

***International Union Against TB and Lung Disease
Asia Pacific Region (IUATLD-APR)***

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**Nation Tuberculosis Control
Program and TB/HIV Collaborative
Activities, Cambodia**

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Background

- **Population: 13.8 Million (2006)**
- **Cambodia is one of the 22 high-burden countries of TB in the world.**
- **TB is one of the most priority communicable diseases in the Kingdom since 1980**
- **64% of the total population has been infected with TB.**
- **Incidence Rate of TB all forms 510/100,000**
- **Incidence Rate of TB SS+: 226/100,000**
- **Death rate due to TB : 94/100,000**
- **Prevalence HIV in TB patients (2005) : 10%**

Goals and Objectives of NTP

- To improve health by reducing morbidity and mortality due to TB, contributing to poverty reduction in Cambodia
- During 2006-2010:
 - TB services at all MPA Health Centers
 - Case detection rate of smear + cases: 70%
 - Cure rate of smear + cases: > 85 %
- By 2015(Millennium Development Goals):
 - Reduce prevalence by 65-70%
- TB/HIV: at least 50 OD have TB/HIV services

TB Program & Services

Program Structures/Services:

- Program Headquarters
- Provincial TB Supervisors(all provinces)
- OD TB Supervisors(all ODs)
- TB Units : 145 (Beds, TB laboratories)
- HC with TB services : all HCs (860)+ Health posts(40)

Policies, Strategy and Guidelines Development:

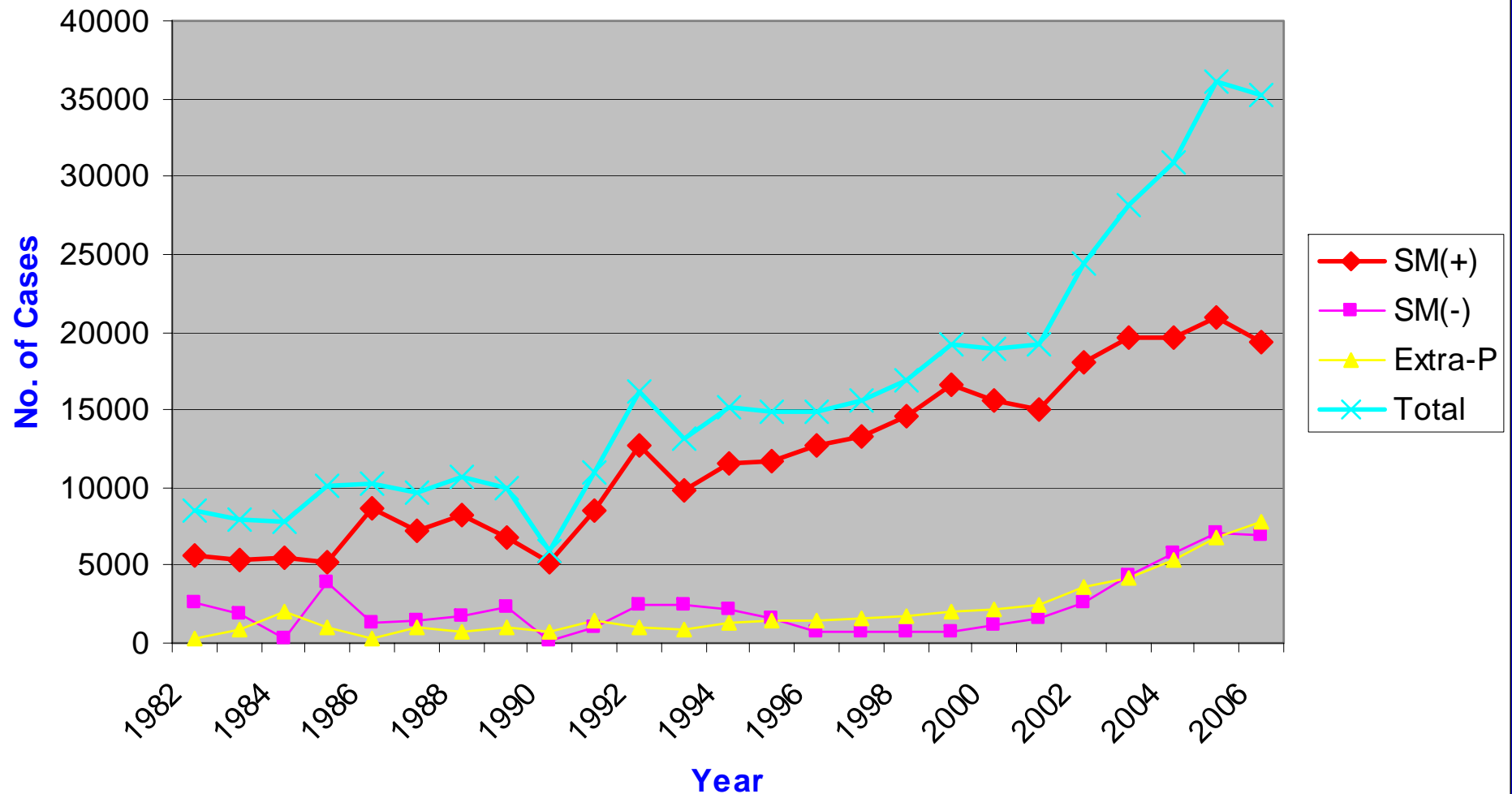
- National Health Policies and Strategies for TB Control, 2006-2010
- National Health Strategic Plan for TB Control, 2006-2010
- Annual Operational Plan for TB control for 2006 & 2007

Program Performance:

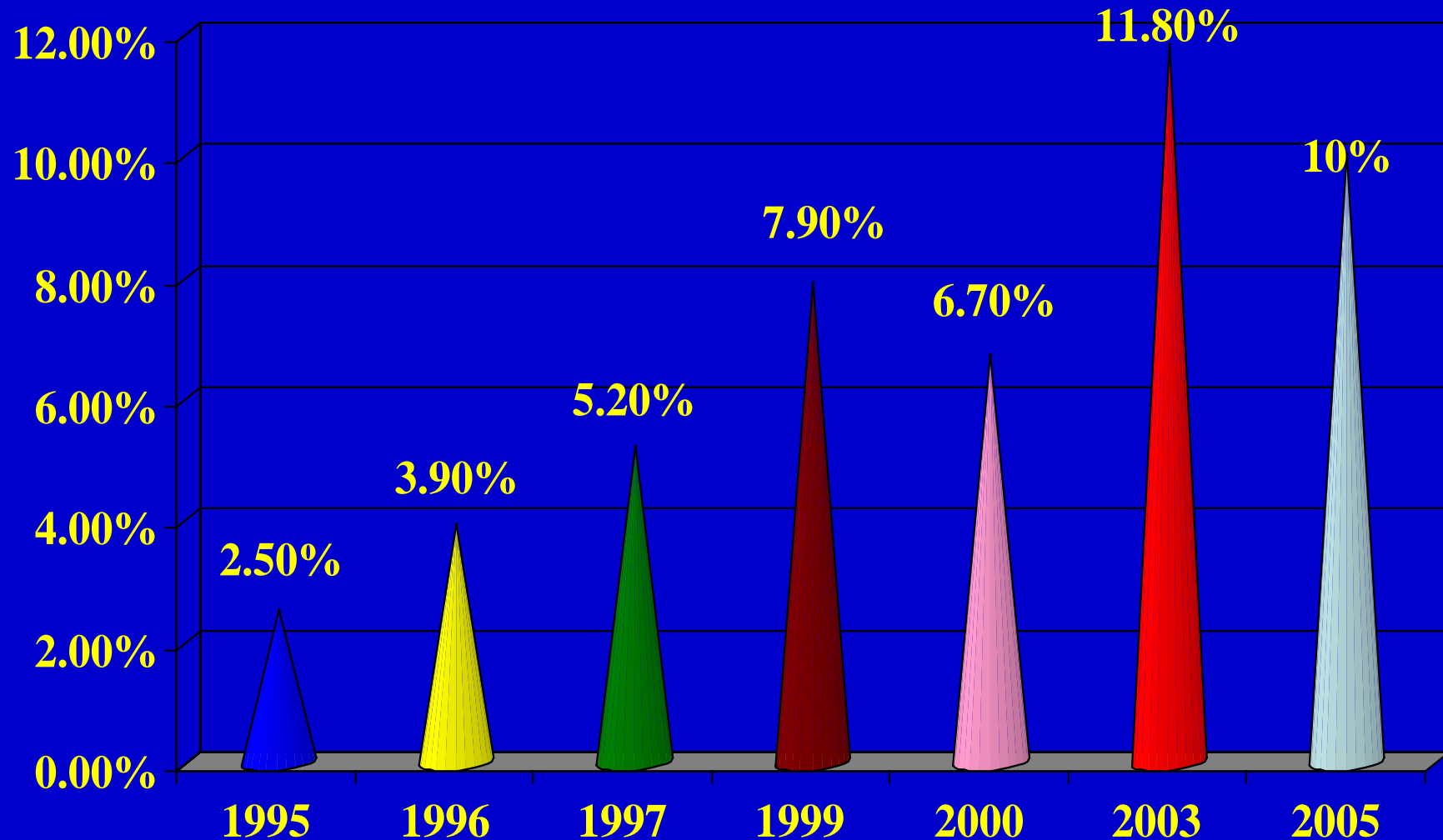
- DOTS coverage at HC: 100%
- Community DOTS : 40% of all HC
- Cure Rate : 90 %
- Case Detection Rate: 65 % (2006)

Trends in TB Notification (1982-2006)

TB Cases Detected, 1982-2006



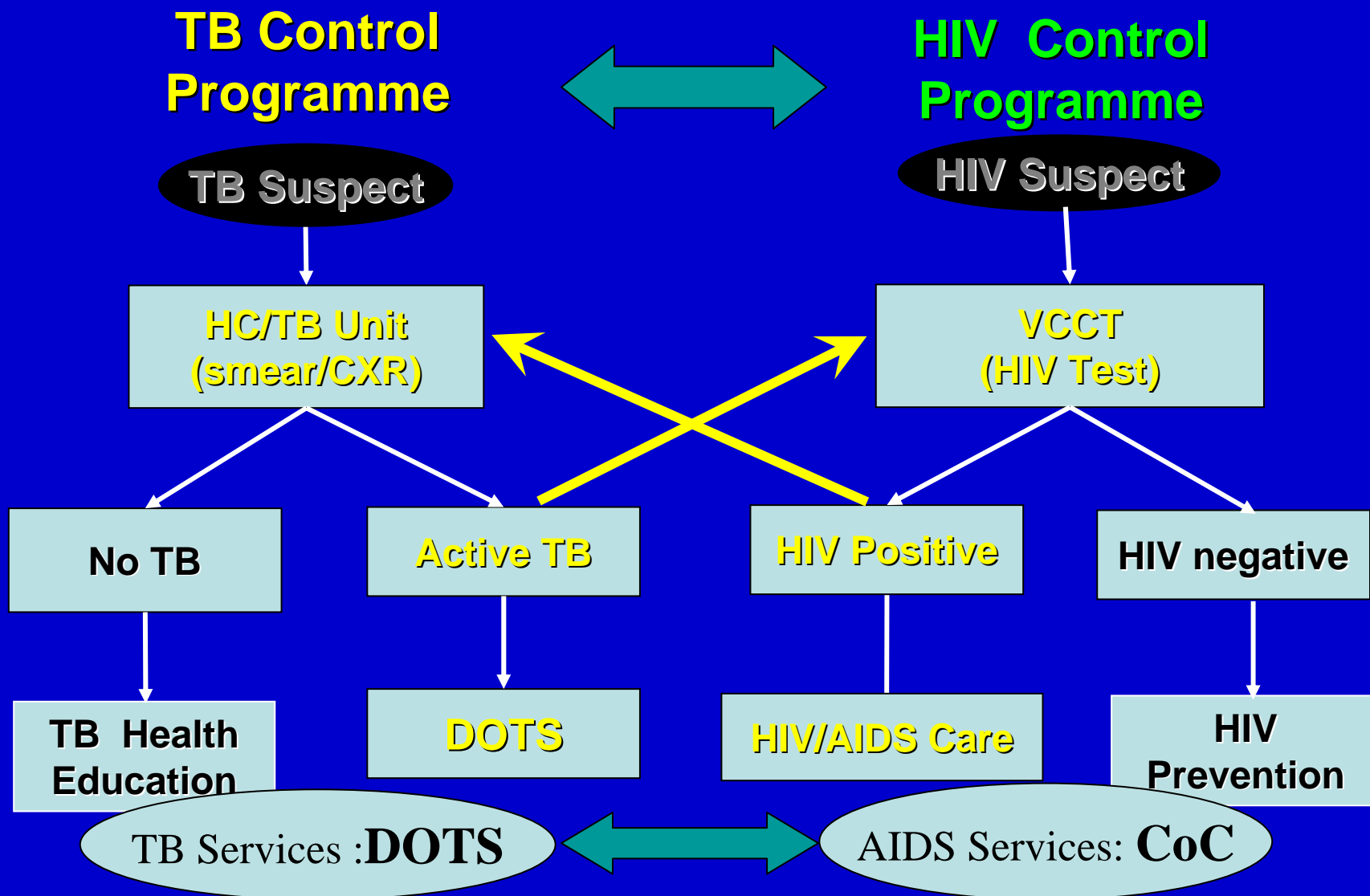
HIV sero-prevalence trend among TB cases



HIV/AIDS Situation in Cambodia

- ✿ First HIV detected in 1991 and first AIDS case diagnosed in 1993
- ✿ **In 2003: HSS'03 and BSS'03**
 - Estimated HIV prevalence among adult pop. age 15-49 is 1.9% and among pregnant women at ANC is 2.1%
 - Estimated number of PLHAs among adult population: 123,100 (women 57,500) and AIDS patients: ~ 25,000 including 3000 children
- ✿ **In 2005: CDHS 2005**
 - HIV prevalence among household pop. age 15-49 is 0.6% and among pregnant women is 1.1%

Principles for Collaborative efforts for diagnosis & treatment



Progress & Achievement

- **1999** : Sub-Committee on TB/HIV (MoH)
- **2000** : International Symposium on TB/HIV
- **2001** : First TB/HIV Clinic (CENAT/JICA)
- **2002** : Framework for TB/HIV in Cambodia
- **2003** : - 1st National HIV sero-prevalence among TB patients (result :12%)
 - TB/HIV Pilot Projects at 4 sites
 - CoC Framework & implementation

Progress & Achievement (Cont.)

- **2004:** National WS on TB/HIV Co-morbidity
- **2005:** the 2nd National HIV sero-prevalence among TB patients (result :10%)
- **2007 (May):** the 1st National TB/HIV Workshop
- Development of TB/HIV Joint statement between CENAT and NCHADS in 2005
- Provincial TB/HIV orientation WS (CENAT & NCHADS) to strengthen collaboration between local NGOs and HC staff.

Progress & Achievement (Cont.)

- Joint statement by the Directors of NTP & NAP, duly endorsed by the MoH, for strengthening treatment & care strategies of HIV/AIDS & TB, & clarifying responsibilities of the two National Centres on the following:
 - Provision of treatment and care for TB-HIV/AIDS co-infection
 - Supply of drugs, equipment and test kits
 - Training of health personnel
 - Monitoring and evaluation of the treatment and care for TB-HIV/AIDS co-infection

Progress & Achievement (Cont.)

- SOP for prompt testing of TB/HIV and rapid access to treatment and care services
 - TB services/DOT at HC and/or FDH with no VCCT services:

Option 1

TB patients receiving DOT should be supported with funds for transportation to the nearest VCCT site in order to have a test for HIV/AIDS.

Progress & Achievement (Cont.)

Option 2

HC/FDH with the capacity to provide pre-test and post-test counseling and draw blood samples from TB patients volunteering for HIV/AIDS testing should send specimens to the nearest VCCT.

Option 3

VCCT staff visit HC/FDH where TB patients have been group-counseled and gathered by health personnel in collaboration with HBC teams. VCCT staff will provide pre-test-counseling, take blood to do rapid test at the facilities visited and provide post-test counseling.

Progress & Achievement (Cont.)

- Beyond the 4 pilot sites,
- At present, 33 Operational Districts (out of 77) are implementing TB/HIV activities by the end of 2006, while 36 OD are having CoC
- Introduction of TB/HIV data into the existing TB register.
- Currently, only around 30 to 40 % of TB patients and PLHA are referred for HIV testing and TB screening

Recommendation to improve collaborative TB/HIV activities

(1st National TB/HIV Workshop, May 2007)

I- Referral

Recommendation

1. Increase financial support for referral (option1).
Maintain option 1 and introduce and document the performance of option 2 and 3.
 - TWG encourage partners to introduce option 2 and 3
2. Develop script for pre-counseling
3. Provide TB/HIV training (counseling skill)
4. Increase TB/HIV education to community through IEC materials
5. Incorporate VHSG and PLHA into outreach and counseling activities to convince TB patients for HIV testing
6. Expand HBC and VCCT

II- Coordination Mechanism

Recommendation

1. Provide clear direction/guidance from National level.
2. Clear assignment of TB/HIV coordinator at provincial and OD level.
3. Clear description of role and responsibility of TB/HIV coordinator.
4. Regular meeting at different levels with clear content.
5. Develop and implement joint TB/HIV action plan.
6. Filling gap from external support for TB/HIV collaborative activities (mobilize resources).
7. Harmonize incentive scheme btw 2 programs.

III- Recording Reporting –M&E

Recommendation

1. Review existing and update TB/HIV indicators
2. Joint and consistent RR system
3. Improve quality of data collection (train registrar)
4. Improve the capacity in data analysis and use for improving performance at provincial and OD levels
5. Improve accountability for reported data
6. Joint supervision and regular feedback from National level
7. Explore possibility of integrating TB/HIV RR into HIS

Key issues/Challenges

- Human Resources & Capacity Building:
 - Lack of skills in HIV counseling and TB/HIV cases management.
 - Staff motivation.
- Referral System:
 - Coordination between programs still limited and limited involvement of partners in general.
- Data Collection (TB/HIV):
 - Limited skills in data collection and analysis
 - Data incomplete or unfilled
- Development of TB/HIV IEC materials:
 - Lack of IEC materials for patient education & community awareness on TB/HIV issues
- Social Support to patients(transportation,..)

Plan for TB/ HIV activities

- Conduct intensive training for health workers in TB/HIV including counseling to enhance treatment adherence & follow up
- Improve monitoring & surveillance system based on standardized data collection forms/revised TB registers
- Strengthen collaboration through meeting (national level, provincial and OD level).
- Promote referral from both sides, especially from TB side, taking into account all barrier.
- Design and disseminate appropriate IEC materials on TB/HIV to reduce discrimination in the community
- 3rd round of HIV sero-prevalence survey among TB patients in November 2007.



Thank You for Your Attention