



FINAL EVALUATION

IMPLEMENTATION AND EVALUATION OF A COMMUNITY-BASED MODEL FOR DELIVERY OF ANTIRETROVIRAL THERAPY IN CAMBODIA

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EVALUATION DATES: MARCH - JULY 2024



COUNTRY:
CAMBODIA



BUDGET :
€1,176,883,20



LEAD ORGANIZATIONS:
KHMER HIV/AIDS NGO ALLIANCE (KHANA)

PARTNERS:
Art Users Association (AUA), Cambodian Network Of People Living With Hiv (CPN+), Partners in Compassion (PC)



START DATE:
01/01/2020

END DATE:
31/12/2023

THE PROJECT

Background

A community antiretroviral therapy delivery (CAD) pilot model has been developed and implemented by KHANA in partnership with three implementing NGOs. CAD has been proposed to stable people living with HIV (PLHIVs) followed at 10 participating antiretroviral (ART) clinics. Around 2,000 participants were selected on voluntary basis. 82 specific community workers, called community ART workers (CAW), have been recruited to dispense ARVs collected from the clinic to community ART groups (CAG) on a monthly basis. The PLHIV included in the CAD intervention still need to attend ART clinic visits twice a year. The outcomes of the participants were compared to those of 2,000 other stable PLHIVs who received multi-month dispensing of ARVs (MMD) at 10 other ART clinics, which is the standard of care for this type of clients.

Project operating model

Community antiretroviral therapy delivery has been included in the national policy as a differentiated care delivery model for “stable people living with HIV on ART who might benefit from it” (Framework on Community Action Approach, 2017), but had not been operationalized in Cambodia before the project. CAD aimed notably at eliminating social and economic barriers to ART adherence by bringing ARV closer to the PLHIV, and at reducing the workload of health care workers by spacing the PLHIV visits to the ART clinics.

OBJECTIVES

Overall objective

The project intended to develop, pilot and assess a model of ART delivery at community level, and advocate for its scaling-up.

Specific objectives

- ▶ Develop a locally tailored model of community-based antiretroviral therapy (in order to bring ART services closer to people living with HIV).
- ▶ Evaluate the acceptability, the impact on the continuum of care and treatment outcomes (including quality of life) and the cost-effectiveness of the CAD model implemented, compared to multi-month dispensing at the ART clinic (operational research).
- ▶ Disseminate the evidence, knowledge, and lessons learned from the pilot implementation of the CAD model and advocate for its replication and scaling up.

EVALUATION RESULTS

Relevance

Community ART delivery is a strategy of differentiated care recommended by WHO for stable PLHIVs on ART, allowing more people centered-care. The project aimed at assessing this model in the specific Cambodian context with a strong operational research methodology, before planning its scaling up, which seems totally relevant.

Nevertheless, as the participants were “stable” PLHIV, some expected outcomes, such as improving their already very good rates of viral load suppression or retention in care were challenging. As CAD was proposed to all stable patients, even if they did not face any difficulty, its added value was also not obvious for all participants.

Effectiveness

Despite the difficulties linked to the context of Covid-19 epidemic at the beginning of the project, most targeted results were reached. Around 2,000 PLHIVs were involved in 10 project ART sites in the CAD arm, and around 2,000 additional ones in the MMD (control) arm, SOPs and monitoring tools were developed and accurately used. All the expected data has been analyzed and disseminated. Some scientific communications have already been produced and presented in renowned international conferences and/or published in scientific journals, and other ones are underway. These achievements demonstrate the feasibility of the proposed CAD model, as well as the good management of the project.

Efficiency

The cost-effectiveness evaluation has shown more challenging issues regarding the implemented CAD model. Indeed, the cost of CAD in this model, mainly linked with the incentives allocated to the community ART workers involved in the project, seems quite high in the economical context of Cambodia, considering the moderate impact of CAD on life-expectancy or quality-adjusted life years.

Impact

The study showed a positive but moderate impact of CAD, compared to multi-months ART dispensing, regarding several outcomes such as retention in care, treatment success, mental health, stigma and discrimination, cost savings.

As the cost of CAD from a health system perspective was higher than the standard of care, and its estimated impact regarding life-expectancy or quality-adjusted life years was very moderate, the cost-effectiveness of this model is challenging (if all stable PLHIV on ART are targeted and if the same level of incentives is needed for the involved community workers).

Sustainability

Its budget implication is a limitation to scale-up the CAD model proposed in the project. Despite the advocacy efforts of KHANA and its partners, CAD has not been selected in the Global Fund current grant, as other priorities have been favored. Other funding opportunities have not yet been found. Consequently, the sustainability of the CAD model implemented during the project is challenging. Despite this context, the CAD model has been kept after the end of the project by some groups of PLHIV with the support of community workers, mainly on voluntary basis.



Conclusions and recommendations

KHANA and its partners have implemented an innovative model of community-based ART delivery (CAD) matching with some cutting edge international recommendations on differentiated HIV care delivery and recommended approaches such as community-based care, peer support, self-care, people centered-care.

Strong evidence has already been generated thanks to a robust research protocol. The study data will be more deeply analyzed to inform the national policy, but also international community.

Nevertheless, some challenges still need to be addressed to allow this initiative to be maintained and scaled-up. Based on the findings of the final evaluation, mainly the suggestions made by key stakeholders, it could be recommended:

To KHANA, to the associations representing the PLHIV in Cambodia and to NCHADS (Department of the Ministry of Health in charge of coordinating the HIV national program):

- ▶ to define more properly and more selectively the eligible population for CAD (which could be the PLHIV facing more specific challenges to access to health care, such as the PLHIV living far from the ART clinics or satellites, disabled PLHIV, old age PLHIV, PLHIV fearing stigma at the ART clinic, etc.).
- ▶ to continue the data analysis of the pilot implementation in order to develop this identification.

To NCHADS and to the funders:

- ▶ to maintain CAD and to ensure its proper funding for a more closely defined most-in-need population.

To NCHADS :

- ▶ to assess more accurately and to address the issues regarding PLHIV's access to care, mainly those related to geographical distance between ART clinics and their catchment populations. CAD could be a solution, but other alternatives to decentralize health care delivery are possible (and have already been partially implemented).

To KHANA and to other NGOs/development partners:

- ▶ to explore other community-based or clients-led ART delivery models adapted to Cambodian context, which could be more cost-effective.

OCTOBER 2025