

HIV Treatment as Prevention A Perspective from Cambodia



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Introduction



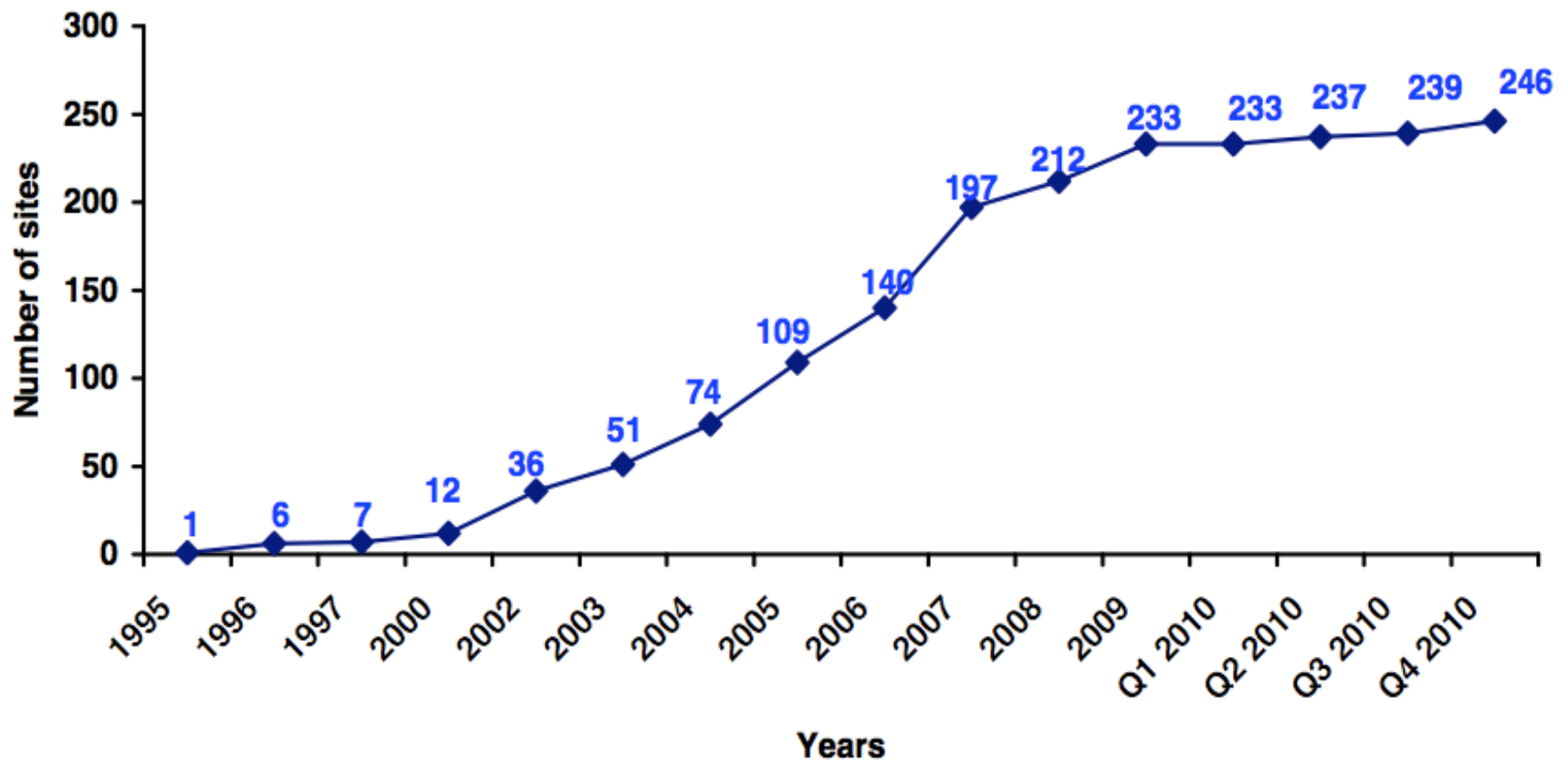
- There is more and more evidence that use of ART can prevent HIV transmission.
- This evidence add more tool to HIV prevention.
- It is important to have a forum to discuss about how realistic to translate this evidence into practice in the real world.



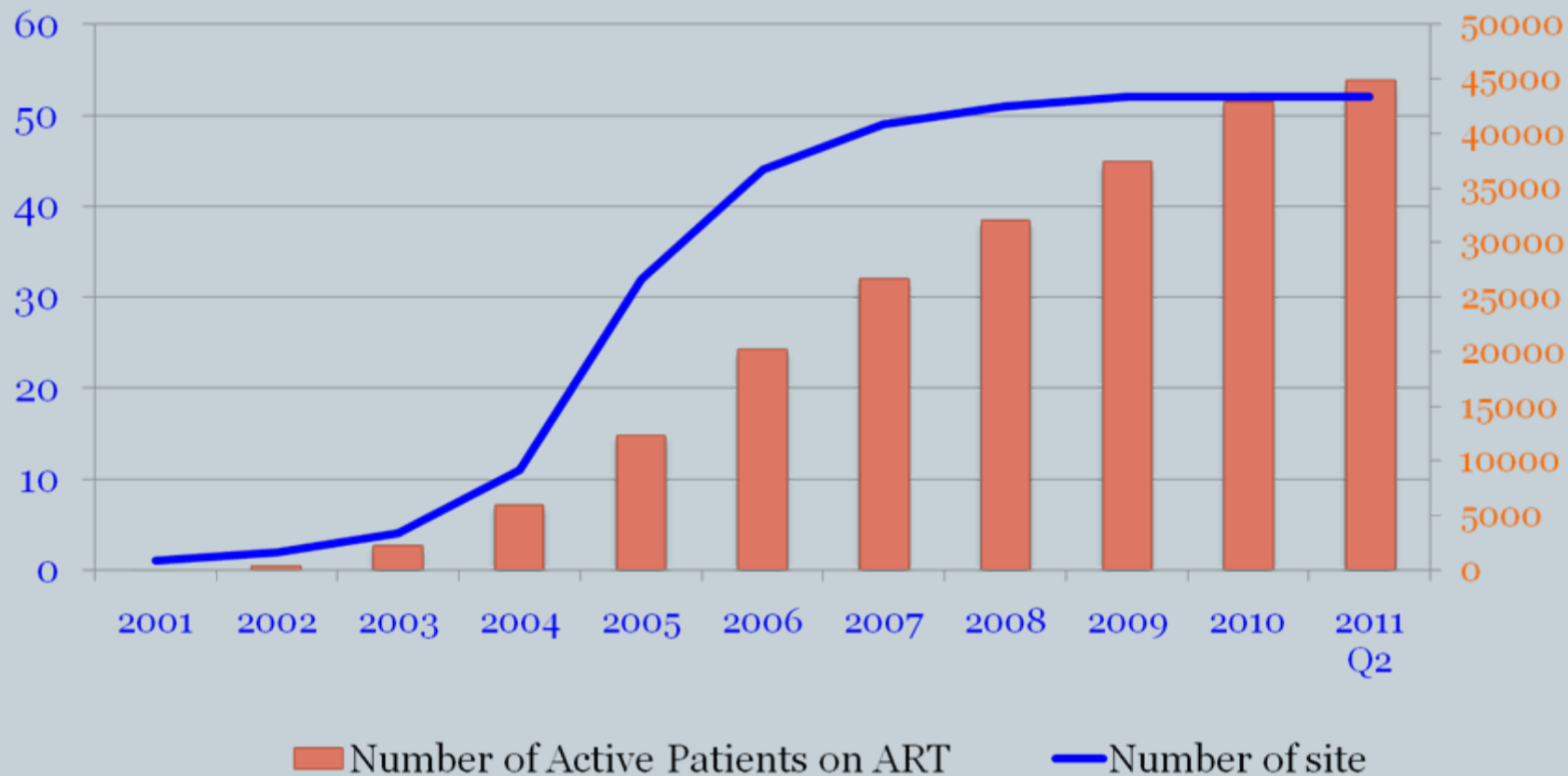
HIV/AIDS care and treatment services in Cambodia

Number of VCCT sites Over Years

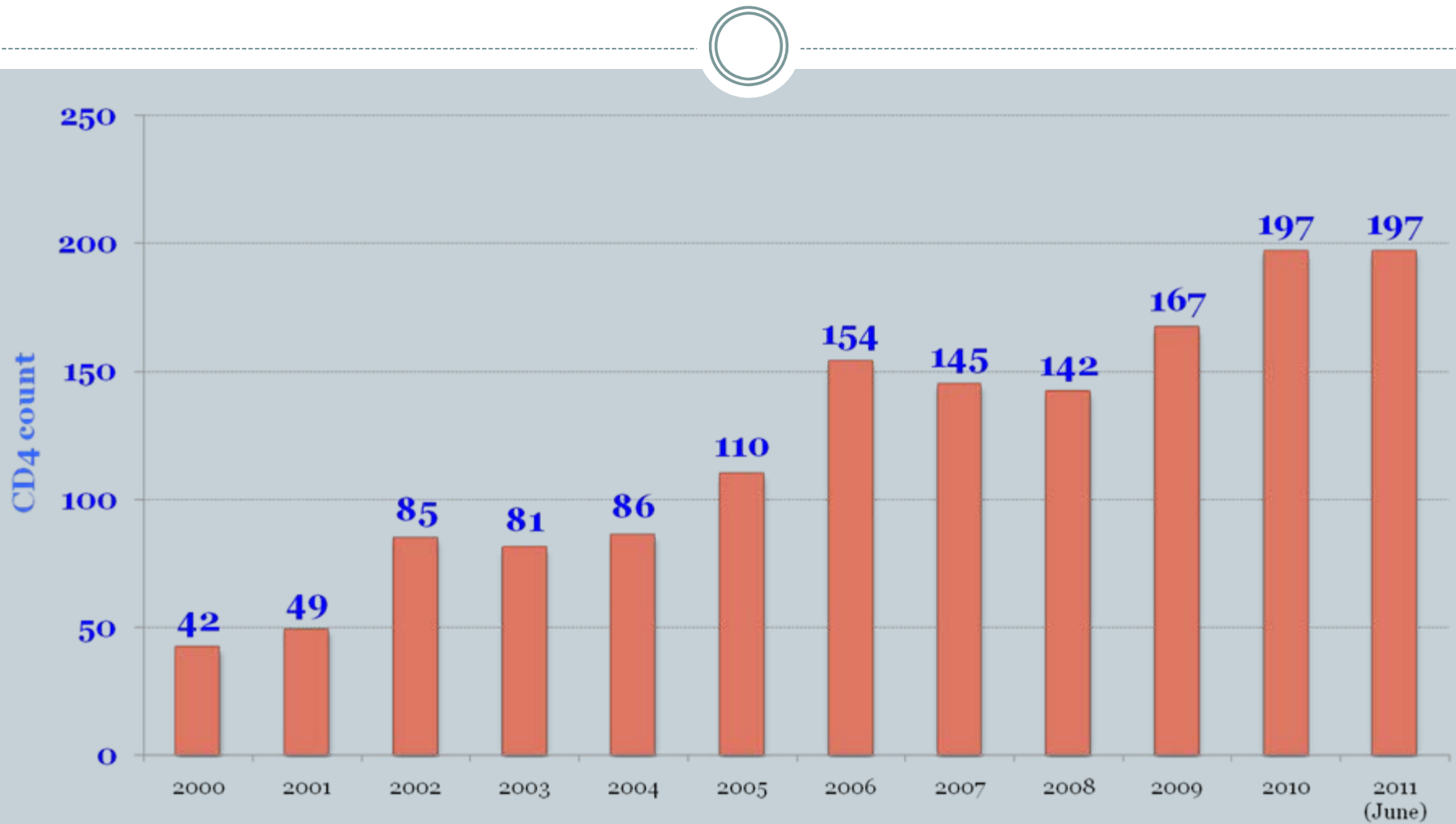
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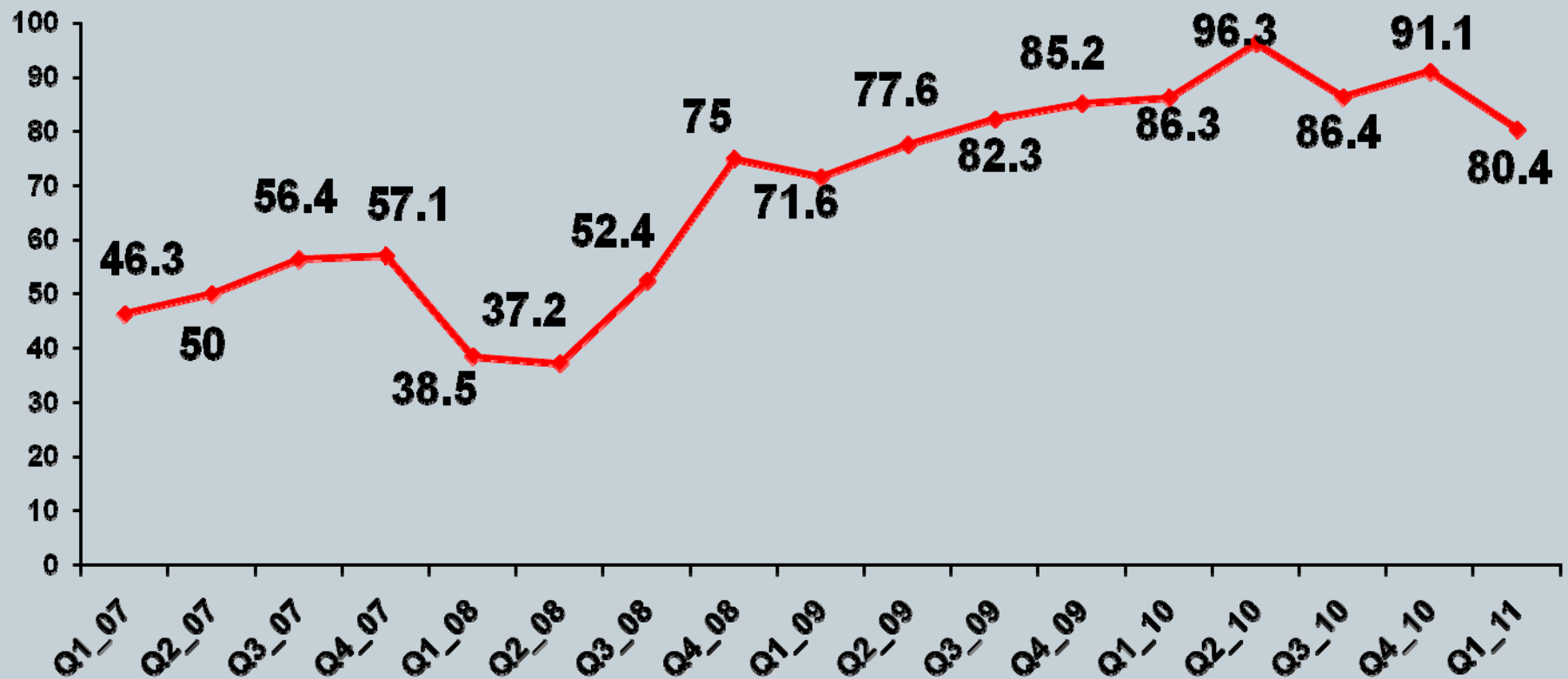
The number of ART sites and adults patients enrolled in ART program in Cambodia



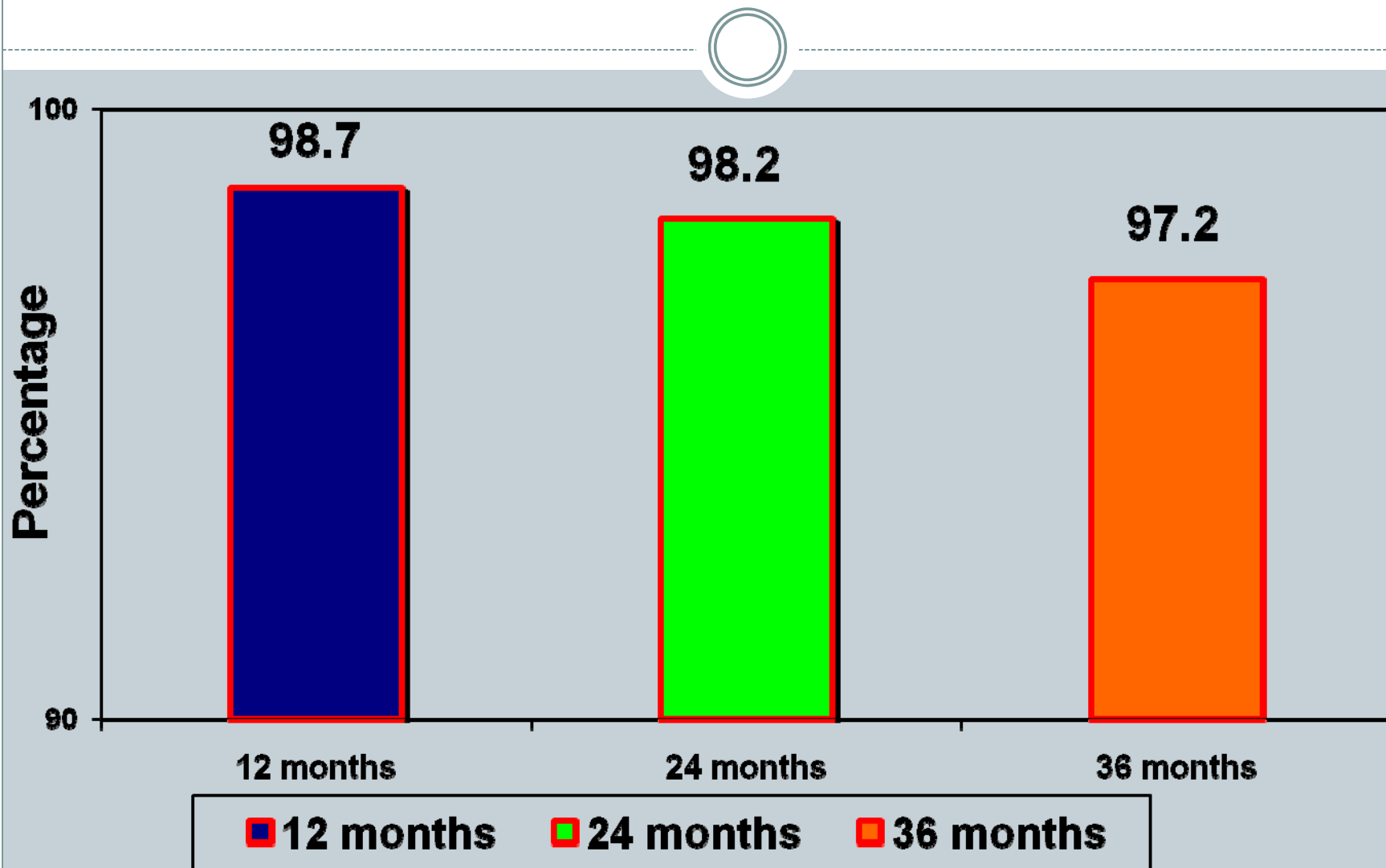
Median CD4 Count among HIV Infected Patients at First OI/ART Clinic Visit in 32 clinics in Cambodia



Percentage of patients whose CD4<250 (350 from Q2 2010) or having WHO stage 4 start receiving ART <60 days by quarter in RHBTB



Percentage of patients on ART who are still on first line regimens after 12, 24, 36 months in BTBRH



Use of ART could reduce incidence of HIV to zero ...



- This would require that testing coverage were 100% including recent infection,
- ART initiation were immediate for all people diagnosed,
- That ART immediately reduces infectivity to zero,
- and that nobody ever stops or virologically fails ART.

Toward TasP: Where do we stand?



- More than 90% of those in need of ART get it
- But we don't know the proportion of people with HIV who are undiagnosed
- 2005 CDHS data told us that only 10% and 15% of women and men in Cambodia ever tested for HIV.
- Median CD4 count at reported first HIV positive at VCCT is 200 – clear failure – late testing
- Adherence to ART – several published data showed greater than 90% of adherence. However, recent data on appointment keeping show lower adherence level

Toward TasP: Where do we stand?



- A high level of losses to follow up before and after ART
- Viral load monitoring is now available for suspected failure patients
- Ethical issue – initiation of treatment among HIV positive with high CD4 count
- Health service provider to patient ratio varies from 1:10 to 1:200

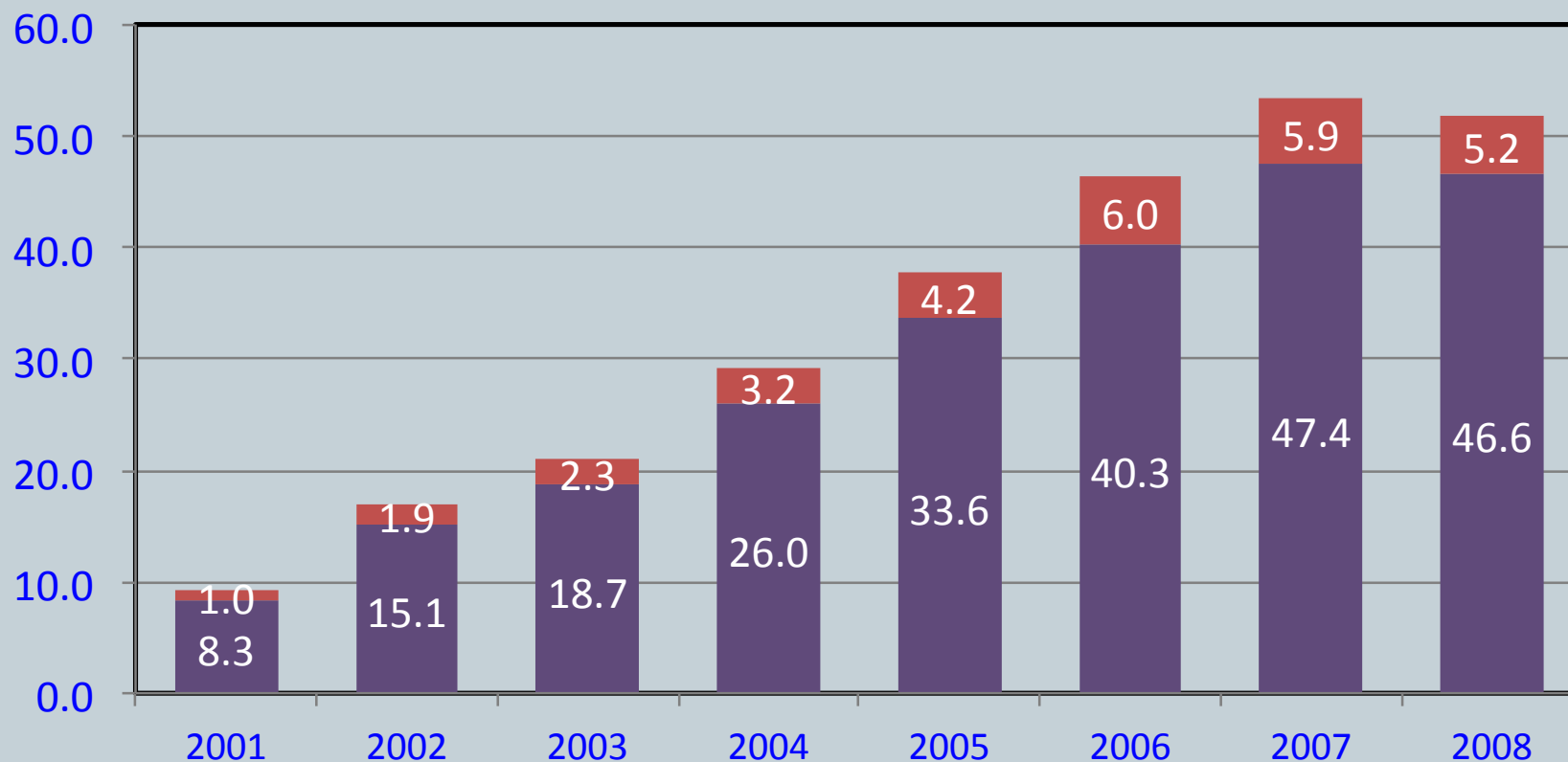
Total of HIV/AIDS Expense in Cambodia



USD Million

■ Financed by government

■ Financed by external sources



Conclusion



- In addition to these additional research questions:
 - Whether ART has individual health benefits at higher CD4 cell counts and if not whether people with high CD4 cell count will accept treatment simply to reduce transmission.
 - What is the level of enough adherent to ART to sustain predicted prevention benefits.
 - Whether individuals will increase their sexual risk behaviour, in particular once they become aware of the reduction in infectiousness induced by virally suppressive ART.
- Cambodia should choose an optimal strategy in the face of limited financial and human resources.



Thank you!