3, M4, M6, M8, ...
- One by One delivery (by nurses, pharmacist, peer educators)
- 2 days extra supply
- Sealed boxes (to be returned) or unpackaging
Monitoring (1)

Measures of adherence

- Counting remaining pills
- Timeliness (less than 5% late at appointment)
- Treatment failure (none for naïve patient)
- Defaulters (range 1 to 3%). Home visit day after
Monitoring (2)

ARV Consumptions

- Monthly reported
- Assessment of different treatment lines used

Change of treatment

- Side–effects (PP 20% change at least 1 drug)
- OI’s (TB)
- Treatment failure
Challenges

• Forecast of pediatric forms
• Forecast of % side-effects (depending of profile of cohort)
• Short date of expiry
• Capacity of forecast for more than one year (requirement of producers)
Conclusion

• AIDS care complicated but feasible with necessary resources (human, drugs and funds)
• Achievement of Quality care and rapid Scale-up possible
• Knowing the MSF Flexibility
### Phnom Penh Project (3) : OPD

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
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</thead>
<tbody>
<tr>
<td>Number of Consultations</td>
<td>3 500</td>
<td>6 355</td>
<td>13 879</td>
<td>24 799</td>
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<tr>
<td>New Patients (NP)</td>
<td>509</td>
<td>946</td>
<td>1 385</td>
<td>2 115</td>
</tr>
<tr>
<td>Follow-Up</td>
<td>321</td>
<td>626</td>
<td>1 284</td>
<td>2 002</td>
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<tr>
<td>Total</td>
<td>830</td>
<td>1 572</td>
<td>2 669</td>
<td>4 117</td>
</tr>
<tr>
<td>HIV +</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Female</td>
<td>43%</td>
<td>42%</td>
<td>46%</td>
<td>48%</td>
</tr>
<tr>
<td>Age</td>
<td>32y</td>
<td>33y</td>
<td>34y</td>
<td>34 y</td>
</tr>
<tr>
<td>WHO Stage 3 &amp; 4 : Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NP</td>
<td>89%</td>
<td>88%</td>
<td>86%</td>
<td>83%</td>
</tr>
<tr>
<td>CD4  : &lt; 50/ml</td>
<td>36%</td>
<td>41%</td>
<td>38%</td>
<td>27%</td>
</tr>
<tr>
<td>50-200/ml</td>
<td>25%</td>
<td>25%</td>
<td>28%</td>
<td>30%</td>
</tr>
<tr>
<td>Prophylaxis : Cotrim</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluco Iaire</td>
<td>90%</td>
<td>81%</td>
<td>87%</td>
<td>85%</td>
</tr>
<tr>
<td>Fluco Haire</td>
<td>0%</td>
<td>2%</td>
<td>15%</td>
<td>19%</td>
</tr>
<tr>
<td></td>
<td>0%</td>
<td>6%</td>
<td>8%</td>
<td>6%</td>
</tr>
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</table>
Phnom Penh Project (4): ART Program

- 1075 adults started HAART from the 22/06/01 (71 in 2001+ 284 in 2002 + 720 in 2003) and 42 children
- Characteristics of Adults at ART initiation:
  - Female 40%
  - Median Age 34 y
  - Median Weight 49 kg [19-81]
  - History of ARV treatment 6%
  - Clinical Stage 3 & 4 (WHO) 93%
  - CD4 cells, median 13 [1-289]
  - Cryptococcal Neuro-Meningitis 20%
  - Regimen with NNRTI 98.7%
  - 1st line D4T/3TC/EFV 78%
Phnom Penh Project (5): ART Program

- > 13,500 consultations in 2.5 years (timeliness: 1% are late)
- 380 hospitalisations (25% for TB, 12% Pneumonia, 10% CNM, 5% MAC)
- Deaths = 91 (8.5%) [46 in hospitalisation]
- Lost of follow-up = 13 (1.3%)
- Voluntary Interruption = 3 (0.3%)
- Non Adherent = 6 (0.6%)
- Patients stopping at least 1 drug: 185 (17%)
  - 114 for intolerance with change of ARV (79 D4T +++)
  - Others for OI (mainly tuberculosis), with temporary interruption
- 1st ligne failure: 16 (> 80% non naive patients)
Phnom Penh Project (7): ART Program

CD4 cells change

Baseline 6 months 12 months 18 months 24 months 30 months

0 25 50 75 100 125 150 175 200 225 250 275 300

30 months: 281
24 months: 246
18 months: 195
12 months: 149
6 months: 96
Baseline: 0
### Kompong Cham Project (1): OPD

Opened in May 2003

<table>
<thead>
<tr>
<th></th>
<th>2003</th>
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<tbody>
<tr>
<td>Number of Consultations</td>
<td>2474</td>
</tr>
<tr>
<td>Number of Patients</td>
<td>507</td>
</tr>
<tr>
<td>HIV +</td>
<td>100%</td>
</tr>
<tr>
<td>Female</td>
<td>51%</td>
</tr>
<tr>
<td>Age</td>
<td>34 y</td>
</tr>
<tr>
<td>WHO Stage 3 &amp; 4</td>
<td>72%</td>
</tr>
<tr>
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<tr>
<td>Fluco IIaire</td>
<td>2%</td>
</tr>
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Number of Consultations: 2474
Number of Patients: 507
HIV +: 100%
Female: 51%
Age: 34 y
WHO Stage 3 & 4: 72%
CD4:
- < 50/ml: 46%
- 50-200/ml: 21%
Prophylaxis: Cotrim
- Fluco Iaire: 23%
- Fluco IIaire: 2%
Kompong Cham Project (2) : ART Program

- 89 adults and 5 children started HAART from the 31/12/03 (+ 5 transferred from PP)

- Characteristics of Adults at ART initiation:
  - Female 40%
  - Median Age 35 y
  - Median Weight 45 kg [30-68]
  - History of ARV treatment 2%
  - CD4 cells, median 20 [2-197]
  - Clinical Stage 3 & 4 (WHO) 82%
  - Regimen with NNRTI 100%
  - 1st line D4T/3TC/NVP 66%
Interventions to improve adherence (1)

- **Information in Group**: Before starting ART, < 10 patients +/− supporter, Presence of AUA (Association of ART Users) members
- **Individual Interviews**:
  - **Objectives**
    - Check level of understanding/Provide complementary information
    - Assist patients facing new situations
    - Assist patients in making up one’s decision
  - **When ?**
    - V2 – V3 – D15 or M1
    - After M1 individual interviews alternate with talk groups
- **Attitudes : Counseling**
  - Listening
  - Acceptance
  - Empathy
  - No judgment
Interventions to improve adherence (2):

- **Talk Group:**
  - led by one patient and one counselor
  - Establish links between patients
  - Sharing of experiences
  - Create solidarity
  - Network

- **Self Support Group: Antiretroviral Users Association (AUA)**
  - Set up in January 2002, official in January 2004
  - Festive monthly meetings
  - Quarterly sightseeing trips
  - Daily presence at the clinic
  - Weekly visit in the IPD
  - Solidarity fund management
Conclusion (1)

- Initial ART Pilot Project moving towards Comprehensive Care Project
- Goal for end 2004: every patient filling criteria must receive ART
- Preparatory phase before starting ART
- Short and Mid-Term Adherence is good but specific interventions are essential
- Proactive participation of beneficiaries: objective is to improve survival and quality of life and not to increase CD4
- 2INRT+1INNRT regimen are effective even in very advanced stage patients
Conclusion (2)

Questions:

- Long Term Adherence? Which adherence interventions to be developed?
- Long Term side effects: prevalence, treatment?
- Long Term Follow Up: How?
- Social rehabilitation?
- Research?