

TERMS OF REFERENCE

Assignment n°23SANIC801

I. General Information

Assignment title	Technical assistance on improving access to genotypic drug resistance testing			
Component	HIV/AIDS			
Thematic area	HIV resistance			
Type of recipient	Sub Recipient (SR)			
Country of intervention	Cambodia			
Relevant GF grants	Grant amount	Grant period	Performance rating	Date of performance rating
	41 595 706	2021-2023	C-5	Jan-Jun 2022
Estimated total number of working days	12 months			
Estimated date for completion of deliverables	31/01/2024			
Expertise France contact	Full name		Contact details	
	Sabrina REGENT		sabrina.regent@expertisefrance.fr	

II. Assignment rationale

In Cambodia, the current national guidelines recommend ART for all patients regardless of CD4 cell count with a test and treat approach. The recommended first-line regimen in Cambodia includes tenofovir (TDF)/lamivudine (3TC)/dolutegravir (DTG), whereas the second-line regimen in case of failure of DTG-based first-line regimen includes zidovudine (AZT)/3TC/atazanavir (ATV)/r. For patients already treated with NNRTI-based first-line regimen, the current guidelines recommend AZT/3TC/DTG for those failing NNRTI-based regimen. The last treatment cascade estimates by UNAIDS revealed that among the 74,000-estimated number of PLHIV in Cambodia in 2021, 62,636 (84%) were aware of their status, 62,561 (84%) were on ART, and 60,976 (82%) were virologically suppressed. During the course of ART, HIV VL monitoring is recommended at 6 and 12 months after the initiation of treatment, and then yearly. For patients with virological failure (VF), an adherence boosting of 3 months is required before repeating HIV VL testing. If HIV VL remains detectable, switching to ARV second-line regimen is recommended. There is still limited access to genotypic drug resistance testing. Currently, genotypic resistance testing is performed at Pasteur Institute of Cambodia (IPC), mainly for patients who have failed PI-based second-line treatment, which represents a very limited number of patients.

HIV Pre-treatment Drug Resistance (PDR) surveillance was not implemented since decade and pre-therapy genotypic resistance testing is not recommended. However, increasing trend of PDR have

been reported in neighbouring countries. As Cambodia scale up the use of DTG-based first-line ART, it remains important to conduct periodic PDR surveys to document any signals of increases in pre-treatment resistance to integrase strand-transfer inhibitors that may affect population-level treatment outcomes. In the same time, routine surveillance of PDR to tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC) or lamivudine (3TC) must be implemented as PrEP programmes scale up. DTG-based first-line and second-line regimen has been widely implemented since 2019. By Q3 2022, there were 39,242 PLHIV had started DTG first-line regimen and 25 patients were on the second-line regimen. However, data of acquired drug resistance (ADR) in patients failing DTG-based regimen are unavailable. Surveillance for NRTI and DTG-resistant virus among people for whom DTG-containing regimens are failing will be required.

In addition to the individual need for access to resistance genotyping for PLHIV who have failed treatment, WHO recommends regular monitoring of the prevalence of resistance in order to better adapt management programmes to the population. This WHO strategy on HIV drug resistance was updated in 2021 and specifically recommends: 1) a national action plan on HIV drug resistance; 2) monitoring of early warning indicators of HIV drug resistance; and 3) surveillance of HIV drug resistance.

In response to these recommendations, the implementation of an HIV ARV resistance survey was planned in the last Global Fund grant. However, in the absence of specific recommendations for ARV resistance surveillance in the national strategic plan, as well as limited access to resistance genotyping testing, this activity has not been carried out.

It is essential to build national ownership of ARV resistance prevention, surveillance and management. It is necessary to develop operational recommendations for biological and clinical management that are feasible and adapted to the context, combined with a training programme for actors on the challenges of ARV resistance.

Finally, the lack of local capacity to screen for HIV drug resistance is a challenge. Genotypic resistance testing is currently carried out in the IPC biology laboratory, but alternative options need to be explored. The WHO HIVResNet network, which includes two laboratories in Bangkok and one in Ho Chi Minh City, is developing a training programme and may be an option to increase laboratory set-up within NCHADS. The use of DBS (blotting paper) could also be an interesting alternative to perform ARV resistance testing in decentralised areas where access to viral load is already a problem.

This technical assistance request aims at filling this gap by defining and developing a national action plan for HIV drug resistance surveillance.

NCHADS is requesting expertise including a full-time international expertise for 12 months based in Phnom Penh. This expert will work in close collaboration with a national expert in charge of this assignment during the same period of time.

III. Objective(s) and expected outcomes

A. Overall objective

The objectives of this technical assistance is to improve access to genotypic drug resistance testing in Cambodia

B. Specific objective(s)

SO1. Develop protocol and implement drug-resistance survey at selected clinic sites as planned in the previous GF request

SO2. Define and develop a national action plan for HIV Drug resistance in Cambodia, in line with the WHO Global Action Plan and drug resistance strategy 2021. Ensure the component of strengthening laboratory capacity and quality of resistance surveillance including the capacity for integrase inhibitor resistance testing is included.

SO3. Develop guidance and SOPs for implementation of HIV drug resistance surveillance in ART sites

SO4. Develop a training curriculum for HIV drug resistance management and conduct a training

C. Expected outcomes

R1: A protocol to conduct a drug-resistance survey at selected clinic sites is developed

R2: A national action plan for HIV Drug resistance in Cambodia, in line with the WHO Global Action Plan and drug resistance strategy 2021, with a component of strengthening laboratory capacity and quality of resistance surveillance, is developed

R3: Guidance and SOPs for implementation of HIV drug resistance surveillance in ART sites are developed

R4. A training curriculum for HIV drug resistance management is developed

Gender mainstreaming

In line with France's International Strategy for Gender Equality 2018-2022, L'Initiative asks consultants to integrate a gender approach into their assignment. A webinar (in French) is available to help identify assignment-specific challenges and develop gender-mainstreaming objectives (<https://www.initiative5pour100.fr/encourager-prise-en-compte-du-genre>).

These issues cover mainly:

- **Assignment type:** governance support, diagnostic and organizational support, administrative and financial support, program support, data collection and analysis, access to quality drugs.
- **Selected methodology:** desk review, interviews, participatory workshop, conference and seminar, training, report or guide.

During the assignment scoping and methodology development phase, the consultants and recipient will define at **least two gender-related objectives** for the assignment and will undertake to implement what is required to meet them and to self-assess when writing the final assignment report.

IV. Assignment description

1) Key milestones and activities of assignment

As part of the assignment, the consultant(s) will carry out the following activities:

Task 1: Develop protocol and implement HIV drug resistance survey:

a- Take the lead to develop the protocol for HIV drug resistance survey, work closely with the relevant units at NCHADS and key partners to finalize the protocol for submission to the National Ethics Committee for Health Research

b- Take lead the ongoing meetings and tracking the progress of survey preparation, implementation, and quality assurance, including but not limited to desk review, key informant Interviews, field visits, data entry, analysis and generating findings and recommendations.

c- Present the preliminary findings during the stakeholders consultative meeting to review and provide comments on the preliminary findings and recommendations of the HIV drug resistance survey

d- Incorporate the comments to finalize and submit the report to NCHADS

Task 2, 3 and 4: Develop National Action Plan for HIV Drug resistance, SOP for implementing HIV DR activities, and training curriculum (can be implemented consecutively and or parallelly for each deliverable) :

a- Conduct desk review of HIV DR strategies, SOP, and training curriculum from other countries and, WHO strategic guidance. Expertise Channel Application Form

b- take the lead and coordinate the ongoing technical work to develop the documents

c- draft the related three documents in the agreements with the stakeholders, facilitate the consultative meeting and incorporate the inputs for finalization

d- finalize the NSP, SOP, and training curriculum and submit to NCHADS

e- with support from NCHADS and partner, present the three documents in a dissemination workshop with all stakeholders.

Capacity building of assignment recipient(s): Together with the international expertise, a national consultant position will be opened. With a view to sustaining the assignment's results and recipients' ownership of the deliverables, the consultant(s) should pay particular attention to capacity building of this national consultant throughout the assignment. Joint training and deliverables development with gradual recipient empowerment are encouraged. The consultant(s) must propose a methodology in their technical proposal to be discussed with and approved by Expertise France and the assignment recipient.

2) Expected deliverables

▪ **For SO1, the deliverables are the following:**

- Protocole for HIV drug resistance survey
- Final Report of the survey

▪ **For SO2, the deliverables are the following:**

- National Action Plan for HIV Drug resistance

▪ **For SO3, the deliverables are the following:**

- SOP for implementing HIV drug resistance activities

▪ **For SO4, the deliverables are the following:**

- Training curriculum
- Report of 2 training sessions

3) Coordination and accountability

3.1. Coordination provided by Expertise France and the team of consultants

In the context of this assignment, Expertise France will coordinate and monitor the assignment as follows:

1. Expertise France assures coordination between the various partners involved in designing, implementing and/or monitoring the assignment and organizes regular follow-up sessions with the consultant(s) throughout the assignment as a minimum;

In order to facilitate follow-up by Expertise France, the contact person will be copied into all important discussions between the consultant(s), the recipient and partners involved in the assignment.

3.2. Coordination with technical and financial partners and the France team

Close collaboration should be made with the Global fund Country Team.

Experts will report to the Cooperation and Cultural Action Service (Service de Coopération et d'Action Culturelle - SCAC) at the French Embassy at the start and end of the assignment for a meeting with the the Regional Cooperation Advisor for Health and the Chargé d'affaires at the French Embassy in Bangkok.

3.3. Consultant accountability

The consultant(s) will report on assignment progress and challenges directly and regularly to the Expertise France contact person.

Assignment deliverables are produced for the benefit of the assignment recipient. The final version of the deliverables is submitted to Expertise France for final validation with the assignment recipient.

V. Location, duration and implementation methods

- 1) **Estimated start date:** 01/02 / 2023
- 2) **Assignment duration:** 12 months
- 3) **Estimated deliverables due date:** 31/ 01 / 2024
- 4) **Organizing logistics and security guidance from Expertise France**

The assignment recipient, NCHADS, will provide the consultant(s) with an office space/meeting room with an Internet connection, photocopying and printing equipment.

The consultant(s) will be responsible for other logistical aspects of their assignment (hotel reservation, plane tickets, etc.) unless otherwise specified by Expertise France.

Consultants are required to adhere to Expertise France's security guidance. In particular, for each field visit, the following is requested:

- To register each trip on Ariane - France Diplomatie website:
<https://pastel.diplomatie.gouv.fr/fildariane/dyn/public/login.html> ;

- To regularly consult the Internet page 'Conseils aux voyageurs du Ministère de L'Europe et des Affaires Etrangères' (Travel advice from the Ministry of Europe and Foreign Affairs) for the relevant country;
- To download the Expertise France app (sent after recruitment has been confirmed) for monitoring consultant safety in the field, to register an account and use it during each field visit;
- Any travel outside the city where the assignment is to be carried out is subject to a request being sent at least one week ahead of planned travel to the assignment contact person at Expertise France for formal validation.

VI. Expertise and profile requirements

1) Number of consultants: 1

Expertise France will be sensitive to the gender balance within the team of consultants and encourages applications from women.

2) Consultant profile

A. Qualifications and skills:

- Physician and/or PhD degree in infectious diseases or in microbiology;
- Specialization in the area of HIV;
- Demonstrated experience in HIV program implementation
- Facilitation skills in small/large group settings with diverse constituencies;
- Excellent interpersonal, co-ordination and negotiation skills and ability to establish and maintain effective working relations with people in a multi-cultural, multi-ethnic environment with sensitivity and respect for diversity;
- Excellent planning, organization and problem solving skills in a complex environment with multiple stakeholders;
- Proven conceptual analytical and evaluative skills and ability to conduct independent research and analysis, identifying issues, formulating options and making conclusions and recommendations;
- Proven ability to meet tight deadlines and to work effectively under pressure, including in a multi-cultural environment.
- Excellent communication, analytical and reporting skills;

B. Professional experience

- At least 10 years of professional experience in the fight against HIV
- At least 2 years of professional experience in the health sector in developing countries;
- In-depth knowledge and understanding of the national, regional and global responses to HIV.

The expert mission will be monitored by NCHADS.

Focal point for the expert mission in the applicant organization:

- Last name : OUK
- First name : Vichea
- Position: Director of NCHADS

- Address : #245H, Sreet 6A, Phum Kean Khlang, Sangkat Prekleap Russey Keo, Phnom Penh, Cambodia, NH 6A, Phnom Penh
- Email : oukvichea@nchads.org
- Telephone Number: 012 512 425

VII. Monitoring and Evaluation

Gender-related objectives: the consultant(s) will report on achieving the objectives in the final assignment report.

In the both the recipient's and Expertise France's interest, the indicators below will support evaluation during and after the assignment, and ultimately measure how far assignment-specific objectives have been achieved and monitor the overall performance of program funded by the Global Fund.

Performance indicators (to be completed with the expert)

VIII. Job conditions

12 months full time fix-term contract