Integrating TB and HIV Services in Rural Northwest Cambodia: Making it Work!

Presented by
Carrie Miller
Catholic Relief Services
CORE SOTA
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TB and HIV in Cambodia

- High burden TB country
- 11th in incidence per capita
- TB incidence 495/100,000\(^1\)
- HIV prevalence is 0.9%, which is highest in SE Asia
- In 2007, 7.8% of TB patients were HIV+
- In 2002, HIV prevalence contributed ~13% of the incident sputum smear+ cases\(^2\)
Northwest Cambodia

- Last Khmer Rouge stronghold
- Poor access to health facilities
- Poverty
- Large migrant populations
- HIV epidemic hotspot

Source: http://www.sitesatlas.com/Maps/Maps/cmb-pol.htm
TB & HIV Problem

- Low screening rates for TB & HIV
  - Economic barriers to access services
  - Stigma towards PLHIV
  - Lack of referrals between testing & treatment sites
  - Active case finding not part of national TB program
  - Not perceived as important

- National TB & HIV programs: limited coordination
• Provision of transport vouchers
• Create referral pathways for HIV and TB clients
• Integration into home-based care (e.g., Community-DOTS)
• Health Systems Strengthening, including increasing coordination and expanding human resource capacity
• Advocacy, Communication and Social Mobilization (ACSM)
• Training and small grants program for PLHIV
Health System Strengthening

Target groups:
- Health facility staff
- Village-based volunteers

Issues:
- TB/HIV care and treatment
- Referral pathways
- Counseling
- Follow-up

Method: Quality assurance
Reducing Missed Opportunities

Client

VCT, Referral Hospital or Health Center

Referral Hospital
- OI/ART clinic
- Take 1 sputum

S- or EP
- RH x-ray

Health Center
- Sputum check
- 1 (TB) 2 and 3
- S+
- Tx in F-DOTS (HC)

Community
- Structure support / referral and Tx in C-DOTS

TB Suspect
Advocacy, Communication & Social Mobilization

• Special events and campaigns

• Involvement of religious leaders & pagodas

• TB messages at PLHIV support group sessions

• Community mobilization for:
  – Active case finding
  – Referrals
  – Education on TB and HIV
  – Care, support & follow-up of patients (DOT watchers)
Results

- 98% PLHIV tested for TB
- 71% of TB patients referred for HIV counseling and testing
- TB/HIV clients completed DOTS or C-DOTS treatment
Results by District

Percent of TB patients tested for HIV

<table>
<thead>
<tr>
<th>District</th>
<th>Baseline 2006</th>
<th>Endline 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sampov Luon</td>
<td>20</td>
<td>80</td>
</tr>
<tr>
<td>Bovel</td>
<td>40</td>
<td>60</td>
</tr>
<tr>
<td>Pailin</td>
<td>40</td>
<td>50</td>
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</tbody>
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A Call to Action

- Address stigma

- Reduce missed opportunities:
  - HIV among TB patients
  - TB among PLHIV

- Involve communities

- Encourage political will for TB/HIV coordination

- Support staff capacity and improvements in communication infrastructure to facilitate timely reporting


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Presenter contact information:

Carrie Miller
HIV and AIDS Technical Advisor
Catholic Relief Services
Email: cmiller@crs.org

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