

**Kingdom of Cambodia**

Nation Religion King



**Ministry of Health**

**Quarterly Comprehensive  
Report of HIV/AIDS and STI  
Program Implementation**

**January-March, 2024**



**National Center for HIV/AIDS, Dermatology and STD**

## Acknowledgement

It gives us a great opportunity to review the achievements of NCHADS' program from January to March 2024. The achievements are the outputs of our teams of dedicated staff working in partnership with all partners and donors in the communities at provincial and national levels to implement and improve the quality of HIV/AIDS & STI Prevention and Care activities for the benefits of people of the Kingdom of Cambodia.

When we reviewed what has been achieved, we are motivated to continue striving, to set the overall goal, objectives, and targets for the next coming year to meet with the various changing needs of people and to deal effectively with changing of the HIV epidemic pattern of different target groups based on the latest research findings in their communities.

I would like to thank all partners, donors and policy makers who have been dedicated their commitment and always for contribution and support the policy, vision, technical support and resource towards the success of HIV/AIDS and STI Prevention, Care and Treatment Programme in the country.

We hope that you will understand our last year achievements deeper as you read further of this 2024 report.

Date: 29, April, 2024

Director of NCHADS



Assist. Prof. OUK VICHEA

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## **1. NCHADS MANAGEMENT SYSTEM**

### **2.1 Planning and Monitoring Cycle in NCHADS:**

The planning workshop on “the achievement of HIV/AIDS implementation in 2024 and developing operational plan for HIV/AIDS and STI prevention and care activities in Health sector 2025” will be organized in the fourth quarter of 2024.

### **2.2 Signing of LoAs:**

In 2024, NCHADS signed the Letter of Agreement with the HIV/AIDS implementing partner (SSI-NAA, SSI-DMHSA, SSI-KHANA, SSI-RHAC, SSI-FI, SSI-HACC, SSI-CRS, SSI-NMCHC, and SSI-CSA) in the Global Fund HIV/AIDS for year 2024-2026, grant (KHM-C-MEF-H/3599). In addition to this in 2024, NCHADS also signed the Letter of Agreement with provincial health departments for implementation of HIV/AIDS prevention, care and treatment programs at provincial level especially for blood transfusion for 2024.

### **2.3 Guidelines, Curriculum and Standard Operating Procedures (SOP):**

The guidelines, curriculum and standard operating procedures was prepared, revised and approved in 2024 in order to disseminate and promote efficiency of prevention, care and treatment HIV/AIDS program implementation at all level, and which those are available on NCHADS website.

### **2.4 Surveillance:**

IBBS among PWUD and PWID in 2024 is undertaking to collect data, and result will be disseminated in the fourth quarter of 2024.

## **3. RESULTS FROM SERVICES DELIVERIES:**

### **3. 1. Implementation of STI Prevention, Care and Treatment Services**

#### **3.1.1. STI Care and Treatment Services (Family Health Clinics)**

In the first quarter of 2024, there are a total of 58 Family Health Clinics (36 Family Health Clinics run by government covering 25 province-cities; and 22 NGO STI clinics (including RHAC: 15 clinics, Chhouk Sar: 1 clinic and Marie Stope: 6 clinics). 36 family health clinics under government are upgraded with laboratory support to perform RPR testing and basic microscopy.

In the first quarter 49,330 consultations were provided at a total of 58 family health clinics. Among those consultations, 8,983 consultations were provided to male clients, 1,384

## **2 NCHADS MANAGEMENT SYSTEM**

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In the first quarter 49,330 consultations were provided at a total of 58 family health clinics. Among those consultations, 8,983 consultations were provided to male clients, 1,384

to MSM, 37,153 to low-risk women, and 1,224 to non-brothel entertainment workers visit and 586 non-brothel entertainment workers follow up.

- At the 58 family health clinics (FHC), among the 6,253 male patients who having new cases of STI syndromes reported in this quarter, 2,739 (43.80%) got urethral discharges, 12 (0.19%) got anal discharges, 960 (15.35%) got ano-genital ulcers, 472 (7.54%) got ano-genital warts, 77 (1.23%) got scrotum swelling, 44 (0.70%) got inguinal bubo (LGV), 713(11.40%) got Syphilis (+), 541(8.65%) got Syphilis (+) follow up and 694(11.09%) others.
- There were 810 MSM patients having new cases of STI syndromes, 238 (29.38%) suffered from urethral discharges, 34 (4.19%) from anal discharges, and 104 (12.83%) from ano-genital ulcers respectively, 77 (9.50%) from ano-genital warts, 77 (9.50%) from scrotum swelling, 4 (0.49%) from inguinal bubo (LGV), 320(39.50%) got Syphilis (+), 21(2.59%) got Syphilis (+) follow up and 7(0.86%) others.
- There were 27,590 low-risk at the 58 family women having new cases of STI syndromes reported that 15,613 (56.58%) were treated for vaginitis, 6,010 (21.78%) were treated for cervicitis, 1,141 (4.13%) were treated for cervicitis and vaginitis, 170 (0.61%) were PID, 1,046 (3.79%) were ano-genital ulcers and 500 (1.81%) were ano-genital warts, 719(2.60%) got Syphilis (+), 504 (1.82%) got Syphilis (+) follow up and 1,887(6.83%) others.
- In the first quarter of 2024, of the 1,425 high risk women (all NBEW) who attended family health clinics for their first visit, 209 (14.66%) were diagnosed with vaginitis, 503 (35.29%) with cervicitis, 221 (15.50%) with vaginitis and cervicitis, 5 (0.35%) with PID, 92 (6.45%) with ano-genital ulcers, 57 (4.00%) ano-genital warts, 213 (14.94%) with syphilis (based on RPR+), and 125 (8.77%) Others.
- Among the 534 high risk women who attended family health clinics for monthly follow-up visits, 92 (17.22%) were diagnosed with vaginitis, 190 (35.58%) with cervicitis, 71 (13.29%) with vaginitis and cervicitis, 6 (1.12%) with PID, 52 (9.73%) with ano-genital ulcers, 42 (7.86%) ano-genital warts, 52(9.73%) with Syphilis, and 29(5.43%) others.

### **3.1.2. STI Care and Treatment at Health Centers**

234 health centers (HCs) across 25 provinces are providing STI services with using the STI syndromic approach. In the first quarter of 2024 reports from these health centers, 5,403 consultations were provided among those 390 consultations for male patients; 3,241 for

female patients; 272 for male partners and 1,500 for female partners. The new STI cases reported 3,609 cases (349 cases for males and 3,260 cases for females). As resulted those 3,609 cases included:

- Among 349 men who were notified and treated for new STI cases, 271 (77.65%) were diagnosed with urethral discharges, 65 (18.62%) with genital ulcer, and 13 (3.72%) with genital warts.
- Among 3,260 women who were notified and treated for new STI cases, 1,578 (48.40%) were with vaginitis, 1,355 (41.56%) with vaginitis and cervicitis, 217 (6.65%) with PID, 13 (0.39%) with genital ulcer, and 97(2.97%) with genital diagnosed warts.

### **3. 2. Comprehensive Care for people living with HIV/ AIDS (PLHA)**

#### **3.2.1 Voluntary Confidential Counselling and Testing Services for HIV**

As of 1<sup>st</sup> quarter 2024, there are 72 VCCT sites, there are 70 sites run by Public Service at ART Service and 02 sites run by NGOs (Center of Hope 1, and Chhouk Sar Clinic1). There are all 72 sites that provide recency test. Moreover, HIV testing services (finger prick) was expanded with 1,121 Health Centre.

##### **3.2.1.1. HIV Pre-Test and Counselling Service**

The first quarter of 2024, a total of 7,694 clients have been received pre-tested for HIV, among of this 220 (2.85%) were from FEW, 1,077 (13.99%) were from MSM, 283 (3.67%) were from TG, 12 (0.15%) were from MEW, 6 (0.07%) were from PWUD, 1(0.01%) were from PWID, 5,955(77.39%) were from general population, and 140(1.81%) were from pregnant, post-partum women and partners.

##### **3.2.1.2. HIV Testing Service**

In the first quarter of 2024, there were 7,685 clients received HIV teste and among of this, 1,158 were HIV positive.

##### **3.2.1.3. HIV Post -Test and Counselling Service**

In the first quarter of 2024, there were 7,685 clients have been tested, and among of this there were 7,510 (97.72%) received post tested.

##### **3.2.1.4 HIV Recency Test Service**

In the first quarter of 2024, there were 51 clients have been tested for HIV recency, and among of this there were 32 clients were HIV new infection.

### 3.2.2 Care and Treatment Services for PLHIV

#### 3.2.2.1 Anti-retroviral Treatment Service

In the first quarter of 2024, there are 74 health facilities offer OI and ART services in 25 provinces and cities. Of 72 ART services are supported by the government and 2 sites by NGOs and partner (Center of Hope 1 and Chouk Sar Clinic 01). Of the total 74 ART sites, there are 41 sites provide pediatric care.

In the first quarter of 2024, 68,165 of PLHIV who known their HIV status, 68,151 active patients (including 67,115 adults and 1,036 children) are receiving ART.

People living with HIV (adult and children patients) who are active patients on ART had Viral Load test and 98.33% (54,712/55,639) of active patients had Viral Load Suppressed.

#### 3.2.2.2 Transferring, Lost to Follow up and Died among PLHIV

In the first quarter of 2024, there were PLHIV transferring, LTFU and died as follows:

- There were 1,178 new Pre-ART patients registered at OI-ART Sites (1,158 adults and 20 children)
- There were 421 patients transferred in (416 adults and 5 children)
- There were 470 patients referred out to other ART service nearby (366 adults and 104 children)
- There were 686 patients lost to follow up more than 28 days (669 adults and 17 children)
- There were 221 patients (218 adults and 3 children) and other are reported to be died.

#### 3.2.2.3 Drug and Logistic Support and Management

##### ARV Regimens Report for Adult Patients in Q1-2024

©	Regimens	2024	
		Q1	
1	TDF/3TC/EFV400 (MMD)	2,241	3.30%
2	TDF/3TC/DTG (MMD)	44,580	65.70%
3	TDF/3TC/EFV400	854	1.26%
4	TDF/3TC/DTG	14,467	21.32%
5	AZT/3TC+EFV	741	1.09%
6	AZT/3TC+DTG	631	0.93%
7	AZT/3TC+TDF	1	0.00%



8	ABC/3TC+EFV	167	0.25%
9	ABC/3TC+DTG	1,013	1.49%
10	AZT/3TC+ABC	-	0.00%
11	ABC/3TC+TDF	1	0.00%
12	ABC+ABC/3TC+DTG	48	0.07%
13	TDF+DTG	20	0.03%
14	3TC+DTG	81	0.12%
16	TDF+ABC+DTG (Kratie)	2	0.00%
<b>Total patients in 1L regimen</b>		<b>64,847</b>	<b>95.57%</b>
16	TDF/3TC+ATV/r	2,083	3.07%
17	TDF/3TC+LPV/r	-	0.00%
18	AZT/3TC+ATV/r	342	0.50%
19	AZT/3TC+LPV/r	-	0.00%
20	ABC/3TC+ATV/r	441	0.65%
21	ABC/3TC+LPV/r	1	0.00%
22	AZT/3TC+TDF+ATV/r	5	0.01%
23	AZT/3TC+TDF+LPV/r	-	0.00%
24	TDF+ABC+ATV/r	7	0.01%
25	ABC+ATV/r (Neak Leung)	2	0.00%
26	ABC+ATV/r(NCADS)	1	0.00%
27	TDF+EFV+ATV/r	1	0.00%
28	3TC+EFV+LPV/r	-	0.00%
29	3TC+EFV+ATV/r	-	0.00%
30	ABC+ABC/3TC+ATV/r	4	0.01%
31	ABC/3TC+TDF+ATV/r	2	0.00%
32	TDF/3TC+ABC(Kratie)	17	0.03%
33	TDF/3TC/DTG+ATV/r	1	0.00%
<b>Total patients in 2L regimen</b>		<b>2,907</b>	<b>4.28%</b>
33	DRV600+DTG+TDF+RTV	1	0.00%
34	DRV600+DTG+ABC+RTV	-	0.00%
35	DRV600+DTG+3TC+RTV	28	0.04%
36	DRV600+DTG+AZT+RTV	-	0.00%
37	DRV600+DTG+RTV	9	0.01%

38	DRV600+TDF/3TC/DTG+RTV	53	0.08%
39	DRV600+DTG+ABC/3TC+RTV	1	0.00%
40	DRV600+DTG+AZT/3TC+RTV	4	0.01%
41	DRV400+DTG+TDF+RTV	-	0.00%
42	DRV400+DTG+3TC+RTV	-	0.00%
43	DRV400+TDF+RTV	-	0.00%
45	DRV400+TDF/3TC/DTG+RTV	-	0.00%
46	DRV600+3TC+RTV (Prey Veng)	1	0.00%
48	DRV400+DTG+AZT/3TC+RTV (KCN)	-	0.00%
Total patients in 3L regimen		97	0.14%
Total 1L + 2L & 3L patients		67,851	100.00%

### ARV Regimens Report for Pediatric Patients in Q1-2024

No	Regimens	2024	
		Q1	
1	ABC/3TC+DTG	528	51.87%
2	AZT/3TC+EFV	1	0.10%
3	ABC/3TC+EFV	2	0.20%
4	TDF/3TC/EFV400	17	1.67%
5	TDF/3TC/DTG	282	27.70%
6	AZT/3TC+DTG	-	0.00%
Total 1L-patients		830	81.53%
7	AZT/3TC+LPV/r	-	0.00%
8	ABC/3TC+LPV/r	-	0.00%
9	TDF/3TC+LPV/r	-	0.00%
10	AZT/3TC+ABC+LPV/r	-	0.00%
11	AZT/3TC+TDF+LPV/r	-	0.00%
12	AZT/3TC+ATV/r	1	0.10%
13	ABC/3TC+ATV/r	16	1.57%
14	TDF/3TC+ATV/r	17	1.67%
15	AZT/3TC+ABC+ATV/r	2	0.20%
16	AZT/3TC+DTG	152	14.93%
17	TDF+ABC+LPV/r	-	0.00%
Total 2L-patients		188	18.47%
Total 1L & 2L patients		1,018	100%

### **3.2.2.4 Tuberculosis Screening, Case Detection and Treatment for PLHIV**

#### **3.2.2.4.1 TB Screening, Case Detection and Treatment for PLHIV**

In the first quarter 2024, there were 1,185 new Pre-ART patients registered at OI-ART Sites (1,165 adults and 20 children). Among of 92 (7.89%) adult patients and there are no children TB positives. There were 65 clients (5.57%) of them with active patients started TB treatment during this first quarter, 2024.

#### **3.2.2.4.2 Implementation of “Three I” Strategy for Prophylaxis TB Treatment (IPT)**

There were 1,317 adult patients and 77 children received TPT.

#### **3.2.2.5 Pregnancy and abortion**

This first quarter of 2024, there were 97 active female patients on ART (among them, 10 patients got pregnant before treatment, and 87 got pregnant during treatment. There were 08 pregnant women who reported 4 of them with spontaneous abortion and other 4 women with induced abortion.

#### **3.2.2.6 Exposed Infant**

In the first quarter of 2024, there were 114 children new registered and received ART. There were 62 exposed infants tested DNA PCR1. 47 of them were exposed infants age from 0 – 2 months.

- There were 72 exposed infants tested DNA PCR1 (4 positives, 59 negatives, and 9 not received the result yet).
- There were no exposed infants with confirmatory tested DNA PCR1 during this quarter.
- The first quarter of 2024, there were 36 exposed infants tested DNA PCR 2 (no positive, 33 negative and 3 not received the result yet). There were zero of exposed infants with confirmatory tested DNA-PCR2 for positive.

In the first quarter of 2024, there were 95 children who left

- There were 40 children got negative were drop out
- There were 03 children got positive start active Pre-ART
- There were 52 children were drop out.
- There were no children died.

According to the result reported from NCHAD laboratory in first quarter of 2024, there were 131 exposed children within 2months after born were tested DNA and PCR, and 02 of them were HIV positives.

#### **4. CHALLENGES AND CONSTRAINTS**

There are challenges facing during HIV/AIDS program implementation as following summaries:

- HIV prevention is remained high in KPs.
- Achieved 86% for the 1<sup>st</sup> 95- estimated in 2022, still around 10,000 PLHIV did not know their status and access to ART yet.
- KPs access to PrEP services are low.
- Coverage of Viral Load Testing are low at remote ART services
- Management of Care and Treatment for co-morbidities (TB-HIV, HCV/HBV-HIV, HIV-HPV, HIV-NCD, HIV-mental health) are still in the process.
- Prevention, Treatment and Care services provided by public based facilities are not yet become a friendly services for KPs.
- Sustaining resources for HIV response while external funding is decreasing. A country sustainability roadmap is being developed.

#### **5. LESSON LEARNED**

- Good coordination and collaboration with all partners, local authorities, health staff at provinces, operational districts, health facilities and Communities; are the key success of the program.
- Partnership with the involved national program such as between NCHADS, NMCHC, CENAT, and development partners, are particularly important in the fight against HIV/AIDS and joint collaborative activities have to be strengthened at OD level to reach the ambitious targets set for 2023.
- Education and awareness rising of the community and the target group allows them to undertake the health education, information and health services and reduce stigma and discrimination towards MARP.
- Improved utilization of HIV/AIDS and STI services by MARPs is necessary to ensure universal access for this population group.

## **6. CONCLUSION AND RECOMMENDATION**

Overall, NCHADS and its partners were made great achievements against some target sets in period of January to March 2024, we can therefore conclude that working in partnership, the HIV/AIDS prevention, care and treatment programs in Cambodia is moved towards. However, we should ensure long-term funding and political commitments to run the HIV/AIDS programs. If development partners withdraw assistance for HIV/AIDS programs too quickly, Cambodia could face significant difficulty in sustaining HIV/AIDS efforts.