

TERMS OF REFERENCE

Assignment n°22SANIN801

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	132 days			
Estimated date for completion of deliverables	31/05/2024			
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 part-time national expertise for 12 months based in Phnom Penh. This expert will work in close collaboration with the international 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:

- a- assist the international expert in developing the HIV drug resistance survey protocol, including consultative meeting with relevant stakeholders and submitting the protocol to the NECHR

- b- support the expert to facilitate the collection of documents, and data, the ongoing meeting and tracking of the progress of survey preparation, field implementation, key informant Interviews, field visits, data entry, analysis and generating findings and recommendations.
- c- support and facilitate during the stakeholder's consultative meeting to review and provide comments on the preliminary findings and recommendations of the HIV drug resistance survey
- d- consolidate all comments and support expert to incorporate the comments to finalize and submit the report to NCHADS

2) Expected deliverables

▪ For SO1, the deliverables are the following:

- Protocole for HIV drug resistance survey
 - o Consultative meeting is organised. Minutes of meeting capture stakeholders comments.
- Final Report of the survey
 - o Regular progress report (periodicity to be determined) are sent to the international consultant

▪ For SO2, the deliverables are the following:

- National Action Plan for HIV Drug resistance
 - o Meeting are organised and sometimes lead by the national consultant and minutes of meetings are captured.
 - o Material related to the action plan are centralized, classified and available under a "google drive"

▪ For SO3, the deliverables are the following:

- SOP for implementing HIV drug resistance activities
 - o SoP or part of SoP is translated into Khmer as needed

▪ For SO4, the deliverables are the following:

- Training curriculum
 - o Training material is translated into Khmer as needed
- Report of 2 training sessions
 - o Training sessions are organised and pre-post evaluation done.

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

The national expert will work in close collaboration with the international expert in charge of this assignment.

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: 10/05/ 2023

2) Assignment duration: 12 months

The actual number of expert working days is estimated at 132 days phased into 2 contracts (44 days and 88 days). Once the beneficiary and Expertise France have received the technical and financial proposal from the expert, they will sign off the work schedule.

The mission will end with a debriefing with the beneficiary of the support once the latter have validated the deliverables.

3) Estimated deliverables due date: Cf TOR

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

Qualifications and Skills:

- University degree (3rd cycle) in public health or epidemiology
- Excellent knowledge of the health context in Cambodia.

Specific professional experience

- Knowledge of HIV and HIV resistance programming in the Cambodia context
- Must be Cambodian with English knowledge (reading, writing, and speaking)
- Knowledge and experience of working with HIV partners, and HIV care cascade
- At least 3 years experience in public health.
- Proven of excellent in writing and oral presentation skills
- Good partnership and collaboration, and inter-personal communication skills

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 month consultancy contract in two phases:

Phase 1: 4 months (Deliverable 1)

Phase 2: 8 months (Deliverable 2, 3, 4)