

## CCC OC and NAA Officials' Visit to Oddar Mean Chey and Preah Vihear

December 26-29, 2013

1. Accelerating HIV Case Detection and maximizing retention towards Zero AIDS Deaths have been identified as major strategies to enable Cambodia towards elimination of HIV transmission by 2020. Operationalizing & monitoring cascade of services from prevention to treatment is not only a concern of health sector but also non-health and local authority as well for their contribution a synergistic collaboration in relevant development sectors.
2. A delegation of CCC OC (CCC Oversight Committee) of GFATM composed of officials from NAA, ART Users Association, and CCC secretariat and Freelance Consultant conducted a visit Samrong (Oddar Mean Chey) and Sraem and Provincial town of Preah Vihear from December 26-29, 2013 to get the front line information on the efforts made by health care workers and Civil Society Organizations in Community-based Prevention, Care and Support in the Boosted Continuum of Care to expand coverage and increase the quality of ART/OI and Linked response especially in the remote areas. The delegation managed to meet Health Care workers (both civilian and Military), NGOs, EWs and PLHIV (see the attachment).
3. Findings :
  - a. Outreach services of Preah Vihear (implemented by CWPD) is currently re-arranging its structure in line with the new SOP of the Boosted Continuum of Prevention Care and support. Finger prick on EWs has not been started in both provinces. Based on the report of CWPD and POA, the referral of EWs to regular medical check up in Preah Vihear in the last quarter of 2013 is only 75%. It is to note that abortive drug among EWs is commonly used by EWs in Preah Vihear. A death has been reported in Sraem, Preah Vihear in mid 2013 after a fatal complication due to placenta retention of a rather advanced pregnancy. Currently, Outreach Workers and HBC in both provinces have not been able to draw a complete picture of ART users among EWs partly because EWs have the full right to protect their identity. It is therefore, it is difficult to assure the coverage and the quality of care for HIV+ among EWs.
  - b. As for Enabling Environment, it is to note that MARPs Community Partnership has not been introduced in Oddar Meanchey and Preah Vihear while
  - c. Track cases throughout the cascade of HIV and AIDS related services is a common concern of Health Care Workers (civilian and military alike) and Home Based Care team especially in a relatively low prevalence of HIV infection in a large eccentric areas.
    1. The creation of and demand for voluntary HIV testing and counseling has not been easy. A recent case with very low CD4Count along with active TB in Samrong Hospital is an example.
    2. Although drug adherence has been routinely check with the cascade of care and treatment, the understanding on para-clinical check (liver and kidney functions, viral load, ...) has been found low not only for PLHIV but also for HCW in remote areas (both civilian and military)
    3. Support for HBC team and for MCH team to follow up cases for ART/OI and Linked response were found to be insufficient especially with growing mobility

for job seeking in Thailand. Over the past 6 months 28 PLHIV out of 291 PLHIV in Samrong Oddar Mean Chey came later than the appointment date.

4. There are case of ARV users who are still seeking AIDS care from a site that is far away from their post of duty or homes.
  5. From fear of stigma and discrimination, PLHIV opt for hiding their status leading to a greater difficulty for the follow up.
- d. Coordination between civil and military health system along the Cambodian and Thai border had been strengthened to adapt with the special need of military whereby military and their family can seek information and services on prevention, care and treatment and social support from the civilian health care facilities along with social support.
4. Recommendations
- a. Activate local network by engaging key implementers across continuum of care to maximize retention. Regular OD team meetings should be used to review PMTCT data collected at ANC and maternity sites, OI/ART sites and by community-based programs and to identify progress both in terms of performance and quality of services, challenges and solutions and to ensure patient tracking. Local network should revise the support for the transport cost of poor PLHIV for medication appointment and para-clinical exams and submit for appropriate support to reduce LTFU, to facilitate the systematic tracking in Linked Response Program and to increase the quality of care service.
  - b. The health sector response to HIV is framed by an abundant number of strategic frameworks, implementation plans, standard operating procedures and guidelines of various forms. It is supported by a large number of monitoring tools, periodic evaluations and occasional studies. Efforts have been made by Civil Society Organizations in Community-based Prevention, Care and Support with Health facilities in the Boosted Continuum of Care to expand coverage of ART/OI and Linked response especially in the remote areas (Oddar Meanchey and Preah Vihear). However, monitoring system to track cases throughout HIV cascades should be strengthened at local level especially in addressing insufficient or interrupted support for HBC team to follow up cases for ART/OI and Linked response.
  - c. For facilitating the implementation of Boosted Continuum of Prevention Care and Treatment it is recommended to apply MPCl in both provinces to speed up the move toward achieving the Three Zero targets.
  - d. Military health care workers in Oddar Meanchey and Preah Vihear suggested that there should be more support for HIV and AIDS response among military placed at the border side. More support is required at least to introduce Peer Education for young military , to sustain behavior change for safe sex practices of older military group and to upgrade knowledge and skills of military health care workers to fully engage in Cambodia 3.0 strategy of health sector.