Experience in AIDS care

Some lessons learned from the Médecins Sans Frontières Belgium Projects

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HIV/AIDS in Cambodia

- The prevalence of HIV infection in Cambodia in 2003 is estimated at 1.9% (NCHADS survey 2003)
- The epidemic is widely spread in the country, all segments of the society are affected
- Many new infections among women and newborns
- +/- 20,000 PLHA are estimated to have died in 2003 (NCHADS survey 2003)
- This could account for 9% of the overall mortality in Cambodia (assuming a CMR of 0.5/10000/day)

MSF B projects

- **3 sites:** Siem Reap, Sotnikum and Takeo
- **AIDS care is set up as part of chronic diseases clinics**
  - Prevalence of diabetes is high (5-10%), no adapted services are available in most of the country
  - Integration of AIDS care with other patients and diseases
  - AIDS with ART becomes a chronic illness and has similar needs: adherence support, patient centred consultations
- **Start in 2002 and 2003**

Objectives of AIDS care in the projects

Overall goal

- Prolong life (prevent mortality)
- Improve quality of life

of all PLHA that come to seek support

Specific objective

- Prevent OI
- Treat OI
- Restore immunity

Components of AIDS care

(not in order of importance)

- Medical consultation of good quality
- Quality hospitalisation service
- Psychological and education support with counsellors and peer educators.
- Social support
  - Based on existing support networks of the PLHA
  - HBC for additional needs
  - Material support (transport cost, food,…)
  - ? Plan for social rehabilitation (income generation, destigmatisation, debts)

Summary of some results

- In total 3470 PLHA are currently on followed up: 1537 in Siem Reap, 276 in Sotnikum and 1657 in Takeo
- 1838 PLHA are now on ART, 190 of them are children. (This number equals 60% of the PLHA living in these provinces in need for ART).
- In January this resulted in
  - 3630 HIV/AIDS consultations.
  - 95 HIV/AIDS hospitalisations.
- Since the start of the project, 5.6 % of the PLHA that had started HAART have died.
- During the last quarter of 2004, on average 85% of the PLHA that have entered the cohort had started HAART within 2 months.

Important difficulties encountered (1)

- Difficulty with OI in the setting of peripheral hospital (both diagnosis and management)
  - MAC (difficult diagnosis, probably very prevalent)
  - CMV retinitis (in Siem Reap, prevalence of 23% among PLHA with a CD4 count below 50), difficult treatment and need for systematic screening
  - (EP)TB (in Sotnikum 47% of all hospitalised TB where HIV+)
  - PCP (diagnosis and management of hypoxemia)
  - Cryptococcal meningitis (36 patients treated over the last 6 month)
  - Penicilliosis (9 cases treated)

  Quality hospitalisation care is essential, this was not easy to set up, currently quality of IPD in Siem Reap and Sotnikum is satisfactory

Important difficulties encountered (2)

- Evaluation of failure or success of ART in patients with advanced disease.

  Based on clinical evaluation and CD4 count, often clinicians tend to diagnose failure. E.g

  - CD4 does not increase with more then 40 cells within 1 year.
  - CD4 even decreased in the second semester of the ART.

  2/2 of such cases in Siem Reap had an undetectable VL. It all concerned cases with a baseline CD4 below 50.

  These cases did not need to switch to second line!

Important difficulties encountered (3)

- Continuous rapid inflow of new patients
  - In December 2004, a total of 165 NC
  - Many patients from other provinces seek care. It is very difficult to organise the selection based on geographical criteria

    Help from partner NGOs in these provinces created a more efficient care network.
- Steady increase of the HR (in 2004, 8 new MD and 7 new counsellors have started working)
  - Complex training and supervision work
  - At times stressful for the entire team

    The key to overcome this burden is a highly motivated team (both MSF and MoH staff) with a strong team spirit

Rapid scale up versus sustainable services

- AIDS care is very resource intensive
  - Clinical difficulties
  - Expensive and very varied diagnostics and treatments
  - Large numbers of PLHA that need care urgently
- AIDS care is by definition long term care

The objectives of the AIDS care projects were

- To build up capacity to follow the needs,
- While, build in long term sustainability in all components

This is a challenge, not a contradiction

Efforts made towards sustainability (1)

- Use rational protocols or guidelines
  - Emphasis on generic first line drugs
  - Standardised, "low tech" patient follow up
  - Adoption of MoH standards
- All sites are situated in MoH referral hospitals.
  - Continuous further integration in the hospital's functioning (admin, technical services, hospitalisation, pharmacy)
  - Steady increase of integration of MDs and nurses of the hospital into daily activities. (By the end of 2004, over 50% of all consultations are carried out by MoH staff)

Efforts made towards sustainability (2)

- Help to build up technical capacity of various departments of the hospitals
  - x-ray and ultrasound training,
  - equipment and training of the lab,
  - support to internal medicine department,
  - support and collaboration with ophthalmologist,….
- Understand the administrative and financial situation of the hospital
  - Gaps in human resources
  - User fee policy of the hospital in view of AIDS law
- Involve Cambodian NGOs in the organisation of clinical AIDS care
  - Long term capacity and complementary to MoH structures

Recommendations

- Successful scale up is possible and should not be in contradiction with longer term sustainability
- Successful AIDS care requires sufficient and well motivated staff, both medical and psycho-social
- Clinical experience should be sufficiently shared among the growing numbers of AIDS care practitioners
- Flexibility in the partnerships between MoH and partner organisations in the build up phase
- An efficient coordination of the efforts needs to be maintained, chaired by MoH