

EXPIRED ARV DRUG

DISTRIBUTED TO
PLHIV IN CAMBODIA



*Investigation Report on
Expired ARV Drug Distribution
among PLHIV in Cambodia*

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BY: KEM LEY | NHIM DALEN | CHHIM SAMNANG
ADVANCED RESEARCH CONSULTANT TEAM (ART)

BACKGROUND

In the past decade, Cambodia has established itself as a global leader in the fight against HIV/AIDS. The epidemic is in decline and over 90% of eligible people living with HIV (PLHIV) receive treatment. Cambodia is one of the few countries in the world that has achieved its Millennium Development Goals related to human immunodeficiency virus (HIV).

Table 1: Overview of HIV related treatment in Cambodia

Core Indicators	NCHADS 2011	NCHADS Q2, 2012
HIV Prevalence among adult population aged 15-49	0.8%	0.7%
Family Health Clinics-STI	61	60
Total VCCT site	255	253
Total OI/ART Services	57	60
Total active patient on ART	46,473	47,541
Total active child patients on ART	4,439	4,486
Total number of HBC Team	354	348
Total number of HC covered by HBCT	881	877
Total number of PLHIV supported by HBCT	32,080	30,955
% of adults with HIV known to be on treatment 12 months after initiating antiretroviral therapy	92.6%	n/a
% of adults with HIV known to be on treatment 24 months after initiating antiretroviral therapy	84.2%	n/a
% of adults with HIV known to be on treatment 60 months after initiating antiretroviral therapy	78%	n/a

Despite these achievements, challenges persist concerning effective HIV treatment as expired HIV medication has been distributed to PLHIV in Cambodia. Local NGOs in Banteay Meanchey raised concerns that some of the anti-retroviral (ARV) drugs being used to treat PLHIV had expired, while others had almost expired. The organization confirmed that at least one clinic had distributed expired ARV medication, and there is expected to be more. In this regard, government wishes to examine evidence provided by civil society to conclude whether expired drugs had in fact been distributed. In response to the above mentioned challenges and concerns, an immediate action research/investigation survey was conducted and aimed at seeking evident based information for further action.



OBJECTIVE OF THE SURVEY

Investigation of expired ARV drug distributed among PLHIV in Cambodia was conducted by HACC—an umbrella network of 120 local and international NGOs worked in close collaboration with ARV Users Association (AUA), Cambodian Community of Women living with HIV (CCW) and Advanced Research Consultant Team (ART) as well as HACC's members at the provincial level such as SCC, BFD, SEADO, CPR, DYMP, BWAP and CARITAS Cambodia. The main aim of this survey was to seek evident-based information concerning expired ARV drugs among PLHIV, in order to advocate for better HIV treatment service delivery to ensure PLHIV's health and wellbeing is maintained.



METHODOLOGIES



- » There were total of 257 PLHIV on ART, including 181 female participated in this survey. Participants in the survey were selected purposively, with 96 PLHIV (66 female) in BTB, 87 PLHIV (65 female) in BMC and 74 PLHIV (50 female) in SRP.
- » 10 stakeholders including NGOs Staff, home-based care team and PLHIV participated as key informants.

LIMITATION OF SURVEY

- » Time and financial constrain
- » Total sample size of this survey has been selected purposively in three provinces, so the result of this survey does not represent a nationwide figure.
- » Survey team could not reach a number of PLHIV to be interviewed as planned because some of PHD and PAO informed the HBC team and would not allow PLHIV to participate in this survey.

FINDINGS

1. DEMOGRAPHIC CHARACTERISTIC

Among a total of 257 PLHIV on ART participated in this survey, 29.6% were male and 70.4% were female. Majority of surveyed PLHIV had finished their primary school education, 26.5% reported that they had never studied and 51.4% had dropped out of their education only in primary school. One third of respondents are divorced/widowed and over 50% are currently married. Around 19% of PLHIV have been living with HIV for less than 2 years, around 20% have been living with HIV for 2-4 years, 48% have been living with HIV from 5-9 years and rest have been living with HIV for more than 10 years.

Table 2: Demographic Characteristic of respondents

Background Characteristic	M	F	Total
	n	n	n
Province			
BTB	30	66	96
BMC	22	65	87
SRP	24	50	74
Total	76	181	257
	M	F	Total
	%	%	%
Level of Education			
never study	15.8	30.9	26.5
primary school	53.9	50.3	51.4
secondary school	22.4	15.5	17.5
high school	7.9	3.3	4.7
Marital status			
single	19.7	6.6	10.5
married	68.4	55.2	59.1
divorced/widowed	11.8	38.1	30.4
Year of living with HIV			
Less than 2 years	16.7	20.1	19.1
2-4 years	18.1	20.7	19.9
5-9 years	51.4	46.6	48
10-14 years	13.9	12.6	13
	M	F	Total
Mean of age	38	40	40
Mean of HH member	4.7	4.49	4.55

2. KNOWLEDGE ON EXPIRED ARV DRUG

Table 3: % of PLHIV ever heard about expired and nearly expired ARV drug

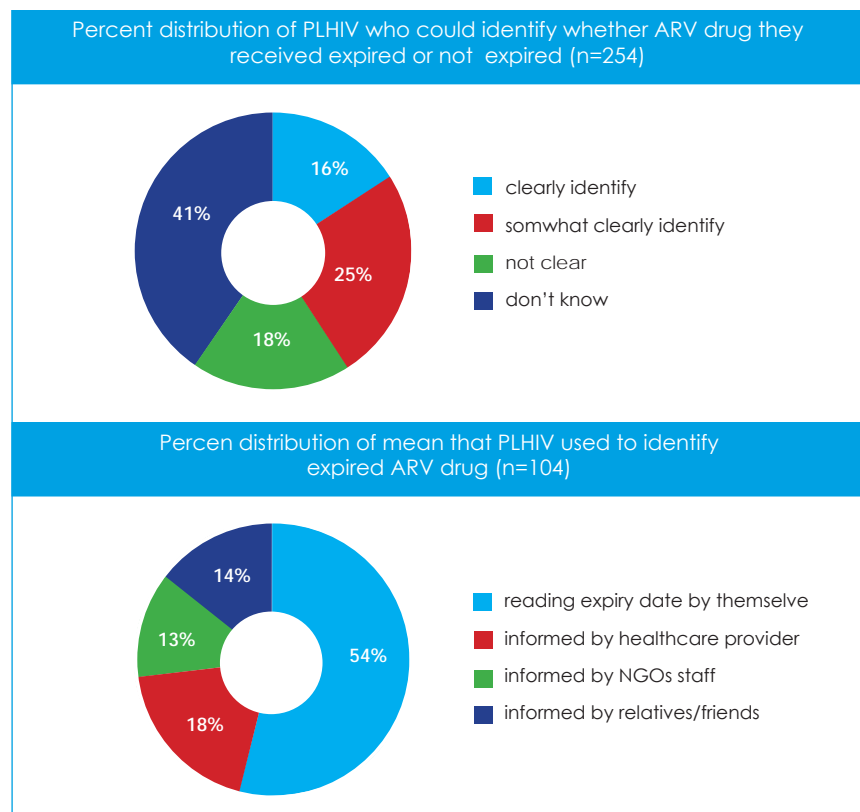
INDICATOR	M	F	T	N
	%	%	%	
% of PLHIV has heard that PLHIV have experienced using nearly expired ARV drug	44.7	33	36.5	255
% of PLHIV has been heard that PLHIV have experienced using expired ARV drug	44.7	31.7	35.5	256

In figure 1 below shown that there were 41% of PLHIV could either clearly or somewhat clearly identify whether the ARV drug they received had expired or not expired; of these, 54% of PLHIV could identify expired ARV drug by reading the expiration date by themselves.



ARV Drug, at Poipet City, BMC province.

Figure 1: Percent distribution of PLHIV who could identify expired ARV drug



Note: M = Male | F = Female | T = Total | N = Total weight

3. EXPERIENCED IN RECEIVING EXPIRED DRUG

Figure 2 & 3 demonstrates that 13.3% of surveyed PLHIV have received expired ARV drug in the last quarter; of these, 28% have received drug that expired more than 2 months ago; while 8.5% have received nearly expired ARV drug (within one month) in the last quarter.

Figure 2: Percentage of PLHIV on ART have received expired and nearly expired ARV

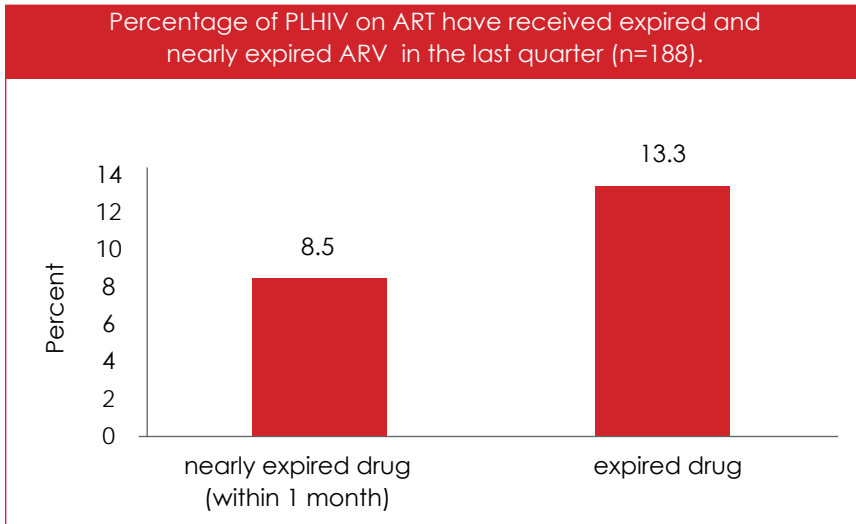
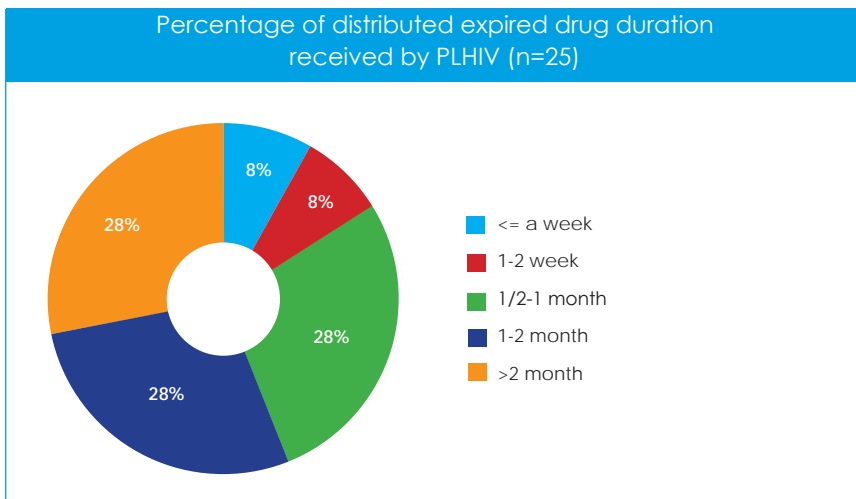


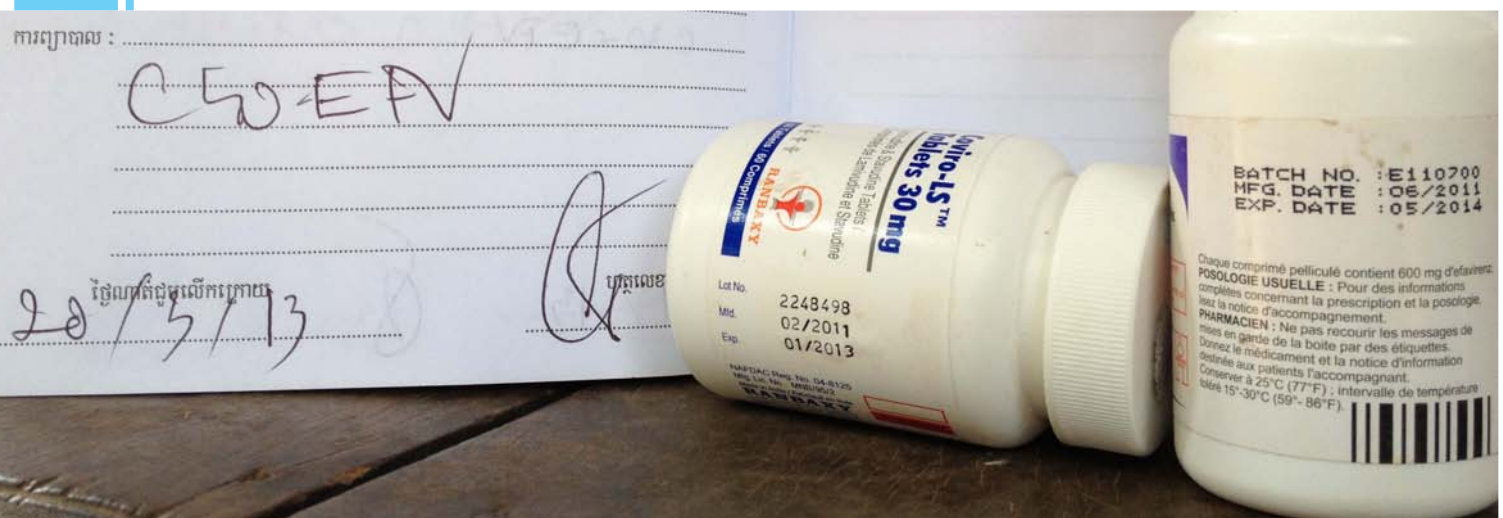
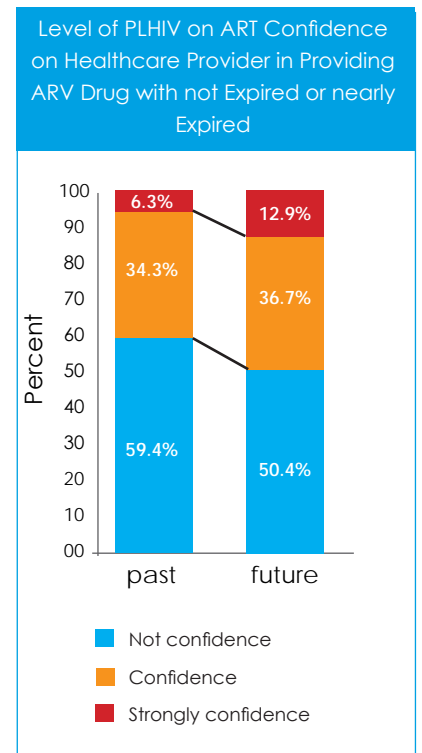
Figure 3: duration of expired drug received by PLHIV in the last appointment



4. LEVEL OF CONFIDENCE ON HEALTHCARE SERVICE PROVIDERS

The level of confidence that PLHIV placed in healthcare service providers distributing ARV drugs that were not expired or nearly expired throughout their treatment so far was remarkably high (93.7% were either strongly confident or confident); however, the perceived PLHIV level of confidence in healthcare service providers in the future has decreased (87.1% were either strongly confident or confident).

Figure 4: Level of PLHIV confidence on healthcare service providers



Expired ARV drug found in Poipet City, BMC province.



5. IMPACT OF FOOD CUT-OFF

Majority of surveyed PLHIV who had previously received food support in 2012 reported that food support being cut off had affected their family's food security (75.7%). Of these, 62% reported that they were trying to solve such issue by working harder, 29.2% had borrowed money, less than 11% had migrated to work away from home and 14.6% said they had no solution to the problem.

Table 4: Impact of food cut-off among PLHIV

INDICATOR	M	F	T	N
	%	%	%	
% of PLHIV had received food and nutrition support in the last year (2012)	70.7	70.2	70.3	256
% of PLHIV reported they faced difficult when there is no food and nutrition support	75.5	75.8	75.7	181
Solution used by PLHIV during no food and nutrition support				
migrated	5	13.4	10.9	137
ask their children to drop school	7.5	3.1	4.4	137
sold properties	7.5	8.2	8	137
borrowed money	27.5	29.9	29.2	137
no solution	25	10.3	14.6	137
work harder	62.5	61.9	62	137

CONCLUSION

It is fact that expired and nearly expired HIV medication had been distributed to PLHIV in Cambodia, 13.3% have received expired drugs and 8.5% of PLHIV had received nearly expired ARV drugs.

Table 5: Core indicators of expired ARV drug survey among PLHIV

N°	CORE INDICATOR	FIGURE (2013)
1.	% of PLHIV that heard that other PLHIV have experienced using nearly expired ARV drugs	36.5%
2.	% of PLHIV that heard that other PLHIV have experienced using expired ARV drugs	35.5%
3.	% of PLHIV who could identify whether the ARV drug they received had expired or not expired	40.9%
4.	% of PLHIV who could identify the expired ARV drug by reading expiration date on the drug box	21.9%
5.	% of PLHIV on ART who have received expired ARV drugs in the last quarter	13.3%
6.	% of PLHIV on ART who have received nearly expired ARV drugs (within one month) in the last quarter	8.5%
7.	% of PLHIV on ART who are confidence that their healthcare provider will provide an ARV drug that is not expired or nearly expired in the future	87.1%
8.	% of PLHIV who had received food support in 2012 reported they faced difficult when there is no food and nutrition support	75.7%

RECOMMENDATIONS

1. CMS and NCHADS should improve drug distribution management and planning within OI/ART clinic;
2. NCHADS, NAA and oversight committee of the CCC must strengthen monitoring system and feedback mechanism to ensure the distributed drug are neither expired nor nearly expired;
3. NCHADS should urgently recall all expired drug;
4. GFATM, WHO, UNAIDS, UNICEF, and NCHADS must ensure no expired or nearly expired drug are distributed to PLHIV in Cambodia as these institutions get involved in the drug procurement process;
5. Healthcare service providers should not force PLHIV to use expired drug;
6. Home based care team should educate PLHIV to examine the expiry date of drug; NGOs working on HBC should develop monitoring tools to track the number of PLHIV who have received expired or nearly expired ARV drug in a quarterly basis.
7. WFP and GFATM should highly consider providing food and nutrition to PLHIV in need especially poor.



Interviewing PLHIV in Siem Reap province.

The survey conducted by HIV/AIDS Coordinating Committee (HACC) and Advanced Research Consultant Team (ART) in close collaboration with Cambodia Community of Women Living with HIV (CCW) and ARV User Association (AUA).



ACRONYMS

ART	Antiretroviral Therapy
ARV	Antiretroviral
AUA	ARV User Associate
BFD	Buddhism for Development
BWAP	Battambang Women's Aids Project
CCC	Country Coordinating Committee
CCW	Cambodian Community of Women living with HIV/AIDS
CMS	Center for Medical Stores
CPR	Community Poverty Reduction
DYMB	Dhammayietra Monglok Borei
GFATM	Global Fund to fight against Aids, Tuberculosis and Malaria
HACC	HIV/AIDS Coordinating Committee
NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STI
OI	Opportunistic Infection
PAO	Provincial AIDS Office
PHD	Provincial Health Department
PLHIV	People living with HIV/AIDS
SCC	Salvation Center Cambodia
SEADO	Social Environment Agricultural Development Organization
SRP	Siem Reap Province
UNAIDS	United Nations Joint Program on AIDS
UNICEF	United Nation Children Fund
WHO	World Health Organization

SURVEY TEAM MEMBERS

N°	NAME	SEX	POSITION	PHONE
1.	Keo Mala	F	Team Leader	012 382 154
2.	Chhim Samnang	F	Team Leader	092 567 766
3.	Luot Thearith	M	Researcher	078 644 587
4.	Van Leakna	F	Researcher	016 299 972
5.	Touch Sarom	M	Researcher	097 3337969
6.	Vong Thida	F	Researcher	097 8 280 844
7.	Sok Kimseng	M	Researcher	017 834 817
8.	Kem Ley	M	Consultant	012 787 084
9.	Nhim Dalen	M	Consultant	012 929 866
10.	Heng Thona	M	PM (HACC)	017 343 535
11.	Chheng Channy	M	Com-coor	092 354 670
12.	Hean Seanghorn	F	President	017 847 356
13.	Prum Dalis	F	Coordinator	012 664 671
14.	Nyssa Furguson	F	Volunteer	N/A

FURTHER INFORMATION PLEASE CONTACT:

KEM LEY | Principal Investigator | ART
 NHIM DALEN | Consultant | ART
 SAMNANG CHHIM | Researcher | ART
 TIM VORA | Executive Director | HACC
 HENG THONA | Program Manager | HACC

012 787 084 | kem_ley@yahoo.com
 012 929 866 | daleninfo@gmail.com
 092 567 766 | samnangchhim87@gmail.com
 017 919 102 | hacc@haccmbodia.org
 017 345 535 | pm@haccmbodia.org