

LINKAGES CAMBODIA

Summary of Achievements

November 2017 – September 2020

The Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES) project was implemented in Cambodia from November 2017 to September 2020 working closely with the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Infections (NCHADS), The Population Council, IntraHealth International, Catholic Relief Service (CRS), Cambodian People Living with HIV Plus (CPN+), KHANA, and local groups led by key populations (KPs) to jointly plan, implement, and evaluate interventions along the HIV prevention, care, and treatment cascade. The project provided above-site technical assistance (TA) to reduce HIV transmission and improve the lives of people living with HIV. Although focused primarily in four provinces, support was also provided for some NCHADS activities across the country. The project, not a service delivery program, contributed to the development of national policies, strengthened national data systems, and supported local partners to introduce innovations designed to improve testing, antiretroviral therapy (ART) initiation and retention, and viral suppression among KPs.

BACKGROUND

Cambodia's response to the epidemic is guided by NCHADS and the Health Sector Strategic Plan (HSSP). Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the United States Government partners with the Royal Government of Cambodia (RGOC) to support implementation and move the needle forward on epidemic control. In recent years, the RGOC has achieved the UNAIDS 90-90-90 targets and strengthened outreach, testing, and referral for ART services to members of KPs who test positive.

From November 2017 to September 2020, with PEPFAR funding through the United States Agency for International Development (USAID), the LINKAGES project worked closely with NCHADS, The Population Council, IntraHealth International, Catholic Relief Service (CRS), Cambodian People Living with HIV Plus (CPN+), KHANA, and local KP-led and KP-focused groups to jointly plan, implement, and evaluate interventions along the HIV prevention, care, and treatment cascade. LINKAGES Cambodia was not a direct service delivery project, but rather provided above-site technical assistance (TA) to reduce HIV transmission and improve the lives of people living with HIV (PLHIV), particularly men who have sex with men (MSM), sex workers (SWs), transgender people, female entertainment workers (FEWs), and people who inject drugs (PWID) and their sexual partners. LINKAGES Cambodia focused efforts primarily in four provinces

Highlights

- Created the National Prevention Database (NPD), a web-based DHIS2 system for collecting and importing community prevention primary data from four KP groups
- Developed and revised procedures for Peer Driven Intervention Plus (PDI+), an incentive-based approach where seeds with high-risk behaviors and large social networks recruit peers, which doubled case finding
- Conducted a pilot of HIV self-testing, which led to its inclusion in Cambodia's HIV prevention policy; more than 70% of participants had never been tested, and case finding from HIV self-testing was two to three times higher than usual outreach
- Developed PrEP policy guidance and provided training for rollout in 13 sites with nearly 400 individuals now on PrEP
- Wrote national standard operating procedures for same-day ART, multi-month dispensing, and partner notification tracing and testing, catalyzing scale-up of the innovations
- Pioneered an Online Reservation and Case Management App (ORA) to engage hidden KP members and connect them to services, and reached 1.68 million people via a social media campaign


(Phnom Penh, Battambang, Banteay Meanchey, and Siem Reap) but also supported some NCHADS activities across the country.

KEY PROGRAMMATIC ELEMENTS

LINKAGES Cambodia provided technical support to NCHADS and its partners across the entire HIV cascade. Over the life of project, the team:




Applied microplanning for **targeted outreach** to key populations




Conducted an **HIV self-testing** acceptability study

Improved prevention services reporting by introducing the universal unique identifying code (UUIC) and a prevention database using District Health Information 2 (DHIS2) software; linked the prevention database to the antiretroviral consolidated DHIS2 database, allowing for case-based surveillance and construction of prevention-to-care cascades




Improved HIV case finding by introducing new testing modalities including risk tracing snowball testing (Peer Driven Intervention Plus), online outreach, and index case partner notification



Developed **pre-exposure prophylaxis (PrEP), HIV self-testing, same-day ART initiation (SDART), and multi-month dispensing (MMD) policy guidance** and provided TA to NCHADS in rolling out these strategies nationwide

Led the PLHIV **Stigma Index 2.0 Survey**



Implemented **gender-based violence prevention** and care for KPs in four provinces



Trained government ART and **reproductive health clinics** and the community-based Chhouk Sar Clinic to provide KP-competent care



Conducted a feasibility assessment of obtaining patient satisfaction feedback to improve ART services and **reduce stigma and discrimination**

CUMULATIVE ACCOMPLISHMENTS

LINKAGES Cambodia, not a direct service delivery program, did not report against specific indicators and targets. Through TA, the project contributed to the development of national policies, strengthened national data systems, and supported local partners to introduce innovations designed to improve testing, ART initiation and retention, and viral suppression among KPs. Achievements are described here.

NATIONAL PREVENTION DATABASE (NPD)

LINKAGES developed the National Prevention Database (NPD), a web-based DHIS2 system capable of collecting and importing community prevention primary data from four KP groups — FEWs, MSM, transgender women, and PWUD. Data includes HIV education, condom and lubricant distribution, HIV and syphilis testing, and linkage to care and treatment for those confirmed positive. The NPD allows each Global Fund-supported development partner — KHANA, RHAC, Friends International, and AIDS Healthcare Foundation — in 19 high-burden provinces to upload granular data, from which automated visualizations and reports are produced. The NPD can track services received such as PrEP, syphilis treatment, needle/syringe distribution, methadone maintenance therapy (MMT), HCV testing, HIV self-testing, and client reach modality (e.g., virtual or face to face). The Global Fund sub-sub-implementers (SSSIs) send data monthly to be imported into the NPD system. The NPD dashboard can extract real-time data for visualization, e.g., HIV and syphilis testing through treatment cascade, tracking coupons for risk-tracing snowball network, and HIV positivity rate by testing modality.

Figures 1–4 summarize the testing, case finding, and treatment outcomes for MSM, transgender women, FEWs, and PWID over the life of project where the two main Global Fund sub-sub-implementers covered 19 out of 25 provinces of Cambodia.

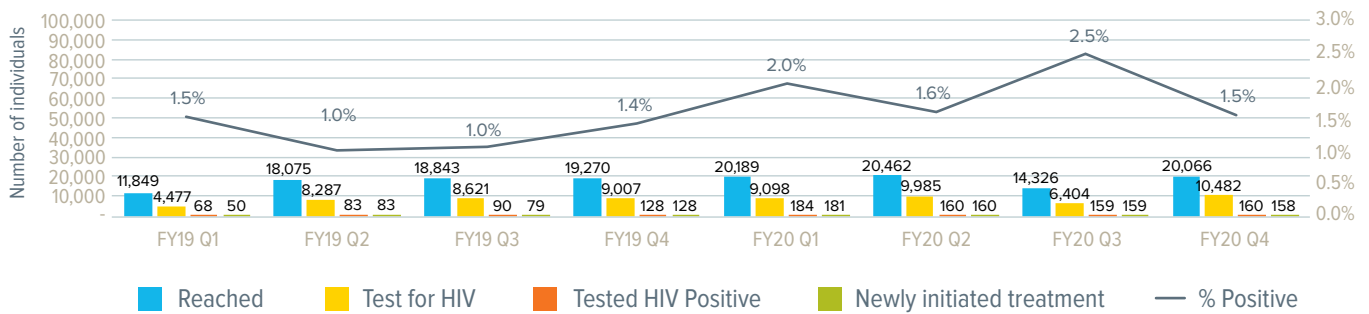
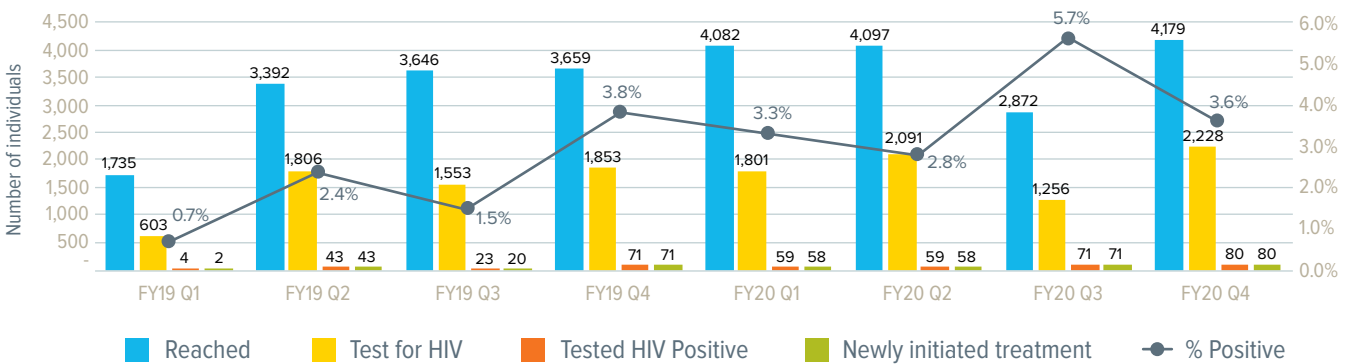
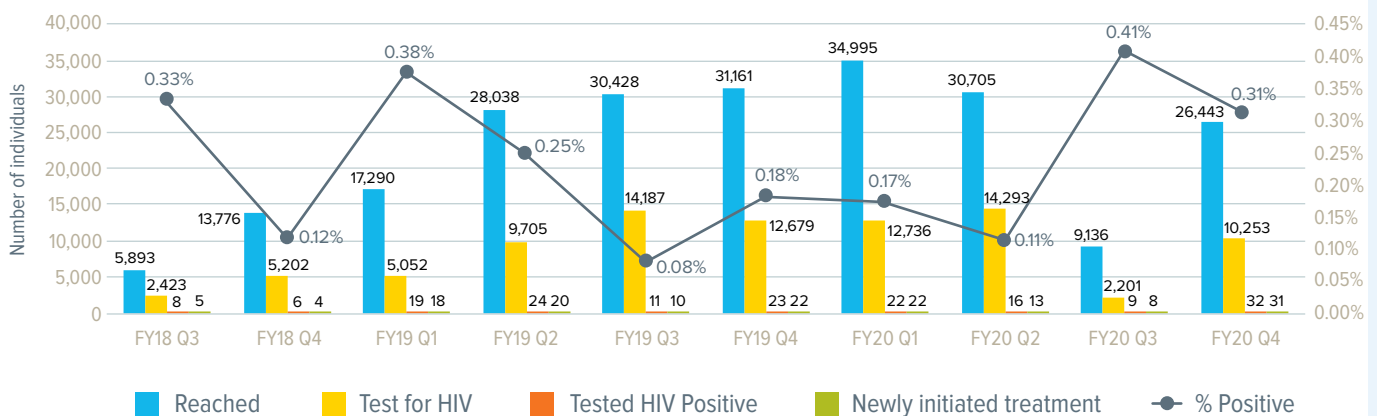
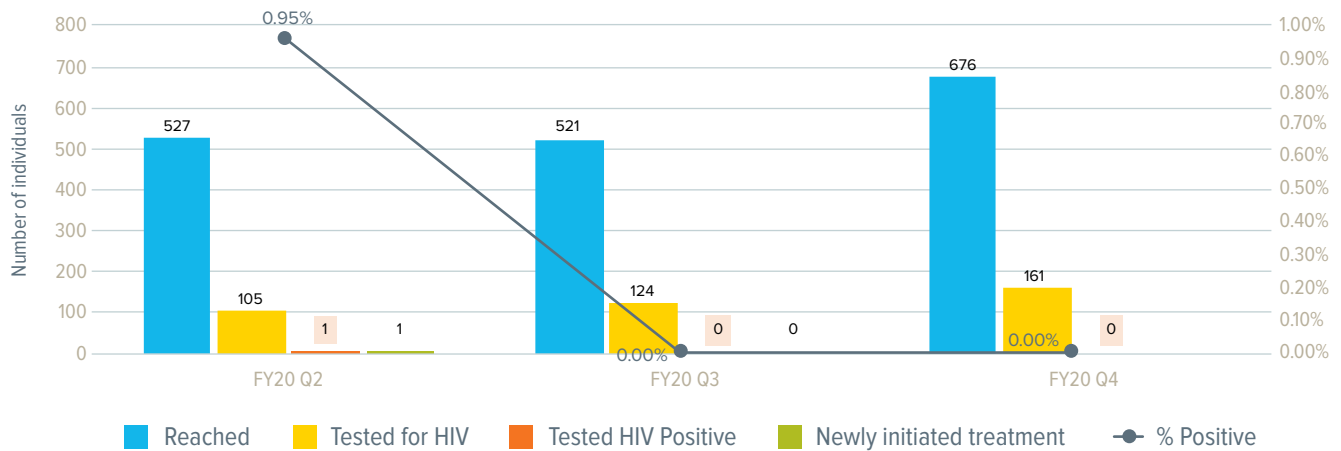
Figure 1. Life of project trends in uptake of prevention, testing, and treatment among MSM in Cambodia**Figure 2.** Life of project trends in uptake of prevention, testing, and treatment among transgender women in Cambodia**Figure 3.** Life of project trends in uptake of prevention, testing, and treatment among FEW in Cambodia

Figure 4. Life of project trends in uptake of prevention, testing, and treatment among PWID in Cambodia

PEER DRIVEN INTERVENTION PLUS (PDI+)

LINKAGES developed and revised operating procedures for PDI+, an incentive-based, peer-centered, risk-tracing snowball approach where seeds with high-risk behaviors and large social networks are provided coupons to recruit peers within their networks to access HIV prevention education, testing, and referral to prevention and treatment services. Through physical and virtual referral chains, additional network members are brought in for testing in ways that ensure

the privacy and confidentiality of KP members. PDI+ complements face-to-face outreach in improving HIV case detection and finding those who are hard to reach, have not been found by outreach workers for testing, or have not been contacted by existing HIV prevention programs. LINKAGES worked closely with NCHADS to provide TA to nongovernmental (NGO) partners to implement PDI+. Figures 5 and 6 demonstrate PDI+ results and case finding for MSM and transgender women, which averaged twice that of face-to-face testing.

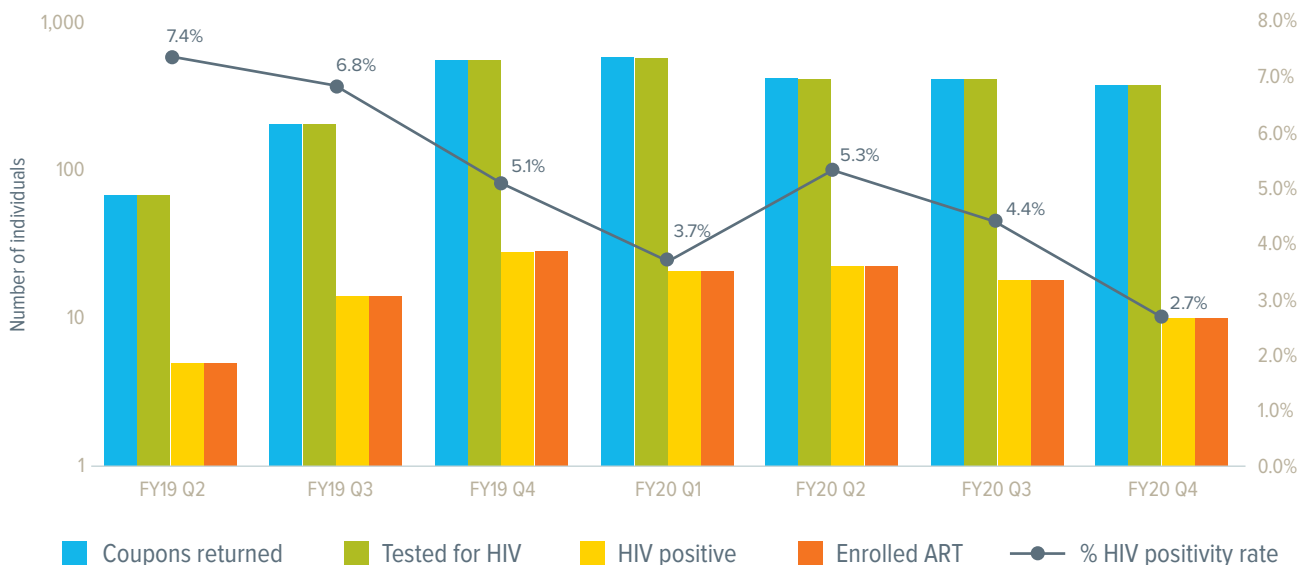
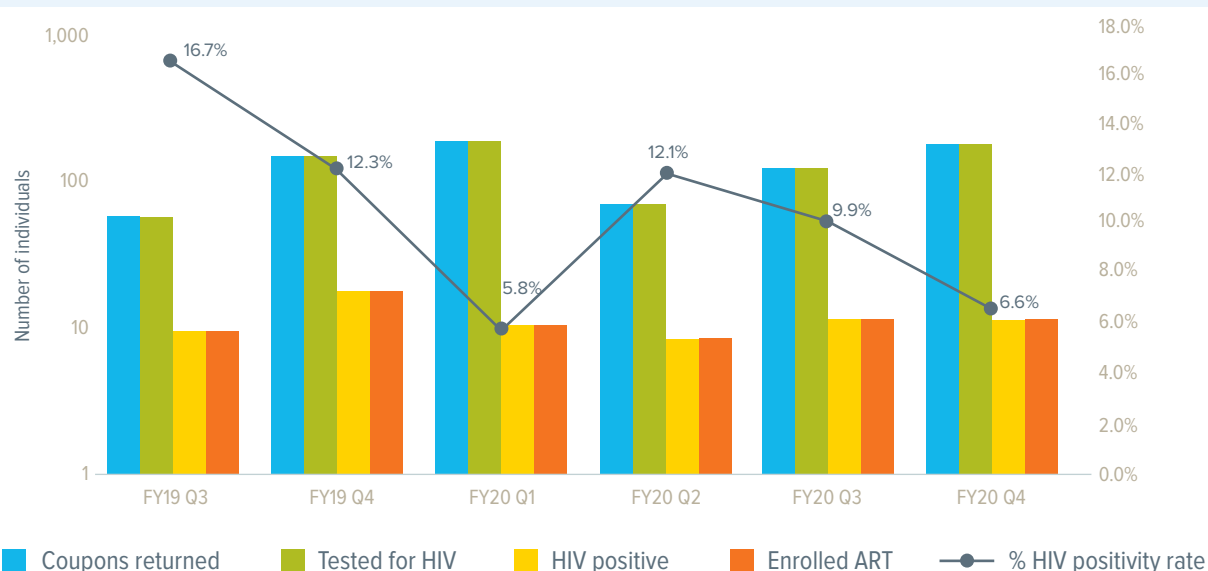
Figure 5. HIV testing cascade via PDI+ approach among MSM in 17 provinces

Figure 6. HIV testing cascade via PDI+ approach among transgender women in 17 provinces

HIV SELF-TESTING (HIVST) STUDY AND DEVELOPMENT OF STANDARD OPERATING PROCEDURES

By the end of 2018 in Cambodia, 83% of PLHIV knew their status, 97% of those diagnosed were on ART, and 81% of those were virally suppressed. HIV prevalence among KPs, however, remained high and uptake of HIV testing low. In 2019, the national program reported that 33% of MSM and FEWs had never been tested, and more than 50% of trans women had not been tested in the past six months. With NCHADS and local partners, LINKAGES designed an HIV self-testing (HIVST) pilot that was implemented from December 2018 through September 2019 to improve testing rates.

MSM, FEWs, and trans women who declined either field-based testing at community-based organizations or referrals for clinic-based testing were offered HIVST through either face-to-face or online outreach. Eligible

clients, after being assessed for risk, chose assisted or unassisted oral fluid or blood-based testing. Kits were given directly to, delivered to, or picked up by clients. Test results were reported online. Clients with reactive results were referred for confirmatory testing and ART initiation. Data were collected from December 17, 2018 to September 30, 2019 (see Table 1).

The study concluded that HIVST empowers individuals to test even in face-to-face settings, and can reach hidden high-risk populations who have never or have only infrequently tested, and achieve high case-finding rates. More than 70% of participants had never been tested, and case finding was two to three times higher than face-to-face outreach testing.

On the basis of the pilot, HIVST was introduced into Cambodia's HIV prevention policy to spur more frequent testing among reticent KP members by offering an

Table 1. HIV self-testing study in Phnom Penh, December 17, 2018–September 30, 2019

KP	Tested	Never tested				Tested within the last 6 months				Tested > 6 months ago				Tested date unknown				Total positive yield (%)	
		Total	Reactive	Total	Reactive	Total	Reactive	Total	Reactive	Total	Reactive	Total	Reactive	Total	Reactive	Total	Reactive		
MSM	466	322	69.1%	22	6.8%	5	62.5%	1	20.0%	130	27.9%	12	9.2%	9	1.9%	2	22.2%	37	7.9%
TG	330	185	56.1%	18	9.7%	3	100.0%	0	0.0%	139	42.1%	17	12.2%	3	0.9%	1	33.3%	37	10.9%
EW	433	362	83.6%	11	3.0%	9	100.0%	0	0.0%	61	14.1%	0	0.0%	1	0.2%	0	0.0%	11	2.5%
Total	1,229	869	70.7%	1	5.9%	17	1.4%	1	5.9%	330	26.9%	29	8.8%	13	1.1%	3	23.1%	84	6.8%

additional, acceptable testing option for those at especially high-risk for infection, often hidden and hard-to-reach. HIVST allows them to test with the privacy they want yet still access the counseling support of government clinics and community-based organizations. The HIV Self-Testing Standard Operating Procedure (SOP) for Cambodia was developed by LINKAGES and approved by the Ministry of Health in 2019.

PREP CONCEPT NOTE

LINKAGES Cambodia developed the PrEP Concept Note,¹ which became the first biomedical HIV prevention intervention approved by the Cambodian Ministry of Health for national program implementation. The concept note provides guidance from NCHADS to implementing partners on how to initiate PrEP services and scale up in high HIV-burden provinces. Thirteen sites trained by LINKAGES and NCHADS are rolling out the services, complemented by LINKAGES-developed

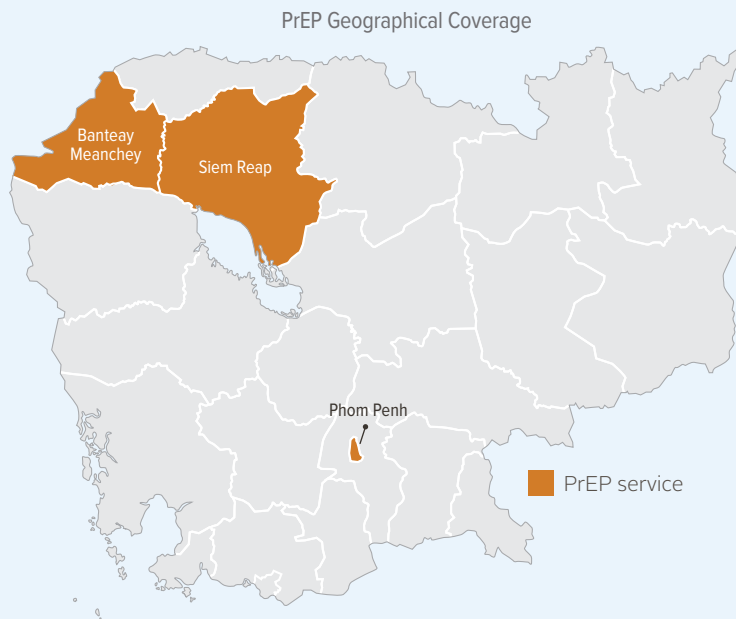
social media and outreach promotion and strengthening with NGO partners to better educate target populations about PrEP benefits. LINKAGES trained and mentored staff for establishing PrEP services in Siem Reap and Banteay Meanchey provinces, and the capital Phnom Penh via two civil society organization (CSO) clinics and five government-run family health clinics. To date, 367 individuals (308 MSM, 50 transgender people, and nine FEWs) are currently using PrEP (Figure 7).

GOING ONLINE FRAMEWORK

NCHADS has integrated LINKAGES' [Going Online framework](#) in its strategic plan for HIV and STI prevention and control in the health sector for 2021–2025. Going Online optimizes the use of social media and networks and other online platforms to reach higher-risk and hard-to-reach KP members for HIV prevention and link to testing, PrEP, and other HIV services. This approach shifts how people access services with the focus on



Outreach worker instructs client on how to use an HIV self-test kit. Photo by Maly Phou.

Figure 7. PrEP coverage and uptake**July 2019**

Chhouk Sar Clinic (289)

September 2019

RHAC clinic, Siem Reap (56)

August 2020

Siem Reap Referral Hospital at FHC (5)

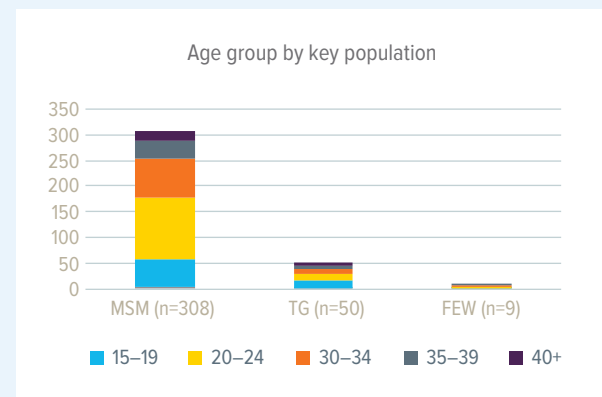
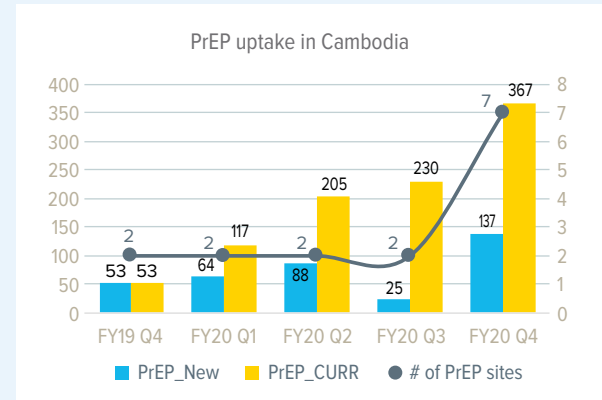
Poipet Referral Hospital at FHC (4)

Serey Sophorn Referral Hospital at FHC (2)

Samdach Ov Referral Hospital at FHC (8)

Pochentong Referral Hospital at FHC (2)

Numbers in red parentheses indicate the number of PrEP clients.

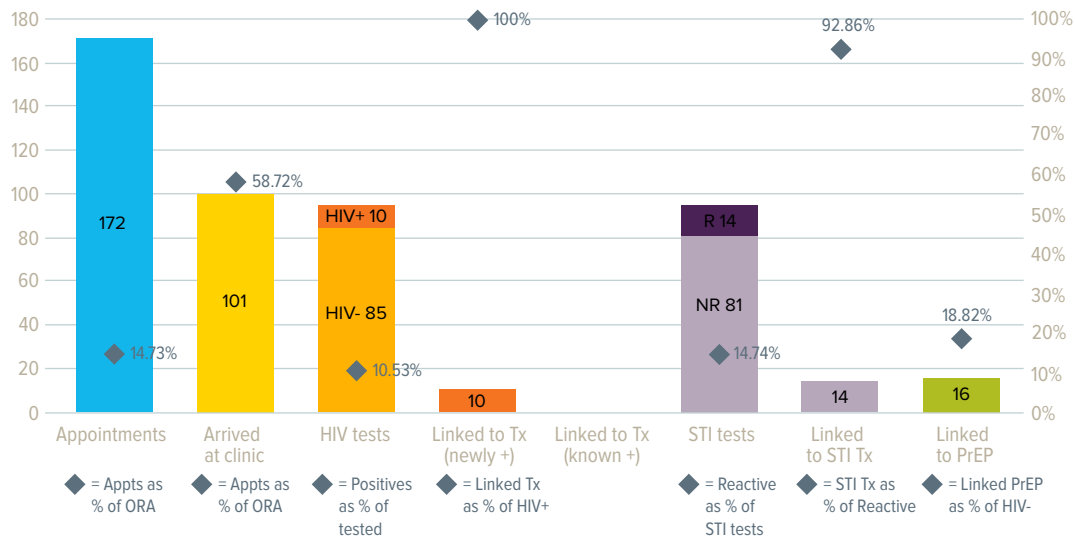


being user-driven, not provider-driven, and encourages programs to adapt to meet the online clients' preferences including modified clinic hours, adding new services, providers, and service delivery modalities to optimize engagement and service uptake.

NCHADS developed and launched TohTest [let's get tested] (<https://tohtest.org/>) based on FHI 360's Online Reservation and Case Management App (ORA). TohTest confidentially links and tracks clients through online promotions to an online risk assessment and appointment booking for off-line HIV services. Developed in close collaboration with the KP-friendly Chhouk Sar Clinic, the system also supports clinical staff in preparing for upcoming appointments, documenting service delivery, and following up virtually with clients — all while bypassing paper forms and referral slips.

TohTest, launched May 22, 2020, provides an opportunity for hidden KP members to assess their HIV and STI related-risk behavior and book appointments for services include HIV testing, STI screening and testing, PrEP, and same-day ART initiation for those confirmed HIV positive. To date, at least 1,272 individuals have accessed the system, and 1,168 went through the risk screening questionnaire. About 172 individuals have booked appointments for service and about 58% arrived at the clinic for the service (Figure 8).

Through social media ads, the project gained 5,800 followers on Facebook in June 2020 and reached a total of 1.68 million people with 125,000 engaging with content and 607,000 viewing videos. Audience reached through YouTube is 142,000 with 393 subscribers and 51,000 video views.

Figure 8. Uptake of services via ORA implementation at Chhouk Sar Clinic, May – September 2020

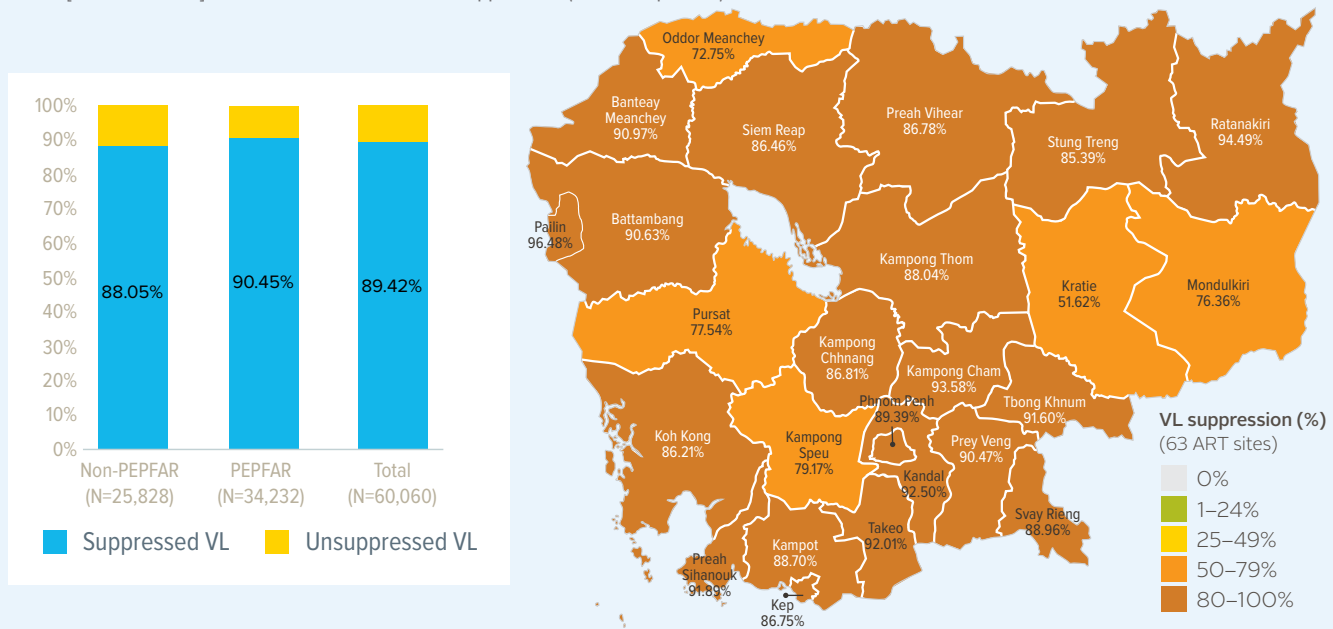
STANDARD OPERATING PROCEDURE FOR COMMUNITY ACTION APPROACH FRAMEWORK (CAA)

LINKAGES used the CAA standard operating procedure (SOP), approved by NCHADS, that supports efforts to achieve the 95-95-95 national targets in 2025 by endorsing differentiated HIV care and treatment for PLHIV to train trainers nationwide. CAA staff — many of whom are PLHIV and employed by Catholic Relief Services, AIDS Healthcare Foundation, or Buddhism for Health — are key to client initiation and retention on ART. CAA staff handle index case partner testing and

provide adherence counseling to clients on ART. The CAA SOP also assures that health services for PLHIV and KPs are improved at government health facilities and NGO health clinics, and strengthens linkages to community-based organizations supporting PLHIV and KPs. Through CAA, the number of PLHIV who miss appointments or are lost to follow-up has been reduced and many lost have returned to facilities to continue care and treatment. CAA has contributed to improved ART adherence and viral load (VL) suppression among ART clients (Figure 9).

Figure 9. Viral load suppression among ART active clients at the end of Q4 FY20

89.4% [51.6% – 96.5%] of ART clients with viral load suppression (<1,000 copies/ml)



TENOFOVIR-LAMIVUDINE-DOLUTEGRAVIR (TLD) TRANSITION

Transition to TLD was launched in Cambodia at the end of 2018 as the standard first-line ART for new cases enrolled in ART sites and existing ART patients with efavirenz side effects. Beginning in March 2020, NCHADS, with LINKAGES and U.S. Centers for Disease Control and Prevention (USCDC) technical support and trainers, began a rapid rollout of both TLD and multi-month dispensing involving 63 of 69 ART sites to more quickly achieve VL suppression and decrease clinic visits during a possible COVID-19 outbreak. By the end of Q4 FY20, about 89.5% of newly diagnosed cases were initiated with TLD (Figure 10) and 29.1% of all ART clients were using TLD (Figure 11).

STANDARD OPERATING PROCEDURE FOR PARTNER NOTIFICATION TRACING AND TESTING (PNTT)

In collaboration with NCHADS and USCDC, LINKAGES developed the PNTT SOP,² which provides guidance to better track, identify, and notify sexual and needle-sharing partners of PLHIV (index clients) with the aim of testing to identify their HIV status and linking those who are positive to ART clinics for early initiation care and treatment. HIV-positive clients are encouraged by trained health care providers and CAA staff to bring in partners or provide contact information so they can be encouraged to test as well. If they are HIV positive, they are referred to an ART clinic and if HIV negative,

Figure 10. Uptake of TLD among new ART clients Q4 FY20

About 89.5% [57.1% – 100%] of new ART clients were prescribed TLD as FL regimen

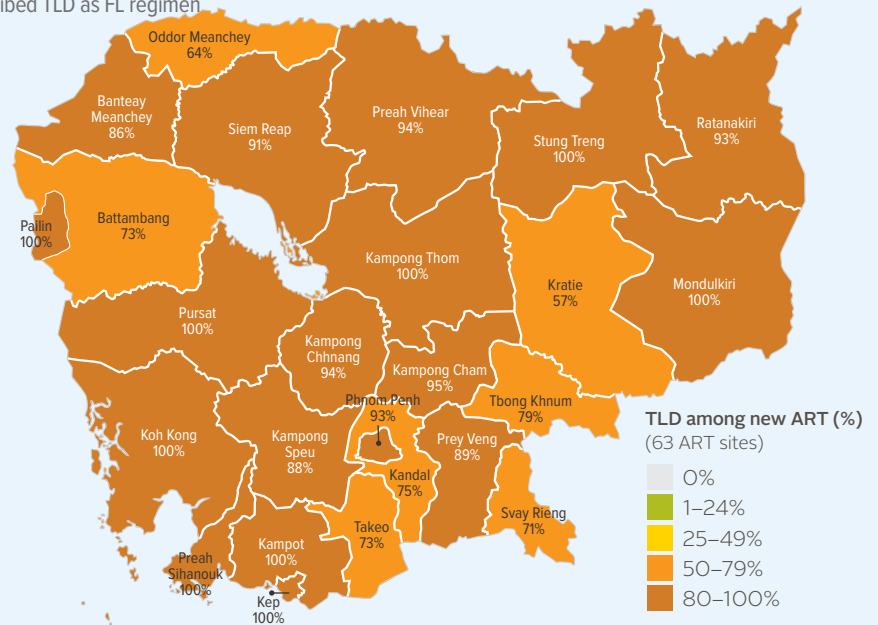
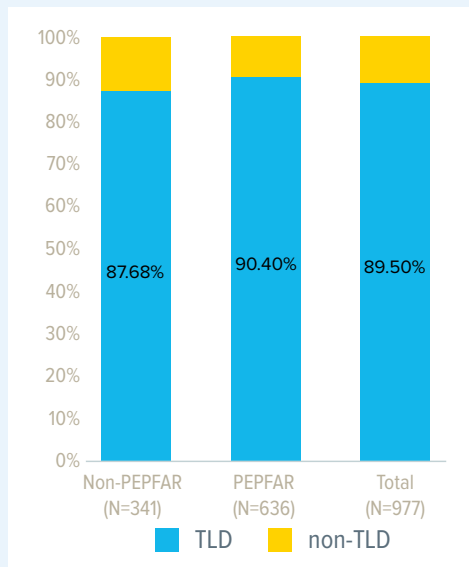
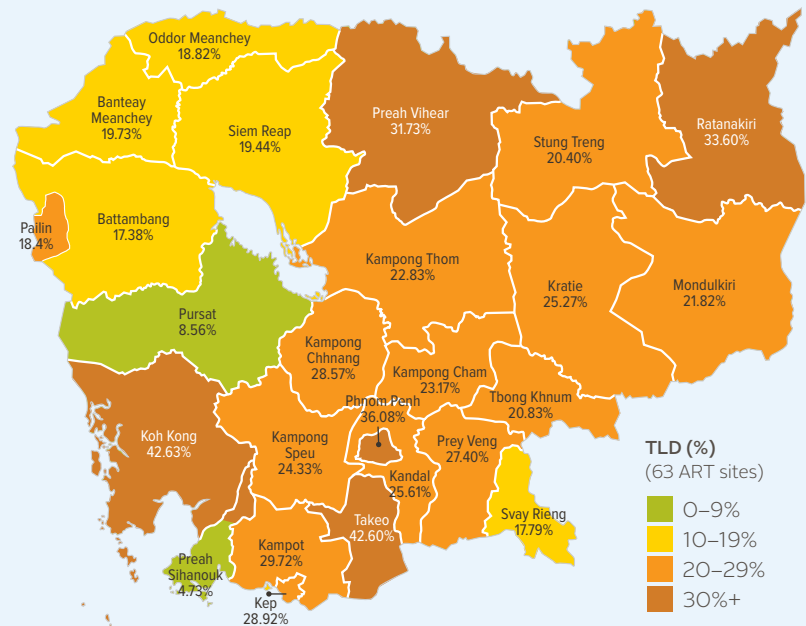
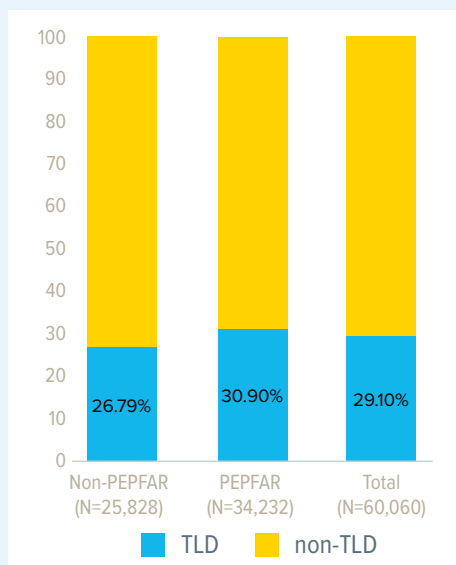


Figure 11. Uptake of TLD among active ART clients in Q4 FY20

ART active clients using TLD is about 29.1% [3.7% – 42.6%]



they are linked to PrEP. Case finding among index case partners tested averaged greater than 30% (Figure 12). The SOP includes cautions about possible intimate partner violence when a client's status is revealed and referrals for support are available.

STANDARD OPERATING PROCEDURE FOR SAME-DAY ART INITIATION

The SOP for Same-Day ART (SDART)³ Initiation, developed by LINKAGES Cambodia and USCDC, was approved by NCHADS in June 2019. Staff members at ART sites were trained on implementation and received

coaching and monitoring by NCHADS, LINKAGES, and USCDC staff. On average, each ART site has initiated same-day ART for more than 60% of newly HIV-positive patients on day of confirmation (Figure 13). Chhouk Sar Clinic has provided same-day ART for 99% of clients.

MULTI-MONTH DISPENSING (MMD)

The MMD SOP⁴ was developed and approved by NCHADS in early 2020 with support from LINKAGES. NCHADS explained MMD and its implementation and importance in the COVID-19 context to all ART sites. The SOP included eligibility criteria and number of

Figure 12. Index testing cascade (69 ART sites), Q1 FY20

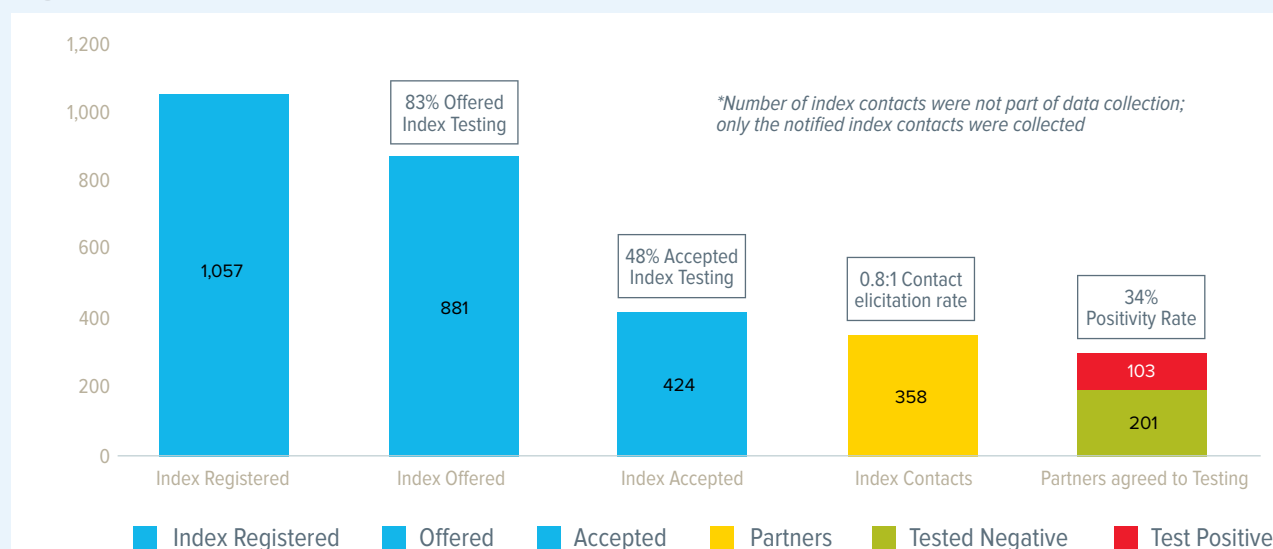
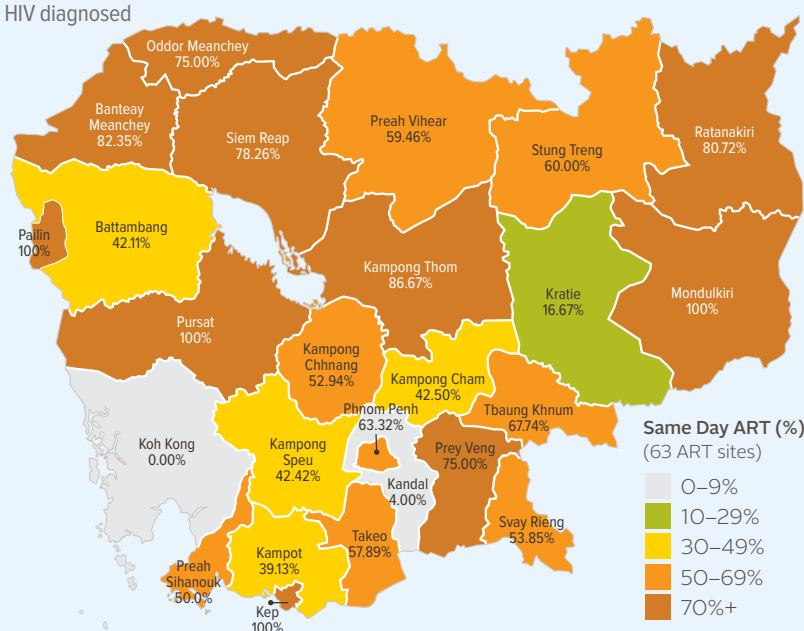
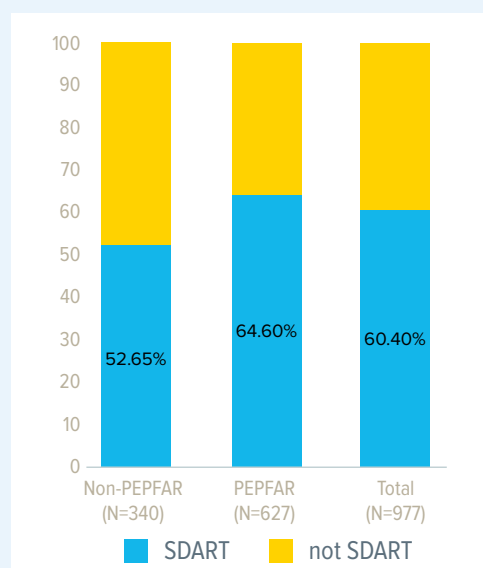


Figure 13. Uptake of same-day ART initiation, Q4 FY20

About 60.4% [591/962] PLHIV initiated ART on same day as HIV diagnosed



months of antiretroviral (ARV) drugs to be prescribed. With the outbreak of COVID-19, NCHADS rapidly scaled up MMD with technical support from LINKAGES, USCDC, CHAI, and other implementing partners. Currently, 69 ART sites offer MMD. Chhouk Sar Clinic (CSC) initiated MMD in March 2020, and clients are pleased at not having to come to the clinic frequently. At the end of Q4 FY20, the uptake of MMD covered almost all active clients (Figure 14).

PATIENT SATISFACTION FEEDBACK (PSF)

The Patient Satisfaction Feedback (PSF) tablet-based, electronic reporting system offers ART and other clinic PLHIV clients the opportunity to complete a short questionnaire about their satisfaction with the services they received during their visit to the health facility. It is a local adaptation of the [LINK model](#). PSF also queries providers about their attitudes and practices toward PLHIV. A PSF SOP developed by LINKAGES Cambodia is pending approval. Nonetheless, the feedback provided to sites has proven so valuable that CRS, NCHADS, and The Global Fund have decided to roll out PSF to all 69 sites. The PSF provides a way for clients to anonymously express their appreciation or disappointment with clinic services. The information helps sites understand patient needs and make changes where they can that will lead to improved retention and VL suppression. Misunderstandings of risk among

practitioners can be addressed to reduce perceived stigmatization or discrimination on the part of clients. Figure 15 depicts the number of responses and levels of satisfaction with certain ART clinic staff. The drop in responses in April reflects lower clinic attendance and limited staff time due to COVID-19 policy changes.

A total of 372 ART provider questionnaires were completed anonymously. Among these, 60 (16.1%) reported avoiding physical contact when providing care or services to PLHIV; 40 (10.8%) reported wearing double gloves when providing care or services; 60 (16.1%) disagreed and 49 (13.2%) strongly disagreed with the statement that “women living with HIV should be allowed to have babies if they wish”; 78 (21.0%) expressed significant concern about contracting HIV from PLHIV while taking blood samples; and 46 (12.4%) felt that even adequate personal protective equipment would not protect them from possible HIV infection. Results were discussed at quarterly staff meetings where misunderstandings of risk and fears were addressed.

The PSF tool has enabled NCHADS and provincial health authorities to better understand facility staff attitudes and practices related to PLHIV and KPs that are potentially stigmatizing and perceived by clients as discriminatory, which may lead to LTFU. Results helped mentors address staff misunderstandings and attitudes, improving service delivery.

Figure 14. Uptake of multi-month dispensing (≥ 4 months) by province Q4 FY20

MMD ≥ 4 months is about 48.1%

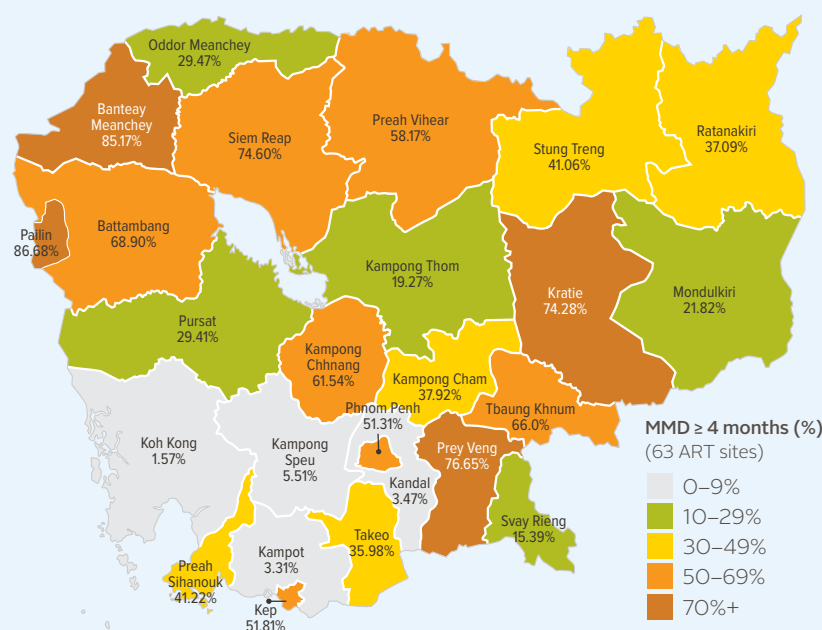
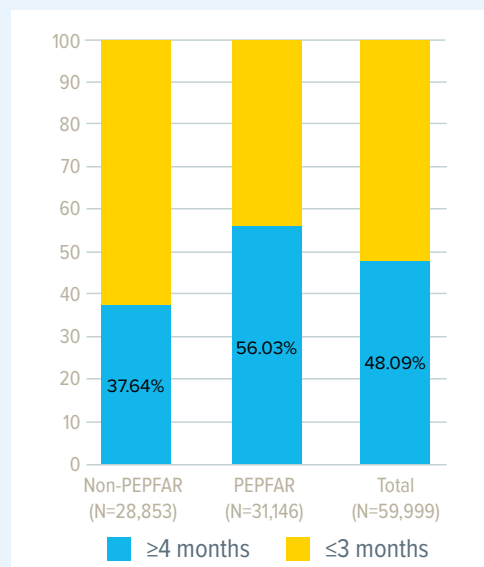
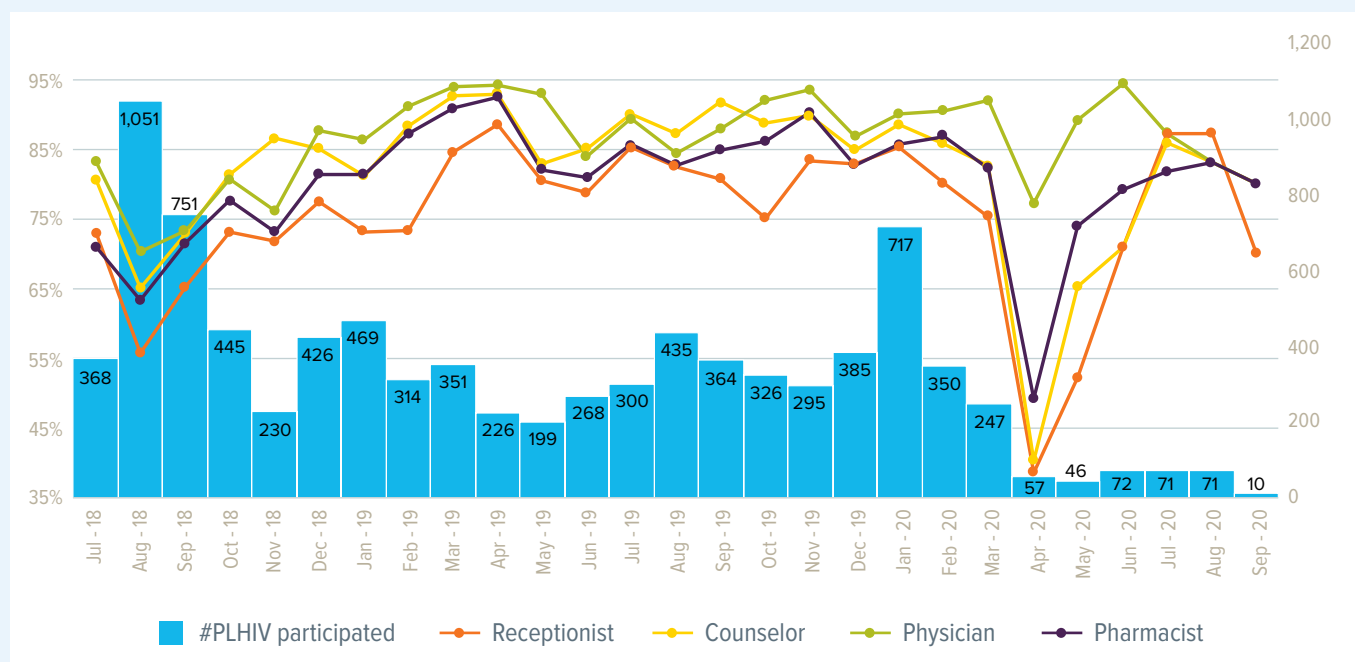


Figure 15. Satisfaction of clients toward service providers

HEALTH4ALL PROVIDER TRAINING

Health4All training increases health care workers' empathy, clinical knowledge, and interpersonal skills regarding KPs in order to provide high-quality and comprehensive services free of stigma and discrimination. It has been introduced across all PEPFAR-supported ART and Voluntary Confidential Counseling and Testing (VCCT) sites in Cambodia in an effort to reduce prejudice, stigma, and discrimination by health care staff with misperceptions and misunderstandings about KPs, their behaviors, and their role in the HIV epidemic. The LINKAGES-NCHADS team trained 34 trainers in Health4All, and more than 480 ART staff members received step-down trainings facilitated by LINKAGES. For many, the training was their first introduction to the topic; they appreciated the new understanding and felt it would improve their practice of medicine and counseling.

STIGMA INDEX 2.0

Cambodia has been successful in reducing HIV prevalence and incidence over the last decade but, despite success, disparities, special needs among KPs, and general stigma and attitudes associated with HIV still need to be addressed. HIV-related discrimination is not only a human rights violation, but it also impacts

people's access to HIV testing, care, and treatment. To understand the causes, extent, and effects of stigma and discrimination experienced by PLHIV, the People Living with HIV Stigma Index 2.0 was implemented in Cambodia by CPN+ with LINKAGES and National AIDS Authority sponsorship. Cambodia was one of the first countries to employ the revised Stigma Index 2.0.

Key findings include:

- **HIV status known and disclosure:** The average duration of knowing their HIV status was 10 years. Disclosure of HIV-positive status was less common to unknown people than to family and friends.
- **External stigma and discrimination:** Most respondents reported having never experienced or minimally experiencing external discrimination.
- **Internalized stigma:** Report of internalized stigma was high. Generally, women reported higher levels of shame and feelings of worthlessness, while men reported higher levels of guilt.
- **Anxious and depressive symptoms:** Three-fourths of respondents (74%) reported anxious and depressive symptoms during the two weeks prior to the survey, with women having a greater proportion than men and 76% received no support.

- **Health care stigma:** Instances of disclosing client's HIV status to others, speaking badly about clients, and avoiding physical contact with clients remain problems when accessing both HIV and non-HIV care and treatment services.

The study identified needs for improved HIV education for PLHIV and the general public; improved training for service providers regarding VL suppression, the concept undetectable = untransmissible, and mental health; improved community-based social support; and a broadened social safety net for PLHIV.

GBV AND HIV INTEGRATED RESPONSE

The GBV and HIV Integrated Response pilot was introduced in Battambang Province in 2019. This initiative included the formation of a Provincial GBV and HIV Working Group (PGBVHWG) designed to engage multisectoral government provincial departments and civil society stakeholders in a coordinated effort to address issues related to GBV and HIV and to facilitate stronger, nonstigmatizing, and prompt response to violence. The working group collaborated on several deliverables, such as clear guidance on the delivery of GBV services and development of a service directory. Working group members, along with health care workers from local facilities in Battambang, also received training on identifying and responding to the needs of individuals who have experienced violence. Participants responded positively and felt the topics were a valuable addition to their medical training.

While the pilot was designed to improve integrated services for all survivors of GBV, specific attention has been paid to the disproportionate burden of violence experienced by KP members. Efforts to sensitize working group members to their needs began when the group was formed and a day devoted to meeting KP member needs was included in the health care worker training.

Since the start of the PGBVHWG, 21 GBV cases — all sexual assault — have been reported and all were managed and documented by members of the working group. Of these, 18 were females less than age 18; six received PEP.⁵ Two people (of two eligible) received emergency contraception. Eight were eligible and received treatment for sexually transmitted infections. While these numbers are low, PEP had not previously been provided in sexual assault cases, so this achievement shows the group's contribution to implementation of the national strategic plan for PEP introduction. Efforts to increase the knowledge of

KP and other community members about existing GBV-response services and their demand for such services is ongoing.

CHHOUK SAR MODEL

Chhouk Sar Clinic (CSC) provides HIV prevention, care, and treatment services to KPs: the only one-stop service model for KPs in Cambodia. The NGO that opened the clinic in 2011 receives support from NCHADS and technical assistance from LINKAGES. Services include ART, index case partner testing, HIV confirmatory testing, STI diagnosis and treatment, post-exposure prophylaxis (PEP), pre-exposure prophylaxis (PrEP), PDI+, HIV prevention education/condom distribution, gender affirming hormonal therapy, family planning, HIV/HCV coinfection management, and cervical cancer screening. The services, free and friendly to KPs, are offered during flexible extra hours on Tuesday and Thursday evenings and Saturdays. CSC can be reached through ToHTest, making it easier to do a self-risk assessment and book online if follow-up is needed. Approximately 1,200 MSM are diagnosed with HIV each year and half are found at CSC. For Cambodia to reach the national target of 95-95-95 by 2025, the CSC one-stop model should be developed in selected provinces with high HIV burden among KPs.

On May 20, 2020, USAID posted a video about CSC⁶ as part of a celebration of U.S.-Cambodia Cooperation in Health.



Staff members of Chhouk Sar Clinic, the only one-stop service model for KPs in Cambodia

FUTURE DIRECTIONS

LINKAGES has been a flagship project for KPs in Cambodia. The above-site TA has improved the quality of HIV services, transformed the policy environment to align with global best practices, and supported the translation of policies into practice. By expanding access to and uptake of high-quality prevention, care, and treatment services, the project has supported Cambodia's progress toward the 95-95-95 targets.

On October 1, 2020, LINKAGES Cambodia transitioned to the USAID- and PEPFAR-supported Meeting Targets and Maintaining Epidemic Control (EpiC) project. Through EpiC, FHI 360 and local partners will advance the following technical priorities:

- Provide TA for strategic information leadership, governance, and use of real-time, granular data for decision-making
- Strengthen coordination between community and facility-based services and improve the quality of and access to client-centered, KP-friendly HIV prevention and treatment services
- Scale up PrEP services for young and high-risk MSM and transgender women in HIV high burden areas
- Address gaps in case finding by refining testing modalities including HIV self-testing, index testing, and other social network approaches
- Scale up implementation of “Patient Satisfaction Feedback” system and introduce the Community Score Card as community-led monitoring platforms for addressing stigma and discrimination against KPs and improving quality of services
- Scale up community GBV reporting and referral networks for legal, social, and medical support for KPs experiencing GBV
- Using the Chhouk Sar Clinic as a model, strengthen the capacity of local CSO service delivery partners to become social enterprises

2. Standard Operational Procedure for Partner Notification Services and Others Forms of Index Client Testing. June 2018. https://nchads.org/SOPs/2018/PNTT%20SoP_En_June2018.pdf.

3. Concept Note on The Same Day ART Initiation in Cambodia. June 2019. https://nchads.org/SOPs/2019/V10_ARTSameDay_14June19_EN.pdf.

4. Standard Operating Procedure on Appointment-spacing and Multi-Month Dispensing (MMD) of Antiretroviral (ARV) Treatment for People Living with HIV in Cambodia. January 2020. https://nchads.org/SOPs/2020/MMS%20SOP_eng.pdf.

5. Post-Exposure Prophylaxis after Non-occupational and Occupational Exposure to HIV. <https://nchads.org/SOPs/2020/NATIONAL%20GUIDELINE%20PEP.pdf>.

6. Video posted on USAID Cambodia Facebook page. May 19, 2020. <https://www.facebook.com/USAIDCambodia/videos/3941354639239907/>.

Linkages across the Continuum of HIV Services for Key Populations Affected by HIV (LINKAGES)

is a global cooperative agreement funded by USAID through PEPFAR. Led by FHI 360 with partners Pact, IntraHealth International, and the University of North Carolina at Chapel Hill, LINKAGES has worked in more than 30 countries since 2014 to reduce HIV transmission among key populations — sex workers, men who have sex with men, transgender people, and people who inject drugs — and to improve their enrollment and retention in care.

REFERENCES

1. Concept-note on HIV Pre-Exposure Prophylaxis (PrEP) Implementation in Cambodia. May 2019. <https://nchads.org/SOPs/2019/PrEP%20concept%20note-EN.pdf>.

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