



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

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ADMINISTRATIVE ORDER
No. 2014- 0005

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

I. RATIONALE

In 2008, the Department of Health (DOH) issued Administrative Order (AO) No. 2008-0022 otherwise known as the "*Policies and Guidelines in the Collaborative Approach of TB and HIV Prevention and Control*". This was drafted and disseminated by the **TB HIV Collaborative Committee** formed through DOH- Department Personnel Order no. 2006-1869. The AO aimed at initiating measures to address the dual burden of tuberculosis (TB) and human immunodeficiency virus (HIV) and avert future scenario of a syndemic. Since then, various pilot initiatives were implemented by the National Tuberculosis Control Program (NTP), the National STI and AIDS Prevention and Control Program (NASPCP) and key private interest groups.

Considering the increasing trend of TB-HIV co-infection and the need to scale-up TB-HIV collaborative initiatives, a Joint Assessment and Planning for TB-HIV Collaboration was held in September 2012 among DOH Program Managers, Center for Health Development-Metro Manila (CHD- Metro Manila), World Health Organization (WHO), donor agencies, civil society organizations, including people living with HIV, Local Government Units (LGU) and implementing facilities (Social Hygiene Clinics, DOTS Centers, HIV Treatment Hubs and PMDT treatment facilities).

Anchored on the learning and insights from current TB-HIV initiatives in the country and the 2012 World Health Organization 12-point Agenda for TB-HIV Collaboration, 5th AIDS Medium Term Plan and 2010-2016 Philippine Plan of Action to Control Tuberculosis, new protocols have been adopted and concomitant changes to policies and guidelines are imminent for scale-up and full implementation. This AO is therefore, being released.

II. OBJECTIVES

This AO is issued to update the policies and guidelines 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 to establish various mechanisms 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

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responsibilities of key stakeholders at all levels, and eventually strengthen Directly Observed Treatment Short Course (DOTS) services in the treatment hubs, Social Hygiene Clinics and HIV Testing and Counseling in the DOTS facilities.

III. SCOPE/COVERAGE

This Order shall apply to both public and private DOTS facilities; PMDT Treatment facilities, Social Hygiene Clinics and Treatment Hubs identified by the DOH to implement these guidelines.

Provision of Provider Initiated HIV counseling and Testing among registered TB patients shall be implemented in HIV high prevalence areas (Category Sites A and B) and all PMDT treatment facilities while management of TB among PLHIV shall be implemented nationwide.

IV. DEFINITION OF TERMS

- A. **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
- B. **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.
- C. **DOTS Center** - are all health centers nationwide and some hospitals, prisons, other government clinics, and private clinics that are providing TB services (diagnosis through sputum examination, treatment and counseling).
- D. **HIV 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. May also be a DOTS center.
- E. **HIV Testing Centers** - 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.
- F. **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).
- G. **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.
- H. **TB/HIV 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.
- I. **STD/AIDS Cooperative Central Laboratory (SACCL)** - is the DOH designated National Referral Laboratory for HIV and Sexually Transmitted Infections. It is operated by San Lazaro Hospital - Department of Health.
- J. **Category A and B** - are areas for prioritization based on the number of reported cases, HIV prevalence, Most At Risk Population (MARP) size,

results of the Rapid Assessment of HIV vulnerability and presence of multiple risks as categorized by the National Epidemiology Center.

- K. **GeneXpert** – a rapid diagnostic tool/machine that provides TB test result less than 2 hours and can diagnose drug resistant TB within the same period.

V. POLICY STATEMENT

- A. A collaborative approach for NTP and NASPCP 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:
1. Coordination between NTP and NASPCP shall be through the Infectious Disease Office;
 2. Proper caseholding and management of patients with TB HIV co-infection;
 3. Engagement of CHDs, LGUs, private sector, and affected communities for TB/HIV collaborative activities;
 4. Conduct of annual joint planning among all stakeholders;
 5. Capacity building for public and private DOTS facilities, PMDT Treatment facilities, HIV Treatment Hubs, Social Hygiene Clinics and laboratory facilities; including CHDs and LGUs;
 6. Focused monitoring and evaluation of collaborative activities.
 7. Build up surveillance of TB among PLHIV and of HIV among TB patients
- B. Patients diagnosed with Drug Susceptible (DS) TB in DOTS facilities in Category A and B areas and patients diagnosed with Drug Resistant (DR) TB in PMDT Treatment facilities shall undergo Provider-Initiated HIV Counseling and Testing (PICT). Likewise, PLHIV at the Social Hygiene Clinics and Treatment hubs shall be screened for TB.
- C. Registered TB patients outside Category A and B areas shall be informed of the benefits of HIV testing and shall be referred to the Social Hygiene Clinics for testing.
- D. All diagnosed patients with TB HIV co-infection shall be assured of confidentiality of their status.
- E. Continuation of treatment for TB and HIV shall be ensured at all times especially during referral of cases for TB and HIV services.
- F. All facilities (DOTS facilities, PMDT Treatment facilities, Treatment hubs) providing TB HIV services shall submit quarterly TB-HIV reports to PHO/CHO and then to CHDs. CHDs to collate and submit to IDO.
- G. Data on TB HIV collaboration shall be shared among IDO, NEC and other stakeholders.
- H. Joint capacity building activities on cross-referral mechanism 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 and the LGU managed facilities.
- I. All stakeholders of TB HIV collaborative activities, including 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 collaborative program.
- J. Safety and health of health workers from HIV and TB infection shall be promoted through the use of guidelines for infection control.

VI. IMPLEMENTING GUIDELINES

A. Screening and Management of HIV among Confirmed TB cases

1. Screening of HIV among Confirmed TB patients

- a. All patients diagnosed with drug susceptible pulmonary and extra-pulmonary TB in the DOTS facilities in high prevalence areas (CAT A and B) shall undergo PICT, and upon counselling, that patient is further informed of his/her right to refuse HIV testing. Likewise, PICT will be done to all patients diagnosed with drug resistant pulmonary and extra-pulmonary TB in the PMDT Treatment facilities.
- b. All patients shall be provided with information on HIV and TB/HIV co-infection, counselling and testing. Those patients who do not agree to undergo testing may still avail of other HIV services.
- c. Patients who agreed for testing shall be requested to sign the Informed Consent Form.
- d. Patients who refuse HIV Ab testing (opt-out) shall be offered HIV counseling and testing again during consequent consultation visits during the first three months of anti-TB treatment.
- e. Patients with HIV reactive result shall be provided with individual post-test counseling and shall be referred to STD/AIDS Cooperative Central Laboratory (SACCL) for confirmatory HIV testing.
- f. HIV testing procedures shall follow SACCL guidelines, being the national reference laboratory for STI/HIV.
- g. SACCL shall send back the test result to the referring physician of the DOTS facility or Treatment Center.
- h. Patients with confirmed positive result shall undergo baseline laboratory tests (CBC, urinalysis, liver function test and CD4 count) prior to referral to the treatment hubs.
- i. The DOTS facility and PMDT Treatment facility shall facilitate the conduct of the baseline laboratory tests and the subsequent referral of confirmed positive cases to a Treatment Hub for evaluation and definitive management of HIV/AIDS.

2. Caseholding

- a. The management of HIV positive cases shall be based on NASPCP guidelines for the clinical management of HIV infection and AIDS.
- b. Treatment for drug-susceptible TB of PLHIV shall be done at the referring DOTS facility or at the Treatment Hub. . Medical Staff at the DOTS Center shall be informed of the HIV status of the PLHIV so that staff can provide appropriate care and support.
- c. Treatment of PLHIV with drug resistant TB shall be done in PMDT treatment Centers/ Satellite Treatment Centers.

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

1. For People Living with HIV

- a. All PLHIV at the Social Hygiene Clinic or Treatment hub shall undergo TB screening: symptomatic screening (cough of any duration, fever, night sweats,

- loss of weight), and Chest x-ray. If symptomatic, sputum shall be collected for Xpert/MTB RIF (See annex A for the algorithm).
- b. TB screening for PLHIV shall be done upon HIV diagnosis and every follow-up visit.
 - c. TB treatment shall start once the patient is found to have active TB based on the GeneXpert test (TB Rif susceptible, TB Rif Resistant) or with radiographic findings consistent of TB or with extra-pulmonary TB based on clinical and laboratory diagnosis.
 - d. TB treatment shall be based on the NTP policies and guidelines.
 - e. PLHIV with MTB Rif Resistant shall be referred to the PMDT treatment facilities.
 - f. PLHIV with no active TB (no symptoms, negative for TB in Xpert MTB/RIF and CXR) shall be given Isoniazid Preventive Treatment (IPT) for 6 months.

C. Recording and Reporting of TB-HIV cases

1. All TB and HIV facilities shall maintain patient records and reports that could generate data on TB-HIV indicators:
 - a. **For TB patients who were screened for HIV**
 - i. Number and percentage of TB patients tested among registered patients
 - ii. Number and percentage of TB patients with HIV+ result among those tested
 - iii. Number and Percentage of HIV+ TB patients started on Co-trimoxazole Preventive Therapy
 - iv. Number and Percentage of HIV+ TB started on ART
 - b. **For PLHIV who were screened for TB**
 - i. Number and Percentage of PLHIV who are screened for TB upon enrollment to HIV care
 - ii. Number and Percentage of PLHIV who are screened for TB during the last visit
 - iii. Number and Percentage of PLHIV started TB treatment among those detected
 - iv. Number and Percentage of PLHIV who completed TB treatment
 - v. Number and Percentage of PLHIV started IPT
 - vi. Number and Percentage of PLHIV completed IPT
2. Existing flow and timelines of reports for both NTP and NASPCP shall be followed.
3. Confidentiality of records and reports shall be ensured by all health care workers.

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

1. All health workers in facilities providing HIV counseling and testing shall be oriented on TB/HIV collaboration, AIDS LAW and referral of cases.
2. Physicians and nurses of DOTS clinics, Treatment Centers/Satellite Treatment Centers, Treatment Hubs and Social Hygiene Clinics shall be capacitated on Provider Initiated HIV Counseling and Testing including Infection Control, Directly Observed Treatment Short Course (DOTS) and referral of drug resistant TB cases. DOTS Health center physicians and nurses shall be trained on Basic HIV Prevention and Control for better management of PLHIV

undergoing TB treatment and IPT in their DOTS Center.

3. Medical Technologists who will conduct HIV screening test shall be trained and certified by SACCL NRL or its authorized training facilities.
4. NTP and NASPCP staff shall continuously build its capacity on TB-HIV program management (Program Planning, Implementing, M&E and Documentation).

E. Monitoring of Clinical Status

TB-HIV co-infection shall be managed by physicians trained on TB-HIV case management. DOTS facilities, Treatment Centers, SHC and Treatment Hubs shall maintain close coordination on patients' co-management (*including recording and reporting*) in consideration of adverse drug reactions, treatment adherence, effective and efficient referral and feed-backing.

F. Quality Assurance

1. All laboratory facilities (public and private) shall have a Quality Assurance System in place.
2. All DOTS facilities doing HIV testing, SHC and Treatment Hubs (public and private) shall participate in the External Quality Assurance Program provided by SACCL annually.

G. Infection Control

Treatment Facilities shall implement an infection control plan based on the DOH "*Standards for Infection Control*" and NTP "*Guidelines on Infection Control for Tuberculosis and other Airborne Infectious Diseases in Healthcare Facilities, Congregate Settings and Households*".

Laboratory Facilities shall implement an infection control plan based on WHO "*Laboratory Biosafety Manual*" and "*National TB Laboratory Biosafety Guidelines*".

VII. ROLES AND RESPONSIBILITIES

A. The National Center for Disease Prevention and Control shall:

1. Formulate/revise plans and policies for TB and HIV collaboration in coordination with or as endorsed by TB/HIV TWG.
2. Conduct Training of Trainor for CHD staff.
3. Advocate to LGUs and other partners to support the programs in coordination with the CHD.
4. Provide logistic requirements in support of the operations of the health facilities.
5. Provide technical assistance to peripheral levels including the private sector.
6. Conduct joint monitoring, supervision and evaluation of the implementation of the TB HIV collaboration activities in coordination with the CHDs and partners.
7. Collect and consolidate reports for both TB and HIV facilities and laboratories.
8. Accept/Approve the conduct of researches as may be necessary.

B. The National Epidemiology Center shall:

1. Join the conduct of regular monitoring and evaluation (systematic data collection, documentation, analysis and evaluation, reporting) with IDO, CHDs and partners.
2. Provide technical assistance to programs to enhance and standardize recording and reporting forms and management of data.
3. Analyse and disseminate reliable and timely information on program performance based on indicators in section 3.

C. The TB/HIV Technical Working Group shall:

1. TB-HIV TWG shall meet quarterly and as may be needed.
2. Review program performance and identify priority problems, gaps and challenges.
3. Deliberate on evidence-based/best practices and models on possible solutions to problems, gaps and challenges.
4. Recommend to NCDPC changes on protocols, policies and practices to improve joint program implementation.
5. Identify and/or approve research proposals/concepts on TB-HIV.

D. The Center for Health Development shall:

1. Oversee implementation of TB- HIV collaboration in LGU.
2. Facilitate conduct of capacity building of implementers and other stakeholders.
3. Ensure availability and adequacy of logistics.
4. Monitor and evaluate the implementation of TB HIV collaboration.
5. Conduct mentoring and coaching of implementers.
6. Collate, analyse and submit reports to DOH central office.
7. Lead advocacy activities for TB HIV program adoption in LGUs, including the private sector.

E. The Provincial/City Health Offices shall:

1. Manage and implement TB-HIV local program.
2. Provide human resource/ financing support and conducive policy environment for program implementation.
3. Monitor and evaluate local program implementation particularly TB HIV public and private facilities and laboratories.
4. Submit report to CHD.

F. Health Facilities

1. The DOTS facilities and PMDT facilities shall:
 - a. Conduct case finding of HIV among TB patients through PICT.
 - b. Facilitate baseline laboratory tests (CBC, urinalysis, liver function test and CD4 count) for ARV eligibility.
 - c. Refer and co-manage TB and HIV co-morbidity.
 - d. Ensure quality recording and reporting to Provincial/City Health Offices.
 - e. Provide technical assistance to Treatment Hubs and Social Hygiene Clinics on TB care and treatment.



2. The Social Hygiene Clinic shall:
 - a. Conduct case finding and screening of TB among PLHIV.
 - b. Refer TB cases to DOTS facilities or PMDT facilities or manage cases if capable.
 - c. Facilitate baseline laboratory tests (CBC, urinalysis, liver function test and CD4 count) for ARV eligibility.
 - d. Ensure quality recording and reporting to Provincial/city health offices.
3. The Treatment Hubs shall:
 - a. Conduct case finding and screening of HIV and TB among PLHIV.
 - b. Provide care, support and treatment to PLHIV co-infected with TB.
 - c. Ensure quality reporting and recording to CHD, and NEC.
 - d. Provide technical assistance to the TB DOTS on HIV care and treatment.
4. Laboratories
 - a. The Xpert Centers shall:
 - i. Provide Xpert testing for PLHIV.
 - ii. Participate in QA/EQA.
 - iii. Prepare and submit laboratory reports to Provincial/City Health Offices.
 - b. The Microscopy Centers shall:
 - i. Provide HIV rapid testing for TB patients
 - ii. Participate in QA/EQA.
 - iii. Prepare and submit laboratory reports to Provincial/City Health Offices.

G. Reference Laboratories

1. The NTRL shall:
 - a. Maintain laboratory network for TB.
 - b. Conduct training on QA and biosafety.
 - c. Oversee QA/EQA for TB laboratory services.
 - d. Conduct regular monitoring, supervision and evaluation.
2. The SACCL shall:
 - a. Maintain laboratory network for HIV.
 - b. Conduct training and certification of MT on HIV test proficiency and QA.
 - c. Conduct EQA for HIV laboratory services.
 - d. Perform laboratory confirmatory testing for HIV.
 - e. Conduct regular monitoring, supervision and evaluation.

H. The Development Partners shall:

1. Mobilize resources for TB-HIV collaboration activities.
2. Provide technical support in planning, implementing and monitoring and evaluating TB HIV collaborative activities.

I. The Support Groups shall:

1. Mobilize resources and assist PLHIV in the provision of medical and social needs.
2. Act as treatment partners of PLHIV for antiretroviral and tuberculosis

treatment once trained by Treatment Hub HACT Teams.

3. Conduct education and awareness campaigns on the importance of addressing TB problem among their community members.
4. Provide stigma reduction activities in the TB and HIV facility settings.

VIII. MONITORING AND EVALUATION

Monitoring and Evaluation shall be done in various levels as mentioned in the roles and responsibilities of the different stakeholders. Joint program assessment and planning shall be done annually and appropriate researches shall be conducted by either or both program as necessary.

IX. FUNDING

Funding for the conduct of activities for TB HIV collaboration shall be from DOH, CHD, LGU and Donor groups.

X. REPEALING CLAUSE

Provisions of AO 2008-022 and other related issuances that are inconsistent or contrary to the provisions of this Order are hereby rescinded or modified accordingly.

X. EFFECTIVITY:

This Order shall take effect immediately upon approval.



ENRIQUE T. ONA, MD
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