

**KINGDOM OF CAMBODIA
NATION RELIGION KING**

Ministry of Health



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



**National Center for
Tuberculosis and Leprosy Control**

Minutes of Meeting

TB-HIV Technical Working Group NCHADS-CENAT Discussion Meeting

February 28th, 2024 | Hotel Cambodiana | Phnom Penh | CAMBODIA



The Technical Working Group (TWG) on TB-HIV integration meeting consisted members 29 participants who were accompanied by various NCHADS, CENAT technical team and expertise partners including NCHADS, CENAT management team, Dr. Laurence BORAND Director of Clinical Operations SMART4TB from Johns Hopkins University, Dr. Nathalie de Rekeneire head of clinical research group at IPC, Dr. Gary Daigle TA-program and M&E from MoH-LIT and representatives from development partners, US-CDC, CHC, AUA, RHAC HQ, AFH, CRS, CHAI and EpiC project of the FHI360. This discussion meeting conducted with an alternating chair between NCHADS and CENAT and was held on 28th March, 2024 at Hotel Cambodiana.

There was a warm welcome remark by:

1. Dr. Khun Kim Eam, Deputy Director of CENAT (approximately 15 minutes)
2. Dr. Samreth Sovannarith, Deputy Director of NCHADS (approximately 10 minutes)

Purpose of the discussion meeting: Dr. Ngauv Bora Deputy Director of NCHADS briefed on the objective and agenda the meeting including:

1. To review on previous meeting minutes and actions.
2. To review and update on TPT current implementation.
3. To discuss the progress and how to improve the coverage and set targets
4. To discuss on training plan for new staff
5. To discuss drug management on 3HP vs 6H
6. Other business

Session 1: Reviewing on previous meeting minutes and actions

The meeting group reviewed on previous meeting minutes and its progress.

Session 2 to 4: Discussion on TPT current implementation, how to improve the coverage and set target.

Dr. Samreth Sovannarith:

- ✓ Suggest team share progressive program each other.
- ✓ Review and verify shared data with TB data from CENAT particularly TPT reports as prioritized.
- ✓ Data triangulation and discussion.

Dr. Khun Kim Eam:

- ✓ Suggest to NCHADS needs to provide amount of PLHIV didn't get TPT and arrange those regimens.
- ✓ He raised experiences in 2023 that was shared amount of PLHIV data with TB screening and TB active which specific sites to CENAT to easily intervention each other within good results lastly.

Dr. Noy Prophea had 2 questions asked to the meeting...:

- ✓ How does mechanism or coordination at sub-national to find the gaps particularly stock out and stock request regarding regimen follow up with drug received and stock reports especially at OD level?
- ✓ Regarding data from CENAT, could be shared with NCHADS to access or limit access based on privacy?

Dr. Khun Kim Eam answered:

- ✓ Previously, CENAT has never joined supervision trips to find these gaps at OD level or others that are not proactive with drug monitoring and reporting.
- ✓ Actually, CENAT's privacy concerns really limits access to data for NCHADS. But NCHADS should be provided which data needed to CENAT.

Dr. Samreth Sovannarith added on this:

- ✓ TB prevention education among PLHIV we educated as grouping but some sites doesn't be well to maintain and blitz also included TPT messages to all PLHIVs that need and eligible initial TPT at least one course.
- ✓ Nowadays, Data can generate to use for PLHIV TB negative screening and allowed for provinces level can generate and use it to discuss on their forum conducting for HIV-TB sub-national level such as integrated in GoC meeting...etc. It would be late for national response.

Dr. Chan Sodara:

- ✓ It's really good for this discussion for improve TB screening, TPT uptake, based on TPT coverage it's still low for children, as last 2 years It's not good enough but it's better. We should have systematic for control TPT implementation rather that directly contact with both nationals' center, program leader when drug stocked out.

Dr. Khun Kim Eam answered:

- ✓ He said "available but not accessible" we don't want for this. One time, CMS used to ask him why drugs available in stock but doesn't anyone request. It's would be cause of miscommunications with sites and program. We want it's systematic than directly.

Dr. Ngauv Bora added on this and suggestion:

- ✓ These issues still occur again and again, we need find the root causes. Meeting regularly with sites, It can improve this case better and better for reduce stock out and stock wastages by now we are really less budget for supporting TPT forum at all.

Dr. Saut Phearum added on this and suggestion:

- ✓ Gradually training is one of activities to support the site and well-known in flow of TPT implementation and stock available.
- ✓ More collaboration form both national also very vital tips and key of success, less working together were a root cause of some remaining stock wastages.

Dr. Seak Kunrath added on this and suggestion:

- ✓ TPT data must generate for procure drug properly. Currently, 11,666 doses of 3HP will arrive on April, please arrange plan and strengthening data input at site level also for improve data quality for forecasting and quantification.

Dr. Samreth Sovannarith summarized and conclusion:

- ✓ Enhancing communication between ART clinician and TB clinician for TB screening and treatment
- ✓ Identify the root cause of stock out to minimize the stock out
- ✓ Strengthen communication via example telegram to ensure there is stock movement for TPT
- ✓ Identify the linkage between three bodies (CENAT, NCHADS and CMS)
- ✓ Need data triangulation for effective practice. Around 3000 PLHIV per quarter need TPT initiated. Main issue isn't lack of TPT regimen. It is distribution challenges.

Dr. Khun Kim Eam added and action taken:

- ✓ NCHADS generates data to CENAT regarding INH and 3HP disaggregation by sites for remaining PLHIV.
- ✓ We will drop directly to locally.

Session 5: Presenting about overview of care and treatment performance (by Dr. Ky Sovathana, NCHADS)

- ✓ Number of patients on treatment by Q4 around 67,717 PLHIV on ART
- ✓ Same Day ART initiation last quarter in 2023 around 90% for SDART.
- ✓ Multi-Month Dispensing (MMD) by 2023 PLHIV received MMD less than 3 month around 20% and 3 to 6 months around 80%.
- ✓ TPT in last quarter in 2023 has completed screening 96% within 33.1% had started TPT.

Dr. Samreth Sovannarith suggested:

- ✓ He suggests Dr. Ky Sovathana explores 2 regimens (RH and RIF) were initialed at ART sites based on her presentation data. It isn't selection for TPT implementation regimen.

Session 6: Other business:

Dr. Laurence BORAND and Dr. Nathalie de Rekeneire suggested to TWG should print out the clinician handbook for TB preventive therapy for PLHIV, patient brochure or poster for algorithms for TB screening and diagnostic for health providers in Khmer version. TWG agreed to decide review/remove out some logos of OPTICAM study before printing.

Key Discussions and Actions:

Some key discussion points and actions that were agreed upon during the meeting include:

- Strengthening collaboration and communication between TB and HIV programs at all levels.
- Improving monitoring and evaluation systems to track the progress and impact of integration efforts.
- Generating TPT data from NCHADS to CENAT regarding INH and 3HP disaggregation by sites for remaining PLHIV.

Next Steps:

It was agreed upon that the TWG will reconvene to assess the progress made on the identified actions and to plan for ensuring sustainability and reliability. In the meantime, TWG are encouraged to continue our efforts in TB HIV integration and to communicate any challenges or success stories to the group with regular meetings every 3 months.

Thank you all for your active participation and valuable contributions during the meeting. Please feel free to reach out if you have any additional inputs or if you need any further information.

Next meeting: To be confirmed (NCHADS will be chair on next meeting)

Minutes were taken by:

Mr. Chamroeun Bora
NCHADS Technical Bureau Officer