TB/HIV Project in the Philippines

Yumiko Yanase
TB situation in the Philippines

- Global rank: 9th
- Incidence (all): 296
- Prevalence (all): 458
- TB mortality (all): 49
- New MDR-TB: 3.2%

Case types notified:

- new ss+: 54%
- new ss-/unk: 42%
- new extra pulmonary: 1%
- relaps: 3%

N=134,375 notified
HIV/AIDS situations in the Philippines

• 2,410 cases (Dec 2005)
  [1,692 asymptomatic, 718 AIDS]
• Main mode of transmission:
  Heterosexual contact
• HIV prevalence (2003):
  less than 0.1% in general population
• Budget for HIV/AIDS is decreasing
HIV/AIDS Cases and Budget for HIV/AIDS in the Philippines

[Chart showing HIV/AIDS cases and budget from 1984 to 2005]
Age/Sex Distribution

Age & Sex distribution of SS(+) (Absolute number)

Age & Sex distribution of HIV/AIDS (Registered number)

Source: National Epidemiology Center, Department of Health, Philippines. HIV/AIDS Registry, Dec 2005

Source: WHO. Tuberculosis control in South-East Asia and Western Pacific Regions. A Bi-Regional Report. 2005
**TB/HIV in the Philippines**

- TB deaths in HIV (+) Pts: **300**
- Mortality rate: **0.3 per 100,000 general population**
- HIV prevalence among TB Pts: < **0.1%**
- Surveillance of HIV in notified TB cases is not routinely done in the country
Stakeholders Analysis

• **Beneficiaries**
  - Patients (TB, HIV/AIDS)

• **Decision-makers/Implementing Agency**
  - National level
    - Department of Health (DOH) – TB prevention and control
    - DOH – Philippine National AIDS Council (PNAC)
    - DOH- National Epidemiology Center (NEC)
    - National Center for Disease Prevention and Control
      - Infectious Disease Office
  - Regional level
    - Regional Health Department

• **Implementing Agency**
  - City/Municipal Health Department
  - Health Center
  - Hospitals/Clinics (Gov & Private)
  - Laboratories (National, Regional & City/Municipal)
  - NGOs
  - Religious Organization
  - Academes (University, etc)
  - Mass Media

• **Funding Agency**
  - JICA, WHO etc
Problem Analysis (1)

Core problem

No Collaborative TB/HIV Program Activity

Government, medical professionals, patients and general population lack knowledge on the link between TB & HIV/AIDS, and the impact on diagnosis & treatment outcome

Lack of epidemiological data on TB/HIV co-infection

No surveillance system for TB/HIV co-infection

No policy of TB/HIV co-infection collaborative activity

HIV prevalence is low (0.1%> in general pop.)

Policy makers don’t think that TB/HIV activity is necessary

Decreased Budget for AIDS

Lack of Education on TB & HIV/AIDS

Poor knowledge on importance of the co-infection survey

TB and AIDS activities are done by different sections
Problem Analysis (2)

- TB cases increase
  - The patients transmit TB to others
    - Late TB diagnosis in HIV positive patients increase

- Death from TB/HIV increase
  - Adequate treatment is not provided
    - Late or no HIV diagnosis in TB patients increase
      - HIV/AIDS case increase
        - The patients transmit HIV to others
          - Late or no HIV diagnosis in TB patients increase
- HIV/AIDS case increase
  - The patients transmit HIV to others
    - Late or no HIV diagnosis in TB patients increase

Direct Effect

No Collaborative TB/HIV Program Activity
Objective Analysis (1)

Core Objective

Collaborative TB/HIV Program Activities are implemented

- Government, medical professionals, patients & general population have knowledge on the link between TB & HIV/AIDS, and the impact on diagnosis & treatment outcome
- Government has epidemiological data on TB/HIV co-infection
- Surveillance system for TB/HIV is established
- Government has good knowledge on importance of the co-infection survey
- Education on TB & HIV/AIDS is provided
- TB and AIDS activities are done in cooperation between TB and HIV/AIDS sections
- Policy makers think that TB/HIV activity is necessary
- Policy of TB/HIV co-infection collaborative activity is established
- Budget for HIV and TB is increased
- HIV prevalence is low (0.1%> in general pop.)
Collaborative TB/HIV Program Activities are implemented

Death from TB/HIV decrease

HIV/AIDS case decrease

The patients do not transmit TB to others

The patients do not transmit HIV to others

Adequate treatment is provided

Early TB diagnosis and treatment in HIV positive patients increase

Early HIV diagnosis and treatment in TB patients increase

TB case decrease

Objective Analysis (2)

Adequate treatment is provided

Objective Analysis (2)
Project Selection

Collaborative TB/HIV Program Activities are implemented

Government, medical professionals, patients & general population have knowledge on the link between TB & HIV/AIDS, and the impact on diagnosis & treatment outcome

Government has epidemiological data on TB/HIV co-infection

Surveillance system for TB/HIV is established

Policy of TB/HIV co-infection collaborative activity is established

Policy makers think that TB/HIV activity is necessary

Budget for HIV and TB is increased

HIV prevalence is low (0.1%> in general pop.)

Education on TB & HIV/AIDS is provided

TB and AIDS activities are done in cooperation between TB and HIV/AIDS sections
Project Selection

• Surveillance is a “system for collecting information needed for advocating, designing, planning and evaluating public health action”

• **Objective of surveillance of TB/HIV:**
  – To alert TB and HIV/AIDS program to a potential problem so that appropriate changes can be made to programs, such as the development of TB/HIV joint strategies
Action Plan

Joint TB / HIV surveillance in the Philippines

- Target Group: NTP, NACP and NEC
- Target Area: Quezon city and Cebu city
- Project duration: April 2006 - March 2008 (2 years)
Overall Goal

Death from TB/HIV is reduced

- **Objectively verifiable indicators:** The number of TB/HIV co-infection case is reduced
- **Means of verification:** Epidemiological survey report on TB/HIV
- **Important assumption:** Epidemiological status of TB and HIV/AIDS dose not change much
Project Purpose
Collaborative TB/HIV program activities are implemented

- **Objectively verifiable indicators:** 1) TB/HIV collaboration workshop and meetings are held every year, 2) Increase # of TB/HIV cases diagnosed and cured
- **Means of verification:** 1) DOH activity report, 2) Epidemiological survey report on TB/HIV
- **Important assumption:** No organization change of NTP, NACP, NEC and LHD
Outputs
1) Adequate epi data on TB/HIV co-infection
2) Set up policy for TB/HIV cooperative activities based on the data

• Objectively verifiable indicators:
  1) DOH obtains TB/HIV data (HIV prev of TB pts, TB prev of HIV+ pts, etc) by Dec 2007
    – TB pts are included in the HIV sentinel surveillance from 2006
    – TB status is investigated for more than 80% of new HIV(+) cases in 2007
  2) Policy meeting for TB/HIV is held by Mar. 2008
**Outputs**

1) Adequate epi data on TB/HIV co-infection
2) Set up policy for TB/HIV cooperative activities based on the data

- **Means of verification:**
  1) Epidemiological survey reports on TB/HIV
  2) DOH activity reports

- **Important assumption:**
  Existing national surveillance systems for TB and HIV such as HIV/AIDS sentinel survey remain unchanged
Activities

1. Establish the project committee (NTP/NACP)
2. Analyze current TB & HIV/AIDS surveillance
3. HIV prevalence survey among TB pts
4. Behavioral survey for TB pts
5. Free VCT services for TB relapse cases
6. TB detecting system among HIV/AIDS pts
7. Training workshops for gov staff & medical professionals
8. Synthesize and disseminate the survey results
9. Policy workshop for the TB/HIV collaborative activities
Activities

• Important assumptions:
  – No organization changes of NTP, NACP, NEC and LHD
  – Trained staff continue working

• Pre-conditions:
  – DOH agrees that TB/HIV collaborative activities are important
**Inputs**

**Japan:**
- **Personnel**
  - *Long-term consultant (1 year):*
    - Epidemiologist
    - TB/HIV specialist
    - Coordinator
  - *Short-term consultant (as required):*
    - Epidemiologist
    - TB/HIV specialist
- **Staff travel costs**
- **Training facility**
- **Meeting facility**

**Philippines:**
- **Personnel**
  - Project manager
  - Staff for surveillance
  - Trainers
  - Academes
- **Local cost**
- **Project implementation and management cost**
- **Cost for HIV test**
  - P300 × 2,000 = P600,000
- **Cost for TB test**
  - P1,500 × 250 = P375,000
1. Establish the project committee (NTP/NACP)
2. Analyze current TB & HIV/AIDS surveillance
3. HIV prevalence survey among TB pts
4. Behavioral survey for TB pts
5. Free VCT services for TB relapse cases
6. TB detecting system among registered HIV/AIDS pts
7. Training workshops for gov staff & medical professionals
8. Synthesize and disseminate the survey results
9. Policy workshop for the TB/HIV collaborative activities

<table>
<thead>
<tr>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish the project committee (NTP/NACP)</td>
</tr>
<tr>
<td>2. Analyze current TB &amp; HIV/AIDS surveillance</td>
</tr>
<tr>
<td>3. HIV prevalence survey among TB pts</td>
</tr>
<tr>
<td>4. Behavioral survey for TB pts</td>
</tr>
<tr>
<td>5. Free VCT services for TB relapse cases</td>
</tr>
<tr>
<td>6. TB detecting system among registered HIV/AIDS pts</td>
</tr>
<tr>
<td>7. Training workshops for gov staff &amp; medical professionals</td>
</tr>
<tr>
<td>8. Synthesize and disseminate the survey results</td>
</tr>
<tr>
<td>9. Policy workshop for the TB/HIV collaborative activities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Schedule</th>
<th>’06/4</th>
<th>7</th>
<th>10</th>
<th>’07/1</th>
<th>4</th>
<th>7</th>
<th>10</th>
<th>’08/1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establish the project committee (NTP/NACP)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>8</td>
</tr>
</tbody>
</table>