

August 8, 2008

ADMINISTRATIVE ORDER
No. 2008 - 0022

SUBJECT: Policies and Guidelines in the Collaborative Approach of TB and HIV Prevention and Control

I. RATIONALE:

Tuberculosis (TB) and HIV co-infection is a serious challenge to every TB and HIV control program. Since HIV weakens the immune system, people with TB infection are at very high risk of developing TB as a disease. It is estimated that HIV-infected persons have 5 to 10% annual risk and 30% lifetime risk of developing TB disease. While the HIV epidemic potentially fuels and further magnifies TB epidemic, TB significantly impacts the quality of life of People living with HIV (PLHIV) being the most common co-infection and one of the main causes of AIDS related deaths.¹

Philippines is one of the countries with high burden of tuberculosis but with low prevalence of HIV. Based on the 2007 DOH estimate, there are 7,490 Filipino adults living with HIV, for a national prevalence of 0.168%². A study on TB patients at San Lazaro Hospital revealed that out of 160 patients, 10 or 6.25% tested positive for HIV. Cognizant of these facts and the issue of underreported cases, the DOH sees the need to heighten efforts to address the joint burden of both diseases and avert future scenario of an epidemic.

Thus, a collaborative approach for this purpose is now being implemented. In 2006, a TB HIV Collaborating Committee was formed through Department Personnel Order no. 2006 – 1869 to ensure proper collaboration between the National Tuberculosis Control Program (NTP) and National AIDS/STIs Prevention and Control Program (NASPCP). One of the roles and functions of the TB/HIV Collaborating Committee is to formulate policies and guidelines on the establishment of cross-referral mechanisms between NTP and NASPCP to provide access for TB HIV services and to standardize management of TB HIV co-infection to ensure quality of care among cases with TB HIV co-infection.

II. OBJECTIVES

This AO is issued with the end in view of decreasing the burden of TB among People Living with HIV (PLHIV) and the burden of HIV among TB patients.

Further, this issuance is geared toward establishing various mechanism for collaboration between the NTP and NASPCP in identified areas for implementation, providing guidelines for cross-referral of TB to HIV and HIV to TB, define the roles and responsibilities of key stakeholders at all levels, and eventually strengthen Directly Observed Treatment Short Course (DOTS) services in the treatment hubs and HIV Testing and Counseling in the DOTS facilities.

¹ WHO Interim Policy on TB/HIV Collaborative Activities

² 2007 Estimates of Adults living with HIV in the Philippines, DOH-NEC

III. SCOPE/COVERAGE

This Order shall apply to DOTS facilities and treatment hubs identified by the DOH to implement these guidelines.

Implementation of these guidelines shall be in stages, with initial implementation in the DOTS facilities of Caloocan, Makati, Malabon, Manila, Marikina, Mandaluyong, Paranaque, Pasay, Pasig and Quezon City. Treatment hubs shall include San Lazaro Hospital, Philippine General Hospital and Research Institute for Tropical Medicine. More implementation sites will be added over time to achieve the vision of a nationwide implementation by 2015.

IV. DEFINITION OF TERMS

1. **Client-initiated HIV testing and counseling (also called Voluntary Counseling and Testing, or VCT)** involves individuals actively seeking HIV testing and counseling at a facility that offers these services.
2. **Provider-Initiated Counseling and Testing (PICT)** refers to HIV testing and counseling which is recommended by health care providers to persons attending health care facilities, as a standard component of medical care.
3. **Treatment Hub** – a hospital facility providing prevention, treatment, care and support services to People Living with HIV (PLHIV) including but not limited to Voluntary HIV counseling and Testing (VCT), clinical management, patient monitoring and other care and support services.
4. **HIV Testing Center** – are facilities accredited by the Bureau of Health Facilities and Services (BHFS), capable of performing HIV testing by medical technologists that have undergone the training on HIV Testing Proficiency.
5. **Social Hygiene Clinic (SHC)** – full-time Sexually Transmitted Infection (STI) clinics or part-time STI clinics integrated in Rural Health Units (RHUs) and City Health Offices (CHOs).
6. **HIV positive** – a person with HIV infection as indicated by the presence of antibodies against HIV on a test of blood or tissue; synonymous with sero-positive.
7. **HIV TB Diagnostic Committee** – is composed of the Chiefs of the HIV and DOTS Clinic, a Radiologist and other experts in the treatment hub who decide the management of difficult cases of patients with TB-HIV co-infection based on the NTP and NASPCP policies and guidelines.

V. GUIDING PRINCIPLES

1. A collaborative approach for NTP and NASPCP, it is necessary to pursue stronger cross-referral mechanisms to reduce disease burden among TB patients and PLHIV. The mechanisms for collaboration shall focus on the following:
 - a. Proper coordination between the two DOH programs through the TB/HIV Collaborating Committee
 - b. Revitalizing caseholding and management of patients of both NTP and NASPCP

- c. Enhancing Local Government Units (LGU) and community involvement in collaborative TB/HIV activities
 - d. Conduct of joint planning and capacity building
 - e. Focused monitoring and evaluation of collaborative activities
2. All health care workers involved in the management of TB and HIV patients shall offer diagnostic and treatment care to both patients.
 3. Patients diagnosed with TB and MDR-TB in the DOTS facilities shall be offered HIV Counseling and Testing. PLHIV at the VCT Center or Treatment hubs shall likewise be screened for TB.
 4. Patients diagnosed with TB and MDR-TB and those PLHIV with signs and symptoms of TB shall be assured of confidentiality of their cases.
 5. Quarterly reports on TB/HIV collaboration shall be submitted to the Infectious Disease Office (IDO) through channels.
 6. Joint capacity building activities on cross-referral mechanisms shall be developed and packaged to capacitate health workers involved in the management and treatment of TB and HIV. This shall be conducted at all levels, from DOH Retained Hospitals, to Centers for Health Development (CHD), and the LGU managed health facilities.
 7. All stakeholders of collaborative TB/HIV activities, including both NTP and NASPCP shall support and encourage TB/HIV operational research specific and/or related to the issues encountered by the program. This is for the purpose of developing evidence base for efficient and effective implementation of the program as well as collaborative activities.

VI. IMPLEMENTING GUIDELINES

1. Screening and Management of HIV among Confirmed TB cases

a. Screening of HIV among Confirmed TB patients

1. All patients diagnosed with TB and MDR TB in the DOTS facilities shall be offered HIV counseling and testing.
2. All patients shall be given group education. However individual pre-test counseling can be provided if necessary.
3. Patients who agreed for testing shall be requested to sign the Informed consent form.
4. Screening procedures will follow the National Reference Laboratory STD AIDS Center Cooperative Laboratory Guidelines.
5. Patients with HIV positive result shall be provided adequate information on access to HIV treatment.
6. Patients who refuse HIV Ab testing (opt-out) shall be offered HIV counseling and testing again anytime during consequent consultation visits, depending on the assessment of the health care provider.
7. Individual post-test counseling shall be conducted by the physician or nurse in the DOTS facility to all TB patients who have undergone HIV testing.

b. Caseholding

1. The management of HIV positive cases shall be based on NASPCP guidelines for the clinical management of HIV infection and AIDS.
2. Continuation of treatment for TB of PLHIV shall be done at the referring DOTS facility or at the DOTS facility of the treatment hub, at the convenience of the patient.

2. Screening and Management of TB among HIV-infected individuals

For HIV infected patients with signs and symptoms of TB

1. All PLHIV at the VCT center or Treatment hub who has signs and symptoms of TB shall be screened for TB following the NTP Guidelines, including sputum TB culture and Drug Sensitivity Testing (DST).
2. TB treatment shall commence once the patient is sputum AFB or culture positive with radiographic findings consistent of TB. In cases where all the laboratory findings are negative or inconclusive, the patient shall be referred to the HIV TB Diagnostic Committee who will meet regularly to discuss the management of cases with TB HIV co-infection. However, the attending physician of the Treatment Hub may still treat the patient for tuberculosis according to his or her best clinical judgment.
3. Treatment for tuberculosis shall follow NTP policies and guidelines.

For HIV-infected patients with no signs and symptoms of TB

1. All PLHIV at the VCT center or Treatment Hub with no signs and symptoms of TB shall be screened for TB following the NTP Guidelines, including sputum TB culture and DST.
2. PLHIV with no active TB shall be given Isoniazid Preventive Treatment (IPT). Treatment shall be done at the Treatment Hub. IPT shall be given to patients that do not have cough of 2 weeks or more, sputum smears and cultures are negative for AFB and Chest X-ray findings are negative for Tuberculosis.
3. PLHIV with chest x-ray findings consistent with active TB shall be treated according to NTP policies and guidelines.

3. Recording and Reporting of TB and HIV cases

- a. Confidentiality of records and reports shall be ensured by all health care workers.
- b. Existing records and reports of NTP and NASPCP shall be utilized.
- c. Data collection for both diseases shall reflect the following indicators:

For TB patients who were screened for HIV Testing

- i. Proportion of TB patients tested for HIV infection
- ii. Proportion of TB clinics offering HIV testing which does not require referral of patient to another facility

For PLHIV who were screened for TB

- i. Proportion of PLHIV screened for TB at initial diagnosis
- ii. Proportion of PLHIV screened for TB at most recent visit
- iii. Proportion of people diagnosed with HIV infection who receive IPT
- iv. Proportion of people with both TB and HIV receiving Co-trimoxazole Preventive Therapy (CPT)
- v. Proportion of people with both TB and HIV receiving Antiretroviral Therapy (ART) during TB treatment
- vi. Proportion of hub HIV treatment facilities which offer on-site TB screening and diagnosis

4. Joint Capability Building for Health Personnel Involved in TB and HIV Prevention and Control Program

1. Physicians and nurses of DOTS facilities shall be trained on Provider Initiated HIV Counseling and Testing including standard precaution.

2. Midwives, Barangay Health Workers (BHWs) and other treatment partners shall undergo Basic Orientation on AIDS and Republic Act 8504 also known as the Philippines AIDS Prevention and Control Act of 1998.
3. Medical Technologists at the DOTS facilities shall undergo training on Basic HIV rapid testing. Laboratory testing on site shall be supervised by a HIV proficient medical technologist.
4. Treatment hub staff and Care and Support NGOs shall be trained on NTP Policies and Guidelines

5. Monitoring of Clinical Status

Overall clinical monitoring of PLHIV on TB treatment shall be done through the Treatment Hubs. Attending physicians at the Treatment Hubs shall ensure that patients regularly return for follow-up every 2 weeks during the intensive phase and once a month during the continuation phase. Physicians assigned in DOTS facilities can also be consulted for co-management of TB treatment concerns.

6. Quality Control and Quality Assurance

1. All DOTS facilities including the DOTS clinics at the Treatment Hubs shall be part of the External Quality Assurance for Sputum Microscopy by the province/city where the facility is located.
2. Quality Assurance for HIV testing center shall be done by SACCL.
3. All DOTS facilities, SHCs and Treatment Hubs shall participate in the External Quality Assurance Program for HIV undertaken by SACCL annually.

7. Infection Control

Infection control guidelines of the World Health Organization recommendations in Tuberculosis Infection Control in the Era of Expanding HIV Care and Treatment shall be adapted.

VII. ROLES AND RESPONSIBILITIES

1. The Department of Health

- a. The National Center for Disease Prevention and Control shall
 - i. Formulate plans and policies in coordination with the TB/HIV collaborating Committee
 - ii. Advocate to the Local Government Units, Chiefs of Hospitals and other partners to support the program in coordination with the Center for Health Development
 - iii. Oversee and ensure the dissemination of this guideline at all levels in coordination with the CHDs, the LGUs, TB/HIV Coordinating Committee and partners
 - iv. Initiate and develop training programs relative to the implementation of this policy, including the joint capacity building activities of both programs and the cross-referral mechanisms between TB and HIV program as indicated in this policy. Provide technical assistance including training of LGU staff in coordination with partners.
 - v. Provide logistics assistance in terms of HIV testing kit through the Global Fund.

- vi. Collate and analyze data from submitted reports and provide feedback on findings and recommendations to the concerned staff
 - vii. Monitor and evaluate the implementation of this policy in coordination with the TB/HIV Collaborating Committee
- b. The National Epidemiology Center shall
 - i. Maintain and update the HIV registry.
 - ii. Provide updates on the surveillance of TB HIV co-infection to the NCDPC.
 - c. The Centers for Health Development shall
 - i. Oversee the implementation of this policy, particularly the collaborative approach and cross-referral mechanisms for the two programs at the local levels, including government and private health facilities.
 - ii. Facilitate the conduct of the trainings and activities on the collaborative approach for the TB and HIV prevention and control program.
 - iii. Collate submitted reports from the PHO/CHO and submit to the Infectious Disease Office of the Department of Health.
 - iv. Monitor and evaluate implementation regularly based on agreed indicators.

2. The TB/HIV Collaborating Committee shall

- a. Formulate policies/guidelines for the operationalization of the TB/HIV Collaboration through the TB HIV Technical Working Group (TWG)
 - i. Establish cross-referral mechanisms between NTP and NASPCP to provide access for TB/HIV services
 - ii. Standardize management of TB/HIV co-infection to ensure quality of care among cases with TB/HIV co-infection
- b. Provide Technical Assistance through collaboration of key stakeholders involved in the management of cases with TB/HIV co-infection.
- c. Provide a forum for the discussion of issues and concerns on the operationalization of the TB/HIV collaboration
- d. Set the directions for TB/HIV Collaboration vis-à-vis NTP and NASPCP policies and guidelines.

3. The Local Government Units shall

- a. Allow all health workers involved in the NTP and NASPCP to undergo capability building activities on TB/HIV collaboration related activities.
- b. Ensure that there are physicians, nurses, midwives, and medical technologist at the DOTS facility.
- c. Implement the program according to agreed plan
- d. Prepare, analyze and submit reports required by DOH
- e. Evaluate and monitor implementation of plan

VIII. FUNDING

Funding for the activities (training, HIV counseling and testing, monitoring and evaluation) to implement TB/HIV collaboration shall be initially provided by the TB and HIV component of the Round 5 Global Fund to fight AIDS, TB and Malaria. The NTP shall

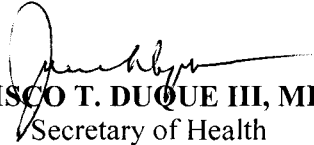
provide anti-TB drugs for identified TB cases and NASPCP shall provide Anti-retroviral (ARV) drugs for identified HIV cases.

IX. MONITORING AND EVALUATION

Monitoring of DOTS facilities and Treatment Hubs shall be done by the CHD NTP and STI Coordinators in coordination with the TB/HIV Collaborating Committee, to keep track of the overall progress of the TB – HIV implementation based on the indicators.

X. EFFECTIVITY:

This Order shall take effect immediately upon approval.


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Secretary of Health